MEASURING SUCCESS:
THE HIV QUALITY MEASURES
(HIVQM) MODULE

HIV/AIDS BUREAU
MAY 17, 2018

Welcome to today's webcast. Thank you so much for joining us today!

My name is Rachel Gross. I'm a member of the Data Support Team, a group engaged by the HIV/AIDS Bureau, or HAB, to provide training and technical assistance to recipients and providers during the implementation of the HIV Quality Measures Module, or the HIVQM.

Today's webinar is on the HIVQM. We are very excited to have Amelia Khalil, the HAB Project Lead for the HIVQM and Tracy Matthews, the Deputy Director of the Division of Policy and Data at HAB join us today. They will be giving an overview of the purpose of the Module and then they will share some data from the first year of data collection. Then Imogen Fua, also from the Data Support Team will go over how to use the Module step by step.

At any time during the presentation, You'll be able to send us questions using the "question" function on your control panel on the right-hand side of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do so by clicking the "raise hand" button on your control panel, and my colleague will conference you in.

So let's get started. I will now turn the presentation over to Amelia.

HIV Quality Measures (HIVQM) Module:
Performance Measurement
Year One

May 17, 2018

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HRSA
Ryan White & Global HIV/AIDS Programs

"Quality is more important than quantity. One home run is much better than two doubles."

-STEVE JOBS, APPLE

1991-2011

Background

Title XXVI of the Public Health Service (PHS) Act §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2)

Recipients are required to establish a clinical quality management program (CQM) to:

- **Assess the extent to which HIV health services are consistent with the most recent HHS guidelines for the treatment of HIV disease and related opportunistic infections**

- **Develop strategies for ensuring that such services are consistent with the HHS guidelines for improvement in the access to and quality of HIV services**

HRSA HAB Clinical Quality Management Policy Clarification Notice (PCN) 15-02 at https://hab.hrsa.gov/sites/default/files/ hab/clinical-qualitymanagement/clinicalqualitymanagementpcn.pdf

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HIVQM Module

DEVELOP

HAB developed performance measures for recipients to use as a guide to assess the quality of their services
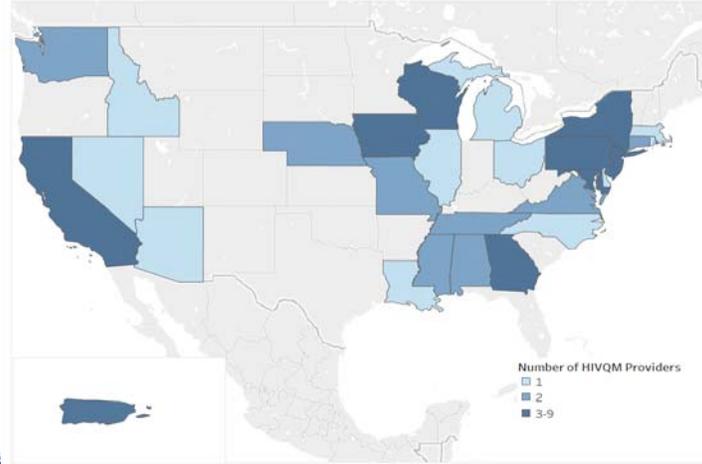
PRIORITIZE

Organizations should prioritize and select performance measures that are most applicable to their organization, setting, patient population and epidemic.

MEASURE

HIVQM Module was developed as a tool to help recipients monitor performance measures

Reporting Periods

HIVQM - Measurement Periods and Data Submission Timeline, 2016 -2017

Quarter	CY 2016												CY 2017											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Q1	███	███	███	███	███	███	███	███	███	███	███	███		★										
Q2				███	███	███	███	███	███	███	███	███	███	███		★								
Q3							███	███	███	███	███	███	███	███	███	███	███			★				
Q4	*Key:* ★ Data Submission								███	███	███	███	███	███	███	███	███	███	███	███				★

HRSA RWHAP Providers Reporting in HIVQM Module

Number of HIVQM Providers
- 1
- 2
- 3-9

Reporting period: Q1-Q4

Most Frequently Reported Performance Measures
Quarter 1- Quarter 4 (January 1, 2016- September 30, 2017)

Performance measure	Rank
Viral Load Suppression	1
Prescribed Antiretroviral Therapy	2
Medical Visits Frequency	3
Gap in Medical Visits	4
PCP Prophylaxis	5
Syphilis Screening	6
Hepatitis C Screening	7
Lipids Screening	8
TB Screening/Hepatitis B Screening/Oral Exam	9
Chlamydia Screening/Gonorrhea Screening/HIV Risk Counseling	10

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Most Frequently Reported Performance Measures Top 5

Performance Measurement (%)

Measure	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Viral Suppression	85	82	84	84
Prescribed ART	97	92	96	96
Medical Visits	71	70	71	71
GAP	14	21	15	15
PCP Prophylaxis	90	82	86	85

