Outpatient/Ambulatory Health Services
Service Standard

HRSA Definition: Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight.

Limitations: Emergency room or urgent care services are NOT considered outpatient settings, therefore services cannot be reimbursed. (RWHAP Legislation, PCN 16-02)

Services: Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence services provided during an OAHS visit
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

Care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Diagnostic Laboratory Testing includes all indicated medical diagnostic testing including all tests considered integral to treatment of HIV and related complications (e.g. Viral Load, CD4 counts, and genotype assays). Funded tests must meet the following conditions:
- Tests must be consistent with medical and laboratory standards as established by scientific evidence and supported by professional panels, associations or organizations;
- Tests must be (1) approved by the FDA, when required under the FDA Medical Devices Act and/or (2) performed in an approval Clinical Laboratory Improvement Amendments of 1988 (CLIA) certified laboratory or State exempt laboratory; and
- Tests must be (1) ordered by a registered, certified or licensed medical provider and (2) necessary and appropriate based on established clinical practice standards and professional clinical judgment.

Telemedicine is an acceptable means of providing outpatient/ambulatory health services but must conform to the Texas Medical Board (TMB) guidelines for providing telemedicine, Texas Administrative Code, Texas Medical Board, Rules, Title 22, Part 9, Chapter 174, RULE §174.1 to §174.12 and the 2016 Texas Medicaid Provider TELECOMMUNICATION SERVICES HANDBOOK, Volume 2.
Service Standard and Performance Measure

The following Standards and Performance Measures are guides to improving clinical care throughout the State of Texas within the Ryan White Part B and State Services Program. The most current U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Guide for HIV/AIDS Clinical Care – 2014 Edition are source cited throughout the Standards for additional reference materials for direct care service providers.

<table>
<thead>
<tr>
<th>Standard</th>
<th>HRSA: HAB Performance Measure</th>
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<tbody>
<tr>
<td><strong>Medical Evaluation/Assessment</strong>&lt;br&gt;All HIV infected patients receiving medical care shall have a completed initial comprehensive medical evaluation/assessment and physical examination that adheres to the current U.S. Department of Health and Human Services (HHS) guidelines within 3 months of HIV diagnosis or within 15 business days of initial contact with patient who has been in care. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the most current HHS treatment guidelines. <strong>Source:</strong> Page 61, <a href="https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/2014guide.pdf">https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/2014guide.pdf</a>.</td>
<td>Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis. <em>(HRSA HAB Measure – Linkage to Care)</em>&lt;br&gt;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.</td>
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<td><strong>Comprehensive HIV related history</strong>&lt;br&gt;Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the most current HHS treatment guidelines. History shall include at a minimum, general medical history, a comprehensive HIV related history and psychosocial history to include:&lt;br&gt;• Documented past medical and surgical history with regard to chronic diseases such as diabetes, high blood pressure, heart disease, cholesterol, asthma or emphysema, sickle cell disease, etc. per HHS guidelines.&lt;br&gt;• Psychosocial history to include socio-cultural assessment, occupational history, hobbies (as applicable), travel history, mental</td>
<td>Percentage of new patients with a documented comprehensive HIV related history that is inclusive of all components listed in the OAHS Standard as referenced in the HHS guidelines.&lt;br&gt;Percentage of existing patients with a documented comprehensive HIV related history that is inclusive of all components listed in the OAHS Standard as referenced in the HHS guidelines.</td>
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health, and housing status.
- Lifestyle including tobacco use, alcohol use, illicit substance use, exercise, travel history.
- Sexual Health including partners, practices, past STIs, contraception use (past and present).
- HIV-related health history including most recent CD4 and Viral Load results, current ART (if applicable), previous adverse ART drug reactions, history of HIV related illness and infections, HIV treatment history and staging.


### Physical examination

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the most current HHS treatment guidelines.

Providers should perform a baseline and annual comprehensive physical examination, with particular attention to areas potentially affected by HIV.

