OUTPATIENT/AMBULATORY MEDICAL CARE[1]

Service Category Description

Outpatient/ambulatory medical care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner, or other health care professional who is certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered 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 PHS's guidelines. Such care must include access to ARV and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination ARV therapies.

Unit of Service: 1 Unit = 1 Service

Requirement	Indicator	Data Source
Practices should assure that patients have timely access to medical care.	Practices will have policies and procedures to handle care requests for patients new to the practice. Ideally, patients who disclose HIV + status and symptoms will be able to speak with a medical professional capable of assisting the patient to obtain medically appropriate care.	**Provider's policies and procedures** indicate how new patients will be admitted to the practice.
	Practices will have policies and procedures that facilitate timely, medically appropriate care. Ideally, practices will be able to see acutely symptomatic HIV + patients "same day" or will facilitate appropriate referral to urgent care or the emergency department.	**Provider's policies and procedures** indicate how emergent, urgent and acute needs of established patients are managed.

[1] The Outpatient Ambulatory Medical Care Standards and Quality Measures were reviewed and revised by a subcommittee of the Ryan White Part A medical providers, facilitated by Kathy Reims M.D.

Requirement	Indicator	Data Source
Patients should have access to information about how to obtain care and health information.	Patients should understand how to access emergency services (24-hour phone access), and how to schedule appointments, how to obtain results of laboratory or other diagnostic screening results.	**Provider's procedures** demonstrate how they educate patients about how to access care and health information.
Access to inpatient care.	Outpatient clinicians who do not provide inpatient care should have a network of practitioners with whom they can communicate easily should their patients require hospitalization.	**Provider's reports** demonstrate that the practice has clinicians with active admitting privileges or have procedures which demonstrate the process by which patients can receive hospital care.
Clinicians should obtain an HIV related history at baseline and update it as appropriate to care.	Components of a complete HIV-related history should include: Date of diagnosis or unknown; history of antiretroviral therapy and any details about response to therapy, side effects and known drug resistance; recall of lowest CD4 or unknown; documentation of request for previous medical records; prior HIV-associated infections; other medical illnesses including CVD, malignancies, DM, hepatic disease or renal disease that might affect therapy; status of vaccines including tetanus, pneumococcal, hepatitis A and B; current medications and supplements (prescription and over-the-counter); medication allergies; assessment for substance use including tobacco; sexual history; housing status, employment status; plans for having children; significant family medical history; depression screening, domestic violence screening.	**Patient's file** will contain a comprehensive HIV-related history.

Requirement	Indicator	Data Source
Clinicians should perform a baseline comprehensive physical examination and follow up examinations when appropriate.	Components of a comprehensive HIV-related physical baseline exam include: Vital signs; height and weight; body habitus; oropharynx; cardiopulmonary including evidence of PVD; lymph nodes; abdominal exam; anogenital exam; breast and pelvic exam (women)(2 components); neurological exam.	**Patient's file** will contain documentation of a comprehensive HIV-related exam at baseline.
Clinicians should perform a comprehensive physical examination annually.	Components of a comprehensive HIV-related physical annual exam include: Vital signs; height and weight; body habitus; oropharynx; cardiopulmonary including evidence of PVD; lymph nodes; abdominal exam; anogenital exam; breast and pelvic exam (women)(2 components); neurological exam.	**Patient's file** will contain documentation of an annual comprehensive HIV-related exam.
Clinicians should order appropriate laboratory assessments and screening tests at initiation of care.	Specific laboratory assessments and screening tests appropriate for the specific needs of the patient's conditions are ordered and followed up on in an appropriate manner. Including: Confirmation of HIV status; CBC; CD4, viral load, chemistry panel, appropriate TB screening, Hepatitis screen for Hepatitis types A, B and C, syphilis screen, other STI screening for high risk patients, serologic screening for Toxoplasma gondii Pap smear (women only).	**Patient's file** will contain documentation of laboratory assessments and screening tests for appropriate to the patient's condition, or medical rationale for why tests were not done, which would include documentation of recent testing in another facility.

