

Health Education/Risk Reduction Standards

Definition: Activities that educate patients living with HIV about how HIV is transmitted and how to reduce the risk of HIV transmission. It includes provision of information about medical and psychosocial support services and counseling to help patients living with HIV to improve their health status. Health education/risk reduction (HE/RR) services can only be delivered to individuals who are HIV-positive.¹

Objectives:

- Provide HIV information to patients to promote positive health outcomes.
- Promote and reinforce safe behavior for the prevention of HIV.

Performance Measures:

- Percentage of Ryan White (RW) patients who received HIV risk counseling and substance abuse screening within the measurement year.
 - Percentage of HE/RR patients who receive HIV risk counseling and substance abuse screening within the measurement year.
- Percentage of patients age 18 years and older who were screened for tobacco use at least once during the two-year measurement period and who received cessation counseling intervention if identified as a tobacco user.
- 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.
 - Percentage of HE/RR patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last 6 months of the measurement year.
- Percentage of patients, regardless of age, with a diagnosis of HIV with HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
 - Percentage of HE/RR 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.

¹ 2012 Annual Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual (September, 2012), p.11.

1.0 Agency Policies & Procedures

National Monitoring Standards: Eligibility determination process requiring documentation in patient medical records of low-income status and eligibility based on a specified percent of the FPL and proof of an individual's HIV-positive status, residency. Determination and documentation of patient eligibility every six months.²

| Standard | Measure |
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| 1.1 Patient eligibility for RW Part B services is determined. | 1.1 Patient eligibility criteria verified every six months and documented in patient's record. |
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2.0 Service Provision

National Monitoring Standards: Support for Health Education/Risk Reduction services that educate patients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. Includes provision of information about available medical and psychosocial support services and counseling on how to improve their health status and reduce the risk of HIV transmission to others.³

| Standard | Measure |
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| 2.1 An initial health education/risk reduction assessment must be completed prior to the initiation of the HE/RR plan. | 2.1 Documentation of assessment in patient's record signed and dated by health educator. |
| 2.2 Within 30 days of the initial assessment, an HE/RR plan is developed for each eligible patient and signed by the health educator. The plan should be individualized based on the patient's prevention needs and include: a) education about HIV transmission and how to reduce the risk of transmission to others; b) Information about available medical and psychosocial support services; c) counseling on how to improve their health status. | 2.2 HE/RR plan is signed and dated by the patient and health educator. |
| 2.3 HE/RR plan is reassessed every 90 days to assess progress and identify emerging needs. | 2.3 Documentation of review and update of HE/RR plan as appropriate signed and dated by patient and health educator. |
| 2.4 Refer patient to other services as appropriate, e.g. mental health, substance abuse treatment. | 2.4 Documentation of referrals in patient's record. |

² HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 6.

³ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 30-31.

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| 2.5 Develop discharge plan once goals have been met and behavior maintained. | 2.5 Discharge plan is signed and dated by patient and health educator. |
| <u>3.0 Personnel</u> | |
| Standard | Measure |
| 3.1 All health educators must complete 12 hours of continuing education in HIV/AIDS treatment or care annually. | 3.1 Documentation of continuing education credits in personnel file. |
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| <u>4.0 Quality Management</u> | |
| <i>National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.^{4,5}</i> | |
| Standard | Measure |
| 4.1 Measure and report patient outcomes using health education/risk reduction measures approved by VDH. | <p>4.1 Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of RW patients who received HIV risk counseling and substance abuse screening within the measurement year. • Percentage of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period and who received cessation counseling intervention if identified as a tobacco user. • Percentage of HE/RR patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last 6 months of the measurement year. • Percentage of HE/RR 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. |

⁴ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 49.

⁵ PHS Act 2618(b)(3)(C&E)