

HAB HIV Performance Measures: Systems-Level



Performance Measure: System Level: Waiting time for initial access to outpatient/ambulatory medical care	
Percent of Ryan White Program-funded outpatient/ambulatory care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care ¹	
Numerator:	Number of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care ¹ .
Denominator:	Number of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network at a specific point in time in the measurement year.
Exclusions:	None
Data Element:	<p><i>For each agency:</i></p> <ol style="list-style-type: none"> 1. Is the organization funded by the Ryan-White Program to provide outpatient/ambulatory medical care? (Y/N) <ol style="list-style-type: none"> a. In how many business days is the third next available appointment for a Ryan White Program-eligible patient to enroll in outpatient/ambulatory medical care at this organization? <ol style="list-style-type: none"> i. Is the third next available appointment \leq 15 business days? (Y/N) <p><i>For the system:</i></p> <ol style="list-style-type: none"> 1. How many outpatient/ambulatory medical care organizations are funded by the Ryan White Program to provide outpatient/ambulatory medical care? <ol style="list-style-type: none"> a. Of those organizations, how many have \leq 15 business days for the third next available appointment to enroll in outpatient/ambulatory medical care?
Data Sources:	<ul style="list-style-type: none"> • Data reported to the system/network grantee at a common point in time on a quarterly basis by each of the organizations in the system/network that provides outpatient/ambulatory medical care using a standardized methodology. (See example below.)
National Goals, Targets, or Benchmarks for Comparison:	None available at this time.
Outcome Measures for Consideration:	<ul style="list-style-type: none"> • Percent of patients who are retained in outpatient/ambulatory medical care in the measurement year. • Percent of patients diagnosed with <i>Pneumocystis jiroveci</i> (PCP) in the measurement year.

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<p>Basis for Selection:</p> <p>This measure addresses the importance of access to health care for Ryan White Program eligible patients. Improving “access to healthcare is important to the quality of healthcare outcomes. Patients who can promptly schedule appointments with their healthcare providers will have higher satisfaction, will likely return to work sooner, and may well have better medical outcomes.”² A study of the characteristics of scheduled new HIV+ patients who failed to attend their initial visit found that in addition to patient characteristics (younger age, black race, and public insurance), “longer waiting time from the call to schedule a new patient visit to the appointment date was associated with failure to establish care.”³</p>
<p>US Public Health Service Guidelines:</p> <p>None</p>
<p>References/Notes:</p> <p>¹ The type of visit for patient enrollment in outpatient/ambulatory medical care can be determined by each outpatient/ambulatory medical care provider in the system/network, but should be consistently defined at each data collection point. The type of appointment scheduled to enroll in outpatient/ambulatory medical care may vary among agencies within the system/network. For example, at one agency, to enroll in care, a new patient may first have an appointment to have routine laboratory tests and an initial health history taken by a nurse to then be followed by a subsequent appointment with a provider with prescribing privileges at the agency (i.e., MD, PA, NP), while at another agency, a new patient may first have an appointment with physician. Other examples of types of appointment to enroll in outpatient/ambulatory medical care may include an initial appointment with a case manager, social worker, patient navigator, peer advocate, clergy, or other designated staff.</p> <p>² National Quality Measures Clearinghouse, “Access: time to third next available appointment for an office visit”. Available at: http://www.qualitymeasures.ahrq.gov/summary/summary.aspx?ss=1&doc_id=10912 Further information on this measure is also available at: http://www.wchq.org/measures/index.php (Wisconsin Collaborative for Healthcare Quality).</p> <p>³ Mugavero MJ, Lin HY, Alison JJ, et al. Failure to Establish HIV Care: Characterizing the “No Show” Phenomenon. <i>Clinical Infectious Diseases</i>. 2007;45:127-130.</p>
<p>Example:</p> <p>System A, which has six (6) outpatient medical care programs, decided to implement this measure on a quarterly basis. A point in time survey was scheduled to be conducted by telephone on the last Tuesday of the quarter. (Other methods of data collection, such as an on-line survey, e-mail, or fax may be used to collect data at the point in time by the system.) On the designated morning the System A administrative staff calls each outpatient program and asks the following question: “What are your three next available appointments for an individual who is seeking to enroll in outpatient/ambulatory medical care for his/her HIV disease at your clinic?”</p> <p>After data is collected from each of the agencies, the waiting time (number of business days from the date of data collection to the appointment date) are calculated for the third next available appointment. Those which are fifteen business days or fewer are identified and are counted as the numerator; while the denominator is the total number of ambulatory outpatient medical care providers in the system.</p>

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Results of System A Point in Time Survey
Date of data collection: September 14, 2010 (N=6)

