HAB HIV Performance Measures: Systems-Level

Performance Measure: System Level: Disease status at time of entry into care	
Percentage of individuals with an AIDS diagnosis at time of initial outpatient/ambulatory medical care visit[1] in the measurement year	
Numerator:	Number of patients in the system/network meeting the CDC-AIDS diagnostic criteria[2] within 30 days of the initial outpatient/ambulatory medical care visit[1] in the measurement year
Denominator:	Number of patients in the system/network initiating outpatient/ambulatory medical care[3] in the measurement year
Patient Exclusions:	1. Patients who previously received HIV-related outpatient/ambulatory medical care at another organization, regardless of geographic area and/or payor 2. Patients who are less than thirteen years of age
Data Element:	*For each agency:* 1. Did the patient have an initial outpatient/ambulatory medical care visit[1] during the measurement year? (Y/N). a. If yes, did the patient meet the CDC AIDS-diagnostic criteria[2] within 30 days of the initial outpatient/ambulatory medical care visit? (Y/N) i. If yes, list the date of initial visit and date of AIDS diagnosis, if applicable. *For the system:* 1. For all agencies, how many patients had an initial outpatient/ambulatory medical care visit[1] during the measurement year? a. Of those patients, how many met the CDC AIDS diagnostic criteria[2] within 30 days of the initial medical visit?
Data Sources:	• Data reports required by HRSA/HAB, such as the Ryan White Data Report (RDR) and Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of patients identified with AIDS within 30 days of their initial visit. • Electronic databases, such as CAREWare, Lab Tracker, PEMS, Electronic Medical Record/Electronic Health Record • State surveillance records • Provider patient rosters
National Goals, Targets, or Benchmarks for Comparison:	Part C data (historical) indicates 40% of new patients had an AIDS diagnosis [HAB data]
Outcome Measures for Consideration:	• Percent of patients with opportunistic infections in the measurement year • Percent of patients with HIV-related hospitalizations in the measurement year • Rate of HIV-related mortality in the measurement year

Basis for Selection:

"Advances in HIV care have resulted in dramatic reductions in HIV-associated morbidity and mortality. To benefit optimally from antiretroviral and prophylactic medications, HIV-infected persons must know their HIV status, access care early in the course of disease, and remain engaged in care."[4]

"To maximally benefit from HAART, persons with HIV infection must receive a diagnosis before an advanced stage of immunosuppression and then enter quality HIV care"[5] The proportion of persons presenting with an AIDS-defining condition at time of diagnosis of HIV infection "has been 25%-to 50% in selected rural and urban jurisdictions from which data have been reported."[6] A multi-year study in an urban clinic found that despite efforts to increase HIV testing and early entry into care "patients are presenting later for care than in earlier years, with lower CD4+ cell counts, a small increase of those who have AIDS, and no improvement in time between HIV diagnosis and presentation for care"[7]

This measure reflects important aspect of care that significantly has an impact on morbidity and mortality; data collection appears to be currently feasible and measure has a strong evidence base for its use across a geographic area. The Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87) further emphasized the importance of identifying individuals with HIV/AIDS who do not know their HIV status, making them aware of their status, and referring them into treatment and care. [8]

US Public Health Service Guidelines:

This measure addresses the intent of HHS Treatment Guidelines for the use of antiretroviral agents and the prevention and treatment of opportunistic infections in HIV infected individuals. [9-10]

References / Notes:

[1] The type of visit for patient enrollment in outpatient/ambulatory medical care can be determined by each outpatient/ambulatory medical care providers in the system/network, but should be consistently defined at each data collection point. The type of appointment scheduled to enroll in outpatient/ambulatory medical care may vary among agencies within the system/network. For example, at one agency, to enroll in care, a new patient may first have an appointment to have routine laboratory tests and an initial health history taken by a nurse to then be followed by a subsequent appointment with a provider with prescribing privileges at the agency (i.e., MD, PA, NP), while at another agency, a new patient may first have an appointment with physician. Other examples of types of appointment to enroll in outpatient/ambulatory medical care may include an initial appointment with a case manager, social worker, patient navigator, peer advocate, clergy, or other designated staff.

[2] AIDS Defining conditions are noted in CDC. 1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 1992;41(no. RR-17). (http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm)

[3] "Initiating outpatient medical care" refers to patients enrolling in medical care for the first time within the system or network. [4] Giordano, et. al. Retention in Care: A Challenge to Survival with HIV Infection. *Clinical Infectious Diseases.* 2007.44:1493-9.

