



HIV/AIDS Bureau Performance Measures



**Performance Measure: Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care**

<b>Description:</b>	Percent of Ryan White Program-funded outpatient/ambulatory care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care <sup>1</sup>
<b>Numerator:</b>	Number of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care <sup>1</sup> .
<b>Denominator:</b>	Number of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network at a specific point in time in the measurement year.
<b>Exclusions:</b>	None
<b>Data Element:</b>	<p><i>For each agency:</i></p> <ol style="list-style-type: none"> <li>1. Is the organization funded by the Ryan-White Program to provide outpatient/ambulatory medical care? (Y/N)             <ol style="list-style-type: none"> <li>a. In how many business days is the third next available appointment for a Ryan White Program-eligible patient to enroll in outpatient/ambulatory medical care at this organization?                 <ol style="list-style-type: none"> <li>i. Is the third next available appointment &lt; 15 business days? (Y/N)</li> </ol> </li> </ol> </li> </ol> <p><i>For the system:</i></p> <ol style="list-style-type: none"> <li>1. How many outpatient/ambulatory medical care organizations are funded by the Ryan White Program to provide outpatient/ambulatory medical care?             <ol style="list-style-type: none"> <li>a. Of those organizations, how many have &lt; 15 business days for the third next available appointment to enroll in outpatient/ambulatory medical care?</li> </ol> </li> </ol>
<b>Data Sources:</b>	Data reported to the system/network grantee at a common point in time on a quarterly basis by each of the organizations in the system/network that provides outpatient/ambulatory medical care using a standardized methodology. (See example below.)
<b>National Goals, Targets, or Benchmarks for Comparison:</b>	None available at this time.
<b>Outcome Measures for Consideration:</b>	<ul style="list-style-type: none"> <li>• Percent of patients who are retained in outpatient/ambulatory medical care in the measurement year.</li> <li>• Percent of patients diagnosed with <i>Pneumocystis jiroveci</i> (PCP) in the measurement year.</li> </ul>



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### **Basis for Selection:**

This measure addresses the importance of access to health care for Ryan White Program eligible patients. Improving “access to healthcare is important to the quality of healthcare outcomes. Patients who can promptly schedule appointments with their healthcare providers will have higher satisfaction, will likely return to work sooner, and may well have better medical outcomes.”<sup>2</sup> A study of the characteristics of scheduled new HIV+ patients who failed to attend their initial visit found that in addition to patient characteristics (younger age, black race, and public insurance), “longer waiting time from the call to schedule a new patient visit to the appointment date was associated with failure to establish care.”<sup>3</sup>

### **US Public Health Service Guidelines:**

None

### **References/Notes:**

<sup>1</sup> The type of visit for patient enrollment in outpatient/ambulatory medical care can be determined by each outpatient/ambulatory medical care provider 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 appointments 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.

<sup>2</sup> [National Quality Measures Clearinghouse, “Access: time to third next available appointment for an office visit”](#). Available online. Accessed April 6, 2017.

<sup>3</sup> Mugavero MJ, Lin HY, Alison JJ, et al. Failure to Establish HIV Care: Characterizing the “No Show” Phenomenon. *Clinical Infectious Diseases*. 2007; 45:127-130.

### **Example:**

System A, which has six (6) outpatient medical care programs, decided to implement this measure on a quarterly basis. A point in time survey was scheduled to be conducted by telephone on the last Tuesday of the quarter. (Other methods of data collection, such as an on-line survey, e-mail, or fax may be used to collect data at the point in time by the system.) On the designated morning, the System A administrative staff calls each outpatient program and asks the following question: “What are your three next available appointments for an individual who is seeking to enroll in outpatient/ambulatory medical care for his/her HIV disease at your clinic?”

After data is collected from each of the agencies, the waiting time (number of business days from the date of data collection to the appointment date) are calculated for the third next available appointment. Those which are fifteen business days or fewer are identified and are counted as the numerator; while the denominator is the total number of ambulatory outpatient medical care providers in the system.



