



HIV/AIDS Bureau Performance Measures



Performance Measure:	CD4 Cell Count¹	National Quality Forum #: 404		
Percentage of patients aged six months and older with a diagnosis of HIV/AIDS, with at least two CD4 cell counts or percentages performed during the measurement year at least 3 months apart				
Numerator:	Patients with at least two CD4 cell counts or percentages performed during the measurement year at least 3 months apart			
Denominator:	All patients aged 6 months and older with a diagnosis of HIV/AIDS, who had at least two medical visits during the measurement year, with at least 90 days between each visit			
Patient Exclusions:	None			
Data Elements:	1. Does the patient, aged six months and older, have a diagnosis of HIV/AIDS? (Y/N) <ul style="list-style-type: none"> a. If yes, did the patient have at least two medical visits during the measurement year, with at least 90 days in between each visit? (Y/N) <ul style="list-style-type: none"> i. If yes, list the dates the CD4 cell counts were performed. <ul style="list-style-type: none"> 1. Were CD4 cell counts performed at least three months during the measurement year? (Y/N) 			
Comparison Data:	National HIVQUAL: Every 4 months: Percentage of patients for whom one or more CD4 count was performed during each four-month trimester of the review period at least 60 days apart Every 6 months: Percentage of patients for whom one or more CD4 count was performed during each six month semester of the review period at least 60 days apart (http://www.hivqualus.org/ and http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/82627)			
		2007	2009	2011
	Every 4 months (median)	64.4%	-	56%
	Every 6 months (median)	91.2%	91.1%	91%
U.S. Department of Health & Human Services Guidelines:	<p><u>Adult guidelines:</u>² “In untreated patients, CD4 counts should be monitored every 3 to 6 months to determine the urgency of ART initiation. In patients on ART, the CD4 count is used to assess the immunologic response to ART and the need for initiation or discontinuation of prophylaxis for opportunistic infections (AI).”¹</p> <p><u>Pediatric guideline:</u>³ “Baseline laboratory assessments including CD4 T lymphocyte (CD4 cell) count/percentage and HIV RNA level, ... should be done before initiation of therapy. A baseline assessment of ARV resistance using a genotype assay also is recommended (see Antiretroviral Resistance Testing). Within 4 to 8 weeks after initiating or changing therapy, children receiving ART should be seen to...receive laboratory tests to evaluate the effectiveness of therapy (CD4 count/percentage, plasma HIV RNA level [viral load]) and to detect medication-related toxicities.</p> <p>“Thereafter, medication adherence and regimen toxicity and effectiveness should be</p>			



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	assessed every 3 to 4 months in children taking ARV drugs. 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 for more than 2 to 3 years.” ²
Use in Other Federal Programs:	None
References/ Notes:	<p>¹The HIV/AIDS Bureau did not develop this measure. The National Committee on Quality Assurance developed this measure. Measure details available at: http://www.qualityforum.org/Projects/im/Infectious_Disease_Endorsement_Maintenance_2012/Infectious_Disease_Consensus_Standards_Endorsement_Maintenance_2012.aspx#t=2&p=2%7C1%7C&s=</p> <p>²Panel 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. Available at http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Section accessed July 25, 2013. C-3.</p> <p>³Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/pediatricguidelines.pdf. Accessed July 25, 2013. H-1 and 2.</p>



