

eHIVQUAL Indicator Comparison 2014

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CONTENTS

Master Comparison Tables	4, 5
Measure Set Descriptions	6
Measure Set Sources & Date Last Updated	7
Retention Rates	8, 9
Visit Frequency (12-month)	
Visit Frequency (24-month)	
New Patient Visit Frequency	
Adolescent Transition Visit Frequency	
Viral Load Suppression	10
Viral Load Suppression – Suppressed at Last VL of Review Period	
Viral Load Suppression – Always Suppressed within Review Period	
Antiretroviral Therapy & Baseline Resistance Test	11
Antiretroviral Therapy	
Baseline Resistance Test	
Sexually Transmitted Infections	12, 13, 14
Syphilis Testing	
Syphilis – Treatment for Positives	
Genital Chlamydia Testing	
Rectal Chlamydia Testing Among MSM and MtF Transgender Patients	
Chlamydia Treatment	
Genital Gonorrhea Testing	
Rectal Gonorrhea Testing Among MSM and MtF Transgender Patients	
Pharyngeal Gonorrhea Testing Among MSM and MtF Transgender Patients	
Gonorrhea Treatment	
Sexual History Taking	15
Sexual History Taking	
Anal Sexual History Taking	
Oral Sexual History Taking	
Genital Sexual History Taking	
Hepatitis C (HCV) Screening & Management	16
Hepatitis C (HCV) Status	
Hepatitis C (HCV) RNA Assay for Positives	
Hepatitis C (HCV) Further Evaluation of RNA Positive Patients	
Hepatitis C (HCV) Retest for Negatives, High Risk	
Gynecology Care – Pap Test	17
Gynecology Care – Pap Test	
Mental Health Screening & Treatment	19
Mental Health Screening	
Mental Health – Referral for Treatment Made	
Mental Health – Appointment Kept	
Substance Use Screening & Abuse Treatment	19, 20
Substance Use Screening	
Substance Abuse Treatment for Current Users	
Substance Abuse Treatment for Past Users	
Tobacco Use Screening & Cessation Counseling	21, 22
Tobacco Use Screening	

Tobacco Cessation Counseling	
PCP Prophylaxis	23
PCP Prophylaxis	
Mammography	24
Mammography	
Digital Rectal Exam	25
Digital Rectal Exam	
Anal Pap Test	26
Anal Pap Test	
Colon Cancer Screening & Follow-Up	27
Colon Cancer Screening	
Colon Cancer Screening Follow-Up	
Diabetes Screening & Management	28, 29
Diabetic Control Among Diabetic Patients	
Diabetes Screening	
Diabetes Management – Serum Creatinine	
Diabetes Management – Retinal Exam	
Care Coordination – Patient Involvement	30
Patient Involvement in Care Coordination Planning	

eHIVQUAL Performance Measures

Performance Measure	eHIVQUAL	HAB	HEDIS	JCAHO	Meaningful Use	NQF	NYS QARR	PCPI	PQRS	UDS	
Visit Frequency (12-month)	X	X	-	-	X	X	X	-	X	X	-
Visit Frequency (24-month)	X	X	-	-	-	X	-	-	X	-	-
New Patient Visit Frequency	X	-	-	-	-	-	-	-	-	-	-
Adolescent Transition Visit Frequency	X	-	-	-	-	-	-	-	-	-	-
Viral Load Suppression – Suppressed at Last VL of Review Period	X	X	-	-	X	X	-	X	X	X	-
Viral Load Suppression – Always Suppressed within Review Period	X	-	-	-	-	-	-	-	-	-	-
Antiretroviral Therapy	X	X	-	-	-	X	-	X	X	-	-
Baseline Resistance Test	X	X	-	-	-	-	-	-	-	-	-
Syphilis Testing	X	X	-	-	-	X	X	X	X	-	-
Syphilis – Treatment for Positives	X	-	-	-	-	-	-	-	-	-	-
Genital Chlamydia Testing	X	X	X	-	X	X	X	X	X	X	-
Rectal Chlamydia Testing Among MSM and MtF Transgender Patients	X	-	-	-	-	-	-	-	-	-	-
Chlamydia Treatment	X	-	-	-	-	-	-	-	-	-	-
Genital Gonorrhea Testing	X	X	-	-	-	X	-	X	X	-	-
Rectal Gonorrhea Testing Among MSM and MtF Transgender Patients	X	-	-	-	-	-	-	-	-	-	-
Pharyngeal Gonorrhea Testing Among MSM and MtF Transgender Patients	X	-	-	-	-	-	-	-	-	-	-
Gonorrhea Treatment	X	-	-	-	-	-	-	-	-	-	-
Sexual History Taking	X	-	-	-	-	-	-	-	-	-	-
Anal Sexual History Taking	X	-	-	-	-	-	-	-	-	-	-
Oral Sexual History Taking	X	-	-	-	-	-	-	-	-	-	-
Genital Sexual History Taking	X	-	-	-	-	-	-	-	-	-	-
Gynecology Care – Pap Test	X	X	X	-	X	X	X	X	X	X	X
Mental Health Screening	X	X	-	-	X	X	-	-	-	-	-
Mental Health – Referral for Treatment Made	X	-	-	-	-	-	-	-	-	-	-
Mental Health – Appointment Kept	X	-	-	-	-	-	-	-	-	-	-
Substance Use Screening	X	X	-	X	-	-	-	X	-	-	-
Substance Abuse Treatment for Current	X	-	-	X	-	-	-	-	-	-	-

Users										
Substance Abuse Treatment for Past Users	x	-	-	-	-	-	-	-	-	-
Tobacco Use Screening	x	x	-	x	x	x	-	x	x	x
Tobacco Cessation Counseling	x	x	-	x	x	x	-	x	x	x
Hepatitis C (HCV) Status	x	x	-	-	-	-	-	-	-	-
Hepatitis C (HCV) RNA Assay for Positives	x	-	-	-	-	x	-	-	x	-
Hepatitis C (HCV) Further Evaluation of RNA Positive Patients	x	-	-	-	-	-	-	-	-	-
Hepatitis C (HCV) Retest for Negatives, High Risk	x	-	-	-	-	-	-	-	-	-
PCP Prophylaxis	x	x	-	-	x	x	-	x	x	-
Mammography	x	-	x	-	x	-	x	-	x	-
Digital Rectal Exam	x	-	-	-	-	-	-	-	-	-
Anal Pap Test	x	-	-	-	-	-	-	-	-	-
Colon Cancer Screening	x	-	x	-	x	x	x	-	x	x
Colon Cancer Screening Follow-Up	x	-	-	-	-	-	-	-	-	-
Diabetic Control Among Diabetic Patients	x	-	x	-	x	x	x	-	x	x
Diabetes Screening	x	-	-	-	-	-	-	-	-	-
Diabetes Management – Serum Creatinine	x	-	-	-	-	-	-	-	-	-
Diabetes Management – Retinal Exam	x	-	x	-	x	x	x	-	x	-
Patient Involvement in Care Coordination Planning	x	-	-	-	-	-	-	-	-	-

