Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

COMMITTEE: Quality Management Committee
Date/Time: Monday, March 17, 2014 at 12:30 p.m. **Location:** Governmental Center Annex, A335
Claudette Grant, **Chair**

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS:** 3/17/2014 Agenda and 1/6/2014 Meeting Minutes

3. **STANDARD COMMITTEE ITEMS**
   a. New Business
   b. Request for Information/Directives
   c. Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
   d. Next Meeting Date: April 21, 2014

4. **UNFINISHED BUSINESS**

5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Action Items*
Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*
Item #1 Conduct Annual Evaluation of QM Program Work Plans, and Processes (W.P. 2.3, 2.5)	**ACTION ITEM:** Review annual accomplishments and challenges and recommend revisions to the annual work plan or processes as applicable.
Item #2 Review Service Delivery Models Submitted By QI Networks (W.P. 2.4)	**ACTION ITEM:** Review and approve the revised Oral Health Care Service Delivery Model.
Item #3 Review Revised HAB Performance Measures	**ACTION ITEM:** Review and discuss HAB measures to be programmed in PE.
Item #4 Review February NQC Retention Measures (W.P. 1.1)	**ACTION ITEM:** Review summary of retention measures.

6. **GRANTEE REPORTS**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*
Item #1 Review, Update And Approve Annual QM Work Plan (W.P. 2.3)	
Item #2 Quarterly Network Update (W.P. 3.1)	

9. **ANNOUNCEMENTS**

10. **ADJOURNMENT**

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Meeting Minutes

Committee: Quality Management Committee

Date/Time: Monday, January 6, 2014, 12:30 p.m. **Location:** Governmental Center Annex, A337

Chair: Claudette Grant

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	**Grantee Staff**
1	Grant, C.	**X**				
2	Katz, H. B.	**X**			Finkelstein, J.*	Degraffenreidt, S.
3	Gammell, B.	**X**				Strong, K.
4	Schweizer, M.	**X**				
5	Majcher, B.	**X**				**HIVPC Support Staff**
6	Mitchell, T.	**X**				Eshel, A.
7	Sabatino, D.	**X**				Solomon, R.
8	Sullivan, G.	**X**				McEachrane, T.
	Quorum = 5	**8**				Sandler, C.

1. CALL TO ORDER:

The Chair called the meeting to order at 12:35 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1	To approve today's meeting agenda		
Proposed by:	Majcher, B.	**Seconded by:**	Katz, H. B.
Action:	Passed Unanimously		

Motion #2	To approve meeting summary of 11/18/13		
Proposed by:	Majcher, B.	**Seconded by:**	Katz, H. B.
Action:	Passed Unanimously		

3. STANDARD COMMITTEE ITEMS

a. New Business: None

b. Request for Information/Directives:

The Committee requested the following: 1) the definition of viral load suppression used by the South Florida AIDS Network 2) a report on how many clients are eligible for Part A oral health care services, how many clients are accessing these services, and of those clients, how many are receiving oral health exams.

c. Reminder: Meeting Attendance Confirmation Required at least 48 hours prior to meeting date.

d. Next Meeting Date: February 17, 2014

4. UNFINISHED BUSINESS: None

5. MEETING ACTIVITIES / NEW BUSINESS

Accomplishments (Goal/Work Plan Objective #)

1. Review 3-Year Work Plan *(WP Item 2.2)*

Members reviewed the QM workplan *(Copy on file)* to ensure it accurately reflects committee efforts. This review is part of an annual review and update of the workplan. Because the Human Resources and Services Administration (HRSA) recently revised measures, the workplan performance measures must be updated to reflect HIV/AIDS Bureau (HAB) measures. One member inquired about the committee's responsibility regarding the client needs survey. The Grantee noted that it is the responsibility of QM to review the findings. The following motion was made:

Motion #1	To approve the updated 3-Year Work Plan		
Proposed by:	Katz, H. B.	**Seconded by:**	Gammell, B.
Action:	Passed Unanimously		

One member requested clarification on the major changes made to the work plan. The Grantee noted that it is based off the same infrastructure as the previous workplan but fine-tuned to ensure it matches what has been included in this fiscal year's QM section of the grant application. Additionally, the revised Broward Client-Level Outcomes and Indicators and new annual work plan template were included.

Members discussed MAI Medical Case Management. It was noted that a PSRA workgroup will be reviewing the service category and making their recommendations to improve services.

2. Review Network Update

The Committee heard an update on the Quality Improvement (QI) Network activities for the third Quarter of FY 13-14 *(copy on file).*

The Chair recounted the topics discussed at the QM Retreat. It was noted that the retreat summary was included in the meeting packet. It was also noted that a video created by quality management staff was entered into the Robert Woods Johnson Foundation's Voices of Quality contest held at the end of last year.

Oral Healthcare (OHC) Network: The network will resume meetings beginning in February. Revisions have been made to the service delivery model. Outcomes and Indicators have been finalized. Members also attended a Provide Enterprise (PE) training in which these outcomes and indicators were discussed. The goal starting in February is to develop a Quality Improvement Project (QIP) which looks at the impact of oral healthcare on client retention.

Mental Health and Substance Abuse (MH/SA) Network: Representatives from the Broward Addiction Recovery Center (BARC) presented to attendees. Attendees discussed the Part B Residential Substance Abuse (RSA) contract which ends in March. The Network is working on a QIP to develop a client profile for those clients receiving mental health and/or substance abuse services who have detectable or high viral loads.

Medical Network: The Network heard a presentation from FLDOH-BC pertaining to syphilis in Broward County. There will be a second presentation in February focusing on Syphilis treatment guidelines and Continuing Medical Education (CME) credits will be offered. It was noted that several physicians in the network participated in the Broward > AIDS public service announcements (PSAs) which were viewed at the last meeting. The Network also reviewed the Part A Formulary and made recommendations to the Local Pharmacy Advisory Committee (LPAC). LPAC has requested that the format of the formulary be adjusted for easier review. Medications will now be organized by their generic and brand names and indications. The January Medical Network meeting will be held together with LPAC to discuss some of the Network's recommendations and receive input from the Florida/Caribbean AIDS Education and Training Centers (F/CAETC).

Medical Case Management (MCM) Network: MCM Network heard a presentation from the MH/SA Network

regarding identifying and referring clients with depression. Two potential screening tools for depression were introduced: the Substance Abuse and Mental Health Illness Symptoms Screener (SAMISS) used by PROACT and The Patient Health Questionnaire-2 (PHQ2). The PHQ2 is a shorter basic screening tool for non-mental health professionals. It was noted that these tools will not be programmed into PE but have been provided as an additional resource for assessing clients. The tools should be used to determine if a referral to a mental health professional for a formal assessment is needed. At the upcoming meeting, the network will participate in a live demonstration of the Care 4 Today Mobile Health Manager application.

Combined Network: The Network reviewed findings from the pilot health literacy study conducted earlier this year. The pilot was based on a validated health literacy and numeracy tool that asks participants to answer questions based upon an ice cream label. Both providers and clients took the assessment. It was noted that in one service category, clients scored higher than the providers. There was a lot of interest from both providers and clients regarding outcomes of the assessment. The Network will be looking at detectable and high viral load data in each service category to determine any trends. Findings will be presented at the next meeting.

The American Medical Association has introduced a tool for physicians to assess how much a client has learned at the end of a visit. Providers have been asked to incorporate the tool according to their respective service category.

It was noted that Consultant Marsha Martin is currently working on a Men who have sex with men (MSM) study as well as a health literacy assessment.

3. Quarterly Data Review

Members reviewed the National Quality Center (NQC) In+Care Campaign retention rates for October 2011-December 2013 *(copy on file)*. It was noted that medical visit frequency rates have improved in the last submission date.

Members reviewed the Health and Human Services (HHS) and HIV/AIDS Bureau (HAB) measures summary for FY12-13 and FY13-14 year-to-date *(copy on file)*. The committee was encouraged to identify measures to focus on in the upcoming fiscal year. It was noted that the new HAB measures will have to be programmed in PE.

Members discussed the CD4 count measurement. It was noted that AIDS Drug Assistance Program (ADAP) and Oral Health Care providers have expressed difficulty obtaining current CD4 lab results. Data entry may be the cause as clients move out of the system unexpectedly to Medicare or Medicaid and are not documented in PE. It is also possible that depending upon the time the data is captured, it may not accurately reflect all the number of tests performed throughout the year.

Members discussed the definition of viral load suppression in the various reports presented compared to the FLDOH definition. Viral load suppression is defined in the HHS and HAB indicators as < 200 copies/mL. It was noted that SFAN uses data from FLDOH which defines viral load suppression as much lower than 200 copies/mL. A member obtained the FLDOH definition which is a viral load of 0-20 copies/mL (undetectable). The state does not identify how many clients are virally suppressed in regular reporting.

