

HAB HIV Core Clinical Performance Measures: Adult/Adolescent Clients Group 2



HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 2

Performance Measure: Adherence Assessment & Counseling		OPR-Related Measure: Yes www.hrsa.gov/performance/performancereview/measures.htm																					
Percentage of clients with HIV infection on ARVs who were assessed and counseled ^{1,2} for adherence two or more times in the measurement year																							
Numerator:	Number of HIV-infected clients, as part of their primary care, who were assessed and counseled for adherence two or more times at least three months apart																						
Denominator:	Number of HIV-infected clients on ARV therapy who had a medical visit with a provider with prescribing privileges ³ at least once in the measurement year																						
Patient Exclusions:	<ol style="list-style-type: none"> 1. Patients newly enrolled in care during last six months of the year 2. Patients who initiated ARV therapy during last six months of the year 																						
Data Element:	<ol style="list-style-type: none"> 1. Is the client HIV-infected? (Y/N) <ol style="list-style-type: none"> a. If yes, was the client on ARVs?(Y/N) <ol style="list-style-type: none"> i. If the client was on ARVs, did he/she receive adherence counseling during the measurement year? (Y/N). <ol style="list-style-type: none"> 1. If yes, list the quarters of these visits. 																						
Data Sources:	<ul style="list-style-type: none"> • Electronic Medical Record/Electronic Health Record • CAREWare, Lab Tracker, or other electronic data base • HIVQUAL reports on this measure for grantee under review • Medical record data abstraction by grantee of a sample of records 																						
National Goals, Targets, or Benchmarks for Comparison:	IHI Goal: 90% ⁴ National HIVQUAL Performance Data: ⁵ <table border="1" style="margin-left: 20px;"> <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>95.8%</td> <td>92.0%</td> <td>97.5%</td> <td>98.4%</td> </tr> <tr> <td>Top 25%</td> <td>82.7%</td> <td>79.2%</td> <td>88.3%</td> <td>91.6%</td> </tr> <tr> <td>Mean*</td> <td>57.5%</td> <td>39.7%</td> <td>46.8%</td> <td>55.7%</td> </tr> </tbody> </table> <p><small>*from HAB data base</small></p>				2003	2004	2005	2006	Top 10%	95.8%	92.0%	97.5%	98.4%	Top 25%	82.7%	79.2%	88.3%	91.6%	Mean*	57.5%	39.7%	46.8%	55.7%
	2003	2004	2005	2006																			
Top 10%	95.8%	92.0%	97.5%	98.4%																			
Top 25%	82.7%	79.2%	88.3%	91.6%																			
Mean*	57.5%	39.7%	46.8%	55.7%																			
Outcome Measures for Consideration:	<ul style="list-style-type: none"> ○ Percent of undetectable viral loads among patients on ARV in the measurement year ○ Percent of patients with ARV-resistance developed during therapy in the measurement year ○ Mortality rates ○ Incidence of HIV-related hospitalizations in the clinic population ○ Incidence of clients with progression to AIDS in the clinic population 																						
Basis for Selection and Placement in Group 2:																							
<p>“Adherence is a key determinant in the degree and duration of virologic suppression. Among studies reporting on the association between suboptimal adherence and virologic failure, nonadherence among patients on HAART was the strongest predictor for failure to achieve viral suppression below the level of detection. HIV viral suppression, reduced rates of resistance, and improved survival have been correlated with high rates of adherence to antiretroviral therapy.</p>																							

HAB HIV Core Clinical Performance Measures: Adult/Adolescent Clients Group 2



Prior to writing the first prescriptions, clinicians need to assess the patient's readiness to take medication. Patients need to understand that the first regimen is the best chance for long-term success. Resources need to be identified to assist in success. Interventions can also assist with identifying adherence education needs and strategies for each patient."⁶

Measure reflects important aspect of care that impacts HIV-related morbidity and focuses on treatment decisions that affect a sizable population. Although discussions of the importance of adherence to ARVs is important to begin prior to initiation of treatment, there is no standard of care for discussions to occur every 6 months for patients who may be years away from ARV treatment.

US Public Health Guidelines:

"...adherence counseling and assessment should be done at each clinical encounter"⁷ (10/10/06)

References/Notes:

¹Assessment of adherence includes: 1) patient reports of adherence by: a) quantifiable scales, e.g. missed 3 out of 10 doses; b) qualitative scale, e.g. Likert scale; or 2) quantification such as pharmacy dispensing records, pill counts or direct observation therapy.

²Adherence counseling can be provided by any member of the multidisciplinary primary care team.

³A "provider with prescribing privileges" is a health care professional who is certified in their jurisdiction to prescribe ARV therapy.

⁴IHI Measure reads, "Percent of Patients/Clients Assessed for Adherence to Antiretroviral (ARV) Therapy in the Past 4 Months"

(<http://www.ihl.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/Measures/PercentofPatientsClientsAssessedforAdherencetoAntiretroviralARVTherapyinthePast4Months.htm>)

⁵(<http://www.hivguidelines.org/admin/files/qoc/hivqual/proj%20info/HQNatlAggScrs3Yrs.pdf>)

⁶Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents [April 7, 2005] (<http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL04072005001.pdf>)

⁷Ibid