

OUTPATIENT/AMBULATORY MEDICAL CARE (OAMC)**Cleveland TGA Definition(s):****Primary Care, Medical Sub-Specialty Care and RN Care Coordination:**

Definition: Provision of professional diagnosis and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing (see separate definition), early intervention and risk assessment, preventative care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, care of minor injuries, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of sub-specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Providers should demonstrate interaction with mental health providers, dental providers, substance abuse treatment providers, dietitians and home health providers to ensure coordination of care. A referral of medical necessity is required for clients to receive Ryan White funded nutritional counseling, home delivered meals, transitional housing assistance, home health care, home and community based health services and hospice services. Such referrals should indicate the reasons why such care is necessary and the anticipated length of time service is expected. Referrals must be renewed at various intervals depending on the service.

Diagnostic Laboratory Testing:

Definition: This includes all indicated medical diagnostic testing including all tests considered integral to treatment of HIV and related complications (e.g. Viral Load, CD4 counts and genotype assays). Funded tests must meet the following conditions:

- Tests must be consistent with medical and laboratory standards as established by scientific evidence and supported by professionals, panels, associations or organizations;
- Tests must be (1) approved by the FDA, when required under the FDA Medical Devices Act and/or (2) performed in an approved Clinical Laboratory Improvement Amendments of 1988 (CLIA) certified laboratory or State exempt laboratory; and
- Tests must be (1) ordered by a registered, certified or licensed medical provider and (2) necessary and appropriate based on established clinical practice standards and professional clinical judgment.

HRSA Definition: *Outpatient/Ambulatory Medical Care* includes the provision of professional diagnostic and therapeutic services directly to a client by a physician, physician assistant, clinical nurse specialist, nurse practitioner, or other health care professional certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, early

intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the PHS’s guidelines. Such care must include access to ARV and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination ARV therapies.

Care and Treatment Goals: The overall goal of Ambulatory/Outpatient Medical Care within the Cleveland TGA is to provide high quality, effective medical care and treatment to all eligible PLWHA, regardless of their current and/or past medical history and ability to pay.

Service Objective:

- To provide high quality, effective medical treatments and therapies to PLWHA for improved health outcomes through access to outpatient medical care services at a minimum of 2 times in the measurement year with medical visits at least 6 months apart
- Medical treatment adherence for all eligible PLWHA

Program Components: All services are provided as part of the treatment of HIV infection. Allowable services include:

- Diagnostic testing
- Early Intervention and risk assessment
- Preventive care and screening
- Practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions
- Prescribing and managing of medication therapy
- Education and counseling on health issues
- Well-baby care
- Continuing care and management of chronic conditions
- Referral to and provision of HIV-related specialty care as it relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects (includes all medical subspecialties even ophthalmic and optometric services)
- Provision of laboratory tests integral to the treatment of HIV infection and related complications

Personnel:

Staff Qualification	Expected Practice
Individual clinicians shall have documented unconditional licensure/certification in his/her particular area of practice.	Appropriate licenses/certifications are maintained.
Service providers shall employ clinical staff who is knowledgeable and experienced regarding their area of clinical practice as well as in the area of HIV/AIDS clinical practice. All staff without direct experience with HIV/AIDS shall be supervised by one who has such experience.	Personnel records/resumes/applications for employment reflect requisite experience/education.

Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs based on individual licensure requirements.	Provider will provide documentation of training received.
Provider/Agency shall be accredited/licensed to deliver services.	Evidence of current unconditional license and /or certification is on record for each provider and for organization as a whole, where applicable.

QUALITY MANAGEMENT:

Program Outcomes:

- 85% of clients will have had 2 or more CD4 T-Cell counts performed at least 3 months apart during the measurement year¹
- 90% of clients will be prescribed Anti-Retroviral Therapy (ART or HAART)²
- 85% of clients with HIV infection with two more or more medical visits in an HIV care setting in the measurement year
- 90% of clients with HIV infection and a CD4 T-Cell count below 200 cells/mm are prescribed PCP prophylaxis
- 80% of women with HIV infection who have a Pap screening in the measurement year
- 90% of clients with HIV infection for whom a Hepatitis C (HCV) screening was performed at least once since diagnosis
- 85% of adult clients with HIV infection who had a test for syphilis performed within the measurement year

Indicators:

- The number of clients with CD4 counts <200 on ARVs.
- The number of clients with viral load (HIV RNA) <5000 copies/ml if eligible for antiretroviral therapy according to current national treatment guidelines
- The number of clients with no additional new AIDS-defining condition (OI or CD4 < 200).
- The number of clients that achieve undetectable levels of viral load
- The number of clients in the Ryan White delivery system with an AIDS diagnosis at entry.

