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## Retention in Care QIP

QUALITY ASSURANCE SERVICES

# MDC RW Part A/MAI Program CQMP

## Quality Improvement Project Documentation: Project Information

<b>Project Title:</b>	Retention in Care QI Project – Performance - Little Havana	<b>Date:</b> <i>March 2021</i>
<b>Project Lead:</b>	Robert Chavez	

**How was the problem identified:** (Report Card/TA/Client Satisfaction Report/CQMC referral, etc.)  
FY 30, Cycle 2, Performance Report Card

**Problem Definition:** (1) Basic problem statement; (2) Reason for the effort: why is this important? How will the improvement benefit the RWP? What data and analysis support this choice?

The Midtown Care Resource site's categorical designation on retention-in-care for MCM clients and retention-in-care for OAHS clients was below average per the Miami Dade County, RWP CQM Report Card Summary, FY29 Cycle 4 (September 2019 – August 2020). Subsequently, Care Resource Little Havana was prioritized to create and implement a QI project. Although the Little Havana and Miami Beach sites scored above average during Cycle 4, the decision to implement a retention-in-care quality improvement project among MCM clients at the Little Havana site was driven by FY 30, Cycle 2, retention-in-care indicator score of 74.7% for M3, MCM clients retained in medical care (Target goal  $\geq 90$  %).

# Aim Statement

**Develop Aim Statement:** (1) Develop time-specific and measurable outcomes and success criteria; (2) Identify measures necessary to track progress of the improvement effort; (3) establish and document baseline measurement based on a specific patient population.

By the end of August 2021, the percentage of active Care Resource Little Havana MCM clients who are receiving medical care by a provider with prescribing privileges will be scheduled for a medical visit within six months of previous visit and a CD4, or VL test or test result within six months of previous test result.

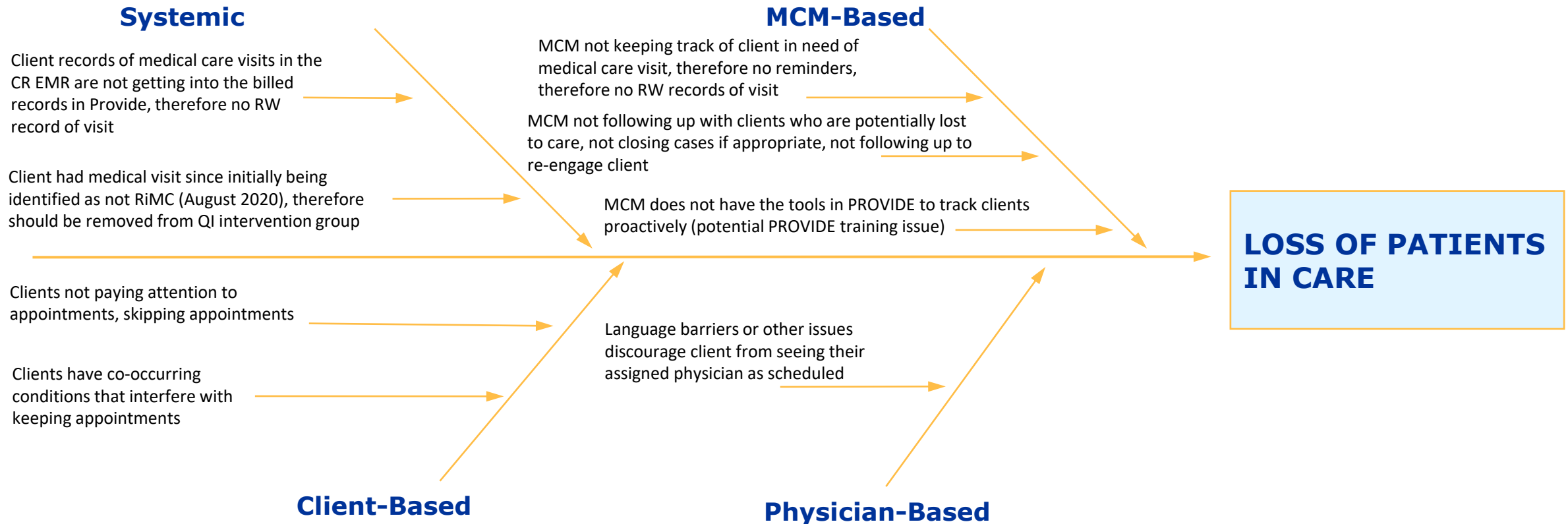
Measures:

RWP MCM, Tahituey Ribot

Case Load as of March 5, 2021 is 172 clients

# Potential Root Causes - Fishbone

## CAUSES OF LOSS OF PATIENTS IN CARE



Low-hanging fruit: check to see that all EMR records are also in PROVIDE, clean out cases which are not “not retained.”

# Choose a Root Cause And Act

Choose a “root cause” that would be addressed by a CR intervention.

Suggestion: set up aggressive monthly tracking for a group of clients who are not RiMC. Suggestion: stick with the “test QI cohort” from August 2020 and track what happened to them “in the records” between August 2020 and February 2021 as the first **systemic root cause intervention**. For those in the cohort who were still not retained as of March 1, 2021, execute an MCM intervention **designed to address MCM-based root causes** that can be addressed RIGHT NOW.

- Use 6-month horizon: goal would be to have all clients in the QI cohort complete a medical care visit by **August 2021**
- This will put some of these clients into compliance because they may have had one medical visit from August 2020 through February 2021.
- Check on these clients’ RiMC at the end of the first 90 days in current FY (March-May ’21) to show progress. Check again at June-August ’21.

*Attach supporting QI documentation: (e.g., Gantt Chart Project Timeline, Process Map, Fish Bone Diagram, Root Cause Analysis)*

*Need for a timeline of activities – Some of it may be done retrospectively to document steps already taken, but “plan forward” must be visible.*

