

RYAN WHITE HIV/AIDS PROGRAM

HIV QUALITY MEASURES (HIVQM) MODULE INSTRUCTION MANUAL 2017

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BACKGROUND

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009) provides the federal HIV programs in the Public Health Service Act under Title XXVI, flexibility to respond effectively to the changing epidemic. It emphasizes providing life-saving and life-extending services for people living with HIV (PLWH) across the country and providing resources to targeted areas with the greatest need.

All Program Parts of the Ryan White HIV/AIDS Program (RWHAP) specify the Health Resources and Services Administration's (HRSA's) responsibilities in the allocation and administration of grant funds, as well as the evaluation of programs for the population served, and the improvement of the quality of care. The provision of accurate records of the recipients receiving RWHAP funding, the services provided, and the clients served continue to be critical to the implementation of the statute and thus are necessary for HRSA to fulfill its responsibilities.

The RWHAP statute authorizes the use of grant funds to improve the quality, availability, and organization of HIV health care and support services. Specifically, recipients are required to establish a clinical quality management program (CQM) to:

- assess the extent to which HIV services are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and
- develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

Since 2007, the HIV/AIDS Bureau (HAB) has released performance measures for recipients to use as guidance for their CQM program; however, recipients are not required to use the HAB developed measures nor are they required to submit performance measure data. Recipients do report on some clinical data elements through the required Ryan White HIV/AIDS Program Services Report (RSR) on an annual basis; however, these data give HAB only a snapshot of the quality of HIV services provided by recipients.

In 2013 HAB introduced new HIV Performance Measures located at: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio> with the goals of:

- Identifying core performance measures that are most critical to the care and treatment of PLWH;
- Combining measures to address PLWH of all ages;
- Aligning measures with U.S. Department of Health and Human Services priorities, guidelines, and initiatives;
- Promoting relevant performance measures used in other federal programs;
- Archiving performance measures; and
- Monitoring progress toward achieving the goals identified in the National HIV/AIDS Strategy.

The HIV Quality Measure Module

HAB developed the HIV Quality Measures (HIVQM) Module, a tool within the existing RSR portal, to allow recipients to voluntarily enter aggregate data on the HAB Performance Measures. This tool provides recipients and their subrecipients an easy-to-use and structured platform to continually monitor their performance in serving clients, particularly in access to care and the provision of quality HIV services. It may be helpful to recipients and subrecipients as they set goals for Performance Measures and quality improvement projects. Finally, it also allows recipients to obtain reports that compare providers regionally and nationally against other providers. HRSA expects the HIVQM Module will better support CQM, performance measurement, service delivery, and client monitoring at both the recipient and client levels, enhancing the quality and utility of the submitted data.

Recipients and service providers who participate in a Centers for Medicare and Medicaid Incentive Program, such as the Medicare and Medicaid Electronic Health Records Incentive Program and the Physician Quality Reporting System, may also find the HIVQM Module helpful since data submitted are consistent to qualify and comply with the requirements from these programs.

What's New?

Two new performance measures under the Systems Measures category are now available:

1. Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care and
2. HIV Test Results for PLWH.

What are the components of the HIVQM Module?

The HIVQM Module comprises three (3) parts:

- **Provider Information** which consists of four (4) pre-populated data points about the provider (generated from the latest RSR).
- The **Performance Measures** section is where recipients can choose and enter aggregate data on up to 44 clinical measures under the nine (9) main categories listed below:
 - 1) Core Measures;
 - 2) All Ages Measures;
 - 3) Adolescent and Adult Measures;
 - 4) HIV Infected Children Measures;
 - 5) HIV Exposed Children Measures;
 - 6) Medical Case Management Measures;
 - 7) Oral Health Measures;
 - 8) ADAP Measure; and
 - 9) System Measures.

For more detailed information on these clinical measures, visit the HAB webpage at:
<https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>.

- The **Summary Report** which is where recipients can generate reports based on their own data as well as comparison reports where recipients can compare their data with other recipients and/or subrecipients who have also entered data into the module. The identity of

the other recipients or subrecipients is not included in the comparison reports.

