HRSA CARE ACTION

AUGUST 2010

Quality Management
PHS Treatment Guidelines
Performance Measures
A Robust QM Program

A COMMITMENT to QUALITY CARE

The Role of Treatment Guidelines and Performance Measures

Quality management (QM), is at the core of the commitment that the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) shares with grantees to ensure access to high-quality HIV/AIDS care. That commitment is rooted in the program's legislative mandates and reflects the desire of all stakeholders to ensure that Ryan White HIV/AIDS Program funds are used effectively for the benefit of people living with HIV/AIDS (PLWHA).

Effective QM programs encompass a number of structures and activities at all levels of the care delivery system. Each Ryan White HIV/AIDS Program grantee and provider has a role to play and is required to have a QM program in place.

HAB and its partners have developed many resources and tools that help grantees and providers develop, implement, and maintain QM programs. Two types of resources are treatment guidelines and performance measures. Following is an explanation of these resources, their role in QM, their relationship to one another, and strategies and tools for integrating them into QM programs.

QUALITY MANAGEMENT AT HAB

HAB's working definition of quality is "the degree to which a health or social service meets or exceeds established professional standards and user expectations."[1] The purpose of QM programs is to continuously im-

DID YOU KNOW?

The U.S. Public Health Service has different antiretroviral treatment guidelines for adults and adolescents, pregnant women, and children living with HIV/AIDS.

HAB has released four sets of performance measures to help grantees design and implement clinical quality management programs.

Of 1,016 Federal programs rated by the Office of Management and Budget, the Ryan White HIV/AIDS Program was 1 of 7 programs to receive a score of 100 percent in "Program Results and Accountability."

U.S. Department of Health and Human Services
Health Resources and Services Administration

DIRECTOR'S LETTER

Providers became involved in HIV care in the early years because they saw a need to improve health care to people living with the disease. They went into hospitals and were treating HIV patients when no one else wanted—or was willing—to do so. Nurses, doctors, and social workers became advocates for their patients—and for a better performing health system, one in which people with HIV received the same quality of care as everyone else.

The commitment to improving the quality of care for PLWHA continues today. Over the years we've realized that our commitment to performance requires ensuring that we're doing as well as we can, and that's where tools like performance measures come in. Performance measures aren't about penalizing providers but about helping them set goals and use data to learn from their successes and their shortcomings. In this way, performance measures are just another means by which we renew our pledge that our clients receive the highest quality care possible.

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Photographs
Cover: Staff at the Philadelphia Department of Public Health use sophisticated performance measurement systems to ensure that their providers reach clients who are most in need.
Additional copies are available from the HRSA Information Center, 888.ASK.HRSA, and may be downloaded at www.hab.hrsa.gov.

prove systems of care. Evaluations of the quality of care should consider the service delivery process, quality of personnel and resources, and outcomes. The goals of a QM program are to ensure that:

- Services adhere to the U.S. Public Health Service (PHS) guidelines and established clinical practices;
- Program improvement includes supportive services linked to access and adherence to medical care; and
- Demographic, clinical, and utilization data are used to evaluate and address characteristics of the local epidemic.

A QM program encompasses all of a grantee's quality-related activities, including performance measurement, evaluation, quality improvement projects, quality improvement training activities, and its formal quality infrastructure (e.g., committee structures with stakeholders, providers, and consumers). QM programs are guided by a plan that outlines responsibilities and accountability, performance measure strategies and goals, and the ongoing process for evaluation and assessment.

QM Requirements Outlined in the Legislation

As outlined in the Ryan White HIV/AIDS Program legislation, QM includes requirements that clinical QM programs be applicable to all four Parts and be tied to PHS HIV guidelines. The statute requires grantees to:

> establish a clinical QM program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent PHS guidelines for the treatment of HIV disease and related opportunistic infections. [As applicable, grantees should] develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

Specific performance measures are not mandated in the legislation, but they are a central component of the QM program requirements.

All program guidance states that QM programs are expected to accomplish three related purposes:

- Assist directly funded Ryan White HIV/AIDS Program medical providers in ensuring that services adhere to established HIV treatment guidelines to the extent possible,
- Ensure that strategies for improving medical care include health-related supportive services that enhance access to care and adherence to HIV medical regimens, and
- Ensure that available demographic, clinical, and health care utilization information is used to monitor HIV-related illnesses and trends in the local epidemic.