Agency 1	Date	Days	Within 15 days?
1st appointment	9/14/2010	0	
2nd appointment	9/23/2010	7	
3rd appointment	10/15/2010	23	No
Agency 2	Date	Days	Within 15 days?
1st appointment	9/14/2010	0	
2nd appointment	9/14/2010 *	0	
3rd appointment	9/14/2010	0	Yes
Agency 3	Date	Days	Within 15 days?
1st appointment	11/24/2010	50	
2nd appointment	12/15/2010	64	
3rd appointment	1/19/2011	88	No
Agency 4	Date	Days	Within 15 days?
1st appointment	9/21/2011	5	
2nd appointment	9/21/2011	5	
3rd appointment	9/21/2011	6	Yes
Agency 5	Date	Days	Within 15 days?
1st appointment	None		
2nd appointment	None		
3rd appointment	None		No
Agency 6	Date	Days	Within 15 days?
1st appointment	9/14/2010	0	
2nd appointment	9/17/2010	3	
3rd appointment	9/20/2010	4	Yes

*Note: Different appointment times on the same day counts as separate appointment times.

Using the data collected, the performance measure is calculated by identifying the number of agencies that indicate that their third next available appointment is within 15 or fewer business days. In the example above, three of the agencies meet this criteria (Agencies 2, 4 and 6) and three (Agencies 1, 3 and 5) do not. Even though Agency 5 is closed to new patients, they are still included. The numerator is 3 and the denominator is 6. The percent of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive

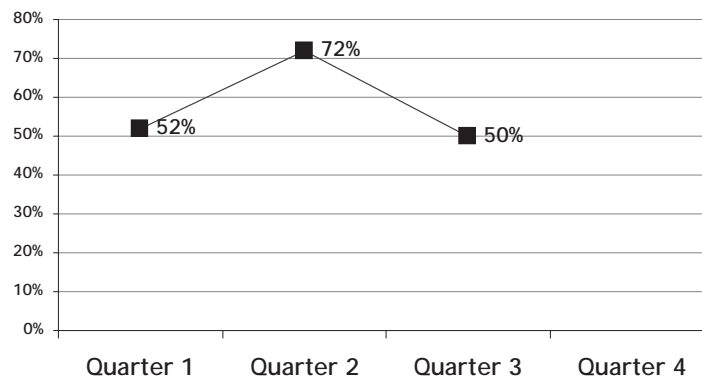
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an appointment to enroll in outpatient/ambulatory medical care at this point in time is 50%. (Calculated by dividing the numerator by the denominator: $(3 \div 6) \times 100 = 50\%$)

In addition to determining the rate of achievement of the performance measure, the average number of days until the third next available appointment across the system/network can also be calculated: Add the number of days for the third next available appointments (in this example the sum is 121 days) and then divide by the number of agencies in the system who report an available appointment (in this example the number is 5). The average number of days for the third next available appointment in the system/network reported on the date of data collection is 24.2 days. (Note: In this example Agency 5 reports that it is not accepting new patients—no appointments are available. This agency should still be included in the denominator for the calculation of the performance measure rate [Example 1] but it should not be included in the denominator for the calculation of the average number of days [Example 2].)

Figure 1 depicts percentage of agencies meeting the performance measure over three quarters.

Example: Graph of wait time performance measure for System: Performance measure rate for Quarters 1-3



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Performance Measure: System Level: HIV test results for PLWHA	
Percentage of individuals who test positive ¹ for HIV who are given their HIV-antibody test results in the measurement year	
Numerator:	Number of individuals who are tested in the system/network who test positive ¹ for HIV and who are given their HIV antibody test results in the measurement year.
Denominator:	Number of individuals who are tested in the system/network and who test positive ¹ for HIV in the measurement year.
Patient Exclusions:	<ol style="list-style-type: none"> 1. Patients who test negative for HIV antibodies. 2. Patients who receive an indeterminate HIV antibody test result. 3. Patients who are already aware of a previous positive confirmatory test (i.e., confirmatory test at first medical care visit). 4. Patients who are less than thirteen years of age.
Data Element:	<p><i>For each agency:</i></p> <ol style="list-style-type: none"> 1. Was the patient tested for HIV infection during the measurement year? (Y/N) <ol style="list-style-type: none"> a. If yes, did the patient have a positive confirmatory test¹? (Y/N) <ol style="list-style-type: none"> i. If yes, was the patient given his/her confirmatory test result in the measurement year? (Y/N) <p><i>For the system:</i></p> <ol style="list-style-type: none"> 1. How many patients were tested for HIV infection within the system/network in the measurement year? <ol style="list-style-type: none"> a. How many patients had positive confirmatory tests? <ol style="list-style-type: none"> i. Of those patients, how many received the confirmatory test results?
Data Sources:	<ul style="list-style-type: none"> • Data reports required by HRSA/HAB, such as the Ryan White Data Report (RDR) and Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of patients identified receiving HIV antibody testing at the system level. • Electronic databases, such as CAREWare, Lab Tracker, PEMS, Electronic Medical Record/Electronic Health Record • Surveillance data systems
National Goals, Targets, or Benchmarks for Comparison:	None available at this time
Outcome Measures for Consideration:	<ul style="list-style-type: none"> • Percent of patients entering outpatient/ambulatory medical care with an AIDS diagnosis in the measurement year. • Percent of HIV+ patients linked to outpatient/ambulatory medical care in the measurement year.
Basis for Selection:	

