Ryan White HIV/AIDS Treatment Modernization Act
Boston EMA Part A programs

IMPACT ANALYSIS OF THE NEW OUTCOME MEASUREMENT TOOL

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Background

Suffolk University's Center for Public Management (CPM) has been assessing the impact of Ryan White Part A services on the health and quality of life of people living with HIV (PLWH) in the Boston Eligible Metropolitan Area (EMA) since 1996. Working in partnership with the Boston Public Health Commission (BPHC), Part A providers, and the Planning Council, CPM designed the Outcomes Measurement System (OMS) utilizing a process-based outcome measurement model developed in the mid-nineties by The United Way. The OMS is used to gather information from providers on individual clients using the Outcome Measurement Tool. The first Outcome Measurement Tool incorporated service specific outcomes from 16 different service areas, which resulted in 85 different outcomes.

In order to improve the quality of the data, the reliability of data comparisons, and reduce measurement error, the 1996 Outcome Measurement Tool was modified by BPHC and CPM in 2001. Specifically, outcome measures in the 2001 Outcome Measurement Tool were reduced from 85 to 15 and the thirteen-digit unique client code was adopted. Providers were asked to report on a minimum of five outcomes for each client served (three of which were required to be health outcomes, including CD-4 Counts and/or Viral Loads) and were given the option of submitting outcomes electronically using an Excel spreadsheet.

In the FY 2006 Annual Report additional data concerns were raised by CPM.
First, providers were expected to report consistently on the same five outcomes each reporting period, but since a small number of providers did not, average health and quality of life comparisons across fiscal years may not have been reliable.

Secondly, since providers could choose the outcomes they wanted to report on, not all clients in the EMA were assessed for the same set of health and quality of life outcomes. This flexibility in reporting reduced the validity of aggregate health and quality of life comparisons across clients. Lastly, there were concerns that the levels of measurement for each outcome were too subjective or no longer applicable. For example, the success of anti-retroviral therapies had raised the bar of what was deemed excellent health in terms of medical indicators (i.e. CD-4 Count and Viral Load).

In order to address some of the limitations raised in the FY 2006 Annual Report, BPHC and CPM asked providers once again to participate in the assessment and improvement of the OMS in October of 2006. CPM and BPHC staff facilitated provider focus groups. Suffolk divided 72 participants into medical providers, case managers, and support service providers. Providers were asked to assess the accuracy of the outcomes, whether or not certain outcomes should be eliminated, and if there were new measures that should be added.

Over a six month period (June 2006-November 2007), BPHC and CPM staff met several times to discuss changes to the Outcome Measurement Tool. Considering the feedback from providers, as well as information collected through literature reviews and

interviews with key stakeholders, a final set of nine outcomes was produced. Importantly, several factors were considered in determining the nine outcomes, including preserving historical data comparisons and minimizing subjectivity in measurement levels. The current Outcome Measurement Tool also provides more in-depth definitions for each outcome level (see Appendix B).

The newest iteration of the Outcome Measurement Tool was launched in March 2007 (see Appendix C). These data will continue to be collected every six months; the new system will require agencies to report on all nine outcomes for every client who received services under Part A funding.[1] The new outcomes include:

- CD-4 Count,
- Viral Load,
- Maintenance of Primary Medical Care,
- Adherence to Prescribed HIV Related Medical Therapies,
- Impact of Side Effects from HIV-related Medications,
- Mental Health Status,
- Access to Psychosocial Support,
- Level of Self Sufficiency, and
- Housing Status.

[1] Certain agencies providing dental or food services have a high number of clients and have been given the option of selecting a random sample of 100 clients.

Study Goals

In order to assess the impact of the new tool during the first year of implementation (March 2007-February 2008) BPHC contracted with CPM to conduct three analyses:

1) Assess the internal reliability of the tool.
2) Measure the validity of outcome comparisons across tools (old tool vs. new tool).
3) Evaluate provider reporting in the first year of implementation.

The findings from the evaluation of the new outcomes tool are presented in the following section.

