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Performance Measure: Medical Case Management: Care Plan

National Quality Forum #: None

Description: Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan¹ developed and/or updated two or more times in the measurement year

Numerator: Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year

Denominator: Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year

Patient Exclusions:

1. Medical case management patients who initiated medical case management services in the last six months of the measurement year.
2. Medical case management patients who were discharged from medical case management services prior to six months of service in the measurement year

Data Elements:

1. Does the patient have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have a medical case management encounter in the measurement year? (Y/N)
 - i. If yes, is there a medical case management careplan developed and/or updated two or more times at least three months apart during the measurement year? (Y/N)
 1. If yes, list the dates of these medical case management careplans and/or care plan updates.

Comparison Data: None Available at this time

Use in Other Federal Programs: None

References/ Notes:

¹The medical visits may be document in either the patient’s medical case management record or the patient’s medical record (in the event that medical case management documentation is located in the patient’s medical record).



Performance Measure: *Gap in HIV Medical Visits (Medical Case Management)*

National Quality Forum #: None

Description: Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who did not have a medical visit¹ in the last 6 months of the measurement year (that is documented in the medical case management record¹)

Numerator: Number of medical case management patients in the denominator who did not have a medical visit in the last 6 months of the measurement year (that is documented in the medical case management record¹)

Denominator: Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year.

Data Elements:

1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical case management visit in the first 6 months of the measurement year? (Y/N)
 - i. If yes, did the patient have at least one medical visit in the first 6 months of the measurement year? (Y/N)
 1. If yes, did the patient have one or more medical visits in the last 6 months of the measurement year?

Patient Exclusions: Medical case management patients who died at any time during the measurement year

Data Elements:

1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical case management visit in the first 6 months of the measurement year? (Y/N)
 - i. If yes, did the patient have at least one medical visit in the first 6 months of the measurement year? (Y/N)
 1. If yes, did the patient have one or more medical visits in the last 6 months of the measurement year?

Comparison Data: None Available at this time



U.S. Department of Health & Human Services Guidelines:

Adult guidelines:² “Several laboratory tests are important for evaluation of patients with HIV upon entry to care, and some tests should be performed before and after initiation or modification of antiretroviral therapy (ART) to assess the virologic and immunologic efficacy of ART and to monitor for laboratory abnormalities that may be associated with antiretroviral (ARV) drugs. Table 3 outlines the Panel on Antiretroviral Guidelines for Adult and Adolescents recommendations on the frequency of testing. As noted in the table, some tests may be repeated more frequently if clinically indicated.”

Pediatric guidelines:³ “Frequent patient visits and intensive follow-up during the initial months after a new ART regimen is started are necessary to support and educate the family.... Thus, it is prudent for clinicians to assess children within 1 to 2 weeks of initiating therapy, either in person or with a phone call, to ensure that medications are being administered properly and evaluate clinical concerns. Many clinicians plan additional contacts (in person, by telephone, or via email) with children and caregivers to support adherence during the first few weeks of therapy. After the initial phase of ART initiation, regimen adherence, effectiveness (CD4 cell count and plasma viral load) and toxicities (history, physical and laboratory testing) should be assessed every 3 to 4 months in children receiving ART. Some experts monitor CD4 cell counts and HIV RNA levels less frequently in children and youth who are adherent to therapy and have sustained viral suppression and stable clinical status more than 2 to 3 years.”

Use in Other Federal Programs: None

References/ Notes:

¹ The medical visits may be document in either the patient’s medical case management record or the patient’s medical record (in the event that medical case management documentation is located in the patient’s medical record).

² Panel on Antiretroviral Guidelines for Adults and Adolescents. [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.](#)

Department of Health and Human Services. Available online. Section accessed January 2, 2019 pages C-1 to C-5

³ Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection.](#)

Accessed January 2, 2019 pages D-2 to D-3.



Performance Measure: HIV Medical Visit Frequency (Medical Case Management)

National Quality Forum #: None

Description: Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit¹ in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits

Numerator: Number of medical case management patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of medical case management patients, regardless of age, with a diagnosis of HIV with at least one medical visit¹ in the first 6 months of the 24-month measurement period

Patient Exclusions: Medical case management patients who died at any time during the 24-month measurement period

Data Elements:

1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical case management visit in the first 6 months of the 24-month measurement period? (Y/N)
 - i. If yes, did the patient have at least one medical visit in the first 6 months of the 24-month measurement period? (Y/N)
 1. If yes, did the patient have at least one medical visit in the second 6-month period of the 24-month measurement period?
AND was the patient's last visit in the second 6-month period 60 days or more from the 1st visit in the first 6-month period?
(Y/N)
 - a. Did the patient have at least one medical visit in the third 6-month period of the 24-month measurement period? AND was the patient's last visit in the third 6-month period 60 days or more from the 1st visit in the second 6-month period? (Y/N)
 - i. If yes, Did the patient have at least one medical visit in the fourth 6-month period of the 24-month measurement period? AND was the patient's last visit in the fourth 6-month period 60 days or more from the 1st visit in the third 6-month period? (Y/N)

Comparison Data: None Available at this time



U.S. Department of Health & Human Services Guidelines:

Adult guidelines:² “Several laboratory tests are important for initial evaluation of patients with HIV upon entry into care, and some tests should be performed before and after initiation or modification of antiretroviral therapy (ART) to assess the virologic and immunologic efficacy of ART and to monitor for laboratory abnormalities that may be associated with antiretroviral (ARV) drugs. Table 3 outlines the Panel on Antiretroviral Guidelines for Adults and Adolescents (the Panel)’s recommendations on the frequency of testing. As noted in the table, some tests may be repeated more frequently if clinically indicated.

Pediatric guidelines:³ “Frequent patient visits and intensive follow-up during the initial months after a new ART regimen is started are necessary to support and educate the family.... Thus, it is prudent for clinicians to assess children within 1 to 2 weeks of initiating therapy, either in person or with a phone call, to ensure that medications are being administered properly and evaluate clinical concerns. Many clinicians plan additional contacts (in person, by telephone, or via email) with children and caregivers to support adherence during the first few weeks of therapy. After the initial phase of ART initiation, regimen adherence, effectiveness (CD4 cell count and plasma viral load) and toxicities (history, physical and laboratory testing) should be assessed every 3 to 4 months in children receiving ART. Some experts monitor CD4 cell counts and HIV RNA levels less frequently in children and youth who are adherent to therapy and have sustained viral suppression and stable clinical status more than 2 to 3 years.

Use in Other Federal Programs: None

References/ Notes:

- ¹ The medical visits may be document in the patient’s medical case management record or the patient’s medical record (in the event that medical case management documentation is located in the patient’s medical record).
- ² Panel on Antiretroviral Guidelines for Adults and Adolescents. [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.](#)
- ³ Department of Health and Human Services. Available online. Accessed January 2, 2019. C-1 to C-5.
- ⁴ Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection.](#) Available online. Accessed January 2, 2019. D-2 to D-3.

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