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### Results of System A Point in Time Survey:

Date of data collection: September 14, 2010 (N=6)

**Agency 1:** The 1<sup>st</sup> available appointment was on 9/14/2010 the wait time was 0 (zero) days. The 2<sup>nd</sup> available appointment was scheduled on 9/23/10 and with a wait time of 7 days. The 3<sup>rd</sup> available appointment was 10/15/10 and with a wait time of 23 days. The appointments on 9/14/2010 and 9/23/2010 were within the 15 day appointment window. All of the appointments except for the 10/15/2010 appointment meet the standard of patients having a waiting time of 15 business days or less to receive an appointment to enroll in ambulatory/outpatient care.

**Agency 2:** The 1<sup>st</sup> available appointment was 9/14/2010 the wait time was 0 (zero) days. The 2<sup>nd</sup> available appointment was also 9/14/2010\* the wait time for the appointment is the same as the 1<sup>st</sup> appointment, 0 (zero) days. The 3<sup>rd</sup> available appointment is also 9/14/2010, with a wait time of 0 (zero) days. All of the appointments are compliant with the measure regarding a patient having a wait time of 15 business days or less to receive an appointment to enroll in ambulatory/outpatient care.

**Agency 3:** The 1<sup>st</sup> available appointment was 11/24/2010, with a wait time of 50 days. The 2<sup>nd</sup> available appointment was 12/15/2010, with a wait time of 64 days. The 3<sup>rd</sup> available appointment was 1/19/2011, with a wait time of 88 days. None of the appointments met the criteria of a patient receiving an appointment within 15 business days or less for an eligible patient to receive an appointment to enroll in ambulatory/outpatient medical care.

**Agency 4:** The 1<sup>st</sup> available appointment was 9/21/2011 the wait time was 5 days. The 2<sup>nd</sup> available appointment was 9/21/2011, the wait time was also 5 days. The 3<sup>rd</sup> available appointment was also 9/21/2011, the wait time was 5 days. All of the appointments are compliant with the measure regarding a patient having a wait time of 15 business days or less to receive an appointment to enroll in ambulatory/outpatient care.

**Agency 5:** The 1<sup>st</sup> appointment was None. The 2<sup>nd</sup> available appointment was None. The 3<sup>rd</sup> available appointment was None. None of the patients were seen because the agency was not accepting new patients at the time.

**Agency 6:** The 1<sup>st</sup> appointment was 9/14/2010, with a wait time of 0 (zero) days. The 2<sup>nd</sup> available appointment was 9/17/2010, with a wait time of 3 days. The 3<sup>rd</sup> available appointment was 9/20/2010, with a wait time of 4 days. All of the appointments are compliant with the measure regarding a patient having a wait time of 15 days business days or less to receive an appointment to enroll in ambulatory/outpatient care.

\*Note: Different appointment times on the same day counts as separate appointment times.



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Using the data collected, the performance measure is calculated by identifying the number of agencies that indicate that their third next available appointment is within 15 or fewer business days. In the example above, three of the agencies meet this criteria (Agencies 2, 4 and 6) and three (Agencies 1, 3 and 5) do not. Even though Agency 5 is closed to new patients, they are still included. The numerator is 3 and the denominator is 6. The percent of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care at this point in time is 50%. (Calculated by dividing the numerator by the denominator:  $(3 \div 6) \times 100 = 50\%$ )

In addition to determining the rate of achievement of the performance measure, the average number of days until the third next available appointment across the system/network can also be calculated: Add the number of days for the third next available appointments (in this example the sum is 121 days) and then divide by the number of agencies in the system who report an available appointment (in this example the number is 5). The average number of days for the third next available appointment in the system/network reported on the date of data collection is 24.2 days. (Note: In this example Agency 5 reports that it is not accepting new patients—no appointments are available. This agency should still be included in the denominator for the calculation of the performance measure rate [Example 1] but it should not be included in the denominator for the calculation of the average number of days [Example 2].)

The numbers below depicts the percentage of agencies meeting the performance measure over three quarters.

