

The CQUIN Learning Network

Improving Utilization of Routine Viral Load Data: A Quality Improvement Collaborative in Western Kenya

Dr. Maureen Syowai
Regional Technical Advisor, ICAP Kenya
July 17-19, 2017
Harare, Zimbabwe

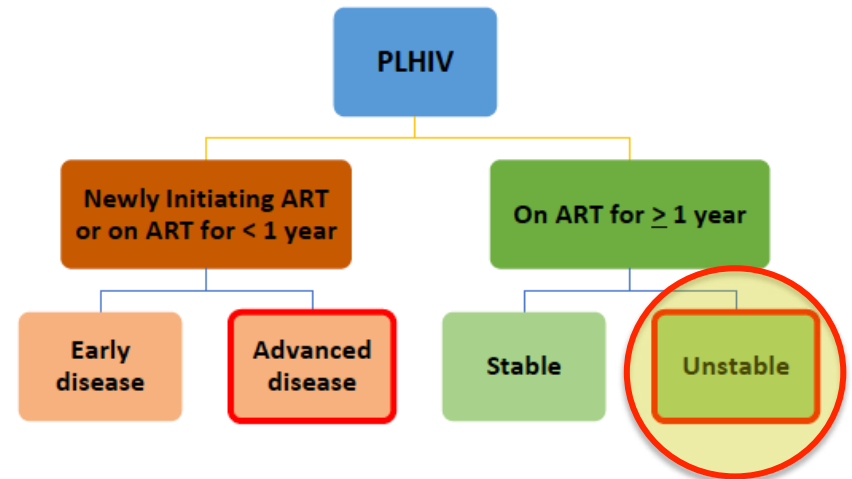


HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care



Improving HIV Services for People on ART with Unsuppressed Viral Load

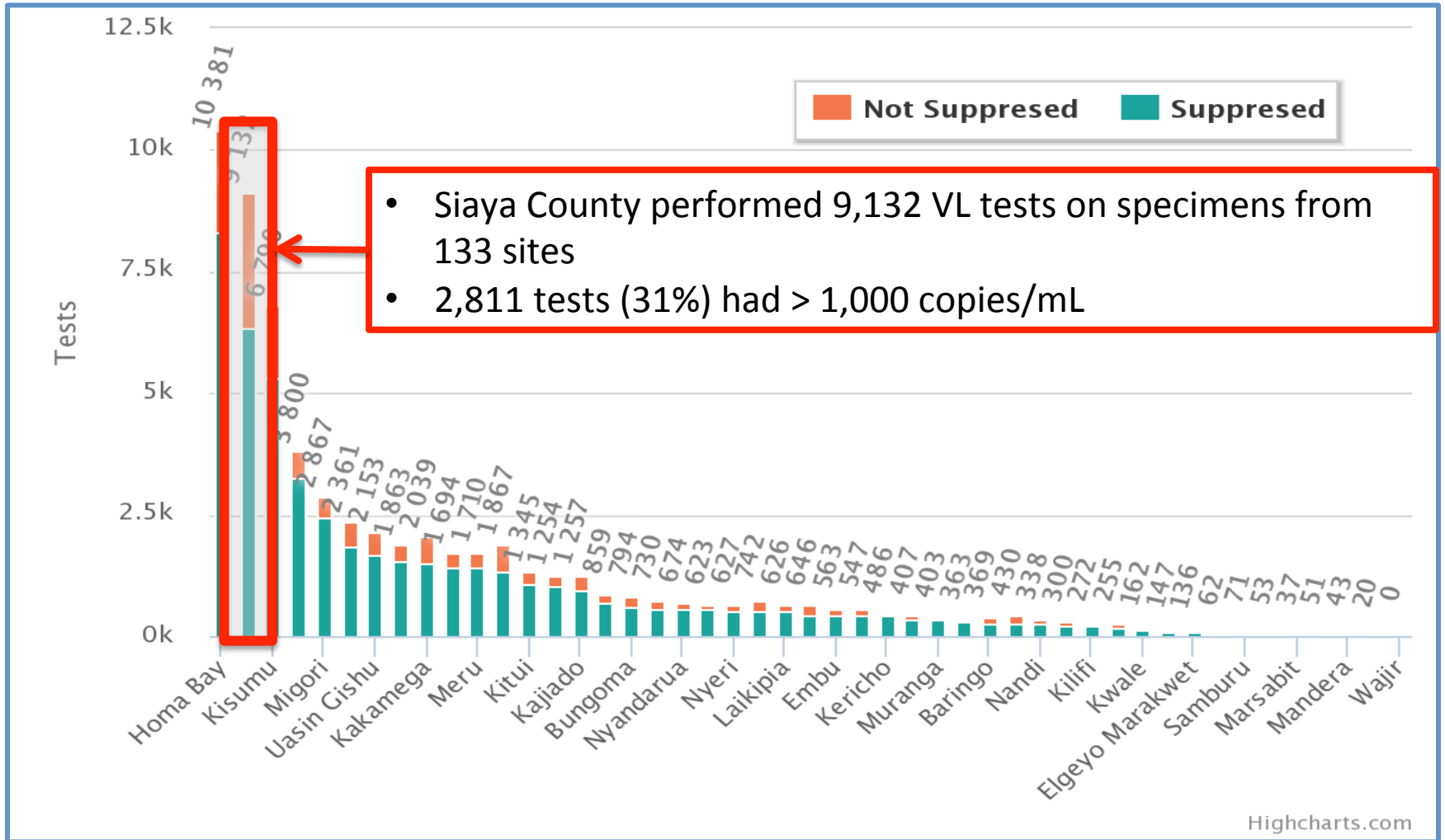
- People on ART with unsuppressed VL are at high risk of disease progression
- Swift identification and management is critical
- Because routine VL monitoring is relatively new, the emphasis has been on scale-up and coverage
- Systems to foster effective *utilization* of VL results have not yet been optimized



