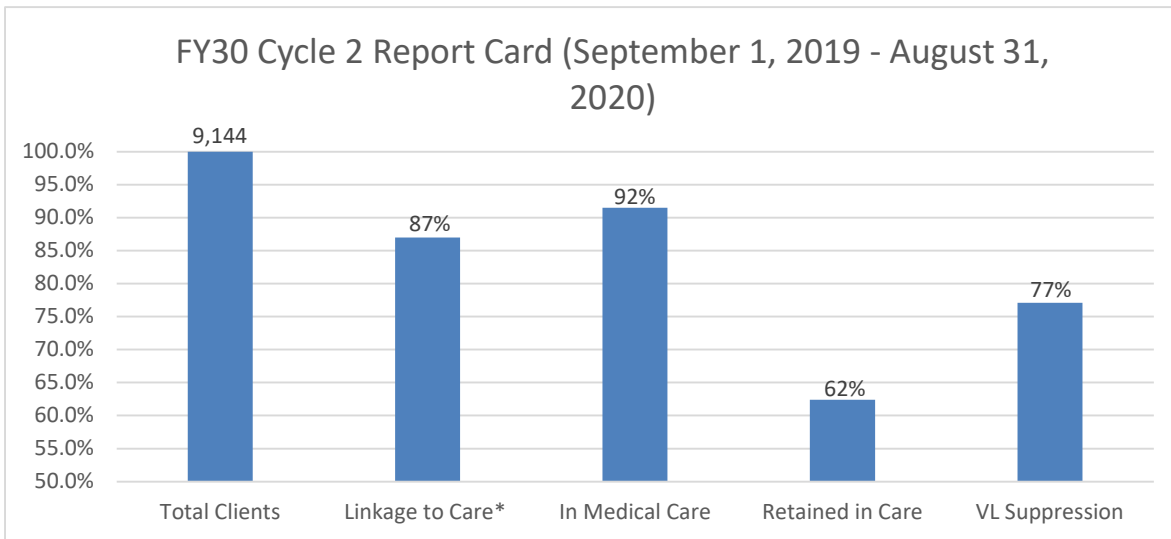


	Total Clients	Linkage to Care*	In Medical Care	Retained in Care	VL Suppression
FY30 Cycle 2 Report Card	100.0%	87%	92%	62%	77%



*Provided by DOH through 2019, as of 6/30/2020

Please note: Beginning in late March 2020, the MDC RWP suspended the Viral Load requirement through at least the beginning of December 2020 due to the COVID-19 pandemic. Observed difference as of the 9/1/2019 thru 3/31/2020 reporting period may be due to how the data are collected and/or assigned to MCM agencies in Provide and/or the impact of the COVID-19 pandemic on RWP service delivery. Until further notice, all data as of 3/1/2020 is for informational purposes only.

Ryan White Program
Part A/MAI
Miami-Dade County, FL

CLINICAL QUALITY MANAGEMENT (CQM)
PERFORMANCE REPORT CARD
2020-2021

The Miami-Dade
Ryan White Program

QM PROGRAM INDICATORS

	FY 29 Cycle 3 Dec 18-Nov 19	FY 29 Cycle 4 Mar 19-Feb 20	FY 30 Cycle 1 June 19-May 20	FY 30 Cycle 2 Sept 19-Aug 20
HIV Care Continuum				
C1. Total active RWP clients	9,267	9,031	8,981	9,144
C2. In medical care (Target goal ≥95%)	92.0% 8,530	94.5% 8,534	92.1% 8,272	91.5% 8,371
C3. Retained in medical care (Target goal ≥90%)	70.5% 6,533	75.2% 6,791	66.6% 5,982	62.4% 5,703
C4. ARV use (Target goal ≥88%)	94.3% 8,738	95.1% 8,590	92.7% 8,328	92.2% 8,430
C5. Suppressed VL (Target goal ≥80%)	79.9% 7,407	82.1% 7,416	79.7% 7,158	77.1% 7,047
Medical Case Management (MCM)				
M1. Total active MCM clients	78.5% 7,271	74.0% 6,681	86.2% 7,743	73.3% 6,704
M2. MCM clients In medical care (Target goal ≥95%)	98.7% 7,176	99.9% 6,674	95.0% 7,357	98.3% 6,588
M3. MCM clients retained in medical care (Target goal ≥90%)	83.4% 6,061	89.0% 5,946	72.0% 5,577	75.0% 5,027
M4. MCM clients using ARVs (Target goal ≥88%)	99.2% 7,216	98.6% 6,585	96.4% 7,462	97.3% 6,522
M5. MCM clients with a suppressed VL (Target goal ≥80%)	87.5% 6,364	88.8% 5,934	83.5% 6,468	87.8% 5,886
M6. New MCM clients	5.7% 414	6.3% 418	2.6% 200	4.4% 295
M7. Clients with an unassigned MCM	0.3% 19	0.7% 44	0.0% 0	1.6% 104
M8. MCM clients without a suppressed VL	B 12.5% 907	B 11.2% 747	16.5% 1,275	B 12.2% 818
M9. MCM clients without a current VL (F >10%)	A 7.4% 536	A 0.8% 54	25.4% 1,966	15.6% 1,049
M10. MCM clients with a due CHA/EA >7 months	A 5.3% 388	A 4.6% 309	62.1% 4,812	B 12.8% 861
M11. MCM clients with NO update (contact) >90 days	B 10.9% 792	B 10.6% 707	23.2% 1,798	B 15.2% 1,016
M12. MCM clients with NO FFE or telehealth contact >7 months	B 7.0% 511	B 12.6% 844	41.8% 3,238	49.4% 3,311
M13. MCM clients with NO contact >7 months (case closure required)	A 2.0% 146	A 0.8% 52	7.2% 558	A 3.7% 246

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A=Met goal
 B=Minor improvement needed
 C=Improvement needed
 D=Performance Improvement plan required
 F=Quality Improvement Initiative required

RYAN WHITE PROGRAM: QUALITY MANAGEMENT INDICATOR DESCRIPTIONS

HIV Care Continuum

- C1. **Total active RWP clients:** Number of RWP clients receiving at least one RWP service during the reporting period.
- C2. **In medical care (Target goal ≥95%):** Percentage of active RWP clients in medical care. Denominator: all active RWP clients (C1). Numerator: active RWP clients receiving 1 or more medical visits with a provider with prescribing privileges, CD4, or VL test in the past 12 months.
- C3. **Retained in medical care (Target goal ≥90%):** Percentage of active RWP clients retained in medical care. Denominator: all active RWP clients (C1). Numerator: active RWP clients receiving 2 or more medical visits with a provider with prescribing privileges, CD4, or VL test at least 3 months (90 days) apart in the past 12 months.
- C4. **ARV use (Target goal ≥88%):** Percentage of active RWP clients using ARVs. Denominator: all active RWP clients (C1). Numerator: active RWP clients receiving ARVs thru the RWP APA or on ADAP at any time during the reporting period.
- C5. **Suppressed VL (Target goal ≥80%):** Percentage of active RWP clients with a suppressed viral load (<200 copies/mL). Denominator: all active RWP clients (C1). Numerator: active RWP clients with a documented suppressed viral load (<200 copies/mL) in the most current reported lab in the reporting period. Missing viral loads are reported as unsuppressed.