Which clients can be included in the HIVQM Module?

All clients who receive HIV services, regardless of funding source, can be included in the HIVQM Module.

Who enters data in the HIVQM Module?

The use of the HIVQM Module is voluntary, but it is strongly encouraged. The HIVQM Module is available for each recipient and subrecipient who provide HIV care services and can enter their own data. Recipients can complete the data entry in the HIVQM Module for any of their subrecipients.

How do you access the HIVQM Module?

The HIVQM Module can be accessed through the existing RSR web system. You must be able to access your RSR with a login and password. To learn how to access the HIVQM Module from the RSR Report webpage, see page 5 for detailed instructions.

When can you enter data?

The HIVQM Module is available to recipients and subrecipients four (4) times a year during the months of March, June, September and December. You may enter data any time during these reporting periods. For each reporting period, you will enter data for a specified 12-month period. These measurement periods are outlined in the table below.

HIVQM Module Opens	HIVQM Module Closes	Measurement Period
March 1, 2018	March 31, 2018	January 1, 2017 – December 31, 2017
June 1, 2018	June 30, 2018	April 1, 2017– March 31, 2018
September 1, 2018	September 30, 2018	July 1, 2017– June 30, 2018
December 1, 2018	December 31, 2018	October 1, 2017 – September 30, 2018

How are the HIVQM Module data submitted to HAB?

Once you have entered and saved data in the Provider Information and the Performance Measures sections, you have submitted your data. HAB will have access to the data at the conclusion of each reporting period.

INSTRUCTIONS FOR COMPLETING THE HIVQM MODULE

Each recipient and their subrecipients will have access to the HIVQM Module. Those that receive funding from multiple parts only need to access the Module once to enter data. For example: If an agency receives Part A and C funding, they will only need to enter data once per reporting period. The Part A and C grant recipients of record will have access to that data.



Data should be entered for all clients who receive HIV services, regardless of funding source.

Step One: Access the most recent RSR deliverable.

There are two ways that you can access the most recent RSR deliverable, depending on whether you are a recipient-provider or a service-provider:

Recipient-Providers only: Log in to the EHBs at <https://grants.hrsa.gov/webexternal> and navigate to the RSR Performance Report webpage.

- Select the “Grants” tab on the top-left side of the screen. From there, a list of affiliated grants will appear.
- Select the “Grants folder” link for a grant which you receive RWHAP funds.
- Select the “Performance Reports” link under the Submission heading and click “Start” or “Edit.”

Service-Providers only: Log in to the RSR web system at:

<https://performance.hrsa.gov/hab/regloginapp/admin/login.aspx?application=rsrApp> and navigate to the RSR Performance Report webpage.



If you need help navigating the EHBs to find your annual RSR, contact Data Support at 1-888-640-9356 or e-mail RyanWhiteDataSupport@wrma.com.

Step Two: Access the HIVQM Module

On the bottom left side of the screen in the navigation panel select “HIVQM Inbox.” See Figure 1: Screenshot of the RSR Grantee Report Inbox.