HAB	HRSA HIV/AIDS Bureau (HAB) Clinical Performance Measures were first developed in 2007 to be used by Ryan White grantees. Grantees are encouraged to include the core clinical HAB measures within their quality management (QM) plans in an effort to identify possible areas for quality improvement intervention. Measures have been released in a multiple-tier system with HIV-specific indicators featured.
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 71 measures across 8 domains of care. National Committee for Quality Assurance (NCQA)'s Committee on Performance Measurement determines what HEDIS measures are included and field tests determine how it gets measured. HEDIS does not contain measures specific to HIV/AIDS but rather primary care generally.
JCAHO	The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is a non-profit, independent organization that accredits and certifies more than 18,000 health care organizations and programs in the U.S. The Joint Commission was founded in 1951 to examine organizational performance through standards for quality and safety in health care delivery.
Meaningful Use	The American Recovery and Reinvestment Act authorizes the Centers for Medicare & Medicaid Services (CMS) to provide a reimbursement incentive for physician and hospital providers who are successful in becoming "meaningful users" of an electronic health record (EHR). Starting in 2015, providers are expected to have adopted and be actively utilizing an EHR in compliance with the "meaningful use" definition or they will be subject to financial penalties under Medicare. Many of the current proposed EHR-generated quality measures apply to primary care providers and are derived from NQF-endorsed measures. New measures under development, by NQF, and other recognized organizations will also address the work of specialists.
NQF (National Quality Forum)	The National Quality Forum is a non-profit organization with a mission to improve the quality of American healthcare by building consensus on national priorities and performance measurement, publicly reporting on performance and by promoting education and outreach programs. In January 2009, NQF entered into a contract with the Department of Health and Human Services to help establish a portfolio of quality and efficiency measures for use in reporting on and improving healthcare quality. NQF will supervise a systematic review and synthesis of evidence relating to 20 high-priority conditions identified by the Centers for Medicare & Medicaid Services that account for over 95 percent of Medicare's costs. NQF produces annual reports on quality for the implementation of quality measurement initiatives, a summary of activities and recommendations on national strategy and priorities. NQF features HIV-specific and primary care measures.
NYS QARR	NYS Quality Assurance Reporting Requirements (NYS QARR) collects data from managed care plans including Health Plus through the New York State Department of Health's Office of Managed Care. The QARR measures evaluate plan performance in areas such as effectiveness of care, availability of care and satisfaction with the experience of care. The QARR measures were adapted from HEDIS reporting requirements. NYS QARR also contains additional measures addressing public health concerns specific or uniquely important to NYS.
PCPI	The Physician Consortium for Performance Improvement (PCPI), convened by the American Medical Association (AMA), is a national and physician-led initiative dedicated to improving patient health and safety by developing, testing and implementing evidence-based performance measures for use at the point of care. PCPI measures are drafted in collaboration with PCPI member organizations.
PQRI/PQRS	The Physician Quality Reporting Initiative (PQRI) was developed following the passage of the 2006 Tax Relief and Health Care Act to capture physician-level quality data and incentive payment for eligible professionals who report data on services furnished to Medicare beneficiaries during the second half of 2007. PQRI was then modified as a result of the Medicare, Medicaid, and SCHIP Act of 2007 Medicare Improvements for Patients and Providers Act of 2008. The Centers for Medicare and Medicaid Services (CMS) has in 2011 changed the program name to Physician Quality Reporting System (PQRS). PQRS also has a Maintenance of Certification (MOC) Program Incentive. The PQRS measures are updated annually with an emphasis on primary care.
UDS	The Uniform Data System (UDS) is an integrated reporting system used by all grantees of the Consolidated Health Centers Act, Section 330 from the following primary care programs administered by the Bureau of Primary Health Care (BPHC), Health Resources and Services: Community Health Center; Migrant Health Center; Health Care for the Homeless; and Public Housing Primary Care. Section 330 grantees are also known as Federally Qualified Health Centers (FQHCs). BPHC requires that grantees submit a core set of information annually that is appropriate for reviewing and evaluating performance and for reporting on annual trends.

<u>Source</u>	<u>Measure Set Name</u> <u>Date Last Updated</u> <u>Link to Access</u>	<u>Date Last Checked</u>
<i>eHIVQUAL</i>	2013 eHIVQUAL Indicator Definitions	4/30/14
<i>HAB</i>	HIV/AIDS Bureau's Revised Performance Measure Portfolio November 2013 http://hab.hrsa.gov/deliverhivaids/habperformmeasures.html	4/30/14
<i>HEDIS</i>	HEDIS® 2014 Measures October 2013 http://www.ncqa.org/PublicationsProducts/HEDIS.aspx (Volume 2: Technical Specifications for Health Plans)	4/30/14
<i>JCAHO</i>	National Hospital Inpatient Quality Measures Specifications Manual v4.3a (applicable 1/1/2014 through 9/30/2014) October 2013 http://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures.aspx	4/30/14
<i>Meaningful Use</i>	Clinical Quality Measures for 2014 CMS EHR Incentive Programs for Eligible Professionals January 2013 http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_MeasuresTable_Posting_CQMs.pdf	4/30/14
<i>National Quality Forum</i>	NQF-Endorsed® Measures Various (2007 – Present) https://www.qualityforum.org/QPS/QPSTool.aspx	4/30/14
<i>NYS QARR</i>	2014 Quality Assurance Reporting Requirements (2014 QARR/HEDIS® 4013) October 2013 http://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2014/docs/qarr_specifications_manual_2014.pdf	4/30/14
<i>PCPI</i>	PCPI™ and PCPI Approved Quality Measures Various (2003 – Present) http://www.ama-assn.org/ama/pub/physician-resources/physician-consortium-performance-improvement/pcpi-measures.page	4/30/14
<i>PQRI/PQRS</i>	2014 Physician Quality Reporting System (PQRS) Claims/Registry Measure Specifications Manual December 2013 http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html	4/30/14
<i>UDS</i>	BPHC Uniform Data System Manual December 2013 http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/2013udsreport.pdf	4/30/14

