Measure #340 (NQF 2079): HIV Medical Visit Frequency - National Quality Strategy Domain: Efficiency And Cost Reduction

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits

INSTRUCTIONS:
This measure is to be reported a minimum of once per **performance period** for patients with HIV seen during the performance period. This measure is intended to reflect the quality of services provided for the primary management of patients with HIV. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
Patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the performance period

Denominator Criteria (Eligible Cases):
Patients, regardless of age
AND
Diagnosis of HIV/AIDS (ICD-10-CM): B20, Z21
AND
Patient encounter during the **performance period** (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0402
AND NOT
DENOMINATOR EXCLUSION:
Patient died at any time during the 24-month measurement period: G9751

NUMERATOR:
Number of patients who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits

Numerator Options:

Performance Met:	Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits (G9247)

OR

Performance Not Met:	Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits (G9246)

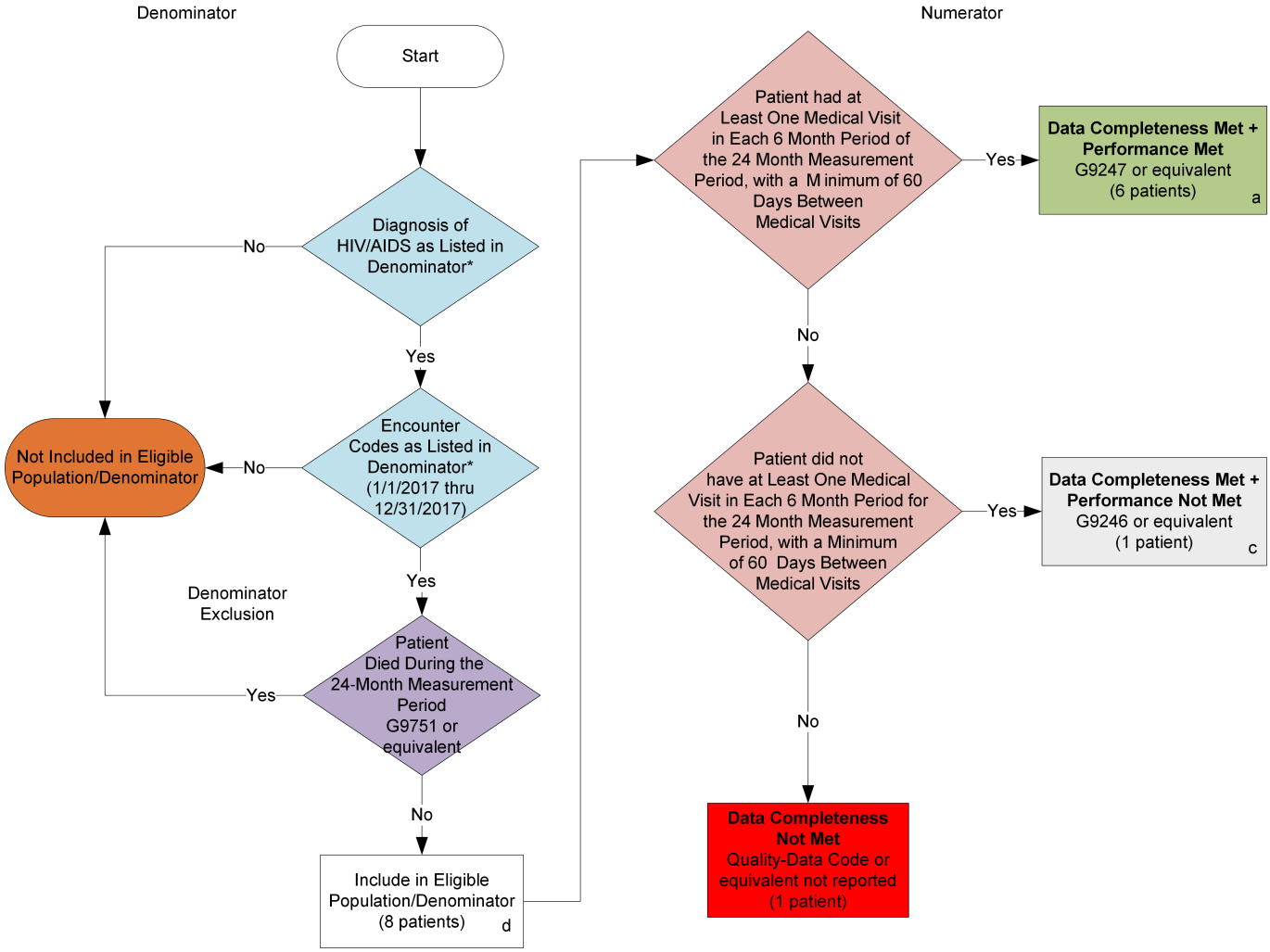
RATIONALE:
Early linkage to, and long-term retention in HIV care leads to better health outcomes. Linkage to HIV medical care shortly after HIV diagnosis and continuous care thereafter provide opportunities for risk reduction counseling, initiation of treatment, and other strategies that improve individual health and prevent onward transmission of infection (Giordano, 2007; Cohen, 2011; Giordano, 2003; Lucas, 1999; Metsch, 2008; Montaner, 2010). Delayed linkage and poor retention in care are associated with delayed receipt of antiretroviral treatment, higher rate of virologic failure, and increased morbidity and mortality (Metscher, 2008; Montaner, 2010; Ulett, 2009).

