



HIV/AIDS Bureau Performance Measures



Performance Measure: HIV Positivity

National Quality Forum #: None

Description:	Percentage of HIV positive tests in the measurement year
Numerator:	Number of HIV positive tests in the 12-month measurement period
Denominator:	Number of HIV tests conducted in the 12-month measurement period
Patient Exclusions:	None
Data Elements:	<ol style="list-style-type: none"> 1. Number of HIV tests conducted in the measurement year <ol style="list-style-type: none"> i. Of the number of HIV tests conducted, number that were HIV positive

Comparison Data:

None available at this time.

U.S. Department of Health & Human Services Guidelines:

None available

Use in Other Federal Programs:

U.S. Department of Health and Human Services HIV measures: [http://blog.aids.gov/ Secretary Sebelius Approves Indicators for Monitoring HHS-Funded HIV Services](http://blog.aids.gov/SecretarySebeliusApprovesIndicatorsforMonitoringHHS-FundedHIVServices)

References/ Notes:

None available

Performance Measure: Late HIV Diagnosis¹

National Quality Forum #: 1999

Description:	Percentage of patients with a diagnosis of Stage 3 HIV (AIDS) within 3 months of diagnosis of HIV
Numerator:	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period
Denominator:	Number of persons with an HIV diagnosis in the 12-month measurement period
Patient Exclusions:	None
Data Elements:	<ol style="list-style-type: none"> 1. Does the patient receive an initial diagnosis of HIV in the measurement year? (Y/N) <ol style="list-style-type: none"> a. Did the patient receive a diagnosis of Stage 3 HIV (AIDS) within 3 months of his/her initial diagnosis of HIV? (Y/N)



HIV/AIDS Bureau Performance Measures



Comparison Data:

None available at this time.

U.S. Department of Health & Human Services Guidelines:

Adult guidelines:² “Fundamental to the earlier initiation of ART recommended in these guidelines is the assumption that patients will be diagnosed early in the course of HIV infection and linked to medical care, thereby, making earlier initiation of therapy an option. Unfortunately, most cases of HIV infection are not diagnosed until patients are at much later stages of disease, although the mean CD4 count at initial presentation for care has increased in more recent years. Despite the 2006 Centers for Disease Control and Prevention (CDC) recommendations for routine, opt-out HIV screening in the health care setting regardless of perceptions about a patient’s risk of infection, the median CD4 count of newly diagnosed patients remains below 350 cells/mm³. The exception is pregnant women whose infection was diagnosed during prenatal care; they have a much higher median initial CD4 count. Compared with other groups, diagnosis of HIV infection is more often delayed in nonwhites, IDUs, and older patients and a substantial proportion of these individuals develop AIDS-defining illnesses within 1 year of diagnosis. Thus, for the current treatment guidelines to have maximum impact, routine HIV screening per current CDC recommendations is essential. It is also critical to educate all newly diagnosed patients about HIV disease and link them to care for full evaluation, follow-up, and management. Once patients are in care, focused effort is required to retain them in the health care system so that both infected individuals and their sexual partners can accrue the full benefits of early diagnosis and treatment.”

Use in Other Federal Programs:

U.S. Department of Health and Human Services HIV measures: [http://blog.aids.gov/ Secretary Sebelius Approves Indicators for Monitoring HHS-Funded HIV Services](http://blog.aids.gov/SecretarySebeliusApprovesIndicatorsforMonitoringHHS-FundedHIVServices)

References/ Notes:

¹The HIV/AIDS Bureau did not develop this measure. The Centers for Disease Control and Prevention (CDC) developed this measure. More information is available at: [National Quality Forum](#) (NQF Measure #1999)

²Panel 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. Available online. Section Accessed December 30, 2016. E1-E7.