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“The U.S. Preventive Services Task Force recommended that clinicians screen for HIV all adults and adolescents at increased risk for HIV, on the basis that when HIV is diagnosed early, appropriately timed interventions, particularly HAART, can lead to improved health outcomes, including slower clinical progression and reduced mortality....Timely access to diagnostic HIV test results also improves health outcomes. Diagnostic testing in health care settings continues to be the mechanism by which nearly half of new HIV infections are identified.... Persons with a diagnosis of HIV infection need a thorough evaluation of their clinical status and immune function to determine their need for antiretroviral treatment or other therapy. HIV-infected persons should receive or be referred for clinical care promptly, consistent with HSPHS guidelines for management of HIV-infected persons.”²

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87) further emphasized the importance of identifying individuals with HIV/AIDS who do not know their HIV status, making them aware of their status, and referring them into treatment and care.³

US Public Health Service Guidelines:

“Diagnostic HIV testing and opt-out health screening [should] be a part of routine clinical care in all health-care settings while also preserving the patient’s option to decline HIV testing and ensuring a provider-patient relationship conducive to optimal clinical and preventive care....The central goal of HIV screening in a health-care setting is to maximize the number of persons who are aware of their HIV infection and receive care and prevention services. Definitive mechanisms should be established to inform patients of their test results....HIV-positive test results should be communicated confidentially through personal contact by a clinician, nurse, mid-level practitioner, counselor or other skilled staff...Active efforts are essential to ensure that HIV-infected patients receive their positive tests results and linkages to clinical care, counseling, support, and prevention services”²

References/Notes:

¹“Test positive” includes only a confirmatory HIV test, regardless of the test used.

²Centers for Disease Control and Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 2006;55 (No. RR-14):1-17

³“Ryan White HIV/AIDS Treatment Extension Act of 2009”. (P.L. 111-87), 42 USC 201.



HIV/AIDS Bureau Performance Measures



Performance Measure:	HIV Positivity	National Quality Forum #: None
Percentage of HIV positive tests in the measurement year		
Numerator:	Number of HIV positive tests in the 12-month measurement period	
Denominator:	Number of HIV tests conducted in the 12-month measurement period	
Patient Exclusions:	None	
Data Elements:	1. Number of HIV tests conducted in the measurement year i. Of the number of HIV tests conducted, number that were HIV positive	
Comparison Data:	None available at this time.	
U.S. Department of Health & Human Services Guidelines:	None available	
Use in Other Federal Programs:	U.S. Department of Health and Human Services HIV measures: http://blog.aids.gov/2012/08/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services.html	
References/Notes:	None available	



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Performance Measure:	Late HIV Diagnosis¹	National Quality Forum #: 1999
Percentage of patients with a diagnosis of Stage 3 HIV (AIDS) within 3 months of diagnosis of HIV		
Numerator:	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	
Denominator:	Number of persons with an HIV diagnosis in the 12-month measurement period	
Patient Exclusions:	None	
Data Elements:	1. Does the patient receive an initial diagnosis of HIV in the measurement year? (Y/N) a. Did the patient receive a diagnosis of Stage 3 HIV (AIDS) within 3 months of his/her initial diagnosis of HIV? (Y/N)	
Comparison Data:	None available at this time.	
U.S. Department of Health & Human Services Guidelines:	<p><u>Adult guidelines:</u>² “Fundamental to the earlier initiation of ART recommended in these guidelines is the assumption that patients will be diagnosed early in the course of HIV infection and linked to medical care, thereby, making earlier initiation of therapy an option. Unfortunately, most cases of HIV infection are not diagnosed until patients are at much later stages of disease, although the mean CD4 count at initial presentation for care has increased in more recent years. Despite the 2006 Centers for Disease Control and Prevention (CDC) recommendations for routine, opt-out HIV screening in the health care setting regardless of perceptions about a patient’s risk of infection, the median CD4 count of newly diagnosed patients remains below 350 cells/mm³. The exception is pregnant women whose infection was diagnosed during prenatal care; they have a much higher median initial CD4 count. Compared with other groups, diagnosis of HIV infection is more often delayed in nonwhites, IDUs, and older patients, and a substantial proportion of these individuals develop AIDS-defining illnesses within 1 year of diagnosis. Thus, for the current treatment guidelines to have maximum impact, routine HIV screening per current CDC recommendations is essential. It is also critical to educate all newly diagnosed patients about HIV disease and link them to care for full evaluation, follow-up, and management. Once patients are in care, focused effort is required to retain them in the health care system so that both infected individuals and their sexual partners can accrue the full benefits of early diagnosis and treatment.”</p>	
Use in Other Federal Programs:	U.S. Department of Health and Human Services HIV measures: http://blog.aids.gov/2012/08/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services.html	
References/ Notes:	¹ The HIV/AIDS Bureau did not develop this measure. The Centers for Disease Control and Prevention (CDC) developed this measure. More information is available at: http://www.qualityforum.org/Projects/n-r/Population_Health_Measures/Population_Health_Measures_Endorsement_Maintenance_-_Phase_2.aspx#t=2&s=&p=3%7C4%7C ² Panel 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/Adultand	