■ Quarter 1 ■ Quarter 2 ■ Quarter 3 ■ Quarter 4

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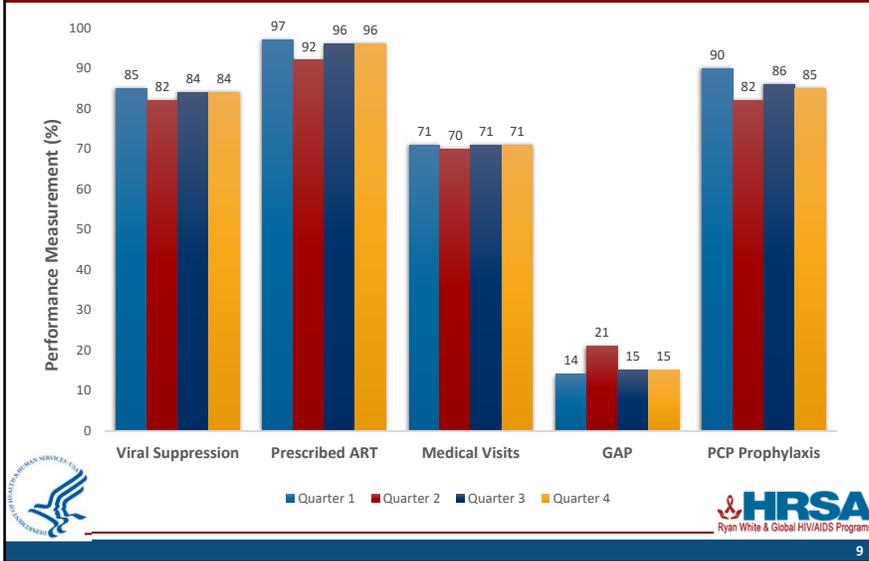
Most Frequently Reported Performance Measures Ranked 6-8
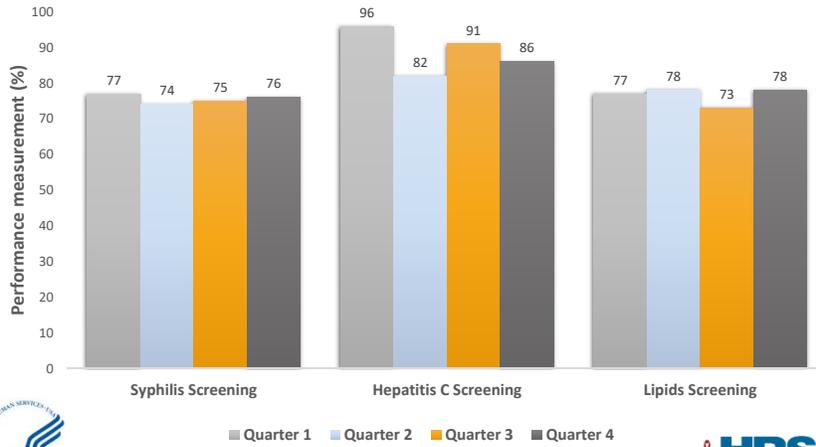
Most Frequently Reported Performance Measures Ranked 9
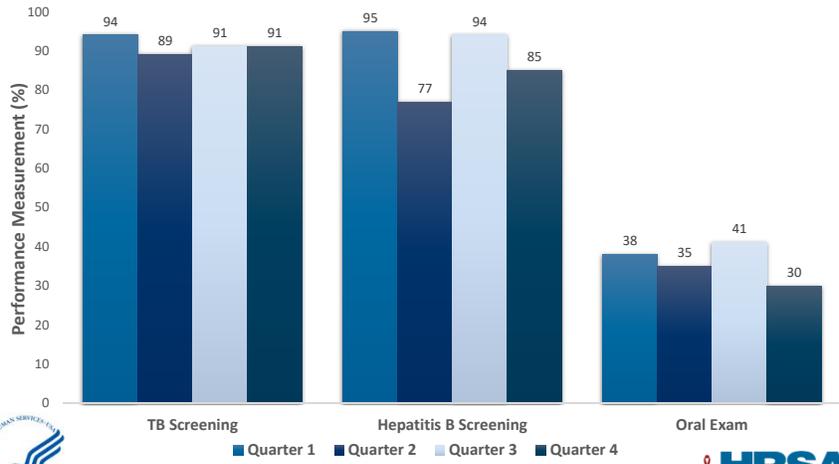
Most Frequently Reported Performance Measure Ranked 10
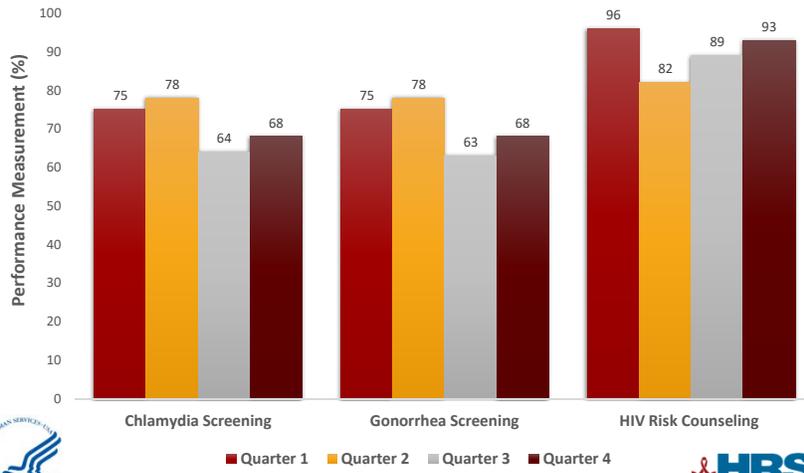
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HOW TO COMPLETE THE HIV QUALITY MEASURES (HIVQM) MODULE

WRMA INCORPORATED

Hello everyone. Today, I will go through the steps of accessing and using the Module. We will also have a question and answer session at the end of the webinar so you can have a chance to ask for clarifications or ask any questions. But feel free to type any questions as we go along in the chat box so you don't forget them later.

