

# HAB HIV Performance Measures: Medical Case Management



<b>Performance Measure: Medical Case Management: Care Plan</b>	
Percentage of HIV-infected medical case management clients <sup>1</sup> who had a medical case management care plan developed and/or updated two or more times in the measurement year.	
<b>Numerator:</b>	Number of HIV-infected medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year.
<b>Denominator:</b>	Number of HIV-infected medical case management clients who had at least one medical case management encounter in the measurement year.
<b>Patient Exclusions:</b>	<ol style="list-style-type: none"> <li>1. Medical case management clients who initiated medical case management services in the last six months of the measurement year.</li> <li>2. Medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year.</li> </ol>
<b>Data Element:</b>	<ol style="list-style-type: none"> <li>1. Is the client HIV-infected? (Y/N)               <ol style="list-style-type: none"> <li>a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)                   <ol style="list-style-type: none"> <li>i. If yes, is there a case management plan developed and/or updated two or more times at least three months apart during the measurement year? (Y/N)                       <ol style="list-style-type: none"> <li>1. If yes, list the dates of these care plans and/or care plan updates.</li> </ol> </li> </ol> </li> </ol> </li> </ol>
<b>Data Sources:</b>	<p>Data reports required by HRSA/HAB, such as the Ryan White Data Report (RDR) and Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of clients identified as receiving medical case management.</p> <p>Electronic databases, such as CAREWare, Provide, ARIES, Lab Tracker, Electronic Medical Record/Electronic Health Record.</p> <p>Case management record<sup>2</sup> chart abstraction by grantee of a sample of records.</p>
<b>National Goals, Targets, or Benchmarks for Comparison:</b>	None available at this time.
<b>Outcome Measures for Consideration:</b>	<p>Percent of patients who are retained in medical care in the measurement year.</p> <p>Percent of patients on antiretroviral therapy for whom it is indicated in the measurement year.</p> <p>Percent of patients who are adherent to their treatment regimen in the measurement year.</p>
<b>Basis for Selection:</b>	
<p>The Ryan White HIV/AIDS Treatment and Modernization Act of 2006 (P.L. 109-415) indicates that medical case management is a core medical service. Additionally, medical case management services increase access to and retention in medical care.</p> <p>Definition: “Medical Case management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical</p>	

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### Performance Measure: Medical Case Management: Care Plan

treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services.”<sup>3</sup>

Case Management is beneficial in dealing with complex needs of people living with HIV/AIDS:

Reduce cost of care by decreasing hospitalization<sup>4</sup>

Clients enrolled in case management are 1.5 times more likely to follow drug regimens<sup>5</sup>

Improve chances of newly diagnosed HIV-infected persons entering care.<sup>5</sup>

#### US Public Health Service Guidelines:

None

#### References/Notes:

<sup>1</sup> “Clients” includes all medical case management clients regardless of age.

<sup>2</sup> The client's medical record may be used if case management documentation is located in the client's medical record.

<sup>3</sup> “Ryan White HIV/AIDS Program Services Report Instruction Manual, Version 1.3, page 6.

<sup>4</sup> Cruise, P.L. & Liou, K.T. (1993). AIDS Case management: a study of an innovative health service

<sup>5</sup> Gardner, L.I. Metsch, L.R., Anderson-Mahoney, P., Loughlin, A.M. Et al. Efficacy of a brief case management intervention to link recently diagnosed HIV-infected persons to care. AIDS 2005 Mar 4; 19(4): 423-31.

## HAB HIV Performance Measures: Medical Case Management

<b>Performance Measure: Medical Case Management: Medical Visits</b>	
Percentage of HIV-infected medical case management clients <sup>1</sup> who had two or more medical visits in an HIV care setting in the measurement year.	
<b>Numerator:</b>	Number of HIV-infected medical case management clients who had a medical visit with a provider with prescribing privileges <sup>2</sup> two or more times at least three months apart in the measurement year that is documented in the medical case management record <sup>3</sup> .
<b>Denominator:</b>	Number of HIV-infected medical case management clients who had at least one medical case management encounter in the measurement year.
<b>Patient Exclusions:</b>	<ol style="list-style-type: none"> <li>1. Medical case management clients who initiated medical case management services in the last six months of the measurement year.</li> <li>2. Medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year.</li> </ol>
<b>Data Element:</b>	<ol style="list-style-type: none"> <li>1. Is the client HIV-infected? (Y/N)               <ol style="list-style-type: none"> <li>a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)                   <ol style="list-style-type: none"> <li>i. If yes, did the medical case manager document in the medical case management record<sup>3</sup> that the client had two or more medical visits at least three months apart in an HIV care setting in the measurement year? (Y/N)                       <ol style="list-style-type: none"> <li>1. If yes, list the dates of these medical visits.</li> </ol> </li> </ol> </li> </ol> </li> </ol>
<b>Data Sources:</b>	<p>Data reports required by HRSA/HAB, such as the Ryan White Data Report (RDR) and Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of clients identified as receiving medical case management.</p> <p>Electronic databases, such as CAREWare, Provide, ARIES, Lab Tracker, Electronic Medical Record/Electronic Health Record</p> <p>Medical case management record<sup>3</sup> chart abstraction by grantee of a sample of records.</p>
<b>National Goals, Targets, or Benchmarks for Comparison</b>	None available at this time.
<b>Outcome Measures for Consideration</b>	<p>Percent of patients who are retained in medical care in the measurement year.</p> <p>Percent of patients on antiretroviral therapy for whom it is indicated in the measurement year.</p> <p>Percent of patients who are adherent to their treatment regimen in the measurement year.</p>
<b>Basis for Selection:</b>	
The Ryan White HIV/AIDS Treatment and Modernization Act of 2006 (P.L. 109-415) indicates that medical case management is a core service. Additionally, medical case management services increase access to and retention in medical care.	
Definition: “Medical Case management services (including treatment adherence) are a range of client-	

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### Performance Measure: Medical Case Management: Medical Visits

centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services.”<sup>4</sup>

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#### US Public Health Service Guidelines:

None

#### References/Notes:

<sup>1</sup>“Clients” includes all medical case management clients regardless of age.

<sup>2</sup>A “provider with prescribing privileges” is a health care professional who is certified in their jurisdiction to prescribe ARV therapy.

<sup>3</sup>The client's medical record may be used if case management documentation is located in the client's medical record.

<sup>4</sup>“Ryan White HIV/AIDS Program Services Report Instruction Manual, Version 1.3, page 6.

<sup>5</sup>Cruise, P.L. & Liou, K.T. (1993). AIDS Case management: a study of an innovative health service program in Palm Beach County, Florida. *Journal of Health & Human Resources Administration*, 16, 96-110.

<sup>6</sup>Gardner, L.I. Metsch, L.R., Anderson-Mahoney, P., Loughlin, A.M. Et al. Efficacy of a brief case management intervention to link recently diagnosed HIV-infected persons to care. *AIDS* 2005 Mar 4; 19(4): 423-31.