

WISCONSIN AIDS/HIV PROGRAM NOTES

August 2014

Performance Measurement: Improving the Quality of HIV Medical Care and Support Services

Alison Meier, MSW, CAPSW, HIV Care Services Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

Introduction

The goal of the Ryan White HIV/AIDS Program is to ensure that all individuals living with HIV have access to high-quality HIV medical care and support services that ultimately lead to positive health outcomes. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) defines quality as "the degree to which a health or social service meets or exceeds established professional standards and user expectations."¹ To ensure that quality expectations are met, Ryan White legislation requires grantees to establish a Quality Management (QM) Program. The goals of the QM Program, as outlined by HRSA, are to ensure that:

- Services adhere to U.S. Public Health Service Guidelines and established clinical practices.
- Program improvement includes supportive services linked to access and adherence to medical care.
- Demographic, clinical and utilization data are used to evaluate and address characteristics of the local epidemic.²

In order to achieve these goals, grantees must incorporate a number of quality activities into their overall QM Programs, including strategies aimed at both ensuring and improving quality of service delivery processes and outcomes. This paper focuses on performance measurement as a means to monitor quality and identify quality improvement initiatives.

Performance measurement

Performance measures are quantitative tools that provide an indication of the quality of a service. They can be used to measure the quality of the service delivery process as well as the outcome or result of a specific service.³ Performance measurement begins by selecting a quality indicator. The National Quality Center, a technical assistance resource to Ryan White grantees on issues related to quality improvement, identified the following criteria for selecting well-defined quality indicators:

¹ HRSA, HIV/AIDS Bureau. *Quality Management Technical Assistance Manual*. 2003. Available at:

<ftp://ftp.hrsa.gov/hab/QM2003.pdf>

² HRSA Care Action Newsletter. *A Commitment to Quality Care*. 2010. Available at:

<http://hab.hrsa.gov/newspublications/careactionnewsletter/august2010.pdf>

³ Institute for Healthcare Improvement. *Quality Improvement Resources*. 2014. Available at:

<http://www.ihl.org/resources/Pages/Measures/default.aspx>

August 2014

- *Relevance:* Is the indicator related to a condition that occurs frequently or has a great impact on patients?
- *Measurability:* Can the indicator realistically and efficiently be measured, even with finite resources?
- *Accuracy:* Is the indicator based on accepted guidelines or developed through formal group decision-making methods?
- *Improvability:* Can the performance rate associated with the indicator realistically be improved given the limitations of clinical services and/or the patient population?⁴

Collecting routine performance measure data allows grantees to set performance goals and track progress toward these goals. It also allows grantees to identify trends in service delivery as well as gaps in services and areas requiring improvement.

Ryan White grantees are not required to use specific performance measures in their QM Programs. Rather, grantees may develop their own performance measures and/or use established measures. Several national organizations have developed standardized HIV/AIDS performance measures that are available to grantees, including the following:

HAB Performance Measures

HAB Performance Measures were most recently updated in November 2013 to reflect increased focus on measuring progress and outcomes as they relate to the HIV Care Continuum. Included in the HAB Performance Measures are seven common core HIV indicators developed by the federal Department of Health and Human Services (DHHS) for use across DHHS-supported HIV services and programs. The HAB Performance Measures are divided into the following categories:

Core	Medical Case Management
All Ages	Oral Health
Adolescent/Adult	ADAP
HIV-Infected Children	Systems-Level
HIV-Exposed Children	

The HAB Performance Measures were informed by the [Institute of Medicine's core indicators, which](#) were developed for monitoring the effects of the National HIV/AIDS Strategy and the Affordable Care Act.

HIVQUAL-US

[HIVQUAL-US](#) is funded by HRSA to assist Ryan White Part C and D grantees in building capacity to implement and sustain quality improvement activities. Part C and D grantees participating in the HIVQUAL-US project are asked to submit data on several clinic-level

⁴ National Quality Center. *Developing an Effective Quality Management Program in Accordance with Ryan White*. 2008. Available at: <ftp://ftp.hrsa.gov/hab/quality06.pdf>

August 2014

[indicators](#) specifically developed by HIVQUAL. Data received are compiled into annual reports and disseminated to HRSA and grantees.

National Quality Center

[The National Quality Center](#) (NQC) is funded by HRSA to provide technical assistance to all Ryan White grantees on issues related to quality. NQC has developed guidelines for developing effective performance measures, implementing performance measures based on established clinical guidelines, and using performance data to improve processes and outcomes.

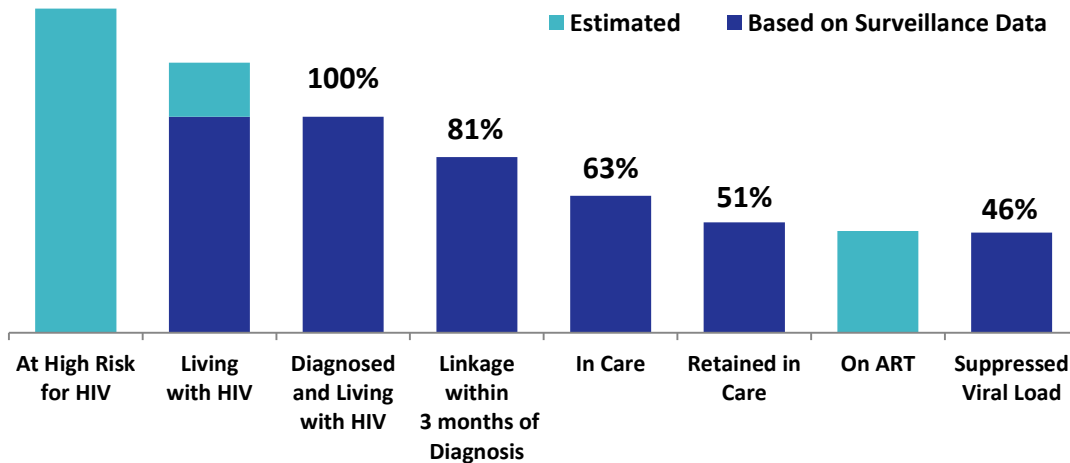
Use of performance measurement by the AIDS/HIV Program

A critical component of the AIDS/HIV Program’s overall quality management program is the collection of performance measurement data from Ryan White Part B and Life Care Services (LCS) grantees. The AIDS/HIV Program also uses performance measurement data to monitor quality of the AIDS Drug Assistance Program (ADAP) and, from a public health systems perspective, the health outcomes of individuals living with HIV in Wisconsin.