# Choose a Root Cause And Act

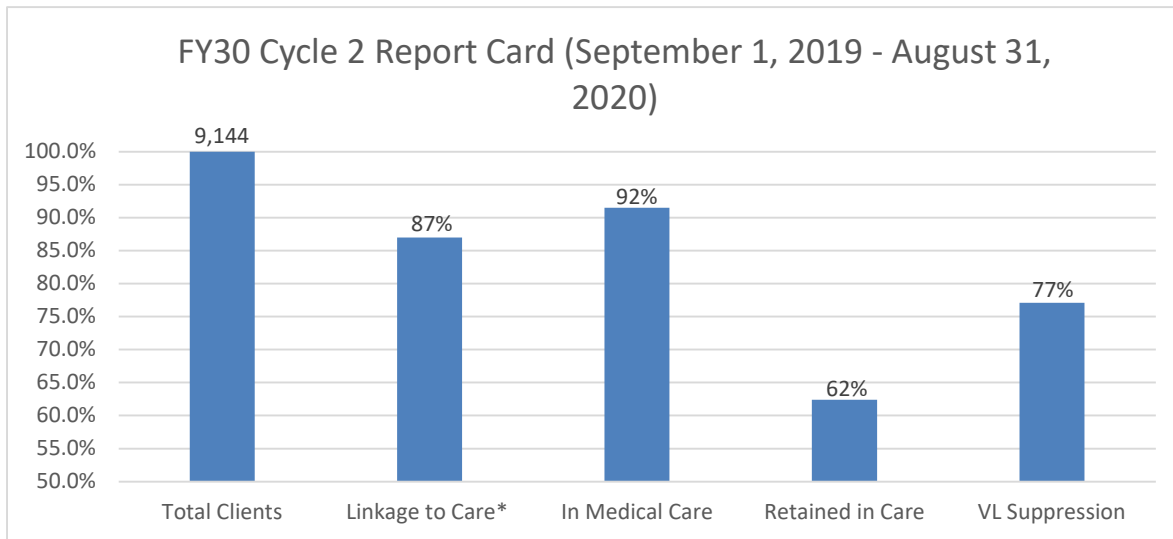
<b>Quality Improvement Project Documentation: Project Plan</b>			
<i>Project staff:</i>			
<i>Root Cause Analysis</i>	<i>Process Measure</i>	<i>Goal</i>	
1. <i>Systemic root cause: record keeping issues lead some clients being inappropriately classified</i>	<i>EMR records? Provide records? How do we measure</i>	<i>Ensure all clients who are in the “not retained” cohort are actually not retained.</i>	
2. <i>MCM follow-up root cause: aggressive tracking and medical care referral and follow-up will get non-RiMC clients back into regular medical care</i>	<i>Case load review process review Use of specific views/reports in PE RW Eligibility screenings VL and CD4 count monitoring PE data utilized</i>	<i>By August, 2021, 100% of the “not retained” clients will have at least one physician visit since March, 2021, leading them to be RiMC at the end of the 12-month evaluation cycle.</i>	
<i>Theory of Change: State why you believe that actions on these specific root causes will result in achieving the stated goal</i>			
<i>Root Cause</i>	<i>Change Idea</i>	<i>Preparation Needed to Conduct Tests</i>	<i>PDSA Description</i>
Poor retention in care Missing	Increase frequency of tracking retention measures	Run Open by Name and Open by MCM Assignee Views Determine number of clients on MCM’s Caseload with expired RW eligibility, outdated viral load and medical appointments.	Update expired RW eligibility

# THANK YOU

Robert Chavez, BHS, MBA  
Quality Assurance Manager  
x464



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

**Prepared by Behavioral Science Research Corporation**  
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Coral Gables, FL 33134 | Phone: 305-443-2000

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%.

**Ryan White Program**  
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**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
<b>Outpatient Ambulatory Health Services (OAHS)</b>				
<b>N1.</b> Total active OAHS clients	48.4% 4,483	48.9% 4,417	48.7% 4,372	44.3% 4,052
<b>N2.</b> OAHS clients in medical care (Target goal ≥95%)	100% 4,483	100% 4,417	100% 4,372	100% 4,052
<b>N3.</b> 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
<b>N4.</b> OAHS clients on ARVs (Target goal ≥88%)	99.1% 4,443	99.3% 4,384	96.3% 4,212	96.0% 3,889
<b>N5.</b> 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
<b>N6.</b> OAHS clients who received an oral exam	26.6% 1,194	26.1% 1,152	17.8% 777	17.6% 712
<b>Oral Health Care (OHC)</b>				
<b>D1.</b> Total active OHC clients	22.6% 2,090	35.1% 3,170	15.3% 1,371	14.4% 1,314
<b>D2.</b> OHC clients who received BOTH oral health education services	4.2% 87	4.7% 150	7.6% 104	11.6% 153
<b>D3.</b> 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
<b>HIV Care Continuum</b>												
<b>C1.</b> Total active RWP clients	9,144	528	119	392	204	483	733	no data	20	198	116	1,621
<b>C2.</b> 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
<b>C3.</b> 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
<b>C4.</b> 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
<b>C5.</b> 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
<b>Medical Case Management (MCM)</b>												
<b>M1.</b> 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
<b>M2.</b> 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
<b>M3.</b> 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
<b>M4.</b> 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
<b>M5.</b> 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
<b>M6.</b> 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
<b>M7.</b> 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
<b>M8.</b> MCM clients without a suppressed VL	<b>B</b> 12.2% 818	<b>A</b> 5.3% 24	<b>B</b> 15.1% 13	<b>B</b> 9.3% 30	<b>B</b> 13.6% 21	<b>B</b> 8.0% 31	<b>B</b> 13.8% 77	no data	<b>F</b> 70.0% 7	<b>B</b> 7.3% 13	<b>B</b> 6.9% 7	<b>B</b> 11.0% 149
<b>M9.</b> 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
<b>M10.</b> MCM clients with a due CHA >7 months	<b>B</b> 12.8% 861	<b>A</b> 4.0% 18	<b>B</b> 8.1% 7	<b>D</b> 31.8% 103	<b>A</b> 5.2% 8	<b>B</b> 15.2% 59	<b>B</b> 8.1% 45	no data	<b>C</b> 20.0% 2	<b>B</b> 14.0% 25	<b>B</b> 10.8% 11	<b>B</b> 9.5% 128
<b>M11.</b> MCM clients with NO update (contact) >90 days	<b>B</b> 15.2% 1,016	<b>B</b> 7.5% 34	<b>C</b> 24.4% 21	<b>D</b> 31.5% 102	<b>B</b> 10.4% 16	<b>C</b> 25.5% 99	<b>A</b> 5.4% 30	no data	<b>C</b> 20.0% 2	<b>B</b> 14.0% 25	<b>B</b> 10.8% 11	<b>B</b> 11.1% 150
<b>M12.</b> 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
<b>M13.</b> MCM clients with NO contact >7 months (case closure required)	<b>A</b> 3.7% 246	<b>A</b> 0.9% 4	<b>A</b> 0.0% 0	<b>B</b> 6.8% 22	<b>A</b> 0.0% 0	<b>A</b> 4.1% 16	<b>A</b> 1.8% 10	no data	<b>A</b> 0.0% 0	<b>A</b> 0.6% 1	<b>B</b> 6.9% 7	<b>A</b> 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	
<b>HIV Care Continuum</b>																						
<b>C1.</b> Total active RWP clients	9,144		372		121		261		166		33		965		148		214		1,700		529	
<b>C2.</b> 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
<b>C3.</b> 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
<b>C4.</b> 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
<b>C5.</b> 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
<b>Medical Case Management (MCM)</b>																						
<b>M1.</b> 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
<b>M2.</b> 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
<b>M3.</b> 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
<b>M4.</b> 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
<b>M5.</b> 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
<b>M6.</b> 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
<b>M7.</b> 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
<b>M8.</b> MCM clients without a suppressed VL	<b>B</b> 12.2%	818	n/a		<b>A</b> 5.6%	6	<b>C</b> 18.9%	40	<b>B</b> 11.1%	15	<b>F</b> 46.2%	12	<b>B</b> 8.7%	67	<b>B</b> 14.6%	19	<b>B</b> 9.4%	16	<b>C</b> 17.6%	234	<b>B</b> 8.7%	8
<b>M9.</b> 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
<b>M10.</b> MCM clients with a due CHA >7 months	<b>B</b> 12.8%	861	n/a		<b>D</b> 26.2%	28	<b>C</b> 23.1%	49	<b>B</b> 8.1%	11	<b>A</b> 3.8%	1	<b>B</b> 12.1%	93	<b>C</b> 16.2%	21	<b>A</b> 2.3%	4	<b>B</b> 14.2%	188	<b>A</b> 3.3%	3
<b>M11.</b> MCM clients with NO update (contact) >90 days	<b>B</b> 15.2%	1,016	n/a		<b>D</b> 32.7%	35	<b>F</b> 39.6%	84	<b>A</b> 3.0%	4	<b>A</b> 0.0%	0	<b>B</b> 9.9%	76	<b>C</b> 16.2%	21	<b>A</b> 1.2%	2	<b>B</b> 13.0%	172	<b>A</b> 2.2%	2
<b>M12.</b> 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
<b>M13.</b> MCM clients with NO contact >7 months (case closure required)	<b>A</b> 3.7%	246	n/a		<b>D</b> 26.2%	28	<b>B</b> 7.5%	16	<b>A</b> 1.5%	2	<b>A</b> 0.0%	0	<b>A</b> 1.4%	11	<b>A</b> 3.8%	5	<b>A</b> 0.0%	0	<b>A</b> 1.7%	22	<b>A</b> 1.1%	1