Figure 1. Screenshot of the RSR Grantee Report Inbox

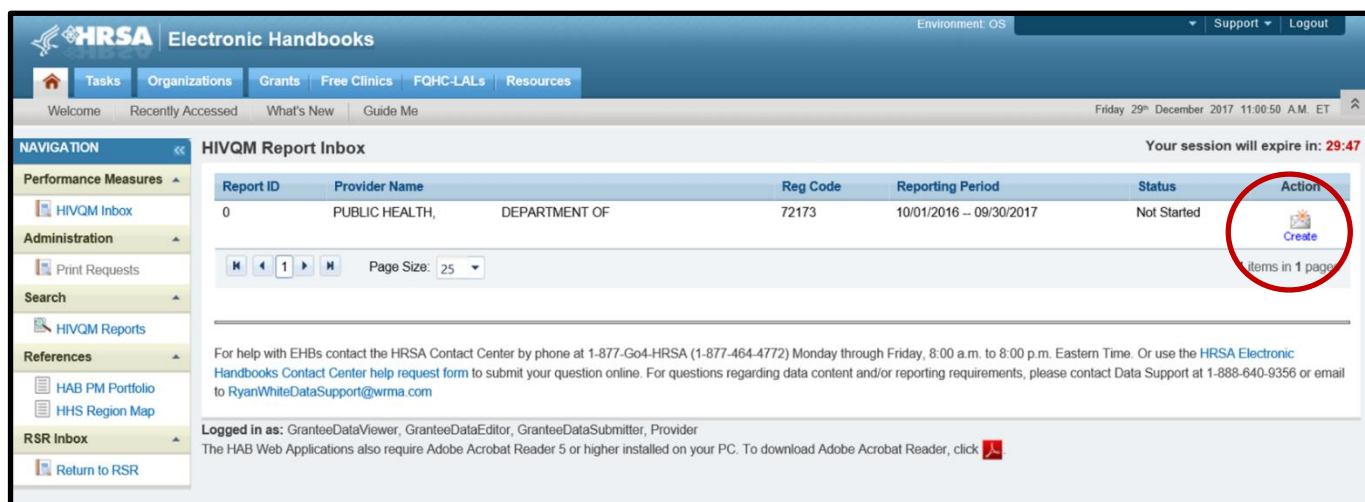
The screenshot shows the HRSA Electronic Handbooks interface. The top navigation bar includes 'Tasks', 'Organizations', 'Grants', 'Free Clinics', 'FQHC-LALs', and 'Resources'. The left sidebar contains a 'NAVIGATION' menu with sections: 'Inbox' (Grantee Report, Provider Report, Check your XML), 'Manage Contracts' (Search Contracts), 'Search' (Grantee Reports, Provider Reports), 'Administration' (Print Requests), 'References' (Merge Rules, Validation Rules), and 'Performance Measures' (HIVQM Inbox, which is circled in red). The main content area is titled 'RSR Grantee Report Inbox' and shows a table with the following data:

Report ID	Fund Source	Grant Number	Grantee Name	Reporting Period	Modified Date	Status	Action	Action History
0	Part C EIS	H76HA	COUNTY BOARD OF HEALTH	2017 Annual	12/29/2017 10:44:23 AM	Not Started	Create	History

Below the table, there is a pagination bar showing 'Page Size: 25' and '1 items in 1 pages'. A footer note states: 'For help with EHBs contact the HRSA Contact Center by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your question online. For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to RyanWhiteDataSupport@wrma.com'. The user is logged in as 'GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter, Provider'.

Once you are in the HIVQM Inbox, select the envelope icon on the right under the Action column. See Figure 2: Screenshot of the HIVQM Inbox. This will take you to the Provider Information page of the HIVQM Module.

Figure 2. Screenshot of HIVQM Inbox



Step Three: Completing the HIVQM Module

Provider Information

The Provider Information page will be pre-populated with data from your last RSR and consists of four (4) items. Check the information already captured on the page and update any incorrect data. Below are the items and option responses. See Figure 3 for the Screenshot of the Provider Information page.

1. **Provider Caseload:** Total number of unduplicated clients enrolled at the end of the measurement period. You can enter a number up to 7 characters and it *must* be greater than zero.
2. **Funding Source:** Indicate your agency's funding sources received during the HIVQM measurement period by select the corresponding checkboxes. You *must* select at least one funding source and can select more than one if applicable to your agency.
 - ☐ Part A
 - ☐ Part B
 - ☐ Part C
 - ☐ Part D
 - ☐ Part B Supplement

3. **Provider Type:** Indicate the agency type that best describes your agency by selecting the appropriate radio button. If you choose **Other facility**, please specify a description. You *must* indicate at least one provider type.

- Hospital or university-based clinic
- Publicly funded community health center
- Publicly funded community mental health center
- Other community-based service organization (CBO)
- Health Department
- Substance abuse treatment center
- Solo/group private medical practice
- Agency reporting for multiple fee-for-service providers
- People Living with HIV/AIDS (PLWHA) Coalition
- VA facility
- Other facility (Please specify)

4. **Data Collection:** This item consists of three (a-c) data entries regarding your data collection system(s). You *must* enter data for 4a and 4b. You *must* enter data for 4c *only if* you selected "Other", in 4b.

