

# HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 3



<b>Performance Measure:</b> Hepatitis B Screening		<b>OPR-Related Measure:</b> Yes <a href="http://www.hrsa.gov/performance/measure/measure.htm">www.hrsa.gov/performance/measure/measure.htm</a>
Percentage of clients <sup>1</sup> with HIV infection who have been screened for Hepatitis B virus infection status		
<b>Numerator:</b>	Number of HIV-infected clients who have documented Hepatitis B infection status <sup>2</sup> in the health record	
<b>Denominator:</b>	Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges <sup>3</sup> at least once in the measurement year	
<b>Patient Exclusions:</b>	1. Patients with documentation of complete Hepatitis B vaccination	
<b>Data Elements:</b>	<ol style="list-style-type: none"> <li>1. Is the client HIV-infected? (Y/N) <ol style="list-style-type: none"> <li>a. If yes, is there documentation of Hepatitis B infection status in the health record? (Y/N)</li> </ol> </li> </ol>	
<b>Data Sources:</b>	<ul style="list-style-type: none"> <li>• Electronic Medical Record/Electronic Health Record</li> <li>• CAREWare, Lab Tracker, or other electronic data base</li> <li>• Medical record data abstraction by grantee of a sample of records</li> <li>• Billing records</li> </ul>	
<b>National Goals, Targets, or Benchmarks for Comparison:</b>	None available at this time.	
<b>Outcome Measures for Consideration:</b>	<ul style="list-style-type: none"> <li>• Hepatitis-related mortality rates in the clinic population</li> </ul>	
<b>Basis for Selection and Placement in Group 3:</b>		
<p>Hepatitis B virus (HBV) is the leading cause of chronic liver disease worldwide. In developed countries, HBV is transmitted primarily through sexual contact and injection drug use. Even though risk factors are similar, HBV is transmitted more efficiently than HIV-1. Up to 90% of HIV-1–infected persons have at least one serum marker of previous exposure to HBV, and approximately 10% have chronic Hepatitis B, as evidenced by the detection of hepatitis B surface antigen (HBsAg) in the serum persisting for a minimum of 6 months.<sup>4</sup></p> <p>It is not clear that treatment of hepatitis B virus (HBV) improves the course of HIV, nor is there evidence that treatment of HIV alters the course of HBV. However, several liver-associated complications that are ascribed to flares in HBV activity or toxicity of antiretroviral agents can affect the treatment of HIV in patients with HBV coinfection.<sup>5</sup> Therefore, providers should know the HBV status of all patients with HIV. This also will guide the choice of medications for HIV treatment in the context of any possible HBV treatment. For patients who are HBV negative, prophylaxis is recommended.<sup>6</sup></p>		

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The measure is placed in Group 3 because it focuses on similar aspects of care (HBV and HCV) previously captured in measures included in Group 2.

## **US Public Health Guidelines:**

“All HIV-infected persons should be tested for HBV infection. Initial testing should be performed because these will identify the majority of patients with chronic hepatitis B or who need vaccination to prevent infection.”<sup>7</sup>

“It is not clear that treatment of hepatitis B virus (HBV) improves the course of HIV, nor is there evidence that treatment of HIV alters the course of HBV. However, several liver-associated complications that are ascribed to flares in HBV activity or toxicity of antiretroviral agents can affect the treatment of HIV in patients with HBV coinfection.”<sup>8</sup>

## **References/Notes:**

<sup>1</sup> “Clients” includes all clients aged 13 years and older.

<sup>2</sup> Markers of Hepatitis B infection include Hep B Surface Antigen, Hep B e Antigen, Hep B e Antibody or Hep B DNA.

<sup>3</sup> A “provider with prescribing privileges” is a health care professional who is certified in their jurisdiction to prescribe medications.

<sup>4</sup> Centers for Disease Control and Prevention. Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. June 18, 2008; 1-134.

([http://aidsinfo.nih.gov/contentfiles/Adult\\_OI.pdf](http://aidsinfo.nih.gov/contentfiles/Adult_OI.pdf))

<sup>5</sup> Panel on Antiretroviral Guidelines for Adult and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. Department of Health and Human Services. January 29, 2008; 1-128. (<http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>)

<sup>6</sup> Centers for Disease Control and Prevention. Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. June 18, 2008; 1-134.

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<sup>8</sup> Centers for Disease Control and Prevention. Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. June 18, 2008; 1-134.

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