



Fort Lauderdale/Broward County EMA Outpatient/Ambulatory Medical Care Medical Services Quality, Outcomes and Cost Assessment Scope of Services

The purpose of this assessment is to evaluate the effectiveness of the Fort Lauderdale/Broward County Eligible Metropolitan Area (EMA) Part A and Minority AIDS Initiative (MAI) funded **Outpatient/Ambulatory Medical care** services. The primary focus is on the manner in which services are provided to ensure consistency with standards.

- ▶ **Quality of Medical Care and Treatment (See Attachment A)**
(HRSA Performance Measures (PM), Public Health Service (PHS) standards, HRSA Client Level Data (CLD))
- ▶ Access and Adherence to Medications
- ▶ Patient Level Outcomes
- ▶ Access to Care and Engagement in Care (Utilization)
- ▶ Cost of Medical and Pharmaceutical Services
- ▶ Patient Satisfaction (Focus Groups)

***Note:** All service related analysis should be conducted and reported by the following categories 1) system-wide and individual provider level; and 2) system-wide Part A and MAI patients, demographic subpopulations and EMA and HRSA “special subpopulations” (including transgender) during FY 2008 & FY 2009.

PHASE 1 ASSESSMENT GOALS (Must be completed by February 28, 2010)

Major Assessment Goals

1. Document the degree of change in medical indicators (i.e., CD4 and Viral Loads) among patients treated under Ryan White Care Act Part A and MAI funding.
2. Document the type and level of medical care provided to Ryan White Part A patients.
3. Determine whether defined groups (including demographic and special populations) have comparable levels of medical outcome (enhanced or maintained medical status indicators; relative absence of opportunistic infections; reported use of emergency room and hospitalizations).
4. Document the patterns of pharmaceutical care offered to patients and document outcome patterns
5. Assess any disparity in medical outcomes between defined groups of patients and determine whether this disparity is related to care offered to the patients (in the form of prescribed therapies).
6. Document whether defined groups of patients enter the treatment system at different levels on medical indicators (and at different stages) by zip code.

Assessment Questions

- Are services provided consistent with the most recent PHS and EMA Standards of Care?
- How much variation is there in terms of utilization, cost and outcomes between patients?
- Is the average change for patients different among groups formed by gender, ethnic or racial group, or a combination of the two?
- What is the rate of new diagnoses of opportunistic infections among patients?
- Are the rates of new diagnoses of opportunistic infections comparable for groups formed by gender, ethnicity and race group?

Design (Chart Review Portion)

- Charts sampled so as to approximate demographics of population in services
- Charts sampled so as to approximate the percentage of patients seen at different providers

Major Variables Captured in Chart Abstraction

- PHS Standards of Care and HRSA Performance Measures
- Laboratory test results (viral load, CD4)
- Physician and other visits as well as specialist referrals
- Major opportunistic infections and malignancies
- Drug therapies

Major Analyses

- Determine major outcomes of CD4, viral load for patients over time (may use hierarchical linear models and non-parametric statistical tests).
- Compare outcomes of CD4, viral load to historical results (may use hierarchical linear models and non-parametric statistical tests).
- Determine if outcome of CD4, viral load is related to potential disparity issues (gender, ethnic-racial group, etc.) – may use hierarchical linear models and non-parametric statistical tests.
- Determine if any disparities among defined groups (by gender, ethnicity-race) outcome of CD4, viral load are related to different patterns of prescribed care (may use hierarchical linear models and non-parametric statistical tests).

☐ ASSESS QUALITY OF PART A/MAI MEDICAL SERVICES

- **ASSESS HIV-Related Treatment Compliance** (PHS Guidelines)
- **ASSESS HIV-Related Care Compliance** (with EMA Medical Service Delivery Model)
 - ▶ Patient medication and treatment adherence efforts
 - ▶ Patient retention/re-engagement efforts (including outreach provider relationships)
 - ▶ Core medical and support service referrals and follow-up
 - ▶ Efforts to ensure and measure satisfaction
 - ▶ Provider specific quality improvement processes and initiatives
 - ▶ Role of interdisciplinary staffing
 - ▶ Provision of culturally and linguistically appropriate care and treatment (agency plan)
 - ▶ Patient flow, scheduling and wait times (first and subsequent appointment, labs, etc.)
 - ▶ **ADDITIONAL/OTHER**
 - Co-morbid/co-occurring conditions including medication prescribing and monitoring
 - Specialty care services (including how it is provided i.e., in-house or referral, etc.)
 - Non-HIV-related care and treatment

PHASE 2 ASSESSMENT GOALS (March 1, 2010 – May 30, 2010)

☐ ASSESS PATIENT OUTCOMES (and provider reporting)

- ▶ Assess Ryan White Service Report (RSR) Client Level Data (CLD) – See Attachment B
- ▶ Assess HRSA Performance Measures (PM) – See Attachment C
- ▶ Assess EMA Client Level Ambulatory/Medical Outcomes
 - Outcome: Slow/prevent client HIV disease progression
 - Indicator 1.1 80% of clients with CD4 <350 are prescribed HAART (data collection only)
 - Indicator 1.2 70% of clients on HAART for >6 months will have a viral load <400