- a. Does your organization use a computerized data collection system? Select the appropriate radio button.
- Yes, all electronic
 - Yes, part paper and part electronic
 - No
 - Unknown
- b. What is the name of your current data collection system(s)? You can select all systems that your agency uses by selecting the checkboxes.

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> AIREs | <input type="checkbox"/> Epic | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Allscripts | <input type="checkbox"/> ETO Software | |
| <input type="checkbox"/> AVIGA | <input type="checkbox"/> FutureBridge | |
| <input type="checkbox"/> CAREWare | <input type="checkbox"/> GE/Centricity | |
| <input type="checkbox"/> Casewatch Millenium | <input type="checkbox"/> Sage/Vitera | |
| <input type="checkbox"/> Cerner | <input type="checkbox"/> NextGen | |
| <input type="checkbox"/> eClinicalWorks | <input type="checkbox"/> Provide Enterprise | |
| <input type="checkbox"/> eCOMPAS | <input type="checkbox"/> SCOUT | |
| <input type="checkbox"/> EHS CareRevolution | <input type="checkbox"/> Other | |

Once you have completed the Provider Information page, save your data by selecting the save button on the bottom right of the screen (not shown in Figure 3). If you did not enter data for all items, you will receive an error message to return to the item with missing data and correct it. You will not be able to save your data until all error messages have been addressed.

Selecting Performance Measures

Recipients and subrecipients can choose 44 Performance Measures from nine main categories. Recipients or service providers should prioritize and select measures that are most applicable to their agency, setting, client population, and epidemiologic data. To select Performance Measures, click on the *Select Measures* link under the **Navigation** pane on the left side of the screen. See Figure 4: HIVQM: Performance Measure Selection Page.

Figure 4. HIVQM: Performance Measure Selection Page

The screenshot shows the HIVQM Performance Measure Selection Page. The navigation pane on the left has 'Select Measures' highlighted. The main area displays a table of performance measures. Red arrows point to an 'Expand Icon' and an 'Information Icon'.

Performance Measure Title	Category Id
Core Measures	1
<input type="checkbox"/> Viral Load Suppression <input type="checkbox"/> Prescribed Antiretroviral Therapy <input type="checkbox"/> Medical Visits Frequency <input type="checkbox"/> Gap in Medical Visits <input type="checkbox"/> PCP Prophylaxis	
All Ages Measures	2
Adolescent and Adult Measures	3
HIV Infected Children Measures	4
HIV Exposed Children Measures	5
Medical Case Management (MCM) Measures	6
Oral Health Measures	7
ADAP Measures	8
Systems-Level Measures	9

To see the performance measures under each main category, click on the expand icon on the left to expand your selections. Then choose the performance measures you will be entering data for by clicking on the corresponding checkbox. If you want more information about the performance measure, click on the information icon to the right and a pop-up window will display with additional information. Once you have selected all the performance measures your agency would like to submit data on, save your data by selecting the save button in the lower right corner of the screen.

Entering Performance Data

Once you have saved your performance measures, you are ready to enter your data. On the left side of the screen, under the **Navigation** pane, select *Enter Performance Data* and the screen will refresh to the *Data Entry* page containing a table of all the performance measures that you selected from the Select Measures page. See Figure 5: HIVQM: Performance Measure Data Entry Page.

Figure 5. HIVQM: Performance Measure Data Entry Page

NAVIGATION << HIVQM Report Your session will expire in: 28:33

Performance Measures > PUBLIC HEALTH, DEPARTMENT OF

Report ID: Status: Working Close Date: 12/31/2017 12:00:00 AM
 Report Period: 10/01/2016 – 09/30/2017 Last Modified Date: 12/29/2017 11:57:06 AM Last Modified By:
 Access Mode: ReadWrite Locked By:

Comments OMB Control Number: 0906-0022
 Expiration Date: 12/31/2019

Performance Measure	Records Reviewed	Numerator	Denominator	Provider Percent
Core Measures				
Viral Load Suppression				
Prescribed Antiretroviral Therapy				
Medical Visits Frequency				
Gap in Medical Visits				
PCP Prophylaxis				
All Ages Measures				
HIV Drug Resistance Testing Before Initiation of Therapy				
Influenza Vaccination				
Systems-Level Measures				
HIV Positivity				
Late HIV Diagnosis				

Cancel Save

Complete the table by entering your data in the three columns to the right for *Records Reviewed*, *Numerator*, and *Denominator*.

