Performance Measure: HIV Positivity
National Quality Forum #: None

<table>
<thead>
<tr>
<th align="right">Description:</th>
<th>Percentage of HIV positive tests in the measurement year</th>
</tr>
</thead>
<tbody>
<tr>
<td align="right">Numerator:</td>
<td>Number of HIV positive tests in the 12-month measurement period</td>
</tr>
<tr>
<td align="right">Denominator:</td>
<td>Number of HIV tests conducted in the 12-month measurement period</td>
</tr>
<tr>
<td align="right">Patient Exclusions:</td>
<td>None</td>
</tr>
<tr>
<td align="right">Data Elements:</td>
<td>1. Number of HIV tests conducted in the measurement year</td>
</tr>
<tr>
<td align="right"></td>
<td>i. Of the number of HIV tests conducted, number that were HIV positive</td>
</tr>
</tbody>
</table>

Comparison Data:
None available at this time.

U.S. Department of Health & Human Services Guidelines:
None available

Use in Other Federal Programs:

References/ Notes:
None available

Performance Measure: Late HIV Diagnosis
National Quality Forum #: 1999

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

References/Notes:
1 The 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)
Performance Measure: Linkage to HIV Medical Care

National Quality Forum #: None

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

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:

1 Recommendations 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.9-19 Some 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

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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


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:
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:**
1. Does the patient have a diagnosis of HIV? (Y/N)
   a. Did the patient have at least HIV service during the measurement year? (Y/N)
      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:“Patients living with HIV infection often must cope with many social, psychiatric, and medical issues that are best addressed through a patient-centered, multidisciplinary 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:**
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