# APPENDIX B: MCC PERFORMANCE MEASURES

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| **Performance Measure 1.1:** Retention in HIV care (ALL) |
| Percentage of medical care coordination (MCC) patients who had 2 or more medical visits at least 90 days apart within the past 12 months  |
| **Numerator:**  | Number of MCC patients who had 2 or more face-to-face (FTF) visits with an HIV provider at least 90 days apart within the past 12 months  |
| **Denominator:**  | All clinic patients who were screened for MCC within the past 12 months |
| **Definition:** | 1. MCC Patients: refers to clinic patients who were screened for MCC services and determined to be either active or self-managed status
2. HIV Provider: refers to a physician or mid-level provider ( PA or NP) who performs medical evaluation for patient in an HIV care setting
3. Screened: refers to any clinic patient for whom the DHSP Casewatch “MCC Screener and Outcome” screen was completed
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| **Patient Exclusions:**  | 1. Patients who have been incarcerated within the past 12 months
2. Any patient registered as new patient at the HIV medical home within the last 6 months of the measurement period
3. Any patient refusing services that was documented in the medical record
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| **Data Element:**  | 1. Is the patient HIV-infected? (Y/N)
2. If yes, was the patient screened for MCC? (Y/N)
3. If yes, did the patient have 2 or more medical visits with an HIV provider at least 90 days apart during the past 12 months? (Y/N)
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| **Data Source:** | * Casewatch or other electronic data base
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| **National Goals, Targets, or Benchmarks for Comparison:**  | National benchmarks:-Viral load and CD4 count performed every 3-6 months [Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. January 10, 2011; 1-166. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed (2/27/12)] -A minimum 2 visits in the reporting period (12 months) [[HAB Performance Measures](http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html)]Division of HIV and STD Programs (DHSP) Threshold for Compliance (TFC) = 90% |
| **Related Performance Measures:**  | * Percent of HIV-infected patients CD4 T-cell counts <500 cells/mm3 who are prescribed ART in the measurement year
* Percentage of HIV-infected patients on antiretroviral therapy (ART) with the last viral load undetectable ( <200 copies/mL) in the measurement year
* Percentage of HIV-infected patients who had a medical visit two or more times at least 3 months apart in the measurement year
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| **Performance Measure 1.2:** Viral load suppression less than 200 copies/mL when on antiretroviral therapy (ART) (ALL) |
| Percentage of MCC patients who are prescribed ART and achieve viral suppression (< 200 copies/mL) within the past 12 months. |
| **Numerator:**  | Number of MCC patients who were prescribed ART in the last 6 months whose most recent viral load was <200 copies/mL  |
| **Denominator:**  | Number of MCC patients who were prescribed ART in the last 6 months |
| **Definition:** | 1. MCC Patients: refers to clinic patients who were screened for MCC services and determined to be either active or self-managed status
2. Screened: refers to any clinic patient for whom the DHSP Casewatch “MCC Screener and Outcome” screen was completed
3. Viral load suppression: refers to an HIV viral load measurement that is less than 200 copies/ml
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| **Patient Exclusions:**  | 1. Patients who have been incarcerated within the past 12 months
2. Any patient registered as a new patient within the last 3 months of the 12-month measurement period
3. Any patient refusing services that was documented in the medical record
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| **Data Element:**  | 1. Is the patient HIV-infected? (Y/N)
2. If yes, is the patient screened for MCC? (Y/N)
3. If yes, was the patient prescribed ART medication in the last 6 months? (Y/N)
4. If yes, was the patient’s last viral load less than 200 copies/mL? (Y/N)
 |
| **Data Sources:** | * Casewatch, eHARS, or other electronic data base
 |
| **National Goals, Targets, or Benchmarks for Comparison:**  | National benchmarks: none available at this time DHSP TFC = 85% |
| **Related Performance Measures:** | * Percent of HIV-infected patients with CD4 T-cell counts <500 cells/mm3 who are prescribed ART in the measurement year
* Percentage of HIV-infected patients on antiretroviral therapy (ART) with the last viral load undetectable (<200 copies/mL) in the measurement year
* Percentage of HIV-infected patients who had a medical visit two or more times at least 3 months apart in the measurement year
* Percentage of HIV-infected patients on ART who were assessed for adherence (and counseled if suboptimal adherence) two or more times in the measurement year.
