U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

HAB HIV Core Clinical Performance Measures
Frequently Asked Questions (FAQs)

November 2011

This document focuses on questions related to the HIV/AIDS Bureau's clinical performance measures that are most frequently asked by programs that receive funds under the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program). FAQs will be updated as necessary.

Questions that relate to the various types of performance measures can be found at: http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html.

The following categories of questions have been frequently asked and the corresponding answers are detailed in this document:

- Scope of Clinical Performance Measures
- Elements of Clinical Performance Measures

Scope of Clinical Performance Measures

Question: Why is information included about National Quality Forum measures?

Answer: Significant strides have been taken to align HAB's HIV measures with measures endorsed by the National Quality Forum. By including such information in HAB's materials, users can review both sets of measures to determine which is most useful for their agency and population.

Question: When an age is listed in a measure, such as with syphilis screening, does it refer to the age of the patient at the beginning of the year?

Answer: Yes, when an age is provided as part of the measure, it relates to the age of the patient at the beginning of the measurement year. For instance, if the age specifies 18 years and the patient turns that age during the measurement year, they would be excluded from the denominator.

Elements of HAB Clinical Performance Measures

Question: Why was Hepatitis B screening moved to Group 2 of the clinical measures?

Answer: Because of the importance placed on Hepatitis by the 2011 National Strategy for Hepatitis, Hepatitis B screening was moved from Group 3 to Group 2.

Question: If a patient tests positive for Hepatitis B surface antibody (anti-HBs), do we need to test for Hep B surface antigen (HBsAg) or Hep B core antibody total (anti-HBc)?

Answer: No, HBsAg and anti-HBc are not required if the patient tests positive for anti-HBs.

Question: If a patient received Hepatitis B vaccination Hepatitis B screening was not performed, does it still need to be completed?

Answer: Yes, at a minimum the patient should be screened for Hepatitis B surface antigen (HBsAg). Some providers also recommend testing for Hep B surface antibody (anti-HBs) to document immunity.

Question: For the Hepatitis B screening measure, should a patient be counted in the numerator if they received Hepatitis B vaccination?

Answer: If immunity is achieved and documented through Hepatitis B vaccination the patient would be counted in the numerator. Immunity is confirmed as HBsAg negative, anti-HBc negative and anti-HBs positive.

Question: Why has viral load monitoring been added to the list of measures?

Answer: Viral load monitoring is important to monitor the effectiveness of antiretroviral therapy. CD4 counts are important to monitor the progression of disease for those patients who are not on ARV therapy. Both tests are helpful in monitoring disease progression and making treatment decisions. As a result, viral load monitoring and viral load suppression have been added to the list of HAB's clinical measures.

Question: What is considered an undetectable viral load?

Answer: An undetectable viral load will vary based on the type of test used. Standard assays detect viral load at 400 copies/mL, while more sensitive assays can detect as few as 25 copies/mL. For the purposes of this measure, the definition of "undetectable" will be based on the assays run from your lab. It is important to realize that the data may not be comparable to other programs that are using ultrasensitive assays.

Question: Why does the viral load suppression measure use < 200 copies/mL as being undetectable?

Answer: The Department of Health and Human (DHHS) guidelines and the AIDS Clinical Trials Group define virologic failure as a confirmed viral load >200 copies/mL. As a result," below limits of quantification" is defined as < 200 copies/mL for this measure.

Accessibility

If you need an alternative means of access to any information above please contact us at comments@hrsa.gov. Let us know the nature of your accessibility problem and the Web address of the requested information.