Appendix B

HIV Performance Measures

The following performance indicators are measured system wide to assess the impact of HIV services on the health status of the people living with HIV/AIDS in the Houston EMA. These indicators are based on current HHS Guidelines for HIV/AIDS health care and community input, and will be revised annually to reflect new directives.

Clinical Case Management

- A minimum of 75% of clients will utilize Part A/B/C/D primary care at least two or more times three months apart after accessing clinical case management
- Percent of clinical case management clients who utilized mental health services.
- 75% of clients for whom there is lab data in the CPCDMS will show improved or maintained CD-4 counts over time
- Percent of clients for whom there is lab data in the CPCDMS who are virally suppressed (<200)
- Percentage of HIV-infected clinical case management clients who had a case management care plan developed and/or updated two or more times in the measurement year.
- Percent of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment
- Percent of clients who are homeless or unstably housed

Legal Services

- Change in the number of permanency planning cases completed over time
- 65% of completed SSI disability, insurance, public benefits and income-related cases will result in access to or continued access to benefits

Local Pharmacy Assistance

- 75% of clients for whom there is lab data in the CPCDMS will show improved or maintained CD-4 counts over time
- Percent of clients for whom there is lab data in the CPCDMS who are virally suppressed (<200)

Medical Case Management

- A minimum of 85% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing medical case management
- Percent of medical case management clients who utilized mental health services.
- Increase in the percentage of clients who have 3rd party payer coverage (e.g. Medicare,

Medicaid) after accessing medical case management.

- 75% of clients for whom there is lab data in the CPCDMS will show improved or maintained CD-4 counts over time
- Percent of clients for whom there is lab data in the CPCDMS who are virally suppressed (<200)
- Percentage of patients, regardless of age, with a diagnosis of HIV 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 medical visits
- Percentage of patients with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year
- Percentage of HIV-infected medical case management clients who had a medical case management care plan developed and/or updated two or more times in the measurement year.
- Percent of clients who are homeless or unstably housed

Medical Nutritional Supplements

- 90% of clients will show improved or maintained CD-4 counts over time
- Percent of clients for whom there is lab data in the CPCDMS who are virally suppressed (<200)
- 90% of clients diagnosed with wasting syndrome or suboptimal body mass will improve or maintain body mass index (BMI) in the measurement year

Oral Health

- Percentage of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year.
- Percentage of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year.
- Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year.
- Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year.
- Percentage of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months.
- 75% of diagnosed HIV/AIDS-related and general oral pathologies will be resolved, improved or maintained at most recent follow-up.

Primary Medical Care

- 100% of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Part A program-eligible patient to receive an appointment to enroll

in outpatient/ambulatory medical care

- 90% of clients with HIV infection will have two or more medical visits, 90 days apart, in an HIV care setting in the measurement year
- 75% of clients will show improved or maintained CD-4 counts over time
- Percent of clients who have a CD4 < 200 within the first 90 days of initial enrollment in primary medical care
- Percentage of patients aged six months and older with a diagnosis of HIV/AIDS, with at least two CD4 cell counts or percentages performed during the measurement year at least 3 months apart
- Percentage of patients with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis
- Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy
- Percent of female clients with a diagnosis of HIV who have a pap screening in the measurement year
- Percentage of clients with HIV infection who completed the vaccination series for Hepatitis B
- Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV infection
- Percentage of clients with HIV infection who received HIV risk counseling within the measurement year
- Percent of clients with a diagnosis of HIV who have been screened for substance abuse (alcohol and drugs) in the measurement year
- Percentage of patients with a diagnosis of HIV who were prescribed HIV antiretroviral therapy and who had a fasting lipid panel during the measurement year
- Percent of clients with HIV infection who received an oral exam by a dentist at least once during the measurement year
- Percent of clients with a diagnosis of HIV at risk for sexually transmitted infections who had a test for gonorrhea and chlamydia within the measurement year.
- Percent of clients with a diagnosis of HIV who had a test for syphilis performed within the measurement year
- Percentage of patients with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection
- Percentage of clients with HIV infection who have been screened for Hepatitis B virus infection status (ever)
- Percentage of patients seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
- Percentage of patients screened for clinical depression using a standardized tool and

follow up plan documented.

- Percentage of clients with HIV infection who ever received pneumococcal vaccine
- Percentage of patients who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user
- Percentage of patients with a diagnosis of HIV/AIDS with a viral load test performed at least every six months during the measurement year
- Percent of clients for whom there is lab data in the CPCDMS who are virally suppressed (<200)
- Percentage of patients with a diagnosis of HIV 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 medical visits
- Percentage of patients with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year
- Percentage of patients with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year
- Percentage of patients with a diagnosis of HIV who had an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year

Non-Medical Case Management/Service Linkage

- A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing non-medical case management (service linkage)
- Percent of clients who accessed primary medical care for the first time after accessing service linkage for the first time
- Number of days between first ever service linkage visit and first ever primary medical care visit (Mean, Median, &/or Mode)
- Percentage of newly enrolled patients who had a medical visit in each of the 4-month periods of the measurement year

Substance Abuse

- A minimum of 70% of clients will utilize Part A/B/C/D primary medical care after accessing Part A funded substance abuse treatment services
- Change in the rate of program completion over time
- 75% of clients for whom there is lab data in the CPCDMS will increase or maintain CD4 counts over time
- Percent of clients for whom there is lab data in the CPCDMS who are virally suppressed (<200)

Transportation

- A minimum of 50% of clients will utilize Part A/B/C/D primary care services after accessing Van Transportation services.
- 35% of clients will utilize Part A/B LPAP services after accessing Van Transportation services.
- A minimum of 50% of clients will utilize Part A/B/C/D primary care services after accessing Bus Pass services.
- A minimum of 20% of clients will utilize Part A/B LPAP services after accessing Bus Pass services.
- A minimum of 65% of clients will utilize any RW Part A/B/C/D or State Services service after accessing Bus Pass services.

Vision

- 75% of clients with diagnosed HIV/AIDS related and general ocular disorders will resolve, improve, or stay the same over time
- Percentage of HIV-infected vision patients who had a vision and medical health history (initial or updated) at least once in the measurement year.
- Percentage of HIV-infected vision patients who had a comprehensive eye examination at least once in the measurement year