

Ohio Department of Health – HIV Care Services – Quality Management
HIV Clinical Quality Improvement Program

Medical Provider Visit Form

Introduction, explanation and directions for completion of the form.

Please note: An Acronym Key is included at the end of this document to assist in identifying the many acronyms used.

Introduction:

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415, December 19, 2006) reauthorized and updated the legislation governing the Federal HIV/AIDS programs in the Public Health Service (PHS) Act under Title XXVI. This modernization act increased flexibility to respond effectively to the changing HIV epidemic. Its emphasis is on providing life-saving and life-extending services for people living with HIV/AIDS across the country and directs resources to targeted areas with the greatest need.

All Program Parts (Parts A, B, C, D and F) of the Ryan White HIV/AIDS Program (RWHAP) specify the Health Resources and Services Administration's (HRSA) responsibilities in the administration of grant funds, the allocation of funds, the evaluation of programs for the population served, and the improvement of the quality of care. Accurate records of all providers receiving RWHAP funding, the services provided, and the clients served continue to be critical to the implementation of the new legislation and thus are necessary for HRSA to fulfill its responsibilities.

Previously, the HIV/AIDS Bureau (HAB) of HRSA required that all RWHAP-funded grantees and their contracted service providers report aggregate data annually using the Ryan White HIV/AIDS Program Annual Data Report (RDR). However, aggregate data are limited in two ways:

- Aggregate data lacks client identifiers and, by definition, cannot be merged and unduplicated across service providers within a given geographic area. As a result, grantees — and ultimately HAB — cannot obtain accurate counts of the number of individuals the RWHAP serves.
- Aggregate data cannot be analyzed in the detail required to assess quality of care or to sufficiently account for the use of RWHAP funds.

In order to address these deficiencies all RWHAP grantees and service providers will use a new biannual data reporting system to report information to HAB on their programs, services and the clients they serve, beginning March 1st, 2009.

HAB's goal is to build a client-level data reporting system that provides data on the characteristics of all funded grantees, all service providers, and the clients served with program funds.

The data submitted to HRSA/HAB will be used for:

1. Monitoring the outcomes achieved on behalf of HIV/AIDS clients receiving care and treatment through a Ryan White HIV/AIDS Program grantee and/or provider, including medical service providers;
2. Monitoring the use of Ryan White HIV/AIDS Program funds for the appropriate use to address the HIV/AIDS epidemic in the United States; and
3. Addressing the needs and concerns of the U.S. Congress and the HHS Secretary concerning the HIV/AIDS epidemic and the Ryan White HIV/AIDS Program.

The newly released Ryan White HIV/AIDS Program Services Report (RSR) is required to be submitted to HRSA/HAB at the end of June 2009, and again at the end of December 2009. The RSR must include three components: the Grantee Report, the Service Provider Report, and the Client Report. The Client Report contains client-level data and collects one de-identified record for each RWHAP client served. Each record must include information on demographic status, HIV clinical information, HIV-care medical and support services received at all service providers, and an encrypted unique identifier for the client. This report is completed by collecting data from all service providers that deliver (or, in the case of third party administrators, pay for) direct client services with RWHAP funds.

Core medical services are the set of essential, direct health care services provided to persons living with HIV/AIDS and specified in the Ryan White HIV/AIDS Treatment Modernization Act.

Outpatient/ambulatory medical care, as a subset of core medical services, includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings.

These medical 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 antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

The Client Report:

A client report must be submitted by all entities that provide RWHAP-funded core medical or support services directly to clients. In Ohio, this means all medical providers who accept payment from the RWHAP through our funded case management agencies and/or our third party administrator (TPA), Nationwide, are responsible for submitting client level data (CLD) for each client receiving services funded by the RWHAP, effective March 1st, 2009. Grantees, in this case HIV Care Services at the Ohio Department of Health, administrator of the Ryan White Part B Program for Ohio, may decide on a case-by-case basis to require a provider to submit their own client data to HRSA. That option would require a provider to use separate HRSA software, resulting in double data entry for patients in that medical practice.

Alternatively, grantees may submit the client data and client report to HRSA on behalf of the provider. We believe this is the most positive option for Ohio at this time. We have developed the Medical Provider Visit Form included in this packet of information to be the initial clinical client level data collection tool used to inform the newly required HRSA Program Services Report (RSR). We will collect the client level data necessary for the Client Report section of the RSR from all medical providers in Ohio providing RWHAP-funded services directly to HIV seropositive patients, compile the data and other information into the correct format required by HRSA/HAB, then submit the reports to HRSA by their biannual deadlines.