In 2014, the AIDS/HIV Program developed the framework of a local HIV Care Continuum, based on the model originally presented by Gardner et al.⁵ The Wisconsin HIV Care Continuum (Figure 1) was developed based on an evaluation of:

- Linkage to care for those diagnosed in Wisconsin during 2011.
- Retention in care and viral suppression during 2012 for those cases reported earlier and presumed to be alive and living in Wisconsin at the end of 2011.

Figure 1: Wisconsin HIV Care Continuum: 2011 New and Prevalent Cases



The Wisconsin HIV Care Continuum highlights areas for improvement, specifically the need to increase levels of retention in HIV medical care and viral suppression among individuals living with HIV in Wisconsin. As a result, the specific performance data to be collected from Part B

⁵ Gardner EM, et al. The Spectrum of Engagement in HIV Care and its Relevance to Test-and-Treat Strategies for Prevention of HIV Infection. *Clinical Infectious Diseases*. 2011;52: 793-800.

August 2014

and LCS grantees was recently revised to allow the AIDS/HIV Program to better monitor levels of client retention and viral suppression across agencies, and to provide technical assistance and support to agencies who are not meeting performance standards in these areas.

Grantees of the AIDS/HIV Program are required to report progress against several of the HAB Core, Medical Case Management and Oral Health Performance Measures semi-annually. For the first time, the AIDS/HIV Program is also requiring all grantees that provide outpatient HIV medical care to report on the following HAB Core Performance Measures, as defined below, regardless of whether Part B or LCS funds are used to directly fund medical care:

- **HIV Viral Load Suppression**: Percentage of patients, regardless of age, with a diagnosis of HIV and with a HIV viral load less than 200 copies/mL at the last HIV viral load test in the measurement year.
- **Prescription of HIV Antiretroviral Therapy**: Percentage of patients, regardless of age, with a diagnosis of HIV who were prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.
- **Gap in HIV Medical Visits**: Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last six months of the measurement year.

Collecting this data from grantees will allow the AIDS/HIV Program to better understand levels of client engagement along the HIV Care Continuum and to identify priority objectives and activities to be incorporated in the Wisconsin AIDS/HIV Strategy. Detailed guidance on the revised performance measures and reporting requirements was sent to the AIDS/HIV Program's grantees in June 2014.

Use of performance measurement by Ryan White Part B and LCS grantees

Agencies funded by the AIDS/HIV Program through Part B and/or LCS funds are contractually required to develop Quality Management Programs, including a written QM Plan. These plans are reviewed by the AIDS/HIV Program annually or more frequently as needed. In addition to reporting performance data on selected HAB performance measures to the AIDS/HIV Program, grantees are also responsible for developing performance measures for any services funded by Part B or LCS for which HAB has not yet defined performance measures. The performance data required by the AIDS/HIV Program is the minimum data that grantees are required to implement and track.

Grantees are expected to implement and track progress against other clinical performance measures as part of their QM program. For grantees providing HIV medical care, this includes implementing selected HAB performance measures from the categories of Core, All Ages, Adolescent/Adult and HIV-Infected Children. Unlike the performance data collected by the AIDS/HIV Program, which mainly focuses on health outcomes, several of the measures in these

August 2014

categories focus on process and are most effectively implemented at the provider level. Measures include tracking rates of cervical cancer screening, sexually transmitted infections screening, and hepatitis vaccination. Routine collection of this information allows grantees to ensure compliance with Public Health Service Guidelines and identify areas for improvement in service delivery.

Summary

The goal of the Ryan White HIV/AIDS Program is to ensure that all individuals living with HIV have access to high-quality HIV medical care and support services that lead to positive health outcomes. Performance measurement is a key element of effective quality management and provides the foundation for identifying quality improvement initiatives. Routine collection of performance measurement data allows providers to monitor the quality of the HIV medical and support services they provide and to determine whether clients are meeting optimal milestones along the HIV Care Continuum.

AIDS Resource Center of Wisconsin receives National Quality Center Performance Measurement Award

The [National Quality Center](#) (NQC) recently recognized the AIDS Resource Center of Wisconsin (ARCW) for excellence in using technology to advance performance measurement. On July 14, 2014, NQC included the following in its July 2014 *NQC e-Newsletter*:

“As a designated Level III Patient Centered Medical Home, ARCW provides integrated HIV and primary health, dental, and mental health care using enhanced electronic health record technology to improve performance and outcomes. 82% of ARCW patients have undetectable or suppressed viral load. ARCW used Population Manager software, a data aggregator that allows management and care team members to track performance at the agency, clinic, and provider level, to monitor preventive care and treatment of HIV patients with hypertension, diabetes, dyslipidemia, and depression. In particular, ARCW has used the software to establish new clinic management processes and meet goals for cervical cancer screening and standardized depression screening.”



Wisconsin Department of Health Services
Division of Public Health
P-00792 (08/2014)