Findings

Internal Reliability

For the FY 2007 Mid-Year Report analysts performed statistical tests to determine the reliability of the new tool which was utilized for the first time during the March 2007-August 2007 reporting period. The two fundamental questions addressed when assessing survey reliability are: how much of the variability in outcome scores is due to measurement error and how much is due to variability in true scores? Results reported in FY 2007 Mid-Year Report indicated a moderate degree of internal consistency (Note: Internal consistency measures how consistently individuals respond to the items within a scale).

It was noted in the FY 2007 Mid-Year Report that the moderate level of internal reliability might be due to an unequal balance between the reporting of poor and excellent outcome measures. In the old tool, outcomes with more positive results were more likely to be picked by providers (e.g. high percentage of clients in good or excellent status for CD-4 count) whereas in the new tool all outcomes are assessed, including those which may not yield a high percentage of good or excellent outcomes (e.g. Impact of Side Effects from HIV-related Medications) yielding poor correlations between the individual outcomes.

In June of 2008, the reliability testing was conducted again using the full set of data collected in FY 2007 (March 2007-August 2007 and September 2007-February 2008 reporting periods). Results from the testing indicated a higher level of reliability with the tool. This higher level of reliability may be due in part to the increase in the number of outcome measurement reports or because of improved consistency in reporting among providers. At the conclusion of reliability testing, the new Outcome Measurement Tool was found to be internally reliable (see Statistical Methods for specific test results).

Outcome Comparisons (new tool vs. old tool)

The March 2007-August 2007 reporting period was the first reporting in which the revised Outcome Measurement Tool was implemented. In order to make comparisons between reporting periods outcomes data from the new tool were matched to previous outcome measures. The table below details the matching of outcomes from the new tool to the old tool. In order for FY 2007 data to be compared to data collected previous to the new Outcome Measurement Tool, outcome comparisons between the two tools needed to be developed. Figure 1 shows the initial outcome comparisons between the tools.

Figure 1. Initial Outcome Comparisons: New to Old Tool

New Tool	Old Tool
Outcome 1: CD-4 Count	Outcome 1: CD-4 Count
Outcome 2: Viral Load	Outcome 2: Viral Load
Outcome 3: Maintenance of Medical Care	Aggregate of Outcome 4: Ability to Access Medical Care & Outcome 5: Ability to Maintain Medical Care
Outcome 4: Adherence to Prescribed HIV Related Medical Therapies	Outcome 6: Ability to Adhere to Medical Therapies
Outcome 5: Impact of Side-Effects from HIV-related Medications	Outcome 14: Level of Side Effects from Medications
Outcome 6: Mental Health Status	Aggregate of Outcome 12: Level of Depression & Outcome 13: Level of Crisis Intervention
Outcome 7: Access to Psychosocial Support	Aggregate of Outcome 10: Level of Support Network & Outcome 11: Coping Skills and Level of Stress
Outcome 8: Level of Self Sufficiency	Aggregate of Outcome 3: Knowledge about HIV/AIDS & Other Services & Outcome 7: Ability to Advocate
Outcome 9: Housing Status	Outcome 9: Ability to Maintain Housing

Several statistical tests were utilized to determine whether or not data collected with the new tool was comparable to data collected with the old tool. Findings suggest that outcomes that were merged from the old tool and then compared to a single outcome in the new tool were statistically less reliable. For example, data collected for Maintenance of Medical Care (outcome 3) in the new tool was compared to data collected for the merged outcome scores of Ability to Access to Medical Care (outcome 4) and Ability to Maintain Medical Care (outcome 5). Ability to Access to Medical Care (outcome 4) and Ability to Maintain Medical Care (outcome 5) were correlated to determine whether or not changes to one outcome produced changes to another. A weak correlation between the two suggests a lack of co-variation, indicating that the two outcomes are not compatible for merging.

In order to meet the original criteria set forth in terms of maintaining and utilizing previously collected data, additional testing was done to determine other options for linking outcomes from the new tool with the old tool. The results of the additional testing are displayed in Figure 2 which shows the statistical comparability between new tool and old tool outcomes (See Statistical Methods for further detail).