- ▶ Develop GIS Maps

☐ ASSESS MEDICAL SERVICES UTILIZATION

- ▶ Patients new to HIV care
- ▶ Patients that transferred to new providers
- ▶ Continuing patients served
- ▶ Disenrolled patients who received care (include disenrollment reason)
- ▶ Create GIS Maps depicting Provider Location and Characteristics

☐ ASSESS COST OF MEDICAL SERVICES

- ▶ Assess medical care, specialty care and laboratory costs
- ▶ Assess co-morbid and co-occurring conditions treatment
- ▶ Analyze provider invoicing accuracy and appropriateness (Provide Enterprise System Data)
- ▶ Determine average cost of services by patient, provider and service type/procedure
- ▶ Reimbursement structure assessment and comparative analysis (Part A and other funders)

☐ Develop Plan to Address Deficiencies (Measureable, Time-framed & Responsible Parties)

- ▶ Identify and incorporate best practice and evidenced based models addressing deficiencies (including those targeted to minority & special populations)

PROPOSAL CONTENT REQUIREMENTS

ASSESSMENT DESIGN AND METHOD DETAILED DESCRIPTION AND RATIONALE

- ▶ Discuss and describe the assessment design and rationale addressing the assessment goals.
- ▶ Discuss and describe how this assessment is being conceptualized and operationalized (e.g. relationship between variables, etc.) to address the assessment goals.
- ▶ Discuss and describe method used for selecting assessment sample framework and sample size to address the goals and questions of the assessment.

DETAILED DESCRIPTION AND RATIONALE OF DATA COLLECTION ACTIVITIES

- ▶ Discuss and describe both qualitative and quantitative data collection methods, data collection instruments and selection rational.
- ▶ Discuss and describe the planned statistical analysis and qualitative analysis and rationale.

EXPERIENCE, STAFFING AND BUDGET

- ▶ Description of expertise, knowledge, and experience conducting related assessments.
 - Provide a detailed budget (not to exceed \$60,000), staffing plan, work plan including timeframe, responsible parties and deliverables as well as associated payments.
 - Draft Report and PowerPoint Presentation
 - Community PowerPoint Presentation
 - Final Medical Assessment Report

OTHER PROPOSAL REQUIREMENTS

LETTERS OF INTEREST. All interested applicants must submit a letter of interest to mrosiere@brhpc.org by January 19, 2010. Applicants will be added to contact list through which proposal updates will be provided.

RFP QUESTIONS. Questions related to this proposal must be submitted in writing to mrosiere@brhpc.org no later than January 21, 2010. Answers to RFP Questions posted at www.BRHPC.org/rfp on or before January 22, 2010.

PROPOSAL SUBMISSION REQUIREMENTS . One (1) original, four (4) copies and one (1) electronic file of all of the following required document:s

1. Proposal responding to all proposal content requirements listed in the previous section
2. Resumes of all project team members
3. Three (3) samples of completed relevant assessment projects
4. Three (3) related written references describing competency in completing assessments

ACCEPTANCE/DENIAL NOTIFICATION will be posted at www.BRHPC.org/rfp by February 3, 2010.

RFP TIMELINE

Written Questions Regarding RFP Process	January 21, 2010
Answers to RFP Questions posted at www.BRHPC.org/rfp	January 22, 2010
Proposal Submission Due Date	January 28, 2010
Acceptance/ Denial Notification	February 3, 2010

NOTE: Consulting offer will be made based on a combination of quality of previous related experience, cost effectiveness, **ability to deliver the final product according to the project timeline** and other related factors. Broward Regional Health Planning Council reserves the right to reject any and all bids.

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ATTACHMENT A – PHS Guidelines

