

HEALTH OUTCOMES IN A COHORT OF HIV+ PATIENTS STRATIFIED USING THE KAISER PERMANENTE PYRAMID POPULATION-BASED RISK STRATIFICATION MODEL

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BACKGROUND AND IMPORTANCE

In recent years, hospital pharmacists have been approaching population-based risk stratification models described in literature for selected groups of patients. The implementation of these models as a routine task would facilitate the adequation of pharmaceutical care to patient complexity.

AIM AND OBJECTIVES

To analyze the health outcomes of HIV+ patients on Antiretroviral Therapy (ART) in a comparative manner according to their classification in the Kaiser Permanente Pyramid (KPP).

MATERIAL AND METHODS

Retrospective observational study

HIV+ patient with active ART on 2022/01/03

The results extracted were analyzed according to the **KPP risk stratification model**

Data sources: electronic medial records

Variables collected:

- Demographic data: age and sex
- HIV Viral Load (VL)
- CD4 lymphocytes
- Polypharmacy (≥ 6 drugs, ART included)
- ART/ cost/patient/undetectable VL (UVL)
- Emergency Department Attendances (EDA)/previous year
- Stratum of KPP

CONCLUSION AND RELEVANCE

The KPP model allows us to identify patients at greater risk of sickness-related complications and with a potentially high consumption of resources, who may require an individualized and more specific pharmaceutical care in our setting.

The study shows a worsening in HIV health outcomes and an increase in resource consumption as patient complexity enhances.

