HIV Care and Treatment Program
CAREAssist and HIV Community Services
2021 Performance Measures and Quality Management Outcomes

Performance Measures

Performance measure data are collected and analyzed for health disparities across target populations on a quarterly basis by the HIV Care and Treatment program. HIV Community Services sub recipient Agency providers analyze this data and provide a semi-annual performance measure narrative plan for meeting unmet goals.

All Service Categories, regardless of funding:

HIV Care and Treatment clients (CAREAssist and HIV Community Services) who received a service in the Calendar Year (CY), regardless of funding source:

1. **Viral Suppression**: 90%[1] clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.
2. **In Care/Retained in Care[2]**: 90%[3] of clients will have a HIV medical visit within 12 months (as measured by CD4 or VL Lab).

Program: CAREAssist

1. **Application Determination**: 95% of CA applications[4] approved/denied for new CA enrollment within 14 days of CA receiving complete application in the year.
2. **Eligibility Recertification:** 95% of CA enrollees reviewed for continued CA eligibility two or more times a year.

Program: HIV Community Services

1. **MCM Care Plan:** 90% of medical case management (MCM) clients will have a MCM care plan developed and/or updated 2 or more times a year
2. **Stable Housing:** 95% of clients will have stable housing.

[1] Oregon HIV/STD/TB Program Strategic Plan goal
[2] Formerly "No Gap in HIV Medical Care", revised for HCS FY18-19. In Care is part of HCT Care Continuum and uses the same definition as CDC's HIV Care Continuum "Receipt of Care"
[3] Oregon 2017-2021 Integrated HIV Prevention and Care Plan "Retained in Care" goal
[4] New applications of clients received complete in CY who were never enrolled before

Performance measure by HRSA Service Categories[5]

Program: CAREAssist

Service Category: **ADAP**

1. Clients enrolled in CAREAssist (CA) at any point in the calendar year
   1.1. **Viral Suppression**[6]: 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.
   1.2 **In Care/Retained in Care**: 90%[7] of clients will have a HIV medical visit within 12 months (as measured by CD4 or VL Lab).
2. Insured CAREAssist (CA) clients who had one Pharmacy dispensing payment for medication.
   2.1. **Viral Suppression:** 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.
3. Uninsured CAREAssist (CA) clients who had one full cost payment for CA-funded medication
   3.1. **Viral Suppression**: 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.

Program: HIV Community Services

1. Service Category: **Case Management (non-medical)**[8]
   1.1 **Viral Suppression**: 90%[9] clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.
   1.2 **Stable Housing:** 95% of clients will have stable housing.
2. Service Category: Medical Case Management
   2.1. **MCM Care Plan**: 90% of medical case management (MCM) clients will have a MCM care plan developed and/or updated 2 or more times a year
   2.2. **In Care/Retained in Care**: 90%[10] of clients will have a HIV medical visit within 12 months (as measured by CD4 or VL Lab).
3. Service Category: Emergency Financial Assistance
   3.1. **Viral Suppression**: 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.
   3.2. **Stable Housing**: 95% of clients will have stable housing.

[5] PM's align with HRSA/HAB FY21 PTR Implementation Plan
[6] Part B funding source in addition to all funding sources
[7] Oregon 2017-2021 Integrated HIV Prevention and Care Plan "Retained in Care" goal
[8] Part B funding source in addition to all funding sources
[9] Oregon HIV/STD/TB Program Strategic Plan goal
[10] Oregon 2017-2021 Integrated HIV Prevention and Care Plan "Retained in Care" goal

4. Service Category: **Food Banks/Home Delivered Meals**

   4.1 **Viral Suppression**: 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.

   4.2 **Stable Housing**: 95% of clients will have stable housing.

5. Service Category: **Housing Services**

   5.1 **Viral Suppression**: 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.

   5.2 **Stable Housing**: 95% of clients will have stable housing.

6. Service Category: **Medical Transportation**

   6.1 **Viral Suppression**: 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.

   6.2 **In Care/Retained in Care**: 90% of clients will have a HIV medical visit within 12 months (as measured by CD4 or VL Lab).

HIV Care Continuum

HIV Care and Treatment: CAREAssist and HIV Community Services HIV care continuum

1. **Enrolled:** clients who received a service in CY.
2. **In Care:** Clients who received at least one service and had at least one CD4 or VL lab reported in CAREWare (CW) in CY. Goal=90%[11]
3. **Suppressed**: Clients who had HIV viral load less than 200 copies/mL at last HIV viral load test in CY. Goal=90%

State of Oregon HIV care continuum:

1. **Infected:** Total HIV-infected in Oregon, diagnosed and not diagnosed
2. **Diagnosed:** Confirmed HIV cases living in Oregon
3. **In Care:** One or more CD4 or viral load result reported in CY
4. **On Treatment**[12]: Medical Monitoring Project estimate of 97% of in-care patients on ARVs
5. **Suppressed:** Percent of resident HIV cases whose last viral load in CY was < 200 copies/mL

   New HIV diagnosed clients only:

   Linked to Care: New HIV diagnosed clients will attend a routine medical visit within 30 days of HIV diagnosis, as measured by VL or CD4 (lab test). Goal=85%[13]

[11] Oregon 2017-2021 Integrated HIV Prevention and Care Plan "Retained in Care" goal
[12] Medical Monitoring Project estimate of 97% of in-care patients on ARVs
[13] Oregon 2017-2021 Integrated HIV Prevention and Care Plan goal

Quality Improvement project

Program: CAREAssist

CAREAssist Viral Suppression Quality Improvement project 2021: Outreach to Communities of Color

Purpose of this project: Historically, CAREAssist clients who were not virally suppressed and not in case management were often impacted by social determinants of health and racial inequities that create additional barriers to obtaining and maintaining HIV health care and access to ART medications. For this reason, initially the focus of this project was to address potential racial inequities for clients of color, but we only identified nine clients of color who were not virally suppressed and not in HIV case management. We also recognize that all clients in this virally unsuppressed subgroup may need services, so we chose to expand the project to include all CAREAssist clients who are virally unsuppressed (or do not have a viral load lab) and not in case management, as this will provide CAREAssist an opportunity to help all of these clients while also comparing how these clients' experiences might be the same or different across groups.

Program: HIV Community Services

Objective: ensure clients have a HIV medical visit and a current viral load within the CY, in order to increase viral suppression. Goal= 90%

- HIV Case Management client with no current viral load test in 12 months will be assigned a high Medical Case Management Acuity. Goal=100%
- HIV Case Management clients who are virally unsuppressed will be assigned a high Medical Case Management Acuity. Goal=100%