

Standards of Care

MARCH 2011



Outpatient/Ambulatory Medical Care

STANDARDS OF CARE

The purpose of the Ryan White Part A Standards of Care and performance measures is to ensure that a uniformity of service exists in the Las Vegas Transitional Grant Area (TGA) as such that the consumers of services receive the same quality of service regardless of where the service is rendered. These standards align with current Public Health Services (PHS) Guidelines and the Health Resources and Services Administration's standards and performance measures for service delivery to ensure the highest quality of service.

APPLICATION OF STANDARDS

These standards apply to any agency receiving Part A funds to provide services as contracted for that time period. If any agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps underway to meet the standards. All standards and measures will be reviewed by Part A Grantee staff annually as designated.

I. Definition of Service

Health Resources and Services Administration (HRSA)

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.

II. Goals of Service

Provide eligible clients with quality health care and strive for improved life by slowing or preventing disease progression and reducing mortality rates as a result of HIV-disease through medical care that meets PHS guidelines.

III. Service Objectives

- Continue to provide quality HIV care, that meets PSH Guidelines, to all new and returning clients requiring a routine health screening every six months. Screening will include CD4 count, Viral Load, PAP Test, TB Testing, Syphilis serology screening, Gonorrhea testing, Chlamydia testing,

Toxoplasmosis screening and Hepatitis testing; and continue to provide HIV specialty medical care as needed.

- Increase the capacity to provide HIV medical care, based on PHS Guidelines at each of the outpatient/ambulatory clinics in the TGA, while reducing wait times for medical service appointments.

IV. Measures

Indicators are used to measure and determine, over time, performance of a particular element of care. Outcomes are benefits or other results (positive or negative) for clients that may occur during or after their participation in a program. The Las Vegas TGA has developed three categories of measures to accurately track compliance vs. client progress vs. overall program performance. All measures will be tracked on an annual basis by grant year in their respective categories, which are; Agency Compliance Indicators, Client Level Outcome Measures, and Overall Program Performance Measures. The intent is that agency compliance with standards of care will improve the overall health and well-being of the clients and improve access to care. The primary method of data collection is CAREWare, in addition to an annual chart review at each agency receiving Part A funding and client satisfaction surveys.

1. Agency Compliance Measures

Agency Compliance Measures for Outpatient/Ambulatory Medical Care services and their percentage goals are listed next to their respective standards in the Service Standards section. All agencies are expected to uphold the outlined standards to a minimum of the designated percentage goal and annually their compliance will be assessed. Additional standards and guidelines pertinent to each agency regardless of the service categories they provide are outlined in the Universal Monitoring Standards document which will also be assessed annually.

2. Client Level Outcome Measures

The Client Level Outcome Measures are a reflection of our client's progress as they access Outpatient/Ambulatory Medical Care. The following Client Level Outcome Measures and percentage goals will be assessed annually:

Disease Status at Time of Entry Into Care (HRSA HAB Measure-Systems Level)

- 20% or fewer individuals will have an AIDS diagnosis (CD4 T-cell count of <200) at time of initial outpatient/ambulatory medical care visit in the measurement year.

Stabilized CD4

- 75% of clients will have stabilized (≥ 200) or increased their CD4 T-cell count from initial labs during the measurement period to final labs during the measurement period.

Most Recent CD4 Stable

- 75% of clients with at least one CD4 T-cell count within the measurement year and those that are considered medically stable ($CD4 \geq 200$).

Undetectable Viral Load

- 75% of clients will have a viral load that remained undetectable or decreased to ≤ 50 from initial labs during the measurement period to final labs during the measurement period.

Most Recent Viral Load Undetectable

- 75% of clients with at least one viral load within the measurement year will be considered undetectable (< 50).

3. Overall Program Performance Measures

Overall Program Performance Measures illustrate how accessible Outpatient/Ambulatory Medical Care services are in our TGA in addition to how they are perceived by the client for not only the HIV/AIDS population but the minority population as well. These measures and respective goals are as follows:

Wait Time for Access to Enroll in Outpatient/Ambulatory Medical Care (HRSA HAB Measure-Systems Level)

- 100% of Ryan White Part A Program funded outpatient/ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care.