Physical examination will include the documentation from the complete review of systems as indicated within the comprehensive medical history. Examination of the oral cavity should be included in both the initial and interim physical examination of all HIV-infected patients.


<table>
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<tr>
<th>Percentage of new patients with a documented annual physical examination including complete review of systems.</th>
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<tr>
<td>Percentage of new patients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year (based on self report or other documentation). <em>(HRSA HAB Measure)</em></td>
</tr>
<tr>
<td>Percentage of existing patients with a documented annual physical examination including documentation of completed review of systems conducted during the comprehensive medical history.</td>
</tr>
<tr>
<td>Percentage of existing patients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year (based on self report or other documentation). <em>(HRSA HAB Measure)</em></td>
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</table>
Initial laboratory tests, as clinically indicated by licensed provider: Tests will include as clinically indicated:

- HIV Antibody, if not documented previously;
- CD4 Count and/or CD4 Percentage
- Quantitative Plasma HIV RNA (HIV Viral Load)
- Drug Resistance Testing (genotype, phenotype)
- Co-receptor Tropism Test (if considering use of CCR5 co-receptor antagonist or for patients who exhibit virologic failure on a CCR5 antagonist)
- HLA-B*5701 testing (only before initiating abacavir-containing regimen per guidelines)
- Complete Blood Count (CBC) with Differential and Platelets
- Chemistry Profile: Electrolytes, Creatinine, Blood Urea Nitrogen (BUN)
- Liver Transaminases, Bilirubin (Total and Direct as medically indicated) Urinalysis with Urine Protein and Creatinine (per medical provider discretion) and/or cervical or urethral swabs as appropriate to body parts present
- Lipid Profile (Total Cholesterol, LDL, HDL, Triglycerides); fasting
- Glucose (preferably fasting) or hemoglobin A1C

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the most current HHS treatment guidelines.


Other diagnostic testing

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the most current HHS treatment guidelines.

Chest x-ray will be completed if pulmonary symptoms are present, after an initial positive QTF, after initial positive PPD, or annually if prior evidence of LTBI or pulmonary TB.

Percentage of new patients with documented chest x-ray completed if pulmonary symptoms were present or LTBI test was positive.

Percentage of existing patients with documented chest x-ray completed if pulmonary symptoms were present, after an initial positive QTF, after initial positive PPD, or annually if prior evidence of LTBI or pulmonary TB.
### Initial Screenings/Assessments

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the most current HHS treatment guidelines.

Patients should receive screening for opportunistic infections and assessment of psychosocial needs initially and annually according to the most current HHS guidelines.

Screening should include at a minimum:

- Quantitative HCV RNA viral load testing (for Hepatitis C positive patients who are candidates for treatment)
- Hepatitis A total antibody, Hepatitis B surface antigen, core Ab, and surface antibody & Hepatitis C antibody screens at initial intake (providers should screen all HIV-infected patients for anti-HCV antibodies at baseline)
- Mental health assessment that includes screening for clinical depression (PHQ 2 at a minimum)
- Psychosocial assessment, including domestic violence and housing status
- Substance use and abuse screening
- Patients on ART receive lipid screening annually
- Tobacco use screening
- Pediatric patients (14 years and younger) will be screened for child abuse as defined in Chapter 261 of the Texas Family Code and DSHS policy. Consider screening youth 14-17 for child abuse.
- Oral health assessment and screening
- Cervical Cancer Screen (at baseline, then every 3 years; consider annual screening if cd4<200, high risk HPV types, and/or abnormal cytology)
- Tuberculosis (TB) Screening
- Pregnancy Test (for female clients of childbearing potential)