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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		AHF CG		AHF HS		AHF JN		AHF LC		AHF MB		Borinquen	CAN CH	Care 4 U	CR LH	CR MB	CR MT					
<b>Outpatient/Ambulatory Health Services (OAHS)</b>																								
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
<b>Oral Health Care (OHC)</b>																								
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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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	
<b>Outpatient/Ambulatory Health Services (OAHS)</b>																						
<b>N1.</b> 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
<b>N2.</b> 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
<b>N3.</b> 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
<b>N4.</b> 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
<b>N5.</b> 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
<b>N6.</b> 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
<b>Oral Health Care (OHC)</b>																						
<b>D1.</b> 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
<b>D2.</b> 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
<b>D3.</b> 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



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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 ≥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 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 ≥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 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.

## Clinical Quality Management Report Card Revisions Summary

### Care Continuum indicators:

- ✓ C1-Total active RWP client (Keep)
- ✓ C2-In medical care (keep)
- ✓ C3-Retained in medical care (keep)
- ✓ C4-ARV Use-(remove)
- ✓ C5-Suppressed VL (Keep)
- ✓ 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

### Medical Case Management (MCM) indicators:

- ✓ M1-Total active MCM clients-Keep
- ✓ M2-MCM client in medical care-Keep
- ✓ M3-MCM clients retained in medical care-Keep
- ✓ M4-MCM clients using ARVs-remove
- ✓ M5-MCM clients with a suppressed VL-Keep
- ✓ M6- New MCM Clients- Keep this is a baseline for the MCM category
- ✓ M7 -Clients with an unassigned MCM-Remove
- ✓ M8 -MCM clients without a suppressed VL-Remove (Redundant with M5)
- ✓ M9 -MCM clients without a current VL-Keep (Continue to use the measure for 12 months. Subrecipients will not be letter-scored).
- ✓ M10 -MCM clients with a due CHA/EA >7 months- Replace with Care Plan HAB measure - Percent of MCM clients who had an MCM care plan developed or updated two or more times in the measurement year.
- ✓ M11-MCM clients with NO update >90 days-Keep
- ✓ M12-MCM clients with NO FFE or telehealth contact >7 months. Remove the indicator because we are adding the “Care Plan” HAB Measure.
- ✓ M13-MCM clients with NO contact > 7 months (Case closure required)-Members agreed to revisit the measure due to pending clarification from Groupware technologies on case closure versus not eligible for Ryan White Program Services after 7 months

### Outpatient Ambulatory Health Services 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?

## Clinical Quality Management Report Card Revisions Summary

### Oral Healthcare Indicators:

- ✓ D 1. Keep the measure
- ✓ Recommend removing D2 and D3 and substituting it with clinical oral exam or ANY OHC service within the treatment year.
- ✓ One addition to the OHC sections of the CQM Report Card would replace **D2**
  1. Percent of RW clients who receive a **clinical oral examination** within the treatment year, as defined by any of several D-codes that serve as billing codes within Provide®. OHC providers noted that when clients come in with specific issues (i.e. gingivitis, root canal) they include the oral exam as part of the visit and do not bill the separate codes.
- ✓ Members agreed to remove the OONs from the denominator with a footer (number of clients only receiving episodic care- only receiving emergency treatment, have Medicaid or Health Insurance does not cover service)



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**Performance Measure: Dental and Medical History**

**National Quality Forum #:** None

**Description:** Percentage of HIV-infected oral health patients<sup>1</sup> who had a dental and medical health history<sup>2</sup> (initial or updated) at least once in the measurement year.

**Numerator:** Number of HIV-infected oral health patients who had a dental and medical health history<sup>2</sup> (initial or updated) at least once in the measurement year.

**Denominator:** Number of HIV-infected oral health patients that received a clinical oral evaluation<sup>3</sup> at least once in the measurement year.

**Patient Exclusions:**

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.<sup>4</sup>
2. Patients who were <12 months of age

**Data Elements:**

1. Is the patient HIV-infected? (Y/N)
  - a. If yes, did the patient have a clinical oral evaluation<sup>3</sup> at least once in the measurement year? (Y/N)
    - i. If yes, did the patient have a dental and medical health history (initial or updated) in the measurement year? (Y/N)

**Data Sources:**

- Data reports required by HRSA/HAB, such as the Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of patients identified as receiving oral health services
- Electronic Health Record/Electronic Medical Record
- Oral health services patient record data abstraction of a sample of records
- Provider billing systems may be used; however, this will be dependent on the completeness and accuracy of coding of the procedures of interest

**National Goals, Targets, or Benchmarks for Comparison:** None Available at this time

**Basis for Selection:**

To develop an appropriate treatment plan, the oral health care provider should obtain complete information about the patient's health and medication status.<sup>5</sup>



The American Dental Association (ADA) Dental Practice Parameters include the documentation of a dental and medical history for patients receiving an oral evaluation: “The dental and medical histories should be considered by the dentist to identify medications and predisposing conditions that may affect the prognosis, progression and management of oral health condition.”<sup>6</sup>

**U.S. Public Health Service Guidelines:** None

**Reference/Notes:**

<sup>1</sup> “Patient” includes all patients aged 12 months or older.