eHIVQUAL Performance Measure: Visit Frequency (12-month)	
Percentage of patients who were retained in care.	
Denominator: Number of patients who had at least one primary care visit in the first six months of the review period.	
Numerator: Number of patients with at least one visit in the first six months of the review period and in the second six months of the review period.	
Exclusion(s): None.	
eHIVQUAL Performance Measure: Visit Frequency (24-month)	
Percentage of patients who were retained in care during the review period and the previous year.	
Denominator: All patients whose first medical visit in the clinic occurred at least 6 months prior to the start of the review period.	
Numerator: Number of patients who had at least one medical visit in each 6-month period of the review period and the previous year with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period. (Measurement period is a consecutive 24-month period of time.)	
Exclusion(s): - Patients who are documented to be deceased at any time in the measurement year. - Patients who were incarcerated for greater than 90 days of the measurement year. - Patients who were known to relocate out of the service area or transferred medical care at any time in the measurement year.	
eHIVQUAL Performance Measure: New Patient Visit Frequency	
Percentage of newly enrolled patients who were retained in care.	
Denominator: Number of patients who were newly enrolled to care (not seen in previous two years), with at least one medical visit in the clinic in the first 4 months of the measurement year.	
Numerator: Number of patients who had at least one medical visit in each 4-month period of the measurement year.	
Exclusion(s): - Patients who are documented to be deceased at any time in the measurement year. - Patients who were incarcerated for greater than 90 days of the measurement year. - Patients who were known to relocate out of the service area or transferred medical care at any time in the measurement year.	
eHIVQUAL Performance Measure: Adolescent Transition Visit Frequency	
Percentage of newly enrolled patients transitioned from an adolescent care program who were retained in care.	
Denominator: Number of patients who were newly enrolled to care (never seen before), and transitioned from an adolescent care program, who had at least one medical visit in the clinic in the first 4 months of the measurement year.	
Numerator: Number of patients who had at least one medical visit in each 4-month period of the measurement year.	
Exclusion(s): - Patients who are documented to be deceased at any time in the measurement year. - Patients who were incarcerated for greater than 90 days of the measurement year. - Patients who were known to relocate out of the service area or transferred medical care at any time in the measurement year.	
HAB (2013)/National Quality Forum (2013)/PQRS (2014): Gap in HIV Medical Visits	Meaningful Use (2014)/PQRS (2014): HIV/AIDS Medical Visit
Percentage of 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. <ul style="list-style-type: none"> Denominator: 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. Numerator: Number of patients in the denominator who did not have a medical visit in 	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with at least 90 days between each visit. <ul style="list-style-type: none"> Denominator: All patients, regardless of age, with a diagnosis of HIV/AIDS seen within a 12 month period Numerator: Patients with at least two medical visits during the measurement year with a minimum of 90 days between each visit.

<p>the last 6 months of the measurement year.</p> <ul style="list-style-type: none"> ▪ Exclusion(s): Patients who died at any time during the measurement year. 	<p>Exclusion(s): None</p>
<p>NYS QARR (2014): Engaged in Care</p>	<p>HAB (2013)/National Quality Forum (2013)/PQRS (2014): HIV Medical Visit Frequency</p>
<p>Percentage of members from the eligible population who had at least one outpatient visit for physician services of primary care or HIV related care occurring during each half of the measurement year.</p> <ul style="list-style-type: none"> ▪ Denominator: All members of the eligible population ages 2 and older as of December 31, 2013. ▪ Numerator: For numerator compliance, each member will have at least one visit meeting criteria for Table HIV-C with practitioners managing the HIV and preventative care needs, occurring on or between January 1 and June 30 and at least one qualifying visit occurring on or between July 1 and December 31 of the measurement year. <p>Exclusion(s): None</p>	<p>Percentage of patients, regardless of age, with a diagnosis of HIV who had 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> <ul style="list-style-type: none"> ▪ Denominator: 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. ▪ Numerator: Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period. ▪ Exclusion(s): Patients who died at any time during the 24-month measurement period.

eHIVQUAL Performance Measure: Viral Load Suppression – Suppressed at Last VL of Review Period	
Percentage of patients who were suppressed at last HIV viral load test.	
<p><u>Denominator:</u> All patients.</p> <p><u>Numerator:</u> Number of patients with a HIV viral load test below the level of detectability for the assay used at last HIV viral load test during the measurement year.</p> <p><u>Exclusion(s):</u> None.</p> <p><u>Note(s):</u> Reports include <i><50 copies/mm³ and <200 copies/mm³</i>.</p>	
eHIVQUAL Performance Measure: Viral Load Suppression – Always Suppressed within Review Period	
Percentage of patients who were suppressed at all HIV viral load tests.	
<p><u>Denominator:</u> All patients.</p> <p><u>Numerator:</u> Number of patients with a HIV viral load test below the level of detectability for the assay used at all HIV viral load tests during the measurement year.</p> <p><u>Exclusion(s):</u> None.</p> <p><u>Note(s):</u> Reports include <i><50 copies/mm³ and <200 copies/mm³</i>.</p>	
HAB (2013)/National Quality Forum (2013)/PQRS (2014): HIV Viral Load Suppression	Meaningful Use (2014)/PQRS (2014): HIV/AIDS RNA control for Patients with HIV
<p>Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year. ▪ <u>Numerator:</u> 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. ▪ <u>Exclusion(s):</u> None. 	<p>Percentage of patients, aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA is <200 copies/mL.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> All patients aged 13 years and older with a diagnosis of HIV/AIDS with at least two visits during the measurement year, with at least 90 days between each visit. ▪ <u>Numerator:</u> Patients whose most recent HIV RNA level is <200 copies/mL. <p><u>Exclusion(s):</u> None</p>
PCPI (2008): HIV RNA Control After Six Months of Potent Antiretroviral Therapy	
<p>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who had at least two medical visits during the measurement year, with at least 60 days between each visit, who are receiving potent antiretroviral therapy, who have a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy OR whose viral load is not below limits of quantification after at least 6 months of potent antiretroviral therapy and have documentation of a plan of care.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> All patients aged 13 years and older with a diagnosis of HIV/AIDS who had at least two medical visits during the measurement year, with at least 60 days between each visit, who have received potent antiretroviral therapy for at least 6 months. ▪ <u>Numerator:</u> Patients with viral load below limits of quantification OR patients with viral load not below limits of quantification who have a documented plan of care. ▪ <u>Exclusion(s):</u> None. 	

