Performance Measures
Frequency Asked Questions (FAQs)

In 2013, HRSA's HIV/AIDS Bureau reviewed its performance measure portfolio for clinical accuracy and relevance, consistency with national guidelines, alignment with other Federal agencies, and feasibility for implementation in electronic health record systems. This document addresses many of the questions most frequently asked by grantees and other stakeholders who use the measures. The HIV/AIDS Bureau may publish new FAQs as needed. All FAQs can be found by visiting: http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html.

Selecting Measures for Your Portfolio

Am I required to use the HIV/AIDS Bureau's performance measures?

The HIV/AIDS Bureau encourages all organizations providing HIV services to include the Core performance measures in their portfolio. See the section that outlines the importance of the core performance measures:http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html.

What should I consider when selecting my organization's performance measures?

In addition to the Core performance measures (hyperlink), you should consider measures for each of the services you provide, epidemiologic and clinical priorities, and ease of data collection and measure reporting.

How many performance measures should we have in our portfolio?

The HIV/AIDS Bureau encourages all organizations providing HIV services to include the Core performance measures (http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html) in their measure portfolio. In addition, you should have enough measures to represent all the services you provide. The HIV/AIDS Bureau does not promote using every performance measure available because the activities needed to implement performance measurement (e.g., collecting, analyzing, and reviewing data) can be costly. You might consider having some measures that you collect and analyze more frequently (e.g., every two months or quarterly) and other that you collect and review less frequently (e.g., every six months or annually). Grantees are not required to use all HIV/AIDS Bureau performance measures.

Core Performance Measures

What are the Core performance measures and why is the HIV/AIDS Bureau promoting them?

The Core performance measures are:

1. HIV viral load suppression
2. Prescription of HIV antiretroviral therapy
3. Medical visit frequency
4. Gap in HIV medical visits
5. PCP prophylaxis

The Core performance measures emphasize the essential aspects of HIV care and treatment. These measures align with the milestones along the HIV care continuum (hyperlink). These measures have also gone through the rigorous National Quality Forum endorsement process (hyperlink), which creates consensus around the measure concept and examines the reliability and feasibility of the measure. Finally, these measures represent essential aspects of HIV care and treatment.

We only provide medical case management. How can we use the Core performance measures?

The HIV/AIDS Bureau definition of medical case management includes the "coordination and follow-up of medical treatments is a component of medical case management" and "the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments" (http://hab.hrsa.gov/manageyourgrant/files/rsrmanuel.pdf). Given the role and responsibility of medical case managers, it is logical that the Core performance measures would be applicable to this service category. The HIV/AIDS Bureau has added language to the Core performance measures located in the medical case management performance measure sections to illustrate how to select the denominator population.

We are a network grantee (Part A, Part B, Part C network, or Part D network). How can we use the Core measures across all of our funded service categories?

In addition to using these measures among HIV medical care and medical case management services, grantees who have a network of provider organizations can implement the core performance measure at the system level. For example, the grantee can determine all the services each patient receives and analyze the percent virally suppressed or percent without gaps in care among people who received transportation services or food/home delivered meals services.

CAREWare

Will all of the HIV/AIDS Bureau performance measures be incorporated into the CAREWare performance measure module?

The HIV/AIDS Bureau will develop plan for including performance measures into the CAREWare performance measure module. The HIV/AIDS Bureau will release a summary to include:

1. List of performance measures that CAREWare can accommodate
2. List of fields used to calculated each performance measure in CAREWare performance measure module
3. For each measure, data elements that cannot be calculated in CAREWare

At this time, we know some performance measure data elements are not represented by fields in CAREWare, particularly certain patient exclusions. CAREWare users will need to determine if they want to use these measures given missing data elements.

Archived Measures

Why were some of the measures archived?

The HIV/AIDS Bureau archives measures when the clinical recommendations that inform the basis of the measure have changed, the data for the measure are difficult (or impossible) to retrieve, and/or measure concepts have been combined.

Where can I find details about an archived measure?

You can find the detail sheets for all of the archived measures on the HIV/AIDS Bureau performance measure webpage under "Archived Measures." The HIV/AIDS Bureau performance measure webpage is: http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html.