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| **Performance Measure 2.1:** Provision of antiretroviral (ART) adherence intervention to high-risk patients(ACTIVE PATIENTS ONLY) |
| Percentage of **active** MCC patients who are provided the ART adherence intervention in the past 12 months |
| **Numerator:**  | Number of active MCC patients with ART adherence need identified in the MCC Assessment who are provided the ART adherence intervention by MCC staff within 30 days of identified need  |
| **Denominator:**  | All active MCC patients with ART adherence need identified in the MCC Assessment within the past 12 months |
| **Definition:** | 1. Active: refers to patients who are enrolled in the MCC program to receive intensive services within the past 12 months
2. ART Adherence Need: refers to patients with severe or high acuity level in the “Medication Access and Adherence” domain of the MCC Assessment
 |
| **Patient Exclusions:**  | 1. Patients who have been incarcerated within the past 12 months
2. Any patients enrolled in MCC within the last 3 months of the 12-month measurement period
3. Any patient refusing services that was documented in the medical record
 |
| **Data Element:**  | 1. Is the patient HIV-infected? (Y/N)
2. If yes, did patient complete an MCC Assessment? (Y/N)
3. If yes, did the patient have identified ART adherence need? (Y/N)
4. If yes, did the patient receive the ART adherence intervention within 30 days of identified need? (Y/N)
 |
| **Data Source:** | * Casewatch, or other electronic data base
 |
| **National Goals, Targets, or Benchmarks for Comparison:**  | National benchmarks: none available at this time DHSP TFC = 85% |
| **Related Performance Measures:** | * Percent of HIV-infected patients with CD4 T-cell counts <500 cells/mm3 who are prescribed ART in the measurement year
* Percentage of HIV-infected patients on antiretroviral therapy (ART) with the last viral load undetectable or <200 copies/mL in the measurement year
* Percentage of HIV-infected patients who had a medical visit two or more times at least 3 months apart in the measurement year
* Percentage of HIV-infected patients on ART who were assessed for adherence (and counseled if suboptimal adherence) two or more times in the measurement year.
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| **Performance Measure 2.2:** Linkage to mental health programs (ACTIVE PATIENTS ONLY) |
| Percentage of **active** MCC patients who were successfully linked to mental health programs |
|  Numerator:  | Number of active MCC patients who were enrolled in a mental health program within 45 days of identified mental health need  |
|  Denominator:  | All active MCC patients who were referred to mental health programs within the past 12 months |
| **Definition:** | 1. Active: refers to patients who are enrolled in the MCC program to receive intensive services within the past 12 months
2. Mental Health Need: refers to refers to patients with severe or high acuity level in the “Mental Health” domain of the MCC Assessment
 |
| **Patient Exclusions:**  | 1. Any patient enrolled in MCC within the last 3 months of the 12-month measurement period
2. Any patient refusing services that was documented in the medical record
3. Patients who have been incarcerated within the past 12 months
 |
| **Data Element:**  | 1. Is the patient HIV-infected? (Y/N)
2. If yes, did the patient complete an MCC Assessment? (Y/N)
3. If yes, did the patient have a mental health need identified in the MCC Assessment? (Y/N)
4. If yes, did the patient enroll in a mental health program within 45 days of identified need ? (Y/N)
 |
| **Data Source:** | * Casewatch or other electronic data base
 |
| **National Goals, Targets, or Benchmarks for Comparison:**  | National benchmarks: none available at this time DHSP TFC = 85% |
| **Related Performance Measures:** | * Percentage of HIV-infected patients who had a medical visit two or more times at least 3 months apart in the measurement year
* Percentage of patients with HIV infection who have had a mental health assessment in the measurement year.
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| **Performance Measure 2.3:** Linkage to substance abuse programs (ACTIVE PATIENTS ONLY) |
| Percentage of **active** MCC patients who were successfully linked to substance abuse programs |
| Numerator: | Number of active MCC patients enrolled in substance abuse programs within 45 days of identified substance abuse treatment need  |
| Denominator: | All active MCC patients who were referred to substance abuse programs within the past 12 months |
| **Definition:** | 1. Active: refers to patients who are enrolled in the MCC program to receive intensive services within the past 12 months
2. Substance Abuse Treatment Need: refers to refers to patients with severe or high acuity level in the “Drug and Alcohol Use” domain of the MCC Assessment
 |
| **Patient Exclusions:**  | 1. Any patient enrolled within the last 3 months of the 12-month measurement period
2. Any patient refusing services that was documented in the medical record
3. Patients who have been incarcerated within the past 12 months
 |
| **Data Element:**  | 1. Is the patient HIV-infected? (Y/N)
2. If yes, did the patient complete an MCC Assessment? (Y/N)
3. If yes, did the patient have a substance abuse need identified in the MCC Assessment? (Y/N)
4. If yes, did the patient enroll in the substance abuse program within 45 days of the identified need? (Y/N)
 |
| **Data Source:** | * Casewatch or other electronic data base
 |
| **National Goals, Targets, or Benchmarks for Comparison:**  | National benchmarks: none available at this time DHSP TFC = 85% |
| **Related Performance Measures:** | * Percentage of HIV-infected patients who had a medical visit two or more times at least 3 months apart in the measurement year
* Percentage of patients with HIV infection who have been assessed for substance use (alcohol and illicit substances) in the measurement year.
