

ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES PRIMARY CARE (AMBULATORY/OUTPATIENT MEDICAL CARE)

Purpose

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

Definition

Provision of professional, diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient, community-based setting and/or office-based setting. This includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, care of minor injuries, education and counseling on health and nutritional issues, minor surgery and assisting at surgery, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care. Primary Medical Care for the Treatment of HIV Infection includes the provision of care that is consistent with the most recent US Public Health Service Guidelines. Such care must include access to antiretrovirals and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Standards Development Process

The standards were developed through extensive background research on quality management standards, a review of existing standards from other Ryan White Part A EMA's, meetings with primary care providers and meetings with the Ryan White Part A Grantee.

Application of Standards

These standards apply to any agency receiving Part A funds to provide Primary Care services. These funded agencies must administer the case management, mental health and substance abuse screening questions; however, assessment, case management, and treatment services are required to be provided only by agencies funded to provide these services. All other agencies are required to provide appropriate referrals and linkages to services per the standards.

Acknowledgements

Fulton County would like to thank all of the EMAs that shared their standards, as well as the primary care providers who gave generously of their time to provide valuable input to the development of these quality management standards and measures.

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I. Policies and Procedures	
Standard	Measure
A. Agency must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures and supervision requirements per federal and state law.	<ul style="list-style-type: none"> • Policy and procedure manual • Grievance procedure posted in visible location
B. Agency has eligibility requirements for services in written form. This is inclusive of: <ul style="list-style-type: none"> ✓ Clients rights and responsibilities ✓ Release of information/confidentiality ✓ Eligibility for services 	<ul style="list-style-type: none"> • Policy on file
C. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency including Joint Commission.	<ul style="list-style-type: none"> • Current licensure on file from appropriate city/county/state/federal agency including Joint Commission.
D. Agency has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of: <ul style="list-style-type: none"> ✓ Physical agency safety <ul style="list-style-type: none"> • Meets fire safety requirements • Complies with Americans with Disabilities Act (ADA) • Is clean, comfortable and free from hazards • Complies with Occupational Safety and Health Administration (OSHA) infection control practices ✓ Crisis management and psychiatric emergencies <ul style="list-style-type: none"> • How to assess emergent/urgent vs. routine need • Verbal intervention • Non-violent physical intervention • Emergency medical contact information • Incident reporting • Voluntary and involuntary inpatient admission ✓ Refusal of services ✓ Personnel <ul style="list-style-type: none"> • Roles and responsibilities of staff, including supervision responsibilities and caseload or staff/client ratio ✓ Client/Parent/Guardian Rights and Responsibilities (see Section IX) 	<ul style="list-style-type: none"> • Policy on file • Site visit

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II. Program Staff	
Standard	Measure
A. Agency staff are trained and knowledgeable about primary medical care, HIV disease and treatment and available resources that promote the continuity of client care.	<ul style="list-style-type: none"> • Resume in personnel file • Credential verification in personnel file • Training records
B. Agency will ensure that all staff, inclusive of but not limited to, physicians, physicians' assistants, nurse practitioners, registered nurses, licensed practical nurses, and medical assistants providing primary care or assisting in the provision of primary care are licensed/certified to practice within their concentrated area consistent with city, county, state and federal law.	<ul style="list-style-type: none"> • Personnel records
C. Agency staff will receive supervision, training and continual education as required by licensure/certification. In addition, clinical staff (including physicians, physician assistants, nurse practitioners, pharmacists and nurses) will receive a minimum of 10 continuing education hours per year in HIV/AIDS specialty course work.	<ul style="list-style-type: none"> • Personnel records • Training records
D. Agency staff will have a clear understanding of their job description and responsibilities as well as agency policies and procedures.	<ul style="list-style-type: none"> • Written job description that includes roles and responsibilities and a statement of having been informed of agency policies and procedures in file signed by staff and supervisor
E. Agency staff will follow protocols on management of occupational exposure to HIV consistent with the latest version of the federal guidelines. Staff will also adhere to state public health practices for infection control.	<ul style="list-style-type: none"> • Policy on file • Site visit
F. All newly hired staff will complete orientation training prior to providing client care.	<ul style="list-style-type: none"> • Personnel file