**Example:** Performance measure rates for Quarters 1 through 3 are listed below:

- Quarter 1= 52%
- Quarter 2= 72%
- Quarter 3= 50%



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**Performance Measure: HIV Test Results for PLWHA**

<b>Description:</b>	Percentage of individuals who test positive <sup>1</sup> for HIV who are given their HIV-antibody test results in the measurement year
<b>Numerator:</b>	Number of individuals who are tested in the system/network who test positive <sup>1</sup> for HIV and who are given their HIV antibody test results in the measurement year.
<b>Denominator:</b>	Number of individuals who are tested in the system/network and who test positive <sup>1</sup> for HIV in the measurement year.
<b>Patient Exclusions:</b>	<ol style="list-style-type: none"> <li>1. Patients who test negative for HIV antibodies.</li> <li>2. Patients who receive an indeterminate HIV antibody test result.</li> <li>3. Patients who are already aware of a previous positive confirmatory test (i.e., confirmatory test at first medical care visit).</li> <li>4. Patients who are less than thirteen years of age.</li> </ol>
<b>Data Element:</b>	<p><i>For each agency:</i></p> <ol style="list-style-type: none"> <li>1. Was the patient tested for HIV infection during the measurement year? (Y/N)             <ol style="list-style-type: none"> <li>a. If yes, did the patient have a positive confirmatory test<sup>1</sup>? (Y/N)                 <ol style="list-style-type: none"> <li>i. If yes, was the patient given his/her confirmatory test result in the measurement year? (Y/N)</li> </ol> </li> </ol> </li> </ol> <p><i>For the system:</i></p> <ol style="list-style-type: none"> <li>1. How many patients were tested for HIV infection within the system/network in the measurement year?             <ol style="list-style-type: none"> <li>a. How many patients had positive confirmatory tests?                 <ol style="list-style-type: none"> <li>i. Of those patients, how many received the confirmatory test results?</li> </ol> </li> </ol> </li> </ol>
<b>Data Sources:</b>	<ul style="list-style-type: none"> <li>• 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 receiving HIV antibody testing at the system level.</li> <li>• Electronic databases, such as CAREWare, Lab Tracker, PEMS, Electronic Medical Record/Electronic Health Record</li> <li>• Surveillance data systems</li> </ul>
<b>National Goals, Targets, or Benchmarks for Comparison:</b>	None available at this time
<b>Outcome Measures for Consideration:</b>	<ul style="list-style-type: none"> <li>• Percent of patients entering outpatient/ambulatory medical care with an AIDS diagnosis in the measurement year.</li> <li>• Percent of HIV+ patients linked to outpatient/ambulatory medical care in the measurement year.</li> </ul>



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### **Basis for Selection:**

HAB HIV Performance Measures: Systems-Level “The U.S. Preventive Services Task Force recommended that clinicians screen for HIV all adults and adolescents at increased risk for HIV, on the basis that when HIV is diagnosed early, appropriately timed interventions, particularly HAART, can lead to improved health outcomes, including slower clinical progression and reduced mortality....Timely access to diagnostic HIV test results also improves health outcomes. Diagnostic testing in health care settings continues to be the mechanism by which nearly half of new HIV infections are identified.... Persons with a diagnosis of HIV infection need a thorough evaluation of their clinical status and immune function to determine their need for antiretroviral treatment or other therapy. HIV-infected persons should receive or be referred for clinical care promptly, consistent with HSPHS guidelines for management of HIV-infected persons.”<sup>2</sup>

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.<sup>3</sup>

### **US Public Health Service Guidelines:**

“Diagnostic HIV testing and opt-out health screening [should] be a part of routine clinical care in all health-care settings while also preserving the patient’s option to decline HIV testing and ensuring a provider-patient relationship conducive to optimal clinical and preventive care...The central goal of HIV screening in a health-care setting is to maximize the number of persons who are aware of their HIV infection and receive care and prevention services. Definitive mechanisms should be established to inform patients of their test results...HIV-positive test results should be communicated confidentially through personal contact by a clinician, nurse, mid-level practitioner, counselor or other skilled staff...Active efforts are essential to ensure that HIV-infected patients receive their positive tests results and linkages to clinical care, counseling, support, and prevention services”<sup>2</sup>

### **References/Notes:**

<sup>1</sup> “Test positive” includes only a confirmatory HIV test, regardless of the test used.

<sup>2</sup> Centers for Disease Control and Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. [MMWR 2006:55](#) (No. RR-14):1-17 Accessed April 6, 2017.

<sup>3</sup>“Ryan White HIV/AIDS Treatment Extension Act of 2009”. (P.L. 111-87), 42 USC 201.