

ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES OUTPATIENT AMBULATORY HEALTH SERVICES (OAHS)

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 setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center, consistent with HHS guidelines^{1 2} and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Care is provided by health care professionals certified in their jurisdiction to prescribe medications in an outpatient setting such as a clinic, medical office, and mobile van. Services include 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, education and counseling on health and nutritional issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties even ophthalmic and optometric services). Included as part of OAHS is the provision of laboratory tests integral to the treatment of HIV infection and related complications; necessary based on established clinical practice; ordered by a registered, certified, licensed provider; consistent with medical and laboratory standards; and approved by the Food and Drug Administration (FDA) and or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program.

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 Recipient.

¹ Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf>.

² Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf.

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Application of Standards

These standards apply to any agency receiving Part A funds to provide OAHS services. These funded agencies must administer the case management, mental health, substance abuse, and legal 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.

Mental Health, Substance Abuse, Case Management, and Legal Standardized Screening Questions

The screening process includes utilization of the Atlanta EMA screening tool, a standardized Case Management, Mental Health, Substance Abuse, and Legal questions, that all agencies must use if receiving Part A funds to provide Outpatient Ambulatory Health Services, Substance Abuse, Mental Health or Case Management (medical or non-medical) services. The purpose of the questions is to provide a uniform way to identify consumers who need an assessment conducted. Given this standardized approach, clients will receive the same follow-up for assessment, treatment and/or referrals based on their responses, regardless of the agency. Please note that agencies may decide to add more questions to their screening tool; however, the questions listed in these standards must be asked first before an agency's additional questions.

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 ✓ Client/Parent/Guardian Rights and Responsibilities (see Section IX) 	<ul style="list-style-type: none"> • Policy on file • Program Review
E. Agency has private, confidential office space for seeing clients for	<ul style="list-style-type: none"> • Program Review/Site Visit

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<p>outpatient ambulatory health services (e.g. no half-walls or cubicles, all rooms must have doors).</p>	
<p>F. Agency will have all inactivated client records in a confidential locked location for a period as stipulated by law.</p>	<ul style="list-style-type: none"> • Site Visit/Program Monitoring
<p>G. Agency is required to maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Care is provided by health care professionals certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van ✓ Only allowable services are provided ✓ Services are provided as part of the treatment of HIV infection ✓ Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects ✓ Services are consistent with HHS Guidelines ✓ Service is not being provided in an emergency room, hospital or any other type of inpatient treatment center ✓ Documentation that laboratory tests are: <ul style="list-style-type: none"> • Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed provider • Consistent with medical and laboratory standards • Approved by the Food and Drug Administration (FDA) and/or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program 	<ul style="list-style-type: none"> • Site Visit/Program Monitoring • Chart audits

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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 continuing education hours as required by licensure/certification. In addition, clinical staff (including physicians, physician assistants, nurse practitioners, pharmacists and nurses) will receive continuing education hours 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 • Program Review
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 impacted by HIV ✓ Proximity to mass transit ✓ Proximity to low-income individuals ✓ Proximity to underinsured/uninsured individuals 	<ul style="list-style-type: none"> • Program Review
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 • Program Review • Client satisfaction survey • Policy on file
D. Agency demonstrates input from clients in service design and delivery.	<ul style="list-style-type: none"> • Existence of Consumer Advisory Board, Client satisfaction survey results, or other documented mechanism.
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 • Self attestation form
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 HIV status 	<ul style="list-style-type: none"> • Agency client data report consistent with funding requirements • Client record • Policy on file • Record of self-attestation

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<ul style="list-style-type: none"> ✓ Proof of income not greater than 400% of Federal Poverty Level ✓ Proof of residency within the Atlanta EMA ✓ Proof of payor of last resort 	
<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 case management, mental health, substance abuse or legal 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 a comprehensive assessment of the patient’s medical, psychosocial and medication history.</p>	<ul style="list-style-type: none"> • Client medical record
<p>B. Clients’ initial assessments will include a comprehensive physical examination in accordance with the most current published Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents³ (HHS Guidelines).</p>	<ul style="list-style-type: none"> • Client medical record
<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 performed in accordance with the most current published HHS Guidelines.</p>	<ul style="list-style-type: none"> • Agency client data report consistent with funding requirements • Client medical record
<p>D. Referrals to specialists (e.g. dentists, optomologists) should be provided</p>	<ul style="list-style-type: none"> • Client medical record

³ Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf>

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including nutritional services as appropriate.	<ul style="list-style-type: none"> • Documentation of whether referred services were provided should be included in the patient’s chart.
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 record
B. Providers shall develop and initiate a client treatment adherence plan that is consistent with HHS 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 record
C. Adherence evaluation related to medication regimen and appointment schedules.	<ul style="list-style-type: none"> • Client medical record
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 record
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 HHS 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 record • 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 HHS 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	<ul style="list-style-type: none"> • Client medical record • Agency client data report consistent with funding requirements