<table>
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<tr>
<th>Percentage of new patients with documented initial medical screenings and assessments as indicated in the OAHS Standard and in accordance with HHS guidelines.</th>
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<tbody>
<tr>
<td>Percentage of new female patients with a diagnosis of HIV who were screened for cervical cancer in the last three years. (HRSA HAB Measure)</td>
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<tr>
<td>Percentage of new patients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for chlamydia within the measurement year. (HRSA HAB Measure)</td>
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<tr>
<td>Percentage of new patients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year. (HRSA HAB Measure)</td>
</tr>
<tr>
<td>Percentage of new adult patients with a diagnosis of HIV who had a test for syphilis performed within the measurement year. (HRSA HAB Measure)</td>
</tr>
<tr>
<td>Percentage of new patients with documented serologic test for syphilis performed. (HRSA HAB Measure)</td>
</tr>
<tr>
<td>Percentage of new 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. (HRSA HAB Measure)</td>
</tr>
<tr>
<td>Percentage of new patients with documented initial</td>
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</table>
• Serum VDRL or RPR or treponemal antibody (Syphilis Screening)
• Gonorrhea (GC) and Chlamydia (CT) Testing

Additional screenings as medically indicated include:
• Ophthalmology Screening
• Toxoplasma gondii IgG
• Trichomoniasis Testing (all HIV+ women as medically indicated)


**Anal Cancer (Dysplasia) Screening (pilot) as appropriate to each Region and the referral sources available:** Consider Anal Pap tests (1) as appropriate and when the referral sources (Anoscopy) are available, and/or (2) if anal pap screening/diagnostic resources are not available than a Digital Rectal Examination (DRE) by the HIV provider is an acceptable means of anal cancer screening. Anal cancer screening is recommended for all HIV-infected regardless of age at baseline and as part of the annual physical.

**Immunizations/Antibiotic Treatment**
Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the most current HHS treatment guidelines.

Immunizations/vaccinations will be given according to the most current HHS

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| Percentage of patients with Tetanus, Diphtheria, and Pertussis current within 10 years, Td booster doses every 10 years thereafter, or documentation of refusal. |
| Percentage of pediatric patients with HIV infection who have psychosocial assessment to include domestic violence and housing status. |
| Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year. *(HRSA HAB Measure)* |
| Percentage of new patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. *(HRSA HAB Measure)* |
| Percentage of new patients, if applicable, with completed child abuse assessment (completed if patient aged 14 years and younger). |
| Percentage of new patients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for TB skin tests) as least once since the diagnosis of HIV infection. *(HRSA HAB Measure)* |
| Percentage of new 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. *(HRSA HAB Measure)* |
| Percentage of new patients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV. *(HRSA HAB Measure)* |
guidelines and the CDC’s “2017 Adult Vaccination Schedule”. Providers will initiate prophylaxis for specific opportunistic infections.

Patients will be offered vaccinations for the following:
- Tetanus, Diphtheria, and Pertussis (Tdap) - initially; if potential exposure (wound); Td booster doses every 10 years thereafter
- Measles, Mumps, Rubella (MMR) for pediatric patient; MMR titers at baseline and consider vaccination if negative titers AND CD4>250.
- Influenza (inactivated vaccine) - annually during flu season October 1st - March 31st
- Pneumococcal is recommended for all patients
- Completion of hepatitis B (HBV) vaccines series, unless otherwise documented as immune
- Completion of hepatitis A (HAV) vaccines series, unless otherwise documented as immune.
- Varicella-Zoster (VZV), as medically indicated; Varicella titers at baseline, consider vaccination if negative titers and CD4>250
- Zoster vaccine (shingles vaccine) consideration if age >50 and CD4>250
- Human Papillomavirus (HPV)*
- Meningococcal

Antibiotic treatment for opportunistic infection will be initiated if active infection has been ruled out and positive for:
- Mycobacterium avium complex (MAC) if CD4<50 cells/μL
- Toxoplasmosis if CD4<100 cells/μL

*HPV vaccine ideally given prior to sexual activity; indicated for females age 9-26 and males age 9-26. Three doses through age 26.