Discussion was held regarding the HAB oral exam measurement. It was noted that there is a difference between a medical oral exam and a dental oral exam. One member suggested that the committee capture how many clients eligible for oral health services are receiving oral exams. Codes for the oral exams that a dental provider would input into PE are D0120 and D0140. Members would like to see how many clients are eligible for oral health services, how many are accessing these services, and of those, how many are receiving oral health exams. It was noted that an updated DVD from AETC may be available as a resource for physicians.

Members heard the definition of HHS retention in HIV medical care. One member stated that former clients now receiving care outside the system may not be captured. The Grantee clarified that in PE there is a flag to ensure providers indicate if clients are receiving care elsewhere.

6. GRANTEE REPORTS

It was announced that Kim Strong will be leaving the Ryan White Part A Program for another County program. Ms. Strong thanked everyone for their teamwork and commitment to the program.

7. PUBLIC COMMENT: None

8. AGENDA ITEMS / TASKS FOR NEXT MEETING:

Date: February 17, 2014 **Venue:** TBD

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
Conduct Annual Evaluation of QM Program, Work Plans, and Processes	
Review HAB Performance Measures	

a) ANNOUNCEMENTS

Nova Southeastern University's College of Dentistry (a Part F grantee) has received an award to conduct an intensive HIV outreach program in partnership with the Broward Community & Family Health Centers (BCFHC) serving historically underserved populations in southern Broward County. The only eligibility criterion for the program's Oral Health Care services is HIV+ status.

Nova has also received International Review Board (IRB) approval to conduct a pilot study that includes both Pharmacy and Medical students. *Outcomes of an interprofessional elective course with a focus on HIV: a pilot study* will involve 10 provider-client sessions within community clinics. There will be a focus on medication compliance.

Volunteers for the study must be HIV+ and do not need to be a legal U.S. resident, a Florida resident, or participating in any other Ryan White program.

b) ADJOURNMENT

Without objection the meeting was adjourned at 1:49 p.m.

Quality Management Attendance CY: 2014

Count	Member	1/6/14
1	Grant, C.	**X**
2	Katz, H.B.	**X**
3	Schweizer, M.	**X**
4	Mitchell, T.	**X**
5	Majcher, B	**X**
6	Gammell, B.	**X**
7	Sabatino, D.	**X**
8	Gary Sullivan	**X**
Quorum=5		**YES**

Accomplishments and Challenges Fiscal Year 2013-2014	
Fort Lauderdale/Broward County EMA Assessment / Studies	
Needs Assessment – Client and Provider Survey	**Status**
• Ryan White Part A, HOPWA, and Prevention Client Survey and Needs Assessment	• The 2013-2014 HIV Client Needs Assessment Survey will launch in February 2014. The Client Survey will collect data on: 1) the needs of People Living with HIV/AIDS (PLWHA) in Broward County, 2) Safer sex and prevention for positives, 3) Getting and staying in care, 4) Stigma and disclosure, and 5) Housing assistance.
• Part A Provider Survey	• The Part A provider survey will also launch in February 2014. Questions will focus on addressing client needs, HIV program capacity, services, and access, and link between care and prevention program components (if applicable).
• Focus Groups	• The following focus groups will take place in February: 1) Young adults (up to 26), 2) Black heterosexual women, 3) Black heterosexual men, 4) Hispanic men, and 5) Hispanic women.
Service Category Study	**Status**
N/A	**N/A**

Service Delivery Model (SDM) Revisions

SDM's were reviewed to include recommendations from networks, providers, and AETC experts as well as updated outcomes and indicators:

- Medical Case Management (QM Approved)
- Mental Health and Substance Abuse (QM Approved)
- Outpatient Ambulatory Medical Care (QM Approved)
- Outreach (QM Approved)
- Pharmacy (QM Approved)
- Oral Health Care (Pending Final Approval)
- MAI-Medical Case Management (Pending Revision)

Quality Improvement Networks Activities

- Mental Health/Substance Abuse QI Network:
  - Members developed a presentation for Medical Case Managers on identifying and assessing the signs of depression.
- Oral Health Care QI Network:
  - The Network approved OHC outcomes and indicators.
- Medical Case Management QI Network:
  - The Network has been working on a QIP focusing on retention in medical care. The Network reviewed In+Care Campaign Gap Measure client-level-data, PE required action reports, and PE no activity reports.
- Outpatient/Ambulatory Medical QI Network:
  - The Network has been working on a QIP to improve cervical screening rates.
  - The Network provided recommendations to LPAC on additions/deletions to the Part A Formulary.
- Combined QI Network:
  - The Network piloted a Health Literacy assessment with a sample of providers and clients.

System Improvements – In place or In development

- Network Collaboration and Meeting Structure
  - Outpatient/Ambulatory QI Network was restructured to provide a two-pronged approach to data and system-wide issues. One part of the meeting dedicated to clinical issues and the other to programmatic issues.
  - Multiple collaborative meetings took place including a joint LPAC/Medical Network meeting.
- Annual Work Plans
  - Annual QI Network Work Plans developed to align with the goals of the Comprehensive Plan and National HIV/AIDS Strategy.

Training Initiatives

- **Case Management** (Collaborative effort designed for Part A, C, and D medical case managers, peer educators,

supervisors, and HOPWA housing case managers).

- **April 2013:** A history of HIV/AIDS, Developments in HIV Medical Care, and Achieving the Goals of the National HIV/AIDS Strategy, Presented by Dr. Michael Sension; Ryan White Program Medical Panel Discussion and Q&A.
- **August 2013:** Healthcare Reform Implementation: Moving Forward and Managing Change; Ryan White Program Affordable Care Act Discussion and Q&A
- **Resource Fair September 2013:** The goals of the Fair were to: 1) provide information for Ryan White Part A clients and service providers, and the community at large, about medical and social services available in the community; 2) Learn about the upcoming implementation of the Affordable Care Act (ACA) and what it means to the community.
- **QM Retreat October 2013:** Topics included an overview of the QM Program (mission statement; monitoring; Clinical QM (CQM) program team; CQM program structure; Grantee and CQM support staff roles; HIVPC QM Committee and QI Network roles; importance of consumer participation; data collection and reporting; QM program accomplishments; QI Network activities; and methods to identify and address disparities in care). The Committee heard a presentation on data measures and reporting. The presentation provided a refresher about the various performance measures utilized by the QM Program.

Other Initiatives

- **In+Care Campaign**
  - The Broward County EMA will continue its data reporting through FY 2013-2014.
  - Data reviewed and reported regularly to identify improvement strategies.
  - QM staff represented the EMA and its involvement in the campaign by providing presentations at a Florida Regional Group meeting and a national NQC webinar.
- **Health Literacy**
  - Health Literacy assessment piloted. Consultant will incorporate a Health Literacy component in the MSM Study being conducted in FY2013-2014.
- **Formulary revisions**
  - LPAC continuously reviewed the Part A Formulary to identify areas for cost reductions and ensure access to needed medications.

Challenges

- **Monitoring 2012-2015 Comprehensive Plan Goals**
- The NHAS goals are the foundation of the 2012-2015 Comprehensive Plan. Establishing a baseline and monitoring progress towards achieving the goals will require constant data review and analysis and increased collaboration among HIVPC Committees.
- **All Network Meetings**
- The goals of two All Networks meetings held annually to promote collaboration and share information was not achieved.
- **Medical Meeting Restructuring**
- The structure of the meeting will have to be reconsidered.