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| **Performance Measure 2.4:** Linkage to housing programs (ACTIVE PATIENTS ONLY) |
| Percentage of **active** MCC patients who were successfully linked to housing programs |
| Numerator: | Number of active MCC patients enrolled in a housing program within 45 days of identified housing need  |
| Denominator: | All active MCC patients who were referred to housing programs during the past 12 months |
| **Definition:** | 1. Active: refers to patients who are enrolled in the MCC program to receive intensive services within the past 12 months
2. Housing Need: refers to refers to patients with severe or high acuity level in the “Housing” domain of the MCC Assessment
 |
| **Patient Exclusions:**  | 1. Patients who have been incarcerated within the past 12 months
2. Any patient refusing services that was documented in the medical record
3. Any patient enrolled in MCC within the last 3 months of the 12-month measurement period
 |
| **Data Element:**  | 1. Is the patient HIV-infected? (Y/N)
2. If yes, did the patient complete an MCC Assessment? (Y/N)
3. If yes, did the patient have a housing need identified in the MCC Assessment? (Y/N)
4. If yes, did the patient enroll in a housing program within 45 days of identified need? (Y/N)
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| **Data Source:** | * Casewatch or other electronic data base
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| **National Goals, Targets, or Benchmarks for Comparison:**  | National benchmarks: none available at this time DHSP TFC = 70% |
| **Related Performance Measures:** | * Percentage of HIV-infected patients who had a medical visit two or more times at least 3 months apart in the measurement year
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| **Performance Measure 2.5:** Linkage to partner services (ACTIVE PATIENTS ONLY) |
| Percentage of **active** MCC patients who are successfully linked to partner services in the past 12 months  |
| Numerator:  | Number of active MCC patients with identified high risk sexual behavior linked to partner services within 45 days of identified need  |
| Denominator:  | All active MCC patients with referred to partner services within the past 12 months |
| **Definition:** | 1. Active: refers to patients who are enrolled in the MCC program to receive intensive services within the past 12 months
2. High Risk Sexual Behavior: refers to patients with severe or high acuity level in the “Risk Behaviors” domain of the MCC Assessment
 |
| **Patient Exclusions:**  | 1. Patients who have been incarcerated within the past 12 months
2. Any patient refusing services that was documented in the medical record
3. Any patient enrolled in MCC within the last 3 months of the 12-month measurement period
 |
| **Data Element:**  | 1. Is the patient HIV-infected? (Y/N)
2. If yes, did the patient complete an MCC Assessment? (Y/N)
3. If yes, did the patient have identified high risk sexual behavior needs? (Y/N)
4. If yes, did the patient receive partner services within 45 days of identified need? (Y/N)
 |
| **Data Sources:** | * Casewatch or other electronic data base
 |
| **National Goals, Targets, or Benchmarks for Comparison:**  | National benchmarks: none available at this time DHSP TFC = 100% |
| **Related Performance Measures:** | * Percentage of patients with HIV infection who had a test for syphilis performed within the measurement year
* Percentage of patients with HIV infection who had a test for Chlamydia within the measurement year
* Percentage of patients with HIV infection who had a test for Gonorrhea within the measurement year
* Percentage of patients with HIV infection who received HIV risk counselingwithin the measurement year
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| **Performance Measure 2.6:** Provision of behavioral risk reduction counseling and education intervention (ACTIVE PATIENTS ONLY) |
| Percentage of **active** MCC patients who were provided the behavior risk reduction intervention in the past 12 months  |
| **Numerator:**  | Number of active MCC patients with identified high risk behaviors in the assessment who are provided the risk reduction intervention by MCC staff within 30 days of identified need  |
| **Denominator:**  | All active MCC patients with identified high risk behaviors in the MCC Assessment within the past 12 months |
| **Definition:** | 1. Active: refers to patients who are enrolled in the MCC program to receive intensive services within the past 12 months
2. High Risk Behavior: refers to patients with severe or high acuity level in the “Risk Behaviors” domain of the MCC Assessment
 |
| **Patient Exclusions:**  | 1. Patients who have been incarcerated within the past 12 months
2. Any patient refusing services that was documented in the medical record
3. Any patient enrolled in MCC within the last 3 months of the 12-month measurement period
 |
| **Data Element:**  | 1. Is the patient HIV-infected? (Y/N)
2. If yes, did patient complete an MCC Assessment? (Y/N)
3. If yes, did the patient have identified high risk behaviors (Y/N)
4. If yes, was the patient provided the risk reduction intervention within 30 days of identified need? (Y/N)
 |
| **Data Sources:** | * Casewatch or other electronic data base
 |
| **National Goals, Targets, or Benchmarks for Comparison:**  | National benchmarks: none available at this time DHSP TFC = 100% |
| **Related Performance Measures:** | * Percentage of HIV-infected patients who had a medical visit two or more times at least 3 months apart in the measurement year
* Percentage of patients with HIV infection who had a test for syphilis performed within the measurement year
* Percentage of patients with HIV infection who had a test for Chlamydia within the measurement year
* Percentage of patients with HIV infection who had a test for Gonorrhea within the measurement year
* Percentage of patients with HIV infection who received HIV risk counselingwithin the measurement year
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