U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

HAB HIV Performance Measures
Systems-Level FAQs

September 2010

The document focuses on questions related to the HIV/AIDS Bureau's systems-level performance measures that are most frequently asked by programs that receive funds under the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program). FAQs will be updated as necessary.

Questions that relate to the various types of performance measures can be found at: http://www.hab.hrsa.gov/special/habmeasures.htm.

The following categories of questions have been frequently asked and the corresponding answers are detailed in this document:

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Systems-Level FAQs

Scope of Systems-Level Measures

Question: What is a system or network?

Answer: The Ryan White Program places an emphasis on developing systems and networks of care to provide comprehensive services to persons with HIV/AIDS. Part A-funded programs are expected to develop a comprehensive plan to provide these services through a range of agencies. Similarly, Part B programs may utilize consortia to provide a range of services to ensure that persons with HIV/AIDS receive comprehensive care. In addition, many Part C and Part D-funded grantees have developed systems and networks of care (through funding or contracts/agreements) to provide comprehensive care.

Many of these new systems-level measures address aspects of access and entry to care and may be utilized by any system or network. Individual agencies may also find these measures useful as part of their quality management program.

Question: We've chosen to use a sampling methodology to collect data at the agency level because we don't have the resources to collect data for all patients throughout the system. How can we assess and report performance measurement rates for the system-level?

Answer: A system-level review should look first to those areas where electronic data are routinely and consistently available. If one agency must use a sample from charts, then a standardized sampling methodology should be used for all agencies within the system.

(The workbook, "Measuring Clinical Performance: A Guide for HIV Health Care Providers" by The New York State Department of Health AIDS Institute, available at: http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/13908 provides a suggested sampling methodology.)

Using the example described in the system-level performance measure for a system level assessment of the medical visit HAB performance measure, Table 1, below, shows the sample sizes used by each of the four outpatient/ambulatory medical care organizations based on the number of eligible patients (defined by the measure's denominator: "Number of HIV-infected clients who had a medical visit with a

provider with prescribing privileges at least once in the measurement year.") The third row in the table shows the proportion of each agency's eligible patients of the total number of eligible patients served in the system. These data show that the system is composed of one that provides care to the majority of patients (Agency C), two much smaller agencies (Agencies A and D) and one agency that provides care to approximately one-quarter of patients in the system (Agency B).

HAB Performance Measure: Medical Visits:
Percentage of patients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year.

Table 1. Sample sizes used at each agency

	Agency A	Agency B	Agency C	Agency D	**Total: System-Level**
Sample size	45	86	99	55	
Number eligible patients	76	452	1,412	112	***2,052***
% of total eligible patients	**4%**	**22%**	**69%**	**5%**	***100%***

Each agency, using the common sampling and data collection methodology, collected and reported to the System A administrator their results (shown in Table 2).

Table 2. Agency-level performance rate

	Agency A	Agency B	Agency C	Agency D
Numerator	38	70	64	27
Denominator (Sample size)	45	86	99	55
Performance Rate	**84%**	**81%**	**65%**	**49%**

Since a sampling methodology was used, the performance rate for the entire system cannot be calculated as described in the performance measure definition. However, the system administrator can use the reported data to calculate other descriptive

statistics, such as an average, median and range. Since the agencies in the system serve very different number of patients (shown in Table 1), a weighted average for the system can be calculated to factor in this difference in agencies' size. (To calculate the weighted average, multiple each agency's "% of total eligible patients" by each agency's "performance rate" and then sum these to derive the weighted average for the system. For this example, the formula is: (84% x .04) + (81% x .22) + (65% x .69) + (49% x .05) = 68.48%. The non-weighted average in this example is 69.75%)

Waiting Time for Initial Access

Question: How do we implement the waiting time measure and collect the data?

Answer: The waiting time measure does not require the establishment of a new or large infrastructure to collect data. A point in time survey is recommended to collect the data. For example, on an established date every organization could be surveyed through a telephone, e-mail, or on-line survey which poses the following:

"Pretend that a patient (or his/her case manager, family member, etc.) calls your facility for a medical appointment.

He/she indicates:

That he/she is HIV-infected;

Has never been a patient at your facility for HIV care;

Is interested in becoming a patient for his/her HIV care at your facility; and

It is not an emergency.

Using the scheduling process routinely used at your facility to schedule an appointment for HIV-infected patients seeking to enroll in your outpatient/ambulatory care services, list the dates of the next three appointments available to this patient. If your agency is not accepting new patients for HIV care, then please indicate this.

First available appointment date: _____

Second available appointment date: _____

Third available appointment date: _____

Once all surveyed agencies have responded, count all agencies who indicate that their third next available appointment is within 15 or fewer business days. These agencies should be included in the numerator. The denominator includes all agencies funded to provide outpatient/ambulatory medical care.

This survey should be repeated quarterly to allow the system to track the measure.

Question: Our agency doesn't provide ambulatory primary medical care, but we refer to other network agencies for this service. Should we be included in this measure?

