

RYAN WHITE CROSS-PARTS COLLABORATIVE PERFORMANCE MEASURES

Virginia Ryan White Quality Management Cross-Parts proposed performance measures (PM) include core measures that are most critical to the care and treatment of people living with HIV and they aligned with U.S. Department of Health and Human Services guidelines as well as with National HIV/AIDS Strategy priorities. In addition, these measures include monitoring the Care markers including CD4 test date, viral load test date, antiretroviral therapy prescription date, or HIV medical care visit date.

We define a care marker as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date.

Measurement Outcome	Indicator to be Measured	Data Elements used to Measure Indicator	Data Source & Methods	Analyzing & Reviewing Data	Data Usage
Percentage of persons who had a care marker within 3 months of HIV diagnosis	Linkage to HIV Medical Care	<p>Numerator: Number of persons who had a care marker within 3 months (90 days) of HIV diagnosis</p> <p>Denominator: Number of persons with a new HIV diagnosis in 12-month measurement period</p>	VACRS/CAREWare – providers will submit HIV diagnosis date, labs, medical visits, and any available ART information	Cross-Parts Collaborative Data Sub-committee Committee is responsible for reviewing data and presenting to the stakeholders.	<p>Provide data to the Cross-Parts Team and stakeholders to determine:</p> <ol style="list-style-type: none"> 1) Was the goal met? 2) Should we continue track this measurement? 3) Identify issues/ challenges and implement needed improvements.

<p>Primary measure of 12 months retention, which is percentage of persons with an HIV diagnosis who had at least two care markers in a 12 month period that are at least 3 months apart</p> <p>Secondary measure of 24 months retention, which is percentage of persons with an HIV diagnosis who had one care marker in each 6 month period of the 24 month period, with a minimum of 60 days between the first care marker of the first 6 month period and the last care marker of the subsequent 6 month period</p>	<p>Retention in HIV Medical Care</p>	<p>Numerator: Number of persons with an HIV diagnosis who had at least two care markers in a 12 month period that are at least 3 months apart</p> <p>Denominator: Number of persons living with HIV with at least one care marker in the 12 month period</p> <p>Numerator: Number of persons with an HIV diagnosis who had a care marker in each 6 month period of the 24 month period, with a minimum of 60 days between the first care marker of the first 6 month period and the last care marker of the subsequent 6 month period</p> <p>Denominator: Number of persons with an HIV diagnosis with at least one care marker in the first 6 months of the 24-month measurement period</p>	<p>VACRS/CAREWare – providers will submit labs, medical visits, and any available ART information</p>	<p>Cross-Parts Collaborative Data Sub-committee Committee is responsible for reviewing data and presenting to the stakeholders.</p>	<p>Provide data to the Cross-Parts Team and stakeholders to determine:</p> <ol style="list-style-type: none"> 1) Was the goal met? 2) Should we continue track this measurement? 3) Identify issues/ challenges and implement needed improvements.
--	---	--	---	---	---

<p>Percentage of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period</p>	<p>Antiretroviral Therapy (ART) Among Persons in HIV Medical Care</p>	<p>Numerator: Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period Denominator: Number of persons with an HIV diagnosis and who had at least one care marker in the 12-month measurement period</p>	<p>VACRS/CAREWare – providers will submit ART information</p>	<p>Cross-Parts Collaborative Data Sub-committee Committee is responsible for reviewing data and presenting to the stakeholders.</p>	<p>Provide data to the Cross-Parts Team and stakeholders to determine:</p> <ol style="list-style-type: none"> 1) Was the goal met? 2) Should we continue track this measurement? 3) Identify issues/ challenges and implement needed improvements.
<p>Percentage of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12-month measurement period</p>	<p>Viral Load Suppression Among Persons in HIV Medical Care</p>	<p>Numerator: Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12-month measurement period Denominator: Number of persons with an HIV diagnosis and who had at least one care marker in the 12-month measurement period</p>	<p>VACRS/CAREWare – providers will submit labs</p>	<p>Cross-Parts Collaborative Data Sub-committee Committee is responsible for reviewing data and presenting to the stakeholders.</p>	<p>Provide data to the Cross-Parts Team and stakeholders to determine:</p> <ol style="list-style-type: none"> 1) Was the goal met? 2) Should we continue track this measurement? 3) Identify issues/ challenges and implement needed improvements.

