

## Archived OAHS Indicators for 2019 - No Changes to OAHS Service Standards - Revisions Only to What is Monitored

### Reasons Include:

- Duplicates
- Information Captured in Another Indicator
- Consolidated into Another Indicator
- Does Not Affect the Majority of Our Client Population

<b>Linkage to Care</b> Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis. <i>(HRSA HAB measure)</i>	Archive
Initial <b>Oral Cavity Exam</b> documented	Archive (part of physical exam)
HIV Antibody, if not documented previously	Archive
Co-receptor Tropism Test (if considering use of CCR5 co-receptor antagonist or for patients who exhibit virologic failure on a CCR5 antagonist)	Archive
HLA-B*5701 testing (only before initiating abacavir-containing regimen per guidelines)	Archive
Liver Transaminases, Bilirubin (Total and Direct)	Archive
<b>Cervical Cancer Screen for HIV-infected Women Aged &lt;30 years:</b> If known to be HIV-infected or newly diagnosed with HIV, and sexually active, screen within 1 year of onset of sexual activity regardless of mode of HIV infection	Archive (consolidate ages)
<b>Cervical Cancer Screen Women Aged 21-29:</b> Initial Pap test following initial diagnosis then every 12 months. If results of 3 consecutive Pap tests are normal, follow up Pap tests can be performed every 3 years.	Archive (consolidate ages)
<b>Cervical Cancer Screen Women Aged &gt;30 Years:</b> Pap test should be done at baseline and every 12 months. If results of 3 consecutive Pap test are normal, follow-up Pap tests can be performed every 3 years.	Archive (consolidate ages)
<b>Pap Test and HPV Co-Testing:</b> Pap test and HPV co-testing should be done at baseline.	Archive
<b>Medical Evaluation/Assessment:</b> Percentage of existing patients (return to care and those in current medical care for more than one year) with a documented comprehensive assessment/evaluation completed by the MD, NP, CNS, or PA within 15 business days of initial contact with patient in accordance with professional and established HIV practice guidelines.	Archive
Glucose (preferably fasting) or hemoglobin A1C	Archive (remove/component of metabolic panel)
Pregnancy Test (for female clients of childbearing potential)	Archive
Toxoplasma gondii IgG	Archive
Trichomoniasis Testing	Archive
Percentage of new patients with documented initial laboratory tests completed according to the OAHS Standard and HHS Treatment Guidelines	Archive
Percentage of new patients with documented initial medical screenings and assessments as indicated in the OAHS Standard and in accordance with HHS guidelines	Archive
Oral Cavity Exam documented	Archive (part of physical exam)
HIV Antibody, if not documented previously	Archive
Co-receptor Tropism Test (if considering use of CCR5 co-receptor antagonist or for patients who exhibit virologic failure on a CCR5 antagonist)	Archive
HLA-B*5701 testing (only before initiating abacavir-containing regimen per guidelines)	Archive
Liver Transaminases, Bilirubin (Total and Direct)	Archive
Glucose (preferably fasting) or hemoglobin A1C	Archive (already a component of CMP)
Pregnancy Test (for female clients of childbearing potential)	Archive
Toxoplasma gondii IgG	Archive
Trichomoniasis Testing	Archive
Percentage of existing patients with documented initial medical screenings and assessments as indicated in the OAHS Standard and in accordance with HHS guidelines.	Archive
<b>Cervical Cancer Screen Women Aged &gt;30 Years:</b> Pap test should be done at baseline and every 12 months. If results of 3 consecutive Pap test are normal, follow-up Pap tests can be performed every 3 years.	Archive (consolidate ages)
<b>Pap Test and HPV Co-Testing:</b> Pap test and HPV co-testing should be done at baseline.	Archive
<b>Syphilis Screening:</b> Percentage of existing adult patients with a diagnosis of HIV who had a test for syphilis performed within the measurement year. <i>(HRSA HAB Measure)</i>	Duplicate/Remove
<b>Serologic Test for Syphilis:</b> Percentage of existing patients with documented serologic test for syphilis performed. <i>(HRSA HAB Measure)</i>	Duplicate/Remove
<b>Gonorrhea (GC) Testing:</b> Percentage of existing patients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year. <i>(HRSA HAB Measure)</i>	Duplicate/Remove