Poor retention in care during the first year of outpatient medical care is associated with delayed or failed receipt of antiretroviral therapy, delayed time to virologic suppression and greater cumulative HIV burden, increased sexual risk transmission behaviors, increased risk of long-term adverse clinical events, and low adherence to antiretroviral therapy (Giordano, 2007; Metscher, 2008; Ulett, 2009; Mugavero, 2009). Early retention in HIV care has been found to be associated with time to viral load suppression and 2-year cumulative viral load burden among patients newly initiating HIV medical care (Mugavero, 2012). In this study, each "no show" clinic visit conveyed a 17% increased risk of delayed viral load suppression. A dose- response relationship has been shown between constancy of visits during the first year (i.e. having an HIV primary care visit in each 3-month quarter) and survival (Mugavero, 2009). Another study examining care over a two year period has found that mean increase from baseline CD4 counts was significantly greater among those with optimal retention (visits in all 4 six-month intervals) than among those with sub-optimal retention, and that mortality was higher among those with suboptimal retention (Tripathi, 2011).

In an analysis of 9 years (January 1, 2001 through December 31, 2009) of outpatient HIV care utilization from 17, 425 HIV infected adults enrolled in the HIV Research Network (HIVRN), a consortium of HIV care clinics, Yehia et al. found that 7179 (41.6%) individuals never experienced an interval between outpatient visits longer than 6 months (no gap), 5426 (31.1%) had one or more 7–12-month gaps in care, and 4820 (27.7%) had one or more gaps of longer than 12 months.

CLINICAL RECOMMENDATION STATEMENTS:
Department of Health and Human Service (HHS) guidelines make recommendations regarding the types and frequency of screenings, laboratory testing, and counseling that should be provided to people living with HIV. Screening, testing, and counseling are delivered through comprehensive HIV medical care visits. The frequency of the medical visit are related to the individual patient's health status and attainment of health outcomes. Based on the frequency of screenings, testing, and counseling, HIV medical visits should occur every six months. (Strength of Evidence = AI, AIII, BIII) (Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents PDF Sections E-1 and C-3. Accessed May 18, 2015)

2017 Registry Individual Measure Flow
#340 NQF #2079: HIV Medical Visit Frequency



SAMPLE CALCULATIONS:

Data Completeness=
Performance Met (a=6 patients) + Performance Not Met (c=1 patient) = 7 patients = **87.50%**
Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=
Performance Met (a=6 patients) = 6 patients = **85.71%**
Data Completeness Numerator (7 patients) = 7 patients

* See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

v1

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Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Diagnosis:
    a. If Diagnosis of HIV/AIDS as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Diagnosis of HIV/AIDS as Listed in Denominator equals Yes, proceed to check Encounter Performed.
3. Check Encounter Performed:
    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Encounter as Listed in the Denominator equals Yes, proceed to check Patient Died During the 24 Month Measurement Period.
4. Check Patient Died During the 24 Month Measurement Period:
    a. If Patient Died During the 24 Month Measurement Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
    b. If Patient Died During the 24 Month Measurement Period equals No, include in the Eligible population.
5. Denominator Population:
    a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
6. Start Numerator
7. Check Patient Had at Least One Medical Visit in Each 6 Month Period of the 24 Month Measurement Period, with a Minimum of 60 days Between Medical Visits:
    a. If Patient Had at Least One Medical Visit in Each 6 Month Period of the 24 Month Measurement Period, with a Minimum of 60 days Between Medical Visits equals Yes, include in Data Completeness Met and Performance Met.
    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 6 patients in Sample Calculation.
    c. If Patient Had at Least One Medical Visit in Each 6 Month Period of the 24 Month Measurement Period, with a Minimum of 60 days Between Medical Visits equals No, proceed to Patient Did Not Have at Least One Medical Visit in Each 6 Month Period of the 24 Month Measurement Period, with a Minimum of 60 Days Between Medical Visits.

8. Check Patient Did Not Have at Least One Medical Visit in Each 6 Month Period of the 24 Month Measurement Period, with a Minimum of 60 Days Between Medical Visits:

    a. If Patient Did Not Have at Least One Medical Visit in Each 6 Month Period of the 24 Month Measurement Period, with a Minimum of 60 Days Between Medical Visits equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 1 patient in the Sample Calculation.

    c. If Patient Did Not Have at Least One Medical Visit in Each 6 Month Period of the 24 Month Measurement Period, with a Minimum of 60 Days Between Medical Visits equals No, proceed to Data Completeness Not Met.

9. Check Data Completeness Not Met

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not reported 1 patient has been subtracted from the data completeness numerator in sample calculation.

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