Why are the DHHS/NQC measures unique?
The DHHS/NQC measures have been prioritized and developed by HIV clinical guideline panel members based on the methodological guidance recommended by the Agency for Healthcare Research and Quality (AHRQ). These measures complement existing indicator sets and enrich them by extending into additional aspects of HIV care and treatment.

What are the DHHS/NQC measures?
This new quality improvement resource provides eleven sets of HIV-specific performance measures that have been developed by a panel of clinical experts. The measures can be adapted by HIV programs and contribute to providing the highest standards of care to persons living with HIV. These indicators are categorized within the following aspects of HIV care and treatment: HIV primary care, perinatal care, TB, STD, hepatitis, prevention, mental health, substance use, occupational post-exposure and oral health.

What is the general purpose of the DHHS/NQC measures?
The aim of these measures is to provide busy providers access to HIV-specific indicators that are based on scientific guidelines and prioritized by clinical experts. Each measure is described by citing relevant guidelines, scientific background information and detailed indicator definitions. Indicators specified in this resource allow providers to measure the quality of the care they provide. The gathered performance data should then be used to improve key aspects of HIV care.

Who developed the DHHS/NQC measures?
The National Quality Center (NQC), funded by the HIV/AIDS Bureau (HAB) and administered by the New York State Department of Health, convened a clinical workgroup under the leadership of Dr. John G. Bartlett to develop these quality of care indicators. Panel experts included representation from all United States Department of Health and Human Services (DHHS) HIV Guidelines panels and selected committees from the New York State Department of Health AIDS Institute HIV Clinical Guidelines Program. The measures were subsequently reviewed by HAB.

Are the DHHS/NQC measures different from the HAB measures which have been released recently?
Yes. The DHHS/NQC measures differ greatly from the HAB measures both in the process used to develop them and the ultimate functional intent of the measures. The DHHS/NQC measures were developed solely by various HIV guidelines panels and reflect the clinical opinions of these experts, which are not necessarily concurrent with the public health priorities of the HIV/AIDS Bureau. While the aim of the HAB measures is to provide Ryan White Program funded grantees opportunities for streamlined measures (“measures [that] can be used by all programs funded by the Ryan White HIV/AIDS Program…either at the provider or system level”), the intent of the DHHS/NQC measures is to simply provide HIV providers a wide portfolio of HIV-specific measures for their selection.

Are the DHHS/NQC measures different from the HIVQUAL measures?
Yes. The HIVQUAL indicators, reviewed annually and revised accordingly, are the standardized measures for reporting the quality of HIV care by HIV ambulatory care programs participating in HIVQUAL US. The DHHS/NQC measures offer busy providers easy access HIV-specific indicators that are developed by guideline panels and prioritized by clinical experts. Reporting of the DHHS/NQC indicators is not required, nor are national reporting systems for these measures in place.

Does our HIV program have to report these measures?
No. Your HIV program does not have to report these measures. The intention of the DHHS/NQC measures is to make available an additional portfolio of well-defined measures for HIV providers.

Do these DHHS/NQC measures replace either the HAB or HIVQUAL measures?
No. Because the DHHS/NQC measures are intended for separate purposes, they are not meant to replace either the HAB or HIVQUAL measures. Each set of measures complement one another, allowing HIV providers to choose the most appropriate measures for their ambulatory HIV program.

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