

HIVQM Q&A from 5-17-18 webinar

#	Question	Answer
1	Will the webinar slides be available?	The webinar and the slides are available on the HIV Quality Management Module on the Target Center .
2	How can I find the benchmarks for my state- for example viral suppression?	<p>You must enter at least one piece of data into the module to have access to the national, regional, and state performance measures. It is important to remember that the data in the module is representative of the recipients who use the module in that jurisdiction and the data entered. It is representative of RWHAP data. For example if 2 providers enter data on viral suppression for a state, the viral suppression outcome for the state in the HIVQM Module will be the average of the data input from those two providers.</p> <p>If you do not have access to the module and are unable to view the performance measure for your state, send an email to RWHAPQuality@hrsa.gov, we will be able to look into the system and see if it is in there.</p>
3	In the viral suppression example, why wouldn't the denominator be the same as the records reviewed since we are accountable for viral suppression for all patients?	The denominator and the records reviewed may not always be the same number. The most common reasons would be exclusions in the denominator which would remove the patient from the denominator even through their record had been reviewed in the sample (please see individual HAB performance measures for exclusions.) In addition to the exclusions, the patient may not have had a visit in the correct timeframe to be eligible to be included in the denominator.
4	Our reporting period still shows 01/01/2017 - 12/31/2017 and our status shows Not Started. How do we enter data this year, since we still have last year's reporting period showing?	<p>The measurement period reports on the performance measures from the past year. The reporting periods for 2018 are listed below:</p> <p>March 2018: January 1 – December 31, 2017 June 2018: April 1, 2017 – March 31, 2018 September 2018: July 1, 2017 – June 30, 2018 December 2018: October 1, 2017 – September 30, 2018</p> <p>If you are experiencing difficulty accessing the system or are receiving error messages and would like technical assistance, contact Data Support:</p> <ul style="list-style-type: none"> ▪ (888) 640-9356 ▪ RyanWhiteDataSupport@wrma.com

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		You will not be entering any 2018 until June 2018. In June 2018 when the Module is open again, the measurement period is April 1, 2017 – March 31, 2018. You will be able to enter Jan-March 2018 data during this time. For the rest of the 2018 data, see the reporting periods table below. It will be in March 2019, when you will be able to enter the entire year (January 1-December 31, 2018).
5	Why am I only able to access the HIVQM reports during the times when the system is open for data entry? I have not been able to get reports or benchmark numbers at any other time.	Users of the HIVQM Module should be able to run reports at any time. If you are experiencing difficulty running reports or are receiving error messages and would like technical assistance, contact Data Support: <ul style="list-style-type: none"> • (888) 640-9356 • RyanWhiteDataSupport@wrma.com
6	Is there any move for HRSA to align with CDC defined HIV Continuum of Care quality measures noted in the implementation plan? e.g., moving to retention in care with two or more visits during a 12-month measurement period with visits at least 90 days apart instead of requiring a 24-month measurement period and artificially inflating the results by excluding PLWH from the denominator if they are out of care?	HAB currently uses the retention in care measure two or more visits during a 12-month period with those visits at least 90 days apart. We have had several discussions with technical experts and the recommendation from these discussions is to prioritize and determine which performance measures works best based on your jurisdiction. Retention on a national level becomes more difficult to measure because we do not know all the nuances of what is actually happening in a clinic or at the local level versus what is happening nationally. HAB is reviewing the retention measure but has not made any decisions to drop the 24-month measure or the gap measure now.
7	Is the expectation that we pull records to audit for these quality measures or that we are using our CAREWare data to enter into this system?	To audit for these quality measures, you would use your current data system. Some recipients need to pull chart records to audit in order to do the review. Other recipients use their EHRs that have the capability to pull that information or use their CAREWare. Either method is acceptable to pull the data to enter into the module.
8	If retention in care works best, can it be added to the HIVQM module as an alternate measure to medical visit frequency?	HAB will consider adding this performance measure to the module