



# HEDIS Measures for Rural and Community Practices

The Healthcare Effectiveness Data and Information Set (HEDIS) measures and National Committee for Quality Assurance (NCQA) guidelines are essential tools for improving quality of care for patients living with HIV. This toolkit is designed to provide clinicians, particularly those in rural and community-based practices, with a concise, point-of-care resource to align with these standards and enhance patient outcomes.

HEDIS is used by more than 90% of America's health plans to measure performance on important dimensions of care and service. HEDIS measures related to HIV care focus on promoting prevention, monitoring treatment adherence, and improving overall health outcomes. Below is a summary of the key measures:

## HIV Viral Load Suppression

Effective management of HIV is achieved when the viral load is suppressed to  $< 200$  copies/mL. Achieving viral load suppression requires a systematic approach to patient management. Clinicians should emphasize the importance of antiretroviral therapy (ART) adherence during every visit and collaborate with patients to identify and address barriers, such as medication side effects, financial constraints, or lack of social support. Regular follow-up appointments should include a review of lab results, open-ended questions to assess adherence, and counseling to motivate patients toward achieving viral suppression.

### BEST PRACTICES:

- Ensure routine viral load testing every 3-6 months
- Optimize adherence to ART

## HIV Screening for Patients at Risk

The US Centers for Disease Control and Prevention (CDC) recommends adults aged 13-64 screened for HIV at least once in their lifetime and annually for high-risk individuals. Incorporating HIV screening into standard workflows ensures broader coverage and early detection. To achieve this, clinics can create protocols for opt-out screening, where testing is presented as a routine part of care unless declined by the patient. Training staff to normalize discussions around HIV testing and addressing patient misconceptions can further improve uptake. High-risk patients should be identified through a thorough assessment of behavioral and demographic factors.

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## BEST PRACTICES:

- Integrate HIV screening into routine primary care visits
- Use opt-out screening methods

## Access to Preventive Services

Pre-exposure prophylaxis (PrEP) is prescribed to people at high risk for HIV as an effective strategy to significantly reduce their chances of contracting the virus. Preventive care involves proactive engagement with patients who may benefit from PrEP. Clinicians should incorporate risk assessments into routine visits and provide tailored education on PrEP's role in preventing HIV. Offering resources to address adherence challenges, such as reminders, pill organizers, or mobile apps can support patients in maintaining consistent use of PrEP.

## BEST PRACTICES:

- Assess risk factors (e.g., sexual behavior, substance use)
- Educate patients about PrEP effectiveness and adherence

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## Strategies to Improve HEDIS Scores in HIV Care are shown below:

- 1. Maximize use of codes:** Submit accurate and timely claim/ encounter data for every service
- 2. Document comprehensively:** Include detailed medical history with dates and appropriate coding
- 3. Ensure complete records:** Each medical record must contain the patient's name, date of birth, and date of service
- 4. Focus on completed events:** Only completed events count toward HEDIS compliance
- 5. Provide specific dates:** Ensure dates are specific enough to determine if a test or service was performed within the specified timeframe
- 6. Educate schedulers:** Train staff to review for needed screenings, tests, and referrals
- 7. Assist with scheduling:** Help patients schedule tests and follow up to ensure completion
- 8. Educate patients:** Provide education on HIV management and rationale for tests
- 9. Address barriers:** Ask open-ended questions to identify any barriers to care or treatment
- 10. Collaborate with other providers:** Ensure comprehensive, safe, and effective care



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## NCQA Guidelines for High-Quality HIV Care

The NCQA emphasizes comprehensive, patient-centered care, with a focus on integrating care coordination, chronic disease management, and social determinants of health. Clinicians can adopt a comprehensive care model by establishing a multidisciplinary team to address medical and non-medical needs. Care coordination involves maintaining clear communication with specialists, social workers, and other stakeholders. Regular team meetings can ensure alignment on patient care plans. Addressing social determinants of health may require leveraging local resources and community partnerships to connect patients with housing, food, or transportation assistance.

Patient engagement is another cornerstone of high-quality HIV care. Techniques such as motivational interviewing and shared decision-making help build trust and empower patients to take an active role in their treatment. Providing culturally sensitive care includes being aware of language preferences, religious beliefs, and stigma-related concerns that may impact adherence.

## Point-of-Care Checklists

### FOR INITIAL VISITS:

Initial visits are critical for establishing a baseline and building rapport with patients. During these visits, clinicians should ensure a thorough review of the patient's medical history, including prior ART use and comorbidities. Labs should be interpreted promptly, and treatment plans should be tailored to the patient's needs. Clinicians should also screen for mental health conditions and substance use, as these factors can significantly impact treatment adherence.