¹ Measurement year= Part A Grant year of March 1st-February 28th or 29th.

² History of CD4 T-cell count below 350 (500) cells/mm or other AIDS-defining condition

<i>OAMC SoC</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
STRUCTURE					
Outpatient Ambulatory Medical Care services will be provided by a trained, licensed or certified practitioner as required by Federal, State, and Local regulations and with credentials appropriate for treating HIV-infected clients.	Evidence of HIV-specific continuing education or in-service training per year for each clinical professional staff member managing the clinical care of RW Part A clients At least 10 HIV related CME units in a measurement year Care for at least 25 HIV positive clients in a 3 year period	Number of staff with evidence of attending required amount of training during year Number of staff with evidence of completing 10 CME in a measurement year Number of staff with evidence of caring for 25 clients in a 3 year period	Total number of professional staff serving RW Part A clients	Employee files contain training certificates or proof of attendance	100% professional staff serving RW Part A clients will complete 10 HIV related CME and have care for at least 25 client in a 3 year period
Regular Quality Improvement activities focus on HIV care process measures	Clinic meets or exceeds its performance goals on at least 2 “process of care” measures annually	Number of care process measures in which goal is met or exceeded	Number of process measures tracked under quality improvement activities during year	Chart audit report	2 or more measures where performance meets or exceeds target
SYSTEM LEVEL					
<i>To be piloted and benchmarked in 2014:</i> Ryan White program-funded OAMC organizations in the system with a waiting time of 15 or fewer business days for a RW program-eligible patient to receive an appointment in OAMC	Percentage of RW program-eligible patients that receive an appointment within 15 business days or fewer in OAMC	Number of RW program-funded OAMC providers in the system with a waiting time of 15 or fewer business days for RW eligible patients to receive an appt. in OAMC	Number of RW program-funded medical care providers in the system at a specific point in time in the measurement year	Chart Audits RW Program Provider list	75% of RW program-eligible patients will have an appointment with a RW funded provider for OAMC within 15 business days or fewer anytime during the measurement year.

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PROCESS					
Outpatient Ambulatory Medical Care provided will adhere to the current PHS Guidelines regarding on-going health care specific to: 1. HIV Viral Load (VL), 2. HIV Viral Load Suppression, 3. Medical Visit Frequency,, and 4. Gap in HIV Medical Visits	<p>1. Patients, regardless of age, with a diagnosis of HIV have a viral load test performed at least every 6 months during the measurement year</p> <p>2. Patients, regardless of age, with a diagnosis of HIV have a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</p> <p>3. Patients, regardless of age, with a diagnosis of HIV 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</p> <p>4. Patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.</p>	<p>Number of clients with viral load test performed at least every 6 months</p> <p>Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</p> <p>Number of patients in the denominator who had at least 1 medical visit in each 6-month period of the 24-month measurement period with 60 days minimum between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.</p> <p>Number of patients in the denominator who did not have a medical visit in the last 6months of the measurement year</p>	<p>Number of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least 2 medical visits during the measurement year, with at least 60 days in between each visit.</p> <p># of patients, regardless of age, with HIV+ diagnosis w/at least 1 OAMC visit in year</p> <p>Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6-months of the 24-month measurement period</p> <p>Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year</p>	CAREWare and/or chart charts	<p>85% of clients will have HIV viral load tests performed at least every 6 months.</p> <p>70% of clients, regardless of age, with a diagnosis of HIV have a HIV viral load less than 200 copies/mL at their last HIV viral load test in measurement year.</p> <p>85% of clients, regardless of age, with a diagnosis of HIV have at least 1 medical visit every 6 months in a 24-month measurement period with a minimum of 60 days between medical visits.</p> <p>30% of patients, regardless of age, with a diagnosis of HIV do not have a medical visit in the last 6 months of the measurement year.</p>
Outpatient Ambulatory Medical Care provided will adhere to the current PHS Guidelines regarding on-	Patients aged 6 months and older with a diagnosis of HIV/AIDS have at least two CD4 cell counts or	Patients with at least 2 CD4 cell counts or percentages performed during the measurement year at least 3	Patients aged 6 months and older with a diagnosis of HIV/AIDS, who had at least 2	CAREWare and/or chart audit	85% of patients aged 6 months and older with a diagnosis of HIV/AIDS have at least 2 CD4 cell