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[AdolescentGL.pdf](#). Section accessed July 25, 2013. E 12-13.



HIV/AIDS Bureau Performance Measures



Performance Measure:	Linkage to HIV Medical Care	National Quality Forum #: None
Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis		
Numerator:	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis	
Denominator:	Number of persons with an HIV diagnosis in 12-month measurement period	
Patient Exclusions:	None	
Data Elements:	1. Did the patient receive a diagnosis of HIV in the measurement year? (Y/N) a. Did the patient have at least one routine HIV medical care visit within 3 months of a diagnosis of HIV? (Y/N)	
Comparison Data:	None available at this time.	
U.S. Department of Health & Human Services Guidelines:	<p><u>Adult guidelines:</u>¹ “Fundamental to the earlier initiation of ART recommended in these guidelines is the assumption that patients will be diagnosed early in the course of HIV infection and linked to medical care, thereby, making earlier initiation of therapy an option. Unfortunately, most cases of HIV infection are not diagnosed until patients are at much later stages of disease, although the mean CD4 count at initial presentation for care has increased in more recent years. Despite the 2006 Centers for Disease Control and Prevention (CDC) recommendations for routine, opt-out HIV screening in the health care setting regardless of perceptions about a patient’s risk of infection, the median CD4 count of newly diagnosed patients remains below 350 cells/mm³. The exception is pregnant women whose infection was diagnosed during prenatal care; they have a much higher median initial CD4 count. Compared with other groups, diagnosis of HIV infection is more often delayed in nonwhites, IDUs, and older patients, and a substantial proportion of these individuals develop AIDS-defining illnesses within 1 year of diagnosis. Thus, for the current treatment guidelines to have maximum impact, routine HIV screening per current CDC recommendations is essential. It is also critical to educate all newly diagnosed patients about HIV disease and link them to care for full evaluation, follow-up, and management. Once patients are in care, focused effort is required to retain them in the health care system so that both infected individuals and their sexual partners can accrue the full benefits of early diagnosis and treatment.”</p>	
Use in Other Federal Programs:	U.S. Department of Health and Human Services HIV measures: http://blog.aids.gov/2012/08/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services.html	
References/ Notes:	¹ Panel 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. E 12-13.	



HIV/AIDS Bureau Performance Measures



Performance Measure:	Housing Status	National Quality Forum #: None
Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis		
Numerator:	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	
Denominator:	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months	
Patient Exclusions:	None	
Data Elements:	1. Does the patient have a diagnosis of HIV? (Y/N) a. Did the patient have at least medical visit during the measurement year? (Y/N) i. Was the patient homeless or unstably housed? (Y/N)	
Comparison Data:	None available at this time.	
U.S. Department of Health & Human Services Guidelines:	<p><u>Adult guidelines:</u>¹ “Patients living with HIV infection often must cope with many social, psychiatric, and medical issues that are best addressed through a patient-centered, multi-disciplinary approach to the disease. The baseline evaluation should include an evaluation of the patient’s readiness for ART, including an assessment of high-risk behaviors, substance abuse, social support, mental illness, comorbidities, economic factors (e.g., unstable housing), medical insurance status and adequacy of coverage, and other factors that are known to impair adherence to ART and increase the risk of HIV transmission. Once evaluated, these factors should be managed accordingly. The baseline evaluation should also include a discussion of risk reduction and disclosure to sexual and/or needle sharing partners, especially with untreated patients who are still at high risk of HIV transmission.”</p>	
Use in Other Federal Programs:	U.S. Department of Health and Human Services HIV measures: http://blog.aids.gov/2012/08/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services.html	
References/Notes:	¹ Panel 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. B1.	



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