Stories From the Field: Using the HIVQM Module to Monitor Performance Measures
Written Q & A Summary
November 17, 2021

#	Questions	Answers
1.	We are just getting started with the HIVQM. What recommendations do you have for first steps in getting started with the HIVQM?	The HIVQM Module Manual is a great resource for getting started. The manual includes screengrabs and walk through to guide new users through the steps for collecting data. Another important tip is to make sure that everyone who enters data understands the definition of the numerators and denominators. Doing so will help ensuring everyone is providing the same data.
2.	What is the best way or timing to obtain data when you're going to be entering into the HIVQM?	**UPMC:** We have a full-time data abstracter that abstracts data from our Epic system. We also have certain data that automatically imports to CAREWare, like labs and encounters. At each month's end, we go back in our data and go through all our encounters and make sure that they enter all the data that we gathered. And we have a data entry guide that helps keep us on track and covers everything that we capture both for internal monitoring and external reporting as well. **Nassau-Suffolk**: Only one person is entering the data into the program, and that's why we're only doing two measures. I get the data from my programs, I'm not sure how long it takes them to collect that data. I don't know if they start as soon as the quarter's over and so they almost have three months to collect the data. **Hudson County:** Similar to Nassau-Suffolk, one person pretty much coordinates all the HIVQM data and ensures that it gets uploaded. Perhaps because we are in New Jersey, we collect a lot of measures bimonthly for our Statewide collaborative. So for us, it was just sort of a natural kind of evolution of having the data available.
3.	Can CAREWare can create the requisite file for the HIVQM Module?	Yes, CAREWare can create an export that you can upload into the HIVQM to do everything automatically. There are a few bugs that are currently being worked out in the CAREWare export, but jProg is planning an update soon. As always, if you do need CAREWare assistance, you're welcome to reach out to the CAREWare help desk for help.

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4.	Can agencies use CAREWare to report directly into the HIVQM?	CAREWare will be updated very soon to support seamless reporting for the HIVQM. If you have any questions about how to use CAREWare or would like assistance in generating and editing a file now, please reach out to the DISQ Team.
5.	How do you choose which measures to enter in the HIVQM?	For the **Nassau-Suffolk EMA**, we chose our initial measures based to match ones that we knew our programs were already looking at pretty closely. For **UPMC**, we chose measures that we really cared about and ours focused on the HIV care continuum. Then we also chose other measures related to various QI projects we may have ongoing and we're collecting them anyway, or things that we think are important or we could do better on. For **Hudson County**, similarly, syphilis screening is an issue in our jurisdiction and at our provider sites. That was something that we wanted to look at, so that we could compare the trends regionally and nationally. That grew out of what's actually going on in our TGA.

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6.	Are there any trainings that you're doing with your subrecipients on how to use the module? And how do you encourage them to participate in it?	At **Nassau-Suffolk**, we don't allow our subrecipients the choice. This is part of their responsibilities to submit data. We do pull sections from the manual into training guides for staff. When new staff come on, we will work with them to understand the process but we also encourage them to look at the manual itself to get an idea of how it works. For **Hudson County**, even though participation in the module is voluntary, we, as a TGA, expect our subrecipients to collect this data so that we can upload it. They love it now because since we have an integrated CAREWare, it's a lot less of a burden on them, because again, I can just run it. And as long as their data is there and it looks good and it's clean, then it's really actually one less thing that they need to worry about submitting. At **UPMC**, we basically do it all. We have one subrecipient, but they send their data to us. We clean it up and we submit on their behalf.
7.	I work for a dental program. Do I enter the quality measures as a service, or is there another way?	There is a subset of performance measures in the HIVQM which are specific to oral healthcare. Check out the manual and see if those measures look like they're a good fit for your program. In **Nassau-Suffolk**, we have an oral health program and they do enter treatment plan information in the HIVQM. So, it's similar to care plans for our other services, and they enter data about treatment plans because we consider that one of the service standards for service plan, care plan, and treatment plan. For **Hudson County**, we also have oral health and an oral health program that we fund. However, we do not upload any specific oral health measures, but when we do onsite chart reviews, we do look at the outcomes for those dental specific measures.