

Memphis TGA Ryan White Part A & MAI Standards of Care Primary Care (Outpatient/ Ambulatory Medical Care)

PURPOSE

The purpose of the Ryan White Part A and MAI Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. 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

Outpatient/Ambulatory Medical Care (Health Services) is the provision of professional, diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services 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 issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Department of Health and Human Services' HIV/AIDS Treatment Guidelines¹. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, input of primary care providers, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

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>.

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APPLICATION OF STANDARDS

These standards apply to any agency receiving Part A and/ or MAI funds to provide Outpatient/ Ambulatory 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. These Standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/ or MAI service.

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information.	
B. 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
Standard	Measure/Method
II. Program Staff	
A. Agency staff is trained and knowledgeable about primary care, HIV/AIDS 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 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 medical 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 record verification

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Standard	Measure/Method
C. Agency staff 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 10 continuing education hours per year in HIV/AIDS specialty course work.	<ul style="list-style-type: none"> • Documentation within personnel and training records
D. Agency staff has a clear understanding of their job description and responsibilities as well as agency policies and procedures.	<ul style="list-style-type: none"> • Written job descriptions that include roles and responsibilities • Personnel records include signed statement from each staff member and supervisor confirming that the staff member has been informed of agency policies and procedures and commits to following them
E. Agency staff follows protocols on management of occupational exposure to HIV consistent with the latest version of the federal guidelines. Staff also adhere to state public health practices for infection control.	<ul style="list-style-type: none"> • Policy on file • Site visit documentation/ observation
F. All newly hired staff complete orientation training prior to providing client care.	<ul style="list-style-type: none"> • Documentation in personnel records
Standard	Measure/Method
III. Access to Services	
A. See Universal Standards of Care for detailed information.	
IV. Eligibility Determination/ Screening	
A. Upon initial contact with client, agency will assess client for emergent or routine medical care according to agency policies and procedures, client with urgent medical needs will be referred to an emergency care facility in accordance with agency policies and procedures.	<ul style="list-style-type: none"> • Policy on file • Client file verification

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Standard	Measure/Method
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 file verification
C. See Universal Standards of Care for detailed information.	
D. Clients will receive standardized comprehensive psychosocial and environmental assessment during a face to face contact from an appropriate program staff immediately following eligibility determination. Refer to Medical Case Management standards for more detailed information.	<ul style="list-style-type: none"> • Agency client data report consistent with funding requirements • Client file verification
E. If Medical Case Management is not available at the medical provider's site, the medical provider will refer the client to medical case management within two business days.	<ul style="list-style-type: none"> • Documentation in client file
V. Assessment/ Treatment	
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: <ul style="list-style-type: none"> ✓ Chief complaint ✓ 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 and past medications, specifically HIV therapies ✓ 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
B. Clients' initial assessments will include a comprehensive physical examination in accordance with the most current published the Department of Health and Human Services' Guidelines for Use of Antiretroviral Agents in HIV Infected Adults and Adolescents (DHHS Guidelines). The physical examination shall	<ul style="list-style-type: none"> • Client medical chart

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<p>include, but is not limited to the following:</p> <ul style="list-style-type: none"> ✓ Vital signs ✓ Systems inspection, inclusive of dermatological examination ✓ Neurological examination ✓ Genital and rectal exams as appropriate (This may be deferred, but should generally be done by the second medical visit.) ✓ Breast examination 	
<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) with platelets* ✓ Syphilis screening ✓ Toxoplasmosis serology*(unless previously positive) ✓ Chemistry profile, including serum transaminases and lipid profile ✓ Urinalysis* ✓ Screening for Chlamydia, gonorrhea, and trichomoniasis for clients who are sexually active, as per DHHS STD guidelines* ✓ Glucose-6-phosphate dehydrogenase screening in appropriate racial or ethnic groups*(unless previously tested) ✓ 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* ✓ Cervical cytology screening for women and adolescent females, if appropriate. Liquid based cytology is the preferred approach for HPV testing. ✓ Routine assessments for Opportunistic Infections ✓ Blood test and/or chest x-ray if indicated 	<ul style="list-style-type: none"> • Agency client data report consistent with funding requirements • Client medical chart <p>* Note-As per DHHS BIII level recommendations</p>
<p>D. Immunization status of the client will be reviewed during the initial assessment. Vaccines appropriate to clients’ current immunization and health status should be offered according to protocol.</p>	<ul style="list-style-type: none"> • Agency client data report consistent with funding requirements

