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Monitoring HIV Care in the United States
Indicators and Data Systems

Table 1: Core Indicators for Clinical HIV Care

Proportion of people newly diagnosed with HIV with a CD4+ cell count >200 cells/mm³ and without a clinical diagnosis of AIDS

Rationale: Improve health outcomes by reducing the number of people living with HIV/AIDS (PLWHA) with late diagnosis.

Proportion of people newly diagnosed with HIV who are linked to clinical care for HIV within three months of diagnosis

Rationale: Timely linkage to care improves individual health outcomes and reduces transmission of the virus to others.

Proportion of people with diagnosed HIV infection who are in continuous care (two or more visits for routine HIV medical care in the preceding 12 months at least three months apart)

Rationale: Continuous HIV care results in better outcomes, including decreased mortality, and reduced transmission of the virus to others.

Proportion of people with diagnosed HIV infection who received two or more CD4 tests in the preceding 12 months

Rationale: Regular CD4 testing permits providers to monitor individuals' immune function, determine when to start antiretroviral therapy (ART), and assess the need for prophylaxis for opportunistic infections.

Proportion of people with diagnosed HIV infection who received two or more viral load tests in the preceding 12 months

Rationale: Regular viral load (plasma HIV RNA) testing is important for monitoring clinical progression of the disease and therapeutic response in individuals on ART.

Proportion of people with diagnosed HIV infection in continuous care for 12 or more months and with a CD4+ cell count ≥ 350 cells/mm³

Rationale: Achieving and maintaining a CD4+ cell count ≥ 350 cells/mm³ reduces the risk of complicating opportunistic infections and cancers.

Proportion of people with diagnosed HIV infection and a measured CD4+ cell count <500 cells/mm³ who are not on ART

Rationale: Appropriate initiation of ART improves individual health outcomes and reduces transmission of the virus to others.

Proportion of people with diagnosed HIV infection who have been on ART for 12 or more months and have a viral load below the level of detection

Rationale: The goal of ART is durable virologic suppression, which improves health outcomes and reduces transmission of the virus.

All cause mortality rate among people diagnosed with HIV infection

Rationale: Mortality rate is the ultimate outcome measure for people diagnosed with HIV infection. Mortality among PLWHA should be inversely related to the quality of overall care delivered.

Table 2: Core Indicators for Mental Health, Substance Abuse, and Supportive Services

Proportion of people with diagnosed HIV infection and mental health disorder who are referred for mental health services and receive these services within 60 days*

Rationale: Untreated mental health disorders can negatively affect maintenance in care, adherence to treatment, and health outcomes for PLWHA and may increase the risk of transmitting the virus to others.

Proportion of people with diagnosed HIV infection and substance use disorder who are referred for substance abuse services and receive these services within 60 days*

Rationale: Untreated substance abuse disorders can negatively affect maintenance in care, adherence to treatment, and health outcomes for PLWHA and may increase the risk of transmitting the virus to others.

Proportion of people with diagnosed HIV infection who were homeless or temporarily or unstably housed at least once in the preceding 12 months

Rationale: Homelessness and housing instability negatively affect maintenance in care, adherence to treatment, and health outcomes for PLWHA and may increase the risk of transmitting the virus to others.

Proportion of people with diagnosed HIV infection who experienced food or nutrition insecurity at least once in the preceding 12 months

Rationale: Food insecurity affects maintenance in care, adherence to treatment, and health outcomes for PLWHA and may increase the risk of transmitting the virus to others. Poor nutrition affects absorption of medications and can contribute to diet-sensitive comorbidities.

Proportion of people with diagnosed HIV infection who had an unmet need for transportation services to facilitate access to medical care and related services at least once in the preceding 12 months

Rationale: Unmet need for transportation to access HIV health care and related services negatively affects treatment access, service utilization, and health outcomes for PLWHA and may increase the risk of transmitting the virus to others.

* **NOTE:** Ideally, patients would receive care within 30 days. But given providers' limited ability to see new patients sooner, the committee acknowledges that a 60-day window is more realistic. Urgent cases should be seen as soon as possible.