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PROCESS					
going health care specific to: 1. CD4 Cell Count; and 2. HIV Drug Resistance Testing Before Initiation of Therapy.	percentages performed during the measurement year at least 3 months apart. Patients, regardless of age, with a diagnosis of HIV will have an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy is started during the measurement year	months apart Number of patients who had an HIV drug resistance test performed at any time before initiation of HIV antiretroviral therapy	medical visits during the measurement year with at least 90 days between each visit Number of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV ART therapy during the measurement year for the first time; and had a medical visit with a provider with prescribing privileges at least once in the measurement year		counts or percentages performed within the measurement year at least 3 months apart. 90% of patients, regardless of age, with a diagnosis of HIV will have an HIV drug resistance test performed before initiation of HIV ART therapy if therapy is started during the measurement year.
Outpatient Ambulatory Medical Care provided will adhere to the current PHS Guidelines regarding on-going health care specific to: 1. HIV ART therapy, 2. PCP prophylaxis.	Patients, regardless of age, with a diagnosis of HIV are prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year. Patients aged 6 weeks or older with a diagnosis of HIV/AIDS, with CD4 counts of less than 200 cells/mm ³ and/or 500 cells/mm ³ were prescribed PCP prophylaxis	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year a. # of patients prescribed PCP w/in 3 months of CD4 count below 200 cells/mm ³ ; b. # of patients prescribed PCP w/in 3 months of CD4 count below 500 cells/mm ³ ; and c. patients prescribed PCP at time of HIV diagnosis (aggregate sum of all 3 numerators)	Number of patients, regardless of age, with HIV diagnosis with at least one medical visit in the measurement year a. Patients aged 6 years and older with HIV diagnosis and CD4 below 200 cells/mm ³ who had 2 medical visits during measurement year with at least 90 days between visits; b. patients aged 1 – 5 years of age with HIV/AIDS diagnosis and CD4 count below 500 cells/mm ³ who had 2 medical visits at least 90 days apart; c. Patients aged 6 weeks through 12 months with HIV diagnosis who had 2	CAREWare and/or chart charts	90% of patients, regardless of age, with a diagnosis of HIV are prescribed antiretroviral therapy during the measurement year. 85% of patients aged 6 weeks or older with a diagnosis of HIV/AIDS are prescribed PCP prophylaxis as determined by CD4 counts.

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PROCESS					
			medical visits with at least 90 days between (aggregate sum of all three denominators)		
Outpatient Ambulatory Medical Care provided will adhere to the current PHS Guidelines regarding on-going health care specific to: 1. Lipid Screening; 2., TB Screening, 3. Hep C screen, and 4. STI (Syphilis, Chlamydia, Gonorrhea) annual screens (unless client reports no sexual activity in 12 month period).	<p>Patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy have a fasting lipid panel during the measurement year</p> <p>Patients aged 3 months and older with a diagnosis of HIV/AIDS have documentation of a TB screening test performed and results interpreted at least once since the diagnosis of HIV infection</p> <p>Clients receive hepatitis C screen since diagnosis of HIV</p> <p>Clients receive syphilis screens annually*</p> <p>Clients receiving Chlamydia screens annually*</p> <p>Clients receiving Gonorrhea screens annually*</p>	<p>Number of patients who had a fasting lipid panel in the measurement year</p> <p>Patients with TB screening tests performed and results interpreted at least once since the diagnosis of HIV infection</p> <p>Number of HIV clients with Hep C screen</p> <p>Number of HIV clients with annual syphilis screen</p> <p>Number of HIV clients with annual Chlamydia screens</p> <p>Number of HIV clients with annual Gonorrhea screens</p>	<p>Number of patients, regardless of age, who are prescribed HIV ART therapy and who had a medical visit with a provider prescribing privileges at least once in the measurement year</p> <p>Patients aged 3 months and older with a diagnosis of HIV/AIDS who had at least 2 medical visits during the measurement year at least 90 days apart</p> <p>Number of HIV clients</p> <p>Number of HIV clients</p> <p>Number of HIV clients</p> <p>Number of HIV clients</p>	CAREWare and/or chart charts	<p>90% of clients on ART have a fasting lipid panel performed in the measurement year.</p> <p>80% of clients who receive baseline TB screen at least once since HIV diagnosis</p> <p>90% of clients screened for HCV since HIV diagnosis</p> <p>85% of HIV clients screened for syphilis annually</p> <p>85% of HIV clients screened for Chlamydia annually</p> <p>85% of HIV clients screened for Gonorrhea annually</p>
Outpatient Ambulatory Medical Care provided will adhere to the current PHS Guidelines regarding on-	Patients aged 6 months and older seen for a visit between October 1 and March 31 will receive	Patients who received an influenza immunization OR who reported previous receipt of an influenza	All patients aged 6 months and older seen for a visit between October 1 and March 31	CAREWare and/or chart charts	90% of charts document Influenza vaccine completed, or patient refusal