Medical Case Management (MCM)

- M1. **Total active MCM clients:** Number of active RWP clients (C1) with billings for MCM services; excludes outreach-only clients, clients whose cases were closed, identified out-of-network clients.
- M2. **MCM clients in medical care (Target goal ≥95%):** Percentage of MCM clients (M1) in medical care.
- M3. **MCM clients retained in medical care (Target goal ≥90%):** Percentage of MCM clients (M1) retained in medical care.
- M4. **MCM clients on ARVs (Target goal ≥88%):** Percentage of MCM clients (M1) using ARVs.
- M5. **MCM clients with a suppressed VL (Target goal ≥80%):** Percentage of MCM clients (M1) with a suppressed viral load (<200 copies/mL).
- M6. **New MCM clients:** Percentage of MCM clients (M1) new to the RWP for 6 months or less as determined by the first ever RWP service billed to client.
- M7. **MCM clients with an unassigned MCM:** Percentage of MCM clients (M1) without an assigned MCM.
- M8. **MCM client without a suppressed VL:** Percentage of MCM clients (M1) without a suppressed viral load (≥200 copies/mL). A<6%; B=6%-15%; C=16%-25%; D=26%-35%; F>35%.
- M9. **MCM clients without a current VL (F >10%):** Percentage of MCM clients (M1) without a current (7 months or less) VL in the reporting period. F = Noncompliance-correction plan required (>10%).
- M10. **MCM clients with a due CHA/EA >7 months:** Percentage of MCM clients (M1) with a CHA/EA older than 7 months (210 days) in the reporting period. A<6%; B=6%-15%; C=16%-25%; D=26%-35%; F>35%.
- M11. **MCM clients with NO update (contact) >90 days:** Percentage of MCM clients (M1) with no MCM or PESN service billed to them in more than 90 days in the reporting period. A<6%; B=6%-15%; C=16%-25%; D=26%-35%; F>35%.
- M12. **MCM clients with NO FFE or telehealth contact >7 months:** Percentage of MCM clients (M1) without either a MCM or PESN face-to-face contact in more than 7 months (210 days) in the reporting period. A<6%; B=6%-15%; C=16%-25%; D=26%-35%; F>35%.
- M13. **MCM clients with NO contact >7 months (case closure req.):** Percentage of MCM clients (M1) without any RWP service billed to them in more than 7 months (210 days) in the reporting period. A<6%; B=6%-15%; C=16%-25%; D=26%-35%; F>35%.



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CLINICAL QUALITY MANAGEMENT (CQM)
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QM PROGRAM INDICATORS

	FY 29 Cycle 3 Dec 18-Nov 19	FY 29 Cycle 4 Mar 19-Feb 20	FY 30 Cycle 1 June 19-May 20	FY 30 Cycle 2 Sept 19-Aug 20
Outpatient Ambulatory Health Services (OAHS)				
N1. Total active OAHS clients	48.4% 4,483	48.9% 4,417	48.7% 4,372	44.3% 4,052
N2. OAHS clients in medical care (Target goal ≥95%)	100% 4,483	100% 4,417	100% 4,372	100% 4,052
N3. OAHS clients retained in medical care (Target goal ≥90%)	87.5% 3,921	88.8% 3,924	82.8% 3,620	84.0% 3,403
N4. OAHS clients on ARVs (Target goal ≥88%)	99.1% 4,443	99.3% 4,384	96.3% 4,212	96.0% 3,889
N5. OAHS clients with a suppressed VL (Target goal ≥80%)	87.2% 3,909	85.8% 3,789	84.3% 3,687	83.8% 3,396
N6. OAHS clients who received an oral exam	26.6% 1,194	26.1% 1,152	17.8% 777	17.6% 712
Oral Health Care (OHC)				
D1. Total active OHC clients	22.6% 2,090	35.1% 3,170	15.3% 1,371	14.4% 1,314
D2. OHC clients who received BOTH oral health education services	4.2% 87	4.7% 150	7.6% 104	11.6% 153
D3. OHC clients who received EITHER oral health education services	42.6% 891	36.8% 1,165	46.5% 638	84.9% 1,115

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RYAN WHITE PROGRAM: QUALITY MANAGEMENT INDICATOR DESCRIPTIONS

Outpatient Ambulatory Health Services (OAHS)

- Total active OAHS clients:** Number of active RWP clients (C1) who had at least one (1) face-to-face (FFE) OAHS visit (a medical visit with a provider with prescribing privileges) billed to the RWP in the reporting period. Agency assignment is based on the agency where the most recent OAHS FFE or telehealth service of the reporting period was billed and not necessarily where client is receiving case management. Excludes clients whose cases were closed in the reporting period, new clients in the RWP for 6 months or less, or identified out-of-network clients.
- N1.** **Total active OAHS clients:** Number of active RWP clients (C1) who had at least one (1) face-to-face (FFE) OAHS visit (a medical visit with a provider with prescribing privileges) billed to the RWP in the reporting period. Agency assignment is based on the agency where the most recent OAHS FFE or telehealth service of the reporting period was billed and not necessarily where client is receiving case management. Excludes clients whose cases were closed in the reporting period, new clients in the RWP for 6 months or less, or identified out-of-network clients.
- N2.** **OAHS clients in medical care (Target goal ≥95%):** Percentage of OAHS clients (N1) in medical care.
- N3.** **OAHS clients retained in medical care (Target goal ≥90%):** Percentage of OAHS clients (N1) retained in medical care.
- N4.** **OAHS clients on ARVs (Target goal ≥88%):** Percentage of OAHS clients (N1) using ARVs.
- N5.** **OAHS clients with a suppressed VL (Target goal ≥80%):** Percentage of OAHS clients (N1) with a suppressed viral load (<200 copies/mL).
- N6.** **OAHS clients who received an oral exam:** Percentage of OAHS clients (N1) who received a clinical oral evaluation (D0120, D0150, D0160, D0170, D0180) at least once in the reporting period.

Oral Health Care (OHC)

- Total active OHC clients:** Number of active RWP clients (C1) who had a least one (1) clinical oral evaluation (D0120, D0150, D0160, D0170, D0180) billed to the RWP in the reporting period. Agency assignment is based on the agency where the most recent oral evaluation of the reporting period was billed.
- D1.** **Total active OHC clients:** Number of active RWP clients (C1) who had a least one (1) clinical oral evaluation (D0120, D0150, D0160, D0170, D0180) billed to the RWP in the reporting period. Agency assignment is based on the agency where the most recent oral evaluation of the reporting period was billed.
- D2.** **OHC clients who received BOTH oral health education services:** Percentage of OHC clients (D1) who received BOTH oral hygiene instruction [D1330] AND smoking/tobacco cessation counseling [D1320] in the reporting period.
- D3.** **OHC clients who received EITHER oral health education services:** Percentage of OHC clients (D1) who received EITHER oral hygiene instruction [D1330] OR smoking/tobacco cessation counseling [D1320] in the reporting period.

MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD

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QM PROGRAM INDICATORS	FY 30 Cycle 2: September 2019 thru August 2020											
	RWP	AHF CG	AHF HS	AHF JN	AHF LC	AHF MB	Borinquen	CAN CH	Care 4 U	CR LH	CR MB	CR MT
HIV Care Continuum												
C1. Total active RWP clients	9,144	528	119	392	204	483	733	no data	20	198	116	1,621
C2. In medical care (TG≥95%)	91.5% 8,371	94.5% 499	91.6% 109	93.6% 367	95.6% 195	92.1% 445	90.7% 665	no data	95.0% 19	93.4% 185	95.7% 111	92.9% 1,506
C3. Retained in medical care (TG≥90%)	62.4% 5,703	69.7% 368	56.3% 67	58.7% 230	65.2% 133	57.8% 279	61.0% 447	no data	30.0% 6	68.7% 136	69.0% 80	62.4% 1,011
C4. ARV use (TG≥88%)	92.2% 8,430	97.7% 516	90.8% 108	97.2% 381	95.1% 194	94.4% 456	93.3% 684	no data	80.0% 16	95.5% 189	95.7% 111	97.0% 1,572
C5. Suppressed VL (TG≥80%)	77.1% 7,047	89.2% 471	76.5% 91	83.9% 329	79.4% 162	85.1% 411	77.4% 567	no data	40.0% 8	87.9% 174	90.5% 105	83.5% 1,353
Medical Case Management (MCM)												
M1. Total active MCM clients	73.3% 6,704	86.0% 454	72.3% 86	82.7% 324	75.5% 154	80.3% 388	76.0% 557	no data	50.0% 10	89.9% 178	87.9% 102	83.5% 1,353
M2. MCM clients In medical care (TG≥95%)	98.3% 6,588	99.3% 451	98.8% 85	98.8% 320	98.7% 152	98.5% 382	98.0% 546	no data	90.0% 9	97.8% 174	98.0% 100	97.6% 1,321
M3. MCM clients retained in medical care (TG≥90%)	75.0% 5,027	77.1% 350	67.4% 58	66.0% 214	74.0% 114	65.7% 255	74.0% 412	no data	30.0% 3	74.7% 133	75.5% 77	70.2% 950
M4. MCM clients using ARVs (TG≥88%)	97.3% 6,522	98.5% 447	89.5% 77	98.5% 319	97.4% 150	95.4% 370	95.9% 534	no data	80.0% 8	97.8% 174	95.1% 97	98.8% 1,337
M5. MCM clients with a suppressed VL (TG≥80%)	87.8% 5,886	94.7% 430	84.9% 73	90.7% 294	86.4% 133	92.0% 357	86.2% 480	no data	30.0% 3	92.7% 165	93.1% 95	89.0% 1,204
M6. New MCM clients	4.4% 295	4.4% 20	12.8% 11	6.8% 22	16.2% 25	5.7% 22	11.3% 63	no data	40.0% 4	5.1% 9	6.9% 7	3.4% 46
M7. Clients with an unassigned MCM	1.6% 104	0.9% 4	0.0% 0	0.9% 3	0.6% 1	3.1% 12	1.4% 8	no data	0.0% 0	0.6% 1	7.8% 8	2.1% 29
M8. MCM clients without a suppressed VL	B 12.2% 818	A 5.3% 24	B 15.1% 13	B 9.3% 30	B 13.6% 21	B 8.0% 31	B 13.8% 77	no data	F 70.0% 7	B 7.3% 13	B 6.9% 7	B 11.0% 149
M9. MCM clients without a current VL (F >10%)	15.6% 1,049	12.6% 57	15.1% 13	19.8% 64	5.2% 8	24.7% 96	11.1% 62	no data	0.0% 0	10.7% 19	6.9% 7	14.7% 199
M10. MCM clients with a due CHA >7 months	B 12.8% 861	A 4.0% 18	B 8.1% 7	D 31.8% 103	A 5.2% 8	B 15.2% 59	B 8.1% 45	no data	C 20.0% 2	B 14.0% 25	B 10.8% 11	B 9.5% 128
M11. MCM clients with NO update (contact) >90 days	B 15.2% 1,016	B 7.5% 34	C 24.4% 21	D 31.5% 102	B 10.4% 16	C 25.5% 99	A 5.4% 30	no data	C 20.0% 2	B 14.0% 25	B 10.8% 11	B 11.1% 150
M12. MCM clients with NO FFE contact >7 months	49.4% 3,311	38.3% 174	66.3% 57	55.9% 181	35.1% 54	64.7% 251	15.1% 84	no data	0.0% 0	12.9% 23	35.3% 36	56.3% 762
M13. MCM clients with NO contact >7 months (case closure required)	A 3.7% 246	A 0.9% 4	A 0.0% 0	B 6.8% 22	A 0.0% 0	A 4.1% 16	A 1.8% 10	no data	A 0.0% 0	A 0.6% 1	B 6.9% 7	A 2.6% 35



