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?