If you have the capacity and would prefer to submit your client level data to us in an electronic format, please contact us first to discuss this option. Contact information is provided at the end of this document.

The client report submitted to HRSA through our HCS Quality Management Program will contain one de-identified record for each client who received a RWHAP funded core medical service or support service during the reporting period (interim six months and end of year annual). The data elements reported per client will depend upon the specific RWHAP-funded service(s) the client received at your medical practice.

How will this Client Level Data be used?

The Client Level Data collected from our Ryan White medical service providers and subsequently reported in the Client Report and the RSR will help HIV Care Services in Ohio and HRSA's HIV/AIDS Bureau prove that, statewide and nationally, the Ryan White HIV/AIDS Program is meeting patient care requirements as set forth in:

1. The 2006 Ryan White HIV/AIDS program legislation;
2. HAB's Government Performance and Results Act (GPRA) measures;
3. HAB's Performance Assessment Rating Tool (PART) measures; and
4. HAB's HIV/AIDS Core Clinical Performance Measures for Adults & Adolescents.

Ultimately, information provided in these reports will help HAB ensure that Ryan White patients receive a consistent level of quality service across all provider settings.

To get to the point where we can demonstrate a consistent level of quality service across Ohio, the Quality Management Team in HIV Care Services at the Ohio Department of Health is actively developing the HIV Clinical Quality Improvement Program for Part B of the Ryan White Program in the state of Ohio.

The Clinical Quality Improvement Program:

The Quality Management Team in HIV Care Services at ODH met with a technical consultant from the National Quality Center (NQC) for two days in October, 2008. The National Quality Center is a centralized national repository and technical assistance resource for quality improvement efforts in HIV care. Funded by HRSA's HIV/AIDS Bureau in 2004, the National Quality Center provides quality improvement technical assistance to Ryan White CARE Act grantees across the United States, building capacity to improve the quality of HIV/AIDS care and services.

The Quality Management Team and NQC engaged in critical planning exercises during our meeting to assist us with further development of our overall Quality Improvement Plan for HIV Care Services and to initiate our Clinical Quality Improvement Program. Our Quality Management Program is already known at a national level for innovation and excellence in quality management and program development.

Quality management is a continuous process to improve the degree to which a health or social service meets or exceeds established professional standards and user expectations. The purpose of a quality management program is to ensure that: (a) services adhere to PHS guidelines and established clinical practice; (b) program improvements include supportive services; (c) supportive services are linked to access and adherence to medical care; and (d) demographic, clinical, and utilization data are used to evaluate and address characteristics of the local epidemic. The Clinical Quality Improvement Program will be a systematic process that uses data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. The process is continuous and fits within the framework of other program quality assurance and quality improvement activities, such as the Joint Commission on the Accreditation of Healthcare Organizations and Medicaid. Data collected as part of this program will be fed back into the quality management process to assure that goals are accomplished and outcomes are improved.

The collection of client level data from medical service providers using this new form as a tool will be the first step for our Clinical Quality Improvement Program. As we collect data over the 2009 reporting period, we will be developing our set of

clinical performance measures based on the HIV/AIDS Bureau's Core Clinical Performance Measures for Adults and Adolescents, as required by the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

We are aware that initially there may be redundancies in client level data collection using this paper tool, but we will be working towards use of an electronic portal for data entry in the future. When this portal is established, all known data variables will be prepopulated in the appropriate fields to reduce data entry requirements.

We look forward to the involvement, input and cooperation of our medical service providers as we work through the process of developing our Clinical Quality Improvement Program.

Process:

- All Ryan White program patients are assigned an HIV Case Manager at a local case management agency funded by the Ryan White Part B Program in Ohio.
- Ryan White program patients schedule a medical appointment and see a medical service provider for services that will be paid for with Ryan White Program funds.
- If the patient notifies their HIV Case Manager of their appointment in advance, the case manager will either fax a pre-approval form to the medical service provider or call the provider to authorize approval in advance, depending on individual agency policy.
- The HIV Case Manager will now also be required to fax the Medical Provider Visit Form (MPVF) with a set of simplified instructions to the service provider for each funded visit to the service provider. If the patient notifies the Case Manager in advance, the MPVF and directions will be faxed with the pre-approval form, or the Case Manager can call to authorize the visit and then fax the MPVF.
- If the patient does not notify the Case Manager in advance of the appointment, the MPVF and directions will be faxed to the service provider as soon as the Case Manager becomes aware of the appointment. (Example: Patient presents the medical invoice to the Case Manager and requests Ryan White funding.)
- The medical service provider bills the patient or the case management agency for the visit and faxes the completed MPVF to the Ohio Department of Health – HIV Care Services. The completed MPVF will be faxed to HIV Care Services within sixty days from the patient's appointment or within sixty days from the day they receive the form from the HIV Case Manager.