Figure 2. Correlation Between New Tool and Old Tool Outcomes

New Tool	Old Tool	Correlation Coefficient	Statistically Comparable	Recommended Change for FY07 Annual Report	New Correlation Coefficient
Outcome 1: CD-4 Count	Outcome 1: CD-4 Count	.724	Yes	No Change	N/A
Outcome 2: Viral Load	Outcome 2: Viral Load	.754	Yes	No Change	N/A
Outcome 3: Maintenance of Medical Care	Aggregate of Outcome 4: Ability to Access Medical Care & Outcome 5: Ability to Maintain Medical Care	.168	No	Remove Outcome 4: Ability to Access Medical Care, Match only to Outcome 5: Ability to Maintain Medical Care	.697
Outcome 4: Adherence to Prescribed HIV Related Medical Therapies	Outcome 6: Ability to Adhere to Medical Therapies	.720	Yes	No Change	N/A
Outcome 5: Impact of Side-Effects from HIV-related Medications	Outcome 14: Level of Side Effects from Medications	.789	Yes	No Change	N/A
Outcome 6: Mental Health Status	Aggregate of Outcome 12: Level of Depression & Outcome 13: Level of Crisis Intervention	.443	No	Remove Outcome 12: Level of Depression, Match only to Outcome 13: Level of Crisis Intervention	.710
Outcome 7: Access to Psychosocial Support	Aggregate of Outcome 10: Level of Support Network & Outcome 11: Coping Skills and Level of Stress	.441	No	Remove Outcome 11: Coping Skills and Level of Stress, Match only to Outcome 10: Level of Support Network	.789
Outcome 8: Level of Self Sufficiency	Aggregate of Outcome 3: Knowledge about HIV/AIDS & Other Services & Outcome 7: Ability to Advocate	.351	No	Remove Outcome 3: Knowledge about HIV/AIDS & Other Services, Match only to Outcome 7 Ability to Advocate	.777
Outcome 9: Housing Status	Outcome 9: Ability to Maintain Housing	.812	Yes	No Change	N/A

Unfortunately, not all previously collected outcomes were found to be highly correlated to the outcomes in the 2007 Outcome Measurement Tool. Subsequently, Access to Medical Care, Level of Depression, and Knowledge About HIV/AIDS & Other Services will remain in the outcomes database but will not be statistically compared to outcomes collected with the new tool due to concerns about the validity of such comparisons. Importantly, the data may be useful in other research projects or future evaluations and should remain in the data archives.

Before excluding the removed outcomes from future comparisons, the outcomes were discussed considering correlation testing and their logical role in the new tool. Through these discussions, BPHC agreed that it was logically sound to remove these outcomes from future comparisons. Figure 3 depicts the final outcome comparisons which were used when comparing FY 2007 data to previously collected outcomes data.

Figure 3. Final Outcome Comparisons: New to Old Tool

New Tool	Old Tool
Outcome 1: CD-4 Count	Outcome 1: CD-4 Count
Outcome 2: Viral Load	Outcome 2: Viral Load
Outcome 3: Maintenance of Medical Care	Outcome 5: Ability to Maintain Medical Care
Outcome 4: Adherence to Prescribed HIV Related Medical Therapies	Outcome 6: Ability to Adhere to Medical Therapies
Outcome 5: Impact of Side-Effects from HIV-related Medications	Outcome 14: Level of Side Effects from Medications
Outcome 6: Mental Health Status	Outcome 13: Level of Crisis Intervention
Outcome 7: Access to Psychosocial Support	Outcome 10: Level of Support Network
Outcome 8: Level of Self Sufficiency	Outcome 7: Ability to Advocate
Outcome 9: Housing Status	Outcome 9: Ability to Maintain Housing

Future comparisons between data collected using the new tool and data collected using the old tool will be compared using the above matching. Based on correlation testing and logical comparisons, BPHC is confident this matching technique will produce reliable data between reporting periods which utilized the two different Outcome Measurement Tools.

Accuracy of Provider Reporting

In order to determine provider consistency in reporting on client outcomes, outcome scores for the nine individual outcomes were compared across the two reporting periods in FY 2007 (March-August 2007 vs. September 2007-February 2008).