eHIVQUAL Performance Measure: Antiretroviral Therapy	
Percentage of patients on ART.	
Denominator: All patients.	
Numerator: Number of patients who were prescribed an ART drug at any time during the review period.	
Exclusion(s): None.	
eHIVQUAL Performance Measure: Baseline Resistance Test	
Percentage of newly treated patients who received a baseline resistance test.	
Denominator: Number of patients who had one or more VL values recorded as >500 copies/mm ³ during the review period prior to ARV initiation, were ARV-naïve at the start of the review period, and initiated ARV therapy during the review period.	
Numerator: Number of patients for whom a baseline resistance test was performed any time prior to ARV-initiation, either during the review period OR at any time preceding it.	
Exclusion(s): None.	
HAB (2013)/National Quality Forum (2013)/PQRS (2014): Prescription of HIV Antiretroviral Therapy	PCPI (2008): Adolescent and Adult Patients with HIV/AIDS who are Prescribed Potent Antiretroviral Therapy
<p>Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.</p> <ul style="list-style-type: none"> ▪ Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year. ▪ Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year. ▪ Exclusion(s): None. 	<p>Percentage of patients with a diagnosis of HIV/AIDS with at least two visits during the measurement year, with at least 60 days between each visit; aged 13 years and older who have a history of a nadir CD4+ count below 350 cells/mm³; aged 13 years and older who have a history of an AIDS-defining illness, regardless of CD4+ count; or who are pregnant, regardless of CD4+ count or age, who were prescribed potent antiretroviral therapy.</p> <ul style="list-style-type: none"> ▪ Denominator: Patients with a diagnosis of HIV/AIDS with at least two visits during the measurement year, with at least 60 days between each visit; aged 13 years and older who have a history of a nadir CD4+ count below 350 cells/mm³; aged 13 years and older who have a history of an AIDS-defining illness, regardless of CD4+ cell count; or who are pregnant, regardless of CD4+ count or age. ▪ Numerator: Patients who were prescribed potent antiretroviral therapy, defined as any antiretroviral therapy that has demonstrated optimal efficacy and results in durable suppression of HIV as shown by prior clinical trials. <p>Exclusions: None.</p>
HAB (2013): HIV Drug Resistance Testing Before Initiation of Therapy	
Percentage of patients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year.	
<ul style="list-style-type: none"> ▪ Denominator: Number of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy during the measurement for the first time; and had a medical visit with a provider with prescribing privileges at least once in the measurement year. ▪ Numerator: Number of patients who had an HIV drug resistance test performed at any time before initiation of HIV antiretroviral therapy. ▪ Exclusion(s): None. 	

eHIVQUAL Performance Measure: Syphilis Testing
Percentage of patients who received a syphilis test.
Denominator: All patients.
Numerator: Number of patients who received a syphilis test during the review period.
Exclusion(s): None.
eHIVQUAL Performance Measure: Syphilis – Treatment for Positives
Percentage of patients who were treated following a positive result from a syphilis test.
Denominator: Number of patients who tested positive for syphilis during the review period.
Numerator: Number of patients who were treated following a positive serum syphilis test result during the review period.
Exclusion(s): - Patients for whom there is a documented existing syphilis infection.
eHIVQUAL Performance Measure: Genital Chlamydia Testing
Percentage of patients who had a genital test for Chlamydia.
Denominator: All patients.
Numerator: Number of patients who had one or more genital (urine, cervical, urethral, or vaginal) tests for Chlamydia performed during the review period.
Exclusion(s): None.
eHIVQUAL Performance Measure: Rectal Chlamydia Testing Among MSM and MtF Transgender Patients
Percentage of MSM or MtF transgender patients who had a rectal test for Chlamydia.
Denominator: Number of MSM or MtF transgender patients.
Numerator: Number of MSM or MtF transgender patients who had one or more rectal tests (nucleic acid test or culture) for Chlamydia performed during the review period.
Exclusion(s): None.
eHIVQUAL Performance Measure: Chlamydia Treatment
Percentage of patients who were treated following a positive Chlamydia test.
Denominator: Number of patients who tested positive for Chlamydia during the review period.
Numerator: Number of patients who were treated following a positive Chlamydia test result during the review period.
Exclusion(s): None.
Note(s): Indicator is calculated separately for each anatomical region.
eHIVQUAL Performance Measure: Genital Gonorrhea Testing
Percentage of patients who had a genital test for gonorrhea.
Denominator: All patients.
Numerator: Number of patients who had one or more genital (urine, cervical, urethral, or vaginal) tests for gonorrhea performed during the review period.
Exclusion(s): None.
eHIVQUAL Performance Measure: Rectal Gonorrhea Testing Among MSM and MtF Transgender Patients
Percentage of MSM or MtF transgender patients who had a rectal test for gonorrhea.
Denominator: Number of MSM or MtF transgender patients.

<p><u>Numerator:</u> Number of MSM or MtF transgender patients who had one or more rectal tests (nucleic acid test or culture) for gonorrhea performed during the review period.</p> <p><u>Exclusion(s):</u> None.</p>	
<p>eHIVQUAL Performance Measure: Pharyngeal Gonorrhea Testing Among MSM and MtF Transgender Patients</p> <p>Percentage of MSM or MtF transgender patients who had a pharyngeal test for gonorrhea.</p>	
<p><u>Denominator:</u> Number of MSM or MtF transgender patients</p> <p><u>Numerator:</u> Number of MSM or MtF transgender patients who had one or more pharyngeal tests (nucleic acid test or culture) for gonorrhea performed during the review period.</p> <p><u>Exclusion(s):</u> None</p>	
<p>eHIVQUAL Performance Measure: Gonorrhea Treatment</p> <p>Percentage of patients who were treated following a positive gonorrhea test.</p>	
<p><u>Denominator:</u> Number of patients who tested positive for gonorrhea during the review period.</p> <p><u>Numerator:</u> Number of patients who were treated following a positive gonorrhea test result during the review period.</p> <p><u>Exclusion(s):</u> None.</p> <p><u>Note(s):</u> Indicator is calculated separately for each anatomical region.</p>	
<p>HAB (2013): Syphilis Screening/Chlamydia Screening/Gonorrhea Screening</p>	<p>National Quality Forum (2013)/PQRS (2014): HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis</p>
<p>1.) Percentage of adult patients with a diagnosis of HIV who had a test for syphilis performed within the measurement year.</p> <p>2.) Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year.</p> <p>3.) Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year.</p> <ul style="list-style-type: none"> ▪ <u>Denominator 1:</u> Number of patients with a diagnosis of HIV who were ≥ 18 years old in the measurement year or had a history of sexual activity < 18 years, and had a medical visit with a provider with prescribing privileges at least once in the measurement year. ▪ <u>Numerator 1:</u> Number of patients with a diagnosis of HIV who had a serologic test for syphilis performed at least once during the measurement year. ▪ <u>Denominator 2 & 3:</u> Number of patients with a diagnosis of HIV who were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months, and had a medical visit with a provider with prescribing privileges at least once in the measurement year. ▪ <u>Numerator 2:</u> Number of patients with a diagnosis of HIV who had a test for chlamydia. ▪ <u>Numerator 3:</u> Number of patients with a diagnosis of HIV who had a test for gonorrhea. ▪ <u>Exclusion(s):</u> Patients who were ≤ 18 years old and denied a history of sexual activity. 	<p>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> All patients aged 13 years and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days between visits. ▪ <u>Numerator:</u> Patients who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection. ▪ <u>Exclusion(s):</u> None.

