

# HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 1



<b>Performance Measure:</b> HAART		<b>OPR-Related Measure:</b> Yes <a href="http://www.hrsa.gov/performance/measure/haart.htm">www.hrsa.gov/performance/measure/haart.htm</a>																					
Percentage of clients with AIDS who are prescribed HAART																							
<b>Numerator:</b>	Number of clients with AIDS who were prescribed a HAART regimen <sup>1</sup> within the measurement year																						
<b>Denominator:</b>	Number of clients who: <ul style="list-style-type: none"> <li>• have a diagnosis of AIDS (history of a CD4 T-cell count below 200 cells/mm<sup>3</sup> or other AIDS-defining condition<sup>2</sup>), and</li> <li>• had at least one medical visit with a provider with prescribing privileges<sup>3</sup>, i.e. MD, PA, NP in the measurement year.</li> </ul>																						
<b>Patient Exclusions:</b>	1. Patients newly enrolled in care during last three months of the measurement year																						
<b>Data Element:</b>	1. Is the client diagnosed with CDC-defined AIDS? (Y/N) <ol style="list-style-type: none"> <li>a. If yes, was the client prescribed HAART during the reporting period? (Y/N)</li> </ol>																						
<b>Data Sources:</b>	<ul style="list-style-type: none"> <li>• Ryan White Program Data Report, Section 2, Items 26 and 31 may provide data useful in establishing a baseline for this performance measure</li> <li>• Electronic Medical Record/Electronic Health Record</li> <li>• CAREWare, Lab Tracker, or other electronic data base.</li> <li>• HIVQUAL reports on this measure for grantee under review</li> <li>• Medical record data abstraction by grantee of a sample of records</li> </ul>																						
<b>National Goals, Targets, or Benchmarks for Comparison</b>	<p>IHI Goal: 90%<sup>4</sup></p> <p>CDC and HIVRN data consistent that 80% of those in care “eligible for ARVs” on tx. This includes CD4&lt;350 and not just AIDS.<sup>5,6</sup></p> <p>National HIVQUAL Data:<sup>7,8</sup></p> <table border="1"> <thead> <tr> <th></th> <th>2003</th> <th>2004</th> <th>2005</th> <th>2006</th> </tr> </thead> <tbody> <tr> <td>Top 10%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Top 25%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Median*</td> <td>100%</td> <td>88.9%</td> <td>95.7%</td> <td>100%</td> </tr> </tbody> </table> <p><small>*from HAB data base</small></p>				2003	2004	2005	2006	Top 10%	100%	100%	100%	100%	Top 25%	100%	100%	100%	100%	Median*	100%	88.9%	95.7%	100%
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<b>Outcome Measures for Consideration:</b>	<ul style="list-style-type: none"> <li>◦ Rate of opportunistic infections in the measurement year</li> <li>◦ Rate of HIV-related hospitalizations in the measurement year</li> <li>◦ Mortality rates</li> </ul>																						
<b>Basis for Selection and Placement in Group 1:</b>																							
<p>“Randomized clinical trials provide strong evidence of improved survival and reduced disease progression by treating symptomatic patients and patients with CD4 T-cells &lt;200 cells/mm<sup>3</sup>.”<sup>9</sup></p> <p>Measure reflects important aspect of care that significantly impacts survival, mortality and hinders transmission. Data collection is currently feasible and measure has a strong evidence base supporting the use.</p>																							

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## US Public Health Service Guidelines:

“Antiretroviral therapy is recommended for all patients with history of an AIDS-defining illness or severe symptoms of HIV infection regardless of CD4 T-cell count.”<sup>10</sup>

## References/Notes:

<sup>1</sup>Many authorities recommend two baseline CD4 T-cell measurements before decisions are made to initiate antiretroviral therapy because of wide variations in results. The test should be repeated yet a third time if discordant results are seen. The optimal time to initiate antiretroviral therapy among asymptomatic patients with CD4 T-cell counts  $>200$  cells/mm<sup>3</sup> is unknown. This measure focuses strictly on the subset of patients for whom antiretroviral therapy is unequivocally recommended—those with a CD4 T-cell count below 200 cells/mm<sup>3</sup> or history of another AIDS-defining condition. Asymptomatic patients with CD4 T-cell counts of 201–350 cells/mm<sup>3</sup> should be offered treatment. For asymptomatic patients with CD4 T-cell of  $>350$  cells/mm<sup>3</sup> and plasma HIV RNA  $>100,000$  copies/ml most experienced clinicians defer therapy but some clinicians may consider initiating treatment. (See reference 8 below)

<sup>2</sup>AIDS Defining conditions are noted in CDC. 1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 1992;41(no. RR-17). (<http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm>)

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

<sup>4</sup>IHI Measure reads, “Percent of Patients with Appropriate ARV Therapy Management”  
<http://www.ihl.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/Measures/PercentofPatientswithAppropriateARVTherapyManagement.htm>

<sup>5</sup>Gebo, JAIDS January 2005, vol. 38, pp. 96-103.

<sup>6</sup>Teshale Abstract #167, CROI 2005.

<sup>7</sup>The National HIVQUAL data may not be directly comparable due to varying exclusions. Indicator definitions can be accessed at <http://www.hivguidelines.org/Content.aspx?PageID=53>.

<sup>8</sup><http://www.hivguidelines.org/admin/files/qoc/hivqual/proj%20info/HQNatlAggScrs3Yrs.pdf>

<sup>9</sup>“HAART, CD4 $<$ 200”  
(<http://www.hivguidelines.org/admin/files/qoc/hivqual/proj%20info/HQNatlAggScrs3Yrs.pdf>)

<sup>10</sup>Panel on Antiretroviral Guidelines for Adult and Adolescents. Guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents. Department of Health and Human Services. December 1, 2007; p. 9. Available at <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed December 12, 2007.