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Performance Measure:	HIV Drug Resistance Testing Before Initiation of Therapy	National Quality Forum #: None				
Percentage of patients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test performed ¹ before initiation ² of HIV antiretroviral therapy if therapy started during the measurement year						
Numerator:	Number of patients who had an HIV drug resistance test performed at any time before initiation of HIV antiretroviral therapy					
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV who <ul style="list-style-type: none"> • were prescribed HIV antiretroviral therapy during the measurement year for the first time; and • had a medical visit with a provider with prescribing privileges³ at least once in the measurement year 					
Patient Exclusions:	None					
Data Elements:	1. Does the patient, regardless of age, have a diagnosis of HIV/AIDS? (Y/N) <ul style="list-style-type: none"> a. If yes, was the patient seen by a provider with prescribing privileges during the measurement year? (Y/N) <ul style="list-style-type: none"> i. If yes, was HIV antiretroviral therapy prescribed during the measurement year for the first time? (Y/N) <ul style="list-style-type: none"> 1. If yes, was an HIV drug resistance test performed at any time prior to prescribing ARV therapy? (Y/N) <ul style="list-style-type: none"> a. If yes, list date. 					
Comparison Data:	National HIVQUAL: Percentage of patients on ART for a minimum of 12 weeks with one 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 copies/mm ³ (either detectable or undetectable) OR <400 copies/mm ³ (and undetectable) (http://www.hivqualus.org/ and http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/82627)					
	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">2011</td> </tr> <tr> <td style="text-align: center;">Median</td> <td style="text-align: center;">50%</td> </tr> </table>		2011	Median	50%	
	2011					
Median	50%					
U.S. Department of Health & Human Services Guidelines:	<p><u>Adult guidelines:</u>⁴ “HIV drug-resistance testing is recommended in persons with HIV infection at entry into care regardless of whether antiretroviral therapy (ART) will be initiated immediately or deferred (AII). If therapy is deferred, repeat testing should be considered at the time of ART initiation (CIII).</p> <p>“Genotypic testing is recommended as the preferred resistance testing to guide therapy in antiretroviral (ARV)-naïve patients (AIII).”⁴</p>					



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	<p><u>Pediatric guidelines:</u>⁵</p> <p style="text-align: center;">Table 15. Sample Schedule for Clinical and Laboratory Monitoring of Children Before and After Initiation of Antiretroviral Therapy (page 2 of 2)</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Entry Into Care</th> <th>Monitoring Pre-Therapy¹</th> <th>ART Initiation¹</th> <th>1-2 Weeks on Therapy²</th> <th>4-8 Weeks on Therapy</th> <th>Every 3-4 Months³</th> <th>Every 6-12 Months</th> <th>ARV Switch</th> </tr> </thead> <tbody> <tr> <td>Resistance Testing</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> </tr> <tr> <td>Adherence Evaluation</td> <td></td> <td></td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td></td> <td>X</td> </tr> <tr> <td>Lipid Panel</td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>Urinalysis</td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>		Entry Into Care	Monitoring Pre-Therapy ¹	ART Initiation ¹	1-2 Weeks on Therapy ²	4-8 Weeks on Therapy	Every 3-4 Months ³	Every 6-12 Months	ARV Switch	Resistance Testing	X							X	Adherence Evaluation			X	X	X	X		X	Lipid Panel	X		X				X		Urinalysis	X		X				X	
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Use in Other Federal Programs:	None																																													
References/Notes:	<p>¹HIV drug resistance testing may occur either during or prior to the measurement year, as long as it is performed before ARV therapy is initiated.</p> <p>²The focus of the measure is on initiation of first antiretroviral regimen for HIV treatment, not prophylaxis or re-initiation.</p> <p>³A “provider with prescribing privileges” is a health care professional who is certified in his/her jurisdiction to prescribe medications.</p> <p>⁴Panel 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. Available at http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Section accessed July 25, 2013. C-9.</p> <p>⁵Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/pediatricguidelines.pdf. Accessed July 25, 2013. H-3.</p>																																													



