

New Haven/Fairfield Counties Ryan White Part A Program Ambulatory Outpatient Standard of Care

Program outcome:

- 75 % of clients will show reduced rate of progression of AIDS at 6 and 12 months.
- Services address client goals (self-managed protocol)

Indicators:

- The number of clients with CD4 counts <200 on ARVs.
- The number of clients with viral load (HIV RNA) is <5000 copies/ml if eligible for antiretroviral therapy according to current national treatment guidelines
- The number of clients with no additional new AIDS-defining condition (OI or CD4 < 200).
- The number of clients that achieve undetectable levels of viral load
- The number of clients in the Ryan White delivery system with an AIDS diagnosis at entry.

Service Unit(s): Face to Face Clinic Visit

<i>AOMC SoC</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
A Ambulatory outpatient services will be provided by a trained, licensed or certified practitioner as required by Federal, State, and Local regulations and with credentials appropriate for treating HIV-infected clients.	At least 10 hours of HIV-specific continuing education or in-service training per year for each clinical professional staff member managing the clinical care of RW Part A clients	Number of staff with evidence of attending required amount of training during year	Total number of professional staff serving RW Part A clients	Employee files contain training certificates or proof of attendance	100% professional staff serving RW Part A clients will attend at least 10 hours of HIV-specific continuing education or in-service training annually
B. Regular Quality Improvement activities focus on HIV care process measures	Clinic meets or exceeds its performance goals on at least 2 “process of care” measures annually	Number of care process measures in which goal is met or exceeded	Number of process measures tracked under quality improvement activities during year	Chart audit report (can be all HIV clients, not just Part A funded)	2 or more measures where performance meets or exceeds target
C. Ambulatory outpatient medical care provided will adhere to the current DHHS/PHS Guidelines regarding on-going health care: health assessments, medical visits, PCP prophylaxis and CD4 and viral load (VL) counts.	<p>Clients have CD4 counts and HIV viral loads monitored every 3-6 months.</p> <p>Clients will receive a health assessment and comprehensive physical exam including an oral exam on initial visit and then annually, and will include mental health and substance use/abuse histories.</p> <p>Clients who meet current guidelines for ART are offered &/or prescribed ART.</p>	<p>Number of clients with CD4 counts and viral loads every 3-6 months</p> <p>Number of clients with assessment & PE</p> <p>Number of clients offered &/or prescribed ART</p>	<p>Number of clients</p> <p>Number of clients</p> <p>Number of clients who meet guidelines</p>	CAREWare or chart charts	<p>90% of clients have 2 or more CD4 counts and HIV viral loads annually.</p> <p>100% of clients will receive a health assessment and comprehensive physical exam including an oral exam on initial visit and then annually, and will include mental health and substance use/abuse histories.</p> <p>90% of clients who meet current guidelines for ART are offered &/or prescribed ART.</p>

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	<p>Clients who have medical visits with an HIV medical provider least every 3-6 months.</p> <p>Clients with a CD4 count below 200 who are recommended &/or prescribed PCP prophylaxis.</p> <p>Clients with a CD4 count below 50 are recommended &/or MAC prophylaxis</p>	<p>Number of clients with medical visits at least every 3-6 months</p> <p>Number of clients with CD4 counts < 200 who are recommended &/or prescribed PCP prophylaxis</p> <p>Number of clients with CD4 counts < 50 who are recommended &/or prescribed MAC prophylaxis</p>	<p>Number of clients</p> <p>Number of clients with CD4 counts < 200</p> <p>Number of clients with CD4 counts < 50</p>		<p>90% of clients who have 2 or more medical visits in an HIV care setting at least 3 months apart every year.</p> <p>90% of clients with a CD4 count below 200 who are recommended &/or prescribed PCP prophylaxis.</p> <p>90% of clients with a CD4 count below 50 are prescribed MAC prophylaxis</p>
D. Basic laboratory tests are ordered per DHHS/PHS Guidelines	<p>Clients' medical record document the following screens:</p> <p>Clients on ART receive lipid screens annually</p> <p>Clients receive syphilis screens annually</p> <p>Clients receive hepatitis A, B & C screens if not immune and then annually for high-risk individuals</p> <p>Clients receive TB screens annually</p> <p>Female clients receive pap smears annually</p>	<p>Number of clients on ART with annual lipid screen</p> <p>Number of clients with annual syphilis screen</p> <p>Number of clients with Hep screens as indicated</p> <p>Number of clients with annual TB screen</p> <p>Number of female clients with annual pap</p>	<p>Number of clients on ART</p> <p>Number of clients</p> <p>Number of clients needing Hepatitis screens as indicated</p> <p>Number of clients</p> <p>Number of female clients</p>	CAREWare or client charts	<p>90% of clients on ART receive lipid screens annually</p> <p>90% of clients receive syphilis screens annually</p> <p>90% of clients receive hepatitis A, B & C screens if not immune and then annually for high-risk individuals</p> <p>80% of clients receive TB screens annually</p> <p>90% of female clients receive pap smears annually</p>
<p>E. Resistance testing will occur at a minimum for clients failing ART*, with testing based on clinical judgment for newly diagnosed patients and prior to initiating ART.</p> <p>*Virologic failure = VL >400 copies after 24 weeks, >50 copies after 48 weeks, or a repeated detectable VL after prior suppression of viremia.</p>	Document resistance testing at a minimum for patients failing ART*	Number of resistance tests for clients failing ART*	Number of clients failing ART *	Client charts, lab values	85% of clients who are failing ART* receive resistance testing
F. A Hepatitis C protocol is in place for clients testing positive for Hepatitis C.	Clients newly diagnosed with Hepatitis C will be tested for HCV viral load and genotype. All clients	Number of clients newly diagnosed with Hepatitis C have HCV viral load	Number of clients newly diagnosed with	Client charts, lab values, CAREWARE	100% of clients newly diagnosed with Hepatitis C will be tested for HCV viral load and genotype.

