HIVQUAL-US ADULT HIV AMBULATORY CARE QUALITY OF CARE INDICATOR DEFINITIONS

A GUIDE FOR PROVIDERS OF AMBULATORY CARE SERVICES *

* For use with eHIVQUAL, an electronic web-based program for quality of care data collection and review

REVIEW PERIOD(S):

<u>CALENDAR YEAR 2011 (1/1/2011 – 12/31/2011)</u>

AND OPTIONALLY

<u>CALENDAR YEAR 2010 (1/1/2010 – 12/31/2010)</u>

New York State Department of Health AIDS Institute US Department of Health and Human Services HRSA/HAB/Division of Community Based Programs





PREFACE

This document outlines indicators for the measurement of quality of care provided in HIV adult ambulatory care services. The set of indicators has been updated and expanded to reflect changes in the standard of practice for HIV care that have occurred since the last period during which data were submitted through the HIVQUAL-US and New York State Quality of Care (QOC) Programs. Definitions for each indicator have been included to guide participants in the use of eHIVQUAL, the current electronic, web-based data collection system. For further information regarding the use of the eHIVQUAL application, please see the eHIVQUAL User's Guide and eHIVQUAL Video Tutorials, both available at http://www.ehivqual.org under "Instructions."

Indicators for use outside of NYS were developed and refined with input from the HIVQUAL-US National Clinical Advisory Committee, which consists of HIV providers from clinics across the United States. Members were recruited from clinics that reflect the geographic distribution of Ryan White Care providers.

NYS QOC indicators were developed and refined with input from the NYS Quality Advisory Committee, the members of which are experienced HIV providers from across New York State.

Initially, indicators were developed by formal group decision-making methods, beginning with a nominal group technique (NGT) process. A modified Delphi process was conducted to refine the indicators and specify review criteria. For several indicators, New York State criteria were formally adopted by the Committee, including the HIV Specialist Policy and the definitions of stable and unstable clinical status for patients receiving antiretroviral therapy. The Advisory Committee is routinely convened to review and revise selected indicators based on changes in clinical guidelines and experience in the field concerning the validity of the measures and their relevance to care.

Contact Us

To schedule a phone call for application or indicator guidance, please contact our office at (212) 417-4620 or by e-mail at ehivqual@health.state.ny.us.

HOW TO USE THIS DOCUMENT

Measure Statements & Denominator/Numerator/Exclusion Criteria:

We have included each indicator's measure statement/definition and denominator/numerator/exclusion criteria. We aim to better acquaint both new and experienced users with the methodology in which scores and reports of the indicators are calculated to evaluate the quality of adult HIV ambulatory care. We encourage you to thoroughly review the measure statements and denominator/numerator/exclusion criteria as you collect data and utilize your clinic's performance for the purposes of quality management and improvement.

The <u>measure statement</u> describes the score calculated for each participating clinic in order to quantify the minimum standard of care determined by the HIVQUAL-US National Clinical Advisory Committee. Each score is reported as a percentage. An indicator's <u>denominator and numerator criteria</u> provide greater detail in terms of which patients are included in the percentage-calculation. <u>Exclusion criteria</u> note any reasons for which patient(s) are not counted in an indicator's denominator.

Indicator Algorithms (see Appendix):

Each indicator's algorithm has been illustrated as a flowchart diagram, in order to better acquaint both new and experienced users with the multiple levels and branches within these indicators. Comparison with the indicator algorithm of an indicator of interest with the corresponding section of the eHIVQUAL Manual Data Collection form is encouraged in order to fully comprehend any questions that may arise when entering data. The eHIVQUAL Manual Data Collection form can be found on http://www.ehivqual.org under "Chart Abstraction Tools" within "Reference Materials."

The Indicator Algorithm charts read from top to bottom and include the decision points that occur and how the eHIVQUAL application will respond based on user input and internal, programmatic calculations. Please see the key also included in the appendix for descriptions of each chart element.

HIVQUAL INDICATORS

eHIVQUAL collects performance data on up to 60 clinical indicators. While facilities are encouraged to collect data on all of the indicators that would be significant for their quality management program, not all indicators are considered "core," or required, indicators for submission under the applicable program. For the purpose of data submission, there are sets of **core/required** and **optional** indicators. These sets differ for New York State HIV programs and for HIVQUAL-US facilities outside of New York State, which are Ryan White (RW) Part C or Part D grantees and who have elected to submit data. **Programs that are located in NYS and receive Part C or D funding must submit data for both NYS core indicators and HIVQUAL-US core indicators.** Both NYS HIV programs and HIVQUAL-US participants may choose which optional indicators to enter data for submission. Adult Ambulatory Care core and optional indicators are listed below. Pediatric, adolescent, nursing home and case management indicators are explained in separate indicator guides.