HIV/AIDS Bureau Performance Measures



Performance Measure:	Influenza Immunization¹	National Quality Forum #: 41						
Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization								
Numerator:	<p>Patients who received an influenza immunization OR who reported previous receipt* of an influenza immunization during the current season</p> <p>*Previous receipt can include: previous receipt of the current season’s influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1st).</p>							
Denominator:	All patients aged 6 months and older seen for a visit between October 1 and March 31							
Patient Exclusions:	<ol style="list-style-type: none"> 1. Documentation of medical reason(s) for not receiving influenza immunization (eg, patient allergy, other medical reasons) 2. Documentation of patient reason(s) for not receiving influenza immunization (eg, patient declined, other patient reasons) 3. Documentation of system reason(s) for not receiving influenza immunization (eg, vaccine not available, other system reasons) 							
Data Elements:	<ol style="list-style-type: none"> 1. Did the patient, aged six months and older, have at least one medical visit between October 1 and March 31? (Y/N) <ol style="list-style-type: none"> a. Did the patient receive an influenza vaccination or report previous receipt of an influenza vaccination? (Y/N) <p>***Greater measure specification detail is available including data elements for each value set at http://www.lantanagroup.com/especnavigator/#measurelist/20130614.</p>							
Comparison Data:	<p>National HIVQUAL: Percentage of patients who received an influenza vaccination during the review period (http://www.hivqualus.org/ and http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/82627)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">2009</td> <td style="text-align: center;">2011</td> </tr> <tr> <td style="text-align: center;">Median</td> <td style="text-align: center;">61.9%</td> <td style="text-align: center;">67%</td> </tr> </table>			2009	2011	Median	61.9%	67%
	2009	2011						
Median	61.9%	67%						
U.S. Department of Health & Human Services Guidelines:	<p>“Annual vaccination against influenza is recommended for....adults and children who have immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus).”²</p>							
Use in Other Federal Programs:	<p>Centers for Medicare and Medicaid Services EHR Incentive Program measure (number 0041). See http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html</p>							
References/ Notes:	<p>¹The HIV/AIDS Bureau did not develop this measure. The American Medical Association-convened Physician Consortium for Performance Improvement (AMA-PCPI) developed this measure. More details available at: http://www.lantanagroup.com/especnavigator/</p>							



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[#measurelist/20130614.](#)

²Centers for Disease Control and Prevention. Prevention and Control of Influenza: Recommendations from the Advisory committee on Immunization Practices (ACIP). MMWR 2007; 56(RR#6)[1-60]. Accessed August 14, 2013. Page 2. Available at: <http://www.cdc.gov/mmwr/PDF/rr/rr5606.pdf>.



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Performance Measure:	Lipid Screening	National Quality Forum #: None																						
Percentage of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy and who had a fasting lipid ¹ panel during the measurement year																								
Numerator:	Number of patients who had a fasting lipid panel in the measurement year																							
Denominator:	Number of patients, regardless of age, who are prescribed HIV antiretroviral therapy and who had a medical visit with a provider with prescribing privileges ² at least once in the measurement year																							
Patient Exclusions:	None																							
Data Elements:	1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N) <ul style="list-style-type: none"> i. If yes, was the client prescribed HIV antiretroviral therapy during the measurement year?(Y/N) <ul style="list-style-type: none"> 1. If yes, did the patient have a fasting lipid panel during the measurement year? (Y/N) 																							
Comparison Data:	National HIVQUAL: 2007: Among patients who were on HAART during the review period, percentage who had cholesterol & triglycerides checked during the review period 2009: Percentage of patients who had a lipid profile (cholesterol & triglycerides checked) during the review period 2011: Percentage of patients 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 (http://www.hivqualus.org/ and http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/82627) <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>2007</td> <td>2009</td> <td>2011</td> </tr> <tr> <td>Median</td> <td>90.5%</td> <td>85.7%</td> <td>83%</td> </tr> </table>					2007	2009	2011	Median	90.5%	85.7%	83%												
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U.S. Department of Health & Human Services Guidelines:	<p><u>Adult guidelines:</u>³</p> <p style="text-align: center;">Table 3. Laboratory Monitoring Schedule for Patients Before and After Initiation of Antiretroviral Therapy^a (page 2 of 2)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d3d3d3;"> <th></th> <th>Entry into care</th> <th>Follow-up before ART</th> <th>ART initiation or modification^b</th> <th>Follow-up 2–8 weeks post-ART initiation or modification</th> <th>Every 3–6 months</th> <th>Every 6 months</th> <th>Every 12 months</th> <th>Treatment failure</th> <th>Clinically indicated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Fasting lipid profile</td> <td>√</td> <td>√ If normal, annually</td> <td>√</td> <td>√ Consider 4–8 weeks after starting new ART regimen that affects lipids</td> <td></td> <td>√ If abnormal at last measurement</td> <td>√ If normal at last measurement</td> <td></td> <td>√</td> </tr> </tbody> </table>					Entry into care	Follow-up before ART	ART initiation or modification ^b	Follow-up 2–8 weeks post-ART initiation or modification	Every 3–6 months	Every 6 months	Every 12 months	Treatment failure	Clinically indicated	Fasting lipid profile	√	√ If normal, annually	√	√ Consider 4–8 weeks after starting new ART regimen that affects lipids		√ If abnormal at last measurement	√ If normal at last measurement		√
	Entry into care	Follow-up before ART	ART initiation or modification ^b	Follow-up 2–8 weeks post-ART initiation or modification	Every 3–6 months	Every 6 months	Every 12 months	Treatment failure	Clinically indicated															
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	<p><u>Pediatric guidelines:</u>⁴</p> <p>Table 15. Sample Schedule for Clinical and Laboratory Monitoring of Children Before and After Initiation of Antiretroviral Therapy (page 2 of 2)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9e1f2;"> <th></th> <th>Entry Into Care</th> <th>Monitoring Pre-Therapy¹</th> <th>ART Initiation¹</th> <th>1–2 Weeks on Therapy²</th> <th>4–8 Weeks on Therapy</th> <th>Every 3–4 Months³</th> <th>Every 6–12 Months</th> <th>ARV Switch</th> </tr> </thead> <tbody> <tr> <td>Lipid Panel</td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>		Entry Into Care	Monitoring Pre-Therapy ¹	ART Initiation ¹	1–2 Weeks on Therapy ²	4–8 Weeks on Therapy	Every 3–4 Months ³	Every 6–12 Months	ARV Switch	Lipid Panel	X		X				X	
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Lipid Panel	X		X				X												
Use in Other Federal Programs:	None																		
References/Notes:	<p>¹A fasting lipid panel consists of fasting cholesterol, HDL, calculated LDL and triglycerides.</p> <p>²A “provider with prescribing privileges” is a health care professional who is certified in their jurisdiction to prescribe ARV therapy.</p> <p>³Panel 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. Available at http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Section accessed July 25, 2013. C-3.</p> <p>⁴Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/pediatricguidelines.pdf. Accessed July 25, 2013. H-3.</p>																		



