

Evaluation of Standards of Care for HIV/AIDS Patients along the US-Mexico border through five SPNS demonstration projects

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ABSTRACT

Objective: To estimate the proportion of HIV/AIDS patients who were provided two types of standards of care in five demonstration projects located along the U.S. - Mexico border.
Method: The study population consists of 711 predominately Hispanic HIV+ patients receiving HIV/AIDS medical services from one of five Health Resources and Services Administration, Special Projects of National Significance Border Health projects. Most HIV/AIDS treatment guidelines recommend antiretroviral therapy for patients with a CD4+ count <200. Standard of care was defined here as 1) initiating antiretroviral therapy within 2 quarters of a CD4 count <200 and 2) CD4 count and HIV viral load within 8 weeks before or after the first visit. "New" patients were defined as those without prior HIV treatment or medical care and first received care between January 1, 1999 and November 30, 2004. The data were extracted from medical charts following informed consent.
Results: 98.4% of 711 medical charts indicated that the first standard of care was met. Among the 202 medical charts from new patients, 81.1% indicated that the second type of standard of care was met. However, there were large variations between sites regarding the second type of standard of care. The highest proportion of charts indicating substandard care was 23% which was 1.52 (95% CI = 1.02, 2.26) times higher than the site with the lowest proportion.
Conclusion: The standard of care provided to all HIV/AIDS patients is very high. However, the standard of care provided to new HIV patients varies between sites.

OBJECTIVE

To estimate the proportion of HIV/AIDS patients who were provided two types of standards of care in five demonstration projects located along the U.S. - Mexico border.

BACKGROUND

SPNS :
 HRSA HIV/AIDS Bureau, Special Projects of National Significance (SPNS), has made awards to a total of five demonstration service projects along the US/Mexico border (from San Diego to Brownsville, TX).
 The objectives of the service awards are to implement unique models of HIV/AIDS care for high-risk populations living on the US/Mexico border. These models are developed to be responsive to regional issues that are relevant to the local area where the demonstration project is located. Each regional demonstration service project has been required to subcontract with a local university to conduct a local evaluation that identifies the effectiveness of the local model.
HIV/AIDS PATIENTS ALONG THE BORDER
 Most are thought to be Hispanics
 Hispanics have the 2nd highest incidence rate and prevalence of HIV/AIDS infection in the US, after African Americans, who are by far the most affected
 Little is known about the population of PLWH/A receiving care along the US/Mexico border

BACKGROUND

Location of the 5 SPNS sites and of the evaluation center



METHODS

Primary Source population
 All PLWH/A along the border
 N= ESTIMATED 18,598

Region Source Population
 PLWH/A seeking medical care along the border.
 N=?

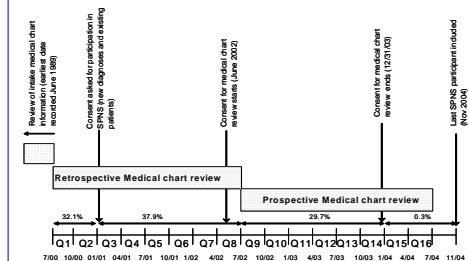
Target population
 PLWH/A receiving care in 5 sites along the border.
 N=1200

Consenting Population
 PLWH/A receiving care in 5 sites along the border and who consented to medical chart review.
 N=711

Study Population
 Consenting population with complete data.
 N=707

METHODS

Recruitment and review timeline



METHODS

DATA EXTRACTION

- Six consultants initially trained by The Measurement Group (TMG), an evaluation group which conducted a similar medical chart review study in Broward County, CA, in 2001.
- Teams of 2 - 4 traveled to project locations to conduct the reviews
- Data collection designed using Teleform v9.0
- Health indicators measured at intake and during each quarter

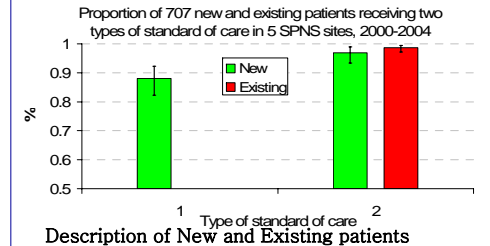
DEFINITIONS

- Standard of care 1 (SOC1):** having had a measure of CD4 lymphocytes counts and of viral load levels 8 weeks prior or 8 weeks after the first ever HIV-related visit to a physician. This was only done in "new" patients
- Standard of care 2 (SOC2):** initiation of antiretroviral therapy within two quarters if a patient's first CD4 lymphocytes count was less than 200 mm3 at the first visit and/or an OI was newly diagnosed or noted during the first quarter of follow-up
- New patient:** patient who had never received any anti-retroviral treatment nor any care for HIV/AIDS at their first visit to the SPNS site and who had an intake date later than July 1, 2000.

STATISTICAL ANALYSES

- Descriptive analyses are presented here
- Logistic regression among new patients for factors associated with SOC1

RESULTS



	Prevalence (%) at entry into SPNS	
	New patients	Existing patients
TOTAL	194	512
Age groups		
18-29	53 (27%)	71 (14%)
30-39	81 (42%)	233 (45%)
40-49	41 (21%)	145 (28%)
50+	19 (10%)	64 (13%)
Gender		
Male	104 (53%)	417 (81%)
Female	30 (15%)	36 (7%)
Ethnicity		
Hispanic	181 (93%)	422 (82%)
Non-Hispanic	13 (7%)	91 (18%)
Exposure		
Men who have Sex with Men	105 (54%)	292 (57%)
Injectable Drug Users	65 (34%)	156 (30%)
Heterosexual	24 (12%)	65 (13%)
Site		
A	71 (37%)	134 (26%)
B	8 (4%)	45 (9%)
C	49 (25%)	199 (39%)
D	4 (2%)	41 (8%)
E	62 (32%)	94 (18%)

- Site A provided significantly better SOC1 among new patients than site E (OR=5.0, 95%CI=1.5-15.1)
- No other variable had significant impact on SOC

DISCUSSION / CONCLUSION

- EXCELLENT standard of care regarding initiation of ART in all patients.
- 88% of new patients had a blood test to determine CD4 count and viral load within 8 weeks of the first medical visit
 - This proportion was larger in site A than site E
 - Hispanics treated the same way as non-Hispanics.
- NEARLY 2/3 of all patients were ALREADY in care in June 2000 when the project started
 - A larger proportion of new patients were Hispanics, suggesting that some outreach activities took place.
 - Sites A & E recruited a larger proportion of new patients - outreach may have been more efficient at these sites