OBJECTIVE 1. REVIEW PERFORMANCE MEASURES AND SELECT ANNUAL DATA FOR REVIEW				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
1.1 Quarterly Data Reviews a) NQC In+Care Campaign Measures b) NHAS Indicators c) HAB Performance Measures d) Broward Client Level Outcomes and Indicators	• Review And Select Annual Data Measures • Identify Areas For Improvement • Provide Directives To The QI Networks	5/13 7/13 10/13 1/14	7/13 10/13 1/14 3/14	• Data reviews to begin in May as some March WP items were tabled for April
OBJECTIVE 2: CONDUCT ANNUAL EVALUATION OF QM PROGRAM, WORK PLANS, AND PROCESSES				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
2.1 Review Policies And Procedures(P&P) 2.2 Review, Update & Approve 3 -Year Work Plan 2.3 Review, Update And Approve Annual QM Work Plan 2.4 Review Service Delivery Models Submitted By QI Networks 2.5 Review Accomplishments And Challenges	• Updated P&P As Needed • Updated 3-Year And Annual Work Plans That Include Short-Term And Long-Term Strategies To Achieve QM Objectives • Service Delivery Models Reflect Most Current National Guidelines And Best Practices • Annual Work Plan Addresses Challenges Identified In The Previous FY	4/13 4/13 3/13 3/13 3/13	5/13 5/13 4/13 3/13 3/13	• **Completed** • **Completed:** MCM, Medical, Pharmacy, Outreach, Mental Health, and Substance Abuse; Pending: OHC and MAI MCM • **Completed**
OBJECTIVE 3: MONITOR QI NETWORK ACTIVITIES AND PROVIDE DIRECTIVES AND GUIDANCE IN QIP DEVELOPMENT				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
3.1 Quarterly Network Update	1. Identify Areas For Improvement 2. Provide Guidance And Directives To Improve Network Activities and QIPs	12/12 3/13 6/13 9/13	3/13 6/13 9/13 12/13	• **Completed**
OBJECTIVE 4: REVIEW AND ANALYZE FINDINGS FROM NEEDS ASSESSMENT, CLIENT SURVY, SERVICE CATEGORY STUDIES, AND RECORD REVIEWS				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
4.1 Review Findings From: a) Needs Assessment b) Client Survey c) Service Category Assessment/Studies d) Record Reviews e) Identify Service Category For Annual Evaluation	• Identify Barriers To Care • Identify Areas For Improvement In Service Delivery • Recommend Service Category Evaluation	5/13	6/13	• **To be completed April 2014**
OBJECTIVE 5: ASSESS LINKAGE TO CARE AND RETENTION PROCESSES				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
5.1 Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	• Linkage To Care And Retention Deficiencies Addressed	3/13 6/13 9/13 12/13	6/13 9/13 12/13 2/14	• **Ongoing**

Updated 3.17.14

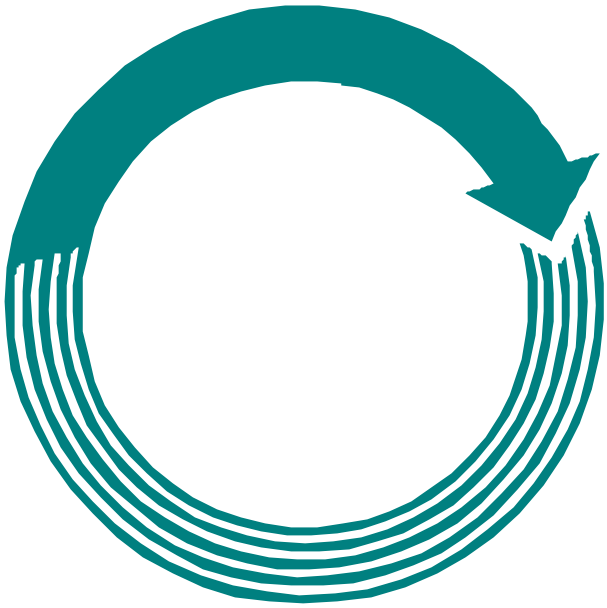
2013-14 WORK PLAN CALENDAR FOR QM COMMITTEE

	March	April	May	June	July	August
QM	❖ Review Accomplishments And Challenges ❖ Quarterly Network Update ❖ Review Annual Summary of In+Care Data ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Review Policies and Procedures (P&P) ❖ Review, Update And Approve 3-Year WP ❖ Review, Update And Approve Annual QM WP (Tabled from March) ❖ Review Service Delivery Models Submitted By QI Networks (Tabled from March)	❖ Review Findings from Needs Assessment and Client Survey ❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators) (Tabled from April)	❖ Quarterly Network Update ❖ Review Findings (as available) From: ❖ Service Category Assessment/Studies ❖ Record Reviews ❖ Identify Service Category For Annual Evaluation ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators) ❖ Quarterly network update	❖ MH Record Reviews ❖ Review, Update and Approve 3-Year WP

	September	October	November	December	January	February
QM	❖ Quarterly Network Update ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	**Meeting Cancelled**	**Quality Management Retreat**	**Meeting Cancelled**	❖ Review 3-Year Work Plan ❖ Network update ❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators)	**Meeting Cancelled**

Updated 3.17.14

Ryan White Part A Quality Management



Oral Health Care Service Delivery Model

Broward Regional Health Planning Council, Inc.

The creation of this public document is fully funded by a federal Ryan White CARE Act Part A grant received by Broward County and sub-granted to Broward Regional Health Planning Council, Inc.

Ryan White Part A
Revised 3/14/14
Approved //

Ryan White Part A Quality Management

Oral Health
Service Delivery Model

Definition:

Oral Health Care (Dental Services) will encompass dental screenings, prophylaxes, fillings, simple extractions as well as periodontal and other advanced treatments. Clinical interventions are based on treatment guidelines and recognized clinical protocols established legal and ethical standards. As such, Oral health Care shall be provided based on the following priorities:

- Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
- Elimination of presenting symptoms
- Elimination of infection, preservation of dentition and restoration of functioning

Emergency, diagnostic, preventive, hygiene, basic restorative, limited oral surgical and limited endodontic services rendered by general dentists and dental hygienists.

OUTCOMES, OUTCOME INDICATORS, INPUTS, STRATEGIES, DATA SOURCES

Client Outcomes	Outcome Indicators	Inputs	Strategies	Data Source
1. Reduction in number of teeth with untreated caries (tooth decay)	1.1. 75% of caries identified in the Phase I (Disease Control) treatment plan will be treated within 6 months	Funding Staff Clients	1.1.1 Complete appropriate odontological examination 1.2.1 Complete a recall examination at six to twelve months	1.1.1.1 Patient Chart/MIS 1.2.1.1 Patient Chart/MIS
2. Improved periodontal health.	2. 80% of clients will have a 50% reduction in the number of bleeding sites at the completion of the Phase I (disease control) Plan.	Funding Staff Clients	2.1.1Complete initial periodontal examination 2.2.1 Refer to AAP guidelines for treatment strategies 2.3.1 Complete follow-up periodontal examination at completion of active periodontal treatment (four to eight weeks)	2.1.1.1 Patient Chart/MIS 2.2.1.1 AAP guidelines 2.3.1.1 Patient Chart/MIS

STANDARDS FOR SERVICE DELIVERY

Standard	Indicator	Data Source
1. Provider reviews a patient completed medical and dental health history annually	1.1 - 100% of patient charts have evidence that provider reviewed medical and dental health history. Medical history shall include the elements listed in appendix A.	1.1.1 Provider's signature 1.1.2 Progress Notes
2. Patient receives a periodontal screening or examination annually	2.1 - 100% of clients will receive a periodontal screening or exam annually	2.1.1 Patient chart/MIS 2.1.2 Progress Notes
3. Documented treatment plan developed based on a comprehensive or periodic examination of the patient.	3.1 - 100% of patients who have a comprehensive or periodic examination (D0150, D0120, and D0180) have a documented treatment plan.	3.1.1 Treatment plan in patient chart/MIS
4. Patient treatment plans are to be developed and/or updated within the **measurement year**	4.1 - 100% of patient treatment plans will be updated and/or developed at least annually.	4.1.1 Treatment plan in patient chart/MIS
5. Patient has a phase I treatment plan	5.1 - 100% of patients will have a phase 1 treatment plan* completed within 12 months (staff will insert in glossary of terms "Phase One")	5.1.1 Treatment plan in patient chart/MIS
6. Patients are referred to specialty care in accordance with the patient's needs and treatment plan.	6.1 - 100% of patient charts show referral to specialty care for patients needing this service.	6.1.1 Patient chart/MIS 6.1.2 Referral form 6.1.3 Billing invoice
7. Patients referred to specialty services are followed-up.	7.1 - 100% of patient charts have documentation of referral follow-up.	7.1.1 Patient chart/MIS
8. Provider delivers oral health education.	8.1 - 100% of patients receive oral hygiene instruction annually	8.1.1 Patient Chart /MIS
9. Provider delivers nutritional counseling as indicated	9.1 - 100% of patients who present with caries or report decreased salivary flow will receive nutritional counseling	9.1.1 Patient chart/MIS 9.1.2 Referral form

Standard	Indicator	Data Source
10. Provider delivers counseling about tobacco cessation	10.1 - 100% of patients who report tobacco use will receive counseling about tobacco cessation	10.1.1 Patient chart/MIS 10.1.2 Referral form
11. Provider will review patients prescription, OTC and herbal medications	11.1 - 100% of client charts will contain documentation of medications	11.1.1 Progress notes 11.1.2 Medication list 11.1.3 Medical history
12. Provider will review CD4 and Viral load values within the last 6 months.	12.1 - 100% of client charts will contain documentation of lab values	12.1.1 Progress notes 12.1.2 Medical history 12.1.3 Lab reports 12.1.4 MIS
13. Prior to surgical procedures, provider will review CBC values.	13.1 - 100% of client charts will contain documentation of lab values	13.1.1 Progress notes 13.1.2 Medical history 13.1.3 Lab reports 13.1.4 MIS
14. Prior to surgical procedures, provider will review Platelets values.	14.1 - 100% of client charts will contain documentation of lab values	14.1.1 Progress notes 14.1.2 Medical history 14.1.3 Lab reports
15. Provider will measure blood pressure and review medical history prior to surgical procedures and anytime local anesthesia is provided.	15.1 - 100% of client charts will contain recorded blood pressure and medical history	15.1.1 Progress notes 15.1.2 Medical history

PROTOCOL

The Oral Health Protocol identifies the specific ways to implement oral health standards and processes inherent to this service category. The delivery of oral services shall be conducted by culturally competent service providers following the Office of Minority Health CLAS Standards. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e, HAB HIV Performance Measures, etc.).

