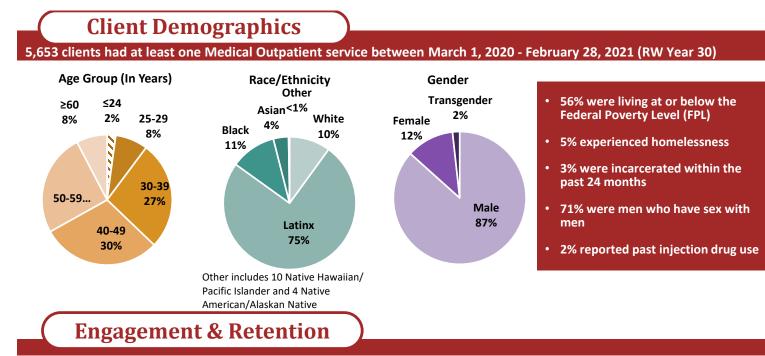
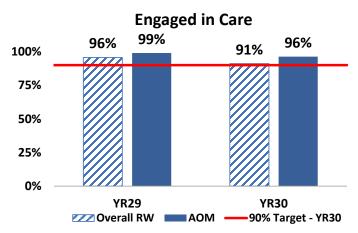
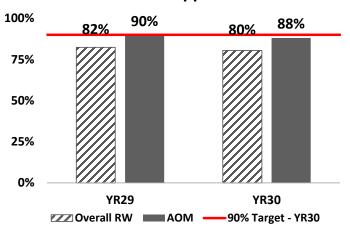
Ambulatory Outpatient Medical (AOM) Services

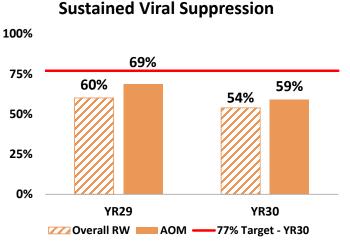




Viral Suppression (VS)

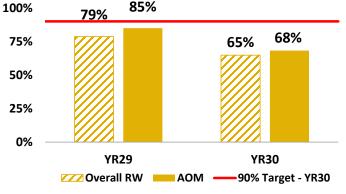
Viral Suppression





85%

Retained in Care



Ambulatory Outpatient Medical (AOM) Services

About

The Clinical Quality Management (CQM) Program Performance Measure Dashboards are intended to inform DHSP's quality improvement (QI) efforts and to be used to determine the efficacy and progress of quality improvement activities. Our hope is that consumers of HIV services and our subrecipient network providing these services will also benefit from these Dashboards and be able to use them to guide improvement efforts as well.

Ambulatory Outpatient Medical (AOM) Services

AOM services provide evidenced-based preventive, diagnostic, and therapeutic HIV medical services through outpatient medical visits to Ryan White Program (RWP) eligible people living with HIV. AOM services are expected to interrupt or delay the progression of HIV disease; prevent and treat opportunistic infections; promote optimal health and quality of life; and reduce further HIV transmission through education and support for appropriate risk reduction strategies.

Data Methodology

These dashboards were developed with data reported in the HIV Casewatch system by Ryan White-funded agencies in Los Angeles County. This report reflects outcomes for clients who utilized Ryan White (RW) AOM services during the reporting period from March 1, 2020 to February 28, 2021. This service category was selected based on the Health Resources and Services Administration's (HRSA) criteria to monitor performance measures for services that are used by at least 16% of all RW clients.

In order to estimate outcomes, HIV laboratory data (viral load, CD4, and genotype tests) were obtained for RW clients from the Los Angeles County HIV Surveillance system. The HIV-related outcomes and their definitions are based on HRSA HIV/AIDS Bureau recommendations and the U.S. Department of Health and Human Services guidelines.

- Engagement in HIV Care: ≥1 viral load, CD4 or genotype test reported in the 12 months before the end of the reporting period.
- Retention in HIV Care: ≥2 viral load, CD4 or genotype tests reported at >90 days apart in the 12 months before the end of the reporting period.

• Viral Suppression: viral load of <200 copies/ml at most recent test reported in the 12 months before the end of the reporting period. Clients with missing viral load tests are considered to have unsuppressed viral load in the time period.

• Sustained Viral Suppression: of clients with at least two viral load tests, all viral load test results are <200 copies/ml in the 12 months before the end of the reporting period. Clients with missing results or with less than two viral load tests are considered to have non-sustained viral suppression in the time period.

Summary and Analysis

- 5,653 clients, or 33%, of the 16,960 RWP clients received AOM services in YR 30.
- Compared to RWP clients overall, the percentage of Latinx clients receiving AOM services was much higher at 75% (53% overall).
- Engagement and viral suppression outcomes did not change substantially compared to YR 29; retention and sustained viral suppression decreased.

• Compared to RWP clients overall served in YR 30, AOM clients had higher engagement in care, retention in care, viral suppression and sustained viral suppression.