

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?

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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)