Answer: The measure is designed to identify the length of time it takes for an initial medical appointment. If your program does not provide outpatient/ambulatory medical care, it would not be included in the measure.

Question: Our agency requires new patients to first have an appointment with a case manager (or intake worker) to establish eligibility for Ryan White services before they see a medical provider. Which appointment should be included in this measure?

Answer: If agencies require that a client first establish eligibility for Ryan White Program services, then the appointment process to enroll in medical care once eligibility has been established should be used.

Question: Our agency requires new patients to first come in for lab work and then to schedule an appointment to see a medical provider. Which appointment should be included in this measure?

Answer: The type of appointment scheduled to enroll in outpatient/ambulatory medical care may vary among agencies within the system/network. For example, at one agency, to enroll in care, a new patient may first have an appointment to have routine laboratory tests and an initial health history taken by a nurse to then be followed by a subsequent appointment with a provider with prescribing privileges at the agency (i.e., MD, PA, NP). Another agency may have the first appointment with physician. In other agencies, appointments to enroll in outpatient/ambulatory medical care may include initial appointments

with a case manager, social worker, patient navigator, peer advocate, clergy, or other designated staff. The type of visit for patient enrollment in outpatient/ambulatory medical care can be determined by each outpatient/ambulatory medical care provider in the system/network, but should be consistently defined at each agency or data collection point.

Question: Our agency has "open access" scheduling, so we don't give advance appointments. Which appointment should be included in this measure?

Answer: If appointments are provided only for the day the patient calls or presents for care, then the agency should include only these same day appointments.

Question: Why is the third appointment used?

Answer: The "third next available appointment" is the standard measurement used in the healthcare industry to assess patient access to care. As noted by Murray and Berwick, "the third appointment is featured because the first and second available appointments may reflect openings created by patients canceling appointments and thus does not accurately measure true accessibility. This measure is easily obtained, daily or weekly, by the receptionist while counting the number of days until an opening for the third next …appointment is on the schedule." (JAMA. 2003:289(8):1035-1040.)

HIV Test Results for PLWHA

Question: Some of the agencies in our system/network provide anonymous testing. How do we include them in this measure?

Answer: While HIV positive test results are reportable to state surveillance programs, some Ryan White programs continue to provide anonymous testing. As in the past, results of an HIV test are provided based on an assigned number. The frequency with which persons return for their results is the focus here.

Question: Is there a timeframe for providing HIV-positive test results?

Answer: There is no specific timeframe for reporting results. Clearly, timely access to diagnostic HIV test results is an important factor in

establishing the patient in care. However, some patients may require outreach efforts in order to locate and provide him/her with test results. This measure focuses on the importance of providing HIV-infected patients with their test results as the first step in entering care.

Question: Why doesn't this measure include only Ryan White Program-funded HIV testing?

Answer: The Ryan White HIV/AIDS Treatment Extension Act of 2009 places significant emphasis in identifying HIV-infected individuals who are unaware of their status through implementation of routine as well as targeted HIV testing. This measure reinforces the emphasis on the responsibility of all clinical programs to implement PHS guidelines for HIV testing.

Question: Which HIV test results should be included—the initial rapid test or the confirmatory blood test?

Answer: Only confirmatory HIV tests, regardless of the specific test used.

Disease Status at Time of Entry into Care

Question: Patients who had previously received HIV-related primary care are excluded. Can patient self-report of past care be used?

Answer: Yes. As part of the initial medical history, providers should determine whether the newly enrolled patient had previously received care for his/her HIV disease. If the patient reports he/she had received HIV-related medical care elsewhere, he/she would be excluded from the denominator.

Quality Management Program

Question: What is a "Ryan White Program-funded clinical organization"?

Answer: A "Ryan White Program-funded clinical organization" is an entity which receives funds through the Ryan White Program (Parts A, B, C, D, F and/or SPNS) to provide ambulatory outpatient medical care services.

Question: What is an "HIV-specific quality management program"?

Answer: An "HIV-specific quality management program" is a quality management program operated by the Ryan White Program that includes a written quality management plan and that identifies quality indicators and/or quality goals which are specific to HIV care, for example, HAB HIV/AIDS Core Clinical Performance Measures (available at: http://hab.hrsa.gov/special/habmeasures.htm).

Question: We are a lead agency with several subcontractor agencies. Are the subcontractors required to have their own quality management program?

Answer: If the lead agency has a quality management program that incorporates the participation of the subcontractors, into the quality management plan and activities, then separate quality management programs may not be required. In some instances, if these subcontractors are small agencies with limited staff—even individual clinical practitioners, it may make sense to have only one, multi-site quality management program that meets the criteria.

Question: If this is a legislative requirement, why is it included as a performance measure?

Answer: This performance measure can be used by a system or network to assess compliance with these mandates and to provide assistance to those agencies without clinical quality management programs. Data from the Ryan White Data Report (RDR) and the Ryan White Services Report (RSR) indicate that not all grantees have implemented quality management programs.