NOTE: All data entered for these indicators must reflect information documented within the patient medical record. We also advise that clinicians review each patient's results as part of data validation.

$\sqrt{}$ = REQUIRED INDICATOR	* = OPTIONAL INDICATOR
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Indicator	Required/Optional	Modified Since 2009
ADHERENCE ASSESSMENT	Required for all Programs	No
ANAL PAP TEST	Optional for all programs	No
ANORRECTAL EXAM	Required for Part C/D Programs, Optional for NYS non-C/D	Yes
ANTIRETROVIRAL THERAPY	Required for all Programs	No
BASELINE RESISTANCE TEST	Required for Part C/D Programs, Optional for NYS non-C/D	Yes
CARE COORDINATION	Required for all Programs	NEW
CD4 MONITORING	Required for all Programs	Yes
CHLAMYDIA SCREENING & TREATMENT	Required for all Programs	Yes
CLINICAL VISITS & RETENTION RATE	Required for all Programs	Yes
COLON CANCER SCREENING	Required for all NYS Programs, Optional Outside NYS	No
DIABETES SCREENING & MANAGEMENT	Required for all Programs	Yes
GONORRHEA SCREENING & TREATMENT	Required for all Programs	Yes
GYNECOLOGY CARE – PAP TEST	Required for all Programs	Yes
HAART IN NAÏVE PATIENTS	Required for C/D Programs, Optional for NYS non-C/D	No
HEALTH LITERACY SCREENING & INTERVENTION	Required for all NYS Programs, Optional Outside NYS	No
HEPATITIS C SCREENING & TREATMENT	Required for all Programs	Yes
HYPERTENSION SCREENING & MANAGEMENT	Required for all Programs	Yes
INFLUENZA VACCINATION	Required for all Programs	Yes
LATENT TB INFECTION SCREENING	Required for Part C/D Programs, Optional for NYS non-C/D	Yes
LIPID SCREENING	Required for all Programs	Yes
MAC PROPHYLAXIS	Optional for all Programs	Yes
MAMMOGRAPHY	Required for all NYS Programs, Optional Outside NYS	No
MENTAL HEALTH SCREENING & TREATMENT	Required for all Programs	Yes

Indicator	Required/Optional	Modified Since 2009
ORAL HEALTH EXAM	Required for all Programs	Yes
PATIENT EDUCATION	Optional for all Programs	Yes
PCP PROPHYLAXIS	Required for all Programs	Yes
PNEUMOCOCCAL VACCINATION	Required for all Programs	No
PREVENTION EDUCATION	Required for all NYS Programs, Optional Outside NYS	Yes
RETENTION RATE – NEW PATIENTS	Required for all Programs	NEW
SEXUAL ACTIVITY SCREENING	Required for all Programs	NEW
SUBSTANCE USE SCREENING & TREATMENT	Required for all Programs, except NYS Drug Treatment Centers	Yes
SYPHILIS SCREENING & TREATMENT	Required for all Programs	Yes
TOBACCO USE SCREENING & CESSATION COUNSELING	Required for all Programs	Yes
URINALYSIS	Required for all Programs	No
VIRAL LOAD MONITORING	Required for all Programs	Yes
VIRAL LOAD SUPPRESSION	Required for all Programs	Yes

$\sqrt{=}$ REQUIRED INDICATOR	* = OPTIONAL INDICATOR
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Adherence Assessment

HIVQUAL-US Performance Measure: Adherence Assessment

Required for all programs - Percentage of patients on ARV therapy with one clinical visit in each six month period of the review period for whom adherence is assessed and quantified in the review period.

<u>Denominator:</u> Number of patients with one clinical visit in each six month period of the review period who were on an ARV drug at any point in the review period.

Numerator: Number of patients who had an adherence assessment during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Anal Pap Test

HIVQUAL-US Performance Measure: Anal Pap Test

Optional for all programs – Percentage of patients with one clinical visit in each six month period of the review period who are MSM, female and had an abnormal cervical and/or vulvar histology, OR otherwise have a history of anogenital condyloma for whom an anal pap test was performed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period who are: MSM; OR female and had an abnormal cervical and/or vulvar histology; OR otherwise have a history of anogenital condyloma.