- o **Viral Load Labs**
 - ▶ At frequency recommended in current DHHS guidelines
 - ▶ Within 2-8 weeks of ARV initiation or change
 - ▶ Most recent viral load Undetectable Detectable -100,000 > 100,000
- o **CD4 Count Labs**
 - ▶ At frequency recommended in current DHHS guidelines
 - ▶ Most recent CD4
- o **Resistance Testing**
 - ▶ At baseline and prior to initiating or changing ARV
 - ▶ Was patient appropriate for resistance test per drug pressure
 - ▶ If VL > 1000 & < 1 log drop after 8 weeks following initiation of ARV
- o **Antiretroviral (ARV/HAART) Therapy**
 - ▶ ARV within the past 12 months
 - ▶ ARV initiated according to DHHS guidelines
 - ▶ ARV regimen consistent with current DHHS guidelines
 - ▶ All medications correctly dosed and combined
 - ▶ Were medications adjusted for (renal impairment, hepatic impairment and weight)
 - ▶ Increasing viral load addressed
 - ▶ Decreasing CD4 addressed
 - ▶ Potential adverse effects to treatment discussed
 - ▶ If VL NOT < limit of detection at 5-6 months, addressed
 - ▶ Child bearing status considered in ARV selection
 - ▶ If patient pregnant, and VL > 1,000
 - o Attempts to start or change regimen
 - o ARV consistent with DHHS guidelines for pregnancy
- o **CBC/Diff/Platelets**
 - ▶ After initiating or changing ARV
 - ▶ At frequency recommended in current guidelines
 - ▶ Abnormalities addressed
- o **CMP**
 - ▶ At baseline prior to initiating or changing ARV
 - ▶ At frequency recommended in current guidelines
 - ▶ Abnormalities addressed
 - ▶ If glucose elevated, was HgbA1c or 2 hour GTT performed.
- o **Lipid Profile**
 - ▶ HDL/LDL/triglycerides at baseline prior to initiating or changing ARV
 - ▶ At frequency recommended in current DHHS guidelines
 - ▶ Fasting status documented for lipid assessment
 - ▶ If cholesterol/triglycerides elevated were NCEP guidelines followed
- o **Hepatitis**
 - ▶ Hepatitis A total antibody (HAVAb) or IgG
 - ▶ Hepatitis B surface antigen (HBsAg) 2 (If positive, Hep B VL tested)
 - ▶ Hepatitis B surface antibody (HBsAb)
 - ▶ Hepatitis B core antibody (HBcAb) total or IgG
 - ▶ Hepatitis C antibody (HCvAb) 5
 - o If positive, Hep C VL tested
 - o If VL positive, genotype determined
 - o If positive, treatment plan in record
 - o If negative and active IDU, (HCvAb) repeated in the past 12 months
 - ▶ If unexplained chronic LFT elevation, were Hep C viral loads checked
- o **Other Labs**
 - ▶ Toxo IgG (If negative, repeated when CD4 < 100)
 - ▶ Labs ordered within 4 weeks prior to scheduled office visit
 - ▶ Baseline syphilis screening (RPR, VDRL) (If +, treated or past treatment evidence)
 - ▶ Syphilis screening in past 12 months or documentation patient is not sexually active

- ▶ Chlamydia screening in past 12 months or patient is not sexually active
- ▶ Gonorrhea screening in past 12 months or documentation patient is not sexually active
- ▶ HLA-B*5701 prior to Abacavir therapy. If positive, is Abacavir listed as drug allergy
- ▶ Co-receptor tropism assay prior to use of CCR5 inhibitor
- o **Vaccines**
 - ▶ Hepatitis A vaccine completed or in process (2 injections)
 - ▶ Hepatitis B vaccine completed or in process (3 injections)
 - ▶ Influenza vaccine in the past 12 months
 - ▶ PPD in the past 12 months (or chest x-ray or cough & symptom eval)
 - ▶ Pneumococcal vaccine 2 injections 5-6 years apart
- o **Charting/Monitoring**
 - ▶ Complete initial history and physical examination
 - ▶ Symptom-targeted exam
 - ▶ Problem list utilized
 - ▶ Organized complete medication list (dosage, frequency, start/stop dates documented)
 - ▶ Drug allergies clearly noted
 - ▶ Documentation of all past ARV
 - ▶ Missed appointments addressed
 - ▶ Consultation reports in record
 - ▶ Advance directives in chart or discussed
 - ▶ Records from previous provider
 - ▶ Oral exam in the past 12 months
 - ▶ Chest exam in the past 12 months
 - ▶ Abdomen exam in the past 12 months
 - ▶ Genital-rectal exam in the past 12 months
 - ▶ Lymph node exam in the past 12 months
 - ▶ Neurologic exam in the past 12 months
 - ▶ Skin exam in the past 12 months
 - ▶ Weight assessed routinely with Weight loss addressed
- o **Health Maintenance/Education**
 - ▶ Pap smear in the past 12 months (female)
 - ▶ Anal cytology in the past 12 months (optional)
 - ▶ Colon cancer screening referral, (50+ years old) with Abnormalities addressed
 - ▶ Age appropriate mammograms, (female, age 40) with Abnormalities addressed
 - ▶ PSA at frequency recommended in current guidelines (male)
 - ▶ Education or Counseling: Nutrition in the past 12 months
 - ▶ Education or Counseling: Dental health in the past 12 months
 - ▶ Education or Counseling: Medication/treatment adherence in the past 12 months
 - ▶ Education or Counseling: Prevention every visit
 - ▶ Education or Counseling: Birth control in the past 12 months
 - ▶ Education or Counseling: Drugs, alcohol, tobacco in the past 12 months
 - ▶ Education or Counseling: Mental health in the past 12 months
 - ▶ Education or Counseling: Exercise in the past 12 months