The provider shall give access to routine and emergency dental care for persons living with HIV/AIDS residents of the Broward County EMA, who either have no dental third party payment source, have limited third party coverage, or have been denied coverage by a third party payer.

Oral Health Care (Dental Services) shall include a completed assessment; prioritized treatment plan which is tailored to the client's needs; dental treatment history; and an assessment of medical conditions that are appropriately monitored and updated as needed. The treatment plan will also include an appropriate recall/follow-up schedule every six months.

Intake

New clients shall receive a dental screening within 21 days of the initial referral to a dental provider. Client's initial non-emergency visits should include an oral evaluation with radiographs and treatments plan. Initial visits shall include:

- Comprehensive head and neck exam;
- Complete intraoral exam, including evaluation for HIV associated lesions
- Full medical status information from medical provider, including
- medication and stage of illness, as needed; and
- Dental risk assessment and prevention strategy including home care and other self-exam instructions.

Designated staff shall:

- Address issues of consent, confidentiality and rights and responsibilities for patients enrolled in services.
- Provider shall have a patient grievance process that shall be discussed with patient during intake. Provider shall explain that if a patient is dissatisfied after completing the agency grievance process, the patient has a right to present a grievance to the Broward County Ryan White Part A Program Office. Provider shall briefly explain the process for filing a grievance with the Ryan White Part A Program Office including posted grievance instructions.

Clinic staff shall:

Perform an eligibility and financial assessment at each visit in addition to reviewing client's eligibility certification in the designated HIV MIS System. Staff will review client's eligibility for all funding streams and services for which client may qualify. Staff will follow-up with referrals as appropriate. The purpose of the assessment is to ensure 1) client's access to all services client may be eligible for and 2) the status of Ryan White as payer of last resort.

Assessment of Patient Need
The oral health practitioner shall assess patient needs by conducting an oral exam to include: assessment of opportunistic infections, hard and soft tissue exam, including periodontal tissues and oral mucosa; gingival and periodontal structures, other as needed. Need is documented in patient chart. The Assessment of Patient Need should include:

- Description of documented patient need, including relevant dental, medical and prescription information;
- Outline of service needs.

Treatment Plan
The purpose of the Treatment Plan is to guide the provider in delivering high quality care corresponding to the patient's level of need including determination of emergency versus non-emergency care, triage care and referral as indicated. The Treatment Plan is developed by a dental provider following the initial comprehensive dental exam and is kept within the patient's chart.

The Treatment Plan may include services that are not covered by Ryan White Part A funds. Provider shall consult with the patient to discuss these services which may be available through other sources.

The client's primary reason for the visit, concerns and expectations should be considered by the Provider when developing the treatment plan. Treatment priority shall be given to the management of pain, infection, traumatic injury or the emergency condition. The Provider will manage the client's pain, anxiety and behavior during treatment to facilitate safety and efficiency. Emergency service(s) where there are severe, life threatening, or potentially disabling conditions shall be the first priority for service delivery. The provider must document the nature of the emergency, the dental site and the specific treatment involved.

Phase 1 of all oral health treatment plans must be completed within 6 months from the date of that the treatment plan has been agreed upon by the patient. Phase 1 treatment plan includes: Diagnostic, Prevention, maintenance and/or elimination of oral pathology that results from dental caries or periodontal disease. This includes: basic restorative treatment including fillings; basic periodontal therapy (non-surgical); basic oral surgery that includes simple extractions and biopsy; non-surgical endodontic therapy.

Adherence to Treatment
Providers shall assist patient to adhere to oral health treatment plan and shall refer to a Ryan White Part A medical case manager any patients presenting other needs that could potentially impair adherence to the oral health treatment plan.

Oral Health Care (Dental services) shall strive to retain clients in oral health treatment services. Providers shall have a coordinated Retention and Client Recall system with policies and procedures for non-compliance, missed appointments, appointment reminders. The retention policy shall include coordination of treatment with primary medical care provider, treatment adherence, case manager and Ryan White Part A outreach services as required ensuring

continuity of care and retention of clients in dental and or medical care.

Case conferencing shall be conducted when Client's dental treatment has been interrupted due to a condition or behavior that threatens his/her ability to access care, missed appointments, remain in care or adhere to care and/or medications. Case conferencing shall include written documentation of collaboration with Client's primary medical provider, Case Manager and/or appropriate retention and adherence staff.

Service Caps

The provision of Oral Health Care services is limited to an annual cap of not to exceed $3,000 annually. Under very limited clinical circumstances, exceptions to the annual cap may be approved with prior authorization from the Ryan White Part A Program Office in consultation from a third party. At least 65% of all dental services must be used for preventative and routine care. The remaining 35% of oral health care services may be used for major dental services such as crowns, bridgework, removal and fixed prosthodontics.

Coordination and Referral of Oral Health Services

The objectives of coordination and referral are to follow through on the strategies for addressing patient's oral health need and referral to available services. As appropriate, staff will act as a liaison between patients and other oral health service providers to obtain and share information to support optimal level of patient care and service provision.

Provider shall give immediate referrals for emergency treatment including relief of pain or infection.

Provider shall refer to those-patients with dental needs which fall outside of the scope of Part A funded Oral Health Care services to the appropriate provider.

Physical Plant Safety

Oral health services shall be located in physical facilities which meet fire safety requirements, meet criteria for ADA compliance, and are clean, comfortable, and free from hazards.

Access to Primary Medical Care

Providers shall assess if patients are receiving primary medical care. Patients not in primary medical care shall be offerred a referral to Ryan White Part A Outpatient Ambulatory Medical care.

Documentation

Service provider shall document all services provided to the patient in the patient chart.

Continuous Quality Improvement

Service provider shall conduct quarterly chart reviews to ensure all services have been provided to the patient based on the Treatment Plan, all referrals have been followed-up and documentation of all services is complete.

Professional Requirements

1. Participating dentists possess appropriate license, credentials and expertise.
2. Staff are trained on HIV/AIDS and the affected community.
3. The program director has training and experience in clinical aspects of oral hygiene, dental treatment planning and care.

Appendix A

Medical History Elements

Standard number one requires a completed patient medical history on an annual basis. Required elements for the medical history shall include:

- Purpose of last physician visit
- Date of last physician visit
- Date of last dental visit
- List all current medications
    - Prescription
    - Vitamins/Herbs
    - OTC
- Tobacco use
- Achohol use
- Substance use
- List all allergies
    - Drug
    - Food
    - Other
- Overnight hospitalization
- Purpose of overnight hospitalization
- History of heart disease or heart surgery
- Do you have artificial joints
- History of diabetes
- History of excessive bleeding or bruising
- History of stroke
- History of seizures
- HIV
    - Date diagnosed
    - Most recent CD4/VL
    - Treating HIV Physician
- Tuberculosis history & treatment
- Hepatitis (A, B or C) history & treatment
- History of liver or kidney disease

Women only:

- Patient pregnant?
- Contraception use

IN+CARE CAMPAIGN RETENTION MEASURES

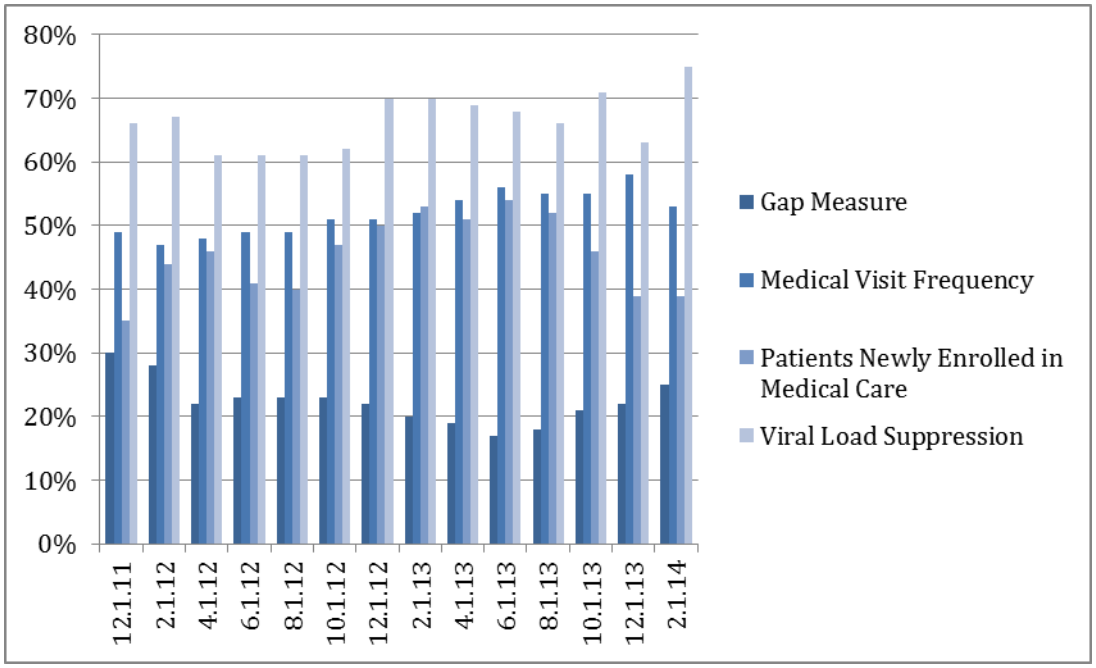
Gap Measure
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who did not have a medical visit with a provider with prescribing privileges in the last 6 months of the measurement year.
Medical Visit Frequency
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.
Patients Newly Enrolled in Medical Care
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who were newly enrolled with a medical provider with prescribing privileges who had a medical visit in each of the 4-month periods in the measurement year.
Viral Load Suppression
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year.

DATA SUBMISSION DATES

Submission Due Date	Measurement Year*	24 Month Measurement Period**
12/01/2011	10/01/2010 - 09/30/2011	10/01/2009 - 09/30/2011
02/01/2012	12/01/2010 - 11/30/2011	12/01/2009 - 11/30/2011
04/02/2012	02/01/2011 - 01/31/2012	02/01/2010 - 01/31/2012
06/01/2012	04/01/2011 - 03/31/2012	04/01/2010 - 03/31/2012
08/01/2012	06/01/2011 - 05/31/2012	06/01/2010 - 05/31/2012
10/01/2012	08/01/2011 - 07/31/2012	08/01/2010 - 07/31/2012
12/03/2012	10/01/2011 - 09/30/2012	10/01/2010 - 09/30/2012
02/01/2013	12/01/2011 - 11/30/2012	12/01/2010 – 11/30/2012
04/01/2013	02/01/2012 – 01/31/2013	02/01/2011 – 01/31/2013
06/03/2013	04/01/2012 – 03/31/2013	04/01/2011 – 03/31/2013
08/01/2013	06/01/2012 – 05/31/2013	06/01/2011 – 05/31/2013
10/01/2013	08/01/2012 – 07/31/2013	08/01/2011 – 07/31/2013
12/02/2013	10/01/2012 – 09/30/2013	10/01/2011 – 09/30/2013
02/01/2014	12/01/2012 – 11/30/2013	12/01/2011 – 11/30/2013

*applies to the following measures: Gap Measure, Patients Newly Enrolled in Medical Care, and Viral Load Suppression
** applies to the Medical Visit Frequency measure

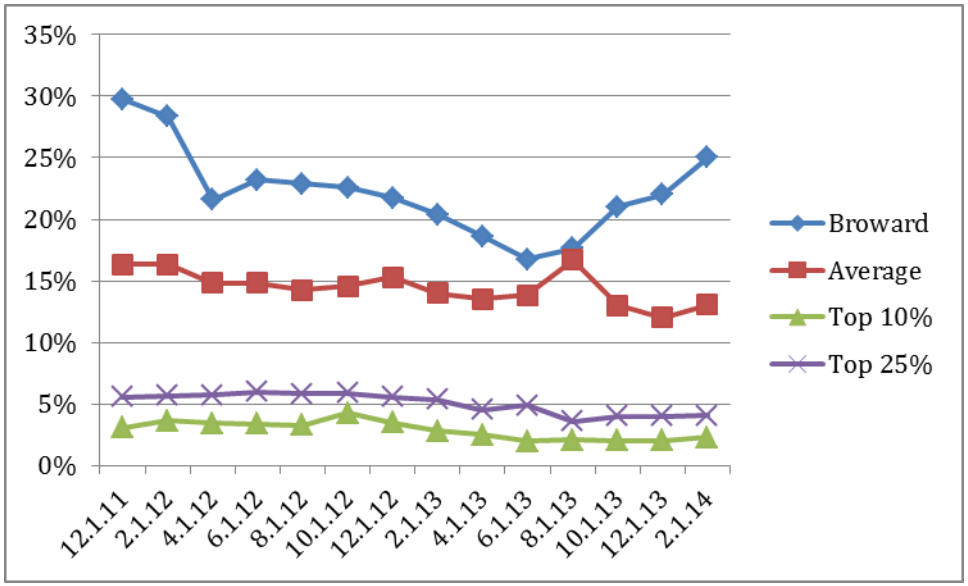
BROWARD COUNTY RATES



	12.1.11	2.1.12	4.1.12	6.1.12	8.1.12	10.1.12	12.1.12	2.1.13	4.1.13	6.1.13	8.1.13	10.1.13	12.1.13	2.1.14
Gap Measure	30%	28%	22%	23%	23%	23%	22%	20%	19%	17%	18%	21%	22%	25%
Medical Visit Frequency	49%	47%	48%	49%	49%	51%	51%	52%	54%	56%	55%	55%	58%	53%
Patients Newly Enrolled in Medical Care	35%	44%	46%	41%	40%	47%	50%	53%	51%	54%	52%	46%	39%	39%
Viral Load Suppression	66%	67%	61%	61%	61%	62%	70%	70%	69%	68%	66%	71%	63%	75%

PART A BENCHMARK REPORT

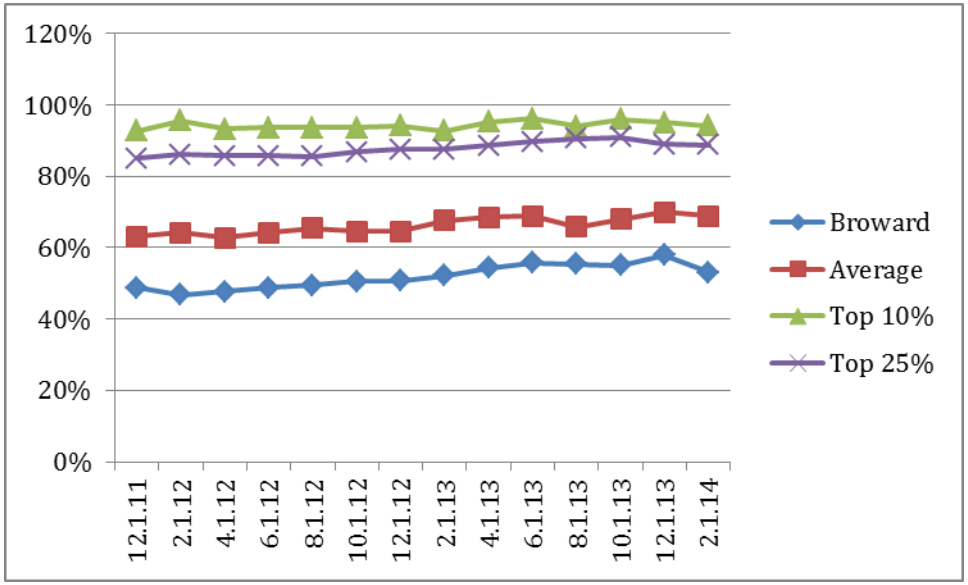
GAP MEASURE



	12.1.11	2.1.12	4.1.12	6.1.12	8.1.12	10.1.12	12.1.12	2.1.13	4.1.13	6.1.13	8.1.13	10.1.13	12.1.13	2.1.14
Broward	30%	28%	22%	23%	23%	23%	22%	20%	19%	17%	18%	21%	22%	25%
Average	16%	16%	15%	15%	14%	15%	15%	14%	14%	14%	17%	13%	12%	13%
Top 10%	3%	4%	3%	3%	3%	4%	3%	3%	3%	2%	2%	2%	2%	2%
Top 25%	6%	6%	6%	6%	6%	6%	6%	5%	5%	5%	4%	4%	4%	4%