Numerator:

Number of patients for whom an anal pap test was performed during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Anorectal Exam

HIVQUAL-US Performance Measure: Anorectal Exam

Required for Part C/D Programs, optional for non-C/D in NYS – Percentage of patients with one clinical visit in each six month period of the review period for whom an anorectal exam was performed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients for whom an anorectal exam was performed during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Antiretroviral Therapy

HIVQUAL-US Performance Measure: Antiretroviral Therapy

Required for all programs – Percentage of patients with one clinical visit in each six month period of the review period who have an ART start date before the start of the review period OR who do not have an ART start date before the start of the review period but do have one or more CD4 counts recorded during the review period of <350 cells/mm³ (< 500 cells/mm³) for whom ART drugs were prescribed during the review period.

Denominator: Number of patients with one clinical visit in each six month period of the review period who have an ART start date before the start of the review period OR who do not have an ART start date before the start of the review period but do have one or more CD4 counts recorded during the review period of <350 cells/mm³. (Also analyzed using a threshold of 500 cells/mm³.)

<u>Numerator:</u> Number of patients who were prescribed an ART drug any time during the review period. **Exclusion(s):**

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Baseline Resistance Test

Required for Part C/D Programs, optional for non-C/D in NYS – Percentage of patients with one clinical visit in each six month period of the review period who had one or more VL value recorded as >1000 copies/mm³ during the review period, were ARV-naïve at the start of the review period, and initiated ARV therapy the review period, for whom a baseline resistance test was performed 90 days prior to ARV initiation.

Denominator:

Number of patients with one clinical visit in each six month period of the review period who had one or more VL value recorded as >1000 copies/mm³ during the review period prior to ARV-initiation, were ARV-naïve at the start of the review period, and initiated ARV therapy during the review period.

Numerator:

Number of patients for whom a baseline resistance test was performed 90 days prior to ARV-initiation, either during the review period (for those patients who initiated ARV between April 1 and December 31) OR during the last three months of the preceding year (for those patients who initiated ARV between January 1 and March 31).

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Coordination of Care – Patient Involvement in Coordination of External Services

Required for all programs – Percentage of patients with one clinical visit in each six month period of the review period who were identified as having used one or more external supportive service (case management, mental health, substance use, treatment adherence, and/or other supportive service) during the review period (as evidenced by a discussion or other form of documentation) for whom there is evidence of patient's involvement or participation in the coordination of each service (the creation, updating, or discussion of a care coordination plan; case conferencing; conversation regarding care coordination; AND/OR other coordination activity) one or more times during each six month period of the review period, at least 60 days apart.

Denominator:

Number of patients with one clinical visit in each six month period of the review period who were identified as having used one or more external supportive service (case management, mental health, substance use, treatment adherence, and/or other supportive service) during the review period (as evidenced by a discussion or other form of documentation).

Numerator:

Number of patients for whom there is evidence of patient's involvement or participation in the coordination of each service (the creation, updating, or discussion of a care coordination plan; case conferencing; conversation regarding care coordination; AND/OR other coordination activity) one or more times during each six month period of the review period, at least 60 days apart.

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Coordination of Care – Care Coordination Plan

Required for all programs – Percentage of patients with one clinical visit in each six month period of the review period who were identified as having used one or more external supportive service (case management, mental health, substance use, treatment adherence, and/or other supportive service) during the review period (as evidenced by a discussion or other form of documentation) and for whom there exists a care coordination plan which the patient: reviewed and signed; was given a copy of; AND/OR was involved in some other way.

Denominator:

Percentage of patients with one clinical visit in each six month period of the review period who were identified as having used one or more external supportive service (case management, mental health, substance use, treatment adherence, and/or other supportive service) during the review period (as evidenced by a discussion or other form of documentation) and for whom there exists a care coordination plan.

Numerator:

Number of patients for whom there exists a care coordination plan which the patient: reviewed and signed; was given a copy of; AND/OR was involved in some other way.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

CD4 Count Monitoring

HIVQUAL-US Performance Measure: CD4 Monitoring

Required for all programs - Percentage of patients with one clinical visit in each six month period of the review period for whom one or more CD4 count was performed during the review period.

Denominator: Number of patients with one clinical visit in each six month period of the review period.

Numerator: Number of patients for whom one or more CD4 count was performed during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Chlamydia Screening & Treatment

HIVQUAL-US Performance Measure: Chlamydia Screening

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period who had one or more tests for Chlamydia during the review period: urine/cervical/urethral; pharyngeal (nucleic acid test or culture); AND/OR rectal (nucleic acid test or culture).