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	with Hep C will be evaluated or referred for evaluation of treatment suitability	and genotype Number of Hep C clients evaluated for treatment	HCV Number of clients with Hepatitis C	Client charts	90% clients with Hep C will be evaluated or referred for treatment evaluation
G. Clients are offered immunizations or have documentation of decline of immunizations.	Documentation that clients receive vaccinations according to current standards (or document decline): <ul style="list-style-type: none"> • influenza • pneumococcal as appropriate • initiation of hepatitis A/B vaccines series if not immune • tetanus • HPV as appropriate 	Number of clients with influenza vaccine Number of clients with pneumococcal vaccine Number of clients with Hep A/B vaccine series initiated if not immune Number of clients with tetanus vaccine Number of clients with HPV vaccine	Number of clients Number of clients needing pneumo. vaccine Number of non-immune clients Number of clients Number of clients needing HPV vaccine	CAREWare or client charts	80% of clients receive vaccinations according to current standards (or document decline): <ul style="list-style-type: none"> • influenza • pneumococcal as appropriate • initiation of hepatitis A/B vaccines series if not immune • tetanus • HPV as appropriate
H. Assessment of treatment adherence and educational needs, which adhere to current DHHS/ PHS Guidelines.	100% of charts with assessment of treatment adherence documented at a minimum of twice a year. If adherence issue identified, 100% of charts document follow-up action. 100% of charts document missed client appointments and efforts to bring the client into care.	Number of clients on ART with treatment assessment minimum of twice a year Number of clients with adherence issues have follow-up Number of charts with documented missed appts. and efforts to bring clients into care	Number of clients on ART Number of clients with adherence issues Number of clients with missed appts	Client charts	100% of charts with assessment of treatment adherence documented at a min. of twice a year. If adherence issue identified, 100% of charts document follow-up action. 100% of charts document missed client appointments and efforts to bring the client into care.
I. Clients are assessed for risk behaviors and receive risk reduction counseling to reduce secondary transmission of HIV.	Charts document a risk behavior assessment and clients receive risk reduction counseling	Number of clients with risk reduction counseling	Number of clients		100% of charts document a risk behavior assessment and clients receive risk reduction counseling
J. Clients' medical care is managed by clinicians with adequate HIV treatment expertise to achieve optimal clinical stability.	Clients are managed by or receive consultation by an HIV specialist when CD4 reaches <350	Number of clients with CD4 counts reaching <350 evaluated by an HIV Specialist	Number of clients with CD4 that reached <350	CAREWare or client chart; staff file with qualifications	85% of clients are managed by or receive consultation by an HIV specialist when CD4 reaches <350
K. Clients receive referrals for Oral Health	Client charts document referrals	Number of clients with	Number of	CAREWare or	90% of client charts document

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Care annually	for a dental oral exam annually	dental referral	clients	client chart	referrals for a dental oral exam

Ambulatory/Outpatient Medical Care

Outpatient/Ambulatory medical care (health services) is the provision of professional diagnostic and therapeutic services rendered by a physician, physician’s assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service’s guidelines. Such care must include access to Federal Drug Administration (FDA) approved antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combined antiretroviral therapies. Outpatient/Ambulatory medical care services must be provided by a primary health care organization or practice with specialty knowledge in the area of HIV/AIDS disease. The services must be delivered in a state licensed primary care setting (i.e. outpatient, community-based, and/or office-based). The services must be provided by a state licensed and credentialed provider (i.e. physician, physician’s assistant, registered nurse, nurse practitioner). Eligible physicians must be capable of prescribing, maintaining, and monitoring FDA approved antiretroviral therapy and hold consulting and/or admitting privileges to one or more local hospitals. Other eligible care providers must receive supervision from an eligible physician (as cited in the definition).