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QM PROGRAM INDICATORS	FY 30 Cycle 2: September 2019 thru August 2020																					
	RWP		CHI		Citrus		Empower U		Jessie Trice		Latinos Salud		MBCHC		PHT ND		PHT PET		PHT SF		UM	
HIV Care Continuum																						
C1. Total active RWP clients	9,144		372		121		261		166		33		965		148		214		1,700		529	
C2. In medical care (TG≥95%)	91.5%	8,371	91.1%	339	94.2%	114	92.0%	240	91.0%	151	87.9%	29	94.4%	911	98.0%	145	92.5%	198	90.4%	1,536	79.6%	421
C3. Retained in medical care (TG≥90%)	62.4%	5,703	53.0%	197	72.7%	88	58.2%	152	76.5%	127	18.2%	6	69.8%	674	79.7%	118	76.6%	164	70.5%	1,199	34.4%	182
C4. ARV use (TG≥88%)	92.2%	8,430	79.6%	296	99.2%	120	95.0%	248	93.4%	155	81.8%	27	97.6%	942	98.6%	146	95.3%	204	94.7%	1,610	74.1%	392
C5. Suppressed VL (TG≥80%)	77.1%	7,047	61.3%	228	88.4%	107	72.8%	190	78.3%	130	48.5%	16	85.3%	823	82.4%	122	83.6%	179	73.8%	1,255	30.6%	162
Medical Case Management (MCM)																						
M1. Total active MCM clients	73.3%	6,704	n/a		88.4%	107	81.2%	212	81.3%	135	79%	26	79.4%	766	87.8%	130	79.9%	171	78.0%	1,326	17.4%	92
M2. MCM clients In medical care (TG≥95%)	98.3%	6,588	n/a		99.1%	106	98.6%	209	99.3%	134	92.3%	24	98.7%	756	98.5%	128	100%	171	98.0%	1,299	98.9%	91
M3. MCM clients retained in medical care (TG≥90%)	75.0%	5,027	n/a		80.4%	86	66.0%	140	88.9%	120	15.4%	4	79.5%	609	85.4%	111	88.9%	152	82.9%	1,099	79.3%	73
M4. MCM clients using ARVs (TG≥88%)	97.3%	6,522	n/a		99.1%	106	97.6%	207	97.0%	131	80.8%	21	98.7%	756	100%	130	98.2%	168	97.1%	1,287	93.5%	86
M5. MCM clients with a suppressed VL (TG≥80%)	87.8%	5,886	n/a		94.4%	101	81.1%	172	88.9%	120	53.8%	14	91.3%	699	85.4%	111	90.6%	155	82.4%	1,092	91.3%	84
M6. New MCM clients	4.4%	295	n/a		0.0%	0	0.5%	1	1.5%	2	61.5%	16	2.6%	20	0.0%	0	0.0%	0	2.0%	27	0.0%	0
M7. Clients with an unassigned MCM	1.6%	104	n/a		2.8%	3	1.9%	4	0.7%	1	0.0%	0	1.2%	9	3.8%	5	0.0%	0	1.0%	13	3.3%	3
M8. MCM clients without a suppressed VL	B 12.2%	818	n/a		A 5.6%	6	C 18.9%	40	B 11.1%	15	F 46.2%	12	B 8.7%	67	B 14.6%	19	B 9.4%	16	C 17.6%	234	B 8.7%	8
M9. MCM clients without a current VL (F >10%)	15.6%	1,049	n/a		16.8%	18	35.8%	76	4.4%	6	7.7%	2	16.4%	126	10.0%	13	2.3%	4	13.7%	181	25.0%	23
M10. MCM clients with a due CHA >7 months	B 12.8%	861	n/a		D 26.2%	28	C 23.1%	49	B 8.1%	11	A 3.8%	1	B 12.1%	93	C 16.2%	21	A 2.3%	4	B 14.2%	188	A 3.3%	3
M11. MCM clients with NO update (contact) >90 days	B 15.2%	1,016	n/a		D 32.7%	35	F 39.6%	84	A 3.0%	4	A 0.0%	0	B 9.9%	76	C 16.2%	21	A 1.2%	2	B 13.0%	172	A 2.2%	2
M12. MCM clients with NO FFE contact >7 months	49.4%	3,311	n/a		32.7%	35	69.8%	148	23.0%	31	0.0%	0	34.5%	264	40.8%	53	66.7%	114	66.1%	876	68.5%	63
M13. MCM clients with NO contact >7 months (case closure required)	A 3.7%	246	n/a		D 26.2%	28	B 7.5%	16	A 1.5%	2	A 0.0%	0	A 1.4%	11	A 3.8%	5	A 0.0%	0	A 1.7%	22	A 1.1%	1



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QM PROGRAM INDICATORS		FY 30 Cycle 2: September 2019 thru August 2020																							
		RWP		AHF CG		AHF HS		AHF JN		AHF LC		AHF MB		Borinquen		CAN CH		Care 4 U		CR LH		CR MB		CR MT	
Outpatient/Ambulatory Health Services (OAHS)																									
N1.	Total active OAHS clients	44.3%	4,052	43.0%	227	47.9%	57	38.8%	152	52.5%	107	46.6%	225	35.3%	259	n/a		60.0%	12	53.5%	106	21.6%	25	34.7%	563
N2.	OAHS clients in medical care (TG≥95%)	100%	4,052	100%	227	100%	57	100%	152	100%	107	100%	225	100%	259	n/a		100%	12	100%	106	100%	25	100%	563
N3.	OAHS clients retained in medical care (TG≥90%)	84.0%	3,403	88.5%	201	71.9%	41	76.3%	116	86.9%	93	79.1%	178	90.0%	233	n/a		33.3%	4	96.2%	102	96.0%	24	83.3%	469
N4.	OAHS clients on ARVs (TG≥88%)	96.0%	3,889	97.4%	221	89.5%	51	98.0%	149	96.3%	103	95.1%	214	97.3%	252	n/a		66.7%	8	98.1%	104	100%	25	98.8%	556
N5.	OAHS clients with a suppressed VL (TG≥80%)	83.8%	3,396	93.8%	213	84.2%	48	91.4%	139	85.0%	91	90.2%	203	89.2%	231	n/a		16.7%	2	90.6%	96	88.0%	22	88.5%	498
N6.	OAHS clients who received an oral exam	17.6%	712	15.0%	34	1.8%	1	11.2%	17	17.8%	19	12.0%	27	17.4%	45	n/a		0.0%	0	16.0%	17	20.0%	5	11.4%	64
Oral Health Care (OHC)																									
D1.	Total active OHC clients	14.4%	1,314	n/a		n/a		n/a		n/a		n/a		28.8%	211	n/a		n/a		11.1%	22	n/a		14.3%	231
D2.	OHC clients who received BOTH oral health education services	11.6%	153	n/a		n/a		n/a		n/a		n/a		0.5%	1	n/a		n/a		0.0%	0	n/a		3.5%	8
D3.	OHC clients who received EITHER oral health education services	84.9%	1,115	n/a		n/a		n/a		n/a		n/a		67.8%	143	n/a		n/a		13.6%	3	n/a		32.9%	76



