

Instructions for Outcome Measurement Report

The Outcome Measurement Report is used to quantify the impact that Part A funded services have on clients. The form was developed and revised based on input from providers in the Boston EMA. It is not meant as a comprehensive assessment; rather it is a tool to evaluate the impact of services on particular client outcomes.

Outcomes Instructions

- All agencies must answer every outcome for every client who receives services under Part A funding.
- Check only one status level for an individual outcome (i.e., do not select both “fair” and “excellent”).
- Complete all information in the top portion of each Outcome Measurement Report you submit.
- Check the appropriate reporting period.
- Fill in agency information.
- Fill in the COMPLETE client code and unique client identifier. Check codes for accuracy.
- Indicate client status. If a client is new to the agency during the 6-month reporting period, check the “new intake” box and fill in the date of intake. If a client is an ongoing client at your agency, and has been seen during the 6-month reporting period, check off the “ongoing client” box. This includes clients who were seen during the 6-month reporting period and who then became inactive, discharged, case closed, etc. Finally, if the client was not active (e.g., inactive, discharged, case closed, etc.) at all during the 6-month reporting period, do not complete the form.
- Check the Part A funded service(s) for which this form applies.
- Submit either one survey per client for each service received (e.g., one for Case Management and another for Food) OR one survey for the client per agency (e.g., one for Case Management **and** Food).
- Remember, only check off the Part A funded service(s) that the client receives.

Outcomes Submission Process

- **Hard Copy Submission:** Complete forms for all clients receiving Part A services and send the originals plus one set of copies to BPHC.
- **Electronic Submission:** Complete electronic outcome measurement tool in Microsoft Excel according to the instructions provided at the agency’s electronic submission training. Save copy of the tool for the agency’s records and upload electronic tool to agency’s folder on SFTP site. Please contact BPHC Quality Management staff at 617-534-4559 with any additional questions.
- **Reminder:** Each agency should send their quarterly report directly to BPHC when submitting outcomes, independent of whether the agency selects hard copy or electronic copy submission.

Outcomes Descriptions and Definitions

Providers should use their professional assessment skills when completing the outcomes reporting forms. While each level for each outcome is defined, please keep in mind the broader status level categories (i.e., poor, fair, good, and excellent).

- **CD-4 Count:** Choose the level for the most recent test result in the reporting period that you have seen or that the client has reported.
- **Viral Load:** Choose the level for the most recent test result in the reporting period that you have seen or that the client reported.
- **Maintenance of Primary Care:** Primary care includes routine, non-emergency professional diagnostic and therapeutic services rendered by a physician, physician assistant, clinical nurse specialist, or nurse practitioner in an outpatient, community-based, and/or office-based setting.
- **Adherence to Prescribed HIV-related Medical Therapies:** Select whether the client always, frequently, sometimes or rarely adheres to prescribed HIV-related medical therapies. Providers can use the criteria that they use in practice to measure adherence. The “N/A” box is only to be checked off if the client has not been prescribed HIV-related medical therapies.
- **Impact of Side Effects from HIV-related Medications:** This outcome measure aims to assess the impact of side effects on a client’s daily life. The term “activities of daily living,” or ADLs, refers to the basic tasks of everyday life, such as eating, bathing, dressing, toileting, and transferring (i.e., simple movements like moving in and out of bed). The “N/A” box is only to be checked off if the client has not been prescribed HIV-related medical therapies.
- **Mental Health Status:** Use information gathered from clients during intakes, assessments and regular interactions to evaluate client’s mental health status. This measure is not to be used as a mental health diagnosis.
- **Access to Psychosocial Support:** Psychosocial support helps a person to cope in their own context and to achieve personal and social well-being. Support can come from a variety of sources, including friends, family, peers, support groups, AA meetings, church, co-workers, etc. Note that this question refers to access to support when needed.
- **Level of Self Sufficiency:** Consider the client’s level of self sufficiency in day to day activities when answering this question, rather than focusing on a client’s emotional support needs. Day to day activities include money management, scheduling appointments, keeping appointments, completing household tasks, etc.
- **Housing Status:** This outcome aims to understand a client’s stability in housing, regardless of type of housing.