QM Requirements in Program Guidance

The HRSA HIV/AIDS Bureau outlines its expectations related to QM in program guidance documents. Each administrative or lead agency, whether a Part A, B, C, or D grantee, is responsible for ensuring the quality of services provided by each of its subcontractors or vendors. To that end, Part A and Part B grantees establish and implement area and statewide QM plans, respectively; their requests for proposals and contracts incorporate quality-related expectations derived from those plans. All grantees' QM plans, regardless of Part, should include activities to ensure that any clinical services provided by subcontractors or vendors adhere to the PHS treatment guidelines and that other health services provided by providers and subcontractors adhere to grantee-established standards of care. Ultimately, the grantee of record is responsible for ensuring that quality services are being delivered by its network service providers. Organizations contracted by a grantee as a service provider or vendor should work closely with the grantee to ensure that their own QM program is integrated into the grantee's larger QM effort.

All critical services should be held to standards of quality and integrated into the QM program. Organizations providing clinical care and supportive services should assess the quality of both services. An agency that provides only clinical services and refers patients to other organizations for case management may want to assess the referral process or referral completion rate to demonstrate its efforts to promote continuity and coordination of HIV care. HAB provides additional guidance on QM plans and programs in its program manuals and TA resources, such as the National Quality Center.

GLOSSARY

Outcome: a benefit or other result for clients that occurs during or after their participation in a program or service.

Performance measure: a quantitative tool that provides an indication of an organization's performance in relation to a specified process.

Quality: the degree to which a health or social service meets or exceeds established professional standards and user expectations.

Quality Management: a systematic process to determine progress toward relevant, evidence-based benchmarks.

ONLINE RESOURCES

Clinical Guidelines Portal
www.aidsinfo.nih.gov/guidelines/

HAB Performance Measures
www.hab.hrsa.gov/special/habmeasures.htm

HRSA Clinical Quality Performance Measures
www.hrsa.gov/quality/coremeasures.htm

HIV Clinical Resource/HIVQUAL
www.hivguidelines.org

National Quality Center
www.nationalqualitycenter.org

Technical Assistance, Resources, Guidance, Education and Training (TARGET) Center www.careacttarget.org

FIGURE 1. U.S. PUBLIC HEALTH SERVICE HIV/AIDS TREATMENT GUIDELINES

Guidelines	Details	Grantee Requirements
Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents *Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States* *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection* *Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents* *Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents*	Guidelines and recommendations are published by PHS to provide a standard of care for clinicians to use in treating people living with HIV/AIDS. They are updated regularly and are available in various electronic formats at: www.aidsinfo.nih.gov.	Part A, B, C, and D grantees are required to establish a clinical quality management program to assess the extent to which their services are consistent with the guidelines and to ensure that services adhere to the guidelines to the extent possible. For all Parts, the individual administrative or lead agency is responsible for ensuring the quality of services provided by each of its subcontractors or vendors. To that end, grantees must integrate those efforts into requests for proposals and contracts as appropriate.

PHS TREATMENT GUIDELINES: REQUIRED MINIMUM STANDARDS OF CARE

The PHS HIV treatment guidelines provide a standard of care for clinicians to use in treating PLWHA. One series of guidelines focuses on antiretroviral therapy and has separate editions, one each for adults and adolescents, pregnant women, and children. The second series covers the prevention and treatment of opportunistic infections—one volume for adults and adolescents and another for children. The guidelines are developed by panels of specialists from government and academic institutions and, in the case of the antiretroviral guidelines, community representatives. They are updated regularly to reflect changes in knowledge about treatment and are available online in a variety of formats (Figure 1).

The treatment guidelines set the minimum standards of care that grantees are required to meet and cover a broad array of treatment practices and related decisions. The antiretroviral guidelines, for example, include baseline assessment, treatment goals, indications for initiation of therapy, choice of the initial regimen, drugs or combinations to be avoided, management of adverse effects and drug interactions, management of treatment failure, and special considerations in specific patient populations.