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MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD

Disclaimer: All discussions concerning subrecipient-specific results are to focus on quality-improvement initiatives, not the agencies indicated below. Discussions concerning subrecipient deficiencies and related corrective actions are the sole responsibility of the Recipient (i.e., Miami-Dade County). Discussions not adhering to this requirement will be redirected by staff.

QM PROGRAM INDICATORS	FY 30 Cycle 2: September 2019 thru August 2020																					
	RWP		CHI		Citrus		Empower U		Jessie Trice		Latinos Salud		MBCHC		PHT ND		PHT PET		PHT SF		UM	
Outpatient/Ambulatory Health Services (OAHS)																						
N1. Total active OAHS clients	44.3%	4,052	32.8%	122	36%	43	n/a		39.2%	65	n/a		69.6%	672	45.9%	68	43.0%	92	1.8%	30		1,227
N2. OAHS clients in medical care (TG≥95%)	100%	4,052	100%	122	100%	43	n/a		100%	65	n/a		100%	672	100%	68	100%	92	100%	30	100%	1,227
N3. OAHS clients retained in medical care (TG≥90%)	84.0%	3,403	83.6%	102	81.4%	35	n/a		95.4%	62	n/a		86.8%	583	89.7%	61	89.1%	82	76.7%	23	81.0%	994
N4. OAHS clients on ARVs (TG≥88%)	96.0%	3,889	88.5%	108	100%	43	n/a		96.9%	63	n/a		97.5%	655	98.5%	67	96.7%	89	100%	30	93.8%	1,151
N5. OAHS clients with a suppressed VL (TG≥80%)	83.8%	3,396	79.5%	97	93.0%	40	n/a		86.2%	56	n/a		87.2%	586	79.4%	54	84.8%	78	73.3%	22	75.0%	920
N6. OAHS clients who received an oral exam	17.6%	712	9.8%	12	2.3%	1	n/a		32.3%	21	n/a		28.6%	192	13.2%	9	14.1%	13	16.7%	5	18.7%	230
Oral Health Care (OHC)																						
D1. Total active OHC clients	14.4%	1,314	16.1%	60	4.1%	5	n/a		56.0%	93	n/a		34.5%	333	0.7%	1	15.9%	34	19.1%	324		n/a
D2. OHC clients who received BOTH oral health education services	11.6%	153	0.0%	0	0.0%	0	n/a		0.0%	0	n/a		37.5%	125	100%	1	0.0%	0	0.9%	3		n/a
D3. OHC clients who received EITHER oral health education services	84.9%	1,115	25.0%	15	20.0%	1	n/a		4.3%	4	n/a		53.2%	177	100%	1	76.5%	26	26.5%	86		n/a



MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD
RYAN WHITE PROGRAM: QUALITY MANAGEMENT INDICATOR DESCRIPTIONS
HIV Care Continuum

- C1. **Total active RWP clients:** Number of RWP clients receiving at least one RWP service during the reporting period.
- C2. **In medical care (Target goal $\geq 95\%$):** Percentage of active RWP clients in medical care. Denominator: all active RWP clients (C1). Numerator: active RWP clients receiving 1 or more medical visits with a provider with prescribing privileges, CD4, or VL test in the past 12 months.
- C3. **Retained in medical care (Target goal $\geq 90\%$):** Percentage of active RWP clients retained in medical care. Denominator: all active RWP clients (C1). Numerator: active RWP clients receiving 2 or more medical visits with a provider with prescribing privileges, CD4, or VL test at least 3 months (90 days) apart in the past 12 months.
- C4. **ARV use (Target goal $\geq 88\%$):** Percentage of active RWP clients using ARVs. Denominator: all active RWP clients (C1). Numerator: active RWP clients receiving ARVs thru the RWP APA or on ADAP at any time during the reporting period.
- C5. **Suppressed VL (Target goal $\geq 80\%$):** Percentage of active RWP clients with a suppressed viral load (<200 copies/mL). Denominator: all active RWP clients (C1). Numerator: active RWP clients with a documented suppressed viral load (<200 copies/mL) in the most current reported lab in the reporting period. Missing viral loads are reported as unsuppressed.

Medical Case Management (MCM)

- M1. **Total active MCM clients:** Number of active RWP clients (C1) with an assigned MCM site; excludes outreach-only clients, clients whose cases were closed, identified out-of-network clients, and clients with an unassigned MCM site.
- M2. **MCM clients in medical care (Target goal $\geq 95\%$):** Percentage of MCM clients (M1) in medical care.
- M3. **MCM clients retained in medical care (Target goal $\geq 90\%$):** Percentage of MCM clients (M1) retained in medical care.
- M4. **MCM clients on ARVs (Target goal $\geq 88\%$):** Percentage of MCM clients (M1) using ARVs.
- M5. **MCM clients with a suppressed VL (Target goal $\geq 80\%$):** Percentage of MCM clients (M1) with a suppressed viral load (<200 copies/mL).
- M6. **New MCM clients:** Percentage of MCM clients (M1) new to the RWP for 6 months or less as determined by the first ever RWP service billed to client.
- M7. **MCM clients with an unassigned MCM:** Percentage of MCM clients (M1) without an assigned MCM.
- M8. **MCM client without a suppressed VL:** Percentage of MCM clients (M1) without a suppressed viral load (≥ 200 copies/mL). A<6%; B=6%-15%; C=16%-25%; D=26%-35%; F>35%.
- M9. **MCM clients without a current VL (F >10%):** Percentage of MCM clients (M1) without a current (7 months or less) VL in the reporting period. F = Noncompliance-correction plan required (>10%).
- M10. **MCM clients with a due CHA/EA >7 months:** Percentage of MCM clients (M1) with a CHA older than 7 months (210 days) in the reporting period. A<6%; B=6%-15%; C=16%-25%; D=26%-35%;
- M11. **MCM clients with NO update (contact) >90 days:** Percentage of MCM clients (M1) with no MCM or PESN service billed to them in more than 90 days in the reporting period. A<6%; B=6%-
- M12. **MCM clients with NO FFE or telehealth contact >7 months:** Percentage of MCM clients (M1) without either a MCM or PESN face-to-face contact in more than 7 months (210 days) in the
- M13. **MCM clients with NO contact >7 months (case closure req.):** Percentage of MCM clients (M1) without any RWP service billed to them in more than 7 months (210 days) in the reporting period. A<6%; B=6%-15%; C=16%-25%; D=26%-35%; F>35%.



MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD

RYAN WHITE PROGRAM: QUALITY MANAGEMENT INDICATOR DESCRIPTIONS

Outpatient/Ambulatory Health Services (OAHS)

- Total active OAHS clients: Number of active RWP clients (C1) who had at least one (1) face-to-face (FFE) OAHS visit (a medical visit with a provider with prescribing privileges) billed to the RWP in the reporting period. Agency assignment is based on the agency where the most recent OAHS FFE service of the reporting period was billed and not necessarily where client is receiving case management. Excludes clients whose cases were closed in the reporting period, new clients in the RWP for 6 months or less, or identified out-of-network clients.
- N1. Total active OAHS clients: Number of active RWP clients (C1) who had at least one (1) face-to-face (FFE) OAHS visit (a medical visit with a provider with prescribing privileges) billed to the RWP in the reporting period. Agency assignment is based on the agency where the most recent OAHS FFE service of the reporting period was billed and not necessarily where client is receiving case management. Excludes clients whose cases were closed in the reporting period, new clients in the RWP for 6 months or less, or identified out-of-network clients.
- N2. OAHS clients in medical care (Target goal $\geq 95\%$): Percentage of OAHS clients (N1) in medical care.
- N3. OAHS clients retained in medical care (Target goal $\geq 90\%$): Percentage of OAHS clients (N1) retained in medical care.
- N4. OAHS clients on ARVs (Target goal $\geq 88\%$): Percentage of OAHS clients (N1) using ARVs.
- N5. OAHS clients with a suppressed VL (Target goal $\geq 80\%$): Percentage of OAHS clients (N1) with a suppressed viral load (< 200 copies/mL).
- N6. OAHS clients who received an oral exam: Percentage of OAHS clients (N1) who received a clinical oral evaluation (D0120, D0150, D0160, D0170, D0180) at least once in the reporting period.

Oral Health Care (OHC)

- D1. **Total active OHC clients:** Number of active RWP clients (C1) who had a least one (1) clinical oral evaluation (D0120, D0150, D0160, D0170, D0180) billed to the RWP in the reporting period. Agency assignment is based on the agency where the most recent oral evaluation of the reporting period was billed.
- D2. **OHC clients who received BOTH oral health education services:** Percentage of OHC clients (D1) who received BOTH either oral hygiene instruction [D1330] AND smoking/tobacco cessation counseling [D1320] in the reporting period.
- D3. **OHC clients who received EITHER oral health education services:** Percentage of OHC clients (D1) who received EITHER oral hygiene instruction [D1330] OR smoking/tobacco cessation counseling [D1320] in the reporting period.



Table of Contents

Performance Measure: HIV Viral Load Suppression 2

Performance Measure: Prescription of HIV Antiretroviral Therapy 4

Performance Measure: HIV Medical Visit Frequency 6

Performance Measure: Gap in HIV Medical Visits 8

Performance Measure: Pneumocystis jiroverci Pneumonia (PCP) Prophylaxis 10

Performance Measure: Annual Retention in Care.....13

From Compliance to CQM

- ✓ Initial language of Report Card was directed toward compliance with OMB Standards
- ✓ Language reflected level of attainment: letter grades, “corrective action plans”
- ✓ Changes in CQM use of Report Card have moved from *description* to *diagnosis*
- ✓ Second CQM use arises from HAB/HRSA direction to use trend analysis of outcome data to evaluate performance by client gender, race/ethnicity, age, insurance status, HIV risk, and others. (<https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>)
- ✓ Movement to Provide reports will yield greater isomorphism between subrecipient data and Report Card data

Care Continuum Variables

- ✓ C1-C5, M1-M5 and N1-N5 reflect HAB/HRSA Care variables (see HAB/HRSA Handout)
- ✓ These data reflect RWP/OMB reporting to HRSA as well as key benchmarks in client outcome
- ✓ Although these are Care variables, the RWP reports them as well for MCM and OAHS services
- ✓ Retention in Care (#3) is a 12-month HAB/HRSA measurement, shift from 24-month measure
- ✓ VL Suppression (#5) is a HAB/HRSA outcome measure
- ✓ Note that in CQM Committee prioritization, RiC and VL Suppression were key benchmarks, and instead of using a “threshold standard,” the CQM Committee used “standard deviations below the RWP subrecipient average” as the basis for prioritizing subrecipients for QI attention

Looking at “M-series” report card indicators:

- ✓ Which of these are quality indicators or compliance indicators?
- ✓ May some be dropped? Are there HAB/HRSA outcome indicators that may be substituted?
- ✓ Should we be looking at **letter grades and corrective actions**, or **relative performance** compared to other funded subrecipients (as we did in 2020 with VL Suppression and Retention)?
- ✓ Should we add other HAB/HRSA quality indicators that are unique to MCM activity?

M7: Clients without an assigned MCM

- ✓ Is this a useful quality indicator?

M8 and M9: Unsuppressed and missing VL measurements

- ✓ M8 reflects M5. We recommend dropping it
- ✓ “Persistently unsuppressed” is a report generated by BSR. Is this used? Should we keep it as a potential Report Card indicator in 2021?
- ✓ “Missing VL” (M9) is a report generated by BSR

M10: Clients with “overdue CHA”

- ✓ Is this a useful quality indicator?
- ✓ Does Provide generate useful reports to subrecipients on this measure?
- ✓ There is a HAB/HRSA MCM measurement: **“Care Plan”**
 - Percent of clients receiving MCM who had a Care Plan created or updated at least twice during preceding 12 months, as reflected in MCM records
 - Usual exclusions for new clients and/or clients who have left the RWP in past 12 months
 - Is this a useful quality indicator for MCM?

M11, M12, M13: Clients without contact

- ✓ Does Provide generate useful reports to subrecipients on these measures?
- ✓ “90 day contact” is a RWP service standard. Is it uniform? Useful as a MCM quality indicator?
- ✓ There is a HAB/HRSA MCM measurement: **“Gap in HIV Medical Visits”**
 - % of MCM clients who did not have a medical visit in most recent six months
 - Note: may be documented in MCM record, or a “lab proxy” may be substituted
 - HAB/HRSA places this as an MCM measure. Should this be both MCM and OAHS?
- ✓ There is a HAB/HRSA MCM measurement: **“HIV Medical Visit Frequency”**
 - % of MCM clients who had at least one medical visit in each 6-month period of the preceding 24-month measurement period, with a minimum of 60 days between medical visits
 - Argument may be made for the measurement period to be shortened to 12 months, hence “% of MCM clients with one medical visit in each of the preceding 12 months...”
 - HAB/HRSA places this as an MCM measure. Should this be both MCM and OAHS?

OAHS Indicators

- ✓ The first five indicators – N1 through N5 – are Care Continuum indicators and are reported by the RWP.
- ✓ If the CQM Committee adopts “Gap in HIV Medical Visits” and/or “HIV Medical Visit Frequency” as an MCM indicator, should these indicators also be applied to OAHS service providers?
- ✓ Should Oral Health Care (as modified by CQM Committee) performance measure (% of clients who receive at least one OHC screening or examination within the preceding 12 months) be considered a quality indicator for MCMs, for OAHS providers, for both? For neither?



Performance Measure: HIV Viral Load Suppression
National Quality Forum #: 2082

Description: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year.

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

Data Elements:

- Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N)
 - i. If yes, did the patient have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N)

Comparison Data:

[HIV Research Network](#)

Percentage of patients with a HIV viral load less than or equal to 400 copies/ml at the first test during the measurement year. Please refer to the HIVRN website for data.

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

Adult guidelines: “The guidelines and the AIDS Clinical Trials Group (ACTG) now define virologic failure as a confirmed viral load >200 copies/mL- a threshold that eliminates most cases of apparent viremia caused by viral load blips or assay variability (see Virologic Failure and Suboptimal Immunologic Response)
[Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#)”

“Individuals who are adherent to their ARV regimen and do not harbor resistance mutations to the component drugs can generally achieve suppression 8 to 24 weeks after ART initiation; rarely, in some patients it may take longer.”¹

Pediatric guidelines:² “Based on accumulated experience with currently available assays, viral suppression is currently defined as a plasma viral load below the detection limit of the assay used (generally <20 to 75 copies/mL).



Use in Other Federal Programs:

- Seeking inclusion in the following [Centers for Medicare and Medicaid Services](#) quality, reporting and payment programs: Medicare and Medicaid EHR Incentive Program for Eligible Professionals, Medicare Physician Quality Reporting System, Medicare Shared Savings, Physician Compare, Physician Feedback/Quality and resource Use Reports, Physician Value-Based Payment Modifier (search for each program at online.) Accessed December 2016.
- U.S. Department of Health and Human Services HIV measures: [Secretary Sebelius approves indicators for monitoring HHS-funded HIV services](#)

References/Notes:

¹ [Panel on Antiretroviral Guidelines for Adults and Adolescents](#). Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available online. Accessed January 2019.

² [Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children](#). Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available online. Accessed January 2019.