HIV/AIDS Bureau Performance Measures



Performance Measure: Linkage to HIV Medical Care

National Quality Forum #: None

Description:	Percentage of patients, regardless of age, who attended a routine HIV medical care visit within 1 month of HIV diagnosis
Numerator:	Number of patients who attended a routine HIV medical care visit within 1 month of HIV diagnosis
Denominator:	Number of patients, regardless of age, with an HIV diagnosis in 12-month measurement year
Patient Exclusions:	None
Data Elements:	<ol style="list-style-type: none"> 1. Did the patient, regardless of age, receive a diagnosis of HIV in the measurement year? (Y/N) <ol style="list-style-type: none"> a. Did the patient have at least one routine HIV medical care visit within 1 month of a diagnosis of HIV? (Y/N)

Comparison Data:

National HIV/AIDS Strategy: Updated to 2020: Indicator 4: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85 percent. The July 2016 "[Indicator and Progress for the National HIV/AIDS Strategy: Updated to 2020](#)" reports performance in 2010 as 70.2%; 2011 as 70.4%; 2012 as 71.4%; 2013 as 72.6% and 2014 as 74.5%.

Reports annual performance targets of 2012 as 71.7%; 2013 as 72.4%; 2014 as 73.9%; 2015 as 75.4% and 2016 as 76.9%.

U.S. Department of Health & Human Services Guidelines:

¹Recommendations for HIV prevention with adults and adolescents with HIV in the United States, 2014:

"A growing body of evidence indicates that early initiation of HIV medical care and antiretroviral treatment (ART) and sustained high adherence to ART improve health outcomes and survival rates and can prevent HIV transmission¹⁻⁸(see Section 5, Treatment). Starting HIV medical care shortly after diagnosis and sustaining long-term care also provides opportunities to offer risk-reduction interventions, partner services,*sexually transmitted disease (STD) services, and other services to prevent HIV transmission.⁹⁻¹⁹Some studies show that persons who stay in care during their first year of outpatient HIV medical care are more likely to start ART than persons with early lapses in care, have high adherence to ART, achieve virologic suppression, and practice safer sexual behaviors.^{3,7,20,21}"

*Partner services include an array of voluntary services for persons with HIV or STD and their sex and drug-injection partners that are intended to reduce HIV transmission: interviewing persons with HIV to obtain information to contact or locate their sex and drug-injection



HIV/AIDS Bureau Performance Measures



partners; notifying partners of possible HIV exposure; offering testing for HIV, sexually transmitted diseases, and other infections; providing condoms, prevention information, and counseling; and providing help in obtaining risk-reduction services, HIV medical care, and other medical and social services

1. Cheever LW. Engaging HIV-infected patients in care: their lives depend on it. *Clin Infect Dis* 2007; 44(11):1500-1502.
2. Cohen MS, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med* 2011; 365(6):493-505.
3. Metsch LR, et al. HIV transmission risk behaviors among HIV-infected persons who are successfully linked to care. *Clin Infect Dis* 2008; 47(4):577-584.
4. Thompson MA, et al. Antiretroviral treatment of adult HIV infection: 2012 recommendations of the International Antiviral Society-USA Panel. *JAMA* 2012; 308(4):387-402.
5. Tripathi A, et al. The impact of retention in early HIV medical care on viro-immunological parameters and survival: a statewide study. *AIDS Res Human Retroviruses* 2011; 27(7):751-758.
6. Panel on Antiretroviral Guidelines for Adults and Adolescents. [Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents](#). 2014. Accessed February 9, 2017.
7. Ulett KB, et al. The therapeutic implications of timely linkage and early retention in HIV care. *AIDS Patient Care STDS* 2009; 23(1):41-49.
8. The White House Office of National AIDS Policy. National HIV/AIDS strategy for the United States. 2010. <http://www.whitehouse.gov/administration/eop/onap/nhas>. Accessed April 1, 2014. The White House Office of National AIDS Policy. [National HIV/AIDS Strategy for the United States Updated to 2020](#) (July 2015). Accessed February 9, 2017.
9. Cain LE, et al. When to initiate combined antiretroviral therapy to reduce mortality and AIDS-defining illness in HIV-infected persons in developed countries: an observational study. *Ann Intern Med* 2011; 154(8):509-515.
10. Centers for Disease Control and Prevention. Recommendations for partner services programs for HIV infection, syphilis, gonorrhea, and chlamydial infection. *MMWR* 2008; 57(RR-9):1-83.
11. Centers for Disease Control and Prevention. [Sexually transmitted diseases treatment guidelines, 2015](#). *MMWR* 2015; 64(3).
12. Giordano TP, et al. The population effectiveness of highly active antiretroviral therapy: are good drugs good enough? *Curr HIV/AIDS Rep* 2005; 2(4):177-183.
13. HIV Prevention Trials Network. HPTN 052: [a randomized trial to evaluate the effectiveness of antiretroviral therapy plus HIV primary care versus HIV primary care alone to prevent the sexual transmission of HIV-1 in serodiscordant couples](#). 2012. Accessed February 24, 2017.