PCPI (2008): Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea, Syphilis	HEDIS (2014)/Meaningful Use (2014)/NYS QARR (2014)/PQRS (2014): Chlamydia Screening in Women
<p>1.) Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia and gonorrhea screenings were performed at least once since the diagnosis of HIV infection.</p> <p>2.) Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for syphilis at least once within 12 months.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> Patients aged 13 years and older with a diagnosis of HIV/AIDS. ▪ <u>Numerator 1:</u> Patients with chlamydia and gonorrhea screenings performed at least once since the diagnosis of HIV infection. <p><u>Numerator 2:</u> Patients who were screened for syphilis at least once within 12 months.</p> <p><u>Exclusion(s):</u> Patients who did not receive screening for medical reasons with or without reason documented.</p>	<p>Percentage of women 16-24 years of age who were identified as sexually active and who had at least one for chlamydia during the measurement period.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> Women 16-24 years of age who are sexually active and who had a visit in the measurement period. ▪ <u>Numerator:</u> Women with at least one chlamydia test during the measurement period. ▪ <u>Exclusion(s):</u> None.
NYS QARR (2014): Syphilis Screening Rate	
<p>The percentage of members from the eligible population who have had one syphilis screen performed within the measurement year.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> All members of the eligible population ages 19 and older as of December 31, 2013. ▪ <u>Numerator:</u> One syphilis screening test performed in the measurement year. ▪ <u>Exclusion(s):</u> None. 	

eHIVQUAL Performance Measure: Sexual History Taking

Percentage of patients who were asked about sexual activity.

Denominator:

All patients.

Numerator:

Number of patients who were asked about sexual activity during the review period.

Exclusion(s):

None.

eHIVQUAL Performance Measure: Anal Sexual History Taking

Percentage of patients who were asked about anal sexual activity during a sexual history.

Denominator:

Number of patients who were asked about sexual activity during the review period.

Numerator:

Number of patients who were asked about anal sexual activity.

Exclusion(s):

None.

eHIVQUAL Performance Measure: Oral Sexual History Taking

Percentage of patients who were asked about oral sexual activity during a sexual history.

Denominator:

Number of patients who were asked about sexual activity during the review period.

Numerator:

Number of patients who were asked about oral sexual activity.

Exclusion(s):

None.

eHIVQUAL Performance Measure: Genital Sexual History Taking

Percentage of patients who were asked about genital sexual activity during a sexual history.

Denominator:

Number of patients who were asked about sexual activity during the review period.

Numerator:

Number of patients who were asked about genital sexual activity.

Exclusion(s):

None.

eHIVQUAL Performance Measure: Hepatitis C (HCV) Status	
Percentage of patients for whom hepatitis C status is known.	
Denominator: All patients.	
Numerator: Number of patients whose HCV test was documented in the medical record at the end of the review period based upon either an antibody status and/or RNA assay.	
Exclusion(s): None.	
eHIVQUAL Performance Measure: Hepatitis C (HCV) RNA Assay for Positives	
Percentage of patients for whom an HCV RNA assay was performed.	
Denominator: Number of patients whose HCV serostatus is positive during the first nine months of the review period or known to be positive at the start of the review period.	
Numerator: Number of patients for whom an HCV RNA assay was performed.	
Exclusion(s): None.	
eHIVQUAL Performance Measure: Hepatitis C (HCV) Further Evaluation of RNA Positive Patients	
Percentage of HCV RNA+ patients with a documented discussion of further treatment or evaluation.	
Denominator: Number of HCV RNA+ patients.	
Numerator: Number of patients with documented discussion of further treatment or evaluation during the review period.	
Exclusion(s): Patients with treatment administered at the time of the last known RNA assay.	
eHIVQUAL Performance Measure: Hepatitis C (HCV) Retest for Negatives, High Risk	
Percentage of patients who have a known negative HCV serostatus and are at a high risk for infection who are retested for HCV.	
Denominator: Number of patients whose HCV serostatus is negative at the start of the review period and are at high risk for infection as defined by active IDU, multiple partners, MSM without barrier protection, new abnormal LFTs.	
Numerator: Number of patients who were retested for HCV during the review period.	
Exclusion(s): None.	
HAB (2013): Hepatitis C Screening	National Quality Forum (2013)/PQRS (2014): Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia
Percentage of patients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV. <ul style="list-style-type: none"> ▪ Denominator: 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. ▪ Numerator: Number of patients with a diagnosis of HIV who have documented HCV status in chart. ▪ Exclusion(s): None. 	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C seen for an initial evaluation who had HCV RNA testing order or previously performed. <ul style="list-style-type: none"> ▪ Denominator: All patients aged 18 years and older with a diagnosis of hepatitis C seen for initial evaluation. ▪ Numerator: Patients for whom HCV RNA testing was ordered or previously performed. ▪ Exclusion(s): Documentation of medical reason(s) for not ordering or performing HCV RNA testing; Documentation of patient reason(s) for not ordering or performing HCV RNA testing.

eHIVQUAL Performance Measure: Gynecology Care – Pap Test	
Percentage of female and transgender with biological cervix patients who received a Pap test.	
<p><u>Denominator:</u> Number of female and transgender patients with biological cervix who were ≥ 18 years old or reported having a history of sexual activity.</p> <p><u>Numerator:</u> Number of patients who had a Pap test recorded during the review period.</p> <p><u>Exclusion(s):</u> None.</p>	
HAB (2013): Cervical Cancer Screening	HEDIS (2014)/National Quality Forum (2014): Cervical Cancer Screening
<p>Percentage of female patients with a diagnosis of HIV who have a Pap screening in the measurement year.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> Number of female patients with a diagnosis of HIV who were ≥ 18 years old in the measurement year or reported having a history of sexual activity, and had a medical visit with a provider with prescribing privilege at least once in the measurement year. ▪ <u>Numerator:</u> Number of female patients with a diagnosis of HIV who had Pap screen results documented in the measurement year. ▪ <u>Exclusion(s):</u> 1. Patients who were < 18 years old and denied history of sexual activity; 2. Patients who have had a hysterectomy for non-dysplasia/non-malignant indications. 	<p>Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: - Women age 21-64 who had cervical cytology performed every 3 years; - Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> Women 24-64 years of age as of the end of the measurement year. ▪ <u>Numerator:</u> The number of women who were screened for cervical cancer. <p><u>Exclusion(s):</u> Women who had a hysterectomy with no residual cervix any time during their medical history through the end of the measurement year.</p>
Meaningful Use (2014)/NYS QARR (2014)/PQRS (2014)/UDS (2014): Cervical Cancer Screening	PCPI (2008): Cervical Cancer Screening
<p>Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> Women 24-64 years of age with a visit during the measurement period. ▪ <u>Numerator:</u> Women with one or more Pap tests during the measurement period or the two years prior to the measurement period. ▪ <u>Exclusion(s):</u> None. 	<p>Percentage of female patients aged 21 through 65 years who were seen at least twice for any visits or who had at least one preventive care visit during the two-year measurement period who have documentation of the performance of current cervical cancer screening with results during the two-year measurement period.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> All female patients aged 21 through 65 years who were seen at least twice for any visits or who had at least one preventive care visit during the two-year measurement period. ▪ <u>Numerator:</u> Patients with documentation of the performance of current cervical cancer screening with results. ▪ <u>Exclusion(s):</u> <ol style="list-style-type: none"> 1. Documentation of medical reason(s) for not having cervical cancer screening performed at least once in the last three years (e.g., limited life expectancy, patient has a history of complete cervix removal). 2. Documentation of patient reason(s) for not having cervical cancer screening performed at least once in the last three years (e.g., patient declined). Documentation of system reason(s) for not having cervical cancer screening performed at least once in the last three years (e.g., financial reasons).