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients who had one or more tests for Chlamydia during the review period: urine/cervical/urethral; pharyngeal (nucleic acid test or culture); AND/OR rectal (nucleic acid test or culture).

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Chlamydia Treatment

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period who were treated following each positive result from one or more Chlamydia screening(s) performed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period who received one or more positive Chlamydia screening result during the review period.

Numerator:

Number of patients who were treated following each positive result from Chlamydia screening(s) performed during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Clinical Visits & Retention Rate

HIVQUAL-US Performance Measure: Retention Rate

Required for all programs - Percentage of HIV+ patients who had two or more medical visits for primary care with a provider with prescribing privileges with at least one visit in each semester of the review period. These patients are considered eligible for HIVQUAL review.

<u>Denominator:</u> Number of HIV-infected patients who had one or more medical visits for primary care with a provider with prescribing privileges within the review period.

Numerator: Number of HIV-infected patients who had two or more medical visits for primary care with a provider with prescribing privileges with at least one visit in the first six months of the review period and at least one visit in the second six months of the review period.

Exclusion(s):

None.

- Ryan White Program Data Report, Section 5, Items 42 and 43 may provide data useful in establishing a baseline for this performance measure.
- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Colon Cancer Screening

HIVQUAL-US Performance Measure: Colon Cancer Screening

Required for all NYS Programs, Optional Outside NYS – Percentage of patients aged 50 years of age and older with one clinical visit in each six month period of the review period who received a colon cancer screening (colonoscopy) either during the review period or the nine years preceding the start of the review period.

Denominator:

Number of patients who are 50 years of age and older with one clinical visit in each six month period of the review period.

Numerator:

Number of patients who had a colonoscopy performed either during the review period or the nine years preceding the start of the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Diabetes Screening & Management

HIVQUAL-US Performance Measure: **Diabetes Screening**

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period for whom fasting blood glucose level or plasma glucose level obtained from Oral Glucose Tolerance Test (OGTT) was measured, and/or HbAlc test was performed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients with a fasting serum glucose test result, OGTT result, and/or HbA1c test result during the review period.

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: **Diabetes Management – Serum Creatinine**

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period with an HbAlc test result of $\geq 6.5\%$ OR fasting blood glucose ≥ 126 mg/DL OR Oral Glucose Tolerance Test (OGTT) ≥ 200 for whom serum creatinine measurement was performed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period who had an HbAlc test result of $\geq 6.5\%$ OR fasting blood glucose ≥ 126 mg/DL OR Oral Glucose Tolerance Test (OGTT) ≥ 200 recorded during the review period.

Numerator:

Number of patients for whom a serum creatinine was measured during the review period.

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: **Diabetes Management – Retinal Exam**

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period with an HbAlc test result of $\geq 6.5\%$ OR fasting blood glucose ≥ 126 mg/DL OR Oral Glucose Tolerance Test (OGTT) ≥ 200 for whom a retinal exam was performed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period who had an HbAlc test result of $\geq 6.5\%$ OR fasting blood glucose ≥ 126 mg/DL OR Oral Glucose Tolerance Test (OGTT) ≥ 200 recorded during the review period.

Numerator:

Number of patients for whom a retinal exam was performed during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Gonorrhea Screening & Treatment

HIVQUAL-US Performance Measure: Gonorrhea Screening

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period who had one or more tests for gonorrhea during the review period: urine/cervical/urethral; pharyngeal (nucleic acid test or culture); AND/OR rectal (nucleic acid test or culture).

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients who had one or more tests for gonorrhea during the review period: urine/cervical/urethral; pharyngeal (nucleic acid test or culture); AND/OR rectal (nucleic acid test or culture).

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Gonorrhea Treatment

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period that were treated following each positive result from one or more gonorrhea screening(s) performed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period who received one or more positive gonorrhea screening result during the review period.

Numerator:

Number of patients who were treated following each positive result from gonorrhea screening(s) performed during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Gynecology Care – Pap Test

HIVQUAL-US Performance Measure: Gynecology Care – Pap Test

Required for all programs - Percentage of female patients with one clinical visit in each six month period of the review period who received a Pap test during the review period.

Denominator:

Number of patients females patients with one clinical visit in each six month period of the review period.