ATTACHMENT B - CLIENT-LEVEL DATA ELEMENTS

#	Variable Description	Coding	Rationale ¹
	Unique client ID (UCI)	Unique client ID (UCI)	
1.	Date of client's first service visit at this provider's agency.	Date of client's first service visit at this provider's agency or organization	
2.	What was the client's vital enrollment status at the end of this reporting period?	Active, continuing in program Referred to another program or services, or became self-sufficient Removed from treatment due to violation of rules Incarcerated Relocated Deceased Unknown	Necessary to track enrollment or vital status over the course of the reporting period Informs the denominator of other items
3.	If response is "deceased" in Q2,: What was the client's date of death, if known?	__/__/__ MM/DD/YYYY	
4.	Client's year of birth	YYYY Unknown	Used to identify important population subgroups 2006 RW requirement
5.	What is the client's ethnicity?	Hispanic/Latino Non-Hispanic/Latino Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement Necessary for all performance measures relevant to new clients as required for: • PART
6.	What is the client's race? (<i>Select one or more</i>)	White Black or African American Asian Native Hawaiian/ Pacific Islander American Indian or Alaska Native Unknown	Used to identify important population subgroups Necessary for performance measures relevant to ethnicity as required for: • PART
7.	What is the client's current gender?	Male Female Transgender	To identify important population subgroups 2006 RW Legislation requirement for PMs relevant to gender • HAB Core Clinical PMs Group 1
8.	If response is "Transgender" in Q7,: What is the client's transgender subgroup, if known?	Male to female Female to male	
9.	Client's percent of the Federal poverty level at the end of the reporting period	=/< 100% FPL 101-200% FPL 201-300% FPL > 300% FPL Unknown	Used to identify an important population subgroup 2006 Ryan White Legislation requirement
10.	Client's housing status at the end of the reporting period	Stable/permanent Temporary Unstable Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement
11.	What was the geographic unit code of client's residence at end of this reporting period?	Used to measure and assess the extent of out-of-service area utilization. Used to determine areas of eligibility (If client's housing is "unstable," enter the geographic unit code of place the client considered his/her residence or "home base" at end of reporting period.)	
12.	What was the client's HIV/AIDS status at the end of the reporting period?	HIV-, HIV +, not AIDS HIV-positive, AIDS status unknown CDC-defined AIDS HIV indeterminate (infants only) Unknown	2006 RW Legislation requirement Necessary for all performance measures relevant to HIV/AIDS status as required for: HAB Core Clinical PM Group 1
13.	If response is "CDC-defined AIDS" in Q12,: What is the year of the client's AIDS diagnosis, if known?	YYYY	
14.	What is the client's risk factor for HIV infection (select one or more)	MSM,(IDU), Hemophilia/ coagulation disorder, Heterosexual contact, blood transfusion, blood components, or tissue Mother w/at risk, (perinatal transmission)	Used to identify important population subgroups
15.	Indicate all sources of the client's health insurance during this reporting period:	Private Medicare Medicaid Other Public No Insurance Other Unknown	Used to identify important population subgroups 2006 Ryan RW Legislation

16.	Outpatient ambulatory health services	Number of visits in each quarter of reporting period	
17.	Oral health care	Number of visits in each quarter of reporting period	
18.	Early intervention services (Parts A and B)	Number of visits in each quarter of reporting period	
19.	Home health care	Number of visits in each quarter of reporting period	
20.	Home and community-based health services	Number of visits in each quarter of reporting period	
21.	Hospice services	Number of visits in each quarter of reporting period	
22.	Mental health services	Number of visits in each quarter of reporting period	
23.	Medical nutrition therapy	Number of visits in each quarter of reporting period	
24.	Medical case management (including treatment adherence)	Number of visits in each quarter of reporting period	
25.	Substance abuse services-outpatient services each quarter during this reporting period		
26.	Did the client receive Local AIDS Pharmaceutical Assistance (not ADAP) at any time during each quarter of this reporting period?		
27.	Was Health Insurance Program (HIP) funding provided for this client each quarter during this reporting period?		
28.	Received Case management (non-medical) services each quarter during this reporting period		
29.	Received Child care services each quarter during this reporting period		
30.	Received Developmental assessment/ early intervention services each quarter during this reporting period		
31.	Received Emergency financial assistance each quarter during this reporting period		
32.	Received Food bank/home delivered meals each quarter during this reporting period		
33.	Received Health education/risk reduction each quarter during this reporting period		
34.	Received Housing services each quarter during this reporting period		
35.	Received Legal services each quarter during this reporting period		
36.	Received Linguistic services each quarter during this reporting period		
37.	Received Transportation services each quarter during this reporting period		
38.	Received Outreach services each quarter during this reporting period		
39.	Received Permanency planning each quarter during this reporting period		
40.	Received Psychosocial support services each quarter during this reporting period		
41.	Received Referral for health care/supportive services each quarter during this reporting period		
42.	Received rehabilitation services each quarter during this reporting period		
43.	Received Respite care each quarter during this reporting period		
44.	Received Substance abuse services—residential each quarter during this reporting period		
45.	Received Treatment adherence counseling each quarter during this period		
46.	Was HIV risk reduction screening/ counseling provided to this client during this reporting period?	Yes No Unknown	2006 RW Legislation requirement Necessary for all performance measures relevant to new clients as required for HAB Core PM Group 1
47.	Date of the client’s first outpatient /ambulatory care visit at this provider agency	__/_/____ MM/DD/YYYY	2006 RW Legislation requirement Necessary for all PM relevant to medical visits as required for HAB Core Clinical PM Group 1
48.	List all dates of the client’s outpatient ambulatory care visits in this provider’s HIV care setting with a clinical care provider during this reporting period.	__/_/____ MM/DD/YYYY	Necessary for performance measures relevant to number of visits as required for: • GPRA • PART • HAB Core Clinical performance measures Group 1
49.	Report all CD4 counts and their dates for this client during this report period.	Value ____ Date MM/DD/YYYY	Necessary for PMs relevant to number of visits for care as required for: HAB Core Clinical PM Group 1
50.	Report all Viral Load counts and their dates for this client during this report period	Value ____ Date __/_/____ MM/DD/YYYY	Necessary for performance measures relevant to number of visits for care as required for: HAB Core Clinical performance measures Group 1
51.	Was the client prescribed PCP prophylaxis at any time during this reporting period?	Yes No Not medically indicated No, client refused	Necessary for performance measures relevant to PCP prophylaxis screening as required for: • GPRA • HAB Core Clinical performance measures Group 1