eHIVQUAL Performance Measure: **Mental Health Screening**

Percentage of patients for whom a mental health screening was performed.

Denominator:

All patients.

Numerator:

Number of patients for whom all required components of the mental health screening were performed during the review period. Components of the mental health screening include: screenings for depression, anxiety and PTSD, and assessments for domestic violence, cognitive function, sleeping habits and appetite.

Exclusion(s):

None.

eHIVQUAL Performance Measure: **Mental Health – Referral for Treatment Made**

Percentage of patients with a problem identified as a result of a mental health screening for whom a referral for treatment was made.

Denominator:

Number of patients with either depression, anxiety, PTSD and/or a cognitive function problem identified through screening during the review period.

Numerator:

Number of patients for whom a referral for treatment was made during the review period.

Exclusion(s):

None.

Note:

Indicator is calculated separately for each condition.

eHIVQUAL Performance Measure: **Mental Health – Appointment Kept**

Percentage of patients referred to mental health treatment who kept the referral appointment.

Denominator:

Number of patients with either depression, anxiety, PTSD and/or a cognitive function problem identified through screening during the review period for whom a referral for treatment was made.

Numerator:

Number of patients who kept the referral appointment.

Exclusion(s):

None.

Note:

Indicator is calculated separately for each condition.

HAB (2013)/ Meaningful Use (2014)/National Quality Forum (2014): Screening for Clinical Depression and Follow-Up Plan

Percentage of patients aged 12 years and older 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.

- **Denominator:** All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.
- **Numerator:** Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.
- **Exclusion(s):** 1. Patient Reason(s) – Patient refuses to participate; 2. Medical Reason(s) – Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status; 3. Situations where the patient’s functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium.

eHIVQUAL Performance Measure: Substance Use Screening	
Percentage of patients with whom substance use was discussed/assessed.	
<p><u>Denominator:</u> All patients.</p> <p><u>Numerator:</u> Number of patients who had a discussion/assessment about substance use during the review period with the following breakdown of users:</p> <ul style="list-style-type: none"> i. Current (within last 6 months) ii. Past (6 or more months) iii. Never (no history of substance use) <p><u>Exclusion(s):</u> None.</p>	
eHIVQUAL Performance Measure: Substance Abuse Treatment for Current Users	
Percentage of patients identified as current users for which referrals were made for substance use treatment.	
<p><u>Denominator:</u> Number of patients who abused drugs* in the 0-6 months prior to the date of assessment who were not in treatment during the review period.</p> <p><u>Numerator:</u> Number of patients for whom referrals for substance abuse treatment have been made.</p> <p><u>Exclusion(s):</u> None.</p> <p><i>*Amphetamines, benzodiazepines, cocaine/crack, crystal methamphetamine, ecstasy, hallucinogens (PCP, LSD, other), heroin, inhalants (glue, nitrous oxide), ketamine, prescription opioids (Vicodin, Codeine), problem alcohol or other substance.</i></p>	
eHIVQUAL Performance Measure: Substance Abuse Treatment for Past Users	
Percentage of patients identified as past users with whom relapse prevention or ongoing treatment was discussed.	
<p><u>Denominator:</u> Number of patients who used drugs* in the 6-24 months prior to the date of assessment.</p> <p><u>Numerator:</u> Number of patients with whom relapse prevention or ongoing treatment has been discussed.</p> <p><u>Exclusion(s):</u> None.</p> <p><i>*Amphetamines, benzodiazepines, cocaine/crack, crystal methamphetamine, ecstasy, hallucinogens (PCP, LSD, other), heroin, inhalants (glue, nitrous oxide), ketamine, prescription opioids (Vicodin, Codeine), problem alcohol or other substance.</i></p>	
HAB (2013): Substance Abuse Screening	JCAHO (2014): Substance Use
<p>Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year.</p> <ul style="list-style-type: none"> • <u>Denominator:</u> Number of patients with a diagnosis of HIV who were new during the measurement year, and had a medical visit with a medical provider with prescribing privileges at least once in the measurement year. • <u>Numerator:</u> Number of new patients with a diagnosis of HIV who were screened for substance abuse within the measurement year. • <u>Exclusion(s):</u> None. 	<p>1.) Hospitalized patients who are screened within the first three days of admission using a validated screening questionnaire for unhealthy alcohol use.</p> <p>2.) Patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay.</p> <p>3.) Patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment.</p> <ul style="list-style-type: none"> ▪ <u>Denominator 1:</u> The number of hospitalized inpatients 18 years of age and older. ▪ <u>Denominator 2:</u> The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence). ▪ <u>Denominator 3:</u> The number of hospitalized

inpatients 18 years of age and older identified with an alcohol or drug use disorder.

- **Numerator 1:** The number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking within the first three days of admission.
- **Numerator 2:** The number of patients who received or refused a brief intervention.
- **Numerator 3:** The number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment.
- **Exclusion(s):** None.

PCPI (2008): Injection Drug Use Screening (HIV/AIDS)/Unhealthy Alcohol Use (All patients)

1.) Percentage of patients, aged 13 years and older with a diagnosis of HIV/AIDS who had at least two medical visits during the measurement year, with at least 60 days in between each visit, who were screened for injection drug use at least once within 12 months.

2.) Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once during the two-year measurement period using a systematic screening method.