<sup>2</sup> Dental and medical history should include medications and predisposing conditions that may affect the prognosis, progression and management of oral health condition. See Footnote 6.

<sup>3</sup> Clinical oral evaluations include evaluation, diagnosis and treatment planning. Pertinent ADA CDT codes may include the following: D0120-Periodic Oral Evaluation-established patient; D0150-Comprehensive oral evaluation, new or established patient; D0160-Detailed and Extensive Oral Evaluation- problem focused by report; D0170-Re-evaluation, limited, problem focused (established patient; not post-operative visit); and D0180-Comprehensive Periodontal Evaluation-new or established patient.

<sup>4</sup> Pertinent ADA CDT codes for patient exclusion may include the following: D9110-Palliative (emergency) treatment of dental pain-minor procedure; and D0140-Limited Oral Evaluation-Problem Focused; however, the diagnostic and treatment procedures associated with emergency evaluation and treatment encounters (including those using these or other ADA CDT codes, as well as other procedures which may not be coded) should be considered when identifying patients for exclusion.

<sup>5</sup> New York State Department of Health. Oral health care for people with HIV infection. New York (NY): New York State Department of Health; 2001 Dec: 3.

<sup>6</sup> [American Dental Association](#). Dental Practice Parameters. Patients requiring a comprehensive oral evaluation. Accessed on January 2, 2019



**Performance Measure: Dental Treatment Plan**

**National Quality Forum #:** None

**Description:** Percentage of HIV-infected oral health patients<sup>1</sup> who had a dental treatment plan<sup>2</sup> developed and/or updated at least once in the measurement year.

**Numerator:** Number of HIV-infected oral health patients who had a dental treatment plan<sup>2</sup> developed and/or updated at least once in the measurement year

**Denominator:** Number of HIV-infected oral health patients that received a clinical oral evaluation<sup>3</sup> at least once in the measurement year.

**Patient Exclusions:**

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.<sup>4</sup>
2. Patients who were < 12 months of age.

**Data Elements:**

Is the patient HIV-infected? (Y/N)

- a. If yes, did the patient have a clinical oral evaluation<sup>3</sup> at least once in the measurement year? (Y/N)
  - i. If yes, did the patient have a dental treatment plan<sup>2</sup> developed and/or updated at least once in the measurement year? (Y/N)

**National Goals, Targets, or Benchmarks for Comparison:** None Available

**Outcome Measures for Consideration:** Rate of emergency dental visits in the practice population

**Basis for Selection:**

A comprehensive dental treatment plan that includes preventive care, maintenance and elimination of oral pathology should be developed and discussed with the patient. Various treatment options should be discussed and developed in collaboration with the patient. As with all patients, a treatment plan appropriate for the patient’s health status and individual preference should be chosen.

Medications may interfere with dental treatment and cause adverse effects: such as decreased salivary flow, altered liver function, bone marrow suppression, resulting in anemia,



thrombocytopenia and neutropenia. There is no evidence to support modifications in oral health care based solely on the presence of HIV infection. However, such modifications may be indicated on the basis of certain medical problems that occur as a result of HIV infection. Severely or terminally ill patients, for example, will require alterations in care similar to those of patients suffering from other conditions that cause debilitating illness, such as cancer or mental health impairment.<sup>5,6</sup>

The American Dental Association (ADA) Dental Practice Parameters address the process of diagnosis and treatment planning: “In the process of diagnosis and treatment planning, the attending dentist should review the accuracy of the data collected as part of patient evaluation. The behavioral, psychological, anatomical, developmental and physiological limitations of the patient should be considered by the dentist in performing the periodic evaluation and in developing the treatment plan.”<sup>7</sup>

**U.S. Public Health Service Guidelines:** None

**References/Notes:**

- 1 “Patient” includes all patients aged 12 months or older.
- 2 Treatment plan: The sequential guide for the patient's care as determined by the dentist's diagnosis and is used by the dentist for the restoration to and/or maintenance of optimal oral health [ADA.org](http://ADA.org) Accessed January 2, 2019
- 3 Clinical oral evaluations include evaluation, diagnosis and treatment planning. Pertinent ADA CDT codes may include the following: D0120-Periodic Oral Evaluation-established patient; D0150-Comprehensive oral evaluation, new or established patient; D0160-Detailed and Extensive Oral Evaluation; D0170-Re-evaluation, limited, problem focused (established patient; not post-operative visit); and D0180-Comprehensive Periodontal Evaluation-new or established patient.
- 4 Pertinent ADA CDT codes for patient exclusion may include the following: D9110-Palliative (emergency) treatment of dental pain-minor procedure; and D0140-Limited Oral Evaluation-Problem Focused; however, the diagnostic and treatment procedures associated with emergency evaluation and treatment encounters (including those using these or other ADA CDT codes, as well as other procedures which may not be coded) should be considered when identifying patients for exclusion.
- 5 Glick M, Abel SN, Muzyka BC, DeLorenzo M. Dental complications after treating patients with AIDS. *J Am Dent Assoc* 1994;125:296-301. 6 Dental management of the HIV-infected patient. *J Am Dent Assoc* 1995;(Suppl):1-40. 7 American Dental Association. Dental Practice





## HIV/AIDS Bureau Performance Measures



Parameters. Patient of record requiring a periodic evaluation. Available at: <http://ada.org>  
Accessed on January 2, 2019

6 Dental management of the HIV-infected patient. *J Am Dent Assoc* 1995;(Suppl):1-40.

7 [American Dental Association](http://ada.org). Dental Practice Parameters. Patient of record requiring a periodic evaluation. Accessed January 2, 2019



**Performance Measure: Oral Health Education**

**National Quality Forum #: None**

**Description:** Percentage of HIV-infected oral health patients<sup>1</sup> who received oral health education<sup>2</sup> at least once in the measurement year.

**Numerator:** Number of HIV-infected oral health patients who received oral health education<sup>2</sup> at least once in the measurement year.

**Denominator:** Number of HIV-infected oral health patients that received a clinical oral evaluation<sup>3</sup> at least once in the measurement year.

**Patient Exclusions:**

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.<sup>4</sup>
2. Patients who were <12 months of age.