MAI Measure-Service Utilization in Communities of Color

- 60% of minority clients (excluding only the non-Hispanic White 25+ population) will access Outpatient/Ambulatory Medical Care within the measurement year.

Client Satisfaction

- 75% of clients will report being very satisfied or satisfied with the medical care they received over the last 12 months for their HIV/AIDS status.

Understanding Lab Results

- 65% of clients will report that their HIV medical providers/HIV doctors took the time to help them understand their lab results, such as; CD4 and viral load, and what it means for their health.

Understanding Medication Side Effects

- 65% of clients will report that their HIV medical provider/HIV doctor took the time to explain the side effects of their medication.

Understanding Prescribed Medication

- 65% of clients will report that their HIV medical provider/HIV doctor took the time to explain how important it is to take medication as prescribed.

Availability of Care

- 65% of clients will report that they were able to schedule medical appointments within a reasonable period of time (soon enough for their needs).

Comfort Level with Medical Providers

- 65% of clients will report feeling comfortable talking to their HIV medical providers/HIV doctors about personal or intimate medical issues.

Medication Assistance

- 65% of clients will report being satisfied with the process for receiving their HIV/AIDS medication over the last 12 months.

V. Service Standards

A. PERSONNEL REQUIREMENTS

Medical care for HIV infected persons must be provided by an MD, NP, or PA licensed in the state of Nevada or Arizona and has at least six months paid experience in HIV/AIDS care. The agency must keep professional licensure of all staff providing clinical services including physicians, nurses, social workers, ect.

B. OUTPATIENT/AMBULATORY MEDICAL CARE SERVICE ACTIVITIES

1. *Initial Assessment*

All HIV infected clients receiving medical care must receive an initial comprehensive assessment that should include at a minimum; a general medical history, a comprehensive HIV related history and a comprehensive physical examination.

The comprehensive HIV related history shall include:

- Psychosocial history
- HIV treatment history and staging
- Most recent CD4 counts and Viral Load test results
- Medication adherence history
- History of HIV related illness and infections
- History of Tuberculosis
- History of Hepatitis and vaccines
- Psychiatric history
- Transfusion/blood products history
- Past medical care
- Sexual history
- Substance abuse history
- Review of systems

This must be completed by an MD, NP or PA in accordance with professional and established HIV Public Health Service (PHS) Guidelines within thirty days of initial contact with the client.

| Outpatient/Ambulatory Medical Care Standards | Outpatient/Ambulatory Medical Care Compliance Indicators |
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| <p>✓ All new clients will receive an initial comprehensive assessment including a general medical history, a comprehensive HIV related history and a comprehensive physical examination within thirty days of initial appointment.</p> | <p>Initial Comprehensive Assessment</p> <ul style="list-style-type: none"> ○ 100% of new clients will have documentation in the client chart of an initial comprehensive assessment including a general medical history, a comprehensive HIV related history and a comprehensive physical examination within thirty days of initial appointment. |

2. *Annual Reassessment*

A comprehensive reassessment shall be completed on an annual basis or when clinically indicated. The reassessment shall include at a minimum; a general medical history update, a comprehensive HIV related history and a comprehensive physical examination.

| Outpatient/Ambulatory Medical Care Standards | Outpatient/Ambulatory Medical Care Compliance Indicators |
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| <p>✓ All existing clients will receive an annual comprehensive assessment including a detailed medical history and physical examination.</p> | <p>Annual Reassessment</p> <ul style="list-style-type: none"> ○ 100% of existing clients will have documentation in the client chart of an annual comprehensive assessment including a detailed medical history and physical examination. |

3. Follow-up Visits

All clients shall have follow-up visits at least every four to six months or more frequently if clinically indicated for treatment and monitoring and also to detect any changes in the client's HIV status.