52.	Was the client prescribed HAART at any time during this reporting period?	Yes No, not medically indicated, not ready, refused intolerance, side-effect, toxicity	Necessary for performance measures relevant to client's HAART status as required in: Core Clinical performance measures Group 1
53.	Was the client screened for TB during this reporting period?	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to TB screening as required for: • GPRA • HAB Core Clinical performance measures Group 2
54.	If response is “no” or “not medically indicated” in Q53,: Has client been screened for TB since HIV diagnosis?		
55.	Was the client screened for syphilis during this reporting period? (exclude clients <18 who are not sexually active)	Yes No Not medically indicated	Necessary for performance measures relevant to syphilis screening as required for: • GPRA • HAB Core Clinical PM Group 2
56.	Was the client screened for Hepatitis B during this reporting period?	Yes No Not medically indicated	Necessary for performance measures relevant to Hep B screening as required for: • GPRA • HAB Core Clinical performance measures Group 3
57.	If response is “no” or “not medically indicated” in Q56,: Was client screened for Hepatitis B since HIV diagnosis?		
58.	Has the client completed the vaccine series for Hepatitis B?	Yes No Not indicated	Necessary for PM relevant to Hep B as required for: • HAB Core Clinical PM Group 2
59.	Was the client screened for Hepatitis C during this period?	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to TB screening as required for: • GPRA • HAB Core Clinical performance measures Group 2
60.	If response is no” or “not medically indicated” in Q59,: Has the client been screened for Hepatitis C since diagnosis?		
61.	Was the client screened for substance use (alcohol and drugs) during this reporting period?	Yes No Not medically indicated	2006 RW Legislation requirement Necessary for PMs relevant to substance use screening as required for: HAB Core Clinical PMs Group 3
62.	Was the client screened for mental health during this reporting period?	Yes No Not medically indicated	2006 RW Legislation requirement Necessary for PMs relevant to mental health screening as required for: • HAB Core Clinical PM Group 3
63.	(For HIV+ women only) Did the client receive a Pap smear during this reporting period?	Yes No Not medically indicated NA	Necessary for performance measures relevant to Pap smears as required for: HAB Core Clinical PM Group 2
64.	(For HIV+ women only) Was the client pregnant during this reporting period?	Yes No Not applicable Unknown	2006 RW requirement Necessary for all PMs relevant to pregnant clients as required for: • HAB Core Clinical PM Group 1
65.	(For HIV+ women only) If “yes” in Q64, When did client enter prenatal care?	First trimester Second, Third At delivery NA	2006 RW Legislation requirement Necessary for all PMs relevant to appropriate services to reduce perinatal transmission as required for: • HAB Core Clinical performance measures Group 1
66.	(For HIV+ women only) If response is “yes” in Q64, Was client prescribed ARV therapy to prevent maternal to child (vertical)?	Yes No Not applicable Unknown	

ATTACHMENT C - PERFORMANCE MEASURES

Group 1 Measures

[ARV Therapy For Pregnant Women](#)

[CD4 T-Cell Count](#)

[HAART](#)

[Medical Visits](#)

[PCP Prophylaxis](#)

Percentage of pregnant women with HIV infection prescribed antiretroviral therapy.