Numerator:

Number of female patients who had a Pap test recorded during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HAART in Naïve Patients

HIVQUAL-US Performance Measure: HAART in Naïve Patients

Required for C/D Programs, Optional for non-C/D in NYS - Percentage of ART-naïve patients with one clinical visit in each six month period of the review period that are starting ARV therapy for the first time during the review period, and who are virologically suppressed within 12 weeks of initiation of therapy; suppressed defined as the viral load is <200 copies/mm³ (either detectable or undetectable) OR <400 copies/mm³ (and undetectable).

<u>Denominator:</u> Number of patients with one clinical visit in each six month period of the review period who began ARV therapy for the first time during the review period.

<u>Numerator:</u> Number of patients who are virologically suppressed within 12 weeks of initiation of therapy; suppressed defined as the viral load is <200 copies/mm³ (either detectable or undetectable) OR <400 copies/mm³ (and undetectable).

Exclusion(s):

Patients who were initiated on ARV therapy during the last 12 weeks of the review period.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Health Literacy Screening & Intervention

HIVQUAL-US Performance Measure: Health Literacy

Required for all NYS Programs, optional outside NYS – Percentage of patients with one clinical visit in each six month period of the review period for whom a health literacy evaluation was performed anytime either during or before the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients for whom a health literacy evaluation was performed anytime either during or before the review period.

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Health Literacy Intervention

Required for all NYS Programs, optional outside NYS – Percentage of patients with one clinical visit in each six-month period and need for health literacy intervention documented during the review period for whom a health literacy intervention was implemented during the review period.

Denominator:

Number of patients with one clinical visit in each six-month period of the review period for whom a need for health literacy intervention was documented during the review period.

Numerator:

Number of patients for whom a health literacy intervention was implemented during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Hepatitis C (HCV) Screening & Management

HIVQUAL-US Performance Measure: Hepatitis C (HCV) Screening

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period for whom hepatitis C status was documented in the medical record at the end of the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients whose HCV status is known at the end of the review period based upon either an antibody status and/or RNA assay.

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: **Hepatitis C (HCV) Management – HCV RNA Assay**

for Positives

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period who have a known positive HCV serostatus during the first nine months of the review period (including those who have a known positive serostatus at the start of the review period) for whom an HCV RNA assay was performed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period whose HCV serostatus is known and is positive during the first nine months of the review period (including those who have a known positive serostatus at the start of the review period).

Numerator:

Number of patients for whom an HCV RNA assay was performed during the review period.

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: **Hepatitis C (HCV) Management – Further**

Evaluation of Confirmed Positives

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period who have a known positive HCV serostatus (including those who have a known positive RNA assay at the start of the review period) with a documented discussion of further treatment or evaluation during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period whose HCV RNA status is known and is positive during the review period (including those who have a known positive RNA assay at the start of the review period).

Numerator:

Number of patients with documented discussion of further treatment or evaluation during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: **Hepatitis C (HCV) Management – HCV Retest for Negatives, High Risk**

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period who have a known negative HCV serostatus at the start of the review period and are at a high risk for infection (active IDUs, multiple partners, MSM without barrier protection, new abnormal liver function tests or LFTs) who are rested for HCV during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period whose HCV serostatus is known and is negative at the start of the review period and are at high risk for infection (active IDUs, multiple partners, MSM without barrier protection, new abnormal LFTs).

Numerator:

Number of patients who were retested for HCV during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Hypertension Screening & Management

HIVQUAL-US Performance Measure: Hypertension Screening

Required for all programs – Percentage of patients with one clinical visit in each six month period of the review period for whom one or more blood pressure measurements were performed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients for whom a blood pressure measurement was performed during the review period.

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Hypertension Management

Required for all programs – Percentage of patients with one clinical visit in each six month period of the review period who were diagnosed as either Stage 1 or Stage 2 hypertensive as a result of the last blood pressure measurement performed during the review period and who were appropriately managed.

Denominator:

Number of patients with one clinical visit in each six month period of the review period for whom a blood pressure measurement was performed during the review period.

Numerator:

Number of patients who were diagnosed as either Stage 1 or Stage 2 hypertensive as a result of the last blood pressure measurement performed during the review period and who were appropriately managed. Appropriately managed for Stage 1 defined as treated with any medication and/or a plan for lifestyle modifications. Appropriately managed for Stage 2 defined as treated with a two-drug combination.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Influenza Vaccination

HIVQUAL-US Performance Measure: Influenza Vaccination

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period that received an influenza vaccination during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients who received an influenza vaccination during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Latent Tuberculosis Infection (LTBI) Screening

HIVQUAL-US Performance Measure: Latent Tuberculosis Infection (LTBI) Screening

Required for Part C/D Programs, Optional for non-C/D in NYS – Percentage of patients with one clinical visit in each six month period of the review period for whom an LTBI screening was performed and the results were read either during the review period or the twelve months preceding the start of the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period who are not being treated for tuberculosis, did not have a known history of TB exposure, tuberculosis or previous positive LTBI screening result.