PART A BENCHMARK REPORT

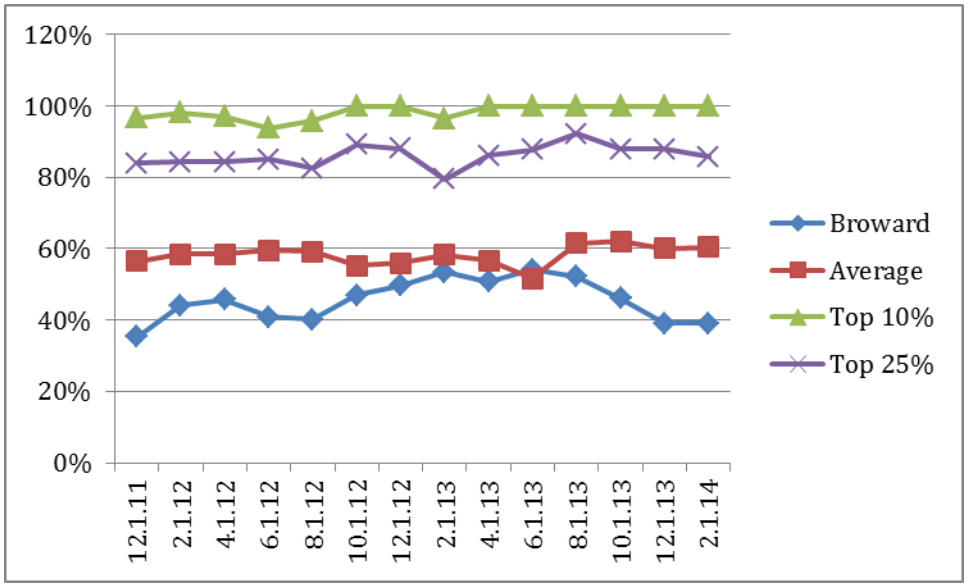
MEDICAL VISIT FREQUENCY



	12.1.11	2.1.12	4.1.12	6.1.12	8.1.12	10.1.12	12.1.12	2.1.13	4.1.13	6.1.13	8.1.13	10.1.13	12.1.13	2.1.14
Broward	49%	47%	48%	49%	49%	51%	51%	52%	54%	56%	55%	55%	58%	53%
Average	63%	64%	63%	64%	65%	65%	65%	68%	69%	69%	66%	68%	70%	69%
Top 10%	93%	96%	93%	94%	94%	94%	94%	93%	95%	96%	94%	96%	93%	94%
Top 25%	85%	86%	86%	86%	86%	87%	88%	88%	89%	90%	91%	91%	89%	89%

PART A BENCHMARK REPORT

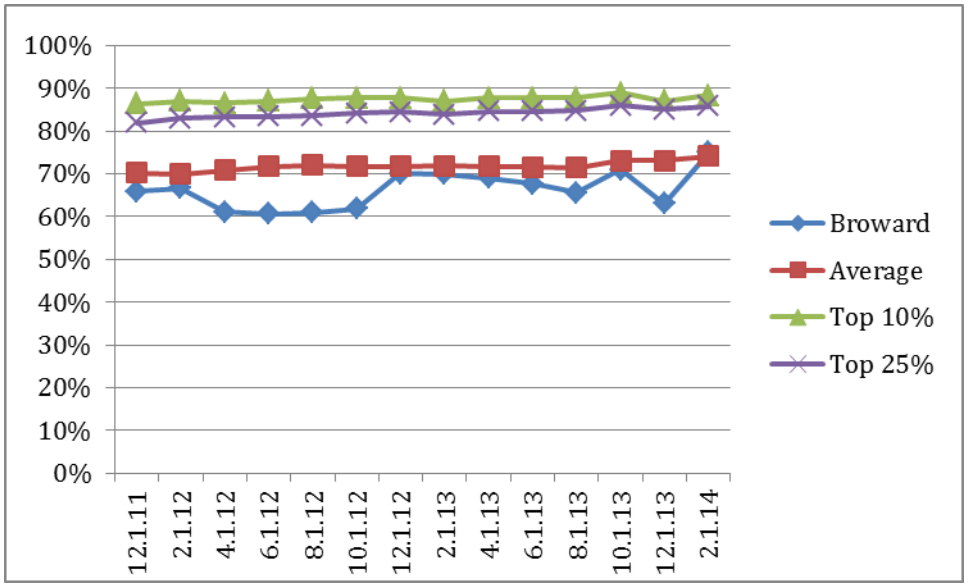
PATIENTS NEWLY ENROLLED IN MEDICAL CARE



	12.1.11	2.1.12	4.1.12	6.1.12	8.1.12	10.1.12	12.1.12	2.1.13	4.1.13	6.1.13	8.1.13	10.1.13	12.1.13	2.1.14
Broward	35%	44%	46%	41%	40%	47%	50%	53%	51%	54%	52%	46%	39%	39%
Average	56%	58%	59%	60%	59%	55%	56%	58%	57%	52%	61%	62%	60%	60%
Top 10%	97%	98%	97%	94%	96%	100%	100%	96%	100%	100%	100%	100%	100%	100%
Top 25%	84%	84%	84%	85%	83%	89%	88%	80%	86%	88%	92%	88%	88%	86%

PART A BENCHMARK REPORT

VIRAL LOAD SUPPRESSION



	12.1.11	2.1.12	4.1.12	6.1.12	8.1.12	10.1.12	12.1.12	2.1.13	4.1.13	6.1.13	8.1.13	10.1.13	12.1.13	2.1.14
Broward	66%	67%	61%	61%	61%	62%	70%	70%	69%	68%	66%	71%	63%	75%
Average	70%	70%	71%	72%	72%	72%	72%	72%	72%	72%	71%	73%	73%	74%
Top 10%	86%	87%	87%	87%	88%	88%	88%	87%	88%	88%	88%	89%	87%	88%
Top 25%	82%	83%	83%	83%	84%	84%	84%	84%	85%	85%	85%	86%	85%	86%

HAB PERFORMANCE MEASURES (46)	STATUS	OLD DEFINITION	NEW DEFINITION
CORE			
Viral Load Suppression	New; Adopted NQF 2082 definition	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	
Prescribed Antiretroviral Therapy	New; Adopted NQF 2083 definition	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	
Medical Visits Frequency	New; Adopted NQF 2079 definition	Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	
Gaps in Medical Visits	New; Adopted NQF 2080 definition	Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	
PCP Prophylaxis	Adopted NQF 405 definition	Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm3 who were prescribed PCP prophylaxis	Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis (Use the numerator and denomination that reflect patient population.)
ALL AGES			
CD4 Count	Adopted NQF 404 definition	Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year	Percentage of patients aged six months and older with a diagnosis of HIV/AIDS, with at least two CD4 cell counts or percentages performed during the measurement year at least 3 months apart
HIV Drug Resistance Testing Before Initiation of Therapy	No change	Percentage of patients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year	
Influenza Vaccination	Adopted NQF 41 definition	Percentage of clients with HIV infection who have received influenza vaccination within the measurement period	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous

HAB PERFORMANCE MEASURES (46)	STATUS	OLD DEFINITION	NEW DEFINITION
			receipt of an influenza immunization
Lipids Screening	All ages	Percentage of clients with HIV infection on HAART who had a fasting lipid panel during the measurement year	Percentage of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy and who had a fasting lipid panel during the measurement year
TB Screening	Adopted NQF 408 definition	Percentage of clients with HIV infection who received testing with results documented for latent tuberculosis infection (LTBI) since HIV diagnosis	Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection
Viral Load Monitoring	No change	Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load test performed at least every six months during the measurement year	
ADOLESCENT/ADULT			
Cervical Cancer Screening	Adopted NQF 32 definition (follow Medicaid definition)	Percentage of women with HIV infection who have a Pap screening in the measurement year	Percentage of female patients with a diagnosis of HIV who have a Pap screening in the measurement year
Chlamydia	Adopted NQF 409 definition; Combine with syphilis and gonorrhea screenings	Percentage of clients with HIV infection at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year	Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year
Gonorrhea	Adopted NQF 409 definition; Combine with chlamydia and syphilis screenings	Percentage of clients with HIV infection at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year	Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year

HAB PERFORMANCE MEASURES (46)	STATUS	OLD DEFINITION	NEW DEFINITION
Hepatitis B Screening	No change	Percentage of patients, regardless of age, for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity	
Hepatitis B Vaccination	No change	Percentage of patients with a diagnosis of HIV who completed the vaccination series for Hepatitis B	
Hepatitis C Screening	No change	Percentage of patients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV	
HIV Risk Counseling	Combine with substance abuse screening	Percentage of patients with a diagnosis of HIV who received HIV risk counseling in the measurement year	
Oral Exam	No change	Percent of patients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year	
Pneumococcal Vaccination	No change	Percentage of patients with a diagnosis of HIV who ever received pneumococcal vaccine	
Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	New; Adopted NQF 418 definition	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	
Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	Adopted NQF 28 definition	Percentage of clients with HIV infection who received tobacco cessation counseling within the measurement year	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user
Substance Use Screening	Combine with HIV risk counseling	Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year	