Of the 51 providers reviewed, 41 providers (80%) submitted consistent outcome scores across the two reporting periods. Ten providers submitted assessments for outcomes in the March-August 2007 reporting period that were statistically different from what they submitted in the September 2007-February 2008 reporting period. Figure 3 below details the provider, outcomes that were statistically different, and the reported outcome scores for each reporting period.

Figure 3. Provider Outcome Scores with Statistically Significant Differences
(March-August 2007 vs. September 2007- February 2008)

Provider	Outcomes with Statistically Significant Differences ($p<.05$)	Outcome Score March -Aug 2007	Outcome Score Sept 2007-Feb 2008
1. Agency A	1. CD-4 Counts	54	74
	2. Viral Load	68	79
	3. Maintenance of Primary Medical Care	69	82
	6. Mental Health Status	56	76
	7. Access to Psychosocial Support	49	80
	8.Level of Self-Sufficiency	57	75
	9. Ability to Maintain Housing	62	86
2. Agency B	7. Access to Psychosocial Support	63	53
3. Agency C	3. Maintenance of Primary Medical Care	63	75
	6. Mental Health Status	52	70
	7. Access to Psychosocial Support	39	87
4. Agency D	3. Maintenance of Primary Medical Care	67	87
	7. Access to Psychosocial Support	67	79
5. Agency E	9. Ability to Maintain Housing	65	78
6. Agency F	6. Mental Health Status	64	56
7. Agency G	2. Viral Load	78	89
	3. Maintenance of Primary Medical Care	68	83
	6. Mental Health Status	72	90
	8. Level of Self-Sufficiency	78	93
	9. Ability to Maintain Housing	64	73
8. Agency H	7. Access to Psychosocial Support	87	74
9. Agency I	7. Access to Psychosocial Support	59	69
10. Agency J	6. Mental Health Status	56	82
	7. Access to Psychosocial Support	70	91
	8. Level of Self-Sufficiency	78	89
	9. Ability to Maintain Housing	79	93

Examining the 10 providers, 70% had significant differences in Access to Psychosocial Support, 50% in Mental Health Status, 40% in Maintenance of Primary Medical Care, 40% in Ability to Maintain Housing and 30% in Level of Self Sufficiency.

As part of another evaluation project funded by BPHC for FY 2008, researchers from CPM interviewed providers in the 10 agencies listed in Figure 3. Qualitative findings from these interviews indicate that only two providers actually had significant differences in outcomes, meaning that clients were found to have truly improved or declined on specific outcomes between the reporting periods. In the other cases, the variance was explained by a turnover in staff, a need for additional training on outcomes, or confusion over the interpretation of specific outcome measures (specifically Access to Psychosocial Support).

Statistical Methods

Statistical Program for Social Sciences (SPSS) was utilized for all analyses presented in this report.

Internal Reliability

Split-half reliability tests were used to determine the reliability of the survey measures (outcome scales). Testing was completed on the first set of FY 2007 data (March 2007-August 2007 reporting period) and then again on the full set of FY 2007 data (March 2007-August 2007 and September 2007-February 2008 reporting periods). Results from the second set of tests indicated slightly higher scores using the full year of data. Specifically, the Guttman Split half reliability increased from .6660 to .7620 and the unequal-length Spearman-Brown improved from .6710 to .7850. To confirm split-halves reliability, Cronbach's alpha yielded a standardized alpha of .7700 for 9 items which also increased from the previously reported .6980.

In split-half reliability measurement, the higher the intercorrelations among items (the closer the score is to 1.00), the higher the reliability that the items are consistently measuring the same underlying construct. Since the Outcome Measurement Tool is designed to measure an array of constructs related to both health and quality of life outcomes a score of 1.00 is not expected.