- **Denominator 1:** All patients aged 13 years and older with a diagnosis of HIV/AIDS who had at least two medical visits during the measurement year, with at least 60 days in between each visit (injection drug).
- **Denominator 2:** All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the two-year measurement period.
- **Numerator 1:** Patients who were screened for injection drug use at least once within 12 months. Screening is defined as documentation that a discussion regarding injection drug use took place, or documentation that a standardized written or verbal tool for assessing injection drug use was used.
- **Numerator 2:** Patients who were screened for unhealthy alcohol use at least once during the two-year measurement period using a systematic screening method.
- **Exclusion(s):** None (injection drug use). Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy) (unhealthy alcohol use).

eHIVQUAL Performance Measure: Tobacco Use Screening	
Percentage of patients with whom tobacco use was discussed/assessed.	
Denominator: All patients.	
Numerator: Number of patients with whom tobacco use was discussed/assessed during the review period.	
Exclusion(s): None.	
eHIVQUAL Performance Measure: Tobacco Cessation Counseling	
Percentage of patients identified as tobacco users with whom tobacco use cessation was discussed.	
Denominator: Number of patients identified as tobacco users following a tobacco use screening performed during the review period.	
Numerator: Number of patients with whom tobacco use cessation was discussed during the review period.	
Exclusion(s): None.	
HAB (2013)/Meaningful Use (2014)/National Quality Forum (2013)/PCPI (2008)/PQRS (2014): Tobacco Use – Screening and Cessation Intervention	JCAHO (2014): Tobacco Use Screening & Treatment
<p>Percentage of patients aged 18 years and older who were screening for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p> <ul style="list-style-type: none"> ▪ Denominator: All patients aged 18 years and older. ▪ Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user. ▪ Exclusion(s): None. 	<p>1.) Hospitalized patients who are screened within the first three days of admission for tobacco use (cigarettes, smokeless tobacco, pipe and cigars) within the past 30 days.</p> <p>2.) Patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit AND receive or refuse FDA-approved cessation medications during the first three days after admission.</p> <ul style="list-style-type: none"> ▪ Denominator 1: The number of hospitalized inpatients 18 years of age and older. ▪ Denominator 2: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users. ▪ Numerator 1: The number of patients who were screened for tobacco use status within the first three days of admission. ▪ Numerator 2: The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the first three days after admission. ▪ Exclusion(s): Patients less than 18 years of age; patients who are cognitively impaired; patients who have a duration of stay less than or equal to three days or greater than 120 days.
UDS (2013): Tobacco Use Assessment/Cessation Intervention	
<p>1.) Percentage of patients aged 18 and over who were queried about any and all forms of tobacco use at least once within 24 months.</p> <p>2.) Percentage of patients aged 18 and over who were identified as users of any and all forms of tobacco during the program year or the prior year who received tobacco use intervention (cessation counseling and/or pharmacological intervention).</p> <ul style="list-style-type: none"> ▪ Denominator 1: Number of patients who were 18 years of age or older during the measurement year with at least one medical visit during the reporting year, and with at least two medical visits ever. ▪ Denominator 2: Number of patients who were 18 years of age or older during the measurement year who were identified as a tobacco user at some point during the prior twenty four months who had at least one medical visit during the reporting period, and at least two medical visits ever. ▪ Numerator 1: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit or within 24 months of the most 	

recent visit.

Numerator 2: Number of patients in the denominator who received tobacco cessation counseling or smoking cessation agents during their most recent visit or within 24 months of the most recent visit.

- **Exclusion(s):** None.

eHIVQUAL Performance Measure: **PCP Prophylaxis**

Percentage of patients with CD4 <200 cells/mm³ who were prescribed PCP prophylaxis.

Denominator:

Number of patients who had one or more Cd4 counts recorded as <200 cells/mm³ during the review period.

Numerator:

Number of patients who had PCP prophylaxis prescribed at any point in the review period.

Exclusion(s):

- Patients for whom the depressed CD4 count occurred during the first six months of the review period and all other CD4 counts recorded within the review period (at least one other count) were >200 cells/mm³.

HAB (2013)/Meaningful Use (2014)/National Quality Forum (2013)/PCPI (2008)/PQRS (2014): Pneumocystis jiroveci Pneumonia (PCP) Prophylaxis

Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis (Use the numerator and denomination that reflect patient population.)

- **Denominator 1:** All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm³, who had at least two visits during the measurement year, with at least 90 days in between each visit; and,
- **Denominator 2:** All patients aged 1 through 5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm³ or a CD4 percentage below 15%, who had at least two visits during the measurement year, with at least 90 days in between each visit; and,
- **Denominator 3:** All patients aged 6 weeks through 12 months with a diagnosis of HIV, who had at least two visits during the measurement year, with at least 90 days in between each visit.
- **Total denominator:** The sum of the three denominators.
- **Numerator 1:** Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm³.
- **Numerator 2:** Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/mm³ or a CD4 percentage below 15%.
- **Numerator 3:** Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of HIV diagnosis.
- **Aggregate numerator:** The sum of the three numerators.
- **Exclusions:** Denominator 1 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 200 cells/mm³ during the three months after a CD4 count below 200 cells/mm³; Denominator 2 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 500 cells/mm³ or CD4 percentage above 15% during the three months after a CD4 count below 500 cells/mm³ or CD4 percentage below 15%.

eHIVQUAL Performance Measure: Mammography	
Percentage of female patients aged 40 years and older who received a mammogram.	
<p><u>Denominator:</u> Number of female patients who are aged 40 years and older.</p> <p><u>Numerator:</u> Number of patients who received a mammogram either during the review period or the twelve months preceding the start of the review period.</p> <p><u>Exclusion(s):</u> None.</p>	
Meaningful Use (2014)/NYS QARR (2014): Breast Cancer Screening	HEDIS (2014)/PQRS: Breast Cancer Screening
<p>Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> Women 42-69 years of age with a visit during the measurement period. ▪ <u>Numerator:</u> Women with one or more mammograms during the measurement period or the year prior to the measurement period. ▪ <u>Exclusion(s):</u> None. 	<p>The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.</p> <ul style="list-style-type: none"> ▪ <u>Denominator:</u> The eligible population. ▪ <u>Numerator:</u> One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. <p><u>Exclusion(s):</u> Bilateral mastectomy any time during the member's history through December 31 of the measurement year.</p>

eHIVQUAL Performance Measure: **Digital Rectal Exam**

Percentage of patients for whom a digital rectal exam was performed.

Denominator:

All patients.

Numerator:

Number of patients for whom a digital rectal exam was performed during the review period.

Exclusion(s):

None.

eHIVQUAL Performance Measure: **Anal Pap Test**

Percentage of at-risk patients for whom a high-resolution anoscopy (HRA) or anal pap test was performed.

Denominator:

Number of patients who are: MSM; OR female and have confirmed genital cancerous or pre-cancerous lesions; OR otherwise have a history of anogenital condyloma.

Numerator:

Number of patients for whom an HRA or anal pap test was performed during the review period.