- Fax the completed Medical Provider Visit Form (MPVF) to our secure fax at **866.448.6337**. Please make all faxes attention to:

Cassandra Rae Chronos, RN

Quality Improvement Coordinator

Quality Management – HIV Care Services – Ohio Department of Health

For any questions or comments regarding the Medical Provider Visit Form (MPVF), instructions for completion of the MPVF, questions regarding the Clinical Quality Improvement Program, or **if you would like to discuss submitting client level data to us in an electronic format**, please contact:

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Quality Improvement Coordinator

Quality Management – HIV Care Services – Ohio Department of Health

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Acronym Key:

CCPM	HAB's <u>C</u> ore <u>C</u> linical <u>P</u> erformance <u>M</u> easures
CLD	Client Level Data
GPRA	HAB's <u>G</u> overnment <u>P</u> erformance and <u>R</u> esults <u>A</u> ct measures
HAB	HIV/AIDS Bureau (a division of HRSA)
HHS	US Department of Health and Human Services
HRSA	Health Resources and Services Administration (a division of HHS)
MPVF	Medical Provider Visit Form
NQC	National Quality Center
PART	HAB's <u>P</u> erformance <u>A</u> ssessment <u>R</u> ating <u>T</u> ool measures
PHS	Public Health Service
RSR	Ryan White HIV/AIDS Program Services Report
RWHAP	Ryan White HIV/AIDS Program
TPA	Third Party Administrator



Directions and justification for completing the Medical Provider Visit Form:

Enter your provider name (physician or other) in the first space.

Enter your medical practice name in the second space on the form.

Question 1 – Patient’s full name:

Indicate the patient’s full name.

- Used as temporary identifier only by ODH HCS Quality Management

Question 2 – Patient’s social security number:

Indicate the patient’s social security number.

- Used as temporary identifier only by ODH HCS Quality Management

Question 3 – Patient’s date of birth:

Indicate the client’s date of birth in the form MM/DD/YYYY. Only the year of birth will be reported to HAB. We collect the patient’s full date of birth since the birth month and day will be used to generate the unique client identification number in all reports to HRSA.

Justification:

- 2006 Ryan White Legislation requirement
- Used as identifier by ODH HCS Quality Management
- Birth year used to identify important population subgroups by HRSA

Question 4 – Date of the patient’s first visit to this provider:

Indicate this date in the form MM/DD/YYYY. This date may or may not be the date the client first received a Ryan White-funded service. If only the month and year are collected, enter “01” as the day of the client’s first visit (i.e., MM/01/YYYY). You are not expected to resort to unreasonable measures to locate this information in your files. If you are unable to identify the first date of service, please report the earliest date available in your records.

Justification:

- 2006 Ryan White Legislation requirement
- Necessary for identifying new clients
- Necessary for all performance measures relevant to new clients as required for:
 - GPRA
 - PART
 - HAB Core Clinical Performance Measures (Tier 1 Group 1)

Question 5 – Date of current visit and three most recent visits:

Indicate these dates in the form MM/DD/YYYY. This will allow HCS Quality Management to list all dates of the patient’s visits with a *clinical care provider* in this practice during the reporting period, as required by HRSA. A *clinical care provider* is a physician, physician's assistant, clinical nurse specialist, or nurse practitioner certified in his or her jurisdiction with prescribing privileges. HCS

Quality Management will track all dates listed for the year and remove any redundancies.

Justification:

- Necessary for performance measures relevant to number of visits as required for:
 - GPRA
 - PART
 - HAB Core Clinical Performance Measures (Tier 1 Group 1)

Question 6 – Report all CD4 counts and dates for the patient during 2009:

Report the value and test date for all CD4 count tests administered to the patient during 2009. The CD4 cell count measures the number of T-helper lymphocytes per cubic millimeter of blood. It is a good predictor of immunity. As CD4 cell counts decline, the risk of developing opportunistic infections increases. The *test date* is the date the patient’s blood sample is taken. Record the four most recent counts on each form. HCS Quality Management will track all counts and dates listed for the year and remove any redundancies.