RESULTS

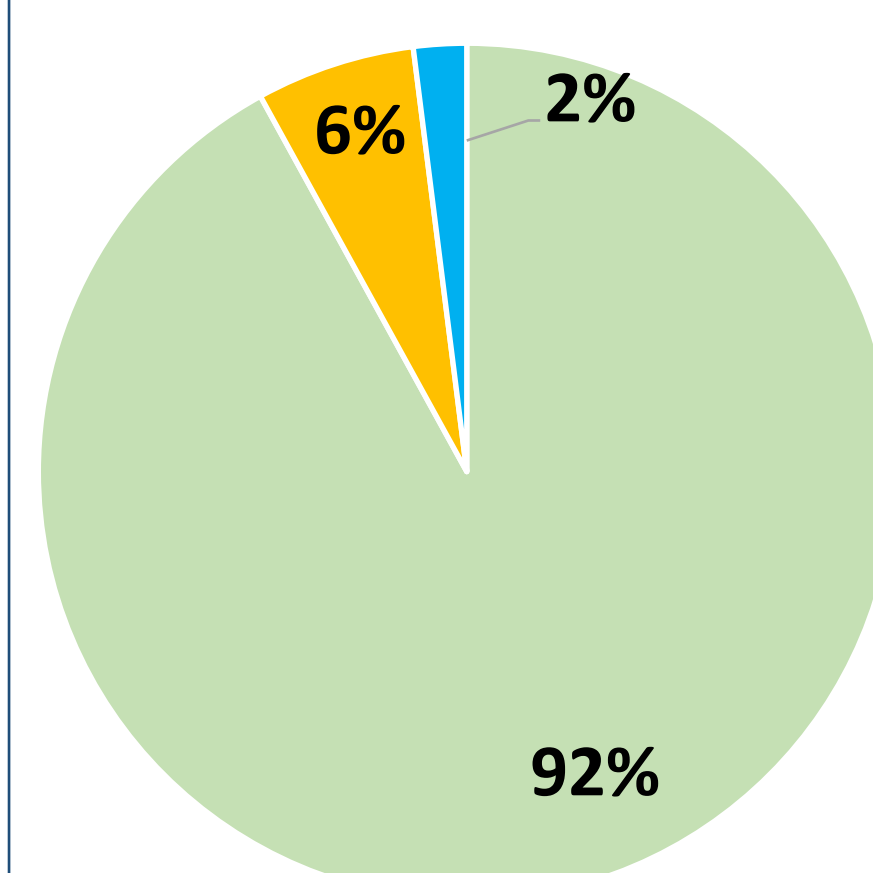


947 patients

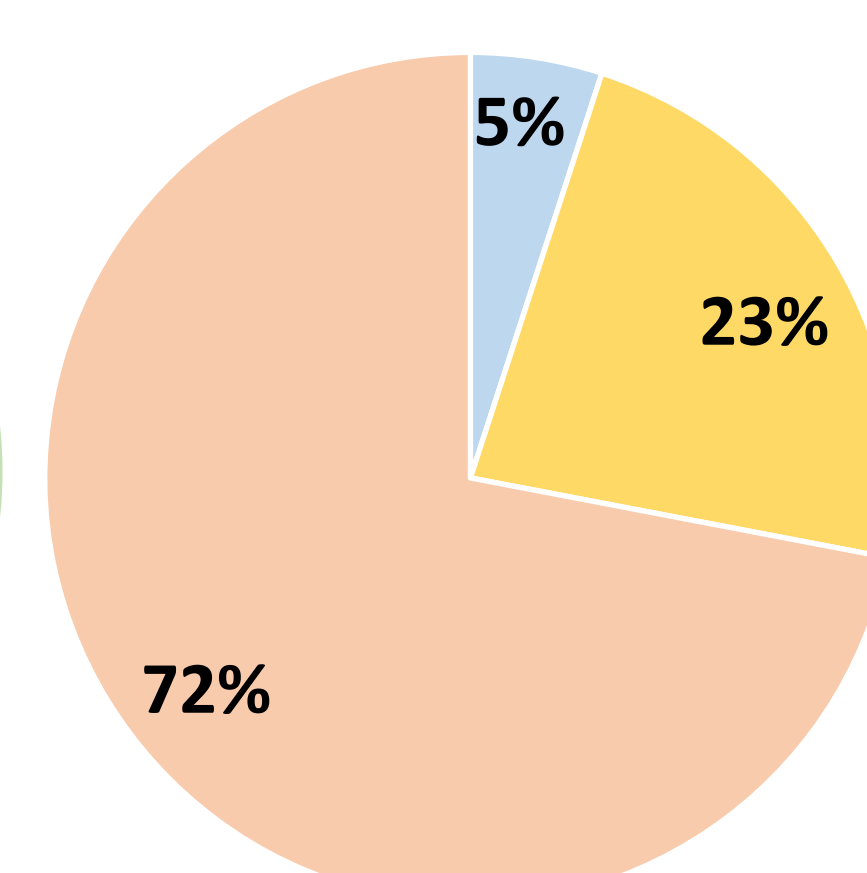
• 68% men

• Median age: 54 years (46-59)

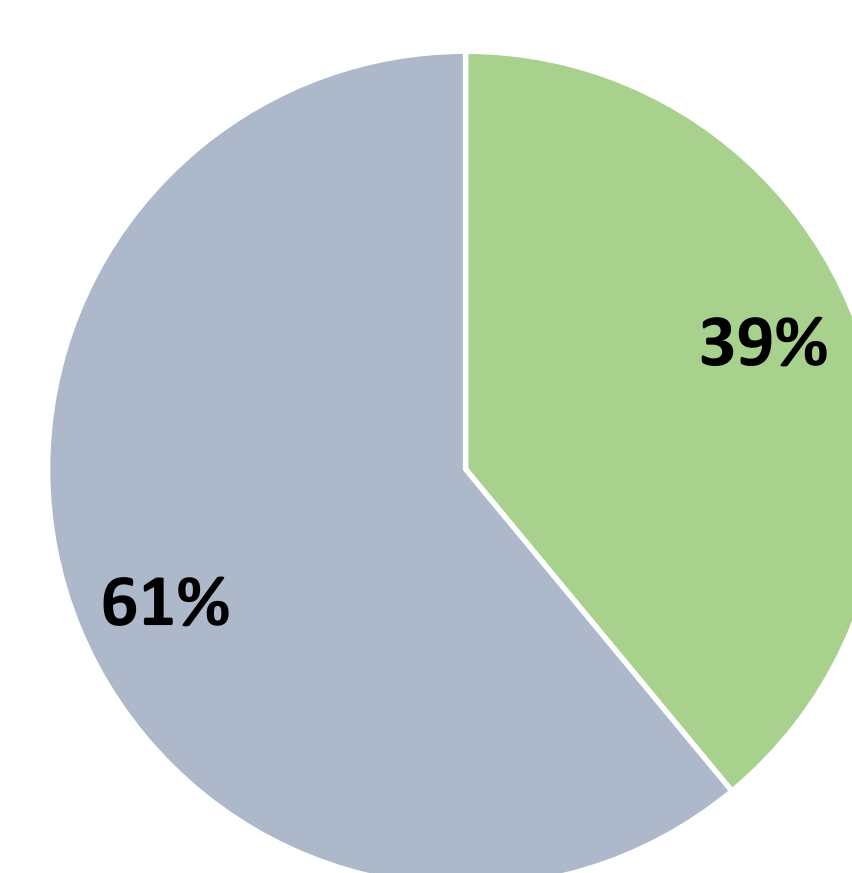
UVL (copies/ml)