HAB PERFORMANCE MEASURES (46)	STATUS	OLD DEFINITION	NEW DEFINITION
Syphilis Screening	Adopted NQF 409 definition; Combine with chlamydia and gonorrhea screenings	Percentage of adult clients with HIV infection who had a test for syphilis performed within the measurement year	Percentage of adult patients with a diagnosis of HIV who had a test for syphilis performed within the measurement year
HIV-INFECTED CHILDREN			
MMR Vaccination	No change	Percentage of pediatric patients with HIV infection who have had at least one dose of Measles, Mumps & Rubella (MMR) vaccine administered between 12-24 months of age	
HIV-EXPOSED CHILDREN			
Diagnostic Testing to Exclude HIV Infection in Exposed Infants	No change	Percentage of exposed infants born to HIV-infected women who received recommended virologic diagnostic testing for exclusion of HIV infection in the measurement year	
Neonatal Zidovudine Prophylaxis	No change	Percentage of infants born to HIV-infected women who were prescribed ZDV prophylaxis for HIV within 12 hours of birth during the measurement year	
PCP Prophylaxis for HIV-Exposed Infants	No change	Percentage of eligible infants with HIV-exposure who were prescribed PCP prophylaxis in the measurement year	
MEDICAL CASE MANAGEMENT			
Care Plan	No change	Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year	
Gap in Medical Visits	New; Adopted NQF 2080 definition	Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year (that is documented in the medical case management record)	
Medical Visit Frequency	New; Adopted NQF 2079 definition	Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	
ORAL HEALTH			
Dental and Medical History	No Change	Percentage of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year	

HAB PERFORMANCE MEASURES (46)	STATUS	OLD DEFINITION	NEW DEFINITION
Dental Treatment Plan	No Change	Percentage of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year	
Oral Health Education	No Change	Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year	
Periodontal Screening or Examination	No Change	Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year	
Phase I Treatment Plan Completion	No Change	Percentage of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months	
AIDS DRUG ASSISTANCE PROGRAM (ADAP)			
Application Determination	No Change	Percent of ADAP applications approved or denied for new ADAP enrollment within 14 days (two weeks) of ADAP receiving a complete application in the measurement year	
Eligibility Recertification	No Change	Percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times in the measurement year	
Formulary	No Change	Percentage of new anti-retroviral classes that are included in the ADAP formulary within 90 days of the date of inclusion of new anti-retroviral classes in the PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents during the measurement year	
Inappropriate Antiretroviral	No Change	Percent of identified inappropriate antiretroviral (ARV) regimen components prescriptions that are resolved by the ADAP program during the measurement year	
SYSTEM-LEVEL			
Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care	No Change	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	
HIV Test Results for PLWHA	No Change	Percentage of individuals who test positive for HIV who are given their HIV-antibody test results in the measurement year	

HAB PERFORMANCE MEASURES (46)	STATUS	OLD DEFINITION	NEW DEFINITION
HIV Positivity (Disease status at time of entry into care)	No Change	Percentage of HIV positive tests in the measurement year	
Late HIV Diagnosis	New; HHS Definition	Percentage of patients with a diagnosis of Stage 3 HIV (AIDS) within 3 months of diagnosis of HIV	
Linkage to HIV Medical Care	New; HHS Definition	Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis	
Housing Status	New; HHS Definition	Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis	
ARCHIVED			
ARV Therapy for Pregnant Women			
AIDS/HAART			
Medical Visits			
Adherence Assessment & Counseling			
Hepatitis/HIV Alcohol Counseling			
MAC Prophylaxis			
Toxoplasma Screening			
Viral load suppression (with ART)			
Adherence Assessment & Counseling			
Developmental Surveillance			
Health Care Transition Planning for HIV-infected Youth			
Quality management program			
Medical Visits			

HIV/AIDS Bureau's Performance Measure Portfolio

November 6, 2013

U.S. Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau
Clinical Unit

INTRODUCTIONS

- Marlene Matosky and Tracy Matthews

- Webinar participants: Enter your name, grantee organization, location, and Ryan White HIV/AIDS Program Part in the chat room

- Summarize factors and principles for revisions to the HIV/AIDS Bureau performance measure portfolio
- Review changes to the HIV/AIDS Bureau performance measure portfolio
- Outline the next steps

Ryan White HIV/AIDS Treatment Extension Act of 2009

All Ryan White HIV/AIDS Program grantees are required "to establish **clinical quality management programs** to:

Measure

- Assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections

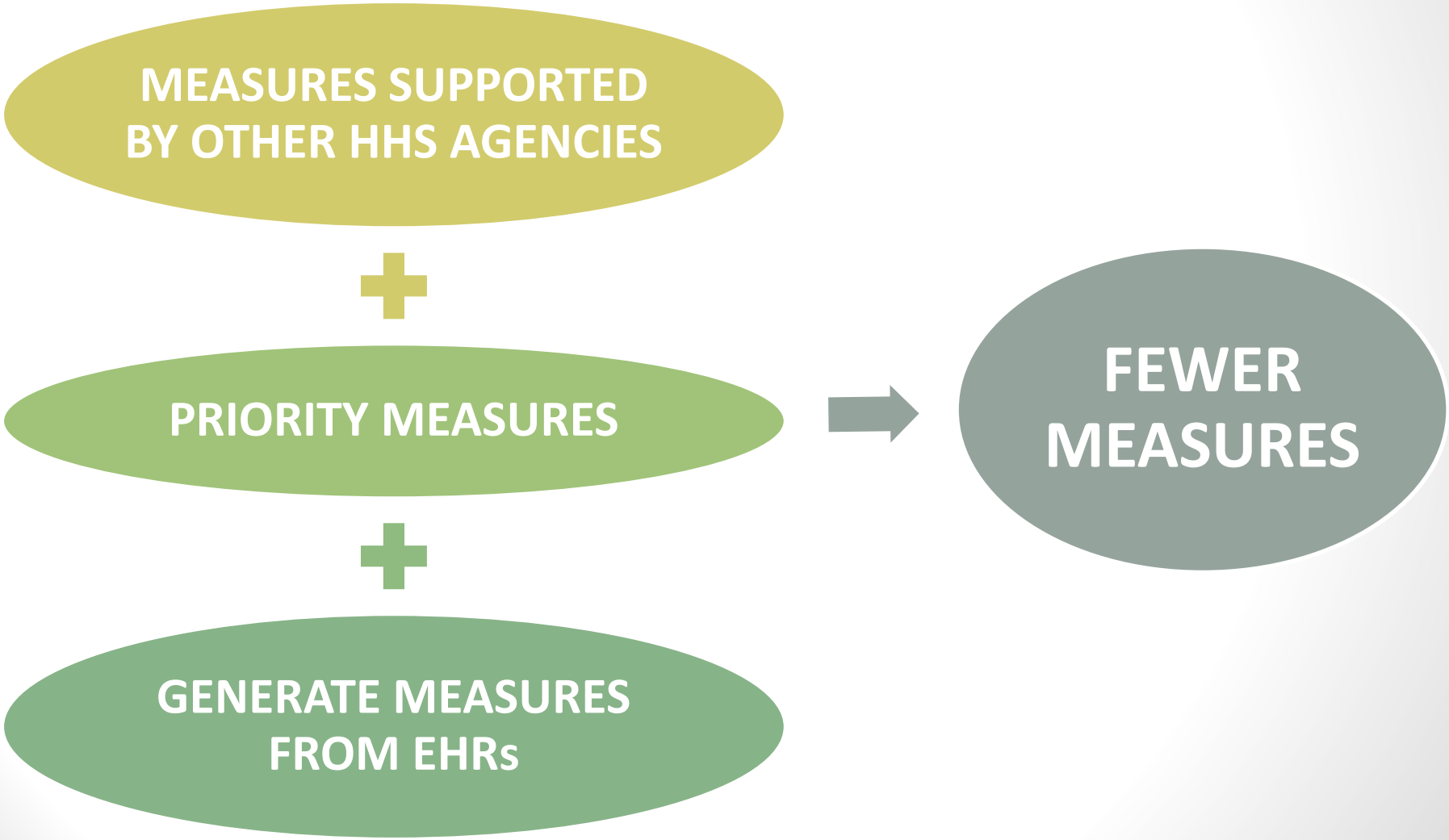
Improvement

- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services"