The one thing I will not be going over today are the types of performance measures that you can enter into the Module. The purpose of this webinar is to go over the functions of Modul. If you do need more information about performance measures, you can go on the HAB website for the extensive list and description of these performance measures, you can also access them via the Module, or your can email questions directly to HAB.

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This part of the presentation is supported under a contract to WRMA from HRSA/HAB and its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA/HAB.

Webcast Overview

Overview of the HIVQM Module

2018 HIVQM Module Timeline

Accessing your HIVQM Module

Completing the HIVQM Module

HIVQM Summary Reports

Technical Assistance Resources

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First let's run through what we'll be discussing today. I'll be giving you a summary of the Module components as well as the data reporting timeline. We'll go through how to access the Module and then what data you can enter and how to enter that data. I'll show you how to generate a summary report that shows you how your program is doing within the performance measures that you choose to monitor; and then how your performance measures are compared to other programs both regionally and nationally. Finally, I'll go over what additional resources are out there to help you with using the Module.

What's New in the HIVQM Module?

Two new performance measures under System Measures:

- Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care

- HIV Test Results for PLWH

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Now, we will talk about what's new in the Module. As you know the Module is only in its second year so we have lots to look forward to in terms of changes and improvements. This year, HAB has added two new performance measures.

Last year there was 42 performance measures and now there are 44 that you can enter data for in the Module.

HAB encourages recipients to prioritize and select those measures that are most relevant to your organization, setting, and patient population.

The two additional performance measures that were added are under the System measures:

- Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care

- And HIV Test Results for PLWH

HIVQM Module - Overview

Which clients can be included in the HIVQM Module?
- All clients who receive HIV services, regardless of funding source, can be included in the HIVQM Module

Who enters data in the HIVQM Module?
- Available for each recipient and sub-recipient who provide HIV services
- Recipients are able to complete the HIVQM Module data entry for any of their sub-recipients
- Recipients with funding from multiple Parts only need to enter data once

Use of the HIVQM Module is voluntary, but is strongly encouraged

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Now I will go over some key aspects of the Module.

All clients who receive HIV services, regardless of funding source, can be included in the data being entered in the Module. You can include all of the HIV clients that your organization provides services to, regardless of whether they received services with Ryan White funding or not.

The Module is also available to all recipients and their sub-recipients who provide HIV services. Sub-recipients can enter their own data. Recipients can also complete the data entry on behalf of their sub-recipients.

In addition, those recipients that receive funding from multiple Parts only need to enter data once. For example, if your agency receives Part A and Part C funding, you will only need to enter data once and the both grant recipients will have access to the data.

Finally, the use of the Module is voluntary, however, strongly encouraged. One caveat about the regional and national reports that I mentioned is that they will only include data that are entered into the Module. So the more organizations that enter data into the Module, the more representative and useful those reports will be.

Why use the HIVQM Module?

Easy-to-use and structured platform that includes system validations

Allows you to continually monitor your progress over a period of time

Creates your organizational summary reports

Allows you to compare your performance with other organizations who also enter data in the Module

Let's talk about the possible benefits of using the Module. As I said the HIVQM Module is not a required data collection. If the Module is not required, why use it? The overall purpose of the Module is to help you monitor the quality of your services to your HIV clients. It is a free resource to you and intended to be an easy-to-use platform. It will also check your data using system validations, meaning if you enter data that doesn't make sense, the system will give you an error message. In essence, it ensures quality data. You will also be able to enter data 4 times a year which allows you to continually monitor your progress throughout the year. You can also generate easy-to-understand summary reports of your own performance measures; and you can compare your summary report with other organizations who have also entered data. The data is de-identified so no one will know that data are coming from your organization; and you won't know the names of the organizations you are comparing your data to. Currently, you can compare your data to regional and national data.

HIVQM Module - Components

The HIVQM Module consists of three components:

1. Provider Information: pre-populated data taken from the last RSR
2. Performance Measures: 44 clinical measures under nine main categories
   http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html
3. Summary Report: generate reports of data entered as well as comparison reports with other recipients

The Module comprises of three parts:

The first part is the Provider Information page. It consists of 4 data elements about your organization.

The second part is the Performance Measures. This is where you can choose and enter aggregate data on up to 44 clinical measures which are also under nine main categories.

The final part is the Summary Report. This is where you can generate reports of your own data as well as the comparison reports.

