



HAB Group 1 Indicators

Instructions
and improvement tips

Version 2.1

Ryan White
Part B, Part C, Part D
and
DSHS State Services



ARIES Update

500 Lovett Blvd Ste 100
Houston TX 77006
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Rev 090624



The Resource Group

HAB Group 1 QM Indicators



Technical Assistance

The HAB Group 1 QM Indicators report will allow you to see your performance indicators at any time for the previous year. This report also will allow Medical Case Managers to see how many and which clients had qualified for the measure but who did not qualify for the numerator.

Here are the measures in Group 1:

OPR Measure #1: This measure is the percent of HIV positive clients who have had at least one Primary Care visit* during the reporting period against those who have had **two** Primary Care visits* at least three months apart. This information is from the Services Screen. These clients must have an enrollment date older than six months from the end of the report date.

OPR Measure #2: This measure is the percent of HIV positive clients who have had a medical visit during the reporting period against those who have had two or more CD4 T-Cell counts done **three or more months apart** during the reporting period. This measure uses the Services Screen for the medical visit and the Lab Results on the Medical History Screen and the OAMC-CD4 Services Screen for the numerator. These clients must have an enrollment date older than six months from the end of the reporting period.

OPR Measure #3: This measure is the percent of clients who have had a medical visit with a provider* during the reporting period and a CD4 T-Cell count below 200. The numerator are those clients who had a CD4 count was below 200 and were prescribed PCP prophylaxis (Other Medications Screen: **Must have** one of these four drugs: Bactrim, Dapsone, Nebupent or Mepron **and** Used for="PCP" **and** Type="Prophylaxis" **and** Start date is before the end of the reporting period.) A client is excluded if the CD4 count rose above 200 in less than 91 days after the test below 200. This measure uses the Services Screen for the medical visit, the Medications Screen for the drug information, and the Lab Results Screen for the numerator. These clients must have an enrollment date more than **three** months before the end of the reporting period.



The measures in Group 1 (continued):

OPR Measure #12a: This measure is the percent of clients who have a diagnosis of AIDS and at least one medical visit during the reporting period who were prescribed HAART or ART during the reporting period. (Medical Screen: CDC Disease Stage, AIDS DX date, CD4 count below 200, AIDS Defining condition. HAART Screen: Value for ART type must be "Highly Active Anti-Retroviral Therapy (HAART) (Triple Therapy).) This measure uses the Services Screen for medical visit to determine the denominator and the Medical and ART Screen for the numerator. These clients must have an enrollment date older than **three** months before the end of the reporting period.

OPR Measure #17: This measure is the percent of HIV positive pregnant women who had a medical visit during the reporting period against those who were prescribed HAART or ART during the second and/or third trimester of pregnancy during the reporting period. This measure uses the Services Screen for the medical visit and the OB/GYN Pregnancy Screen to determine both the numerator and denominator. (ART Screen: ART Type must be "Highly Active Anti-Retroviral or Combination Anti-Retrovirals (but not dual or mono therapy). Pregnancy Screen: Estimated date of conception, expected delivery, outcome and outcome date.)

In the Programs: Ryan White, CARE-HIPP, and State Services Insurance

***Primary Care Visits
Must have these ser-
vices to include
clients.**

Primary Service	Secondary Service
Outpatient/Ambulatory Medical Care	Infectious Diseases
Outpatient/Ambulatory Medical Care	Ob/Gyn
Outpatient/Ambulatory Medical Care	Outpatient/Ambulatory Medical Care



The report may be found under

Reports > Compliance > HAB Group 1 QM Indicators

Navigation path: **Reports > Compliance**

- Client
- Services
- Finance
- Management
- Cross Tab Wizard
- Compliance**
 - Displays the HRSA CADR Report (for 2006 and earlier)
 - WICY: Displays services and totals for Women, Infants, Children and Youth
 - Ryan White Cross Titles Data Summary: Displays Ryan White Cross Titles Data Summary
 - HAB Group 1 QM Indicators**

Report Filter Values
HAB Group 1 QM Indicators

Report Period: [Dropdown] [Date] & [Date]

Agency: [Dropdown]

Funding: [Dropdown]

Program: [Dropdown]

Age: [Text]

Race: [Text]

Gender: [Text]

Display: 1000 results Display print fo

Be sure to enter "Between" and two dates a year apart

Report > **Export**

You may leave the other filters blank.