At each clinical visit the provider will at a minimum:

- Measure vital signs including height and weight
- Perform physical examination and update client history
- Measure CBC, CD4 and Viral Load levels every 3-6 months or in accordance with current treatment guidelines
- Evaluate need for HAART
- Evaluate need for prophylaxis of opportunistic infections
- Document current therapies on all clients receiving treatment or assess and reinforce adherence with the treatment plan
- Update problem list
- Incorporate HIV prevention strategies into medical care for persons living with HIV
- Screening for risk behaviors
- Refer for other clinical and social services as needed

The following standards must be documented in the client chart and CAREWare, progress toward percentage goals will be measured annually:

| Outpatient/Ambulatory Medical Care Standards | Outpatient/Ambulatory Medical Care Compliance Indicators |
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| <ul style="list-style-type: none"> ✓ All clients with HIV infection should have two or more medical visits in an HIV care setting within a twelve month period. ✓ All clients with HIV infection should have two or more CD4 T-cell counts performed within a twelve month period. ✓ All clients who have a diagnosis of AIDS (history of a CD4 T-cell count below 200 cells/mm or other AIDS defining condition) should be prescribed HAART. ✓ All clients with HIV infection and a CD4 T-cell count below 200 cells/mm should be prescribed PCP Prophylaxis. ✓ All clients with HIV infection and a CD4 count <50 cells/mm should be prescribed Mycobacterium Acium Complex (MAC) Prophylaxis within the measurement year. | <p>Medical Visits</p> <ul style="list-style-type: none"> ○ 75% of clients with HIV infection will have two or more medical visits in an HIV care setting within a twelve month period. <p>CD4 T-cell Count</p> <ul style="list-style-type: none"> ○ 75% of clients with HIV infection will have two or more CD4 T-cell counts performed within a twelve month period. <p>AIDS Clients on HAART</p> <ul style="list-style-type: none"> ○ 95% of clients who have a diagnosis of AIDS (history of a CD4 T-cell count below 200 cells/mm or other AIDS defining condition) should be prescribed HAART. <p>CD4 < 200 with PCP Prophylaxis</p> <ul style="list-style-type: none"> ○ 80% of clients with HIV infection and a CD4 T-cell count below 200 cells/mm should be prescribed PCP Prophylaxis. <p>MAC Prophylaxis</p> <ul style="list-style-type: none"> ○ 85% of clients with HIV infection and a CD4 T-cell count <50 cells/mm will be prescribed Mycobacterium Acium Complex (MAC) Prophylaxis within a 12 month period. |

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| <ul style="list-style-type: none"> ✓ All clients with HIV infection should receive HIV risk counseling at least once within a 12 month period. | <p>HIV Risk Counseling</p> <ul style="list-style-type: none"> ○ 80% of clients with HIV infection will receive HIV risk counseling within a 12 month period. |
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4. Yearly Surveillance Monitoring and Vaccinations

To ensure prevention and early detection clients must receive the following screenings and vaccinations. It is the responsibility of each agency providing Outpatient/Ambulatory Medical Care to have a mechanism in place to identify clients who are in need of health screenings, vaccinations, and/or follow-ups. The following standards must be documented in the client chart and CAREWare, progress toward percentage goals will be measured annually:

