

APPENDIX F

Revised AIDSNET 2018-2019 Ryan White Part B Sub-recipient Care Outcomes (Required Performance Measures [PM] for DOH & Quality Management [QM] reporting)

UNIVERSAL (ALL CASE MANAGEMENT AGENCIES)

(These measures are linked to a Medical Case Management visit)

PERFORMANCE MEASURE #1 (MCM1): GAP IN MEDICAL VISITS	
Service Category:	Medical Case Management
Definition:	Percentage of MCM patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year (that is documented in the MCM record)
Numerator:	Number of MCM 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 MCM record)
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit and one MCM visit in the first 6 months of the measurement year
Patient Exclusions:	Medical case management patients who died at any time during the measurement year
Data Sources:	1. Client Files 2. CAREWare
National Goals, Targets, or Benchmarks For Comparison: None available at this time	
Rationale:	

PERFORMANCE MEASURE #2 (MCM2): SERVICE CARE PLANS	
Service Category:	Medical Case Management
Definition:	Percentage of MCM patients, regardless of age, with a diagnosis of HIV who had a MCM care plan developed and/or updated two or more times in the measurement year
Numerator:	Number of MCM patients who had a MCM care plan developed and/or updated two or more times which are at least three months apart in the measurement year
Denominator:	Number of MCM patients, regardless of age, with a diagnosis of HIV who had at least one MCM 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 Sources:	3. Client Files 4. CAREWare
National Goals, Targets, or Benchmarks For Comparison: None available at this time	
Rationale:	

CLINICAL PM (AAO & ASC ONLY)

(These measures are linked to an Outpatient/Ambulatory visit)

PERFORMANCE MEASURE #3 (CORE01): HIV VIRAL LOAD SUPPRESSION	
Service Category:	Core Clinical
Definition:	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year
Numerator:	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

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Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
Patient Exclusions:	None
Data Sources:	1. Client Files 2. CAREWare
National Goals, Targets, or Benchmarks For Comparison: National HIVQUAL reported median was 82% in 2011; in+care Campaign reported mean was 72% in 2013; HIV Research Network reported mean of adult patients was 77% in 2012	
Rationale:	

PERFORMANCE MEASURE #4 (CORE02): PRESCRIPTION OF HIV ANTIRETROVIRAL THERAPY	
Service Category:	Core Clinical
Definition:	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year
Numerator:	Number of patients in the denominator prescribed HIV antiretroviral therapy during the measurement year
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
Patient Exclusions:	None
Data Sources:	3. Client Files 4. CAREWare
National Goals, Targets, or Benchmarks For Comparison: HIV Research Network reported mean for adult patients was 91% in 2012.	
Rationale:	

PERFORMANCE MEASURE #5 (CORE03): HIV MEDICAL VISIT FREQUENCY	
Service Category:	Core Clinical
Definition:	Percentage of patients, regardless of age, with a diagnosis of HIV 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 medical visits
Numerator:	Number of 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 at the last medical visit in the subsequent 6-month period
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period
Patient Exclusions:	Patients who died at any time during the 24-month measurement period
Data Sources:	5. Client Files 6. CAREWare
National Goals, Targets, or Benchmarks For Comparison: in+care Campaign reported mean was 69% for 2013	
Rationale:	

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PERFORMANCE MEASURE #6 (CORE04): GAPS IN HIV MEDICAL VISITS	
Service Category:	Core Clinical
Definition:	Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year
Numerator:	Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV who had a least one medical visit in the first 6 months of the measurement year
Patient Exclusions:	Patients who died at any time during the measurement year
Data Sources:	7. Client Files 8. CAREWare
National Goals, Targets, or Benchmarks For Comparison: in+care Campaign reported mean was 14% in 2013	
Rationale:	

ORGANIZATIONAL (ALL CARE/PREVENTION PROVIDERS)

PERFORMANCE MEASURE #7: ORGANIZATIONAL ASSESSMENT			
Service Category:	Quality Infrastructure and Activities		
Definition:	A.1. Are appropriate resources committed to support the HIV quality program? A.2. Does the HIV leadership support the HIV quality program? A.3. Does the HIV quality program have a comprehensive quality plan? B.1. Did the HIV program routinely measure the quality of care? C.1. Did the HIV program conduct quality projects to improve the quality of care? D.1. Is the staff routinely educated about quality? E.1. Is a process in place to evaluate the HIV quality program? F.1. Does the HIV program have an information system in place to track patient care and measure quality?		
Numerator:	None		
Denominator:	None		
Exclusions:	None		
Data Sources:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 1. Quality Plan 2. Interviews with leadership, staff, medical providers 3. Organizational chart 4. QM Committee minutes 5. Other committee minutes 6. Data Reports </td> <td style="width: 50%; border: none;"> 7. Team meeting minutes 8. Education logs 9. Training agendas and attendance records 10. Evaluation tools 11. Organizational documents, i.e., policies and procedure manuals, IT disaster recovery plans </td> </tr> </table>	1. Quality Plan 2. Interviews with leadership, staff, medical providers 3. Organizational chart 4. QM Committee minutes 5. Other committee minutes 6. Data Reports	7. Team meeting minutes 8. Education logs 9. Training agendas and attendance records 10. Evaluation tools 11. Organizational documents, i.e., policies and procedure manuals, IT disaster recovery plans
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National Goals, Targets, or Benchmarks For Comparison: None available at this time			
Rationale: A formal quality of care program that embraces quality improvement (QI) philosophy should be developed and implemented as part of the HIV service delivery program. An effective HIV quality management program includes the following components: <ul style="list-style-type: none"> • Adequate resources • Clear staff expectations related to quality • Engagement of multidisciplinary team(s) and a QM Committee 			

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- Commitment of leadership
- Quality management plan that is periodically reviewed and updated as needed
- Processes and systems in place to routinely collect and analyze data

The infrastructure of the quality program should be fully described in the quality plan, with a clear indication of responsibilities and accountability, and elaboration of processes for ongoing evaluation and assessment.

Performance measurement should include clearly defined indicators that address clinical, case management, and other services as prioritized by the program. A plan for follow-up of results should be outlined.

QI activities should be based on performance data results. Specific QM projects should be undertaken, which include action steps and a mechanism for integrating change into routine activities.

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Staff should be actively involved in the HIV Quality Program and its QM activities. Participation in the quality program should be part of job expectations. Provisions should be made for ongoing education of staff about quality management.