The guideline panels give varying strengths to their care recommendations depending on the level of evidence available to support the recommendation, sometimes leaving final actions to the discretion of the clinician and the patient. Thus, in some cases, the guidelines set clear requirements for all patients, whereas in others, clinicians are also urged to "exercise good judgment in management decisions tailored to unique patient circumstances."[2]

Grantees should see the treatment guidelines as the minimum standard of care for clinical services. Of course, grantees may establish standards that surpass the benchmarks in the treatment guidelines, but grantees cannot set a standard of care below that specified in the guidelines.

PERFORMANCE MEASURES

Performance measures are indicators used in monitoring quality of care and are a central component of a clinical QM program. They allow grantees to track data and identify trends in their ability to provide a specific service, treatment, or level of care. Data from performance measures help grantees set targets and then compare the actual services, treatments, or care against those targets. Performance measures may, for example, calculate the percentage of patients who are eligible for and receive a specific service or test, such as T-cell count or medical visit, over a specific period of time. Performance measures can help grantees identify blips in care; when targets are not met, grantees and providers can evaluate the factors that might have led to the underperformance

and make necessary corrections. Conversely, sustained high results on measures may help grantees determine the factors that lead to success and set the stage for establishing even higher standards in areas in which they consistently exceed their targets. Performance measures can be applied to a single department or agency or to an entire network of care, Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA), or State.

Specific performance measures are not mandated in the legislation or by HAB, but they are a central component of the QM program requirements. Programs should choose a balanced set of measures for the QM program, one that ensures that services are accessible and that care is delivered according to established HIV treatment guidelines.

Sources of Performance Measures

Several sources provide performance measures. At the request of and in partnership with its grantees, HAB developed the HIV/AIDS Performance Measures, which can be used by grantees in their QM programs. The measures were released in 2008 and 2009 and will be reviewed and revised on an annual basis (Figure 2, pp. 6–7). Four sets of measures are available for use: clinical care, oral health, medical case management, and AIDS Drug Assistance Program (ADAP). Systems-level and pediatric performance measures will be released in 2010.

Another source of performance measures is the HIVQUAL–US program—a HRSA-sponsored national project to build capacity and capability among Ryan White HIV/AIDS Program Part C and D grantees to sustain quality improvement initiatives. This program integrates performance measurement into a coaching/mentoring framework for technical assistance. The HIVQUAL–US performance measures are similar to the HAB Core Clinical Performance Measures and provide another source of measures for QM programs. The HIVQUAL–US measures were used as a reference in the development of the HAB performance measures, and the two measures overlap to some extent. Grantees that are HIVQUAL sites are encouraged to continue to submit HIVQUAL data.

In addition the HAB-funded National Quality Center (NCQ) developed more than 60 HIV-specific performance measures derived from established clinical guidelines and designed to serve as easy-to-use, "off-the-shelf" measures that can be easily adapted by HIV programs. The measures are grouped into sets: HIV medical care for adults and children; HIV prevention; mental health; occupational post-exposure prophylaxis; oral health; perinatal care; postpartum care; prevention and treatment of opportunistic infections; substance use; and TB, STD, and Hepatitis indicators. HAB also worked with the National Committee on Quality Assurance (NCQA) to develop HIV/AIDS performance measures that address the needs of providers serving broad constituencies such as large managed care plans.

Selecting Performance Measures

Grantees have the flexibility to select performance measures and should choose measures that are most important to their agencies and the populations they serve. Measures should reflect the variety of services provided, the patient population, the number of patients and clients served, any State or external agency requirements, and availability of resources to collect performance data. For example, the performance measure for hepatitis C screening may be a higher priority for grantees serving a large number of injection drug users. Although HAB does not require any specific performance measures, grantees are encouraged to include the five measures in Group 1 of HAB's Core Clinical Performance Measures

COMPARING TREATMENT GUIDELINES and PERFORMANCE MEASURES

Performance measures indicate an organization's performance in relation to a specified process or outcome. Treatment guidelines are standards of care created by subject matter or clinical experts and describe expectations of care around a specific issue or topic. Because performance measures and treatment guidelines serve different purposes, they are not always in accord.

For instance, PHS treatment guidelines for medical visits state that routine monitoring should occur at least every 3 to 4 months, depending on the stage of disease. With respect to the performance measure, the time frame of two visits in the measurement year was determined by clinical expert consensus to allow for patients who are well-controlled clinically and stable on their current regimen. The guidelines state that patients can and should be seen at more frequent intervals as dictated by their current health status.