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Standard	Measure/Method
	<ul style="list-style-type: none"> • Client medical chart
E. Referrals to specialists (e.g. dentists, ophthalmologists) should be provided including nutritional services as appropriate.	<ul style="list-style-type: none"> • Client medical chart
VI. Treatment Plan	
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 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 DHHS 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. Providers shall conduct an adherence evaluation related to medication regimen and appointment schedules at least annually.	<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 • Agency client data report consistent with funding requirements
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 DHHS Guidelines. Clients must be seen every six months in order to be considered 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 for patients who	<ul style="list-style-type: none"> • Client medical chart

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Standard	Measure/Method
<p>have not achieved virological suppression and at least once every 6-12 months, if virologically suppressed, or as appropriate for current health status in accordance with the DHHS 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"> • Agency client data report consistent with funding requirements
<p>D. Each client (who keeps an appointment every 4 months) shall have his/her viral load measurements evaluated within 4 weeks of initiating ART, every 4-8 weeks until virologically suppressed, every 3-4 months after virological suppression until 2 years, and every 6 months after patient has been virologically suppressed for > 2 years. or as appropriate for current health status in accordance with the DHHS 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 DHHS Guidelines. OI Prophylaxis will be offered as 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 TB screening annually in accordance with the DHHS 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 DHHS Guidelines:</p> <ul style="list-style-type: none"> ✓ Influenza annually ✓ Pneumococcal pneumonia and then repeat once at five years ✓ Tdap vaccine for any client who has not previously received it, followed by Tdap boosters every 10 years, or as medically indicated ✓ HPV vaccine for women and men 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

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<p>H. Clients will be assessed for educational, nutritional and psychosocial needs. Appropriate referrals will be made as needed in accordance with the Memphis TGA Universal Standards of Care. 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 (specifically Chlamydia, gonorrhea, and syphilis; also trichomonas if any previous history of infection) annually in accordance with the DHHS 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 chart • Agency client data report consistent with funding requirements
<p>J. Contraception counseling for sexually active clients will be made available or a referral to the appropriate agency will be provided to clients.</p>	<ul style="list-style-type: none"> • Client medical chart
<p>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.</p>	<ul style="list-style-type: none"> • Client medical chart
<p>L. Providers will offer primary medical care for the treatment of HIV-infected pregnant women in a manner consistent with the DHHS recommended protocol or a referral to the appropriate agency will be provided to clients.</p>	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements
<p>M. Providers will offer primary medical care for the treatment of HIV-infected infants and children in a manner consistent with the DHHS recommended protocol or a referral to the appropriate agency will be provided to clients.</p>	<ul style="list-style-type: none"> • Client medical chart • Agency client data report consistent with funding requirements
<p>N. Providers shall offer or refer clients for age and gender appropriate health maintenance screenings (e.g. mammograms, PAP Tests, prostate exams).</p>	<ul style="list-style-type: none"> • Client medical chart
<p>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 twice a year.</p>	<ul style="list-style-type: none"> • Client medical chart

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P. Provider shall offer clients ARV therapy or changes in therapy treatment in accordance with DHHS 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, the side effects of their medication, and provide adherence counseling, at least twice a year.	<ul style="list-style-type: none"> • Client medical chart
R. Providers shall monitor ARV therapy in accordance with DHHS 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-documentation of with whom staff are communicating and progress to linking client to primary care if appropriate
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. See Universal Standards of Care for detailed information	
B. The agency has a formal policy as governed by State law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> • Policy on file • Client record
C. 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"> • Client record
D. 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
E. Agency staff will inform clients of their responsibility for scheduling	<ul style="list-style-type: none"> • Policy on file

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Standard	Measure/Method
appointments, being on time, and calling the provider to cancel or reschedule if an appointment cannot be kept.	
F. 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 their ability to terminate services at any time.	<ul style="list-style-type: none"> • Policy on file