

Quality of initial HIV care in Canada: extension of a composite programmatic assessment tool for HIV therapy

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Objective

This study used a tool called the Programmatic Compliance Score (PCS) to document the quality of HIV care in Canada during the first year of treatment.

Importance of this Study

- PCS assesses how well patients follow HIV treatment guidelines during the first year of care.
- Assessment scores allowed the researchers to examine the association between quality of care and death, and to identify factors that are associated with better quality of care.
- PCS was developed in BC, where it was shown to be an accurate and reliable tool for describing quality of care and predicting death.
- This study is important because it tests the ability of PCS to predict treatment outcomes in a larger, multi-province setting.

How this Study was Conducted

- Data was analyzed from the CANOC collaboration, an interprovincial collaborative cohort of HIV-positive individuals on antiretroviral therapy in Canada.
- Participants were assessed for how well they followed HIV treatment guidelines using PCS.
- PCS indicators of failing to meet HIV treatment guidelines include: less than 3 CD4 count tests in the first year of treatment (CD4 count measures immune system strength); less than 3 viral load tests in the first year of treatment (measures blood level of HIV virus); no drug resistance testing before beginning treatment; low CD4 count when beginning treatment (indicates a weaker immune system); starting a non-recommended treatment program; and not achieving suppression of the HIV virus within the first 6 months of treatment.

Study Results

- Poorer PCS scores were associated with death.
- Some PCS indicators were more likely to predict death, showing that consistent follow-up care is particularly important for preventing death.
- Women, individuals infected with Hepatitis C, younger patients, and those who began HIV treatment in earlier years had worse PCS scores.

Implications

- PCS can be used to predict treatment outcomes in a larger setting, specifically, a study that includes several Canadian provinces.
- Differences in quality of care based on age, gender, and Hepatitis C infection show that barriers to accessing care need to be addressed.

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