Numerator:

Number of patients for whom an LTBI screening was performed and the results were read either during the review period or the twelve months preceding the start of the review period.

Exclusion(s):

- Patients with history of exposure to TB.
- Patients with a previous positive LTBI screening result.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Lipid Screening

HIVQUAL-US Performance Measure: Lipid Screening

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period for whom a lipid screening was performed during the review period. At a minimum, lipid screening should include determination of cholesterol, high-density lipoprotein (HDL) and triglyceride levels.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients for whom a lipid screening was performed during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

MAC Prophylaxis

HIVQUAL-US Performance Measure: MAC Prophylaxis

Optional for all programs - Percentage of patients with one clinical visit in each six month period of the review period with one or more CD4 cell counts recorded as <50 cells/mm³ during the review period), who were prescribed prophylactic therapy.

<u>Denominator:</u> Number patients with one clinical visit in each six month period of the review period with one or more CD4 counts recorded as <50 cells/mm³ anytime during the review period.

<u>Numerator:</u> Number patients who were prescribed MAC prophylaxis at any point during the review period. **Exclusion(s):**

Patients for whom the depressed CD4 count occurred during the first six months of the review period and all other CD4 counts recorded within the review period (at least one other count) were >50 cells/mm³.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Mammography

HIVQUAL-US Performance Measure: Mammography

Required for all NYS Programs, Optional Outside NYS – Percentage of female patients who are aged 40 years and older with one clinical visit in each six month period of the review period who received a mammogram either during the review period or the twelve-months preceding the start of the review period.

Denominator:

Number of female patients that are aged 40 years and older with one clinical visit in each six month period of the review period.

Numerator:

Number of patients who received a mammogram either during the review period or the twelve-months preceding the start of the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Mental Health Screening & Treatment

HIVQUAL-US Performance Measure: Mental Health Screening

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period for whom a mental health screening was performed during the review period. Components of the mental health screening include: screenings for depression, anxiety and PTSD, and assessments for cognitive function, domestic violence, sleeping habits and appetite.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients for whom all required components of the mental health screening were performed during the review period. Components of the mental health screening include: screenings for depression, anxiety and PTSD, and assessments for domestic violence, cognitive function, sleeping habits and appetite.

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Mental Health – Referral for Treatment Made

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period with a problem identified as a result of a mental health screening (depression, anxiety, PTSD and/or cognitive function) performed during the review period, for whom a referral for treatment was made during the review period. Indicator is calculated separately for each condition.

Denominator:

Number of patients with one clinical visit in each six month period of the review period with a problem identified as a result of a mental health screening (depression, anxiety, PTSD and/or cognitive function) performed during the review period.

Numerator:

Number of patients for whom a referral for treatment was made during the review period.

Exclusion(s):

None

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Mental Health – Appointment Kept

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period with a problem identified as a result of a mental health screening (depression, anxiety, PTSD and/or cognitive function) performed during the review period for whom a referral for treatment was made during the review period, who kept the referral appointment. Indicator is calculated separately for each condition.

Denominator:

Number of patients with one clinical visit in each six month period of the review period with a problem identified as a result of a mental health screening (depression, anxiety, PTSD and/or cognitive function) performed during the review period for whom a referral for treatment was made during the review period.

Numerator:

Number of patients who kept the referral appointment.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Oral Health Exam

HIVQUAL-US Performance Measure: Oral Health Exam

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period who received an oral health exam during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients who had an oral health exam documented during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Patient Education

HIVQUAL-US Performance Measure: Patient Education

Optional for all programs – Percentage of patients with one clinical visit in each six month period of the review period who received patient education during the review period, including at a minimum such topics as safer transmission, ARV therapy, effects on the immune system and prognosis.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients who received patient education during the review period. Suggested topics include: safer transmission, ARV therapy, effects on the immune system and prognosis.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

PCP Prophylaxis

HIVQUAL-US Performance Measure: PCP Prophylaxis

Required for all programs - Percentage of patients with one clinical visit in each six month period of the review period with one or more CD4 counts recorded as <200 cells/mm³ during the review period, who were prescribed prophylactic therapy.