Data - The Virginia Cross-Parts Team is producing a standardized set of HIV performance measures in order to build a statewide, cross-part data set that will allow routine review, analysis, and sharing of quality outcomes statewide. We request your participation in this data sharing effort. Participation will only require establishing a data transfer schedule with the Virginia Cross-Parts Team. Outcomes will be shared among interested parties at conferences and other events. For questions related to data submission, please contact Jean Cadet, HIV Care Services Analyst, at VDH, at (804) 864-7862 or at jean.cadet@vdh.virginia.gov

Instructions – Please ensure that for all clients served by your agency during the time frame, HIV diagnosis date is completed in VACRS/CAREWare, all medical visits, labs and ART prescriptions are entered (Regardless of payer source). Some data may not be available to your agency, but data should be as complete as possible to ensure the Quality Measures are reflective of the services provided. It is also important to ensure that basic demographics on clients, including gender, race, ethnicity, HIV risk factors, date of birth, and income are completed in the data system, so that indicators can be run by subgroups to determine potential disparities and areas for intervention.

Report Due Dates – Data will be submitted on a monthly basis as part of the routine Ryan White data reporting, either directly into VACRS or through CAREWare data transfers.

RYAN WHITE CROSS-PARTS COLLABORATIVE QUALITY IMPROVEMENT PROJECT (QIP)

Quality improvement projects are initiatives that focus on one or more clinical or non-clinical area (s) with the aim of improving health outcomes and beneficiary satisfaction at the agency level.

Selected Quality Improvement Project:

Improvement project to enhance medication adherence by utilizing standards from Health Resources and Services Administration (HRSA), including viral load suppression, CD4 count, frequency of medical appointments, and prescribing of Highly active antiretroviral therapy (HAART) medication, as well as utilizing HIV medication adherence assessment data outputs, to track and assist in maintaining a selected percentage of medication adherence.

Goal:

Bring and keep HIV-infected people into care so that they can benefit from successful treatment adherence programs and improvement in their health and quality of life.

There are many different approaches to providing adherence services and each site could select creative and practical solutions to overcome a wide range of barriers.

Predictors of poor adherence include:

- Active psychiatric illness (especially depression).
- Active drug and/or alcohol use.
- History of non-adherence.
- Medication side effects
- Lack of education about treatment
- Communication difficulties
- Language
- Treatment readiness

The Collaborative will develop several strategies to address the selected QIP.

- Each strategy will involved a Plan-Do-Study-Act (PDSA) cycle to test small changes toward further improvement.
- Sites must submit quarterly QIP reports including updated PDSA plans and data reports
- Also, sites are encouraged to submit educative client case stories and/or share any adherence management tools (optional).

The QIP opportunities will be use to:

- Educate staff about QI activities and provide them with the skills to participate in QI processes;
- Set a routine schedule for monitoring and reviewing data;
- Allow participating institutions to align their own continuous improvement initiatives and projects with required QIP processes;
- Communicate results from improvement projects throughout the clinic and the Community; and
- Provide opportunities for all staff to participate in QI teams.

Performance Measures:

Prescription of HIV Antiretroviral Therapy

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 from the denominator prescribed HIV antiretroviral therapy for the treatment of HIV infection during the measurement year.

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one care marker in the measurement year.

HIV Viral Load Suppression

Percentage of HIV-infected Outpatient/Ambulatory Medical Care patients, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

Numerator: Number of patients in the with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one care marker in the measurement year

HIV Medical Visit Frequency

Percentage of HIV-infected Outpatient/Ambulatory Medical Care patients, regardless of age, who had at least two care markers in a 12 month period that are at least 3 months apart.

Numerator:

Number of persons with an HIV diagnosis who had at least two care markers in a 12 month period that are at least 3 months apart

Denominator: Number of Outpatient/Ambulatory Medical Care patients, regardless of age, with a diagnosis of HIV with at least one care marker in the 12-month measurement period