HIVQM Module - Timeline

HIVQM Module is open 4 times a year

Measurement year is 12 months except for medical visit frequency measures (24 months)

1 month to enter data

HIVQM Module Opens	HIVQM Module Closes	Measurement Year
March 1, 2018	March 31, 2018	January 1 - December 31, 2017
June 1, 2018	June 30, 2018	April 1, 2017 – March 31, 2018
September 1, 2018	September 30, 2018	July 1, 2017 – June 30, 2018
December 1, 2018	December 31, 2018	October 1, 2017 – September 30, 2018

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HAB believes that in order to optimally support quality improvement activities, data collection of performance measures should occur quarterly, at a minimum, so the Module will allow you to enter data up to four times a year. Each time, you will have one month to enter your data. So during the calendar year, you can enter data during the entire months of March, June, September and December.

Each measurement year is 12 months except for the medical visit frequency measure, which is 24 months.

Note that you should only enter data for the measurement year that the Module is open for. So, for example, next month in June when the Module is open, you should only enter data for April 1, 2017 to March 31, 2018. The system will also not allow you to enter data that is outside the measurement year.

Accessing the HIVQM Module - Recipients

Log in to your RSR at https://grants.hrsa.gov/webexternal
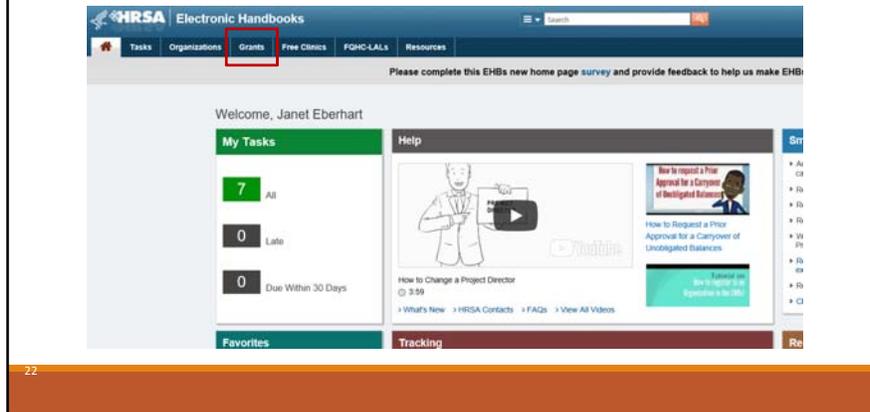
The Module is accessed via the RSR. So if you know how to access your RSR, you already know how to access the Module. But for those of you who don't, I'm going to walk through the process.

Access is different depending on whether you are a recipient or sub-recipient, so first, I will go over how a recipient will access the module.

This slide is the first slide to show you how recipients can access the Module. Recipients will first log into the EHB via the link listed at the top of the slide. If you already have a login for the RSR, you do not need to re-register for the Module. You can use your RSR login. Once you log in and you are on the EHB home page, click on the 'Grants' tab at the top of the page.

Accessing the HIVQM Module – Recipients

The 'Grants' tab will take you to "My Grant Portfolio List". Here, you can locate your grant. Then you will click on the 'Grant Folder' link associated with that grant.

Accessing the HIVQM Module – Recipients

The 'Grant Folder' link will take you to the home page of your grant. In the middle of the page, you'll see three columns at the bottom. In the "Submissions" column, click on the 'Performance Report' link.

Accessing the HIVQM Module – Recipients

This will take you to your submissions for that grant. Scroll down to find your latest RSR Annual Performance Report, and click on the Start/Open link under the "Options" column.

Accessing the HIVQM Module – Recipients
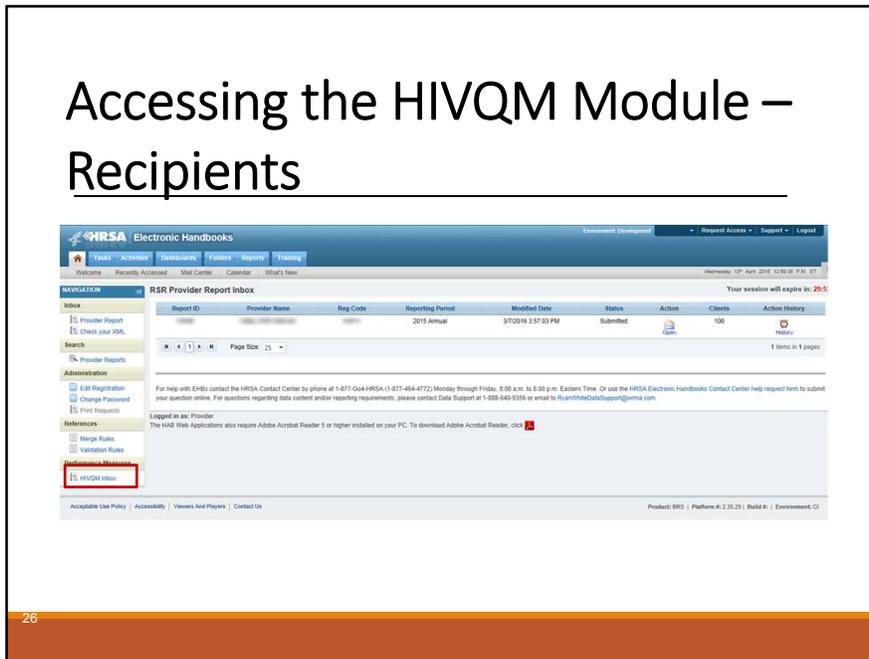
Finally, this will take you the to RSR Inbox. On the bottom left side of the screen in the navigation panel, you will see the "HIVQM Inbox." You can click on this link to enter the Module.