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Performance Measure:	Tuberculosis Screening¹	National Quality Forum #: 408										
Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection												
Numerator:	<p>Patients for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection.</p> <p>NOTE: Results from the tuberculin skin test must be interpreted by a health care professional.</p>											
Denominator:	All patients aged 3 months and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days in between each visit.											
Patient Exclusions:	1. Documentation of Medical Reason for not performing a tuberculosis (TB) screening test (e.g., patients with a history of positive PPD or treatment for TB)											
Data Elements:	<p>1. Does the patient, aged three months and older, have a diagnosis of HIV/AIDS? (Y/N)</p> <p style="margin-left: 20px;">a. If yes, did the patient have at least two medical visits during the measurement year, with at least 90 days in between each visit? (Y/N)</p> <p style="margin-left: 40px;">i. If yes, has the patient had tuberculosis (TB) screening test performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection? (Y/N)</p>											
Comparison Data:	<p>National HIVQUAL:</p> <p>2006 & 2007: Percentage of patients without prior positive test or TB treatment who received a TB test with documented result during the past 24 months</p> <p>2011: Percentage of patient 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 (http://www.hivqualus.org/ and http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/82627)</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;"></td> <td style="width: 15%;">2007</td> <td style="width: 15%;">2009</td> <td style="width: 15%;">2011</td> </tr> <tr> <td>Median</td> <td>75.1%</td> <td>74.2%</td> <td>73%</td> </tr> </table>					2007	2009	2011	Median	75.1%	74.2%	73%
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Median	75.1%	74.2%	73%									
U.S. Department of Health & Human Services Guidelines:	<p><u>Adult guidelines:</u>² “Testing for LTBI at the time of HIV diagnosis should be routine, regardless of an individual’s epidemiological risk of TB exposure. Individuals with negative diagnostic tests for LTBI who have advanced HIV infection (CD4 cell count <200 cells/mm³) and no indications for initiating empiric LTBI treatment should be retested for LTBI once they start ART and attain a CD4 count ≥200 cells/mm³. Annual testing for LTBI is recommended only for HIV-infected patients who are at high risk of repeated or ongoing exposure to those with active TB.”</p> <p><u>Pediatric guideline:</u>³ The cornerstone of diagnostic methods for latent TB infection (LTBI) is the tuberculin skin test (TST), administered by the Mantoux method. Because</p>											