- *Records reviewed* is the number of records that were assessed for the performance measure under review.
- The *denominator* includes clients who should receive the care or service under review.
- The *numerator* includes those clients who should and did receive the care or service under review.

For more program-related guidance on these numbers, you can click on the information icon to the right of the Performance Measure and a pop-up window will display with additional information.

In addition, below are some system tips to avoid receiving error messages when entering your data.

- For records reviewed, you must enter a number less than or equal to your caseload number entered in the Provider Information page.
- The records reviewed number must be greater than or equal to the denominator.
- The numerator must be less than or equal to the denominator.
- If your numerator is less than 20% of the denominator, you will receive an alert to make sure that this number is correct. You can correct the numerator, or you can ignore the alert if the numerator is correct.

Once you have entered all your data, save your data by selecting the save button on the lower right

corner of the screen. If you have entered invalid data (valid data is described above) in any of the columns, you will receive an error message. You will need to go back to your data entries and correct the errors before the system saves your data.

Once your data is accurate and saved, the page will refresh with the calculated “Provider Percent” populated on the last column. This is also your agency’s summary report.

Accessing HIVQM Summary Reports

After you have entered all your data on your selected performance measures, you can run comparison summary reports with other agencies. You will be able to compare your records reviewed, numerator, and denominator with other agencies regionally and nationally. To view reports, click on the *Summary Report* link under **HIVQM Reports** on the left side of the screen. See Figure 6: HIVQM: Summary Report. You can view the following types of summary:

- Only your selected Performance Measures
- All Performance Measures
- A single Performance Measure

You can choose which Summary Report you would like to see by clicking on the corresponding radio button on the Summary Report page. To choose a single Performance Measure, click on the radio button and click on the drop-down menu for the desired Performance Measure. Once you have indicated your chosen report, a table will display comparison Summary Report. You can export your Summary Report via multiple formats (including PDF, Microsoft Excel, and CSV format) by clicking on the floppy disk icon.



Note that the reports will only represent data of agencies that submitted data into the HIVQM Module.

Figure 6. HIVQM: Summary Report

Show Selected Performance Measures ▼
Export Button
View Report

1 of 1 100% Find | Next

HIVQM Summary Report

Organization Name: PUBLIC HEALTH, DEPARTMENT OF Report ID:
 Report Start Date: 12/01/2017 Report End Date: 12/31/2017

NOTE: This information is only representative of those organizations that have submitted data to this system.

Category	Performance Measure Title	Caseload	Records Reviewed	Provider Numerator	Provider Denominator	Provider Percent	Regional Numerator	Regional Denominator	Regional Percent	National Numerator	National Denominator	National Percent
Core Measures	Viral Load Suppression	--	100	100	100	100%	28052	35182	79%	99470	118740	83%
Core Measures	Prescribed Antiretroviral Therapy	--	100	100	100	100%	29205	31845	91%	92345	97096	95%
Core Measures	Medical Visits Frequency	--	100	100	100	100%	16039	24833	64%	64270	91041	70%
Core Measures	Gap in Medical Visits	--	100	100	100	100%	3809	20950	18%	12757	75467	16%
Core Measures	PCP Prophylaxis	--	100	100	100	100%	1558	1854	84%	4702	5441	86%
All Ages Measures	HIV Drug Resistance Testing Before Initiation of Therapy	--	100	100	100	100%	100	100	100%	437	549	79%



For further assistance on completing the HIVQM Module or generating reports, contact Data Support at 1-888-640-9356 or e-mail RyanWhiteDataSupport@wrma.com.