



HIV/AIDS Bureau Performance Measures



Performance Measure:	Medical Case Management: Care Plan	National Quality Forum #: None
Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan ¹ developed and/or updated two or more times in the measurement year		
Numerator:	Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year	
Denominator:	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year	
Patient Exclusions:	<ol style="list-style-type: none"> 1. Medical case management patients who initiated medical case management services in the last six months of the measurement year. 2. Medical case management patients who were discharged from medical case management services prior to six months of service in the measurement year. 	
	<ol style="list-style-type: none"> 1. Does the patient have a diagnosis of HIV? (Y/N) <ol style="list-style-type: none"> a. If yes, did the patient have a medical case management encounter in the measurement year? (Y/N) <ol style="list-style-type: none"> i. If yes, is there a medical case management care plan developed and/or updated two or more times at least three months apart during the measurement year? (Y/N) <ol style="list-style-type: none"> 1. If yes, list the dates of these medical case management care plans and/or care plan updates. 	
Comparison Data:	None available at this time.	
U.S. Department of Health & Human Services Guidelines:	None	
Use in Other Federal Programs:	None	
References/ Notes:	¹ The medical visits may be document in either the patient’s medical case management record or the patient’s medical record (in the event that medical case management documentation is located in the patient’s medical record).	



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Performance Measure:	Gap in HIV medical visits	National Quality Forum #: None
Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who did not have a medical visit ¹ in the last 6 months of the measurement year (that is documented in the medical case management record ¹)		
Numerator:	Number of medical case management patients in the denominator who did not have a medical visit in the last 6 months of the measurement year (that is documented in the medical case management record ¹)	
Denominator:	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year	
Patient Exclusions:	1. Medical case management patients who died at any time during the measurement year	
	1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> a. If yes, did the patient have at least one medical case management visit in the first 6 months of the measurement year? (Y/N) <ul style="list-style-type: none"> i. If yes, did the patient have at least one medical visit in the first 6 months of the measurement year? (Y/N) <ul style="list-style-type: none"> 1. If yes, did the patient have one or more medical visits in the last 6 months of the measurement year? 	
Comparison Data:	None available at this time.	
U.S. Department of Health & Human Services Guidelines:	<p><u>Adult guidelines:</u>² “A number of laboratory tests are important for initial evaluation of HIV-infected patients upon entry into care, during follow-up (if antiretroviral therapy (ART) has not been initiated), and before and after the initiation or modification of therapy to assess virologic and immunologic efficacy of ART and to monitor for laboratory abnormalities that may be associated with antiretroviral (ARV) drugs. Table 3 outlines the Panel’s recommendations for the frequency of testing. As noted in the table, some tests may be repeated more frequently if clinically indicated.”</p> <p><u>Pediatric guidelines:</u>³ “Frequent patient visits and intensive follow-up during the initial months after a new antiretroviral (ARV) regimen is started are necessary to support and educate the family...Thus, it is prudent for clinicians to assess children within 1 to 2 weeks of initiating therapy, either in person or with a phone call, to ensure that medications are being administered properly and evaluate clinical concerns. Many clinicians schedule additional contact (in person or over the telephone) with children and their caregivers during the first few weeks of therapy to support adherence...Thereafter, medication adherence and regimen toxicity and effectiveness should be assessed every 3 to 4 months in children taking ARV drugs. Some experts monitor CD4 cell counts and HIV RNA levels less frequently in children and youth who are adherent to therapy and have sustained viral suppression and stable clinical status for more than 2 to 3 years.”</p>	



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Use in Other Federal Programs:	None
References/Notes:	<p>¹The medical visits may be document in either the patient’s medical case management record or the patient’s medical record (in the event that medical case management documentation is located in the patient’s medical record).</p> <p>²Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Section accessed July 25, 2013. C-2 –C-5.</p> <p>³Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/pediatricguidelines.pdf. Accessed July 25, 2013. H-1; H-2.</p>



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Performance Measure:	Medical Case Management: HIV medical visit frequency	National Quality Forum #: None
Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit ¹ in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits		
Numerator:	Number of medical case management patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period	
Denominator:	Number of medical case management patients, regardless of age, with a diagnosis of HIV with at least one medical visit ¹ in the first 6 months of the 24-month measurement period	
Patient Exclusions:	1. Medical case management patients who died at any time during the 24-month measurement period	
Data Elements:	<ol style="list-style-type: none"> 1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) <ol style="list-style-type: none"> a. If yes, did the patient have at least one medical case management visit in the <u>first</u> 6 months of the 24-month measurement period? (Y/N) <ol style="list-style-type: none"> i. If yes, did the patient have at least one medical visit in the <u>first</u> 6 months of the 24-month measurement period? (Y/N) <ol style="list-style-type: none"> 1. If yes, did the patient have at least one medical visit in the <u>second</u> 6-month period of the 24-month measurement period? AND was the patient's last visit in the second 6-month period 60 days or more from the 1st visit in the first 6-month period? (Y/N) <ol style="list-style-type: none"> a. Did the patient have at least one medical visit in the <u>third</u> 6-month period of the 24-month measurement period? AND was the patient's last visit in the third 6-month period 60 days or more from the 1st visit in the second 6-month period? (Y/N) <ol style="list-style-type: none"> i. If yes, Did the patient have at least one medical visit in the <u>fourth</u> 6-month period of the 24-month measurement period? AND was the patient's last visit in the fourth 6-month period 60 days or more from the 1st visit in the third 6-month period? (Y/N) 	
Comparison Data:	None available at this time.	
U.S. Department of Health & Human	<u>Adult guidelines:</u> ² "A number of laboratory tests are important for initial evaluation of HIV-infected patients upon entry into care, during follow-up (if antiretroviral therapy (ART) has not been initiated), and before and after the initiation or modification of therapy to assess virologic and immunologic efficacy of ART and to monitor for laboratory	



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Services Guidelines:	<p>abnormalities that may be associated with antiretroviral (ARV) drugs. Table 3 outlines the Panel’s recommendations for the frequency of testing. As noted in the table, some tests may be repeated more frequently if clinically indicated.”</p> <p><u>Pediatric guidelines:</u>³ “Frequent patient visits and intensive follow-up during the initial months after a new antiretroviral (ARV) regimen is started are necessary to support and educate the family...Thus, it is prudent for clinicians to assess children within 1 to 2 weeks of initiating therapy, either in person or with a phone call, to ensure that medications are being administered properly and evaluate clinical concerns. Many clinicians schedule additional contact (in person or over the telephone) with children and their caregivers during the first few weeks of therapy to support adherence...Thereafter, medication adherence and regimen toxicity and effectiveness should be assessed every 3 to 4 months in children taking ARV drugs. Some experts monitor CD4 cell counts and HIV RNA levels less frequently in children and youth who are adherent to therapy and have sustained viral suppression and stable clinical status for more than 2 to 3 years.”</p>
Use in Other Federal Programs:	None
References/ Notes:	<p>¹The medical visits may be document in the patient’s medical case management record or the patient’s medical record (in the event that medical case management documentation is located in the patient’s medical record).</p> <p>²Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Section accessed July 25, 2013. C-2 –C-5.</p> <p>³Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/pediatricguidelines.pdf. Accessed July 25, 2013. H-1; H-2.</p>



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