Numerator. Number of HIV-infected pregnant women prescribed ARV therapy during 2nd and 3rd trimester

Denominator . Number of HIV-infected pregnant women who had a medical visit with a provider with prescribing privileges , i.e. MD, PA, NP at least once in the measurement year

Patient Exclusions 1. Patients whose pregnancy is terminated. 2. Pregnant patients in 1st trimester and newly enrolled in care during last three months of measurement year

Data Elements 1. Is client female? 2. If yes, was she pregnant during the reporting period? 3. If yes, was she on antiretroviral therapy during this reporting period?

Data Sources RDR, Section 5, Item 53 may provide data useful in establishing a baseline Electronic

Outcome Measures for Consideration. Perinatal transmission rate or number of events in the measurement year.

HAART. Percentage of clients with AIDS who are prescribed HAART.

Numerator. Number of clients with AIDS prescribed HAART regimen with in measurement year.

Denominator Number who have AIDS diagnosis (history of CD4 T-cell count < 200 cells/mm³ or other AIDS-defining condition, and ≥ 1 medical visit with provider with prescribing privileges , (i.e. MD, PA, NP) in measurement year.

Patient Exclusions. Patients newly enrolled in care during last three months of the measurement year.

Data Elements. Is client diagnosed with CDC-defined AIDS? If yes, was HAART prescribed during reporting period?

Outcome Measures for Consideration. Rate of opportunistic infections in the measurement year

Medical Visits

Percentage of clients with HIV infection who had ≥ 2 medical visits in an HIV care setting in the measurement year.

Numerator Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges [i.e. MD, PA, NP, in an HIV care setting] two or more times at least 3 months apart during the measurement year

Denominator # clients with medical visit (w/ provider w/ prescribing privileges) ≥ 1 in measurement year.

Patient Exclusions Patients newly enrolled in care during last six months of the year

Data Element. Did client have medical visits in HIV care setting during reporting period? If yes, list quarters.

Outcome Measures for Consideration. Rate of opportunistic infections in the measurement year

PCP Prophylaxis Percentage of clients with CD4 T-cell count <200 cells/mm³ who were prescribed PCP prophylaxis.

Numerator Number of clients with CD4 T-cell counts below 200 cells/mm³ who were prescribed PCP prophylaxis

Denominator Number of HIV-infected clients who: had a medical visit with a provider with prescribing privileges, (i.e. MD, PA, NP) at least once in the measurement year, and had a CD4 T-cell count below 200 cells/mm³

Patient Exclusions

Patients with CD4 T-cell counts below 200 cells/mm³ repeated within 3 months rose above 200 cells/mm³

Patients newly enrolled in care during last three months of the measurement year

Data Element. 1. Was CD4 T-cell count <200 cells/mm³? 1.a. If yes, was PCP prophylaxis prescribed? 1.b. If no, was CD4 count repeated within 3 months? If yes, did it remain below 200 cells/mm³ ? 1.b.i. If yes, was PCP prophylaxis prescribed?

Outcome Measures for Consideration Rate of PCP in the measurement year

on HAART, should receive chemoprophylaxis against PCP if they have a CD4 T-cell count <200 cells/mm³.

GROUP 2 MEASURES

[Adherence Assessment and Counseling](#)

[Cervical Cancer Screening](#)

[Hepatitis B Vaccination](#)

[Hepatitis C Screening](#)

[HIV Risk Counseling](#)

[Lipid Screening](#)

[Oral Exam](#)

[Syphilis Screening](#)

[TB Screening](#)

Performance Measure: Adherence Assessment & Counseling

Percentage of clients with HIV infection on ARVs who were assessed and counseled for adherence two or more times in the measurement year

Numerator: Number of HIV-infected clients, as part of their primary care, who were assessed and counseled for adherence two or more times at least three months apart

Denominator: Number of HIV-infected clients on ARV therapy who had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: 1. Patients newly enrolled in care during last six months of the year 2. Patients who initiated ARV therapy during last six months of the year

Data Element: Was the client on ARVs? (Y/N) i. If the client was on ARVs, did he/she receive adherence counseling during the measurement year? (Y/N). 1. If yes, list the quarters of these visits.

Outcome Measures for Consideration: o Percent of undetectable viral loads among patients on ARV in the measurement year o Percent of patients with ARV-resistance developed during therapy in the measurement year o Mortality rates o Incidence of HIV-related hospitalizations in the clinic population o Incidence of clients with progression to AIDS in the clinic population

Performance Measure: Cervical Cancer Screening

Percentage of women with HIV infection who have a Pap screening in the measurement year

Numerator: Number of female clients w/ Pap screen results documented in measurement year

Denominator: Number of female clients who were ≥ 18 years old in the measurement year or reported having a history of sexual activity, and had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: 1. Patients who were < 18 years old and denied history of sexual activity
2. Patients who have had a hysterectomy for non-dysplasia/non-malignant indications

Data Element: 1. Is the client female? (Y/N) a. If yes, is she ≥ 18 years or reports having a history of sexual activity? (Y/N) i. If yes, was the pap screening completed during the measurement year?