Outcome Comparisons

Bivariate correlations were used to examine whether or not one indicator (e.g. outcome from the new tool) correlated strongly with other indicators (e.g. individual or merged outcomes from the old tool). If the two outcomes being compared were highly correlated then the two variables would move (increase/decrease) or vary together. Note: Bivariate correlations are measured using the Pearson's correlation coefficient (Pearson's *r*). Pearson's *r* indicates whether or not two variables have a linear relationship. If Pearson's *r* equals 1.00 then the two items being correlated have a perfect positive linear relationship, and a change in one can be used to predict the change in the other 100% of the time. Thus, the closer the Pearson's *r* was to -1.00 or 1.00 the more likely that data collected with one indicator was comparable to data collected with the other indicator(s).

Accuracy of Provider Reporting

The independent samples t-test was used to determine if the mean outcome scores for the March-August 2007 sample was statistically different from the September 2007-February 2008 sample. Independent samples are those in which cases across the two samples are not "paired" or matched in any way. Since the same set of clients does not appear in both reporting periods, the outcomes data from each reporting period is considered independent of each other.

Limitations

Caution should be used when interpreting the findings of this report, specifically with regards to the accuracy of provider reporting. As noted, inconsistency in provider reporting may have been due to staff changes, changes in client populations between reporting periods, and measurement error related to the utilization of a new set of outcomes.
Furthermore, it is important to note that the increase in reliability scores between the FY 2007 Mid-Year and the FY 2007 Annual Report may be due in part to the increase in the number of outcome measurement reports (two reporting periods vs. one reporting period) or because of improved consistency in reporting among providers.

Conclusions

Upon review of the information provided in this report, it appears that the transition from the 2001 Outcome Measurement Tool to the 2007 Outcome Measurement Tool has been successful on multiple levels. To begin with, the internal reliability of the survey tool suggests that providers are accurately filling out the outcome measures and that the four-level measurement scale is a reliable gauge. Secondly, based on the statistical correlations generated between current and previous outcomes, we can be confident that current and future comparisons will generate an accurate picture of whether or not health and quality of life for PLWH in the Boston EMA is improving or declining. Lastly, since 80% of the providers reporting on outcomes in FY 2007 showed consistent reporting practices and reasons for inconsistent reporting were found to be due to external factors, we can be certain that the 2007 Outcome Measurement Tool has been successfully implemented within the Outcome Measurement System.

APPENDIX A – 2001 Outcome Measurement Tool

Boston Public Health Commission AIDS Program - Ryan White CARE Act Title I

OUTCOME MEASUREMENT REPORT for: **March 2005 – August 2005**

Agency: ______________________________________Date: ______________________
Contact Name: ___________________________________ Contact telephone #: ______________

Client Code:

The client: ❒ Is a new intake (date___/___/___**) ❒ Has had a six month review ❒ Has closed their case/Had their case closed**
Check all* Title I funded services that this report applies to:

☐ Adoption/Foster Care; ☐ Case Management; ☐ Client Advocacy; ☐ Complementary Therapies: ☐ Day Care; ☐ Dental;
☐ Drug Reimbursement; ☐ Food Services./Meals; ☐ Housing; ☐ Mental Health; ☐ Ob-Gyn; ☐ Peer Support;
☐ Primary Medical Care; ☐ Respite Care ☐ Substance Abuse; ☐ Transportation; ☐ MAI

*__Service Providers who are funded to deliver multiple Title I services may:__

- **report each client's "outcomes" by service category (i.e. one completed form per client per service);** or
- **report each client's "outcomes" by agency (i.e. one completed form per client per agency)**

Check the box that most appropriately describes the client's level of need at the time of this intake or follow-up.

Table A:

Outcomes: To improve and/or stabilize…	**Health/Quality of Life Status**			
	Poor	Fair	Good	Excellent
	Measurement Level			
	Crisis	High Need	Moderate/Low Need	No Need
1. CD-4 counts	❑ Less than 50	❑ 50 - 199	❑ 200 – 500	❑ >500
2. HIV Progression – Viral Load	❑ >100,000	❑ 10,000 – 100,000	❑ 50 – 9,999	❑ <50/virus undetectable
3. Knowledge about HIV/AIDS and other Support Services.	❑ Uninformed about HIV/AIDS & other support services.	❑ Limited Knowledge about HIV/AIDS & other support services.	❑ Some Knowledge about HIV/AIDS & other support services.	❑ Fully Informed about HIV/AIDS & other support svs.
4. Ability to Access Medical Care and other Support Services.	❑ No ability to address barriers/ no access to care/routinely uses ER for routine medical care/ no access to support services.	❑ Some barriers addressed, limited access to care/frequently uses ER for routine medical care/ limited access to support svs.	❑ Some barriers addressed, some access to care /occasionally uses ER for routine medical care/ some access to support svs.	❑ Most barriers addressed and resources utilized/uses ER and other support services appropriately.
5. Ability to maintain Medical Care	❑ Missed 12+ medical appointments in past 6 months.	❑ Missed 8-11 medical appointments in past 6 months.	❑ Missed 4-7 medical appointments in past 6 months.	❑ Missed 0-3 medical appointments in past 6 months.
6. Ability to adhere to medical therapies.	❑ Rarely adheres to medical therapies.	❑ Erratically adheres to medical therapies.	❑ Frequently adheres to medical therapies.	❑ Routinely adheres to medical therapies.
7. Ability to advocate and act on their own behalf and in their best interest.	❑ Has difficulty getting and appropriately using services/sobriety < 1 week/does not use transmission prevention protocols.	❑ Needs assistance getting and using services. Appropriately /sober 2-4 weeks/ limited use of transmission prevention protocols.	❑ Can get and use most services. appropriately/ sober 2-6 months/some use of transmission prevention protocols.	❑ Can get and use appropriately all needed services/sober > 6 months/ routinely uses transmission prevention protocols.
8. Medical Treatments – assuring that they are consistent with US Public Health Service Guidelines.	❑ Does not receive medical treatment consistent with US Public Health Service Guidelines.			❑ Receives medical treatment consistent with US Public Health Service Guidelines.

Instructions:

- All service providers must report on a total of five (5) outcomes for each client served. At least three markers must be selected from *Table A* - Outcomes "1" – "8". Of those three, at least one marker must be selected from Outcomes "1" and "2" (i.e. If you select either "1" or "2", you must select at least two from "3" – "8". If you both "1" and "2", you must select at least one from "3" – "8"). At most, you will be able to select two outcomes from *Table B* – outcomes "9" – "16".
- Each time a report is completed for a client the same outcomes must be selected.

Table B:

Outcomes: To improve and/or stabilize…	Health/Quality of Life Status			
	Poor	Fair	Good	Excellent
	Measurement Level			
	Crisis	High Need	Moderate/Low Need	No Need
9. Ability to Maintain Housing	❑ Homeless	❑ Limited Stability in Housing - Facing Eviction.	❑ Stable Housing for <6 months - needs short-term rental assistance.	❑ Stable Housing for >6 months - housing not in jeopardy.
10. Level of Support Network/Reduces isolation.	❑ Generally alone.	❑ Limited individual support.	❑ Some networked support.	❑ Fully networked support when needed.
11. Coping Skills and level of stress.	❑ Severely stressed personally /care-taking and family situation is under extreme stress.	❑ Moderately stressed personally/care-taking and family situation is under moderate stress.	❑ Somewhat stressed personally/care-taking and family situation is under some light stress.	❑ Stress is under control personally/ care-taking and family situation is not stressed.
12. Level of Depression.	❑ Severe Depression.	❑ Moderate Depression	❑ Light Depression.	❑ Not Depressed.
13. Level of Crisis Intervention Services usage.	❑ More than 6 Crisis Interventions needed in the last 6 months.	❑ 4-6 Crisis Interventions needed in the last 6 months.	❑ 1-3 Crisis Interventions needed in the last 6 months.	❑ No Crisis Interventions needed in the last 6 months.
14. Level of side effects from medications.	❑ Severe side effects that have significant impact on life activities.	❑ Moderate side effects that have some impact on life activities.	❑Light side effects that have limited impact on life activities.	❑ No side effect/ no adverse impact on life activities.
15. Level of Criminal Behavior (Arrests and/or Incarceration).	❑ More than 6 arrests and/or 6 months incarcerated in the last six months.	❑ 4-6 arrests and/or months incarcerated in the last six months.	❑ 1-3 arrests and/or months incarcerated in the last six months.	❑ No arrests and/or no incarcerations in the last six months.
16. (Optional)	❑	❑	❑	❑