[5] Brooks JT, Kaplan J, et al. "HIV Associated Opportunistic Infections—Going, Going, But Not Gone: The Continued Need for Prevention and Treatment Guidelines." Clinical Infectious Diseases. 2009;48:609-11.

[6] Keruly and Moore. Immune Status at Presentation to Care Did Not Improve among Antiretroviral-Naïve Persons from 1990 to 2006. *Clinical Infectious Diseases.* 2007: 45:1369-74.

[7]"Ryan White HIV/AIDS Treatment Extension Act of 2009". (P.L. 111-87), 42 USC 201.
[8] Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. December 1, 2009; 1-161. Available at http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Accessed December 7, 2009.
[9] Centers for Disease Control and Prevention. Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. MMWR 2009;58 (No. RR-4): 1-216. Available at: http://www.cdc.gov/mmwr/pdf/rr/rr5804.pdf. Accessed September 9, 2009.
[10] Perinatal HIV Guidelines Working Group. Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States. April 29, 2009; pp 1-90. Available at http://aidsinfo.nih.gov/ContentFiles/PerinatalGL.pdf. Accessed September 9, 2009.

HAB HIV Performance Measures: Systems-Level

Performance Measure: System Level: Quality management program	
Percentage of Ryan White Program-funded clinical organizations with an HIV-specific quality management program[1] in the measurement year	
Numerator:	Number of Ryan White Program-funded clinical organizations in the system/network with an HIV-specific clinical quality management program[1] in the measurement year
Denominator:	Number of Ryan White Program-funded clinical organizations in the system/network in the measurement year
Exclusions:	1. Organizations funded by the Ryan White Program to only provide services other than ambulatory outpatient medical services
Data Element:	*For each agency:* 1. Is the clinical organization Ryan White Program-funded? (Y/N) a. If yes, did the clinical organization have an HIV-specific clinical quality management program[1] during the measurement year? (Y/N) *For the system:* 1. How many clinical organizations are funded by the Ryan White Program? a. Of those organizations, how many have an HIV-specific quality management program[1] during the measurement year?
Data Sources:	• Data reports required by HRSA/HAB, such as the Ryan White Data Report (RDR) and Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number clinical organizations and the number of quality management programs. • Ryan White grantee contract language and contract monitoring • Quality management program documentation
National Goals, Targets, or Benchmarks for Comparison:	92.3% 2008 Ryan White Program Data Report Goal: 100% [legislative requirement]
Basis for Selection:	
Quality management requirements were first introduced in 2000 reauthorization of "Ryan White CARE Act." "Ryan White Treatment and Modernization Act of 2006" and "Ryan White HIV/AIDS Treatment Extension Act of 2009" further delineated these requirements. All RWTMA grantees are required to establish clinical quality management programs to: • Assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections; and • Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services. [2,3] A quality management program is defined by HRSA/HAB as:	

a systematic process with identified leadership, accountability, and dedicated resources and uses data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. Quality management programs should also focus on linkages, efficiencies, and provider and patient expectations in addressing outcome improvement and be adaptive to change. The process is continuous and should fit within the framework of other programmatic quality assurance and quality improvement activities, such as [The Joint Commission] and Medicaid. Data collected as part of this process should be fed back into the quality management process to assure that goals are accomplished and improved outcomes are realized.[4]

US Public Health Service Guidelines:

None

References/Notes:

[1] An "HIV-specific quality management program" is a quality management program operated by the Ryan White Program that includes a written quality management plan and that identifies quality indicators and/or quality goals which are specific to HIV care, for example, HAB HIV/AIDS Core Clinical Performance Measures (available at: http://hab.hrsa.gov/special/habmeasures.htm).

[2] Public Law 109-415, Ryan White HIV/AIDS Treatment Modernization Act of 2006, 42 USC 201.

[3] Public Law 111-187, Ryan White HIV/AIDS Treatment Extension Act of 2009, 42 USC 201.

[4] HRSA/HAB, "HRSA Quality Management Technical Assistance Manual", 2003. Available at: http://hab.hrsa.gov/tools/QM/.