<table>
<thead>
<tr>
<th>Antiretroviral Therapy and Pneumocystis jiroveci pneumonia (PCP) Prophylaxis</th>
<th>had at least one dose of Measles, Mumps &amp; Rubella (MMR) vaccine administered between 12-24 months of age. (HRSA HAB Measure for Pediatrics)</th>
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<tbody>
<tr>
<td>Primary medical care for the treatment of HIV infection includes the</td>
<td>Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization. (HRSA HAB Measure)</td>
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<tr>
<td>Percentage of patients with a diagnosis of HIV who completed the vaccination series for Hepatitis B. (HRSA HAB Measure)</td>
<td>Percentage of patients with a diagnosis of HIV who ever received pneumococcal vaccine. (HRSA HAB Measure)</td>
</tr>
<tr>
<td>Percentage of patients with a diagnosis of HIV who completed the vaccination series for Hepatitis A.</td>
<td>Percentage of patients with diagnosis of HIV who received, or documented patient refusal, HPV.</td>
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</table>

provision of care that is consistent with the most current HHS treatment guidelines.

Antiretroviral therapy will be prescribed in accordance with the HHS established guidelines.

Patients who meet current guidelines for ART are offered and/or prescribed ART.

PCP Prophylaxis will be completed adhering to the current HHS Guidelines.


<table>
<thead>
<tr>
<th><strong>Drug Resistance Testing</strong></th>
<th><strong>Measure</strong></th>
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<tr>
<td>Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the most current HHS treatment guidelines.</td>
<td>Patients aged 6 weeks or older with a diagnosed of HIV/AIDS, with CD4 counts of less than 200 cells/μL or a CD percentage below 15% will be prescribed PCP prophylaxis. *(<em>HRSA HAB Measure</em>)</td>
</tr>
<tr>
<td>“HIV drug-resistance testing is recommended for persons with HIV infection at entry into care. Genotypic testing is recommended as the preferred resistance testing to guide therapy in ARV-naïve patients.” <em>Source: 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. Accessed 2/10/2017, C11-13.</em> <a href="https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf">https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf</a></td>
<td>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. *(<em>HRSA HAB Measure</em>)</td>
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Drug resistance testing must follow most recent, established resistance testing guidelines, including genotypic testing on all ARV-naïve patients.

Counseling and education about drug resistance testing must be provided by
the patient’s medical practitioner, registered nurse and/or other appropriate licensed healthcare provider (if designated by the practitioner).


| Health Education/Risk Reduction | Percentage of patients with a diagnosis of HIV who received HIV risk counseling in the measurement year. *(HRSA HAB Measure)*  
Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. *(HRSA HAB Measure)*  
Percentage of patients with documented counseling about family planning method appropriate to patient’s status, as applicable.  
Percentage of patients with documented preconception counseling as appropriate.  
Percentage of patients with documented instruction regarding new medications, treatments, tests as appropriate.  
Percentage of patients with documented counseling regarding the importance of disclosure to partners. |
|---|---|
| Health education will adhere to the most current HHS guidelines. Providers will provide routine HIV risk-reduction counseling and behavioral health counseling for HIV-infected patients. Since patients’ behaviors change over time as the course of their disease changes and their social situations vary, health education providers will tailor routine risk-reduction counseling and behavioral health counseling not only to the individual patient but also to the particular point in time in the patient’s life. The following will be conducted initially and as needed:  
- Providers should discuss safer sexual practices so to decrease risk of transmitting HIV.  
- Providers should counsel HIV-infected patients about the risk of acquiring syphilis and other STIs from unprotected sexual contact, including all sites of possible transmission, such as anus, cervix, vagina, urethra, and oropharynx.  
- Providers should discuss family planning with patients  
- Contraception counseling/hormonal contraception  
- Drug interaction counseling  
- Providers should counsel patients on tobacco cessation annually for those patients that were screening and positive for smoking (or document decline of tobacco use)  
- When current alcohol or other substance use is identified, providers should discuss the possible effects of such use on the patient’s general health and HIV medications, as well as options for treatment if indicated.  
- Providers should routinely discuss with patients the importance of disclosure to partners. Patients should be educated about the options for |
voluntary partner notification.
- Preconception care for HIV infected females of child-bearing age.
- When HIV-infected patients are diagnosed with early syphilis (primary, secondary, or early latent), providers should intensify risk-reduction counseling, including discussions about the importance of condom use.
- Nutritional Counseling regarding:
  - Quality and quantity of daily food and liquid intake
  - Exercise (as medically indicated)