Notes:

APPENDIX B - 2007 Outcome Measurement Tool

Boston Public Health Commission AIDS Program - Ryan White Part A

OUTCOME MEASUREMENT REPORT

Date: ______________________________ Reporting Period: ☐ March - August or ☐ September - February

Agency: ___________________________ Contact Name: ___________________________

Client Code:

The client: ❐ is a new intake (date___/___/___**) ❐ is an on-going client**

**** IF THE CLIENT WAS NOT SEEN DURING THE REPORTING PERIOD, DO NOT COMPLETE THE FORM ****

Check all Part A funded services that this report applies to:

☐ Case Management; ☐ Client Advocacy; ☐ Dental; ☐ Drug Reimbursement; ☐ Food Services/Meals; ☐ Housing; ☐ Mental Health; ☐ Peer Support; ☐ Primary Medical Care; ☐ Substance Abuse; ☐ Transportation; ☐ MAI

Check the one (1) box for each outcome that most appropriately describes the client's status at the time of this review:

	Poor/In Crisis	Fair	Good	Excellent
1. **CD-4 Count**	❑ Less than 50	❑ 50 – 199	❑ 200 – 500	❑ >500
2. **Viral Load**	❑ >100,000	❑ 10,000 – 100,000	❑ 75 – 9,999	❑ <75/virus undetectable
3. **Maintenance of Primary Medical Care**	❑ Missed all or had no scheduled primary medical care appointments in the past 6 months	❑ Kept some scheduled primary medical care appointments in the past 6 months	❑ Kept most scheduled primary medical care appointments in the past 6 months	❑ Kept all scheduled primary medical care appointments in the past 6 months
4. **Adherence to Prescribed HIV Related Medical Therapies** ❑ N/A because not on ART	❑ Rarely adheres to HIV-related medical therapies as prescribed	❑ Sometimes adheres to HIV-related medical therapies as prescribed	❑ Frequently adheres to HIV-related medical therapies as prescribed	❑ Always adheres to HIV-related medical therapies as prescribed
5. **Impact of Side Effects from HIV-related Medications** ❑ N/A because not on ART	❑ Side effects are severely impacting activities of daily living	❑ Side effects are moderately impacting activities of daily living	❑ Side effects are minimally impacting activities of daily living	❑ No side effects or side effects are not impacting activities of daily living
6. **Mental Health Status**	❑ Is danger to self and others and needs immediate psychiatric evaluation/assessment	❑ Needs high level of emotional support or counseling due to acute crises, mental health episodes, or severe stress in relationships	❑ Needs some emotional support or counseling but otherwise functioning	❑ No indication of mental health problems
7. **Access to Psychosocial Support**	❑ Has no access to psychosocial support when needed	❑ Has limited access to psychosocial support when needed	❑ Has moderate access to psychosocial support when needed	❑ Fully connected to psychosocial support when needed
8. **Level of Self Sufficiency**	❑ Unable to manage day to day activities	❑ Able to manage some day to day activities	❑ Able to manage most day to day activities	❑ Able to manage all day to day activities
9. **Housing Status**	❑ Homeless, recently evicted, or home is uninhabitable	❑ Limited stability in housing (e.g., facing eviction or will need housing placement)	❑ Housing is stable but may need assistance (e.g., rental or utility assistance)	❑ Stable and satisfactory housing

APPENDIX C – 2007 Outcome Measurement Instructions & Definitions

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. 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/Meals) OR one survey for the client per agency (e.g., one for Case Management AND Food/Meals).
- 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 tool supplied by Suffolk University in either Microsoft Access or Excel according to the instructions provided at the agency's electronic submission training. Save copy of the tool for the agency's records and e-mail the electronic tool to 1) Nicole Rivers at cpm@suffolk.edu **and** 2) the agency's BPHC Program Coordinator. Please contact Nicole Rivers at 617-573-8330 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.