**Data Elements:**

1. Is the patient HIV-infected? (Y/N)
  - a. If yes, did the patient have a clinical oral evaluation<sup>3</sup> at least once in the measurement year? (Y/N)
    - i. If yes, did the patient receive oral health education<sup>2</sup> at least once in the measurement year? (Y/N)

**Data Sources:**

- Data reports required by HRSA/HAB, such as the Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of patients identified as receiving oral health services.
- Electronic Health Record/Electronic Medical Record
- Oral health services patient record data abstraction of a sample of records.
- Provider billing systems may be used; however, this will be dependent on the completeness and accuracy of coding of the procedures of interest



**National Goals, Targets, or Benchmarks for Comparison:** None Available at this time

**Outcome Measures for Consideration:**

- Rate of dental disease and oral pathology in the practice population
- Rate of tobacco cessation in the practice population

**Basis for Selection:**

A higher risk of dental caries in patients with HIV may be caused by decreased salivary flow, which may occur as a result of salivary gland disease or as a side effect of a number of medications. Also, some topical antifungal medications have high sugar content, possibly resulting in increased caries susceptibility.

The adverse effects of using tobacco should be discussed with the patients. If patient is a tobacco user, cessation should also be discussed. For in-office consumer and provider materials on tobacco cessation programs, dentists can access [HHS.gov: The Surgeon General's Priorities](https://www.hhs.gov/priorities) Accessed January 2, 2019

The American Dental Association (ADA) Dental Practice Parameters include the provision of patient education: "The dentist should emphasize prevention and oral disease through patient education which may include oral hygiene instructions....Counseling may be provided regarding tobacco use or other behaviors that may compromise oral health." <sup>6</sup>

**U.S. Public Health Service Guidelines:** None

**References/Notes:**

<sup>1</sup> "Patient" includes patients aged 12 months or older.

<sup>2</sup> Oral health education should include: oral hygiene instructions (ADA CDT code D1330) and tobacco counseling for the control and prevention of oral disease (ADA CDT code D1320) as indicated. Oral health education may be provided and documented by a licensed dentist, dental hygienist, dental assistant and/or dental case manager. For pediatric patients, oral health education should be provided to parents and caregivers and be age appropriate for pediatric patients.

<sup>3</sup> Clinical oral evaluations include evaluation, diagnosis and treatment planning. Pertinent ADA CDT codes may include the following: D0120-Periodic Oral Evaluation-established patient; D0150-Comprehensive oral evaluation, new or established patient; D0160-Detailed and Extensive Oral Evaluation; D0170-Re-evaluation, limited, problem focused (established patient; not post-operative visit); and D0180-Comprehensive Periodontal Evaluation-new or established patient.

<sup>4</sup> Pertinent ADA CDT codes for patient exclusion may include the following: D9110-Palliative (emergency) treatment of dental pain-minor procedure; and D0140-Limited Oral Evaluation Problem Focused; however, the diagnostic and treatment procedures associated



## HIV/AIDS Bureau Performance Measures



with emergency evaluation and treatment encounters (including those using these or other ADA CDT codes, as well as other procedures which may not be coded) should be considered when identifying excluded patients.

<sup>5</sup> New York State Department of Health. Oral health care for people with HIV infection. New York (NY): New York State Department of Health; 2001 Dec: 4.

<sup>6</sup> [American Dental Association](#). Dental Practice Parameters. Patient without clinical signs or symptoms of oral disease. Accessed January 2, 2019.



**Performance Measure: Periodontal Screening or Examination**

**National Quality Forum #: None**

**Description:** Percentage of HIV-infected oral health patients<sup>1</sup> who had a periodontal screen or examination<sup>2</sup> at least once in the measurement year.

**Numerator:** Number of HIV-infected oral health patients who had a periodontal screen or examination<sup>2</sup> at least once in the measurement year.

**Denominator:** Number of HIV-infected oral health patients that received a clinical oral evaluation<sup>3</sup> at least once in the measurement year.

**Patient Exclusions:**

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.<sup>4</sup>
2. Edentulous patients (complete).
3. Patients who were <13 years of age.

**Data Elements:**

1. Is the patient HIV-infected? (Y/N)
  - a. If yes, did the patient have a clinical oral evaluation<sup>3</sup> at least once in the measurement year? (Y/N)
    - i. If yes, did the patient have a periodontal screen or examination<sup>2</sup> at least once in the measurement year? (Y/N)

**Data Sources:**

- Data reports required by HRSA/HAB, such as the Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of patients identified as receiving oral health services
- Electronic Health Record/Electronic Medical Record
- Oral health services patient record data abstraction of a sample of records
- Provider billing systems may be used; however, this will be dependent on the completeness and accuracy of coding of the procedures of interest

**National Goals, Targets or Benchmarks for Comparison:** None Available at this time



**Outcome Measures for Consideration:** Rate of tooth loss due to periodontal disease in the practice population

**Basis for Selection:** The American Academy of Periodontology “Parameter on Periodontitis Associated with Systemic Conditions” indicates that “some forms of periodontal disease may be more severe in individuals affected with immune system disorders. Patients infected with human immunodeficiency syndrome (HIV), may have especially severe forms of periodontal disease. The incidence of necrotizing periodontal diseases may increase with patients with acquired immunodeficiency syndrome (AIDS).”<sup>5</sup>

**U.S. Public Health Service Guidelines:** None

**References/Notes:**

- 1 “Patient” includes all patients aged 13 years or older.
- 2 A periodontal screen should include the assessment of medical and dental histories, the quantity and quality of attached gingival; bleeding; tooth mobility; and radiological review of the status of the periodontium and dental implants. “Appropriate screening procedures may be performed to determine the need for a comprehensive periodontal evaluation.” (Source: American Academy of Periodontology. Parameter on Comprehensive Periodontal Examination. J Periodontol 2000; 71:847-848). A comprehensive periodontal examination (ADA CDT D0180) includes “the evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient’s dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation” (Source: American Dental Association. Current Dental Terminology: CDT 2009-2010.) The screening or examination may be performed and documented by either a licensed dentist or, where state regulations allow, by a dental hygienist, but the interpretation of data and diagnosis must be made by a licensed dentist.
- 3 Clinical oral evaluations include evaluation, diagnosis and treatment planning. Pertinent ADA CDT codes for patient inclusion in the denominator may include the following: D0120-Periodic Oral Evaluation-established patient; D0150-Comprehensive oral evaluation, new or established patient; D0160-Detailed and Extensive Oral Evaluation; D0170-Re-evaluation, limited, problem focused (established patient; not postoperative visit); and D0180-Comprehensive Periodontal Evaluation-new or established patient.
- 4 Pertinent ADA CDT codes for patient exclusion may include the following: D9110-Palliative (emergency) treatment of dental pain-minor procedure; and D0140-Limited Oral Evaluation-Problem Focused; however, the diagnostic and treatment procedures associated with emergency evaluation and treatment encounters (including those using these or other ADA CDT codes, as well as other procedures which may not be coded) should be considered



## HIV/AIDS Bureau Performance Measures



when identifying patients for exclusion. [ADA: Code on Dental Procedures and Nomenclature \(CDT Code\)](#). Accessed January 2019

American Academy of Periodontology. [Parameter on Periodontitis Associated with Systemic Conditions](#). J Periodontol 2000; 71:876-879. Accessed January 2019.