Outcome Measures for Consideration Incidence of cervical cancer in female clinic population

Performance Measure: Hepatitis B Vaccination

Percentage of clients with HIV infection who completed the vaccination series for Hepatitis B

Numerator: Number with documentation of having ever completed Hepatitis B vaccination series

Denominator: Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: 1. Patients newly enrolled in care during the measurement year

2. Patients with evidence of current HBV infection (Hep B Surface Antigen, Hep B e Antigen, Hep B e Antibody or Hep B DNA) 3. Patients with evidence of past HBV infection with immunity (Hep B Surface Antibody without evidence of vaccination)

Data Element: Does client have documentation of Hepatitis B immunity or is HBV-infected? If no, is there documentation that the client has completed the vaccine series for Hepatitis B?

Outcome Measures for Consideration: Incidence of Hepatitis B infection in clinic population

Performance Measure: Hepatitis C Screening

Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV infection

Numerator: Number of clients who have documented HCV status in chart

Denominator: Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: None

Data Element: Is there documentation of the client's Hepatitis C status in the medical record? (Y/N)

Outcome Measures for Consideration: Hepatitis C- related mortality rates in the clinic population

Performance Measure: HIV Risk Counseling

Percentage of clients with who received HIV risk counseling within the measurement year

Numerator: Number of clients, as part of their primary care, who received HIV risk counseling

Denominator: Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: None

Data Element: Did client receive HIV risk counseling at least once during the measurement year with appropriate feedback to the provider?

Outcome Measures for Consideration: o Incidence of new HIV infection o Incidence of STD cases in clinic population o Rates of substance abuse counseling and referrals

Performance Measure: Lipid Screening

Percentage of clients with on HAART who had a fasting lipid panel during the measurement year

Numerator: Number of clients prescribed HAART, and had a fasting lipid panel in measurement year

Denominator: Number of clients who are on HAART and who had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: None

Data Element: Was the client on HAART?(Y/N) If the client was on HAART, did he/she have a fasting lipid panel during the measurement year? (Y/N)

Outcome Measures for Consideration:

o Incidence of cardiovascular events in clinic population

o Incidence of metabolic syndrome in the clinic population

Performance Measure: Oral Exam

Percent of clients who received an oral exam by a dentist at least once during the measurement year

Numerator: Number of clients who had an oral exam by a dentist during the measurement year, based on patient self report or other documentation

Denominator: Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: None

Data Element: Did the client receive an oral exam by a dentist during the measurement year?

Outcome Measures for Consideration: Rates of dental disease and oral pathology.

Performance Measure: Syphilis Screening

Percentage of adult clients who had a test for syphilis performed within the measurement year

Numerator: Number of clients who had a serologic test for syphilis performed at least once during the measurement year

Denominator: Number of clients who: were ≥ 18 years old in the measurement year or had a history of sexual activity < 18 years, and had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: Patients < 18 years old and denied a history of sexual activity

Data Element: Is the client ≥ 18 years or reports having a history of sexual activity? If yes, was the client screened for syphilis during the measurement year?

Outcome Measures for Consideration Incidence of neurosyphilis in the clinic population

Performance Measure: TB Screening

Percentage of clients with HIV infection who received testing with results documented for latent tuberculosis infection (LTBI) since HIV diagnosis

Numerator: Number of clients who received documented testing for LTBI with any approved test (tuberculin skin test [TST] or interferon gamma release assay [IGRA]) since HIV diagnosis

Denominator: Number of clients who: • do not have a history of previous documented culture-positive TB disease or previous documented positive TST or IGRA; and • had a medical visit with a provider with prescribing privileges at least once in the measurement year.

Patient Exclusions None

Outcome Measures for Consideration Incidence of TB disease in the clinic population

GROUP 3 MEASURES

[Chlamydia Screening](#)

[Gonorrhea Screening](#)

[Hepatitis B Screening](#)

[Hepatitis/HIV Alcohol Counseling](#)

[Influenza Vaccination](#)

[MAC Prophylaxis](#)

[Mental Health Screening](#)

[Pneumococcal Vaccination](#)

[Substance Use Screening](#)

[Tobacco Cessation Counseling](#)

[Toxoplasma Screening](#)

Performance Measure: Gonorrhea Screening

Percentage of clients at risk for STIs who had a test for gonorrhea w/in measurement year

Numerator: Number of clients who had a test for gonorrhea

Denominator: Number of clients who were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months; and had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: Patients < 18 years old and denied a history of sexual activity

Data Elements: Is the client new to care, sexually active or had a STI within the last 12 months?

a. If yes, was the client tested for gonorrhea during the measurement year?

