

**DC Department of Health – HIV/AIDS, Hepatitis, STD, Tuberculosis Administration:  
Care and Treatment Division  
Quality Measures Compendium**

The measures selected represent key performance indicators of health outcomes, service delivery, and customer satisfaction. Data on these measures are used to track and trend quality of care performance of the District and the eligible metropolitan area (EMA). Quality improvement data are used to document areas of strength, identify areas for improvement and help guide, shape and enhance the delivery and quality of care. National benchmarks and baseline data (when available) are used to set realistic goals for performance for the EMA and each of the jurisdictions.

HAHSTA's performance measures are derived from the HRSA HIV/AIDS Bureau Performance Measures available at <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>. Measures are reviewed and revised annually by a Quality Committee – The Response Team comprised of key stakeholders including: HAHSTA staff, subrecipient staff, and customers receiving services.

The ability to stratify these data by race/ethnicity, risk factor, and gender is fundamental to identifying trends and disparities across specific target populations. Because these variables are pulled from client demographics it is critical to have high levels of completeness for these fields. You will find corresponding stratified measures in CAREWare.

Performance Measure	Sub-Grantees/Recipient Quality Performance Measure Data Reporting Matrix						
	Measure Curator	HIV Medical Care	Medical Case Mgmt.	EIS	EFA	Case Mgmt. (non-medical)	ADAP
Utilization %	by Part	A - 13%	A - 37% B - 37%	A - 8% B - 10%	A - 21%	A - 38%	B - 32%
Measure(s) Required	PCN 15-02	Yes -1	Yes - 1	No	Yes	Yes - 1	Yes -1
Viral Load Suppression	HAB Core	X					X
Retention (2019 Draft)	HAB Core		X <sup>1</sup>				
Consumer Satisfaction	N/A				X		
Care Plan	HAB MCM					X	
				X			
Other QI Project Specific Measures (process measures or step measures)	N/A – optional measures	X	X	X	X	X	X
ADAP: Eligibility Recertification	HAB ADAP						X

\*Optional Measure

<sup>1</sup> Measure was shared by Chris Redman HRSA/HAB Nurse Consultant, Division of Policy and Data

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**OUTPATIENT AMBULATORY HEALTH SERVICES**

<b>Performance Measure:</b>	<b>HIV Viral Load Suppression</b>	<b>National Quality Forum #: 2082 DC CAREWare #: Core01</b>
Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year		
<b>Numerator:</b>	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	
<b>Denominator:</b>	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	
<b>Patient Exclusions:</b>	None	
<b>90-50 Plan:</b>	Measurement of the Viral Load Suppression bar of continuum: Goal 90%	

**MEDICAL CASE MANAGEMENT**

<b>Performance Measure:</b>	<b>Retention Measure II</b>	<b>DRAFT</b>
Percentage of patients regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year		
<b>Numerator:</b>	Number of patients in the denominator who had at least two care encounters <sup>2</sup> at least 90 days apart within a 12- month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges.	
<b>Denominator:</b>	Number of patients, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter <sup>1</sup> within the 12 -month measurement year.	
<b>Patients Exclusions:</b>	Patients who died at any time during the measurement year.	

**SUPPORT SERVICES**

<b>Performance Measure:</b>	<b>Consumer Satisfaction</b>	<b>None</b>
In accordance with <a href="#">PCN 15-02</a> , in addition to activities aimed at improving patient care, and health outcomes; patient satisfaction is a critical goal of a CQM program. Surveys, focus groups etc. that measures patient satisfaction are an acceptable part of a CQM measure portfolio. Measurements tools should be outlined in the QM Plan and outcomes should be reported quarterly.		

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**AIDS DRUG ASSISTANCE PROGRAM**

<b>Performance Measure:</b>	<b>ADAP: Eligibility Recertification</b>
Percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times in the measurement year.	
<b>Numerator:</b>	Number of ADAP enrollees who are reviewed for continued ADAP eligibility <sup>2</sup> at least two or more times which are at least 150 days apart in the measurement year.
<b>Denominator:</b>	Number of clients enrolled in ADAP <sup>3</sup> in the measurement year.
<b>Patient Exclusions:</b>	1. Clients approved for new ADAP enrollment in the measurement year. 2. Clients terminated from ADAP in the first 180 days of the measurement year.
<b>Data Sources:</b>	AIDS Drug Assistance Program Quarterly Data Report, Section 2: Annual Submission
<b>Data for Comparison:</b>	Part B Collaborative: 92%
<b>QI Project Goal:</b>	98% by end of GY30