

Use of validated care quality indicators to identify improvements in HIV pharmaceutical care

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Background: Quality care indicators are used to quantify quality of care. HIV Spanish group (GESIDA) has developed quality care indicators for the care of person infected by HIV/AIDS, being some of them related to pharmaceutical activities.

Purpose: Determine the compliance with GESIDA indicators and identify areas to improve HIV pharmaceutical care.

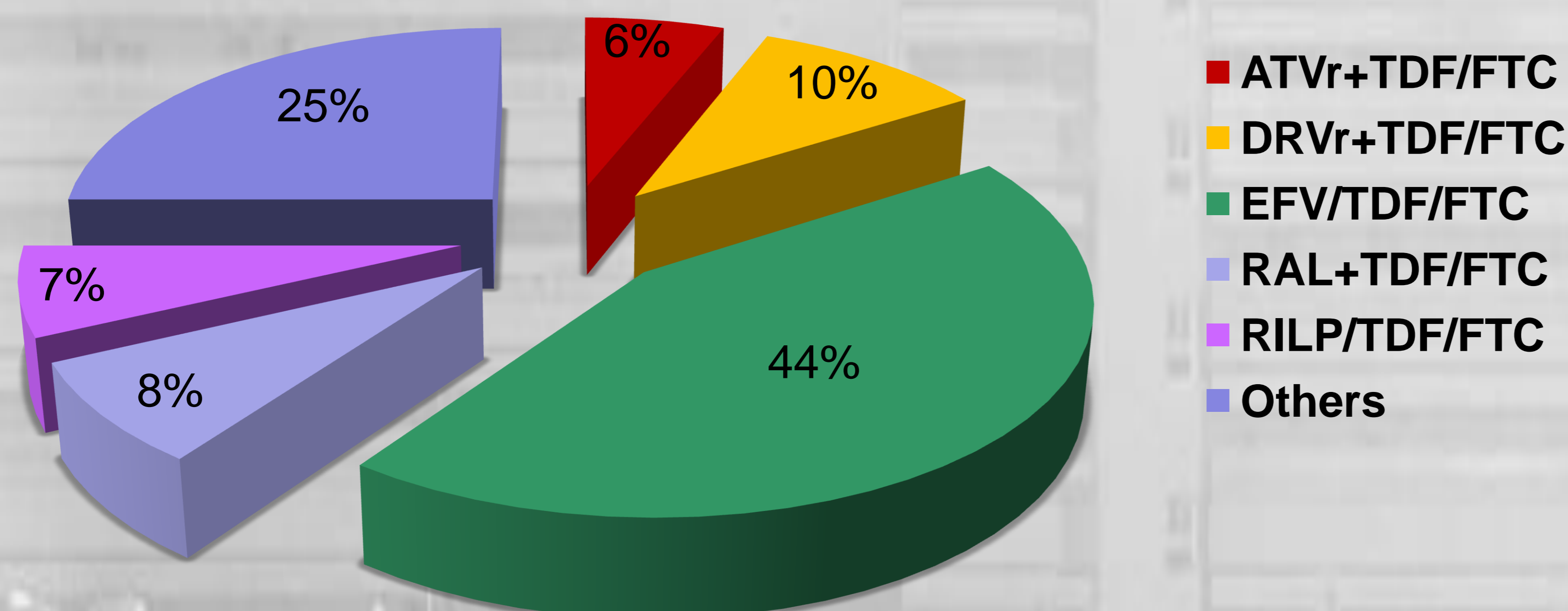
Material and Methods

Prospective multicenter study. Inclusion criteria: naïve patients initiating antiretroviral therapy in 2012 and 2013, 48 weeks of treatment and patients monitoring in pharmaceutical care consultations of the centers involved (PSITAR cohort). The quality care indicators were obtained from the consensus document GESIDA/National AIDS Plan on antiretroviral treatment in adults (2014).

Results

102 patients were studied, 86.3% male, mean age of 39.4 years (SD 11.79)

1. Most common treatments



At the beginning of the treatment:

✓ Median viral load was 69.700

✓ CD4 mean was 316 (SD 216), in 57% of patients was <350

✓ 5.8% of patients showed resistance to any treatment.

2. GESIDA Indicators

Indicators	Dimension	Result	Standar
Compliance of initial therapy with GESIDA guidelines	Effectiveness	92.15%	95%
Undetectable viral load (<50 copies/ml) at week 48	Effectiveness	88.25%	80%
Treatment modifications within the first year	Effectiveness	28.43%	<30%
Resistance study in virologic failures	Effectiveness	74%	90%
Abacavir initiation without HLA-B*5701 screening	Security	0%	0%
Adherence treatment measure	Follow-up	54.9%	95%
Average annual expenditure per patient	Efficiency	8.552 €	8.633 €

Conclusion: Effectiveness, efficiency and security quality care indicators are mostly achieved. We can conclude that from pharmaceutical care consultation, we should be aware about resistance studies in case of virologic failure and we should improve adherence treatment records.