After a brief pause, a report will be displayed. (the report must wade through the data from around the state to retrieve your agency's information)

HAB Group 1 QM Indicators

QM Indicator	Percentage		QM Client Follow-Up
	Numerator	Denominator	
OPR Measure #1: Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year	113	177	63.84%
OPR Measure #2: Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year	108	177	61.02%
OPR Measure #3: Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm3 who were prescribed PCP prophylaxis	0	43	0.00%
OPR Measure #12a: Percentage of clients with AIDS who are prescribed HAART	58	95	61.05%
OPR Measure #17: Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy	0	0	0.00%



HAB Group 1 QM Indicators

QM Indicator	Numerator	Percentage
	Denominator	
OPR Measure #1: Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year	113	63.84%
	177	
OPR Measure #2: Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year	108	61.02%
	177	
OPR Measure #3: Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm3 who were prescribed PCP prophylaxis	0	0.00%
	43	
OPR Measure #12a: Percentage of clients with AIDS who are prescribed HAART	58	61.05%
	95	
OPR Measure #17: Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy	0	0.00%
	0	



- [QM Client Follow-Up](#)
- [QM Client Follow-Up](#)
- [QM Client Follow-Up](#)
- [QM Client Follow-Up](#)
- [QM Client Follow-Up](#)

Each Measure will produce its own list of clients who did not meet the criteria for the HAB Group 1 QM Indicators.



QM Client Follow-Up, HAB Group 1 QM Indicators					
OPR Measure #1: Percentage of clients with HIV infection who did <u>not</u> have two or more medical visits in an HIV care setting in the measurement year					
Client	Age	Race	Gender	Share	Staff
LastName_FirstName1	46	Black	Female	FALSE	Doe, John
LastName_FirstName2	53	White	Male	TRUE	Doe, Jane
LastName_FirstName3	47	White	Male	FALSE	Doe, John
LastName_FirstName4	50	Black	Female	FALSE	Doe, Jane
LastName_FirstName5	46	White	Male	FALSE	Doe, Jane
LastName_FirstName6	30	Indian	Female	FALSE	Doe, Jane



HAB Group 1 QM Indicators		
QM Indicator	Numerator	Percentage
	Denominator	
OPR Measure #1: Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year	113	63.84%
	177	
OPR Measure #2: Percentage of clients with HIV	108	

Click here to see who did not have at least two visits

[QM Client Follow-Up](#)

OPR Measure #1: This measure is the percent of HIV positive clients who have had at least one Primary Care visit during the reporting period against those who have had **two** Primary Care visits at least three months apart. This information is from the Services Screen. (A Lab Visit is not counted as a Primary Care visit)

To improve this measure: Verify the clients on the report did have at least two Primary Care visits* at least three months apart on the Services Screen during the reporting period. If not, contact the client to come in for a visit. Verify the client's Enrollment date on the Agency Specific Screen is more than six months before the end of the reporting period. Verify the OAMC Visit appears with a secondary service as below. After the visit is complete, be sure the service is entered for the date of service. If the service falls within the reporting period next month, this measure should improve.

*** Primary Care visits are in the Programs: Ryan White, CARE-HIPP, and State Services Insurance**

***Primary Care Visits Must have one of these services to include clients.**

Primary Service	Secondary Service
Outpatient/Ambulatory Medical Care	Infectious Diseases
Outpatient/Ambulatory Medical Care	Ob/Gyn
Outpatient/Ambulatory Medical Care	Outpatient/Ambulatory Medical Care



HAB Group 1 QM Indicators



QM Indicator	Numerator	Percentage	Click here to see who did not have at least two lab draws QM Client Follow-Up
	Denominator		
OPR Measure #1: Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year	113	63.84%	
	177		
OPR Measure #2: Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year	108	61.02%	
	177		

OPR Measure #2: This measure is the percent of HIV positive clients who have had a Primary Care visit (See page 6) during the reporting period against those who have had two or more CD4 T-Cell counts done three or more months apart during the reporting period. This measure uses the Services Screen for the medical visit and the Lab Results on the Medical Screen and the Services Screen (OAMC—CD4) for the numerator.

To improve this measure: Verify the CD4 results are posted on the Medical History Screen. If not, enter lab results on this screen or on the Lab Batch Entry Screen. If the clients on the report did not have two CD4 lab results during the reporting period, contact the client to come in for a visit. Be sure the lab result is entered on the Medical History Screen. Verify the client's Enrollment date on the Agency Specific Screen is more than six months before the end of the reporting period. If the result falls within the reporting period next month, this measure should improve.