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PROCESS					
going health care specific to: 1. Influenza Vaccine, 2. Pneumococcal Vaccine, 3. Hepatitis B Screening, 4. Hepatitis B Vaccine,	Influenza vaccine OR who have reported previous receipt of an influenza immunization Patients with a diagnosis of HIV will receive a pneumococcal vaccine. Patients, regardless of age, are screened for Hepatitis B at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity Patients with a diagnosis of HIV have completed the vaccination series for Hepatitis B	immunization during the current season Number of patients with a diagnosis of HIV who ever received pneumococcal vaccine Number of patients who were screened for Hep B at least once since the diagnosis of HIV or for whom there is documented infection or immunity Number of patients with a diagnosis of HIV with documentation of having ever completed the vaccinations series for Hep B	Number of patients with HIV who had no documented evidence of vaccination and a medical visit with a provider with prescribing privileges at least once in the measurement year Number of patients, regardless of age, with a diagnosis of HIV and who had at least 2 medical visits during the measurement year, with at least 60 days in between each visit Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year		95% of charts document up-to-date pneumococcal vaccine, or patient refusal 95% of charts document Hepatitis B screening performed at least once since the diagnosis of HIV or documented infection or immunity. 90% of patients with a diagnosis of HIV have completed the vaccination series for Hepatitis B or documented evidence of immunity or infection
Outpatient Ambulatory Medical Care provided will adhere to the current PHS Guidelines regarding on-going health care specific to: 1. Cervical Cancer Screening, 2. HIV Risk Counseling 3. Oral Exam	Female patients with a diagnosis of HIV have a Pap screening in the measurement year (See HAB measure for patient exclusions) Patients with a diagnosis of	Number of female patients with a diagnosis of HIV who had Pap screen results documented in the measurement year Number of patients with	Number of female patients with a diagnosis of HIV who were less than or equal to 18 years of age or reported having sexual activity and had a medical visit at least once in the measurement year Number of patients with	CAREWare and/or chart charts	80% of female clients with HIV have a Pap Screening completed within the measurement year. 90% of patients with HIV

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PROCESS					
	<p>HIV receive HIV risk counseling in the measurement year</p> <p>Patients with a diagnosis of HIV receive an oral exam by a dentist at least once during the measurement year</p>	<p>HIV, as part of their primary care, receive HIV risk counseling</p> <p>Number of patients with HIV who had an oral exam by a dentist during the measurement year, based on patient self-report or other documentation</p>	<p>HIV who had a medical visit at least once in the measurement year</p> <p>Number of patients with HIV who had a medical visit at least once in the measurement year</p>		<p>receive HIV risk counseling in the measurement year.</p> <p>70% of client charts document a dental oral exam at least once in the measurement year, or referral was initiated.</p>
<p>Outpatient Ambulatory Medical Care provided will adhere to the current PHS Guidelines regarding on-going health care specific to:</p> <ol style="list-style-type: none"> 1. Preventive Care and Screening – clinical depression,; 2. Tobacco Screening, 3. Tobacco Cessation Counseling; and 4. Substance Abuse Screening. 	<p>Patients aged 12 years and older are screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.</p> <p>Patients aged 18 years and older are screened for tobacco use one or more times within 24 months</p> <p>Clients with documented tobacco use will have tobacco cessation counseling intervention within the measurement year.</p> <p>New patients with a diagnosis of HIV will be screened for substance use (alcohol and drugs) in the measurement year.</p>	<p>Patients screened for clinical depression on date of encounter using age appropriate standardized tool AND if positive, follow up plan documented on date of positive screen</p> <p>Number of 18 years and older HIV clients screened for tobacco use</p> <p>Number of HIV clients with tobacco use indicated and offered tobacco cessation counseling intervention</p> <p>Number of new patients with a diagnosis of HIV who were screened for substance use in the measurement year</p>	<p>All patients aged 12 years and older before the beginning of the measurement year with at least once eligible encounter during the measurement period</p> <p>All patients aged 18 and older</p> <p>Number of clients who reported tobacco use</p> <p>Number of patients with a diagnosis of HIV who were new during the measurement year and had a medical visit with a</p>	<p>CAREWare and/or chart charts</p>	<p>90% of patients aged 12 years and older are screened for clinical depression AND if positive, 90% have a follow up plan is documented.</p> <p>100% of clients will be screened for tobacco use one or more times within 24 months.</p> <p>90% of clients with reported tobacco use have documentation of tobacco cessation counseling intervention offered within measurement year.</p> <p>100% of new patients with HIV diagnosis are screened for substance use (alcohol and drug) in the measurement year.</p>

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PROCESS					
			medical provider at least once in the measurement year		