Should you have any questions or issues getting into the Module, you can call or email us at Data Support. I will be giving you our contact information at the end of the presentation.

Accessing the HIVQM Module – Sub-recipients

Log in to your RSR at
https://performance.hrsa.gov/hab/RegLoginApp/admin/login.aspx
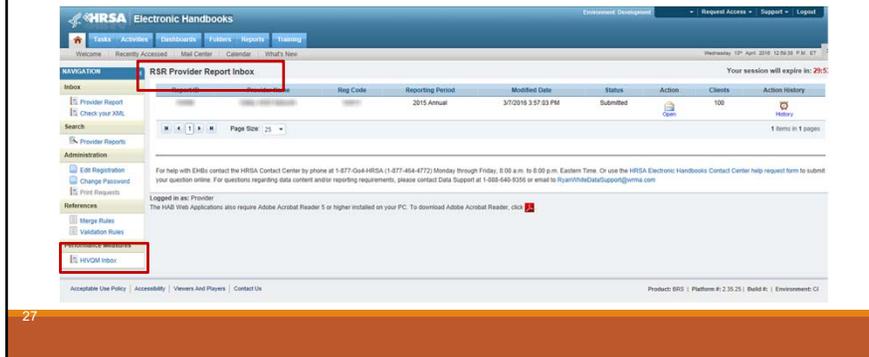
Now I'm going to go over how sub-recipients can access the Module, which is quite simpler that the recipient's steps. It's actually just one step. Once you log into your RSR using this link at the top of the slide, you will be redirected to your RSR Provider Report Inbox and on the bottom left side of the screen in the navigation panel, you will see the "HIVQM Inbox." You can click on this link to enter the Module.

Accessing the HIVQM

From the HIVQM Inbox, select "Create."
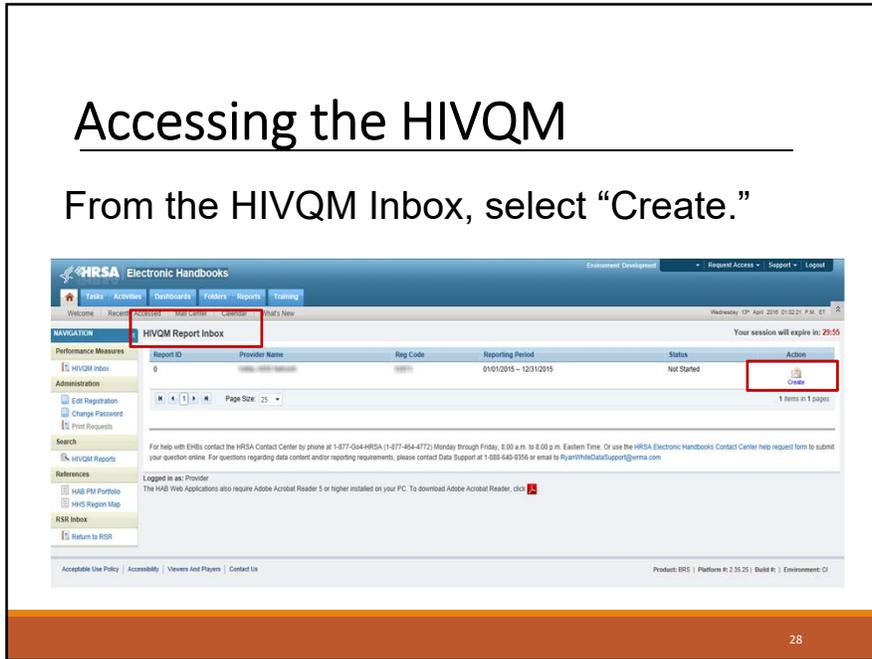
So now, as a recipient or a sub-recipient, we have now entered the HIVQM Report Inbox. Once you are in the Inbox, select the envelope icon labeled "Create" on the right side, under the 'Action' column.

Provider Information Page
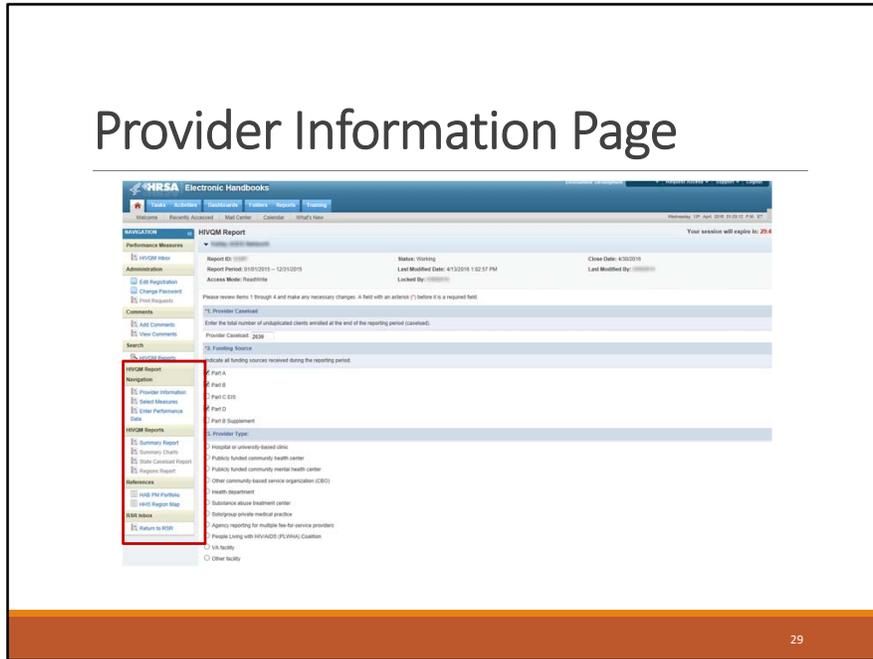
This will take you to the Provider Information Page which has 4 data items and we will go over these in the next few slides. The Provider Information page may be pre-populated with data from your last RSR, so all you need to do is check the information already captured and update any incorrect data.