| Outpatient/Ambulatory Medical Care Standards | Outpatient/Ambulatory Medical Care Compliance Indicators |
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| <i>Performed Annually</i> | |
| <ul style="list-style-type: none"> ✓ All HIV infected clients who are ≥ 18 years old or had a history of sexual activity at < 18 years must have a Syphilis screening performed at least once every 12 months. ✓ All HIV infected clients who were either a) newly enrolled in care; b) sexually active; or c) had an STI within the last 12 months must have a Chlamydia screening performed at least once within the last 12 months. ✓ All HIV infected clients who were either a) newly enrolled in care; b) sexually active; or c) had an STI within the last 12 months must have a Gonorrhea test performed at least once within the last 12 months. ✓ All HIV infected clients must have an influenza vaccination documented within the last 12 months. ✓ All HIV infected clients must have a mental health screening at least once every 12 months. ✓ All HIV infected clients must have a substance use screening at least once every 12 months. | <p>Syphilis Screening</p> <ul style="list-style-type: none"> ○ 80% of clients who are ≥ 18 years old or had a history of sexual activity at < 18 years will have a Syphilis screening documented at least once within the last 12 months. <p>Chlamydia Screening</p> <ul style="list-style-type: none"> ○ 70% of clients who were either a) newly enrolled in care; b) sexually active; or c) had an STI within the last 12 months will have a Chlamydia screening documented at least once within the last 12 months. <p>Gonorrhea Testing</p> <ul style="list-style-type: none"> ○ 70% of clients who were either a) newly enrolled in care; b) sexually active; or c) had an STI within the last 12 months will have a Gonorrhea test documented at least once within the last 12 months. <p>Influenza Vaccination</p> <ul style="list-style-type: none"> ○ 50% of clients with HIV infection will have a Influenza vaccination documented within the last 12 months. <p>Mental Health Screening</p> <ul style="list-style-type: none"> ○ 45% of clients with HIV infection will have a mental health screening documented at least once within the last 12 months. <p>Substance Use Screening</p> <ul style="list-style-type: none"> ○ 45% of clients with HIV infection will have a substance use screening at least once within the last 12 months. |

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| <ul style="list-style-type: none"> ✓ All HIV infected clients will be screened for Hepatitis B virus infection status. ✓ All clients reporting tobacco use will receive tobacco cessation counseling. ✓ All clients with HIV and Hepatitis B (HBV) or Hepatitis C (HCV) infection who received alcohol counseling within the measurement year. ✓ All clients with HIV infection will report having received an oral exam by a dentist at least once within the last 12 months. | <p>Lipid Screening</p> <ul style="list-style-type: none"> ○ 75% of clients with HIV infection on HAART will have a fasting lipid panel (cholesterol and triglycerides panel) within the last 12 months. <p>Tobacco Cessation Counseling</p> <ul style="list-style-type: none"> ○ 70% of clients that admit to using tobacco will receive tobacco cessation counseling within the last 12 months. <p>Hepatitis/HIV Alcohol Counseling</p> <ul style="list-style-type: none"> ○ 70% of clients diagnosed with Hepatitis B or Hepatitis C will receive alcohol counseling within the last 12 months. <p>Oral Exam</p> <ul style="list-style-type: none"> ○ 70% of clients will report having received an oral exam by a dentist at least once within the last 12 months. |
| <i>For Women Only</i> | |
| <ul style="list-style-type: none"> ✓ All women with HIV infection should have a pap screening at a minimum of once every 12 months. | <p>Cervical Cancer Screening</p> <ul style="list-style-type: none"> ○ 70% of women with HIV infection will have a pap screening at least once within the measurement year. |
| <i>Performed At Least Once Since Diagnosis</i> | |
| <ul style="list-style-type: none"> ✓ All HIV infected clients must have documentation of a completed vaccine series for Hepatitis B. ✓ All HIV infected clients on HAART will receive a fasting lipid panel (cholesterol and triglycerides panel) within the last 12 months. ✓ All HIV infected clients will have a Hepatitis C (HCV) screening performed at least once since diagnosis. ✓ All adult clients must receive testing for LTBI (latent TB infection) at least once since HIV diagnosis. | <p>Hepatitis B Vaccination</p> <ul style="list-style-type: none"> ○ 45% of clients with HIV infection will have documentation of a completed vaccine series for Hepatitis B. <p>Hepatitis B Screening</p> <ul style="list-style-type: none"> ○ 80% of clients with HIV infection will be screened for Hepatitis B virus infection status. <p>Hepatitis C Screening</p> <ul style="list-style-type: none"> ○ 75% of clients with HIV infection will have a Hepatitis C (HCV) screening performed at least once since diagnosis. <p>TB Screening</p> <ul style="list-style-type: none"> ○ 75% of clients with HIV infection who do not have a history of previous documented culture-positive TB disease or previous documented positive TST or IGRA will have documentation of testing for LTBI (latent TB infection) at least once since HIV diagnosis. |