Performance Measure: Prescription of HIV Antiretroviral Therapy
National Quality Forum #: 2083

Description: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy¹ for the treatment of HIV infection during the measurement year

Numerator: Number of patients from the denominator

Denominator: Number of patients from the denominator prescribed HIV antiretroviral therapy¹ during the measurement year

Patient Exclusions: None

Data Elements: Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)

- a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N)
 - i. If yes, was the patient prescribed HIV antiretroviral therapy¹ during the measurement year? (Y/N)

Comparison Data: [HIV Research Network](#): Please refer the HIV Research Network Percentage of patients on highly active HIV antiretroviral therapy regimen for at least one day during calendar year.

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

Adult guidelines:² “Antiretroviral therapy (ART) is recommended for all HIV-infected individuals to reduce the risk of disease progression. The strength and evidence for this recommendation vary by pretreatment CD4 cell count: CD4 count <350 cells/mm³ (AI); CD4 count 350–500 cells/mm³ (AII); CD4 count >500 cells/mm³ (BIII). ART also is recommended for HIV-infected individuals for the prevention of transmission of HIV. The strength and evidence for this recommendation vary by transmission risks: perinatal transmission (AI); heterosexual transmission (AI); other transmission risk groups (AIII).”

Pediatric guidelines:³

- “Antiretroviral therapy (ART) should be initiated in all children with AIDS or significant symptoms (Clinical Category C or most Clinical Category B conditions) (AI*).
- ART should be initiated in HIV-infected infants <12 months of age regardless of clinical status, CD4 percentage or viral load (AI for infants <12 weeks of age and AII for infants ≥12 weeks to 12 months).



- ART should be initiated in HIV-infected children ≥ 1 year who are asymptomatic or have mild symptoms with the following CD4 values:
 - Age 1 to < 3 years
 - with CD4 T lymphocyte (CD4 cell) count < 1000 cells/mm³ or CD4 percentage $< 25\%$ (AII)
 - Age 3 to < 5 years
 - with CD4 cell count < 750 cells/mm³ or CD4 percentage $< 25\%$ (AII)
 - Age ≥ 5 years
 - with CD4 cell count < 350 cells/mm³ (AI*)
 - with CD4 cell count 350–500 cells/mm³ (BII*)

- ART should be considered for HIV-infected children ≥ 1 year who are asymptomatic or have mild symptoms with the following CD4 values:
 - Age 1 to < 3 years
 - with CD4 cell count ≥ 1000 cells/mm³ or CD4 percentage $\geq 25\%$ (BIII)
 - Age 3 to < 5 years
 - with CD4 cell count ≥ 750 cells/mm³ or CD4 percentage $\geq 25\%$ (BIII)
 - Age ≥ 5 years
 - with CD4 cell count > 500 cells/mm³ (BIII)

In children with lower-strength (B level) recommendations for treatment, plasma HIV RNA levels $> 100,000$ copies/mL provide stronger evidence for initiation of treatment (BII).”

Use in Other Federal Programs:

- Seeking inclusion in the following [Centers for Medicare and Medicaid Services](#) quality, reporting and payment programs: Medicare and Medicaid EHR Incentive Program for Eligible Professionals, Medicare Physician Quality Reporting System, Medicare Shared Savings, Physician Compare, Physician Feedback/Quality and resource Use Reports, Physician Value-Based Payment Modifier (search for each program online). Accessed June 2019.
- U.S. Department of Health and Human Services HIV measures: [Secretary Sebelius approves indicators for monitoring HHS-funded HIV services](#)

References/ Notes:

¹ HIV antiretroviral therapy is described as the prescription of at least one U.S. Food and Drug Administration approve HIV antiretroviral medication.

² Panel on Antiretroviral Guidelines for Adults and Adolescents. [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#). U.S. Department of Health and Human Services. Available online. Accessed June 7, 2019. E-1

³ [Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children](#). Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available online. Accessed June 7, 2019.



Performance Measure: HIV Medical Visit Frequency
National Quality Forum #: 2079

Description: 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.

Numerator: Number of patients in the denominator 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 first medical visit in the subsequent 6-month period.

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6-months of the 24-month measurement period.

Patient Exclusions: Patients who died at any time during the 24-month measurement period

Data Elements: Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)

- a. If yes, did the patient have at least one medical visit in the first 6 months of the 24-month measurement period? (Y/N)
 - i. If yes, did the patient have at least one medical visit in the second 6-month period of the 24-month measurement period? AND was the patient's last visit in the second 6-month period 60 days or more from the 1st visit in the first 6-month period? (Y/N)
 - 1. Did the patient have at least one medical visit in the third 6-month period of the 24-month measurement period? AND was the patient's last visit in the third 6-month period 60 days or more from the 1st visit in the second 6-month period? (Y/N)
 - a. If yes, did the patient have at least one medical visit in the fourth 6-month period of the 24-month measurement period? AND was the patient's last visit in the fourth 6-month period 60 days or more from the 1st visit in the third 6-month period? (Y/N)

Comparison Data: None

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

Adult guidelines: ¹ "Several laboratory tests are important for the initial evaluation of patients with HIV upon entry into care, and before and after initiation or modification of antiretroviral therapy (ART) to assess the virologic and immunologic efficacy of ART and to monitor for laboratory abnormalities that may be associated with antiretroviral (ARV) drugs. Table 3 outlines the



Panel on Antiretroviral Guidelines for Adults and Adolescents (the Panels') recommendation on the frequency of testing. As noted in the table, some tests may be repeated more frequently if clinically indicated."

Pediatric guidelines:² "Frequent patient visits and intensive follow-up during the initial months after a new antiretroviral (ARV) regimen is started are necessary to support and educate the family... "Within 1 to 2 weeks of initiating therapy, children should be evaluated either in person or by phone to identify clinical AEs and to support adherence. Many clinicians plan additional contacts (in person, by telephone, or via email) with children and caregivers to support adherence during the first few weeks of therapy."

"After the initial phase of ART initiation, regimen adherence, effectiveness (CD4 cell count and plasma viral load), and toxicities (history, physical and laboratory testing) should be assessed every 3 to 4 months in children receiving ART. Some experts monitor CD4 cell count less frequently (e.g., every 6 to 12 months) in children and adolescents who are adherent to therapy and have CD4 cell count values well above the threshold for OI risk, sustained viral suppression, and stable clinical status for more than 2 to 3 years."

Use in Other Federal Programs:

- Seeking inclusion in the following [Centers for Medicare and Medicaid Services](#) quality, reporting and payment programs: Medicare and Medicaid EHR Incentive Program for Eligible Professionals, Medicare Physician Quality Reporting System, Medicare Shared Savings, Physician Compare, Physician Feedback/Quality and resource Use Reports, Physician Value-Based Payment Modifier (search for each program online).
- U.S. Department of Health and Human Services HIV measures: [Secretary Sebelius approves indicators for monitoring hhs-funded HIV services](#)

References/ Notes:

¹[Panel 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. Accessed June 7, 2019. C-2.

²[Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children](#). Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available online. Accessed June 7, 2019. D-2 and D-3.



Performance Measure: Gap in HIV Medical Visits
National Quality Forum #: 2079

Description: 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

Numerator: Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year

Denominator: Number of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year

Patient Exclusions: Patients who died at any time during the measurement year

Data Elements:

Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)

- a. If yes, did the patient have at least one medical visit in the first 6 months of the measurement year? (Y/N)
 - i. If yes, did the patient have one or more medical visits in the last 6 months of the measurement year?

Comparison Data: None

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

Adult guidelines: ¹ “A number of laboratory tests are important for initial evaluation of HIV- infected patients upon entry into care, during follow-up (if antiretroviral therapy (ART) has not been initiated), and before and after the initiation or modification of therapy to assess virologic and immunologic efficacy of ART and to monitor for laboratory abnormalities that may be associated with antiretroviral (ARV) drugs. Table 3 outlines the Panel’s recommendations for the frequency of testing. As noted in the table, some tests may be repeated more frequently if clinically indicated.”

Pediatric guidelines: ² “Frequent patient visits and intensive follow-up during the initial months after a new antiretroviral (ARV) regimen is started are necessary to support and educate the family...Thus, it is prudent for clinicians to assess children within 1 to 2 weeks of initiating therapy, either in person or with a phone call, to ensure that medications are being administered properly and evaluate clinical concerns. Many clinicians schedule additional contact (in person or over the telephone) with children and their caregivers during the first few weeks of therapy to support adherence...Thereafter, medication adherence and regimen toxicity and effectiveness should be assessed every 3 to 4 months in children taking ARV drugs. Some experts monitor CD4 cell counts and HIV RNA levels less frequently in children and youth who are adherent to therapy and have sustained viral suppression and stable clinical status for more than 2 to 3 years.”