Justification:

- Necessary for performance measures relevant to number of visits for care as required for:
 - GPRA
 - PART
 - HAB Core Clinical Performance Measures (Tier 1 Group 1)

Question 7 – Report all viral load counts and dates for the patient during 2009:

Report the value and test date for all viral load tests administered to the patient during 2009. Viral load is the quantity of HIV RNA in the blood and is a predictor of disease progression. Test results are expressed as the number of copies per milliliter of blood plasma. The *test date* is the date the patient’s blood sample is taken. Record the four most recent counts on each form. HCS Quality Management will track all counts and dates listed for the year and remove any redundancies.

Justification:

- Necessary for performance measures relevant to number of visits for care as required for:
 - GPRA
 - PART
 - HAB Core Clinical Performance Measures (Tier 1 Group 1)

Question 8 – Was the patient prescribed or receiving PCP prophylaxis at any time during 2009:

Mark the box next to the most appropriate response. PCP prophylaxis is drug treatment to prevent *Pneumocystis carinii* pneumonia (PCP) — the most common infection in people with HIV and a major cause of mortality, yet almost entirely preventable and treatable. Indicate if patients were prescribed a PCP prophylaxis at any time during 2009. **Note:** Select “yes” if the patient began or was continuing a prophylactic regimen during the reporting period of 2009.

Justification:

- Necessary for performance measures relevant to PCP prophylaxis screening as required for:
 - GPRA
 - HAB Core Clinical Performance Measures (Tier 1 Group 1)

Question 9 – Was the patient prescribed or receiving HAART at any time during 2009:

Mark the box next to the most appropriate response. HAART is *highly active antiretroviral therapy*, an aggressive anti-HIV treatment including a combination of three or more drugs with activity against HIV whose purpose is to reduce viral load to undetectable levels. **Note:** Report “yes” if the client began or was continuing on HAART during the reporting period of 2009.

Justification:

- Necessary for performance measures relevant to the patient’s HAART status as required in:
 - GPRA
 - PART
 - HAB Core Clinical Performance Measures (Tier 1 Group 1)

Question 10 – Has the client completed the vaccine series for Hepatitis B:

Mark the box next to the most appropriate response. The hepatitis B vaccine series is a sequence of shots that stimulate a person’s natural immune system to protect against HBV. **Note:** If the patient is in the process of completing a hepatitis B vaccination series, report “no” on this form; you will indicate that the patient has completed the series in subsequent reports.

Justification:

- Necessary for performance measures relevant to Hep B as required for:
 - HAB Core Clinical Performance Measures (Tier 1 Group 2)

Question 11 – Item 1 – Was HIV risk reduction screening/counseling provided to this patient during 2009:

Indicate if HIV risk reduction screening and/or counseling was provided to the patient at this visit (no or yes), provided to the patient since testing positive for HIV (no or yes), or if this information is unknown.

Justification:

- 2006 Ryan White Legislation requirement
- Necessary for all performance measures relevant to new clients as required for:
 - GPRA
 - HAB Core Clinical Performance Measures (Tier 1 Group 1)

Question 11 – Item 2 – Was the patient screened for substance use (alcohol and drugs) during 2009:

Mark the box/es next to the most appropriate response/s. Substance use screening is a quick, simple way to identify clients who need further assessment or treatment for substance use disorders. Screening may include biomarkers (e.g., positive drug screen or liver disease) and client reports of consumption patterns.

Justification:

- 2006 Ryan White Legislation requirement
- Necessary for performance measures relevant to substance use screening as required for:
 - GPRA
 - HAB Core Clinical Performance Measures (Tier 1 Group 3)

Question 11 – Item 3 – Was the patient screened for mental health issues during 2009:

Mark the box/es next to the most appropriate response/s. Mental health screenings include the use of brief structured instruments or commonly used questionnaires to assess potential mental health problems. Screenings are designed to determine whether the client presents signs or symptoms of a mental health problem and if the client should be referred to a mental health professional. Screens are not diagnostic tools and, although typically administered by a mental health professional, may be administered by trained health care professionals in other medical/clinical disciplines.