Primary Care Measures

The HIV/AIDS Bureau mentioned the Meaningful Use program. What is this program?

The Medicare and Medicaid electronic health record (EHR) Incentive Programs provide financial incentives for the "meaningful use" of certified EHR technology to improve patient care. The Centers for Medicare and Medicaid Services (CMS) has established the objectives for "meaningful use" that eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must meet in order to receive an incentive payment.

The HIV/AIDS Bureau has submitted HIV viral load suppression, prescription of HIV antiretroviral therapy, medical visit frequency, and gap in HIV medical visits performance measures for inclusion into Meaningful Use Stage 3 (scheduled to begin in 2016).

You can learn more about the EHR Incentive Program/Meaningful Use program at: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/ and https://ushik.ahrq.gov/help/MeaningfulUse/faq.

The HIV/AIDS Bureau mentioned the Physician Quality Reporting System (PQRS). What is this program?

PQRS is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals (EPs).

The program provides an incentive payment to practices with EPs. EPs satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries.

The HIV/AIDS Bureau has submitted HIV viral load suppression, prescription of HIV antiretroviral therapy, medical visit frequency, and gap in HIV medical visits performance measures for inclusion into the PQRS program for 2014.

You can learn more about the PQRS program at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/

Our patients have hypertension, diabetes, and other health issues for which the HIV/AIDS Bureau does not have a performance measure. What should I do?

The HIV/AIDS Bureau focuses on measures related to HIV disease and encourage grantees to use already developed measures for other disease processes. However, other Federal programs, including Medicare and Medicaid EHR Incentive Programs and Physician Quality Reporting System, have performance measures for other health issues. (See previous FAQ for links to these programs.)

Below are examples of clinical quality measures in the Medicare and Medicaid EHR Incentive Programs Stage 2:

- Controlling High Blood Pressure
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
- Colorectal Cancer Screening

- Use of Appropriate Medications for Asthma
- Diabetes: Hemoglobin A1c Poor Control
- Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
- Hypertension: Improvement in blood pressure
- Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Additionally, beginning in 2014, the reporting of clinical quality measures (CQMs) will change for all providers. EHR technology that has been certified to the 2014 Edition standards and certification criteria will have been tested for enhanced CQM-related capabilities, EPs, eligible hospitals, and CAHs will be required to report using the new 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 of the Medicare and Medicaid EHR Incentive Programs. Although CQM reporting has been removed as a core objective for both EPs and eligible hospitals and CAHs, all providers are required to report on CQMs in order to demonstrate meaningful use. You can learn more about the CQMs in the EHR program at:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

To learn about the above measures go to: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html

What are health disparities? Why is it important to assess for health disparities?
Simply said, health disparities are differences in health outcomes between different patient characteristics such as gender, race/ethnicity, age, geography, and sexual orientation. The National HIV/AIDS Strategy recognizes health disparities as outlined in the Strategy's vision:

> *"The United States will become a place where new HIV infections are rare and when they do occur, every person,* ***regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance****, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."* *http://www.whitehouse.gov/administration/eop/onap/nhas*

An example of a health disparity would be higher HIV viral load suppression rates among men compared to women.

How do we assess for health disparities using our performance measure data?
You would start by analyzing the data for each performance measure by gender, race/ethnicity, age, sexual orientation, insurance status, and other patient characteristics. To see if there was a health disparity for HIV viral load suppression by gender, you would calculate the HIV viral load suppression rate for each gender category separately. Then, you would compare the HIV

viral suppression rates for men, women, and transgender for differences. In the example below, women and transgender are less likely to be virally suppressed than men.

HIV viral load suppression rate overall = 70%	
Men	73%
Women	62%
Transgender	60%

What should we do if we find a health disparity?

After you analyze your performance measure data for disparities, you may:

- Brainstorm causes of disparity in performance – involve different perspectives in the brainstorming including providers, ancillary staff, administrators, and patients
- Develop improvement projects to address disparities in care and outcomes

This work is ideally tackled by your organization's quality management committee and quality improvement teams. You might also reach out to HIV grantees/providers in your region to see if they have found similar findings and what they did to reduce/eliminate health disparities.