<u>Denominator:</u> Number of patients with one clinical visit in each six month period of the review period who had one or more CD4 counts recorded as <200 cells/mm³ during the review period.

<u>Numerator:</u> Number of patients who had PCP prophylaxis prescribed at any point in the review period. **Exclusion(s):**

Clusion(S):

Patients for whom the depressed CD4 count occurred during the first six months of the review period and all other CD4 counts recorded within the review period (at least one other count) were >200 cells/mm³.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Pneumococcal Vaccination

HIVQUAL-US Performance Measure: Pneumococcal Vaccination

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period that received a pneumococcal vaccination either during the review period or the 4 years preceding the start of the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients that received a pneumococcal vaccination either during the review period or the 4 years preceding the start of the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Prevention Education

HIVQUAL-US Performance Measure: Prevention Education

Required for NYS Programs, Optional Outside NYS – Percentage of patients with one clinical visit in each six month period of the review period who received prevention education during each six-month period of the review period, including at a minimum such topics as safer sexual relations, harm reduction and partner notification.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients who received prevention education any time during each six-month period of the review period. Suggested topics include: safer sexual relations, harm reduction and partner notification.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Retention Rate – New Patients

HIVQUAL-US Performance Measure: **Retention Rate – New Patients**

Required for all Programs – Percentage of new patients with one clinical visit in each six month period of the review period who were seen for their initial HIV primary care medical visit during either the first or second trimester of the review period AND who had one or more HIV primary care visits in all subsequent trimesters of the review period.

Denominator: Number of new patients with one clinical visit in each six month period of the review period who had their initial HIV primary care medical visit during either the first or second trimester of the review period. New patients are defined as those who had no clinical visits prior to the start of the review period.

Numerator: Number of patients who had one or more HIV primary care visits in all subsequent trimesters of the review period.

Exclusion(s):

None.

- Ryan White Program Data Report, Section 5, Items 42 and 43 may provide data useful in establishing a baseline for this performance measure.
- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Sexual Activity Screening

HIVQUAL-US Performance Measure: Sexual Activity Screening

Required for all programs – Percentage of patients with one clinical visit in each six month period of the review period for whom a screening or discussion of sexual activity was performed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients for whom a screening or discussion of sexual activity was performed during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Substance Use Screening

Required for all programs, except NYS drug treatment centers – Percentage of patients with one clinical visit in each six month period of the review period with whom substance use was discussed/assessed during the review period, with "never" defined as no history of substance use, "current use" defined as 0-6 months from date of assessment and "past use" defined as 6 or more months from date of assessment.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients who had a discussion/assessment about substance use during the review period with the following breakdown of users:

- i. Current (within last 6 months)
- ii. Past (6 or more months)
- iii. Never (No history of substance use)

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Substance Use Treatment for Current Users

Required for all programs, except NYS drug treatment centers – Percentage of patients with one clinical visit in each six month period of the review period, with whom substance use was discussed/assessed during the review period, thus identified as current users (0-6 months from date of assessment) AND were not in treatment, for which referrals were made for substance use treatment.

Denominator:

Number of patients with one clinical visit in each six month period of the review period with whom substance use was discussed/assessed during the review period, who were identified as current users (0-6 months from date of assessment) of alcohol, amphetamines, benzodiazepines, cocaine/crack, crystal methamphetamine, ecstasy, hallucinogens (PCP, LSD, other), heroin, inhalants (glue, nitrous), ketamine, prescription opioids (vicodin, codeine) or other substance.

Numerator:

Number of patients for whom referrals for substance use treatment have been made.

Exclusion(s):

- Patients who used amphetamines, benzodiazepines and/or opioids as prescribed and did not use any of the other substances.
- Patients with whom substance use was discussed and referral was deemed not to be indicated.
- Patients who were already receiving treatment for substance use at time of substance use discussion.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Substance Use Treatment for Past Users

Required for all programs, except NYS drug treatment centers – Percentage of patients with one clinical visit in each six month period of the review period with whom substance use was discussed/assessed during the review period and thus identified as past users (6-24 months from date of review) with whom relapse prevention or ongoing treatment has been discussed.

Denominator:

Number of patients with one clinical visit in each six month period of the review period with whom substance use was discussed/assessed during the review period and who were thus identified as past users (6-24 months from date of assessment) of alcohol, amphetamines, benzodiazepines, cocaine/crack, crystal methamphetamine, ecstasy, hallucinogens (PCP, LSD, other), heroin, inhalants (glue, nitrous), ketamine, prescription opioids (vicodin, codeine) or other substance.