Outcome Measures for Consideration: ☐ Incidence of STIs in the clinic population

Performance Measure: Hepatitis B Screening

Percentage of clients¹ with HIV infection who have been screened for Hepatitis B virus infection status

Numerator: Number of clients who have documented Hepatitis B infection status in the health record

Denominator: Number of clients who had a medical visit with a provider with prescribing Privileges at least once in the measurement year

Patient Exclusions: Patients with documentation of complete Hepatitis B vaccination

Data Elements: Is there documentation of Hepatitis B infection status in the health record

Outcome Measures for Consideration: ☐ Hepatitis-related mortality rates in the clinic population

Performance Measure: Hepatitis/HIV Alcohol Counseling

Percentage of clients with HIV and Hepatitis B (HBV) or Hepatitis C (HCV) infection who received alcohol counseling within measurement year

Numerator: Number of HIV-infected clients who received alcohol counseling

Denominator: Number of clients who: were co-infected with HBV or HCV; and

had a medical visit with a provider with prescribing privileges⁴ at least once in measurement period

Data Elements: Is client HBV or HCV-positive? If yes, did client receive alcohol counseling during measurement year?

Outcome Measures for Consideration: Hepatitis-related mortality rates in the clinic population

Performance Measure: Influenza Vaccination

Percentage of clients who have received influenza vaccination within the measurement period

Numerator: Number of clients who received influenza vaccination within this time frame

Denominator: Number of clients who had a medical visit with a provider with prescribing Privileges at least once in the measurement period

Patient Exclusions: Patients allergic to vaccine components

Data Elements: Documentation in health record of influenza vaccine in past 12 months?

Outcome Measures for Consideration: Mortality rates of bacterial pneumonia in clinic population

Performance Measure: MAC Prophylaxis

Percentage of clients¹ with HIV infection with CD4 count < 50 cells/mm³ who were prescribed *Mycobacterium avium* Complex (MAC) prophylaxis² within the measurement year

Numerator: Number of clients with CD4 count < 50 cells/mm³ prescribed MAC prophylaxis

Denominator: Number of clients who had a: ☐ CD4 count < 50 cells/mm³ ; and ☐ medical visit with a provider with prescribing privileges³ at least once in the measurement year

Patient Exclusions: 1. Patients who have disseminated MAC

Data Elements: Was CD4 count < 50 cells/mm³? i. If yes, was MAC prophylaxis prescribed?

Outcome Measures for Consideration: ☐ Incidence of MAC disease in the clinic population
☐ MAC-related mortality rates in the population assessed

Performance Measure: Mental Health Screening

Percentage of new clients¹ with HIV infection who have had a mental health screening

Numerator: Number of HIV-infected clients who received a mental health screening

Denominator: Number of clients who: ☐ were new during the measurement year, and
☐ had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: None

Data Elements: Was the client new to the program during the measurement year? (Y/N) i. If yes, did the client receive mental health screening during the measurement year? (Y/N)

Outcome Measures for Consideration:

Rate of mental health referrals

Mental health-related hospitalizations

Rate of suicide in the clinic population

Rate of mental health disorders being treated in the clinic population

Performance Measure: Pneumococcal Vaccination

Percentage of clients¹ with who ever received pneumococcal vaccine

Numerator: Number of clients who ever received pneumococcal vaccine

Denominator: Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: Patients with CD4 counts < 200 cells/mm³ within the measurement year

Data Elements: Documentation in health record that client ever received pneumococcal vaccine.

Outcome Measures for Consideration: Incidence of pneumococcal infection in the clinic population.

Performance Measure: Substance Use Screening

Percentage of new clients¹ with HIV infection screened for substance use (alcohol & drugs) in measurement year

Numerator: Number of new clients screened for substance use within the measurement year

Denominator: Number of clients new during the measurement year, and had a medical visit with a medical provider with prescribing privileges³ at least once in the measurement year

Data Elements: Was the client new to the program during the reporting period?

i. If yes, was the client screened for substance use during the measurement year? (Y/N)

Outcome Measures for Consideration: ☐ Substance use-related mortality rates ☐ Rate of substance use-related hospitalizations ☐ Rate of substance use referrals

Performance Measure: Tobacco Cessation Counseling

Percentage of clients who received tobacco cessation counseling within the measurement year

Numerator: Number of clients who received tobacco cessation counseling

Denominator: Number of clients who:

☐ used tobacco products within the measurement year; and ☐ had a medical visit with a provider with prescribing privileges² at least once in the measurement year

Patient Exclusions: Patients who deny tobacco use throughout the measurement year

Data Elements: Did the client use tobacco during the reporting period? (Y/N) i. If yes, did the client receive tobacco cessation counseling during the measurement year? (Y/N)

Outcome Measures for Consideration: head /neck and lung cancer rate _ tobacco use clinic pop. rate

Performance Measure: Toxoplasma Screening

Percentage of clients for whom Toxoplasma screening performed at least once since HIV diagnosis

Numerator: Number of clients who have documented Toxoplasma status in health record

Denominator: Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year

Patient Exclusions: 1. Patients with known toxoplasmic disease, e.g. *Toxoplasma gondii* encephalitis

Data Elements: Is there documentation of the client's Toxoplasma status in the health record? (Y/N)

Outcomes Measures for Consideration:

☐ Toxoplasmosis-related mortality rates in the clinic population

☐ Incidence of Toxoplasmosis in the clinic population