But, if you go into the Module in March when the system has just opened for the RSR, your agency may not have uploaded their RSR yet, so some data will not be pre-populated and you will have to enter the data.

Before we move forward to talk about the data elements, please note that on the left side panel, you now have a navigation feature where you can click directly to the pages of the Module and I'll be referring to this panel throughout.

Provider Information Page

Now we're ready to talk about the data elements. The first data element is your provider caseload. The provider caseload is the total number of unduplicated clients enrolled at the end of the measurement year. You can enter a number up to 7 digits long and the number *must* be greater than zero.

Next, the funding source is your organization's sources of funding received during the measurement period. So you can select the checkboxes that correspond to the funding you have received. You *must* select at least one funding source and of course, select more than one, if applicable to your organization.

The provider type is the agency type that best describes your agency: hospital or university based, health department, publicly funded, and so on. You *must* indicate at least one provider type -- you cannot leave it blank. And if you choose, *Other*, please specify a description in the text box.

Provider Information Page

The last data item consists of 3 data entries -- 4a through 4c. You *must* answer 4a – do you use a computerized data collection system? In 4b, you will choose the name of your system, only **if** you answered "yes" to 4a. If your system is not listed, you have an option to choose "other". And **if** you select "other", you must complete 4c and type in the name of the system in the text box.

So that completes your Provider Information page. Please save your data by selecting the save button on the bottom right of the screen.

So what happens if you leave something blank in your Provider Information page? If you did not enter data in any of the required items, which are 1 to 4a, you will receive an error message and you will have to return to the item or items to fill in the data.

Performance Measures Selection Page
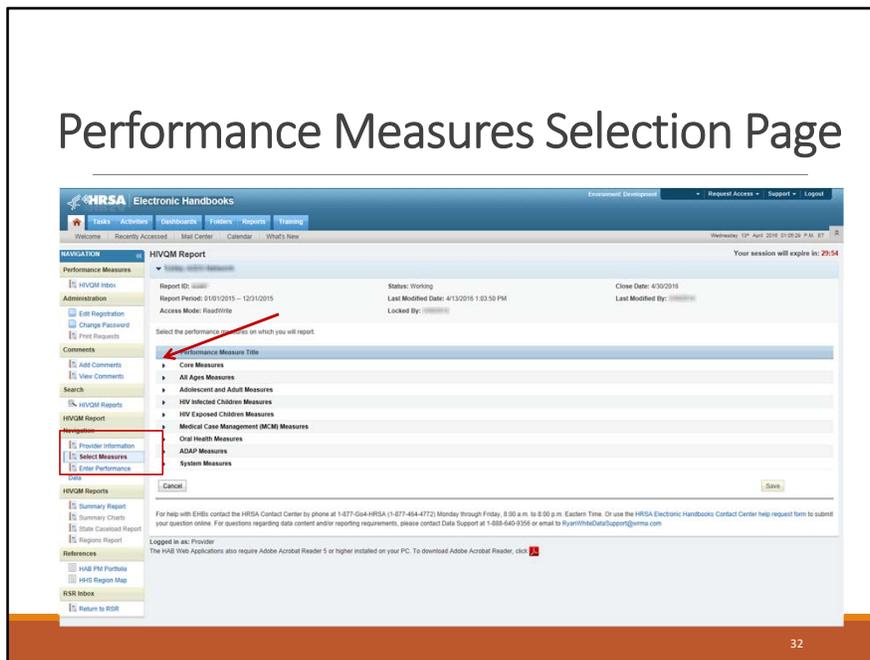
After you have saved the Provider Information Page, you are ready to move on to selecting your performance measures. The link, Select Measures, in the left navigation menu will take you to the Performance Measure Selection page.

So, this slide shows you the Performance Measures Selection Page. This is where you select the performance measures you want to enter and track. As mentioned before, you should prioritize and select measures that are most applicable to their organization, setting, patient population and epidemic.

In the middle of the screen, you can see the list of the main performance measures: core measures; measures for all ages; adolescents and adult; and so on.

To see the performance measures under each main category, click on the expand icon on the left to expand your selections. So let's click on the core measures.

Once you click on that expand icon, you will see the performance measures listed below. To choose a performance measure, you can click on the corresponding box on the left. Here we have selected all the performances measures under core measures.

