



HAB HIV Performance Measures

General FAQs

October 2010

The document focuses on general questions related to the HIV/AIDS Bureau's HIV performance measures that are most frequently asked by programs that receive funds under the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program). FAQs will be updated as necessary.

Questions that relate to the various types of performance measures can be found at: <http://www.hab.hrsa.gov/special/habmeasures.htm>.

The following categories of questions have been frequently asked and the corresponding answers are detailed in this document:

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General Frequently Asked Questions

Scope of HAB Performance Measures

Question: Are the performance measures applicable to all Parts?

Answer: As a general rule, the HAB performance measures (PMs) can be used by all programs funded by the Ryan White HIV/AIDS Program that provide HIV care or other relevant services. The measures can be used either at the provider or system level. The measures can be rolled up to look at issues from a system perspective, such as with Part A and B Programs. Programs can also work with their subcontractors, vendors or sub-providers to implement the performance measures at the provider level. Grantees are encouraged to include a range of performance measures in their quality management plan.

Question: Are we expected to use all of the measures?

Answer: No. Grantees should prioritize and select those measures that are most applicable to their organization, setting, patient population and epidemic.

Question: Are we expected to reach 100% for each measure?

Answer: Striving to reach 100% achievement for each performance measure is a laudable goal. It may not, however, be realistic. Grantees should use national benchmarks and baseline data to set realistic goals for their agency.

Question: Is there any easy way to determine which patients should be included in the numerator and denominator?

Answer: Each performance measure identifies the clients that should be included in the numerator and denominator. A general rule of thumb can also be used. For the denominator, identify those patients who should receive care or service under review. The numerator includes those patients who should have received the care and did receive the care.

Question: How do we handle patients who move, die or become incarcerated? Should they be excluded?

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Answer: Refer back to your agency's definition of an "active patient." If the client meets the definition for an active patient and they meet the other criteria, the client should be included in the sample.

Question: What is the difference between a performance measure and standard of care?

Answer: A performance measure provides an indication of an organization's performance in relation to a specified process or outcome. Standards of care are guidelines that outline the expectations of care around a specific issue or topic and are created by a group of subject matter or clinical experts. Because performance measures and standards of care each serve a different purpose, they are not always in concordance. For instance, with the Medical Visit performance measure, the standard of care states that routine monitoring should occur at least every three to four months depending on the stage of disease. For the purpose of the performance measure, the time frame of six months was determined by clinical expert consensus to allow for those patients that are well controlled clinically and stable on their current regimen. Per the guidelines, patients can and should be seen at more frequent intervals as dictated by their current health status.

Question: Will data be used for punitive purposes?

Answer: As a general rule of thumb, data for quality improvement purposes are not designed to be punitive or used to consider funding levels/decisions. Quality improvement data should be used to document areas of strength, identify areas for improvement and help guide, shape and enhance the delivery and quality of care. The intent is to minimize wide fluctuations in care and maintain a consistent level of service.

Elements of HAB Performance Measures

Question: What are patient exclusions?

Answer: For each performance measure an eligible population must be determined. Depending on the element of care being measured, certain patients should be excluded from the denominator in order to gather accurate data. For instance, in the HAART measure, patients seen for the first time in the last three (3) months of the measurement year will be excluded because a provider generally needs at least two (2) visits to evaluate the patient prior to prescribing HAART. Once the

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exclusions are applied and the population defined, the data elements are used to collect information on the performance measure.

Question: Data are presented on national goals, targets and benchmarks. How are these to be used?

Answer: First and foremost it is important to understand that the data reflect similar, but not the exact performance measure. They may vary in purpose or definition. The similarities do, however, provide an opportunity to compare performance from your organization to the performance of other Ryan White programs. For instance, data for the National HIVQUAL Project show the median at 67.17%, with sites performing in the top 10% reaching 100%. If your program is struggling with a completion rate of 34%, using the comparative data highlights potential disparity between your site and other programs. This type of information can then be used to set realistic goals and priorities for quality improvement projects.

Question: Why are outcome measures included in the performance measures?

Answer: The outcome measures are designed to encourage grantees to move beyond process measures and consider potential outcomes that could be assessed. By including the section "Outcome Measures for Consideration," HAB is providing direction on potential areas of focus.

Question: What constitutes an HIV care setting?

Answer: For the purposes of the HAB performance measures, an HIV care setting is one which receives Ryan White HIV/AIDS Treatment Extension Act of 2009 funding to provide HIV care. Each program receiving these funds is required to implement a quality management program to monitor the quality of care and address needs as appropriate.

Question: What constitutes a medical visit?

Answer: For the purposes of these measures, a medical visit is considered any visit with a health care professional who is certified in their jurisdiction and has prescribing privileges.

Question: Why do the performance measures focus on prescribing a treatment rather than offering it to the client? This does not take the patient's right to refuse treatment into consideration.