FIGURE 2. HAB HIV/AIDS PERFORMANCE MEASURES

CORE CLINICAL PERFORMANCE MEASURES for ADULTS and ADOLESCENTS

Performance Measure	Details	Grantee Requirements
GROUP 1 ▸ ARV therapy for pregnant women ▸ CD4 T-cell count ▸ HAART ▸ Medical visits ▸ PCP prophylaxis	Monitoring of these core clinical performance measures is deemed critical for HIV programs. These measures provide an excellent start for a clinical QM program; they serve as a foundation on which to build, especially if a clinical program uses no other performance measures.	Grantees may choose to include any or all of the measures in their clinical QM program. Measures can be used as defined or modified by grantees, as appropriate, to reflect their program, patient population, and regional or State network of care services.
GROUP 2 ▸ Adherence assessment and counseling ▸ Cervical cancer screening ▸ Hepatitis B vaccination ▸ Hepatitis C screening ▸ HIV risk counseling ▸ Lipid screening ▸ Oral exam ▸ Syphilis screening ▸ Tuberculosis screening	These measures are important for a robust clinical QM program and should be seriously considered. Each measure reflects an important aspect of care that affects HIV-related morbidity and focuses on treatment decisions that affect a sizable population.	Grantees may choose to include any or all of the measures in their clinical QM program. Measures can be used as defined or modified by grantees, as appropriate, to reflect their program, patient population, and regional or State network of care services.
GROUP 3 ▸ Chlamydia screening ▸ Gonorrhea screening ▸ Hepatitis B screening ▸ Hepatitis/HIV alcohol counseling ▸ Influenza vaccination ▸ Mycobacterium Avium Complex prophylaxis ▸ Mental health screening ▸ Pneumococcal vaccination ▸ Substance use screening ▸ Tobacco cessation counseling ▸ Toxoplasma screening	These measures represent areas of care that are considered "best practice" but may lack written clinical guidelines or rely on data that are difficult to collect. In some instances, the measures focus on similar aspects of care captured in measures listed in Groups 1 and 2.	Grantees may choose to include any or all of the measures in their clinical QM program. Measures can be used as defined or modified by grantees, as appropriate, to reflect their program, patient population, and regional or State network of care services.

in their own clinical QM plans (Figure 2). Grantees are encouraged to add others according to their priorities and resources. The goal should be to develop a set of measures that, taken together, provide a more accurate picture of the scope and quality of care offered by the grantee. One performance measure in isolation does not necessarily yield the most accurate assessment of a system of care, but analyzing several measures together forms a more comprehensive picture. This group of measures is often referred to as a balanced set of measures.

Using Performance Measures

All of HAB's performance measures may be used as written, or they may be modified by the grantee to meet that grantee's or agency's individual needs; they should be viewed as a menu of options for measuring program performance.

HAB's performance measures have consistent elements. They identify what is being measured, which patients should be included in the analysis, and the data elements and sources. They also identify goals, targets, and benchmarks for comparison and describe how each measure relates to the PHS treatment guidelines.

The use of performance measures also helps highlight areas for further evaluation. For example, the HAB performance measure for medical visits sets the measure at "two or more times at least 3 months apart during the measurement year."* If a grantee finds that

* HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 1, Medical Visits.

FIGURE 2. HAB HIV/AIDS PERFORMANCE MEASURES (continued)

MEDICAL CASE MANAGEMENT PERFORMANCE MEASURES

Performance Measure	Details	Grantee Requirements
▸ Care plan ▸ Medical visits	The measures target all clients, regardless of age. Medical case management programs are also encouraged to utilize the core clinical performance measures as appropriate.	Grantees that provide medical case management may choose to include either or both of these measures in their CQM program. Measures can be used as defined or modified by grantees as appropriate to reflect their program, patient population, and regional or state network of care services.
ORAL HEALTH PERFORMANCE MEASURES		
▸ Dental and medical history ▸ Dental treatment plan ▸ Oral health education ▸ Periodontal screening or examination ▸ Phase I treatment plan completion	The measures are intended for use by programs providing direct oral health services and target all clients.	Grantees that provide oral health services may choose to include any or all of these measures in their CQM program.
ADAP PERFORMANCE MEASURES		
▸ Application determination ▸ Eligibility recertification ▸ Formulary ▸ Inappropriate antiretroviral regimen components resolved by ADAP	The measures are intended for use by the ADAP and target all clients, regardless of age.	ADAPs may choose to include any or all of these measures in their CQM program. Measures can be used as defined or modified by grantees as appropriate to reflect their program, patient population, and regional or State network of care services.