Numerator:

Number of patients with whom relapse prevention or ongoing treatment has been discussed.

Exclusion(s):

 Patients whose past substance use history did not warrant discussion of relapse prevention or ongoing treatment.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Syphilis Screening & Treatment

HIVQUAL-US Performance Measure: Syphilis Screening

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period who received a syphilis screening during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients who received a syphilis screening during the review period.

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Syphilis – Treatment for Positives

Required for all Programs – Percentage of patients with one clinical visit in each six month period of the review period who were treated following a positive result from a serum syphilis screening during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period who received a positive serum syphilis screening result during the review period.

Numerator:

Number of patients who were treated following a positive result from a serum syphilis screening during the review period.

Exclusion(s):

Patients for whom there is a documented existing syphilis infection.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Tobacco Use Screening & Cessation Counseling

HIVQUAL-US Performance Measure: Tobacco Use Screening

Required for all programs – Percentage of patients with one clinical visit in each six month period of the review period with whom tobacco use was discussed/assessed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients with whom tobacco use was discussed/assessed during the review period.

Exclusion(s):

None.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: Tobacco Cessation Counseling

Required for all programs – Percentage of patients with one clinical visit in each six month period of the review period identified as tobacco users following a tobacco use screening performed during the review period with whom tobacco use cessation was discussed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period identified as tobacco users following a tobacco use screening performed during the review period.

Numerator:

Number of patients with whom tobacco use cessation was discussed during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Urinalysis

HIVQUAL-US Performance Measure: Urinalysis

Required for all programs – Percentage of patients with one clinical visit in each six month period of the review period for whom a laboratory urinalysis was performed during the review period.

Denominator:

Number of patients with one clinical visit in each six month period of the review period.

Numerator:

Number of patients for whom a laboratory urinalysis was performed during the review period.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Viral Load Monitoring

HIVQUAL-US Performance Measure: Viral Load Monitoring – Every 6 months

Required for all programs - Percentage of patients with one clinical visit in each six month period of the review period for whom at least one viral load test was performed in each six-month semester of the review period at least 60 days apart.

Denominator: Number of patients with one clinical visit in each six month period of the review period. **Numerator:** Number of patients for whom at least one VL test was performed in each six-month semester of the review period at least 60 days apart.

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

Viral Load Suppression

HIVQUAL-US Performance Measure: Viral Load Suppression – Last VL of Review period

Required for all programs – Percentage of patients on ART for a minimum of 12 weeks with one clinical visit in each six month period of the review period who are considered suppressed as derived from the last recorded viral load of the review period; suppressed defined as the viral load is <200 cells/mm³ (either detectable or undetectable) OR <400 copies/mm³ (and undetectable).

<u>Denominator:</u> All patients with one clinical visit in each six month period of the review period that had one or more VLs recorded during the review period following a minimum of 12 weeks on ART.

<u>Numerator:</u> Number of patients for whom the last VL recorded during the review period following a minimum of 12 weeks on ART is <200 copies/mm³ (either detectable or undetectable) OR <400 copies/mm³ (and undetectable).

Exclusion(s):

- Patients' last VL recorded in the first semester of the review period.
- Patients with earliest VL recorded in the second semester of the review period.

Data sources:

- Electronic Medical Record/Electronic Health Record
- Electronic database
- Medical record

HIVQUAL-US Performance Measure: **Viral Load Suppression – Always Suppressed within Review period**

Required for all programs – Percentage of patients on ART for a minimum of 12 weeks with one clinical visit in each six month period of the review period who are considered suppressed throughout the review period; suppressed defined as the viral load is <200 copies/mm³ (either detectable or undetectable) OR <400 copies/mm³ (and undetectable).

<u>Denominator:</u> All patients with one clinical visit in each six month period of the review period that had one or more VLs recorded during the review period following a minimum of 12 weeks on ART.

<u>Numerator:</u> Number of patients who had all VLs recorded within the review period following a minimum of 12 weeks on ART <200 copies/mm³ (either detectable or undetectable) OR <400 copies/mm³ (and undetectable).

Exclusion(s):

None.

- Electronic Medical Record/Electronic Health Record
- CAREWare, Lab Tracker, or other electronic database
- Medical record data abstraction by provider of sample of records

Appendix:

Indicator Algorithms

Indicator Algorithm Key





































































