

HAB HIV Performance Measures: Systems-Level

Performance Measure: System Level: Disease status at time of entry into care	
Percentage of individuals with an AIDS diagnosis at time of initial outpatient/ambulatory medical care visit ¹ in the measurement year	
Numerator:	Number of patients in the system/network meeting the CDC-AIDS diagnostic criteria ² within 30 days of the initial outpatient/ambulatory medical care visit ¹ in the measurement year
Denominator:	Number of patients in the system/network initiating outpatient/ambulatory medical care ³ in the measurement year
Patient Exclusions:	<ol style="list-style-type: none"> 1. Patients who previously received HIV-related outpatient/ambulatory medical care at another organization, regardless of geographic area and/or payor 2. Patients who are less than thirteen years of age
Data Element:	<p><i>For each agency:</i></p> <ol style="list-style-type: none"> 1. Did the patient have an initial outpatient/ambulatory medical care visit¹ during the measurement year? (Y/N). <ol style="list-style-type: none"> a. If yes, did the patient meet the CDC AIDS-diagnostic criteria² within 30 days of the initial outpatient/ambulatory medical care visit? (Y/N) <ol style="list-style-type: none"> i. If yes, list the date of initial visit and date of AIDS diagnosis, if applicable. <p><i>For the system:</i></p> <ol style="list-style-type: none"> 1. For all agencies, how many patients had an initial outpatient/ambulatory medical care visit¹ during the measurement year? <ol style="list-style-type: none"> a. Of those patients, how many met the CDC AIDS diagnostic criteria² within 30 days of the initial medical visit?
Data Sources:	<ul style="list-style-type: none"> • Data reports required by HRSA/HAB, such as the Ryan White Data Report (RDR) and Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of patients identified with AIDS within 30 days of their initial visit. • Electronic databases, such as CAREWare, Lab Tracker, PEMS, Electronic Medical Record/Electronic Health Record • State surveillance records • Provider patient rosters
National Goals, Targets, or Benchmarks for Comparison:	Part C data (historical) indicates 40% of new patients had an AIDS diagnosis [HAB data]
Outcome Measures for Consideration:	<ul style="list-style-type: none"> • Percent of patients with opportunistic infections in the measurement year • Percent of patients with HIV-related hospitalizations in the measurement year • Rate of HIV-related mortality in the measurement year

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Basis for Selection:

“Advances in HIV care have resulted in dramatic reductions in HIV-associated morbidity and mortality. To benefit optimally from antiretroviral and prophylactic medications, HIV-infected persons must know their HIV status, access care early in the course of disease, and remain engaged in care.”⁴

“To maximally benefit from HAART, persons with HIV infection must receive a diagnosis before an advanced stage of immunosuppression and then enter quality HIV care”⁵ The proportion of persons presenting with an AIDS-defining condition at time of diagnosis of HIV infection “has been 25%-to 50% in selected rural and urban jurisdictions from which data have been reported.”⁶ A multi-year study in an urban clinic found that despite efforts to increase HIV testing and early entry into care “patients are presenting later for care than in earlier years, with lower CD4+ cell counts, a small increase of those who have AIDS, and no improvement in time between HIV diagnosis and presentation for care”⁷

This measure reflects important aspect of care that significantly has an impact on morbidity and mortality; data collection appears to be currently feasible and measure has a strong evidence base for its use across a geographic area. The Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87) further emphasized the importance of identifying individuals with HIV/AIDS who do not know their HIV status, making them aware of their status, and referring them into treatment and care.⁸

US Public Health Service Guidelines:

This measure addresses the intent of HHS Treatment Guidelines for the use of antiretroviral agents and the prevention and treatment of opportunistic infections in HIV infected individuals.⁹⁻¹⁰

References/Notes:

¹ The type of visit for patient enrollment in outpatient/ambulatory medical care can be determined by each outpatient/ambulatory medical care providers in the system/network, but should be consistently defined at each data collection point. The type of appointment scheduled to enroll in outpatient/ambulatory medical care may vary among agencies within the system/network. For example, at one agency, to enroll in care, a new patient may first have an appointment to have routine laboratory tests and an initial health history taken by a nurse to then be followed by a subsequent appointment with a provider with prescribing privileges at the agency (i.e., MD, PA, NP), while at another agency, a new patient may first have an appointment with physician. Other examples of types of appointment to enroll in outpatient/ambulatory medical care may include an initial appointment with a case manager, social worker, patient navigator, peer advocate, clergy, or other designated staff.

² 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>)

³ “Initiating outpatient medical care” refers to patients enrolling in medical care for the first time within the system or network. ⁴ Giordano, et. al. Retention in Care: A Challenge to Survival with HIV Infection. *Clinical Infectious Diseases*. 2007.44:1493-9.

⁵ Brooks JT, Kaplan J, et al. “HIV Associated Opportunistic Infections—Going, Going, But Not Gone: The Continued Need for Prevention and Treatment Guidelines.” *Clinical Infectious Diseases*. 2009;48:609-11.

⁶ Keruly and Moore. Immune Status at Presentation to Care Did Not Improve among Antiretroviral-Naïve Persons from 1990 to 2006. *Clinical Infectious Diseases*. 2007: 45:1369-74.

HAB HIV Performance Measures: Systems-Level

⁷“Ryan White HIV/AIDS Treatment Extension Act of 2009”. (P.L. 111-87), 42 USC 201.

⁸ Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. December 1, 2009; 1-161. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed December 7, 2009.

⁹ Centers for Disease Control and Prevention. Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. MMWR 2009;58 (No. RR-4): 1-216. Available at: <http://www.cdc.gov/mmwr/pdf/rr/rr5804.pdf>. Accessed September 9, 2009.

¹⁰ Perinatal HIV Guidelines Working Group. Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States. April 29, 2009; pp 1-90. Available at <http://aidsinfo.nih.gov/ContentFiles/PerinatalGL.pdf>. Accessed September 9, 2009.