Once you have selected all the performance measures that you want to monitor and enter data for, make sure to save by clicking on the save button in the lower right corner of the page.

If you want more information about a performance measure, click on the information icon to the right, and a pop-up window will display a description of the performance measure and as well as definitions of what data should be entered for that particular performance measure.

Performance Measures Selection Page

So, once you have chosen and saved your performance measures, you are ready to enter your data. On the left navigation bar, click on *Enter Performance Data.* and the system will bring you to this data entry page.

The data entry page will contain a table of all the performance measures that you selected from the Select Measures page. On this slide, you can see the core measures that we previously chose.

You can complete the table by entering data into the three columns to the right – *records reviewed, numerator, and denominator* columns.

As we talk about what data to enter, I will also talk about the systems validations that I mentioned earlier that are basically rules to the type of data you can enter. If you don't enter data that makes sense, you will receive an error. I'll also list these rules in a summary slide so you don't have to jot them down.

So let's talk about the first column, *Records reviewed*. The number that you enter here should be the number of records that were assessed for this particular performance measure. The number must be less than or equal to that caseload number that you entered in the Provider Information page or you will get an error.

So let's just say that you have a caseload of 100, and you reviewed 80 records of your caseload for this particular performance measure. 80 records reviewed is less than your caseload of 100, so you shouldn't get an error.

Now, let's move over to the last column and talk about the denominator. Generally, the denominator reflects the number of persons who **should** receive the care or service under review. I say generally because this might not be true for some performance measures so you will want to double-check HAB guidance on how to come up with the denominator for your performance measure. For viral load, the denominator is defined as the number of HIV patients with at least 1 medical visit within the measurement period.

The denominator should always be less than or equal to your records review number.

So let's say 75 patients received at least 1 medical visit within the measurement period out of the 80 records reviewed. We enter that number in third column.

Let's now go to the numerator in the middle column. The numerator generally represents the number of persons in the denominator who **actually** received the service. Again, double-check HAB guidance on how to come up with the numerator. For viral suppression, the numerator represents the number of patients who received viral suppression services **AND** achieved a viral load of less than 200.

The numerator must be less than or equal to the denominator. Let's say that 72 patients that received the service also had a viral load of less than 200. Then 72 would be your numerator and you would enter that number into the second column.

Once you finish all your data entry for the other performance measures that you have chosen, you can click on the save button at the bottom of the page.

Once you click save, the validation process kicks in and you will receive errors if your numbers don't meet the validation standards. So for example, if your numerator is greater than the denominator and not less than, it will trigger a validation error and you will need to fix the error and then click save again. All errors must be fixed in order to move on and generate the report.

Validation Errors and Alerts
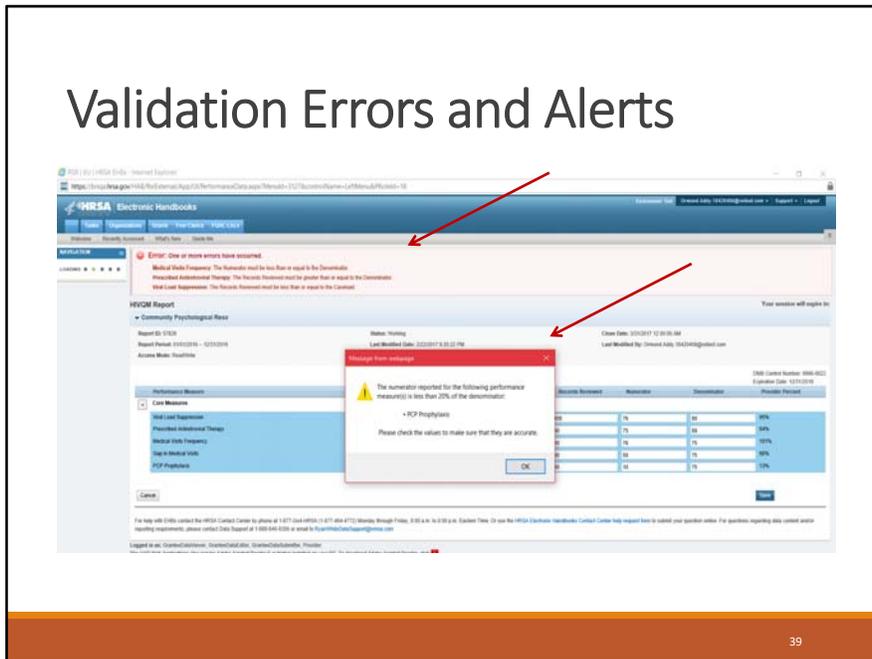
Here is what the screen will look like when you have validation errors. On the top of the page in red, is the list of errors that you will need to check and correct.

In addition to errors, the validation process also includes alerts. In the center of the page is an alert box. Alerts don't necessarily have to be corrected. For example, if you entered a numerator that is less than 20% of the denominator for viral load, the system will alert you to make sure that the number is correct. But if you did enter the right number, you can ignore that alert and you don't have to change the numerator.

Definitions

Caseload: total number of unduplicated clients enrolled at the end of the measurement year.

Records Reviewed: number of records that were assessed for the performance measure under review

Numerator*: number of clients who should and did receive the care or service under review.