<b>Chlamydia (CT) Testing:</b> Percentage of existing patients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for chlamydia within the measurement year. <i>(HRSA HAB Measure)</i>	Duplicate/Remove
<b>Cervical Cancer Screen for HIV-infected Women Aged &lt;30 years:</b> If known to be HIV-infected or newly diagnosed with HIV, and sexually active, screen within 1 year of onset of sexual activity regardless of mode of HIV infection	Archive (consolidate ages)
<b>Cervical Cancer Screen Women Aged 21-29:</b> Initial Pap test following initial diagnosis then every 12 months. If results of 3 consecutive Pap tests are normal, follow up Pap tests can be performed every 3 years.	Archive (consolidate ages)
<b>Hepatitis B Screen:</b> Percentage of existing patients, regardless of age, for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity. <i>(HRSA HAB Measure)</i>	Duplicate/Remove
<b>Lipid Panel:</b> Percentage of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy and who had a fasting lipid panel during the measurement year. <i>(HRSA HAB Measure)</i>	Duplicate
Documentation that pediatric patients had at least one dose of <b>Measles, Mumps, Rubella (MMR)</b> vaccine administered between 12-24 months of age, or documentation of refusal. <i>(HRSA HAB measure for pediatrics)</i>	Archive
<b>Varicella-Zoster (VZV),</b> as medically indicated; Varicella titers at baseline, consider vaccination if negative titers and CD4 $\geq$ 200	Archive
<b>Meningococcal</b> as medically indicated or documentation of refusal	Archive
<b>MAC Prophylaxis:</b> Percentage of patients who were prescribed antibiotic prophylaxis if CD4<50 (MAC) and/or if CD4<100 and toxoplasma IgG is positive.	Archive
Documented drug resistance testing was performed before initiation of HIV antiretroviral therapy if therapy started within the measurement year. <i>(HRSA HAB measure)</i>	Archive
Documented drug resistance testing was performed if ARV naive, or experiencing ARV treatment failure.	Duplicate/Remove
<b>Drug Resistance Testing Counseling and Education</b> must be provided by the patient's medical practitioner, registered nurse and/or other appropriate licensed healthcare provider (if designated by the practitioner).	Archive
Documented counseling within the past 12 months regarding increased risk of transmitting HIV during HIV infection and safer sexual practices.	Archive
<b>Adherence Counseling</b> If patient on ARVs with documented adherence issue, received counseled for treatment adherence two or more times within the measurement year.	Archive
<b>Referral for Adherence Counseling</b> Documented referral made to medical case management for medication adherence if appropriate.	Archive
<b>Referral for Mental Health/Substance Use</b> Documented referral made to a mental health provider and/or substance use counselor if indicated.	Archive
Documented preconception counseling as appropriate.	Archive
Documented instruction regarding new medications/ treatments/ tests as appropriate.	Archive
Documented counseling regarding the importance of disclosure to partners.	Archive
<b>Referral for Treatment Suitability</b> Newly diagnosed HIV+/HCV patients have referral for treatment suitability and/or documented evaluation.	Archive
<b>Referral to Disease Intervention Specialist</b> Documented referral to case management or DIS if patient is not attending appointments.	Archive
<b>Other Specialty Services</b> <b>Documented referral to specialty services as appropriate</b> <ul style="list-style-type: none"> <li>• AIDS Drug Assistance Program (ADAP)</li> <li>• Medication Assistance Programs</li> <li>• Medical care coordination</li> <li>• Medical specialties</li> <li>• Psychiatric and mental health services</li> <li>• Treatment education services</li> <li>• Substance use services</li> <li>• Partner counseling and referral</li> <li>• Medical Nutrition Therapy</li> <li>• HIV resources and support opportunities</li> </ul>	Archive
<b>Follow-up on Referrals</b> Each referral has a progress note in the patients chart regarding attendance and outcomes.	Archive
Flow sheet present and updated.	Archive
Documentation of a minimum of 3 different contacts (email, phone, mail, emergency contact, home visit by DIS) when patient has missed 3 scheduled appointments in 3-month period.	Archive