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III. Access to Services	
Standard	Measure
A. Agency is accessible to desired target populations. Accessibility includes: <ul style="list-style-type: none"> ✓ Proximity to community ✓ Proximity to mass transit ✓ Proximity to low-income individuals ✓ Proximity to underinsured/uninsured individuals ✓ Proximity to HIV infected individuals 	<ul style="list-style-type: none"> • Site visit
B. Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication needs (e.g. sign language interpreter).	<ul style="list-style-type: none"> • Policy on file
C. Agency demonstrates the ability to provide culturally and linguistically appropriate care according to the Atlanta EMA standards for desired target population.	<ul style="list-style-type: none"> • Personnel and training records • Site visit • Client satisfaction survey
D. Agency demonstrates input from clients in service design and delivery.	<ul style="list-style-type: none"> • Existence of Consumer Advisory Board
IV. Eligibility Determination/Screening	
Standard	Measure
A. Upon initial contact with client, agency will assess client for emergent or routine medical care according to agency policies and procedures. Clients with urgent medical needs shall be referred to an emergency care facility in accordance with agency policies and procedures.	<ul style="list-style-type: none"> • Client record • Policy on file
B. Clients in need of routine medical care will be scheduled to be seen for an initial appointment within 30 calendar days from the eligibility verification date.	<ul style="list-style-type: none"> • Client record
C. Provider determines client eligibility and qualifying for services under Part A of the Ryan White CARE Act for individuals presenting themselves for services. The process to determine client eligibility must be completed in a time frame so that treatment is not delayed. Client eligibility will be reassessed every six months. Eligibility assessment must include at a minimum: <ul style="list-style-type: none"> ✓ Proof of identity 	<ul style="list-style-type: none"> • Agency client data report consistent with funding requirements • Client record • Policy on file

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<ul style="list-style-type: none"> ✓ Proof of HIV status ✓ Proof of income not greater than 300% of Federal Poverty Level ✓ Proof of residency within the Atlanta EMA 	
<p>D. Clients will receive standardized screening questions for case management, mental health, substance abuse and legal needs during a face to face contact from an appropriate program staff immediately following eligibility determination.</p>	<ul style="list-style-type: none"> • Agency client data report consistent with funding requirements • Client record
<p>E. Agencies will inform clients of their screening disposition in writing, specifically whether or not they are being referred for a case management, mental health, substance abuse or legal assessment.</p>	<ul style="list-style-type: none"> • Client record
<p>F. Agencies that are referring a client for a substance abuse assessment must send a copy of the screen within two business days to the substance abuse entity that will be completing the assessment.</p>	<ul style="list-style-type: none"> • Screen in client record
V. Assessment/Treatment	
Standard	Measure
<p>A. Clients will have a comprehensive initial intake and assessment which will be completed within the first two primary care visits scheduled with the primary care provider. The initial assessment shall include, but is not limited to the following:</p> <ul style="list-style-type: none"> ✓ Chief complaint ✓ Immunization status ✓ Past medical and surgical history with detailed HIV/AIDS history ✓ Family and social history including substance abuse and mental health histories ✓ Allergies to medications ✓ Current medications ✓ Current nutrition including supplements ✓ Any present illnesses or concerns ✓ Screening for diseases associated with risk factors (Hepatitis A, Hepatitis B, Hepatitis C, and Sexually Transmitted Infections) 	<ul style="list-style-type: none"> • Client medical chart
<p>B. Clients' initial assessments will include a comprehensive physical examination in accordance with the most current published USPHS/IDSA</p>	<ul style="list-style-type: none"> • Client medical chart

