HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 1

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

Performance Measure: CD4 T-Cell Count	**OPR-Related Measure:** Yes www.hrsa.gov/performancereview/measures.htm
Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year	

Numerator:	Number of HIV-infected clients who had 2 or more CD4 T-cell counts performed at least 3 months apart during the measurement year
Denominator:	Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges[1], i.e. MD, PA, NP at least once in the measurement year
Patient Exclusions:	1. Patients newly enrolled in care during last six months of the year
Data Element:	1. Is the client HIV-infected? (Y/N) a. If yes, did the client have a CD4 count test conducted during the reporting period? (Y/N) a. If yes, list the quarters of these tests
Data Sources:	• Electronic Medical Record/Electronic Health Record • CAREWare, Lab Tracker, or other electronic data base • HIVQUAL reports on this measure for grantee under review • Medical record data abstraction by grantee of a sample of records

National Goals, Targets, or Benchmarks for Comparison	IHI Goal: 90%[2] National HIVQUAL Data:[3]

	2003	2004	2005	2006
Top 10%	87.2%	87.7%	90.3%	87.5%
Top 25%	74.2%	78.0%	76.6%	78.8%
Median*	61.0%	62.7%	63.9%	62.5%

*from HAB data base

Outcome Measures for Consideration	° Rate of opportunistic infections in the measurement year ° Rate of clients with progression to AIDS in the measurement year ° Mortality rates

Basis for Selection and Placement in Group 1:

The CD4 T-cell count plays a vital role in determining the staging of HIV disease and indicating the need for prophylaxis against opportunistic infections. It continues to be used in decisions regarding initiation or adjustment of antiretroviral treatment.

The most recent CD4 T-cell count is the strongest predictor of subsequent disease progression and survival, according to clinical trials and cohort studies data on patients receiving antiretroviral therapy.[4]

Measure reflects important aspects of care that significantly impacts survival and mortality. Data collection is currently feasible and measure has a strong evidence base supporting the use.

US Public Health Service Guidelines:

" In general, CD4 T-cell count should be determined every three to six months to (1) determine when to start antiretroviral in patients who do not meet the criteria for initiation; (2) assess immunologic response to

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antiretroviral therapy; and (3) assess the need for initiating chemoprophylaxis for opportunistic infections." [3]

References/Notes:

Guidelines state that CD4 T-cell counts should be measured at least every 3-4 months depending on the stage of the disease. The timeframe of 6 months was determined by clinical expert consensus for the purpose of this measure, but can and should be measured at more frequent intervals if needed.

[1]A "provider with prescribing privileges" is a health care professional who is certified in their jurisdiction to prescribe ARV therapy.

[2]IHI Measure reads, "Percent of Patients/Clients with a CD4 Count Test in the Past 4 Months" (http://www.ihi.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/Measures/Percentof+patientswithaCD4counttestinthepast4months.htm)

[3]National HIVQUAL data looks at the percent of clients who have a CD4 T-cell count done every four months, not every six months.
(http://www.hivguidelines.org/admin/files/qoc/hivqual/proj%20info/HQNatlAggScrs3Yrs.pdf)

[4]Panel on Antiretroviral Guidelines for Adult and Adolescents. Guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents. Department of Health and Human Services. December 1, 2007; 1-143. Available at http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Accessed December 12, 2007.