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<p>in primary care.</p>	
<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 HHS 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 record • 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 HHS Guidelines. OI Prophylaxis will be offered as is appropriate.</p>	<ul style="list-style-type: none"> • Client medical record • Agency client data report consistent with funding requirements
<p>F. Clients will have a TB screening annually in accordance with the HHS Guidelines.</p>	<ul style="list-style-type: none"> • Client medical record • Agency client data report consistent with funding requirements
<p>G. Clients will receive timely and appropriate immunizations in accordance with HHS Guidelines. If a client is not immunized, appropriate documentation will be included in the primary care medical record.</p>	<ul style="list-style-type: none"> • Client medical record • 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 record • Agency client data report consistent with funding requirements
<p>I. Provider shall screen clients for sexually transmitted diseases annually in accordance with the HHS Guidelines. Clients at high risk shall be screened at least every six months. If clients have been screened at another facility, the client's primary medical care chart shall contain copies of the appropriate documentation.</p>	<ul style="list-style-type: none"> • Client medical record • Agency client data report consistent with funding requirements
<p>J. Providers shall assess risk behaviors and offer or refer clients as needed for lifestyle education and counseling services regarding such areas as exercise,</p>	<ul style="list-style-type: none"> • Client medical record

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smoking cessation, risk reduction, contraception counseling and safer sex practices.	
K. Providers who offer primary medical care for the treatment of HIV-infected pregnant women in a manner consistent with the HHS recommended protocol or a referral to the appropriate agency will be provided to clients.	<ul style="list-style-type: none"> • Client medical record • Agency client data report consistent with funding requirements
L. Providers who offer primary medical care for the treatment of HIV-infected infants and children in a manner consistent with the HHS recommended protocol or a referral to the appropriate agency will be provided to clients.	<ul style="list-style-type: none"> • Client medical record • Agency client data report consistent with funding requirements
M. 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 record
N. Providers shall offer clients not currently on antiretroviral (ARV) therapies, who qualify for ARV treatment by HHS Guidelines, education and counseling on the risks and benefits of antiretroviral therapy as needed.	<ul style="list-style-type: none"> • Client medical record
O. Provider shall offer clients ARV therapy or changes in therapy treatment in accordance with HHS 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 record
P. 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 record
Q. Providers shall monitor ARV therapy in accordance with HHS Guidelines inclusive of resistance testing when appropriate.	<ul style="list-style-type: none"> • Client medical record
R. Client ARV treatment and other medication lists shall be kept up to date and will be easily accessible in the medical record.	<ul style="list-style-type: none"> • Client medical record
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 medical record
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 such as linking pregnant clients to prenatal care.	<ul style="list-style-type: none"> • Policy on file

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IX. Rapid Entry	
<p>A. Agency should have processes in place to:</p> <ul style="list-style-type: none"> ✓ Schedule the client’s first medical appointment with long-term provider ✓ Provide short term care until the client has been linked with selected long-term provider ✓ Establish a sustainable long-term care plan ✓ Warm hand off including transfer of medical records and other relevant documents ✓ Initiation of immediate ART 	<ul style="list-style-type: none"> • Policy on file
<p>B. If client eligible to receive Ryan White services, client shall be provided a list of all Ryan White Part A clinics to select the clinic for their long-term care.</p>	<ul style="list-style-type: none"> • Policy on file • Client medical record – documentation of clients long term provider choice
<p>C. 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"> • Policy on file
<p>D. Initial Rapid Entry medical visit should occur within 3 days of enrollment. Medical Visit should include:</p> <ul style="list-style-type: none"> ✓ Brief, targeted medical history and exam ✓ Laboratory testing ✓ ART initiation, if no contraindications 	<ul style="list-style-type: none"> • Policy on file • Client medical record
<p>E. Sustainable Long-Term Care Plan Each client should have a long term sustainable HIV care plan to address both immediate and long-term barriers including enrollment into ADAP or other third-party payer source as appropriate. Each care plan should be reviewed by a licensed Rapid Entry Team Provider for long-term ART and follow-up care.</p>	<ul style="list-style-type: none"> • Client medical record
<p>F. Prescribing and/or Dispensing Initial ART: Each client should receive a 14-day supply of medications unless it is not clinically recommended by the medical provider. Each client will receive follow up contact from a member of the Rapid Entry Team (preferably a</p>	<ul style="list-style-type: none"> • Client medical record

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nurse) to ensure successful initiation of ARV therapy.	
G. Clients will have follow-up visit within 14 days of enrollment with a licensed Rapid Entry Clinical Provider or Long-term Provider for follow-up clinical care and review of lab results.	<ul style="list-style-type: none"> • Client medical record
X. 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 medical 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 medical 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 medical 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