Medical →

Medical History ←

Click →

TESTS

CD4 Date	T Cell Count	%	Viral Load Date	Value	Test Type	Log
3/3/2008	398		3/3/2008	< 50	Roche PCR Standard	1.7

Save Cancel

STI/Hepatitis	Date	Diagnosis	Lab Value	Tx Ind?	Treatment Start Date	Treatment End Date	Outcome	Notes



HAB Group 1 QM Indicators



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OPR Measure #3: Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm3 who were prescribed PCP prophylaxis	0	Click here to see who did not did not quality	QM Client Follow-Up
	43		
OPR Measure #12a: Percentage of clients with	58		

OPR Measure #3: This measure is the percent of clients who have had a medical visit (See pg 6) during the reporting period and a CD4 T-Cell count below 200. The numerator is composed of those clients who had a CD4 count below 200 and did not go above 200 for at least 91 days and were prescribed PCP prophylaxis during the reporting period. This measure uses the Services Screen for the medical visit and the Lab Results and Other Medications Screen for the numerator.

To improve this measure: Verify a CD4 result during the reporting period was below 200 and did not rise above 200 for at least 91 days. The Other Medications Screen must have one of these medications: Bactrim, Dapsone, Nebupent or Mepron and "PCP" in "Used for", and "Prophylaxis" in "Type." The dates of the prescription must fall within the reporting period. The more clients who have these entries, the better this measure should be next month.

Medications Tab

Other Medications

Clay A Allison

Other Medications [Edit](#) **Click**

Other Medications	Prescribed by	Used for	Type	Dates	Dosage
Lisinopril	Crofoot	High Blood Pressure		8/9/2006 - no 10mg end	

Clay A Allison Other Medications

Other Medications	Prescribed by	Used for	Type	Start/End Date	Dosage
Lisinopril	Crofoot	High Blood Pressure		8/9/2006 - no end	10mg
Dapsone (dapstone) (d00098)	Crofoot	PCP	Prophylax	1/1/2009	100

Choose the Medication

Enter "PCP"

Choose Prophylaxis

Save **Cancel**

Adherence
In the last three days, not including today, how many days did you take your other medications



OPR Measure #12a: Percentage of clients with AIDS who are prescribed HAART	58	61.05%	QM Client Follow-Up
	95		
OPR Measure #17: Percentage of pregnant	0		

Click here to see who did not qualify

OPR Measure #12a: This measure is the percent of clients who must meet at least one of these criteria: a) CDC Disease Stage of “CDC-Defined AIDS”, b) AIDS diagnosis (Dx) Date before the end date of the report, c) any AIDS Dx record with a Dx date before the end of the report, or d) CD4 count below 200 for at least 91 days during the reporting period. The client must have a medical visit. (See pg 6) during the reporting period. HAART must be Triple Therapy. The client must have an enrollment date on the Agency Specifics Screen over three months from the end of the report. The Services Screen determines the denominator and the Medical and ART Screen determines the numerator.

To improve this measure: Verify the enrollment date is at least three months prior to the end of the report. Verify at least one of the criteria above is true. Finally verify the ART Type is Triple Therapy and present on the Medications > ART Screen. If the dates of the triple therapy prescriptions are within the reporting period, this measure should improve next month.

The screenshot shows the ARIES system interface for a client named Clay A Allison. The top navigation bar includes tabs for DEMOGRAPHICS, MEDICATIONS, RISK & ASSESSMENTS, CARE PLAN, CASE NOTES, and SERVICES. The 'Medications Tab' is highlighted with a blue arrow. Below this, there are sub-tabs for ART and OTHER MEDICATIONS. The 'ART' sub-tab is selected, and a yellow arrow points to it with the text 'ART'. The main content area shows the client's name and an 'ART Medications Edit' button, with a blue arrow pointing to it labeled 'Click'. Below this is the 'ART TYPE' section, which includes a table with columns for ART Type, Start Date, and End Date. The current entry is 'Highly Active Anti-Retroviral Therapy (HAART) (Triple Therapy)' with a start date of 8/9/2006. A blue arrow points to the 'ART Type' field with the text 'Enter ART Type'. Below the ART Type section is the 'ANTI-RETROVIRAL DRUGS' section, which includes a table with columns for Anti-retroviral Drugs, Prescribed by, Side Effects, Start Date, End Date, and Dosage. The current entry is 'Atripla (tenofovir DF/emtricitabine/efavirenz) (d05847)' prescribed by 'Wonderful Dreams' on 8/9/2006. A blue arrow points to the 'Anti-retroviral Drugs' field with the text 'Enter Anti-retroviral Drug'. There are also 'New' buttons next to the 'ART Type' and 'Anti-retroviral Drugs' entries.