**Performance Measure: Phase 1 Treatment Plan Completion**

**National Quality Forum #: None**

**Description:** Percentage of HIV-infected oral health patients<sup>1</sup> with a Phase 1<sup>2</sup> treatment plan that is completed within 12 months.

**Numerator:** Number of HIV-infected oral health patients that completed Phase 1<sup>2</sup> treatment within 12 months of establishing a treatment plan.

**Denominator:** Number of HIV-infected oral health patients with a Phase 1 treatment plan established in the year prior to the measurement year<sup>3</sup>

**Patient Exclusions:** Patients who had only an evaluation or treatment for a dental emergency in the year prior to the measurement year.<sup>4</sup>

**Data Elements:**

1. Is the patient HIV-infected? (Y/N)
  - a. If yes, did the patient have a Phase 1<sup>2</sup> treatment plan established in the year prior to the measurement year<sup>3</sup>? (Y/N)
    1. If yes, was the Phase 1<sup>2</sup> treatment plan completed within 12 months of establishment? (Y/N)

**Data Sources:**

- Data reports required by HRSA/HAB, such as the Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of clients identified as receiving oral health services
- Electronic Health Record/Electronic Medical Record (A specific “dummy code” to signify when patient treatment is complete can be used to facilitate data collection.)
- Oral health services patient record data abstraction by grantee of a sample of records
- Provider billing systems may be used; however, this will be dependent on the completeness and accuracy of coding of the procedures of interest

**National Goals, Targets, or Benchmarks for Comparison: None**

**Outcome Measures for Consideration:** Rate of untreated dental disease and oral pathology in the practice population





**Basis for Selection:**

Oral diseases are progressive and cumulative and can affect our ability to eat, the foods we choose, how we look, and the way we communicate. These diseases can affect economic productivity and compromise our ability to work at home, at school, or on the job. Health disparities exist across population groups at all ages. Over one third of the US population (100 million people) has no access to community water fluoridation. Over 108 million children and adults lack dental insurance, which is over 2.5 times the numbers who lack medical insurance. See: US Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General: Executive Summary*. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. See:

[NIH: Reports of the Surgeon General](#)

[HHS: Public Health Reports](#)

(2012 Oral Health Care for People Living With HIV/AIDS Supplement 2 2012) Accessed April 30, 2019.

Community and migrant health center oral health programs seek to increase access to oral health care for the underserved. This performance measure addresses two fundamental areas within community and migrant health center oral health programs: 1) the need to perform a comprehensive oral health exam that culminates with an accompanying treatment plan and 2) assuring that quality care is incorporated in the process of completing needed treatment in a timely manner. The measure facilitates the identification of contributing and restricting factors and practical low cost improvement options relevant to significant areas listed above.

With access to codes associated with comprehensive oral exams and Patient Treatment Completion (PTC), most management information systems will be able to provide an average length of time associated with completion of treatment. With this information, staffing patterns, financial costs (overhead expenses) and efficiency of the oral health program can be assessed. These additional benchmarks could also be measured across health center programs at the local, regional and national levels. The ultimate goal is to measure and assure that health centers routinely and systematically deliver comprehensive, quality oral health services and patient treatment is completed within a reasonable amount of time.

The performance measure is comprehensive in that subsequent performance analysis can broach a number of significant areas, such as: appointment scheduling, ratio of oral health providers to dental operatories, ratio of oral health providers to support staff, collaboration with medical colleagues emphasizing oral health as an essential component of an interdisciplinary approach to patient care, prioritization of patients and/or procedures, general productivity and efficiency.



**U. S. Public Health Service Guidelines: None**

**References/Notes:**

<sup>1</sup> “Patient” includes patients aged 12 months or older.

<sup>2</sup> Phase 1 treatment: Prevention, maintenance and/or elimination of oral pathology that results from dental caries or periodontal disease. This includes: restorative treatment; basic periodontal therapy (non surgical); basic oral surgery that includes simple extractions and biopsy; non-surgical endodontic therapy; and space maintenance and tooth eruption guidance for transitional dentition.

<sup>3</sup> Patients initiating Phase 1 treatment plan would not be captured in the denominator in the current measurement year. They would, if the care was completed on schedule, be captured in the performance data in the following measurement year.

<sup>4</sup> Pertinent ADA CDT codes for patient exclusion may include the following: D9110-Palliative (emergency) treatment of dental pain-minor procedure; and D0140-Limited Oral Evaluation-Problem Focused; however, the diagnostic and treatment procedures associated with emergency evaluation and treatment encounters (including those using these or other ADA CDT codes, as well as other procedures which may not be coded) should be considered when identifying excluded patients.

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



**Clinical Quality Management Committee (CQMC)**  
**Friday, May 21, 2021**  
**ZOOM Meeting, 9:30 a.m. – 11:30 a.m.**

**AGENDA**

9:30am-9:32am	Call to Order	Jose Ortega
9:32am-9:35am	Housekeeping/Zoom Rules	Susy Martinez
9:35am-9:40am	Roll Call	Susy Martinez
9:40am-9:45am	Review of Agenda and Meeting Minutes	Jose Ortega
9:45am-10:15am	Care Resource’s Quality Improvement Initiative Update	Robert Chavez
10:15am-10:55am	Clinical Quality Management (CQM) Report Card Revisions	Dr. Robert Ladner
10:55am-11:20am	Clinical Quality Management (CQM) Report Card Cycle 4	Dr. Robert Ladner/Jimmy Hernandez
11:20am-11:25am	Action items repetition	Susy Martinez
11:25am-11:30am	Announcements	All

- *Next meeting will be held on, Friday, June 18, 2021 via Zoom.*

*Please turn off or mute cellular devices – Thank you*

**For more information regarding the Clinical Quality Management Committee please contact Susy Martinez at 305-448-3327 or [smartinez@behavioralscience.com](mailto:smartinez@behavioralscience.com)**



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**MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD**  
**FY 2020-2021 Care Continuum Outcome Data Only**

REV DATE: 05/14/2021 Rev: B

*Disclaimer: Data indicates key HAB/HRSA Care Continuum health outcome measures for Ryan White Program (RWP) clients. See variable explanations for details on how outcomes were computed.*