Use in Other Federal Programs:

Seeking inclusion in the following [Centers for Medicare and Medicaid Services](#) quality, reporting and payment programs: Medicare and Medicaid EHR Incentive Program for Eligible Professionals, Medicare Physician Quality Reporting System, Medicare Shared Savings, Physician Compare, Physician Feedback/Quality and resource Use Reports, Physician Value-Based Payment Modifier (search for each program online).

References/ Notes:

- 1 [Panel on Antiretroviral Guidelines for Adults and Adolescents](#). Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Accessed April 24, 2019. C-2 to C-5.

- 2 [Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children](#). Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available online. Accessed April 24, 2019. D-2 to D-3



Performance Measure: Pneumocystis jiroverci Pneumonia (PCP) Prophylaxis
National Quality Forum #: 0405

Description: 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 denominator that reflect patient population**

Numerator:

Numerator 1: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm³

Numerator 2: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/mm³ or a CD4 percentage below 15%

Numerator 3: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of HIV diagnosis

***Aggregate Numerator = The sum of the three numerators**

Denominator:

Denominator 1: All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm³, who had at least two visits during the measurement year, with at least 90 days in between each visit;

And

Denominator 2: All patients aged 1 through 5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm³ or a CD4 percentage below 15%, who had at least two visits during the measurement year, with at least 90 days in between each visit;

And

Denominator 3: All patients aged 6 weeks through 12 months with a diagnosis of HIV, who had at least two visits during the measurement year, with at least 90 days in between each visit

***Total Denominator = The sum of the three denominators**

Patient Exclusions:

Denominator 1 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 200 cells/mm³ during the three months after a CD4 count below 200 cells/mm³



Denominator 2 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 500 cells/mm³ or CD4 percentage above 15% during the three months after a CD4 count below 500 cells/mm³ or CD4 percentage below 15%

Data Elements:

Numerator/Denominator 1:

1. Is the patient 6 years or older and have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least two medical visits in the measurement year with at least 90 days between visits? (Y/N)
 - i. If yes, did the patient have a CD4 count <200 cells/mm³ within the first 9 months of the measurement year? (Y/N)
 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4<200 cells/mm³? (Y/N)
 - a. If no, was the CD4 count repeated within 3 months? (Y/N)
 - i. If yes, did CD4 count remain < 200 cells/mm³? (Y/N)
 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4<200 cells/mm³? (Y/N)

Numerator/Denominator 2:

1. Is the patient between 1-5 years old and have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least two medical visits in the measurement year with at least 90 days between visits? (Y/N)
 - i. If yes, did the patient have a CD4 count <500 cells/mm³ or CD4 percentage < 15% within the first 9 months of the measurement year? (Y/N)
 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4<200 cells/mm³? (Y/N)
 - a. If no, was the CD4 count repeated within 3 months? (Y/N)
 - i. If yes, did it remain CD4 count <500 cells/mm³ or CD4 percentage < 15%? (Y/N)
 - 1.If yes, was PCP prophylaxis prescribed within 3 months of CD4 count <500 cells/mm³ or CD4 percentage < 15%? (Y/N)

Numerator/Denominator 3:

1. Is the patient between 6 weeks and 12 months old and have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least two medical visits in the measurement year with at least 90 days between visits? (Y/N)
 - i. If yes, was PCP prophylaxis prescribed at HIV diagnosis?

***Greater measure specification detail is available including data elements for each value set at [cms.gov: Clinical Quality Measures Basics](https://www.cms.gov/ClinicalQualityMeasuresBasics) (Measure: CMS 52v7)



Comparison Data: Patients meeting criteria and prescribed PCP prophylaxis during calendar year.
Please refer to [HIV Research Network](#)

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

Adult guidelines: ² “HIV-infected adults and adolescents, including pregnant women and those on ART, should receive chemoprophylaxis against PCP if they have CD4 counts <200 cells/mm³ **(AI)**.^{12,13,41} Persons who have a CD4 cell percentage of <14% should also be considered for prophylaxis **(BII)**.^{12,13,41} Initiation of chemoprophylaxis at CD4 counts between 200 and 250 cells/mm³ also should be considered when starting ART must be delayed and frequent monitoring of CD4 counts, such as every 3 months, is impossible **(BII)**.¹³ Patients receiving pyrimethamine-sulfadiazine for treatment or suppression of toxoplasmosis do not require additional prophylaxis for PCP **(AII)**.”⁴²

Pediatric guidelines: ³ “Chemoprophylaxis is highly effective in preventing PCP. Prophylaxis is recommended for all HIV-Infected children aged ≥ 6years who have a CD4 T lymphocyte (CD4) counts <200 cells/mm³ or CD4 percentage <15% for children aged 1 to <6years with CD4 counts <500 cells/mm³ or CD4 percentage <15%, and for all infants aged <12months regardless of CD4 count or percentage. Infants born to HIV-infected mothers should be considered for prophylaxis beginning at 4–6 weeks of age. HIV-infected infants should be administered prophylaxis until 1 year of age, at which time they should be reassessed on the basis of the age-specific CD4 count or percentage thresholds mentioned above (AII).”

Use in Other Federal Programs:

Medicare and Medicaid EHR Incentive Program for Eligible Professionals [Centers for Medicare & Medicaid Services: eCQM Library](#)

References/ Notes:

¹ The HIV/AIDS Bureau did not develop this measure. The National Committee on Quality Assurance developed the measure. Measure details available online.

² [Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents](#). Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available online. Accessed January 2019

³ [Centers for Disease Control and Prevention: Guidelines for the Prevention and Treatment of Opportunistic Infections Among HIV-Exposed and HIV-Infected Children](#). MMWR 2009; 58 (No. RR-11): 47. Available at: [Guidelines for the Prevention and Treatment of Opportunistic Infections Among HIV-Infected Children](#). Accessed January 2019.



Performance Measure: Annual Retention in Care

National Quality Forum #: None

Description: Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year.

Numerator: Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges.

Denominator: Number of patients, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter within the 12-month measurement year.

An HIV medical care encounter is a medical visit with a provider with prescribing privileges or an HIV viral load test.

Patients Exclusions: Patients who died at any time during the measurement year.

Data Elements: Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)

- a. If yes, did the patient have at least two medical care encounters during the measurement year? (Y/N)
 - i. If yes, did the patient have a HIV viral load test within the measurement year? (Y/N)
 - ii. If yes, did the patient have at least one additional medical visit encounter with a provider with prescribing privileges within the measurement year? (Y/N)
 - iii. Or, did the patient have two medical visit with provider with prescribing privileges within the measurement year? (Y/N)

Comparison Data: None.

Use in Other Federal Programs: None

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

Adolescent/Adult Guidelines:¹ “Several laboratory tests are important for initial evaluation of patients with HIV upon entry into care, and some tests should be performed before and after initiation or modification of antiretroviral therapy (ART) to assess the virologic and immunologic efficacy of ART and to monitor for laboratory abnormalities that may be associated with antiretroviral (ARV) drugs. Table 3 outlines the Panel on Antiretroviral Guidelines for Adults and Adolescents (the Panel)’s recommendations on the frequency of testing. As noted in the table, some tests may be repeated more frequently if clinically indicated.” (Page B-3 of guidelines)



Additionally, Table 3. Laboratory Testing Schedule for Monitoring Patients with HIV Before and After Initiation of Antiretroviral Therapy indicates viral load test should be performed at entry into care; ART initiation or modification; two to eight weeks after ART initiation or modification; in patients on ART every three to six months; every six months of the patient for patients adherent with consistently suppressed viral load and stable immunologic status for more than two years; treatment failure; clinically indicated; and if ART initiation is delayed. (Pages C-2 through C-4 of guidelines)

Pediatric Guidelines:² “After the initial phase of ART initiation (1 month–3 months), clinicians should assess a patient’s adherence to the regimen and the regimen’s effectiveness (as measured by CD4 cell count and plasma viral load) every 3 months to 4 months. Additionally, clinicians should review a patient’s history of toxicities and evaluate a patient for any new AEs using physical examinations and the relevant laboratory tests. If laboratory evidence of toxicity is identified, testing should be performed more frequently until the toxicity resolves.”

The Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV finds value in continuing to perform viral load testing every 3 to 4 months to provide enhanced monitoring of adherence or disease progression among children and adolescents. Some experts monitor CD4 cell count less frequently (e.g., every 6 months to 12 months) in children and adolescents who are adherent to therapy, who have CD4 cell count values well above the threshold for OI risk, and who have had sustained virologic suppression and stable clinical status for >2 years to 3 years. Some clinicians find value in scheduling visits every 3 months even when lab testing is not performed, in order to review adherence and update drug doses for interim growth” (D-3 of guideline)

Additionally, Table 3. Sample Schedule for Clinical and Laboratory Monitoring of Children Before and After Initiation of Antiretroviral Therapy indicates viral load tests should be performed at entry into care; pre-therapy; ART initiation; weeks two to four on therapy, every three to four months to monitor ARV adherence; and when switching ARV regimens. (Page D-6 of guidelines)

References/Notes:

¹ [Panel on Antiretroviral Guidelines for Adults and Adolescents](#). Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available online. Accessed September 2019. Page B-3 and Table 3 on Pages C-2 through C-4.

² [Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children](#). Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available online. Accessed September 2019. D-3 and Table 3 on Page D-6.



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Table of Contents

Performance Measure: Medical Case Management: Care Plan	2
Performance Measure: <i>Gap in HIV Medical Visits</i> (Medical Case Management)	3
Performance Measure: HIV Medical Visit Frequency (Medical Case Management)	5



Performance Measure: Medical Case Management: Care Plan

National Quality Forum #: None

Description: Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan¹ developed and/or updated two or more times in the measurement year

Numerator: Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year

Denominator: Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year

Patient Exclusions:

1. Medical case management patients who initiated medical case management services in the last six months of the measurement year.
2. Medical case management patients who were discharged from medical case management services prior to six months of service in the measurement year

Data Elements:

1. Does the patient have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have a medical case management encounter in the measurement year? (Y/N)
 - i. If yes, is there a medical case management careplan developed and/or updated two or more times at least three months apart during the measurement year? (Y/N)
 1. If yes, list the dates of these medical case management careplans and/or care plan updates.

Comparison Data: None Available at this time

Use in Other Federal Programs: None

References/ Notes:

¹The medical visits may be document in either the patient’s medical case management record or the patient’s medical record (in the event that medical case management documentation is located in the patient’s medical record).



Performance Measure: *Gap in HIV Medical Visits (Medical Case Management)*

National Quality Forum #: None

Description: Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who did not have a medical visit¹ in the last 6 months of the measurement year (that is documented in the medical case management record¹)

Numerator: Number of medical case management patients in the denominator who did not have a medical visit in the last 6 months of the measurement year (that is documented in the medical case management record¹)

Denominator: Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year.

Data Elements:

1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical case management visit in the first 6 months of the measurement year? (Y/N)
 - i. If yes, did the patient have at least one medical visit in the first 6 months of the measurement year? (Y/N)
 1. If yes, did the patient have one or more medical visits in the last 6 months of the measurement year?

Patient Exclusions: Medical case management patients who died at any time during the measurement year

Data Elements:

1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical case management visit in the first 6 months of the measurement year? (Y/N)
 - i. If yes, did the patient have at least one medical visit in the first 6 months of the measurement year? (Y/N)
 1. If yes, did the patient have one or more medical visits in the last 6 months of the measurement year?

Comparison Data: None Available at this time



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

Adult guidelines:² “Several laboratory tests are important for evaluation of patients with HIV upon entry to care, and some tests should be performed before and after initiation or modification of antiretroviral therapy (ART) to assess the virologic and immunologic efficacy of ART and to monitor for laboratory abnormalities that may be associated with antiretroviral (ARV) drugs. Table 3 outlines the Panel on Antiretroviral Guidelines for Adult and Adolescents recommendations on the frequency of testing. As noted in the table, some tests may be repeated more frequently if clinically indicated.”

Pediatric guidelines:³ “Frequent patient visits and intensive follow-up during the initial months after a new ART regimen is started are necessary to support and educate the family.... Thus, it is prudent for clinicians to assess children within 1 to 2 weeks of initiating therapy, either in person or with a phone call, to ensure that medications are being administered properly and evaluate clinical concerns. Many clinicians plan additional contacts (in person, by telephone, or via email) with children and caregivers to support adherence during the first few weeks of therapy. After the initial phase of ART initiation, regimen adherence, effectiveness (CD4 cell count and plasma viral load) and toxicities (history, physical and laboratory testing) should be assessed every 3 to 4 months in children receiving ART. Some experts monitor CD4 cell counts and HIV RNA levels less frequently in children and youth who are adherent to therapy and have sustained viral suppression and stable clinical status more than 2 to 3 years.”

Use in Other Federal Programs: None

References/ Notes:

¹ The medical visits may be document in either the patient’s medical case management record or the patient’s medical record (in the event that medical case management documentation is located in the patient’s medical record).

² Panel on Antiretroviral Guidelines for Adults and Adolescents. [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.](#)

Department of Health and Human Services. Available online. Section accessed January 2, 2019 pages C-1 to C-5

³ Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection.](#)

Accessed January 2, 2019 pages D-2 to D-3.



Performance Measure: HIV Medical Visit Frequency (Medical Case Management)

National Quality Forum #: None

Description: Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit¹ in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits

Numerator: Number of medical case management patients in the denominator 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 first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of medical case management patients, regardless of age, with a diagnosis of HIV with at least one medical visit¹ in the first 6 months of the 24-month measurement period

Patient Exclusions: Medical case management patients who died at any time during the 24-month measurement period

Data Elements:

1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical case management visit in the first 6 months of the 24-month measurement period? (Y/N)
 - i. If yes, did the patient have at least one medical visit in the first 6 months of the 24-month measurement period? (Y/N)
 1. If yes, did the patient have at least one medical visit in the second 6-month period of the 24-month measurement period?
AND was the patient's last visit in the second 6-month period 60 days or more from the 1st visit in the first 6-month period?
(Y/N)
 - a. Did the patient have at least one medical visit in the third 6-month period of the 24-month measurement period? AND was the patient's last visit in the third 6-month period 60 days or more from the 1st visit in the second 6-month period? (Y/N)
 - i. If yes, Did the patient have at least one medical visit in the fourth 6-month period of the 24-month measurement period? AND was the patient's last visit in the fourth 6-month period 60 days or more from the 1st visit in the third 6-month period? (Y/N)

Comparison Data: None Available at this time



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

Adult guidelines:² “Several laboratory tests are important for initial evaluation of patients with HIV upon entry into care, and some tests should be performed before and after initiation or modification of antiretroviral therapy (ART) to assess the virologic and immunologic efficacy of ART and to monitor for laboratory abnormalities that may be associated with antiretroviral (ARV) drugs. Table 3 outlines the Panel on Antiretroviral Guidelines for Adults and Adolescents (the Panel)’s recommendations on the frequency of testing. As noted in the table, some tests may be repeated more frequently if clinically indicated.

Pediatric guidelines:³ “Frequent patient visits and intensive follow-up during the initial months after a new ART regimen is started are necessary to support and educate the family.... Thus, it is prudent for clinicians to assess children within 1 to 2 weeks of initiating therapy, either in person or with a phone call, to ensure that medications are being administered properly and evaluate clinical concerns. Many clinicians plan additional contacts (in person, by telephone, or via email) with children and caregivers to support adherence during the first few weeks of therapy. After the initial phase of ART initiation, regimen adherence, effectiveness (CD4 cell count and plasma viral load) and toxicities (history, physical and laboratory testing) should be assessed every 3 to 4 months in children receiving ART. Some experts monitor CD4 cell counts and HIV RNA levels less frequently in children and youth who are adherent to therapy and have sustained viral suppression and stable clinical status more than 2 to 3 years.

Use in Other Federal Programs: None

References/ Notes:

- ¹ The medical visits may be document in the patient’s medical case management record or the patient’s medical record (in the event that medical case management documentation is located in the patient’s medical record).
- ² Panel on Antiretroviral Guidelines for Adults and Adolescents. [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.](#)
- ³ Department of Health and Human Services. Available online. Accessed January 2, 2019. C-1 to C-5.
- ⁴ Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection.](#) Available online. Accessed January 2, 2019. D-2 to D-3.

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