OPR Measure #17: Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy	0		
	0		

OPR Measure #17: This measure is the percent of HIV positive pregnant women in their second or third trimester who had a medical visit (See pg 6) during the reporting period and who were prescribed HAART. (See pg 9) This measure uses the Services Screen, Medication Screen, and Estimated Date of Conception, Expected Delivery, and Outcome Date on the OB/GYN & Pregnancy Screen to determine the denominator. This measure uses the OB/GYN Screen and the Medications—ART Screen to determine the numerator. The client must have an enrollment date older than three months from the end of the reporting period.

To improve this measure: Verify ART Type is entered on Medications > ART as on the previous measure and the Estimated date of conception, Expected Delivery, and outcome date are on the OB/GYN & Pregnancy Screen under Medical. If the pregnancy dates are within the reporting period and the Medication dates fall within the reporting period, this measure should improve next month.

There are additional considerations on the next page for all of this to work.

The screenshot shows a medical software interface for a patient named Clarisa A Allison. At the top, there are tabs for 'MEDICAL', 'MEDICATIONS', 'RISK & ASSESSMENTS', 'CARE PLAN', 'CASE NOTES', and 'SERVICES'. Below these are sub-tabs for 'BASIC MEDICAL', 'MEDICAL HISTORY', 'OB/GYN & PREGNANCY', and 'PREGNANCY'. A blue arrow labeled 'Medical Tab' points to the 'MEDICAL' tab. A yellow arrow labeled 'OB/GYN & Pregnancy' points to the 'OB/GYN & PREGNANCY' sub-tab. A blue arrow labeled 'Click' points to an 'Edit' button next to 'Ob/Gyn & Pregnancy'. A large blue arrow points from the 'Edit' button to a detailed 'Ob/Gyn & Pregnancy for Clarisa A Allison' form. This form includes fields for 'Primary Ob/Gyn', 'Phone', 'Pap Smear', 'Pelvic Exams', and 'Result'. Below these is a 'Pregnancy History' table with columns for various dates and events, each with a red asterisk indicating a missing or incomplete entry. A blue arrow labeled 'Save & Next will take you to the ART Medications Screen' points to the 'Save & Next' button at the bottom of the form.



OPR Measure #17: This measure is the percent of HIV positive pregnant women who are prescribed antiretroviral therapy in their second or third trimester who also had a medical visit (again, See pg 6).

Additional considerations for this measure:

- A. Pregnancy records must have an estimated date of conception or an expected delivery date. Records without either of these dates are not considered.
- B. Clients who have a pregnancy record where the estimated date of conception is between 260 days prior to the start date of the report and 87 days prior to the end of the report are excluded. (Client is in either their second or third trimester during the reporting period)
- C. If the estimated date of conception is blank:
The expected delivery date must be present and between the start date and at least 173 days after the end of the report. (Clients in their first trimester at the end of the reporting period are not counted.)
- D. If the outcome date of the pregnancy is prior to the start date of the report:
Exclude the client.
Also exclude the client if the outcome is “therapeutic abortion”
- E. If there is more than one pregnancy record:
Select the one with the most recent edit date
- F. The value of ART type must be HAART and Triple Therapy
The value cannot be Dual or Mono therapy.
- G. The ART start date must be before 86 days after the date of conception (before the beginning of the second trimester)
- H. If conception date is blank:
the ART therapy must be before the second trimester as indicated by the expected delivery date
- I. The ART end date must be blank or after the delivery date
- J. If the delivery date is blank,
the ART end date must be after the end of the pregnancy
- K. In other words, if either of the last two trimesters of your client’s pregnancy falls inside the reporting period and you fill out everything on that OB/GYN Pregnancy Screen, and be sure they are on ART triple therapy and the therapy was started in the first trimester, it will be counted. (yikes)



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HAB Group 1 QM Indicators



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Now, you are well on your way to improving client care.

Should you have questions, please contact:

Clay Allison

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or

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We also design custom reports for your needs.

“The obscure takes time to see, but the obvious takes longer.”

Edward R. Murrow