Routine VL Monitoring in Kenya

- Kenya launched routine VL monitoring in 2014
- A network of 9 labs provides services to 2000 health facilities – approximately 1.6M viral load tests are targeted for FY18
- **Coverage** is expanding rapidly, but **utilization** of tests remains a challenge
- National guidelines recommend
 - Swift identification of people w/ unsuppressed VL
 - Provision of three enhanced adherence counseling sessions, first within one month of VL test
 - Repeat VL within three months
 - Action on results!

RVLT Results in Kenya by County



Utilization of VL Results

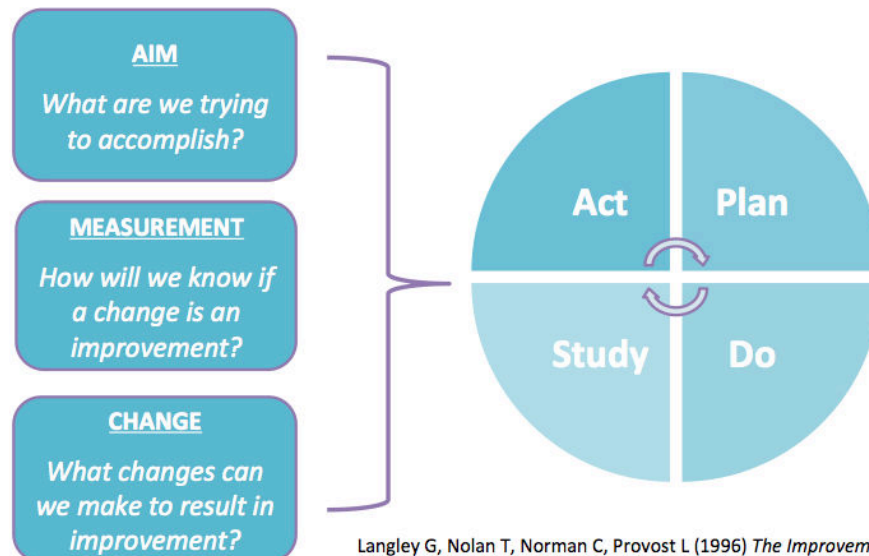
- With support from NASCOP, CDC and HRSA, ICAP conducted a rapid baseline assessment at 30 high-volume sites in Siaya County
- Used NASCOP VL website to identify all patients with routine VL test (October 2015 – October 2016)
- Reviewed registers and patient files for patients with unsuppressed VL ($> 1,000$ copies/mL)
- Data are still preliminary

Key Findings from Baseline Assessment

- Only 50% of patients with unsuppressed VL received even one enhanced adherence counseling session
- Only 35% had a repeat VL
 - Systems and strategies to identify and prioritize patients with unsuppressed VL are inadequate
 - There are important missed opportunities to provide recommended interventions
- There is a “know-do” gap that is likely amenable to quality improvement methodology

ICAP's Quality Improvement Approach

ICAP builds the capacity of partner countries to improve the effectiveness, efficiency, safety, accessibility and equity of health services by supporting quality improvement (QI) programs, with an emphasis on the QI collaborative methodology and the Model for Improvement



Langley G, Nolan T, Norman C, Provost L (1996) *The Improvement Guide*

Select Improvement Aim



Convene expert meeting
Identify best practices
Develop aim statement,
Indicators, data SOPs