HIV/AIDS Bureau Performance Measures



14. Kitahata MM, et al. Effect of early versus deferred antiretroviral therapy for HIV on survival. *N Engl J Med* 2009; 360(18):1815-1826.
15. Marrazzo JM, et al. HIV prevention in clinical care settings: 2014 recommendations of the International Antiviral Society–USA Panel. *JAMA* 2014; 312(4):390-409.
16. Sterne JA, et al. Timing of initiation of antiretroviral therapy in AIDS-free HIV-1-infected patients: a collaborative analysis of 18 HIV cohort studies. *Lancet* 2009; 373(9672):1352-1363.
17. U.S. Department of Health and Human Services. [Treating HIV-infected people with antiretrovirals significantly reduces transmission to partners](#). Findings result from NIH-funded international study. *NIH News* 2011. Accessed February 9, 2017.
18. Vernazza PL, et al. Potent antiretroviral treatment of HIV-infection results in suppression of the seminal shedding of HIV. *The Swiss HIV Cohort Study*. *AIDS* 2000; 14(2):117-121.
19. Walensky RP, et al. The survival benefits of AIDS treatment in the United States. *J Infect Dis* 2006; 194(1):11-19.
20. Mugavero MJ, et al. Missed visits and mortality among patients establishing initial outpatient HIV treatment. *Clin Infect Dis* 2009; 48(2):248-256.
21. Giordano TP, et al. Retention in care: a challenge to survival with HIV infection. *Clin Infect Dis* 2007; 44(11):1493-1499.

Use in Other Federal Programs:

[National HIV/AIDS Strategy](#): Updated to 2020: Indicator 4 - Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.

References/ Notes:

¹Centers for Disease Control and Prevention, Health Resources and Services Administration, National Institutes of Health, American Academy of HIV Medicine, Association of Nurses in AIDS Care, International Association of Providers of AIDS Care, the National Minority AIDS Council, and Urban Coalition for HIV/AIDS Prevention Services. [Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States, 2014](#). 2014. Accessed February 9, 2017.



HIV/AIDS Bureau Performance Measures



Performance Measure: Housing Status

National Quality Forum #: None

Description:	Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis
Numerator:	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period
Denominator:	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months
Patient Exclusions:	None
Data Elements:	<ol style="list-style-type: none"> 1. Does the patient have a diagnosis of HIV? (Y/N) <ol style="list-style-type: none"> a. Did the patient have at least HIV service during the measurement year? (Y/N) <ol style="list-style-type: none"> i. Was the patient homeless or unstably housed? (Y/N)

Comparison Data:

None available at this time.

U.S. Department of Health & Human Services Guidelines:

Adult guidelines:¹ “Patients living with HIV infection often must cope with many social, psychiatric, and medical issues that are best addressed through a patient-centered, multi-disciplinary approach to the disease. The baseline evaluation should include an evaluation of the patient’s readiness for ART, including an assessment of high-risk behaviors, substance abuse, social support, mental illness, comorbidities, economic factors (e.g., unstable housing), medical insurance status and adequacy of coverage, and other factors that are known to impair adherence to ART and increase the risk of HIV transmission. Once evaluated, these factors should be managed accordingly. The baseline evaluation should also include a discussion of risk reduction and disclosure to sexual and/or needle sharing partners, especially with untreated patients who are still at high risk of HIV transmission.”

Use in Other Federal Programs:

U.S. Department of Health and Human Services HIV measures: [http://blog.aids.gov/ Secretary Sebelius Approves Indicators for Monitoring HHS-Funded HIV Services](http://blog.aids.gov/SecretarySebeliusApprovesIndicatorsforMonitoringHHS-FundedHIVServices)

References/ Notes:

¹Panel 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. Section accessed February 7, 2017. (E1-E7)



HIV/AIDS Bureau Performance Measures



Accessibility: If you need an alternative means of access to any information above, please contact us at comments@hrsa.gov. Please let us know the nature of your accessibility problem and the Web address of the requested information.