- Perform comprehensive medical history and physical exam
- Order baseline labs: CD4 count, HIV viral load, resistance testing
- Screen for co-infections: Hepatitis B/C, tuberculosis, STIs
- Assess mental health and substance use
- Initiate or adjust ART as indicated

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## FOR FOLLOW-UP VISITS:

Follow-up visits are opportunities to track progress and address challenges. Regular lab monitoring helps evaluate the effectiveness of ART and detect potential side effects early. Clinicians should actively listen to patients' concerns about medication adherence and lifestyle changes, offering solutions such as support groups or adherence tools. Educational discussions should focus on empowering patients and their partners with prevention strategies.

- Review adherence to ART and address barriers
- Monitor labs (CD4 count, viral load, renal/hepatic function)
- Update immunizations as per CDC guidelines.
- Provide education on prevention strategies (e.g., PrEP for partners)
- Discuss quality-of-life concerns

## BARRIERS FOR CONTINUUM OF CARE IN NONURBAN SETTINGS

- Shortage of health care providers and limited HIV expertise
- Scarcity of funding for widespread testing and treatment programs in non-urban areas
- Lack of systematic harm reduction programs and programs to address the root causes of HIV acquisition (e.g., opioid addiction, trauma, poverty)
- Increased geographic distance to providers and lack of transportation options
- Insufficient HIV awareness and knowledge at the community level
- High rates of poverty, low educational attainment, substandard housing and food insecurity
- Stigma, isolation, and heightened fear of discrimination
- Socially conservative climate, racism, anti-immigrant sentiment
- Limited community leadership and political support

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## Implementation Tips for Rural Practices

### OVERCOMING BARRIERS

#### 1. Limited Specialist Access:

- Use telehealth platforms to consult with infectious disease specialists

Telehealth offers an effective solution for rural practices to connect with specialists. Setting up a reliable telehealth infrastructure and training staff to use these platforms can bridge gaps in care.

#### 2. Stigma and Privacy Concerns:

- Ensure confidentiality through secure communication systems
- Conduct staff training on nonjudgmental, inclusive care

To reduce stigma, clinics can adopt policies that prioritize patient privacy and confidentiality. Staff training programs should focus on creating a welcoming environment for all patients, regardless of their background or circumstances.

#### 3. Resource Constraints

- Partner with local health departments and AIDS Service Organizations (ASOs)
- Apply for funding through Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program

Resource limitations can be addressed by collaborating with community organizations and leveraging available funding opportunities. Practices should regularly review grant options to support service expansion and improve care delivery.

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## Leveraging Technology

- Use electronic health records (EHRs) to track HEDIS measures
- Implement automated reminders for screenings and follow-ups

Technology can streamline workflows and enhance patient outcomes. EHRs with integrated reporting tools allow clinicians to monitor performance on HEDIS measures and identify areas for improvement. Automated reminders ensure timely follow-ups and routine screenings, improving patient adherence to care plans.

The effective implementation of HEDIS measures and adherence to NCQA guidelines can lead to improved quality of care for HIV patients in rural and community practices. By leveraging this toolkit, clinicians can enhance their practice, ensuring that patients receive comprehensive, high-quality care that meets national standards. It remains essential to continually refine these practices based on outcomes and evolving guidelines.

### PATIENT RESOURCES:

HIV.gov | [hiv.gov](https://www.hiv.gov)

CDC HIV Resources | [cdc.gov/hiv/basics](https://www.cdc.gov/hiv/basics)

HRSA HIV/AIDS Bureau: HRSA Guide to Adherence | [ryanwhite.hrsa.gov/livinghistory](https://www.ryanwhite.hrsa.gov/livinghistory)

CDC PrEP Information | [cdc.gov/hiv/risk/prep/index.html](https://www.cdc.gov/hiv/risk/prep/index.html)

Ready, Set, PrEP | [getyourprep.com](https://www.getyourprep.com)

AIDS info | [hivinfo.nih.gov](https://www.hivinfo.nih.gov)

Available Care and Services - Ryan White HIV/AIDS Program - HRSA | [ryanwhite.hrsa.gov/hiv-care/services](https://www.ryanwhite.hrsa.gov/hiv-care/services)

AIDS Service Organizations (ASOs) | Use [hiv.gov](https://www.hiv.gov) to find local ASOs

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## REFERENCES

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