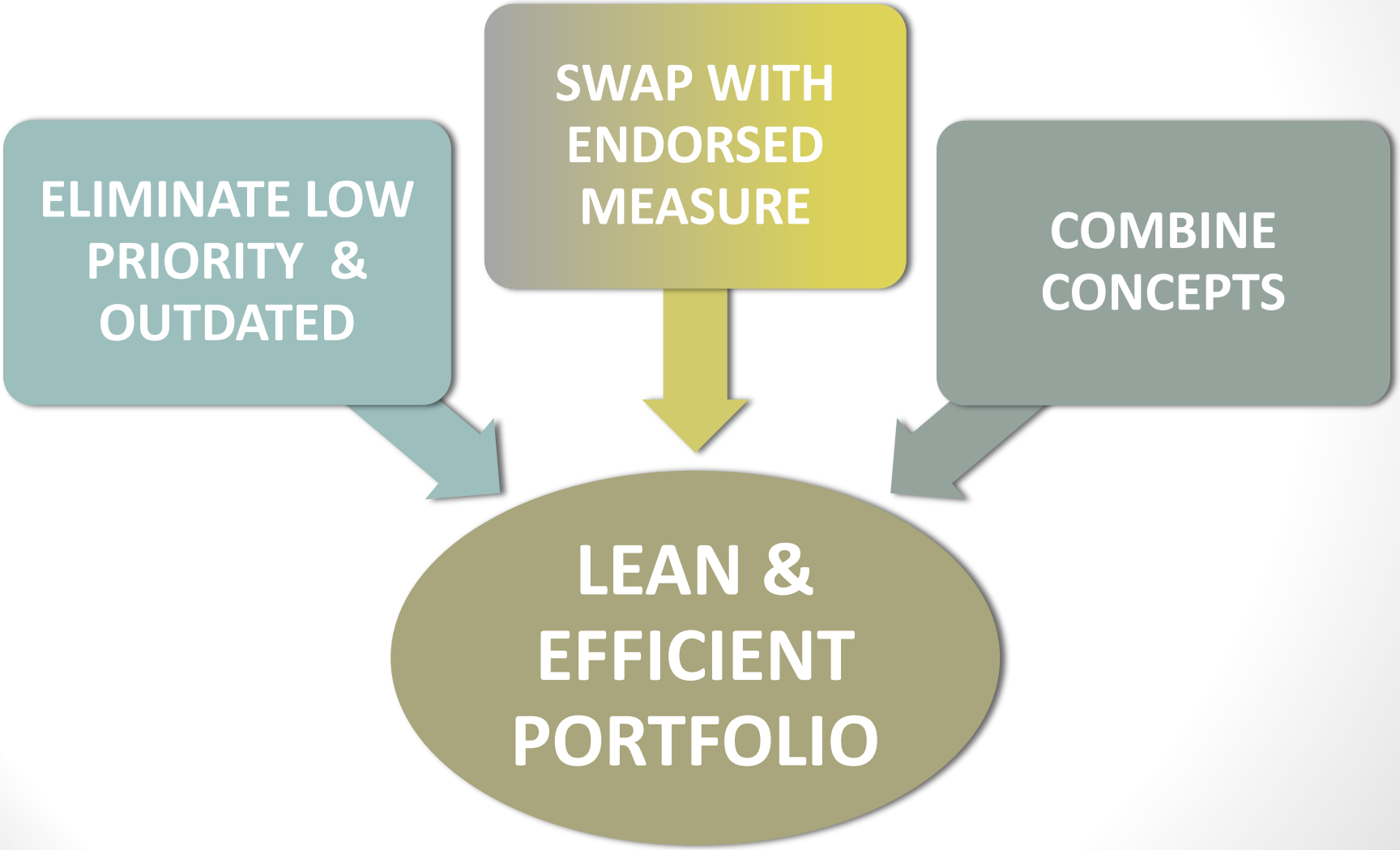
WHAT DO WE **WANT TO ACHIEVE?**

1. Emphasize Priorities
2. Alignment with Other Federal Stakeholders
3. Parsimony

MEASURE REFORM
GUIDING PRINCIPLES



RESULTS OF REFORMS



TIMELINE

May 2013

Presentation to HIV/AIDS Bureau Staff

June 2013

Presentation to Stakeholders

July - September 2013

Collect & Analyze Feedback

November 2013

Post Final Portfolio

CURRENT PERFORMANCE MEASURE
PORTFOLIO STRUCTURE

http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html

Old: 56 Measures

- Clinical Groups 1, 2, & 3
- Pediatric
- Medical Case Management
- ADAP
- Oral Health
- Systems

New: 46 Measures

- Core
- Clinical
- Medical Case Management
- ADAP
- Oral Health
- Systems
- Archived

CHANGES

- Core – promote use by all grantees
- All ages measures
- Swapped for measures in other Federal program with same concept
- HIV/AIDS Bureau did not develop all of the measures in the portfolio
- Archived measures

CORE

1. Viral Load Suppression
2. Prescribed Antiretroviral Therapy
3. Medical Visits Frequency
4. Gap in Medical Visits
5. PCP Prophylaxis

CLINICAL – ALL AGES

1. CD4 Count
2. HIV Drug Resistance Testing Before Initiation of Therapy
3. Influenza Vaccination
4. Lipids Screening
5. TB Screening
6. Viral Load Monitoring

CLINICAL – ADOLESCENT/ADULT

1. Cervical Cancer Screening
2. Chlamydia Screening
3. Gonorrhea Screening
4. Hepatitis B Screening
5. Hepatitis B Vaccination
6. Hepatitis C Screening
7. HIV Risk Counseling
8. Oral Exam
9. Pneumococcal Vaccination
10. Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
11. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
12. Substance Use Screening
13. Syphilis Screening

CHILDREN

HIV-Infected Children:

1. MMR Vaccination

HIV-Exposed Children:

1. Diagnostic Testing to Exclude HIV Infection in Exposed Infants
2. Neonatal Zidovudine Prophylaxis
3. PCP Prophylaxis for HIV-Exposed Infants

ORAL HEALTH

1. Dental and Medical History
2. Dental Treatment Plan
3. Oral Health Education
4. Periodontal Screening or Examination
5. Phase I Treatment Plan Completion

MEDICAL CASE MANAGEMENT

1. Care Plan
2. Gap in Medical Visits
3. Medical Visit Frequency

AIDS DRUG ASSISTANCE PROGRAM (ADAP)

1. Application Determination
2. Eligibility Recertification
3. Formulary
4. Inappropriate Antiretroviral Regimen

SYSTEM LEVEL

1. HIV Positivity
2. HIV Test Results for PLWHA
3. Housing Status
4. Late HIV Diagnosis
5. Linkage to HIV Medical Care
6. Waiting Time for Initial Access to Outpatient/ Ambulatory Medical Care

ARCHIVED

Adolescent/Adult:

1. ARV Therapy for Pregnant Women
2. CD4 T-Cell Count
3. HAART
4. Medical Visits
5. PCP Prophylaxis
6. Adherence Assessment & Counseling
7. TB Screening
8. Hepatitis/HIV Alcohol Counseling
9. Influenza Vaccination
10. MAC Prophylaxis
11. Mental Health Screening
12. Tobacco Screening
13. Toxoplasma Screening

All Ages:

1. Viral Load Monitoring
2. Viral Load Suppression on ART

Medical Case Management (MCM):

1. Medical Visits

Pediatrics:

1. Adherence Assessment and Counseling
2. ARV Therapy
3. CD4 Value
4. Developmental Surveillance
5. Health Care Transition Planning for HIV-infected Youth
6. HIV Drug Resistance Testing Before Initiation of Therapy
7. Lipid Screening
8. Medical Visit
9. PCP Prophylaxis for HIV-Infected Children
10. Planning for Disclosure of HIV Status to Child
11. TB Screening

System:

1. Disease Status at Time of Entry Into Care
2. Quality Management Program

KEY POINTS

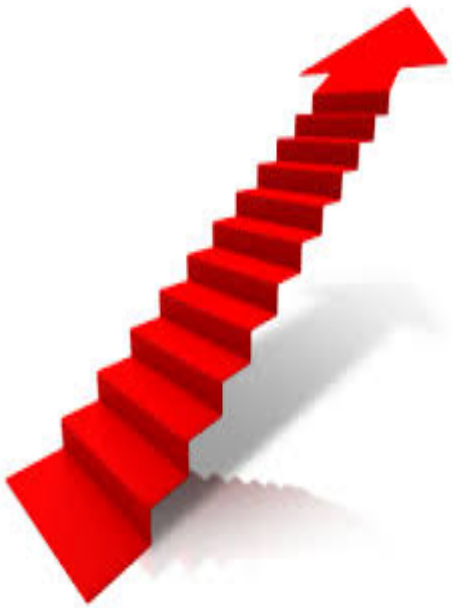
Recommend, at a minimum, to incorporate the Core measures into quality management programs

Choose measures appropriate for your program based on services funded

Consider stratifying measures to look at disparities (e.g., gender, race/ethnicity, age, risk, insurance status, etc.)

Archived measures does not preclude use when meaningful for your program

NEXT STEPS



- ⇨ Review HIV/AIDS Bureau performance measure webpage
  - ⇨ Measure detail sheets
  - ⇨ Frequently asked questions (FAQs)
- ⇨ Identify changes to own measure portfolio
- ⇨ Send questions to HIVmeasures@hrsa.gov or call Marlene Matosky (301-443-0798)

http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html

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