Select/prepare sites



Learning Session 1



Action Period 1



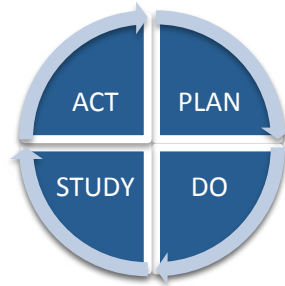
Scale up and spread



“Harvest” of successful
interventions, tools,
resources

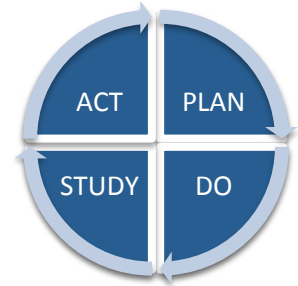


Learning Session 2



Action Period 2

Learning Session 3



Action Period 3

VL Utilization Collaborative

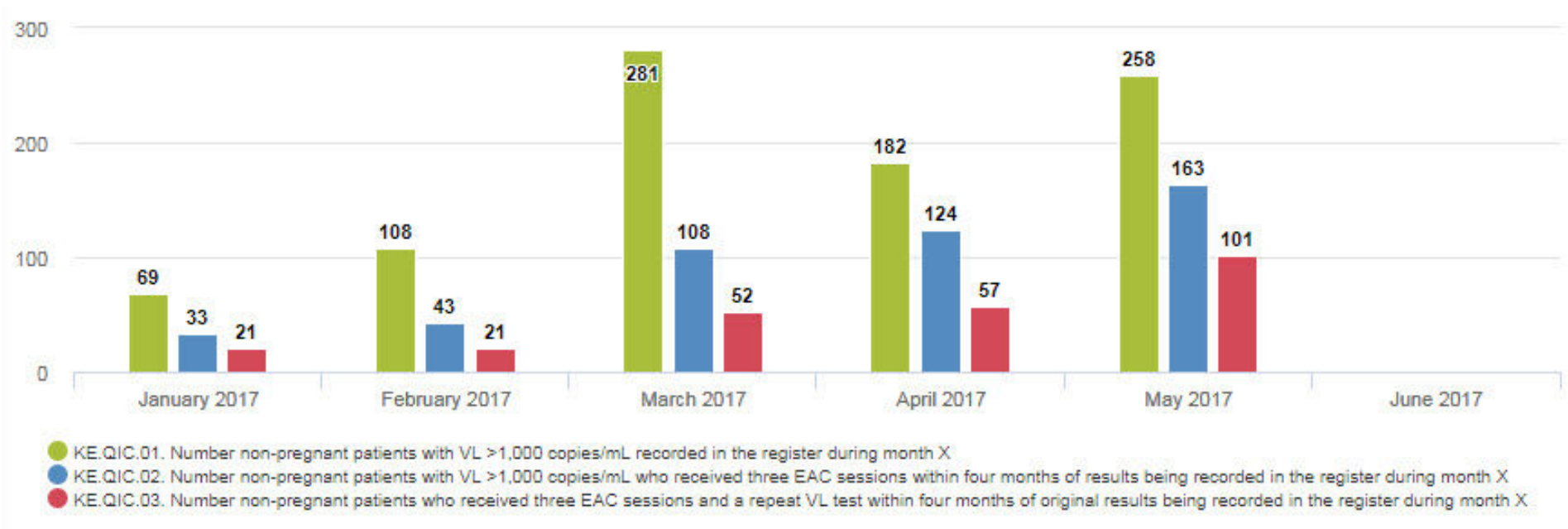
- Launched in Q1 2017
- QI teams at each of the sites are working to achieve the same goals:
 - To increase the proportion of clients with high VL who receive 3 EAC within four months from 18% to 90% by February 2018
 - To increase the proportion of clients with repeated high VL who are switched to 2nd line ART within four months from 36% to 90% by February 2018

VL Utilization Collaborative

Early change ideas being tested:

- Piloting a longitudinal tracking register for clients with high VL
- Designating a VL focal person to download and file VL results from the NASCOP website
- Developing SOPs for filing VL results and notifying providers
- Storing files of clients w/high VL separately from those of other clients
- Recalling clients for timely interventions
- Special clinics for clients with high VL
- Appointment of case managers/adherence support systems
- Convening weekly multidisciplinary team meetings

Early Data are Promising, but the QIC is Just Starting...



Conclusions

Based on early results and prior experience with QI Collaboratives, we hope this approach will:

- Improve the QI skills of facility-level teams
- Identify systems and strategies to improve utilization of VL results towards attaining the “third 90” and contributing to epidemic control
- Generate feasible, practical strategies that can be taken to scale

Acknowledgements

- This project is supported by the U.S. Health Resources and Services Administration (HRSA) under award U1NHA28555-01. The information and conclusions are those of the author and should not be construed as the official position or policy of HRSA, HHA or the U.S. government
- NASCOP
- CDC / PEPFAR
- The staff and clients of the 30 participating health facilities