QM PROGRAM INDICATORS	FY 30 Cycle 4: March 2020 thru February 2021															
	RWP	AHF CG	AHF HS	AHF JN	AHF LC	AHF MB	BHCC	CAN	CARE 4 U	CR LH	CR MB					
<b>HIV Care Continuum</b>																
<b>C1</b> Total active RWP clients	8,400	638	194	465	232	641	981	24	33	931	267					
<b>C2</b> In medical care (IMC, TG≥95%)	92% 7,735	97% 620	92% 179	95% 443	97% 226	93% 599	93% 910	100% 24	97% 32	97% 904	97% 259					
<b>C3</b> Retained In Med Care (TG≥90%)	92% 7,126	96% 595	94% 169	88% 389	69% 156	90% 542	94% 851	42% 10	78% 25	97% 879	98% 253					
<b>C4</b> Adjusted IMC	7,131	580	170	373	208	523	833	3	23	888	245					
<b>C4a</b> Adjusted RiMC (TG≥90%)	96% 6,862	99% 577	98% 167	97% 362	95% 197	98% 511	97% 812	100% 3	87% 20	98% 872	100% 244					
<b>C5</b> Suppressed VL (TG≥80%)	90% 6,698	94% 568	85% 149	90% 394	95% 197	91% 541	90% 813	63% 15	66% 20	94% 823	95% 240					
<b>Medical Case Management (MCM)</b>																
<b>M1</b> Total active MCM clients	89% 7,483	68% 431	55% 106	71% 331	73% 169	57% 365	64% 631	96% 23	91% 30	16% 150	46% 124					
<b>M2</b> In medical care (IMC, TG≥95%)	94% 7,081	99% 427	98% 104	97% 320	99% 167	98% 356	94% 594	100% 23	100% 30	95% 143	98% 121					
<b>M3</b> Retained In Med Care (TG≥90%)	94% 6,654	96% 409	93% 97	91% 292	93% 156	93% 330	93% 555	39% 9	80% 24	96% 137	92% 111					
<b>M4</b> Adjusted IMC	6,546	393	95	276	156	318	530	3	22	139	111					
<b>M4a</b> Adjusted RiMC (TG≥90%)	98% 6,406	100% 392	100% 95	99% 272	97% 151	99% 316	98% 521	100% 3	86% 19	97% 135	100% 111					
<b>M5</b> Suppressed VL (TG≥80%)	90% 6,225	95% 403	83% 84	91% 288	92% 154	92% 326	88% 517	61% 14	67% 20	96% 135	98% 117					
<b>Outpatient/Ambulatory Health Services (OAHS)</b>																
<b>N1</b> Total active OAHS clients	60% 5,003	42% 265	32% 63	34% 158	54% 125	27% 175	29% 283	54% 13	67% 22	18% 164	16% 43					
<b>N2</b> In medical care (IMC, TG≥95%)	100% 5,003	100% 265	100% 63	100% 158	100% 125	100% 175	100% 283	100% 13	100% 22	100% 164	100% 43					
<b>N3</b> Retained In Med Care (TG≥90%)	94% 4,689	94% 249	94% 59	89% 141	92% 115	95% 167	94% 267	31% 4	86% 19	99% 162	100% 43					
<b>N4</b> Adjusted IMC	4,646	240	59	129	113	156	248	0	18	160	41					
<b>N4a</b> Adjusted RiMC (TG≥90%)	97% 4,524	99% 238	98% 58	99% 128	96% 108	99% 155	99% 245	N/A 0	89% 16	100% 160	100% 41					
<b>N5</b> Suppressed VL (TG≥80%)	89% 4,198	91% 231	82% 49	88% 137	86% 107	90% 155	87% 243	54% 7	59% 13	95% 145	90% 36					



**MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD**  
**FY 2020-2021 Care Continuum Outcome Data Only**

REV DATE: 05/14/2021 Rev: B

*Disclaimer: Data indicates key HAB/HRSA Care Continuum health outcome measures for Ryan White Program (RWP) clients. See variable explanations for details on how outcomes were computed.*

QM PROGRAM INDICATORS	FY 30 Cycle 4: March 2020 thru February 2021																								
	RWP		CR MT		CHI		Citrus		Empower U		JTCHS		Latinos Salud		MBCHC		PHT ND		PHT PET		PHT SF		UM		
<b>HIV Care Continuum</b>																									
<b>C1</b> Total active RWP clients	8,400		1,678		255		109		274		213		62		3,031		149		345		2,207		1,065		
<b>C2</b> In medical care (IMC, TG≥95%)	92%	7,735	92%	1,542	90%	230	100%	109	90%	247	98%	208	85%	53	95%	2,883	93%	138	97%	333	95%	2,090	98%	1,047	
<b>C3</b> Retained In Med Care (TG≥90%)	92%	7,126	95%	1,470	77%	176	97%	106	92%	227	98%	204	83%	44	97%	2,790	98%	135	98%	326	93%	1,954	96%	1,001	
<b>C4</b> Adjusted IMC		7,131		1,466		213		94		225		196		42		2,754		135		327		1,975		988	
<b>C4a</b> Adjusted RiMC (TG≥90%)	96%	6,862	98%	1,437	81%	173	100%	94	96%	216	99%	195	100%	42	99%	2,717	98%	132	99%	323	96%	1,903	98%	967	
<b>C5</b> Suppressed VL (TG≥80%)	90%	6,698	91%	1,346	89%	152	96%	105	81%	192	90%	185	80%	41	93%	2,605	84%	113	94%	310	87%	1,771	85%	868	
<b>Medical Case Management (MCM)</b>																									
<b>M1</b> Total active MCM clients	89%	7,483	81%	1,365	n/a	n/a	95%	104	77%	210	75%	159	89%	55	40%	1,201	68%	101	70%	243	71%	1,576	10%	110	
<b>M2</b> In medical care (IMC, TG≥95%)	94%	7,081	92%	1,253	n/a	n/a	100%	104	94%	198	97%	155	84%	46	93%	1,119	90%	91	97%	236	95%	1,490	95%	105	
<b>M3</b> Retained In Med Care (TG≥90%)	94%	6,654	95%	1,193	n/a	n/a	97%	101	92%	183	98%	152	80%	37	94%	1,054	97%	88	97%	230	93%	1,388	99%	104	
<b>M4</b> Adjusted IMC		6,546		1,191	n/a	n/a		89		182		145		35		1,049		88		233		1,397		101	
<b>M4a</b> Adjusted RiMC (TG≥90%)	98%	6,406	98%	1,169	n/a	n/a	100%	89	96%	175	99%	144	100%	35	98%	1,025	97%	85	98%	229	96%	1,346	100%	101	
<b>M5</b> Suppressed VL (TG≥80%)	90%	6,225	91%	1,195	n/a	n/a	96%	100	85%	165	90%	137	80%	35	93%	989	83%	73	83%	73	86%	1,261	87%	91	
<b>Outpatient/Ambulatory Health Services (OAHS)</b>																									
<b>N1</b> Total active OAHS clients	60%	5,003	22%	370	66%	169	38%	41	51%	139	31%	67	n/a	n/a	19%	582	43%	64	28%	98	32%	700	41%	441	
<b>N2</b> In medical care (IMC, TG≥95%)	100%	5,003	100%	370	100%	169	100%	41	100%	139	100%	67	n/a	n/a	100%	582	100%	64	100%	98	100%	700	100%	441	
<b>N3</b> Retained In Med Care (TG≥90%)	94%	4,689	98%	361	98%	122	93%	38	94%	130	96%	64	n/a	n/a	95%	553	98%	63	97%	95	92%	643	95%	418	
<b>N4</b> Adjusted IMC		4,646		358		156		35		130		63	n/a	n/a		544		63		97		629		418	
<b>N4a</b> Adjusted RiMC (TG≥90%)	97%	4,524	98%	352	98%	120	100%	35	96%	125	98%	62	n/a	n/a	99%	537	98%	62	98%	95	97%	612	97%	404	
<b>N5</b> Suppressed VL (TG≥80%)	89%	4,198	88%	301	88%	98	93%	38	77%	102	86%	56	n/a	n/a	91%	501	79%	48	91%	86	83%	554	83%	354	



**MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD**  
**FY 2020-2021 Care Continuum Outcome Data Only**

<b>RYAN WHITE PROGRAM: QUALITY MANAGEMENT INDICATOR DESCRIPTIONS</b>	
<b>HIV Care Continuum</b>	
C1.	<b>Total active RWP clients:</b> Number of unduplicated RWP clients receiving at least one billed RWP service from any subrecipient during the 12-month reporting period.
C2.	<b>Total clients In Medical Care (IMC: Target goal ≥95%):</b> Percent of active RWP clients in medical care. Denominator: all active RWP clients (C1). Numerator: active RWP clients receiving one or more medical visits with any RWP provider with prescribing privileges, VL test, or medical visit copay during the 12 month reporting period.
C3.	<b>Total clients Retained in Medical Care (RiMC: Target goal ≥90%):</b> Percent of active RWP clients retained in medical care. Denominator: all RWP clients IMC (C2). Numerator: active RWP clients receiving 2 or more medical visits with a provider, VL test, or medical visit copay, at least 90 days apart, in the past 12 months.
C4.	<b>Adjusted clients IMC:</b> Total RWP clients IMC (C2) whose first medical care event or VL in FY 2020-2021 was prior to 09/01/20 (see C4a).
C4a.	<b>Adjusted clients RiMC (Target Goal ≥90%):</b> Percent of clients retained IMC whose first medical event in the FY is prior to 09/01/20. Denominator: Adjusted IMC (C4). Numerator: Adjusted clients RiMC (cf. C3). Note: Measurement is a one time adjustment for FY 2020-2021 due to the COVID 19 service disruptions, and ADAP suspension of required VL tests.
C5.	<b>Total clients with a suppressed VL (Target goal ≥80%):</b> Percent of active RWP clients with a suppressed viral load (VL) (<200 copies/mL). Denominator: all active RWP clients who received a VL test. Numerator: active RWP clients with a documented suppressed VL in the most recently reported lab test. Missing VL data (for about 11% of RWP clients) are excluded.
<b>Medical Case Management (MCM)</b>	
M1.	<b>Total active MCM clients:</b> Number of unduplicated RWP clients (C1) with an assigned MCM site; excludes outreach-only clients, clients whose cases were closed, and identified out-of-network clients.
M2.	<b>MCM clients IMC (Target goal ≥95%):</b> Percent of MCM clients (M1) IMC (as defined in C2). Denominator: Total active MCM clients (M1). Numerator: MCM clients IMC.
M3.	<b>MCM clients RiMC (Target goal ≥90%):</b> Percent of total MCM clients IMC (M2) who were retained in medical care (as defined in C3).
M4.	<b>Adjusted MCM clients IMC:</b> MCM clients IMC (M2) whose first medical care event or VL test event for FY 2020-2021 was prior to 09/01/2020 (see C4a).
M4a.	<b>Adjusted clients RiMC (Target Goal ≥90%):</b> Percent of MCM clients remained IMC prior to 09/01/2020. Denominator: Adjusted IMC (M4). Numerator: MCM clients RiMC prior to 09/01/2020. Note: Measurement is a one time adjustment for FY 2020-2021 due to the COVID 19 quarantines, and ADAP VL suspension.
M5.	<b>Total clients with a suppressed VL (Target goal ≥80%):</b> Percent of active MCM clients with a suppressed viral load (VL) (<200 copies/mL). Denominator: all active MCM clients who received a VL test. Numerator: active MCM clients with a documented suppressed VL in the most recently reported lab test. Missing VL data are excluded.
<b>Outpatient/Ambulatory Health Services (OAHS)</b>	
N1.	<b>Total active OAHS clients:</b> Number of unduplicated RWP clients (C1) who had at least one (1) face-to-face (FFE) OAHS visit billed to a RWP subrecipient in the 12 month reporting period. Agency assignment is based on the provider where the most recent OAHS FFE service of the reporting period was billed, and not necessarily where client is receiving MCM. Excludes clients whose cases were closed in the reporting period, or identified out-of-network clients.
N2.	<b>OAHS clients IMC (Target goal ≥95%):</b> Percent of OAHS clients (N1) in IMC (as defined in C2). Denominator: Total active OAHS clients (N1). Numerator: OAHS clients IMC.
N3.	<b>OAHS clients RiMC (Target goal ≥90%):</b> Percent of OAHS clients IMC (N2) retained in medical care (as defined in C3).
N4.	<b>Adjusted OAHS clients IMC:</b> OAHS clients IMC (N2) whose first medical care event or VL for FY 2020-2021 was prior to 09/01/2020 (see C4a).
N4a.	<b>Adjusted clients RiMC (Target Goal ≥90%):</b> Percent of OAHS clients retained IMC prior to 09/01/2020. Denominator: Adjusted IMC (N4). Numerator: OAHS clients RiMC prior to 09/01/2020. Note: Measurement is a one time adjustment for FY 2020-2021 due to the COVID 19 quarantines, and ADAP VL suspension of required VL tests.
N5.	<b>Total clients with a suppressed VL (Target goal ≥80%):</b> Percent of active OAHS clients with a suppressed viral load (VL) (<200 copies/mL). Denominator: all active OAHS clients who received a VL test. Numerator: active OAHS clients with a documented suppressed VL in the most recently reported lab test. Missing VL data are excluded.