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<p>Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents (USPHS Guidelines). The physical examination shall include, but is not limited to the following:</p> <ul style="list-style-type: none"> ✓ Vital signs ✓ Systems inspection, inclusive of a dermatological examination ✓ Neurological examination ✓ Genital and rectal exams as appropriate ✓ Breast examination as appropriate 	
<p>C. Appropriate baseline testing, including laboratory and radiology values, will be performed within the first two primary care visits scheduled with the primary care provider. Tests shall be inclusive of, but not limited to the following:</p> <ul style="list-style-type: none"> ✓ Complete Blood Count (CBC) ✓ Toxoplasmosis serology (unless previously positive) ✓ Chemistry profile, including serum transaminases and lipid profile ✓ Urinalysis ✓ Screening for Chlamydia and gonorrhea for clients who are sexually active ✓ CD4+ lymphocyte count ✓ Viral load measurement ✓ For patients with pretreatment HIV RNA >1,000 copies/mL – genotypic resistance testing prior to initiation of therapy; if therapy is to be deferred, resistance testing may still be considered ✓ PAP smear for women and adolescent females if appropriate. ✓ Routine assessments for Opportunistic Infections ✓ PPD and/or chest x-ray if indicated ✓ Electrocardiogram if over 40 or otherwise indicated 	<ul style="list-style-type: none"> • Agency client data report consistent with funding requirements • Client medical chart
<p>D. Referrals to specialists (e.g. dentists, optomologists) should be provided including nutritional services as appropriate.</p>	<ul style="list-style-type: none"> • Client medical chart

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VI. Treatment Plan	
Standard	Measure
A. Providers shall, in conjunction with the client, develop a comprehensive multi-disciplinary plan of care that will be reviewed and updated as conditions warrant or at a minimum of every six months.	<ul style="list-style-type: none"> • Client medical chart
B. Providers shall develop and initiate a client treatment adherence plan that is consistent with USPHS Guidelines for clients who are being treated with an antiretroviral (ARV) medication regimen. The plan shall be reviewed and updated as conditions warrant.	<ul style="list-style-type: none"> • Client medical chart
C. Adherence evaluation related to medication regimen and appointment schedules.	<ul style="list-style-type: none"> • Client medical chart
VII. Health Maintenance	
A. Client medical record will contain an up-to-date “Problems List” separate from progress notes which clearly prioritizes problems for primary care management and additionally identifies at a minimum: <ul style="list-style-type: none"> ✓ HIV status/AIDS diagnosis ✓ History of mental health and substance use disorders ✓ Contact information for ancillary continuing health care (e.g. mental health or substance abuse service provider, OB/GYN or other continuing specialty service) ✓ The status of vaccinations ✓ Any and all known allergies 	<ul style="list-style-type: none"> • Client medical chart
B. Each client shall have a primary care visit scheduled at least every four months or as appropriate for current health status in accordance with the USPHS Guidelines. Clients must be seen every six months in order to be considered to be active in primary care.	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements
C. Each client (who keeps an appointment every 4 months) shall have his/her CD4+ lymphocyte count evaluated at least every four months or as appropriate for current health status in accordance with the USPHS Guidelines. These results shall be reviewed with the client at medical visits. Clients must be seen every six months in order to be considered to be active in primary care.	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements

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<p>D. Each client (who keeps an appointment every 4 months) shall have his/her viral load measurements evaluated at least every four months or as appropriate for current health status in accordance with the USPHS Guidelines. These results shall be reviewed with the client at medical visits. Clients must be seen every six months in order to be considered to be active in primary care.</p>	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements
<p>E. Clients will be assessed for Opportunistic Infections (OI) at each primary care visit in accordance with the USPHS Guidelines. OI Prophylaxis will be offered as is appropriate.</p>	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements
<p>F. Clients will have a PPD screening annually in accordance with the USPHS Guidelines.</p>	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements
<p>G. Clients will receive timely and appropriate immunizations in accordance with USPHS Guidelines:</p> <ul style="list-style-type: none"> ✓ Influenza annually ✓ Pneumococcal pneumonia and then repeat once at five years ✓ Tetanus every 10 years or as medically indicated ✓ One-time TDAP vaccine ✓ HPV vaccine for women who meet ACIP guidelines ✓ Hepatitis A or B vaccine if indicated per ACIP guidelines <p>If a client is not immunized, appropriate documentation will be included in the primary care medical chart.</p>	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements
<p>H. Clients will be assessed for educational, nutritional and psychosocial needs. Appropriate referrals will be made as needed in accordance with the Atlanta EMA quality management standards. Issues to be discussed include, but are not limited to the following:</p> <ul style="list-style-type: none"> ✓ New or ongoing substance abuse or mental health issues ✓ Housing status ✓ Risk behaviors 	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements
<p>I. Provider shall screen sexually active clients for sexually transmitted diseases annually in accordance with the USPHS Guidelines. Clients at high risk shall be screened at least every six months. If clients have been</p>	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements

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screened at another facility, the client's primary medical care chart shall contain copies of the appropriate documentation.	requirements
J. Contraception counseling for sexually active clients will be made available or a referral to the appropriate agency will be provided to clients.	<ul style="list-style-type: none"> • Client medical chart
K. Providers shall assess risk behaviors and offer or refer clients as needed for lifestyle education and counseling services regarding such areas as exercise, smoking cessation, risk reduction and safer sex practices.	<ul style="list-style-type: none"> • Client medical chart
L. Providers will offer primary medical care for the treatment of HIV-infected pregnant women in a manner consistent with the USPHS recommended protocol or a referral to the appropriate agency will be provided to clients.	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements
M. Providers will offer primary medical care for the treatment of HIV-infected infants and children in a manner consistent with the USPHS recommended protocol or a referral to the appropriate agency will be provided to clients.	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements
N. Providers shall offer or refer clients for age and gender appropriate health maintenance screenings (e.g. mammograms, PAP Tests, prostate exams).	<ul style="list-style-type: none"> • Client medical chart
O. Providers shall offer clients not currently on antiretroviral (ARV) therapies, who qualify for ARV treatment by DHHS guidelines, education and counseling on the risks and benefits of antiretroviral therapy at least biannually (twice a year).	<ul style="list-style-type: none"> • Client medical chart
P. Provider shall offer clients ARV therapy or changes in therapy treatment in accordance with USPHS Guidelines. Documentation of clients' acceptance/refusal of and adherence to ARV therapy shall be noted in the client chart.	<ul style="list-style-type: none"> • Client medical chart
Q. Providers shall educate clients on ARV therapy on the side effects of their medication at least biannually (twice a year).	<ul style="list-style-type: none"> • Client medical chart
R. Providers shall monitor ARV therapy in accordance with USPHS Guidelines inclusive of resistance testing when appropriate.	<ul style="list-style-type: none"> • Client medical chart
S. Client ARV treatment and other medication lists shall be kept up to date and will be easily accessible in the medical chart.	<ul style="list-style-type: none"> • Client medical chart
VIII. Service Coordination/Referral	
A. Agency staff shall act as a liaison between the client and other service providers to support coordination and delivery of high quality care.	<ul style="list-style-type: none"> • Client record

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B. Agencies will have mechanisms in place for clients who require emergency medical care.	<ul style="list-style-type: none"> • Policy on file
C. Agencies will have a referral process for care of HIV related problems outside of their direct service area.	<ul style="list-style-type: none"> • Policy on file
IX. Clients' Rights and Responsibilities	
A. Client confidentiality policy exists for all service settings and is accessible to client.	<ul style="list-style-type: none"> • Policy on file
B. Grievance policy exists and is readily accessible to clients.	<ul style="list-style-type: none"> • Policy on file
C. Clients have the right to expect fair treatment and service provision.	<ul style="list-style-type: none"> • Policy on file
D. A current release of information form exists for each specific request for information and each request is signed by the client.	<ul style="list-style-type: none"> • Client record
E. Agency staff will ensure that the client understands and signs consent for medical treatment prior to the initiation of treatment.	<ul style="list-style-type: none"> • Policy on file • Client record
F. The agency has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> • Policy on file • Legal/medical consultation policy
G. Clients will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services at first face to face contact.	<ul style="list-style-type: none"> • Client record
H. Clients have the right to make decisions to accept/refuse medical or surgical treatment, medications and other pertinent therapies.	<ul style="list-style-type: none"> • Policy on file
I. Agency staff will inform clients of their responsibility for scheduling appointments, being on time, and calling the provider to cancel or reschedule if an appointment cannot be kept.	<ul style="list-style-type: none"> • Policy on file
J. Agency staff will inform clients fully about the nature of services offered including their rights to participate in the development and progress in meeting treatment plan goals as well as their ability to terminate services at any time.	<ul style="list-style-type: none"> • Policy on file