



# HAB Group 2 Indicators

Instructions  
and improvement tips

Version 1.0

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



**ARIES Version 2.6.8.0  
Update**

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Houston TX 77006  
713 526 1016

Rev 100907



The Resource Group

## *HAB Group 2 QM Indicators*



Technical Assistance

**The HAB 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 required by The Resource Group in Group 2:**

**OPR Measure #4:** Cervical Cancer Screening: Percentage of women with HIV infection who have a Pap screening in the measurement year against those who have had **at least one** Primary Care visit during the measurement year. This information is from the OB/Gyn screen.

**OPR Measure #5:** Syphilis Screening: Percentage of adult clients with HIV infection who had a test for syphilis performed within the measurement year against those who have had **at least one** Primary Care visit. This information is from the Medical History Screen.

**OPR Measure #7:** Hepatitis C Screening: Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once during the measurement year against those who have had **at least one** Primary Care visit during the measurement year. As with Syphilis, this information is from the Medical History Screen.



The report may be found under

**Reports > Compliance > HAB QM Indicators**

The screenshot shows a web application interface. At the top, there is a navigation menu with options: < Back, Home, Find, New, Reports, Shortcuts, Help, Logout. The 'Reports' menu is open, showing a list of categories: Client, Services, Finance, Management, Cross Tab Wizard, and Compliance. A blue arrow points to the 'Compliance' option. Below the menu, there are links to various reports: 'Ryan White HIV/AIDS Program Annual Data Report', 'WICY', and 'Ryan White Cross Titles Data Summary'. A second screenshot shows the 'HAB QM Indicators Filters' page. It includes fields for 'Report Period Between' (9/1/2009 and 8/31/2010), 'Agency or Administrative Agency' (4806 - Special Health Resources for Texas, Inc.), 'Funding Source', 'Program', 'Age', 'Race', and 'Gender'. There are two groups of checkboxes for OPR Measures. A blue arrow points to the date range with the text 'Be sure to enter "Between" and two dates a year apart'. At the bottom, there is a 'Display' field set to 1000, a 'results' label, and 'Report >' and 'Export' buttons. A text box at the bottom right contains the instruction: '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 2 QM Indicators



Click here to see who did not have at least one Screening

HAB QM Indicators		
QM Indicator	Numerator	Percentage
	Denominator	
Cervical Cancer Screening (OPR Measure 4): Percentage of women with HIV infection who have a Pap screening in the measurement year	30	22.56%
	133	
Hepatitis B Vaccination (OPR Measure 10): Percentage of clients with HIV infection who completed the vaccination series for Hepatitis B	12	2.87%
	418	
Syphilis Screening (OPR Measure 5): Percentage of adult clients with HIV infection who had a test for syphilis performed within the measurement year	184	43.91%
	419	

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 QM Indicators. Here you see the value of Staff Assignment under the Program tab.

Client	Age	Race	Gender
Andrews, Nancy L	37	White	Female
Brokovitz, Marion J	30	White	Female
Cajuna, Marshall D	41	Hispanic White	Female
Dagget, Boxie R	54	White	Female
Efemeris, Satilite	50	Black or African American	Female
Fangus, Tuffis R	27	Black or African American	Female
Bradley-Reedy, Melissa M	25	Black or African American	Female
Brevard, Stormy D	34	White	Female
Bridges, Misty A	26	White	Female
Brook, Daphne A	28	White	Female
Brown, Louise G	59	Black or African American	Female
Brumley, Maxine E	62	Black or African American	Female
Bush, Loletha B	27	Black or African American	Female

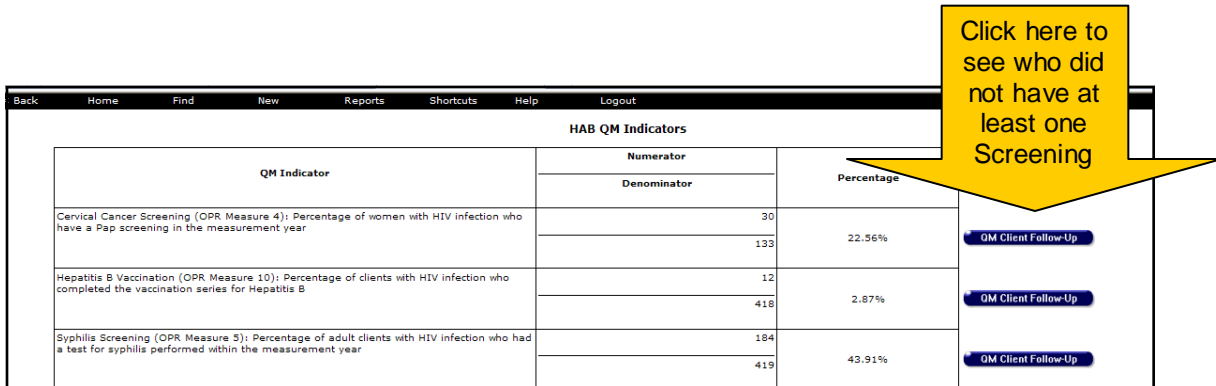


**OPR Measure #4:** Cervical Cancer Screening: Percentage of women with HIV infection who have a Pap screening in the measurement year against those who have had **at least one** Primary Care visit during the measurement year. This information is from the OB/Gyn screen.