**Source:** (Smoking Cessation) page 189-196; 

**Source:** (Patient Education) Page 57-59, 89, 102, 107, 111, 126, 143-154; 

**Source:** (Nutrition) page 197-202; 

**Treatment Adherence**
Assessment of treatment adherence and counseling will be provided that adheres to current HHS guidelines.

Patients are assessed for treatment adherence and counseling at a minimum of twice a year.

Those who are prescribed on-going ART regimen must receive adherence assessment and counseling on every HIV-related clinical encounter.

If adherence issue is identified by another member of the healthcare team (MCM, MA, LVN, RN), there is documented evidence of adherence counseling and follow-up action. This adherence counseling documentation must be evident in the patient’s medical record and clearly indicated that the prescribing provider was made aware of the adherence issue.

Percentage of patients with documented assessment for treatment adherence two or more times within the measurement year if patient is on ARV.

Percentage of patients with documented adherence issue, received counseling for treatment adherence two or more times within the measurement year.
Referrals
Providers will refer to specialty care in accordance with current HHS guidelines.

At a minimum, patients should receive referrals to specialized health care/providers/services as needed or medically indicated to augment medical care:
- If CD4 count below 50, should be referred for ophthalmic examination by a trained retinal specialist.
- AIDS Drug Assistance Program (ADAP)
- Medication Assistance Programs
- Medical care coordination
- Medical specialties
- Mental health and substance use services - Treatment education services
- Partner counseling and referral
- Annual oral hygiene and intraoral examinations, including dental caries and soft-tissue examinations.
- Medical Nutrition Therapy (MNT)
- Health maintenance, as medically indicated, such as:
  - Cervical Cancer Screening
  - Family Planning
  - Colorectal Screening
  - Mammogram
- Specialty medical care for any preexisting chronic diseases
- Case Management Services or a Disease Investigation Specialist (DIS) for follow-up if missing appointments.

Providers/staff are expected to follow-up on each referral to assess attendance and outcomes.


<table>
<thead>
<tr>
<th>Percentage of patients, as medically indicated, who had documentation of referrals for:</th>
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<tbody>
<tr>
<td>• Health maintenance</td>
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<tr>
<td>• Adherence counseling</td>
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<tr>
<td>• Mental Health and/or Substance Use</td>
</tr>
<tr>
<td>• Oral Health</td>
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<tr>
<td>• Ophthalmological services</td>
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<tr>
<td>• Treatment Suitability (HCV treatment)</td>
</tr>
<tr>
<td>• Child abuse if suspected abuse</td>
</tr>
<tr>
<td>• Disease intervention specialist</td>
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<tr>
<td>• Other specialty services</td>
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Percentage of patients with a documented referral in the measurement year, has a progress note in the patients chart regarding attendance and outcomes of the referral.

Follow-up Visits
Outpatient Medical Care will adhere to the current HHS guidelines for ongoing health care.

Reassessment/reevaluation of health history, comprehensive physical examination, and annual laboratory testing should be documented in patient medical record. Ongoing lab tests for patients should include:

- **Annual**: CBC, liver function tests, BUN, cholesterol, triglycerides (preferably fasting)
- **Every 3-6 months**: CD4 counts and HIV-RNA viral loads monitored every 3-6 months based on compliance and medication adherence.

Patients receiving ARV therapy should have follow-up visits scheduled every three to four months, except at the practitioner’s discretion when a patient has demonstrated long-term stability and adherence. Patients on ART receive lipid screening annually. In accordance with HHS guidelines follow-up and ongoing lab tests for patients on ARV should include:

- CBC, liver function tests, BUN, creatinine, glucose, cholesterol, triglycerides (preferably fasting), CD4, HIV-RNA and Syphilis serology.
- Urine and GC/Chlamydia (vaginal swabs recommended for persons with a vagina) should be offered for sexually active patients at increased risk.