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| <ul style="list-style-type: none"> ✓ All clients must have documentation of ever having received pneumococcal vaccine. | <p>Pneumococcal Vaccination</p> <ul style="list-style-type: none"> ○ 75% of clients with HIV infection will have a pneumococcal vaccine documented at least once in their lifetime. |
| <ul style="list-style-type: none"> ✓ All clients must have a documentation of having a Toxoplasma screening at least once since their HIV diagnosis. | <p>Toxoplasma Screening</p> <ul style="list-style-type: none"> ○ 80% of clients with HIV infection will have a Toxoplasma screening performed at least once since diagnosis. |

5. Preconception Care for HIV Infected Women of Child Bearing Age

Preconception care shall be woven into routine primary care for HIV infected women of child bearing age and should include preconception counseling.

At a minimum, the preconception counseling should include:

- Use of appropriate contraceptive method to prevent unintended pregnancy
- Safe sexual practices
- Elimination of illicit drugs and smoking
- Education and counseling on risk factors for perinatal HIV transmission and prevention and potential effects of HIV and treatment on pregnancy and outcomes.
- Available reproductive options

6. Obstetrical Care for HIV Infected Pregnant Women

Obstetrical care for HIV infected pregnant women shall be provided by board certified obstetrician experienced in the management of high risk pregnancy and has at least two years experience in the care of HIV infected pregnant women. Antiretroviral therapy during ante partum, perinatal and postpartum should be based on current PHS Guidelines.

| Outpatient/Ambulatory Medical Care Standards | Outpatient/Ambulatory Medical Care Compliance Indicators |
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| <ul style="list-style-type: none"> ✓ All HIV infected pregnant women should be prescribed antiretroviral therapy. | <p>Pregnant Women Prescribed ART</p> <ul style="list-style-type: none"> ○ 100% of pregnant women with HIV infection will be prescribed antiretroviral therapy. |

7. HIV Exposed and HIV Infected Infants, Children, and Adolescents

Treatment of HIV infected infants and children should be managed by a specialist in pediatric and adolescent HIV infection. Where it is not possible, primary care providers must consult with such specialists. Providers must utilize current PHS Guidelines for the use of antiretroviral agents in pediatric HIV infection providing and monitoring antiretroviral therapy in infants, children and adolescents. These clients should also be monitored for growth and development, drug toxicities, neurodevelopment, nutrition and symptoms management.

8. Medication Education

All clients must receive comprehensive documented education regarding their most current prescribed medication regimen. Medication education must include the following topics, which should be discussed then documented in the patient record:

- The name, action and purposes of all medications in the patients regimen
- The dosage schedule

- Food requirements, if any
- Side effects
- Drug interactions
- Adherence

Patients must also be informed of the following:

- How to pick up medications
- How to get refills
- What to do and who to call when having problems taking medications as prescribed

The agency must utilize an RN, LVN, PA, NP, MD or Pharmacist licensed in the state of Nevada or Arizona to provide educational services.

| Outpatient/Ambulatory Medical Care Standards | Outpatient/Ambulatory Medical Care Compliance Indicators |
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| <ul style="list-style-type: none"> ✓ All clients prescribed new medication must receive medication education concurrently. ✓ All clients with HIV infection on ARV's should be assessed and counseled for adherence two or more times within a 12 month period as part of their primary care. | <p>Medication Education</p> <ul style="list-style-type: none"> ○ 80% of clients with HIV infection who were prescribed new medication will receive medication education concurrently documented in the client chart. <p>Adherence Assessment and Counseling</p> <ul style="list-style-type: none"> ○ 75% of clients with HIV infection on ARV's will be assessed and counseled for adherence two or more times within a 12 month period as part of their primary care. |