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Answer: It is understood that patients, for many reasons, may choose not to fill or take a prescribed treatment and it is not expected that programs will have attained 100% compliance on the measures. However, it is important for programs to capture the actual percentage of clients that are on a prescribed treatment regimen and identify opportunities for improvement. Often times when programs begin to track and trend data, they find unexpected levels of performance and new opportunities for improvement.

Question: **Patients often refuse vaccinations. Why isn't patient refusal considered as an exclusion criterion?**

Answer: As with other treatment regimens, some clients will refuse vaccinations. However, clinical data have shown immunizations to be a critical component of care in respect to prevention, care and treatment. It is important for programs to know the degree to which vaccinations, or other standards of care, are being refused. If high rates of refusal are noted this should be further examined as a quality issue. For example, data could be reviewed to identify trends in client refusal, such as patient demographics, geographic distance, stage of illness, etc. Key informant interviews can also provide additional information in regards to reasons for refusal.

Question: **Many of the measures reflect aspects of care that require referrals, yet the measures do not address this. Are we expected to follow-up?**

Answer: Very few organizations can provide the full range of services needed by our clients. By default, referrals become a necessary part of the continuum of care. As such, it is important that an organization be able to monitor, track and document the outcome of referrals to ensure the care requirements are being met for each client. Tracking of referrals should be integrated into the system of care and policies and procedures should outline the expectations of the referring agency.

Data Collection & Reporting

Question: **Are Ryan White HIV/AIDS Program grantees required to submit data to HAB on the defined performance measures?**

Answer: The performance measures represent key decision points and should be included as part of a quality management program for those providing services to the HIV-infected population. While data are not

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required to be submitted to HAB at this time, grantees are strongly encouraged to track and trend data on these measures to monitor the quality of care provided. Grantees are encouraged to identify areas for improvement and to include these in their quality management plan. This type of information provides rich discussion opportunities with their Project Officers.

It should be noted that several of the performance measures correspond with data elements of HAB's client level data reporting requirements. See <http://hab.hrsa.gov/tools.htm#RSR>. Grantees are encouraged to utilize these data for quality purposes.

Question: Does CAREWare tabulate data for HAB's performance measures?

Answer: Within CAREWare the Performance Measurement Module (PMM) has been created and is available for use. The PMM allows the user to enter and tabulate data for many, but not all of the performance measures. CAREWare does allow the user to customize performance measures.

Question: What is the measurement year and can it be altered?

Answer: The measurement year is the calendar year and yes, it can be altered to match your organization's performance measurement cycle. It was delineated as a calendar year to coincide with client level data reporting to HAB. See <http://hab.hrsa.gov/tools.htm#RSR>

Question: Can client self-report be used?

Answer: In general, client self-report has been determined to be fairly unreliable. Of the clinical performance measures released, only one measure, oral exam, allows for client self-report. The systems-level measure of "Disease Status at Time of Entry into Care" allows a newly enrolled patient to report on care previously received for his/her HIV disease. No other measures allow for patient self-report.

Question: Will CAREWare be updated to include data elements for all new measures?

Answer: To the extent possible, new performance measures are being incorporated into CAREWare. Because of the complexity of some of the measures, not all can be incorporated.

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Question: Will information submitted for the Ryan White Program Services Report (RSR) provide the data for the HAB performance measures?

Answer: The information submitted for the RSR will provide data directly on point for some of the performance measures, but not all. In those instances, additional information may need to be obtained through other data reporting systems, patient registries or record reviews.

Resource Materials & Feedback

Question: Where can I get more information about HAB's performance measures?

Answer: Additional questions related to the performance measures can be posed to the TARGET Center HELPDESK at 301/443-0067, the National Quality Center at 888/672-7482 or to your Project Officer.

Question: Where can I get more information about quality improvement?

Answer: Each industry and field of service has its own definitions of quality management, quality assurance, and quality improvement. Keeping with the spirit of the Ryan White HIV/AIDS Program's commitment to quality, The Ryan White HIV/AIDS Program legislation has clearly defined quality management expectations, and HRSA/HAB has produced several technical assistance QI publications and training modules to highlight examples from other grantees. Many resources are available at the HRSA's HIV/AIDS Bureau Website at <http://hab.hrsa.gov>. Other resources include the National Quality Center at <http://www.NationalQualityCenter.org>, the National HIVQUAL Project at <http://www.HIVQUAL.org>, both administered by the New York State Department of Health AIDS Institute, and the Institute for Healthcare Improvement at <http://www.IHI.org>.

Question: How can I provide feedback on HAB's performance measures?

Answer: HAB is extremely interested in receiving feedback regarding the performance measures, particularly as it relates to the use of the measures. If you have any information you would like to share in regards to the utility, suggestions for improvement or examples of how the information has been used, please send an e-mail to HIVmeasures@hrsa.gov.