Providers will continually evaluate patients for adverse outcomes and documents actions taken, outcomes, and follow-up.


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Percentage of existing patients with documented initial medical screenings and assessments as indicated in the OAHS Standard and in accordance with HHS guidelines.

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. *(HRSA HAB Measure)*

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. *(HRSA HAB Measure)*

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. *(HRSA HAB Measure)*

Percentage of existing female patients with a diagnosis of HIV who were screened for cervical cancer in the last three years. *(HRSA HAB Measure)*

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. *(HRSA HAB Measure)*

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. *(HRSA HAB Measure)*

Percentage of existing adult patients with a diagnosis of HIV who had a test for syphilis performed within the measurement year. *(HRSA HAB Measure)*
Percentage of existing patients with documented serologic test for syphilis performed. *HRSA HAB Measure*

Percentage of existing patients aged 12 years and older screened for clinical depression (annually) 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. *HRSA HAB Measure*

Percentage of existing patients aged 12 years and older screened for clinical depression (annually) 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. *HRSA HAB Measure*

Percentage of existing patients with documented annual psychosocial assessment to include domestic violence and housing status.

Percentage of existing patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year. *HRSA HAB Measure*

Percentage of existing patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. *HRSA HAB Measure*

Percentage of existing patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. *HRSA HAB Measure*

Percentage of existing patients, if applicable, with completed child abuse assessment (completed if patient aged 14 years and younger).

Percentage of existing patients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for TB skin tests) as least once since the diagnosis of HIV infection. *HRSA HAB Measure*

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. *HRSA HAB Measure*
<table>
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<tr>
<th>Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the most current HHS treatment guidelines. Clinicians will develop/update plan of care at each visit. At a minimum, clinician will document/update the following at each visit:</th>
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| • Chief complaint  
• Vital signs  
• Assessment/diagnosis  
• Proposed treatment  
• Problem list  
• Medical plan of care in accordance with the current HHS treatment guidelines.  
• Current medications  
• Vaccinations  
• Referrals and recommendations  
• Any decline in services offered/referrals  
• Outreach efforts to bring patient who has missed appointments back into care. |
| If a patient refuses a treatment, such as vaccinations, documentation of denial will be written in the patient's medical chart. The provider developing the plan will sign each entry. |
| Percentage of existing patients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV. *(HRSA HAB Measure)* |
| 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. *(HRSA HAB Measure)* |
| Percentage of patient medical records with signed clinician entries.  
Percentage of flow sheets present and updated in the patient medical records.  
Percentage of problem lists present and updated in the patient medical records.  
Percentage of medication lists present and updated in the patient medical records. |
### Documentation of missed patient appointments and efforts to bring the patient into care.

Provider and/or staff will conduct the following:
- Contact patients who have missed appointments using at least 3 different forms of contact (email, phone, mail, emergency contact, phone call, referral to DIS for home visit)
- Address any specific barriers to accessing services
- Documentation includes number of missed patients appointments and efforts to bring the patient into care

### Percentage of patient medical records with documentation of missed patient appointments and efforts to bring the patient into care.

- Percentage of patient medical records with 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 a 3-month period.

- Percentage of patient medical records with documentation of any specific barriers and efforts made to address missed appointments.

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References

American College of Obstetricians and Gynecologists (ACOG); 2011 Aug. 11 p. (ACOG practice bulletin; no. 122)


Commission on HIV. (2010). Medical Outpatient Standards of Care, Department of Health Services, Los Angeles. (available online at http://hivcommission-la.info/cms1_122082.pdf)


MMWR (January 31, 2014 / 63(04); 69-72) CDC Grand Rounds: Reducing the Burden of HPV-Associated Cancer and Disease (available online at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6304a1.htm?s_cid=mm6304a1_w)