**To improve this measure: Verify the clients on the report did have at least a Primary Care visit on the Services. 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. On the Medical > OB/Gyn screen, verify there is a date under Pap Smear. Verify this Pap Smear date falls within the reporting period. Verify there is a result in the result section. If the screening falls within the reporting period next month, this measure should improve.**

The screenshot displays the ARIES OB/GYN & PREGNANCY interface for patient Dimitre C Andrayavich. The top navigation bar includes options like Back, Home, Find, New, Reports, Shortcuts, Help, and Logout. Below this is a menu with categories such as DEMO-GRAPHICS, ELIGIBILITY, PROGRAMS, MEDICAL, MEDICATIONS, RISK & ASSESSMENTS, CARE PLAN, CASE NOTES, SERVICES, and CUSTOM DATA. The patient's name, Dimitre C Andrayavich, is prominently displayed, along with an 'Edit' button. A blue arrow points to this button. Below the name, there are sections for 'Primary OB/GYN: Pap Smear/Pelvic exams:' and 'Pregnancy History'. A larger blue arrow points from the 'Edit' button to a detailed form titled 'Ob/Gyn & Pregnancy for Dimitre C Andrayavich'. This form contains fields for 'Primary Ob/Gyn', 'Phone', 'Pap Smear & Pelvic Exam Dates', and 'Result', with 'Save' and 'Cancel' buttons. At the bottom of the form is a 'Pregnancy History' table with the following data:

Pregnancy History	
Date first reported pregnant	*
Estimated Date of Conception	*
Estimated Delivery Date <a href="#">Date Calculator</a>	*
HIV Status During Pregnancy	*
Date Prenatal Care Began	*
Number of Prenatal Care Visits in Reporting Month	*
ART Counseling offered to reduce HIV transmission to infant	*
Date Received ART Counseling	*
ART was offered to reduce vertical transmission to infant	*

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**OPR Measure #5:** Syphilis Screening: Percentage of adult clients with HIV infection who had a test for syphilis performed within the measurement year against those who have had at least one Primary Care visit. This information is from the Medical Screen.

**To improve this measure: Verify the clients on the report did have at least a Primary Care visit on the Services. 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. On the Medical History screen, verify there is a Syphilis screening under STI/Hepatitis. Verify this screening is indicated and the checkbox under “Is not medically indicated” is not checked. If the entry 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



**OPR Measure #7:** Hepatitis C Screening: Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once during the measurement year against those who have had **at least one** Primary Care visit during the measurement year. These clients must have an enrollment date more than **three** months before the end of the reporting period.

To improve this measure: Verify the clients on the report did have at least one Primary Care visit on the Services Screen. Verify the OAMC Visit qualifies with a secondary service as on the Syphilis Screening page. After the visit is complete, be sure the service is entered for the date of service. On the Medical History screen, verify there is a Hepatitis C screening under Medical > Medical History > STI/Hepatitis. Verify this screening is indicated and the checkbox under “Is not medically indicated” is not checked. If the entry falls within the reporting period next month, this measure should im-

**Medical History** ARIES

**Dimitre C Andrayavich**

Medical History **Edit** **Flowsheet**

Most recent CD4: 271 as of 6/21/2009, 23.00%  
 Lowest CD4: 271 as of 6/21/2009, 23.00%  
 Most recent Viral Load: 400 as of 6/26/2009, 2.6  
 Highest Viral Load: 400 as of 6/26/2009, 2.6  
 TB Test Medically Indicated:  
 TB PPD Skin Test:  
 MDR:  
 IGRA:  
 Chest X-Ray:  
 TB Treatment:

**STI/Hep**  
**Immuniz**  
**Hospital V**

**Dimitre C Andrayavich Medical History**

**TESTS**

CD4 Date	T Cell Count	%	Viral Load Date	Value	Test Type	Log
6/21/2009	271	23	6/26/2009	400		2.6

**STI/Hepatitis**

Is not medically indicated

**Tuberculosis**

TB Test Medically Indicated \*

TB Test Medically Indicated Date \*

Date PPD/TST Placed \*

Date PPD/TST Read \*

IGRA Date \*

Chest X-Ray Date \*

TB Diagnosis \*

Treatment Start Date \*

Treatment End Date \*

PPD/TST Result

IGRA Result

Chest X-Ray Result

Date of TB Diagnosis \*

Multi-Drug Resistance \*

**Save** **Cancel**



The Resource Group

## *HAB Group 2 QM Indicators*



Technical Assistance

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

*Should you have questions, please contact:*

*Jim H. Willis*

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“Whenever you find you are on the side of the majority, it is  
time to pause and reflect.”

*Mark Twain*