Justification:

- 2006 Ryan White Legislation requirement
- Necessary for performance measures relevant to mental health screening as required for:
 - GPRA
 - HAB Core Clinical Performance Measures (Tier 1 Group 3)

Question 11 – Item 4 – Was the patient screened for TB during 2009:

Mark the box/es next to the most appropriate response/s. Tuberculosis screening is the use of physical examinations and tests (such as PPD skin tests, blood tests, X-rays, and sputum tests) to determine latent or active infection by mycobacterium tuberculosis bacteria. HAB understands that it may place an unreasonable burden on providers to determine whether certain clients were screened for tuberculosis since their diagnosis and advises providers to report whatever data may be reasonably obtained.

Justification:

- Necessary for performance measures relevant to TB screening as required for:
 - GPRA
 - HAB Core Clinical Performance Measures (Tier 1 Group 2)

Question 11 – Item 5 – Was the patient screened for syphilis during 2009:

Mark the box/es next to the most appropriate response/s. Syphilis is a sexually transmitted disease (STD) that can be diagnosed by examining material from a chancre (infectious sore) using a dark-field microscope or with a blood test.

*** NOTE:** Exclude all patients under the age of 18 who are not sexually active.

Justification:

- Necessary for performance measures relevant to syphilis screening as required for:
 - GPRA
 - HAB Core Clinical Performance Measures (Tier 1 Group 2)

Question 11 – Item 6 – Was the patient screened for Hepatitis B during 2009:

Mark the box/es next to the most appropriate response/s. Hepatitis B is a serious infection caused by the hepatitis B virus (HBV). If it goes undiagnosed and untreated it can cause permanent liver damage. A screening blood test can determine a diagnosis. HAB understands that it may place an unreasonable burden on providers to determine whether certain clients were screened for hepatitis B since their diagnosis and advises providers to report whatever data may be reasonably obtained.

Justification:

- Necessary for performance measures relevant to Hep B screening as required for:
 - GPRA
 - HAB Core Clinical Performance Measures (Tier 1 Group 3)

Question 11 – Item 7 – Was the patient screened for Hepatitis C during 2009:

Mark the box/es next to the most appropriate response/s. Hepatitis C screening is the use of physical examinations and tests, such as anti-HCV tests, HCV RIBA tests, HCV-RNA tests, and Viral Load or Quantitative HCV tests, to detect the presence of the HCV virus and/or antibodies indicating exposure to the HCV virus. HAB understands that it may place an unreasonable burden on providers to determine whether certain clients were screened for hepatitis C since their diagnosis and advises providers to report whatever data may be reasonably obtained.

Justification:

- Necessary for performance measures relevant to TB screening as required for:
 - GPRA
 - HAB Core Clinical Performance Measures (Tier 1 Group 2)

Question 11 – Item 8 – For HIV+ women – Did the patient receive a Pap smear during 2009:

Mark the box/es next to the most appropriate response/s. A Pap smear or screening is a way to examine cells taken from a woman's cervix. It can detect cell changes that may be precancerous as well as hidden, small tumors that may lead to cervical cancer.

Justification:

- Necessary for performance measures relevant to Pap smears as required for:
 - GPRA
 - HAB Core Clinical Performance Measures (Tier 1 Group 2)

Question 12a – For HIV+ women – Was the patient pregnant at any time during 2009:

Mark the box next to the most appropriate response. If the response is “no”, skip the last two questions.

Justification:

- 2006 Ryan White Legislation requirement
- Necessary for all performance measures relevant to pregnant patients as required for:
 - GPRA
 - PART
 - HAB Core Clinical Performance Measures (Tier 1 Group 1)

Question 12b – For HIV+ women if the answer to 12a is yes – When did the patient enter prenatal care:

Mark the box next to the most appropriate response. Women whose pregnancies did not result in a live birth should be reported in the “Not applicable” category.

Justification:

- 2006 Ryan White Legislation requirement
- Necessary for all performance measures relevant to appropriate services to reduce perinatal transmission as required for:
 - GPRA
 - PART
 - HAB Core Clinical Performance Measures (Tier 1 Group 1)

Question 12c – For HIV+ women if the answer to 12a is yes – Was the patient prescribed antiretroviral therapy to prevent maternal to child (vertical) transmission of HIV:

Mark the box next to the most appropriate response. Women whose pregnancies did not result in a live birth should be reported in the “Not applicable” category.

Justification:

- 2006 Ryan White Legislation requirement
 - Necessary for all performance measures relevant to appropriate services to reduce perinatal transmission as required for:
 - GPRA
 - PART
 - HAB Core Clinical Performance Measures (Tier 1 Group 1)
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