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	children with HIV infection are at high risk for TB, annual testing of this population is recommended to diagnose LTBI (AIII).
Use in Other Federal Programs:	None
References/Notes:	<p>¹The HIV/AIDS Bureau did not this measure. The National Committee on Quality Assurance developed this measure. Measure details available at: http://www.qualityforum.org/Projects/im/Infectious_Disease_Endorsement_Maintenance_2012/Infectious_Disease_Consensus_Standards_Endorsement_Maintenance_2012.aspx#t=2&p=2%7C1%7C&s=</p> <p>²Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf. Accessed August 24, 2013. F-2.</p> <p>³Centers for Disease Control and Prevention. Guidelines for the Prevention and Treatment of Opportunistic Infections Among HIV-Exposed and HIV-Infected Children. MMWR 2009;58(No. RR-11). http://aidsinfo.nih.gov/contentfiles/Pediatric_OI.pdf. Accessed August 24, 2013. Page 20.</p>



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Performance Measure:	Viral Load Monitoring	National Quality Forum #: None														
Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load test performed at least every six months during the measurement year																
Numerator:	Number of patients with a viral load test performed at least every 6 months															
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least two medical visits during the measurement year, with at least 60 days in between each visit															
Patient Exclusions:	Patients newly enrolled in care during last 6 months of the measurement year															
Data Elements:	1. Does the patient, regardless of age, have a diagnosis of HIV/AIDS? (Y/N) <ul style="list-style-type: none"> a. If yes, did the patient have at least two medical visits during the measurement year, with at least 60 days in between each visit? (Y/N) <ul style="list-style-type: none"> i. If yes, list the dates the viral load tests were performed. <ul style="list-style-type: none"> 1. Were viral load tests performed at least every six months during the measurement year? (Y/N) 															
Comparison Data:	National HIVQUAL: Every 4 months: Percentage of patients for whom at least one viral load test was performed in each four-month trimester of the review period at least 60 days apart Every 6 months: Percentage of patients for whom at least one viral load test was performed in each six month semester of the review period at least 60 days apart (http://www.hivqualus.org/ and http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/82627) <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>2007</th> <th>2009</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td>Every 4 months</td> <td>62.7%</td> <td>-</td> <td>54%</td> </tr> <tr> <td>Every 6 months</td> <td>90.3%</td> <td>89.4%</td> <td>90%</td> </tr> </tbody> </table>					2007	2009	2011	Every 4 months	62.7%	-	54%	Every 6 months	90.3%	89.4%	90%
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Every 4 months	62.7%	-	54%													
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U.S. Department of Health & Human Services Guidelines:	<p><u>Adult guidelines:</u>¹ “Plasma HIV-1 RNA (viral load) should be measured in all HIV-1-infected patients at baseline and on a regular basis thereafter, especially in patients who are on treatment, because viral load is the most important indicator of response to antiretroviral therapy (ART) (AI).”</p> <p>“Plasma viral load should be measured before initiation of therapy and preferably within 2 to 4 weeks, and not more than 8 weeks, after treatment initiation or after treatment modification (BI). Repeat viral load measurement should be performed at 4- to 8-week intervals until the level falls below the assay’s limit of detection (BIII).”</p> <p><u>Pediatric guideline:</u>² “Baseline laboratory assessments including CD4 T lymphocyte (CD4 cell) count/percentage</p>															



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	<p>and HIV RNA level, ... should be done before initiation of therapy. Within 4 to 8 weeks after initiating or changing therapy, children receiving ART should be seen to...receive laboratory tests to evaluate the effectiveness of therapy (CD4 count/percentage, plasma HIV RNA level [viral load]) and to detect medication-related toxicities... Assessment of initial virologic response to therapy is important because an initial decrease in HIV viral load in response to ART should be observed after 4 to 8 weeks of therapy.”</p>
<p>Use in Other Federal Programs:</p>	<p>None</p>
<p>References/ Notes:</p>	<p>¹Panel 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. Available at http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Section accessed July 25, 2013. C-7.</p> <p>²Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/pediatricguidelines.pdf. Accessed July 25, 2013. H-1 and 2.</p>

Accessibility: If you need an alternative means of access to any information above please contact us at comments@hrsa.gov. Please let us know the nature of your accessibility problem and the Web address of the requested information.