Exclusion(s):

None.

eHIVQUAL Performance Measure: **Colon Cancer Screening**

Percentage of patients aged 50-75 years of age, or 45-75 if African-American, who received an appropriate colon cancer screening.

Denominator:

Number of patients who are 50-75 years of age, or if African American, 45-75 years of age.

Numerator:

Number of patients who received one of the following colon cancer screenings: fecal occult blood test (FOBT, guaiac or immunochemical) during the review period; flexible sigmoidoscopy (FSIG) either during the review period or the four years preceding the start of the review period; colonoscopy performed either during the review period or the nine years preceding the start of the review period.

Exclusion(s):

None.

eHIVQUAL Performance Measure: **Colon Cancer Screening Follow-Up**

Percentage of patients with an abnormal colon cancer screening with a follow-up colonoscopy documented.

Denominator:

Number of patients with a positive FOBT or FSIG during the review period.

Numerator:

Number of patients with a follow-up colonoscopy documented within 60 days of the positive screening.

Exclusion(s):

None.

HEDIS (2014)/Meaningful Use (2014)/National Quality Forum (2014)/NYS QARR (2014)/PQRS (2014)/UDS (2013): Colorectal Cancer Screening

The percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer.

- **Denominator:** Patients 51-75 years of age as of December 31 of the measurement year.
- **Numerator:** One or more screenings for colorectal cancer. Any of the following meet criteria: - Fecal occult blood test during the measurement year; - Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year; - Colonoscopy during the measurement year or the nine years prior to the measurement year.
- **Exclusion(s):** Exclude patients with a diagnosis of colorectal cancer or total colectomy.

eHIVQUAL Performance Measure: Diabetic Control Among Diabetic Patients	
Percentage of patients diagnosed with diabetes (type 1 or type 2) whose most recent HbA1c was <8.0%.	
Denominator: Number of patients diagnosed with diabetes (type 1 or type 2).	
Numerator: Number of patients whose most recent HbA1c was <8.0% (performed during the review period).	
Exclusion(s): None.	
Note <i>Report includes four additional categories: less than 7%; greater than or equal to 7% and less than 8%; greater than or equal to 8% and less than or equal to 9%; and greater than 9% (Poor Control).</i>	
eHIVQUAL Performance Measure: Diabetes Screening	
Percentage of patients with any random blood sugar > 100 mg/dL who received diabetes screening.	
Denominator: Number of patients without a history of previous diabetes and with any random blood sugar (RBS) > 100 mg/dL during the review period	
Numerator: Number of patients with a fasting serum glucose test result, Oral Glucose Tolerance Test (OGTT) result, and/or HbA1c test result during the review period.	
Exclusion(s): None.	
eHIVQUAL Performance Measure: Diabetes Management – Serum Creatinine	
Percentage of diabetic patients for whom serum creatinine measurement was performed.	
Denominator: Number of patients with a known or new diagnosis of diabetes during the review period.	
Numerator: Number of patients for whom a serum creatinine was measured during the review period.	
Exclusion(s): None.	
eHIVQUAL Performance Measure: Diabetes Management – Retinal Exam	
Percentage of diabetic patients for whom a retinal exam was performed.	
Denominator: Number of patients with a known or new diagnosis of diabetes during the review period.	
Numerator: Number of patients for whom a retinal exam was performed during the review period.	
Exclusion(s): None.	
Meaningful Use (2014)/PQRS (2014): Diabetes – Hemoglobin A1c Poor Control (>9.0%); Eye Exam	HEDIS (2014)/National Quality Forum (2009)/NYS QARR (2014): Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%); Hemoglobin A1c (HbA1c) Control (<8.0%); Eye Exam
<p>1. Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.</p> <p>2. Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.</p> <ul style="list-style-type: none"> ▪ Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period. ▪ Numerator 1: Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%. ▪ Numerator 2: Patients with an eye screening for diabetic retinal disease. This includes diabetics 	<p>1. The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.</p> <p>2. The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.</p> <p>3. The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received a retinal or dilated eye exam during the measurement year or a negative retinal or dilated eye exam in the year prior to the measurement year.</p> <ul style="list-style-type: none"> ▪ Denominator: Members 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the

who had the following: A retinal or dilated eye exam by an eye care professional in the measurement period or a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period.

- **Exclusion(s):** None.

measurement year or the year prior to the measurement year.

- **Numerator 1:** Members whose most recent HbA1c level is greater than 9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.
- **Numerator 2:** Members whose HbA1c level is <8.0% during the measurement year.
- **Numerator 3:** Members who received an eye screening for diabetic retinal disease. This includes diabetics who had the following: - A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year OR – A negative retinal exam or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. For exams performed in the year prior to the measurement year, a result must be available.

Exclusion(s): Exclude members with a diagnosis of polycystic ovaries who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year prior to the measurement year. Diagnosis may occur at any time in the member's history, but must have occurred by the end of the measurement year; Exclude members with gestational or steroid-induced diabetes who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year prior to the measurement year. Diagnosis may occur during the measurement year or the year prior to the measurement year, but must have occurred by the end of the measurement year.

UDS (2013): Diabetes

Proportion of patients born between January 1, 1929 and December 31, 1995 with a diagnosis of Type I or Type II diabetes, whose hemoglobin A1c (HbA1c) was less than or equal to 9% at the time of the last reading in the measurement year. *Health centers report results in four categories: less than 7%; greater than or equal to 7% and less than 8%; greater than or equal to 8% and less than or equal to 9%; and greater than 9%.*

- **Denominator:** Number of adult patients aged 18 to 75 as of December 31 of the measurement year with a diagnosis of Type I or II diabetes AND who have been seen in the clinic for medical visits at least *twice* during the reporting year AND do not meet any of the exclusion criteria.
- **Numerator:** Number of adult patients whose most recent hemoglobin A1c level during the measurement year is $\leq 9\%$ among those patients included in the denominator.
- **Exclusion(s):** Exclude any patients with a diagnosis of polycystic ovaries that do not have two face-to-face visits with the diagnosis of diabetes, in any setting, during the measurement year or year prior to the measurement year. Note that patients with gestational diabetes or steroid-induced diabetes reported during the measurement year are *not* to be included.

eHIVQUAL Performance Measure: **Patient Involvement in Care Coordination Planning**

Percentage of patients who were involved in care coordination planning.

Denominator:

Number of patients receiving supportive services¹ from an outside agency during the review period².

Numerator:

Number of patients for whom there is evidence of patient's involvement in the coordination of these services³.

Exclusion(s):

None.

¹*Case management, mental health, substance use, treatment adherence, and/or other supportive service*

²*As evidenced by a discussion or other form of documentation*

³*The creation, updating, or discussion of a care coordination plan; case conferencing; conversation regarding care coordination; AND/OR other coordination activity*