Requirement	Indicator	Data Source
Clinicians should order appropriate periodic laboratory assessments and screening tests.	Specific laboratory assessments and screening tests appropriate for the specific needs of the patient's conditions are ordered and followed up on in an appropriate manner. Including: CBC (annually), CD4 and HIV viral load repeated at 3 – 6 month intervals; annual syphilis screening, annual STI screening for high risk patients, Pap smear (women only).	**Patient's file** will contain documentation of laboratory assessments and screening tests for appropriate to the patient's condition, or medical rationale for why tests were not done, which would include documentation of recent testing in another facility.
Clinicians should perform interval visits to monitor care every 6 months for clinically stable patients and more frequent for less clinically stable patients.	Interval visits should address the treatment plan and patients needs. Frequency of visits should be appropriate to the clinical stability of the patient. In addition to problem-focused history, physical exam and laboratory assessments interval visits should document risk reduction, high risk behaviors, and for those taking HAART an assessment of side-effects, response to therapy and assessment of adherence. Identified problems should have a plan to manage including follow up.	**Patients file** will show documentation of interval visits and will show documentation of recommended interval follow-up.
Clinicians should prescribe a HAART regimen that is best able to delay disease progression, prolong survival, and maintain quality of life through maximal viral suppression	Clinicians should follow current evidence-based guidelines when initiating or changing anti-retroviral drug therapy. The clinician should involve the patient in the decision-making process when determining whether to implement ARV therapy. The clinician should review the benefits and risks of treatment for each individual patient.	**Patient's file** will demonstrate that if HAART therapy is chosen that it is done so being consistent with current ARV guidelines.

Requirement	Indicator	Data Source
The patient's vaccination status should be assessed.	Clinicians should assess the vaccine status of all patients and immunize according to current guidelines.	**Patient's file** will have evidence of documentation of current immunization status.
Clinicians should assess patient's oral health needs at least annually.	Clinicians should ascertain whether their patients have a regular oral health provider and should refer all HIV-infected patients for annual hygiene and intraoral examinations, including dental caries and soft-tissue examinations.	**Patients file** will show documentation of referral for oral health care within the last 12 months.
Healthcare teams should use tracking strategies and outreach patients who have not received recommended care.	At a minimum, practices should recall patients who have not been seen for a medical follow up visit in the last 6 months.	**Provider's policies and procedures** outline strategies to recall patients.

Quality Measures	Indicator	Data Source
Two or more medical visits within last year	Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year Goal: 75%	**Patient's file, practice management system or CareWare** **Monitoring** Use HAB Group 1 measure[3]: **Numerator:** Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP, in an HIV care setting two or more times at least 3 months apart during the measurement year **Denominator:** Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year **Exclusions:** Patients newly enrolled in care during last six months of the year

Quality Measures	Indicator	Data Source
PCP Prophylaxis	Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm who were prescribed PCP prophylaxis Goal: 90%	**Patient's file, practice management system or CareWare** **Monitoring** Use HAB Group 1 measure[3]: **Numerator:** Number of HIV-infected clients with CD4 T-cell counts below 200 cells/mm who were prescribed PCP prophylaxis **Denominator:** Number of HIV-infected clients who: had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least once in the measurement year, and had a CD4 T-cell count below 200 cells/mm **Exclusions:** Patients with CD4 T-cell counts below 200 cells/mm repeated within 3 months rose above 200 cells/mm Patients newly enrolled in care during last three months of the measurement year

Quality Measures	Indicator	Data Source
Retention in care	Retention in Care: Percent of patients out of care who receive outreach to re-establish care. Goal: 80%	**Monitoring** **Numerator:** Patients from the denominator with one or more attempts to outreach to re-establish care. **Denominator:** HIV-infected patients who are not listed as moved or gone elsewhere in the medical record AND last visit date is > 6 months prior to the audit date. **Exclusions:** Patients with last visit date<6 months prior to audit date.
Tobacco use assessment	Tobacco use assessment: Percentage of adult and adolescent patients with whom tobacco use was discussed during the past year. Goal: 90%	**Monitoring** Use New York State Measure[4]: **Numerator:** Number of patients from the denominator that have documentation of tobacco use status **Denominator:** HIV-infected clients who had a medical visit in the last year.

Quality Measures	Indicator	Data Source
Tobacco cessation counseling	Tobacco Cessation Counseling: Number of patients who used tobacco products who received tobacco cessation counseling. Goal: 85%	**Numerator:** Number from the denominator who received tobacco cessation counseling **Denominator:** HIV-infected clients who used tobacco products at least once within the measurement year and who had a medical visit at least once in the last year

References

1. Aberg, Judith A, et.al. Primary Care Guidelines for the Management of Persons Infected with Human Immunodeficiency Virus: 2009 Update by the HIV Medicine Association of the Infectious Diseases Society of America, Clinical Infectious Diseases 2009:49:651-81.
2. Bartlett, John G, et.al. A Guide to Primary Care of People with HIV/AIDS. U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. 2004 edition. http://www.hab.hrsa.gov
3. HRSA/ HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 1. http://www.hab.hrsa.gov
4. New York State Department of Health AIDS Institute HIV Quality of Care Program. Adult and adolescent indicators. [internet]. New York: New York State Department of Health AIDS Institute; 2000-2004 [cited 2005 Aug 10]. [3 p]. Available: http://www.hivguidelines.org/quality-of-care/quality-of-care-indicators/new-york-state/