Denominator*: number of clients who should receive the care or service under review

*HAB Performance Measures: https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio

Here is a list of the general definitions for the numbers that we just entered. The definitions for the numerator and denominator may be a bit nuanced for certain performance measures and again I'd refer you to the HAB website or the information icons in the Module.

List of Data Validation Messages

Errors you must correct:

For <u>records reviewed</u>, you ***must*** enter a number less than or equal to the caseload number entered in the Provider Information page.

The <u>records reviewed</u> number ***must*** also be greater than or equal to the denominator.

The <u>numerator</u> ***must*** be less than or equal to the denominator.

Alerts that you need to double-check but *can ignore the alert if the numerator is correct.*

For all performance measures (except for Gap in Medical Visits), your <u>numerator</u> should be less than 20% of the denominator

For Gap in Medical Visits, your <u>numerator</u> should be greater than 20% of the denominator

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Here is the summary of those validation messages that we also just went over. The first three are error messages that you must correct and these have to do with making sure that your records reviewed numbers and your numerator make sense. The last two are alerts for the numerator and the system just wants you to double-checked that the number is correct.
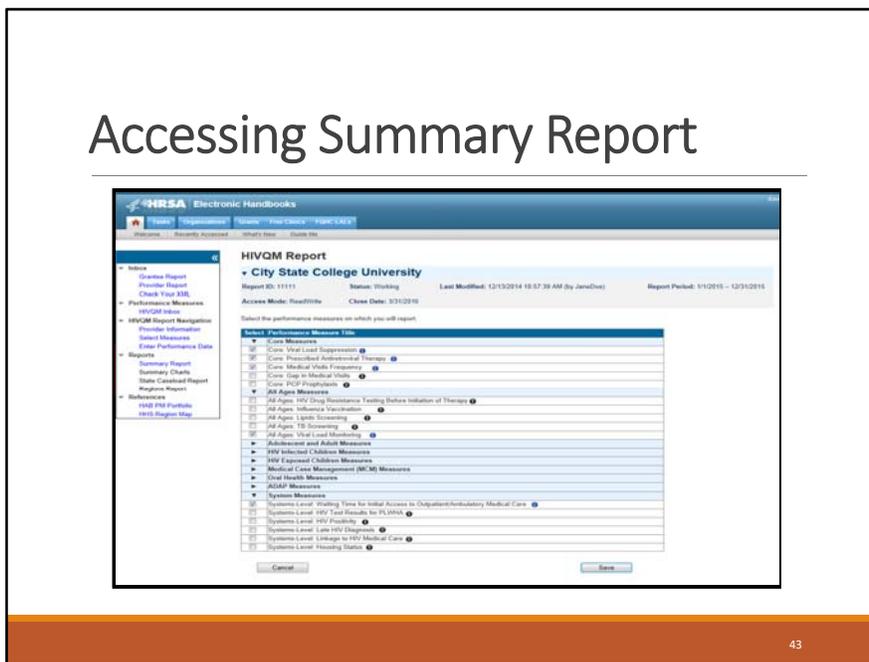
Data Entry Success

This is what the screen looks like when you have no errors or alerts. At this state, you've passed the validation process and your information has been saved successfully.
You will also see that the fourth column, provider percent, has been generated by the system, basically the numerator divided by the denominator.

Accessing Summary Report

Now we are ready to generate your summary report. After you have successfully passed the data validations, you can access your summary report by clicking on the link, Summary Report, on your navigation panel on the left. As you can see there other reports that are grayed out – these are reports that will be available in the future.

Once you click on the Summary Report link, the system will generate this report. So you can see the list of performance resources on the left side. This report includes your own provider data as well as regional and national data all in one page. So you see to the left is your provider data and to your right, the last two columns compares your report with regional and national data!

This concludes my showing you how you can use the HIVQM Module. I've showed you how to access the Module, how to enter data and how to run reports.

Quality Technical Assistance Resources

2017 HIVQM Module Instruction Manual and webinar

- Target Center website: https://hab.hrsa.gov/clinical-quality-management/quality-care

HAB Performance Measures:

- https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio

HAB Email: RWHAPQuality@hrsa.gov

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HAB does offer many resources to you to help you in using the Module.

We do have an instruction manual for the HIVQM Module. It explains everything that I went over today and more. It is available on the Target Center website, which you may be familiar with through the RSR.

This webinar will also be posted on the Target website so check in a couple of weeks as it takes us about that long to get it approved and 508 compliant.

Here is the link again to the performance measures guidelines on the HAB website that I kept referring to.

Finally, here is a HAB email to which you can direct questions. This email address is monitored daily so feel free ask questions and make comments there as well.

Finally, we have two help centers for you to call if you need technical assistance. The Ryan White Data Support and Technical Assistance Center can answer questions on navigating through the Module and help you with any system errors you may get. You can also call us if you have any questions on the HIVQM Manual, accessing the Module from the RSR, and really anything about the Module… we can refer you to the right person or help you get an answer to your question, if we don't know it.

And finally, you can contact the HRSA Contact Center for help with the EHBs, such as setting up user accounts or navigating the system.

Lastly, to learn about HRSA, you can visit their website at HRSA.gov.

Questions?