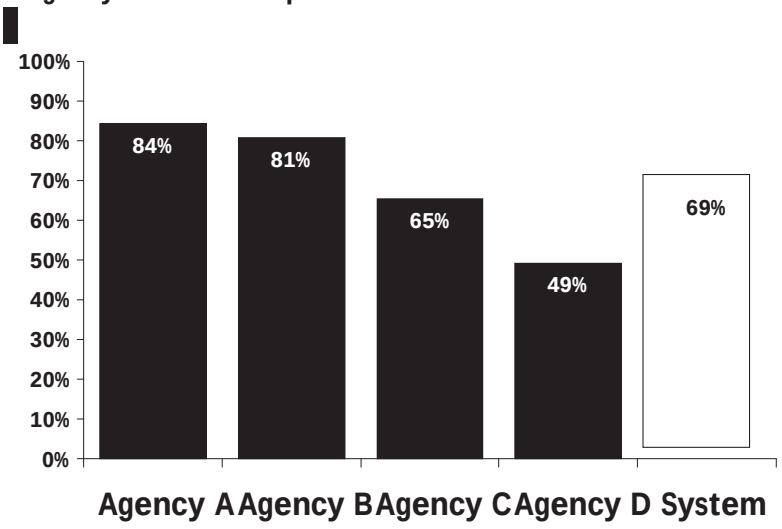
HAB HIV Performance Measures: Systems-Level

Performance Measure: System-Level Performance
Rate of achievement (percentage of patients) of the performance measurement of interest* in the system/network in the measurement year
Use of Measure:
Grantees that provide systems or networks of care, or that fund multiple organizations or providers to deliver services must look at the quality of these services across the system of care. This performance measure serves as a guide on how to use HAB performance measures at the system-level. The system-level rate provides the average likelihood of a patient receiving the quality component within the system (answering the question: "How well is the system doing on this measure?"), while the agency-level rates provides the likelihood of a patient receiving the quality component within each of the system's agency (answering the question: "How well is each agency doing on this measure?"). These rates (system and agency-level) can be used by the system to help establish quality goals and benchmarks, identify quality improvement efforts and best practices.
Example:

HAB Performance Measure: Medical Visits:
Percentage of patients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year.

	Agency A	Agency B	Agency C	Agency D	System-Level Performance
Numerator	64	365	924	55	***1,408***
Denominator	76	452	1,412	112	***2,052***
Performance Rate	**84%**	**81%**	**65%**	**49%**	***69%***

Graph of System and agency-level rate of performance: HAB Performance Measure: Medical Visits:



HAB HIV Performance Measures: Systems-Level

Example:

System A, which has four (4) outpatient/ambulatory medical care organizations, selected the Medical Visits[1] performance measure to examine. Each agency collected and reported to the System A administrator the data for all patients which met the HAB performance measure inclusion and exclusion criteria for the defined measurement year. The table below shows the reported data. The performance rate for each of the four agencies is separately calculated (bottom row). The performance rate for the entire system is also calculated by summing the numerators and denominators for the four agencies. (Note: See the FAQs for questions regarding calculation of this measure if a representative sampling methodology is used.)

Basis for Selection:

Quality management requirements were first introduced in 2000 reauthorization of "Ryan White CARE Act." "Ryan White Treatment and Modernization Act of 2006" (P.L. 109-415) and "Ryan White HIV/AIDS Treatment Extension Act of 2009" further delineated these requirements. All RW Program grantees are required to establish clinical quality management programs to:

- Assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services. [2,3]

The HAB HIV Performance Measures "represent key clinical decision points and should be included as part of a quality management program for those providing services to the HIV-infected population. While data are not required to be submitted to HAB at this time, grantees are strongly encouraged to track and trend data on these measures to monitor the quality of care provided. Grantees are encouraged to identify areas for improvement and to include these in their quality management plan. This type of information provides rich discussion opportunities with their Project Officers."[4]

US Public Health Service Guidelines:

See corresponding HAB HIV Performance Measures.*

References / Notes:

*Systems/network grantees should select from the HAB HIV performance measures available at: http://hab.hrsa.gov/special/habmeasures.htm

[1]Medical Visit performance measure: Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year. Available at http://www.hab.hrsa.gov/special/performance/measureMedVisits.htm.

[2] Public Law 109-415, Ryan White HIV/AIDS Treatment Modernization Act of 2006, 42 USC 201.

[3]Public Law 111-187, Ryan White HIV/AIDS Treatment Extension Act of 2009, 42 USC 201.

[4] "Quality of Care: HAB Performance Measures Companion Guide ", accessed at: http://hab.hrsa.gov/special/performance/faqData09.htm#data1 on 3 February 2010.