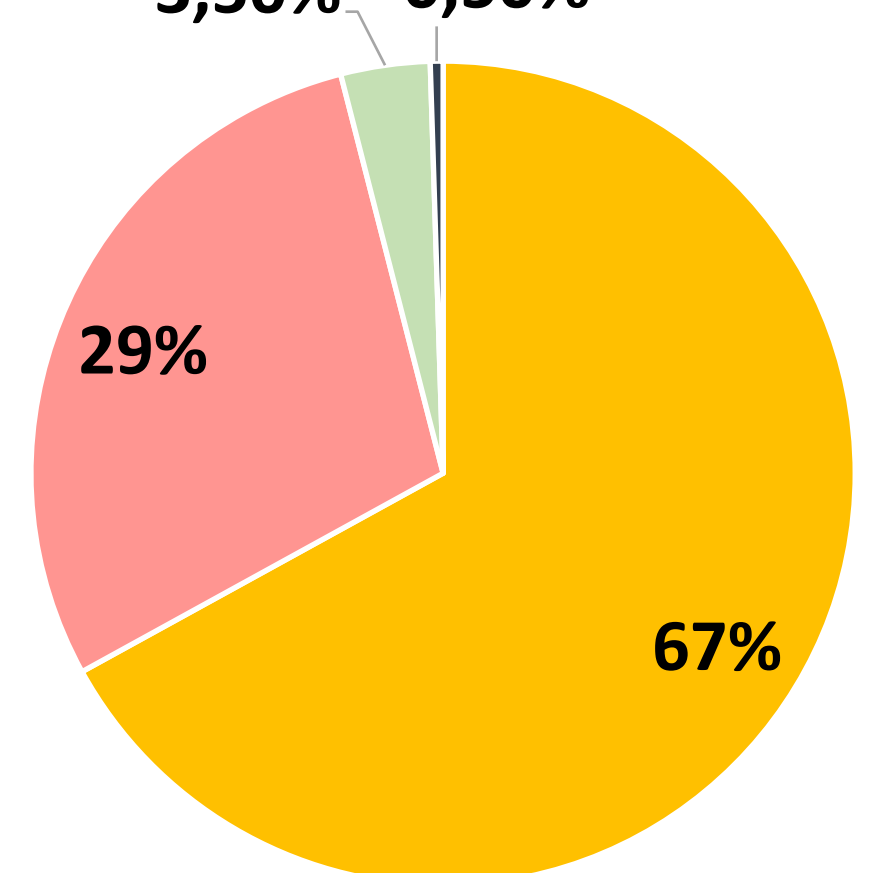
CD4+/ μ L



Polypharmacy



EDA/previous year
3,50% 0,50%



■ <50 ■ 50-200 ■ >200 ■ <200 ■ 200-500 ■ 500 ■ ≥ 6 drugs ■ < 6 drugs ■ 0 EDA ■ 1-3 EDA ■ 4-8 EDA ■ >8 EDA

87% UVL
5% CV> 200copies/mL
10% <200 CD4+/ μ L
57% > 500 CD4+/ μ L
85% polypharmacy
EDA/previous year: 38% (0), 44% (1-3), 16% (4-8), 2% (>8)

15,5% Patient with severe complications: Case management (CM)

33% High-risk: Illness Management (IM)

93% UVL
1% CV> 200copies/mL
4% <200 CD4+/ μ L
71% > 500 CD4+/ μ L
88% polypharmacy
EDA/previous year: 65% (0), 33% (1-3), 2% (4-8), 1% (>8)

93% UVL
2% CV> 200copies/mL
3% <200 CD4+/ μ L
79% > 500 CD4+/ μ L
16% polypharmacy
EDA/previous year: 76% (0), 23% (1-3), 1% (4-8), no patient (>8)

45% Chronic patients: Self-management Support (SS)

3% General population: Promotion and Prevention (PP)

91% UVL
No patients CV> 200copies/mL
No patients <200 CD4+/ μ L
82% > 500 CD4+/ μ L
4% polypharmacy
EDA/previous year: 77% (0), 23% (1-3), no patients (>3)

3.5 % unclassified

The ART/patient/UVL cost was the same as the overall cost in PP and IM patients, 9% lower in SS and 22% higher in CM.



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