Prenatal Care: Screening for Human Immunodeficiency Virus (HIV) (NQF 0012)

EMeasure Name	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	EMeasure Id	Pending
Version Number	1	Set Id	Pending
Available Date	No information	Measurement Period	January 1, 20xx through December 31, 20xx
Measure Steward	American Medical Association – Physician Consortium for Performance Improvement		
Endorsed by	National Quality Forum		
Description	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal visit.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	While the number of perinatally transmitted cases of HIV has decreased, perinatal transmission still accounts for the majority of new cases of HIV in children. Benefits of knowing a woman's HIV status early on in pregnancy have been well documented and allow the health care provider to initiate treatment early on in the pregnancy, thereby decreasing the risk of transmission of HIV to the child.		
Clinical Recommendation Statement	Universal HIV testing with patient notification should be a routine component of prenatal care; however, this must be in accordance with current state laws (ACOG/AAP). PHS recommends that all pregnant women in the United States be tested for HIV infection. All health-care providers should recommend HIV testing to all of their pregnant patients, pointing out the substantial benefit of knowledge of HIV status for the health of women and their infants. HIV screening should be a routine part of prenatal care for all women (CDC). Clinicians should screen all pregnant women for HIV. There is good evidence that both standard and FDA-approved rapid screening tests accurately detect HIV infection in pregnant women and fair evidence that introduction of universal prenatal counseling and voluntary testing increases the proportion of HIV-infected women who are diagnosed and are treated before delivery (USPSTF) (A		
References	Recommendation).		
Definitions			

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Please refer to the spreadsheet for this measure for detail regarding data criteria and code lists.

Population criteria

• Initial Patient Population =

- o AND: "Diagnosis active: delivery live births-diagnosis";
- o AND: "Procedure performed: delivery live births-procedure";

• Denominator =

- o AND: "All patients in the initial patient population";
- AND: "Encounter: prenatal visit";

Numerator =

- AND: "Patient characteristic: estimated date of conception" before or simultaneous to
 "Procedure performed: delivery of live births-procedure" <= 10 months;
- o AND:
 - OR: "Laboratory test performed: HIV screening" after or simultaneously FIRST "Encounter: prenatal visit" <= 30 days;
 - OR: "Laboratory test performed: HIV screening" after or simultaneously to SECOND "Encounter: prenatal visit" <= 30 days;

Exclusions =

- OR: "Diagnosis active: HIV";
- o OR: "Diagnosis inactive: HIV";
- OR: "Laboratory test not done: medical reason";
- o OR: "Laboratory test not done: patient reason";

Data criteria (QDS data elements)

• Initial Patient Population =

- "Diagnosis active: delivery live births-diagnosis" using the "delivery live births-diagnosis code list grouping" during the "measurement period";
- "Procedure performed: delivery live births-procedure" using the "delivery live birthsprocedure code list grouping" during the "measurement period";

• Denominator =

- "All patients in the initial patient population";
- "Encounter: prenatal visit" using the "prenatal visit code list" after "estimated date of conception";

Numerator =

- "Patient characteristic: estimated date of conception" using the "estimated date of conception code list" before or simultaneously to "Procedure performed: delivery live births" OR "Diagnosis active: delivery live births";
- "Laboratory test performed: HIV screening" using the "HIV screening code list" after or simultaneously to the FIRST "Encounter: prenatal visit";

- "Laboratory test performed: HIV screening" using the "HIV screening code list" after or simultaneously to the SECOND "Encounter: prenatal visit";
- o "Encounter: prenatal visit" using the "prenatal visit code list grouping" after "Patient characteristic: estimated date of conception";

• Exclusions =

- "Diagnosis active: HIV" using the "HIV code list grouping" before or simultaneously to "Encounter: prenatal visit";
- o "Diagnosis inactive: HIV" using the "HIV code list grouping" before or simultaneously to "Encounter: prenatal visit";
- "Laboratory test not done: patient reason" using the "patient reason code list" for "Laboratory test performed: HIV screening";
- "Laboratory test not done: medical reason" using the "medical reason code list" for "Laboratory test performed: HIV screening";

Summary Calculation

Calculation is generic to all measures:

- Calculate the final denominator by adding all that meet denominator criteria.
- Subtract from the final denominator all that do not meet numerator criteria yet also meet exclusion criteria. Note some measures do not have exclusion criteria.
- The performance calculation is the number meeting numerator criteria divided by the final denominator.
- For measures with multiple patient populations, repeat this process for each patient population and report each result separately.
- For measures with multiple numerators, calculate each numerator separately within each population using the paired exclusion.

Measure set	CLINICAL QUALITY MEASURE SET 2011-2012