it is well below its performance target in this area, the results indicate the need to evaluate why patients are not being seen on a regular basis. Are they missing scheduled appointments because they lack transportation or child care? Are they not scheduling follow-up appointments after their visits? Or are waiting times simply too long? Discovering the answer can point the way to needed program adjustments.

HAB performance measures also have related outcomes measures for consideration. For example, the outcomes measures for consideration for medical visits are the rates of HIV-related hospitalization, HIV-related emergency room visits, opportunistic infections, and mortality. Measuring outcomes in conjunction with process indicators increases the ability of clinical QM programs to have an impact on patients' health outcomes.

Performance Measures in Grantees' Relationship With HAB

Although grantees have latitude in selecting and defining the performance measures that they use in their clinical QM programs, they are required to identify in their grant applications which indicators are being monitored and how each indicator is being measured. HAB does not require grantees to submit performance data, but grantees are strongly encouraged to track data on those measures and identify trends to monitor the quality of care that they provide to people living with HIV/AIDS. Grantees are encouraged to identify areas for improvement and to include them in their QM plans. This type of information can provide important points of discussion with HAB project officers with the goal of improving program outcomes.

(continued on next page)

FIGURE 3. HRSA CLINICAL QUALITY PERFORMANCE MEASURES/CORE CLINICAL MEASURES

Performance Measure	Details	Grantee Requirements
▸ Prenatal care: first-trimester care access ▸ HIV screening for pregnant women ▸ Breast cancer screening ▸ Cervical cancer screening* ▸ Colorectal cancer screening ▸ Childhood immunizations ▸ Adult influenza vaccination* ▸ Older adult influenza vaccination ▸ Older adult pneumococcal vaccination* ▸ Hepatitis B vaccine for HIV-positive individuals* ▸ Diabetes (hemoglobin A1c) ▸ Hypertension control	Available for use by all HRSA programs.	Grantees may choose to include any or all of the measures in their clinical QM program, depending upon their client population.

* A HAB performance measure also exists. When both a HRSA and a HAB measure exist, HIV grantees are to use the HAB measure to help ensure they meet PHS guidelines.

Most HAB-funded clinical care providers serve people with other diseases in addition to HIV; many of those providers have or are developing organization-wide clinical QM programs. The underlying value of quality improvement is to reveal ways to work more efficiently and effectively. There may be reasons for a provider to measure performance for everyone who receives clinical care. For example, if an organization is focusing on preventing influenza, the HAB performance measures will provide guidance only for patients who have HIV infection; however, HRSA performance measures (discussed in the following section) may be used to help measure performance for other groups at increased risk.

USING MEASURES BEYOND HIV

HRSA has developed Core Clinical Quality Performance Measures to be used across the agency and to give HAB grantees another set of tools to build their quality initiatives. Of those 12 measures, 10 are not HIV specific; therefore, grantees may use them to measure performance in other priority areas, such as cancer screenings and vaccinations (Figure 3).

To expand a HAB performance measure for influenza immunizations, a provider can also look to and adapt HRSA-wide measures that focus on influenza immunizations for other groups at higher risk: adults and older adults. Providers need to be mindful that different measures have different inclusion and exclusion criteria. Local circumstances might also justify modification.

MAINTAINING A ROBUST QM PROGRAM

Performance measures are not one-time initiatives. Rather, they should be used to monitor and evaluate performance over time and to generate data to document areas of strength; identify areas for improvement; and help guide, shape, and enhance the delivery and quality of care. The goal is to minimize wide fluctuations in care and maintain a consistent level of service. The quality of HIV/AIDS medical care, including combination antiretroviral therapies and prophylaxis and treatment of opportunistic infections, can have a profound impact on PLWHA. QM programs help ensure that available treatments are accessible and delivered according to well-established HIV treatment guidelines.

REFERENCES

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