SAN FRANCISCO EMA RYAN WHITE HIV 2024 STANDARDS OF CARE UPDATE PROJECT

OUTPATIENT / AMBULATORY HEALTH SERVICES STANDARDS OF CARE

NOTE: The draft standards below describe only service elements specific to Ryan White-funded outpatient / ambulatory health services. Overarching standards common to all programs - such as standards related to client eligibility, insurance and benefits screening, facility standards, staff qualifications, evaluation, and use of Ryan White funds as the payor of last resort - will be included in a separate Common Standards document. This document will also be fully formatted in a future version.

OVERVIEW AND PURPOSE OF OUTPATIENT / AMBULATORY HEALTH SERVICES STANDARDS

The purpose of the San Francisco Eligible Metropolitan Area (EMA) Mental Health Standards of Care is to ensure consistency among the Ryan White- funded outpatient / ambulatory health services provided as part of the San Francisco EMA's continuum of care for persons living with HIV These minimally acceptable standards for service delivery provide guidance to programs so that they are best equipped to:

- Promote integrated health care services that maximize quality of life, address the spectrum of patients' health care needs, and minimize barriers to accessing services;
- Promote collaborative relationships between clinicians and patients and between service providers to maximize patient health;
- Implement coordinated, patient-centered, and effective service delivery;
- Ensure respect for patients;
- Encourage clinicians to remain up-to-date regarding treatment guidelines and to comply with all federal, state and local laws, regulations, ordinances, and codes;.
- Meet the specific and varied needs of HIV-positive clients using a multidisciplinary team approach and as appropriate, conduct HIV risk reduction specifically for HIV-positive individuals;
- Appropriately address issues of consent and confidentiality for patients enrolled in services;
- Deliver primary care services in a culturally and linguistically appropriate manner, that takes into account the nature of patients' family, social, and community beliefs, traditions, preferences, support systems, and networks; and
- Ensure the availability of substance abuse harm reduction and primary and secondary prevention education services.

Ryan White Outpatient / Ambulatory Health Services are intended to support the health and wellness of low-income persons living with HIV through the provision of primary medical care for the treatment of HIV infection consistent with the most recent US Public Health Service (PHS) guidelines, also known as Health and Human Services (HHS) guidelines.

DESCRIPTION OF OUTPATIENT / AMBULATORY HEALTH SERVICES

Ryan White-funded Outpatient / Ambulatory Health Services are defined as diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical or remote setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency department or urgent care services are **not** considered outpatient settings. Outpatient / Ambulatory Health Services must be offered in a way that addresses barriers to accessing medical care and uses resources to support positive health outcomes for clients.

Allowable activities in this service category include:

- Medical and sexual history taking;
- Physical examinations;
- Diagnostic testing, including laboratory testing;
- Treatment and management of physical health conditions, including sexually transmitted infections (STIs);
- Behavioral risk assessment, counseling, and referral;
- Preventive care and screening;
- Prescription and management of medication therapies;
- Treatment adherence counseling and support;
- Nutrition screening and referral;
- Education and counseling on health and prevention issues;
- Referral to and provision of specialty medical care services;
- Information on and linkage to appropriate clinical trials opportunities; and
- Ongoing care and management of chronic conditions.

UNITS OF SERVICE:

An Outpatient / Ambulatory Health Unit of Service is defined as:

√ A 15-minute contact between a client and Outpatient / Ambulatory Care staff;
√ Provision of a laboratory test;
√ Provision of a single item of durable medical equipment; and/or
√ Provision or administration of medication.

Additional services directly related to outpatient medical care of patients may also be allowable as Outpatient / Ambulatory Health unit of services as agreed to by medical providers in collaboration with Part A grantee.

OUTPATIENT / AMBULATORY HEALTH SERVICES EQUIREMENTS:

All outpatient / ambulatory health programs and providers must provide the key activities listed below:

- **Staffing Qualifications:**

Professional diagnostic and therapeutic services under this service category must be provided by one of the following clinicians licensed by the State of California and operating within the scope of their license:

- Physicians (MD/DO)
- Physician's Assistants (PA)
- Nurse Practitioners (NP)

Other professional and non-professional staff may provide services appropriate for their level of training, education, and licensure as part of a care team in coordination with or under the supervision of a clinician in a manner consistent with State of California requirements for licensure or certification. These staff may include, but are not limited to:

- Nurses (RN, LVN/LPN)
- Medical Assistants (MA)
- Pharmacists
- Pharmacy Assistants

Any non-clinician staff providing services must be: a) supervised by a clinician; b) hold current licensure as required by the State of California wherever applicable; c) provide services appropriate for their level of training and education; and d) be trained and knowledgeable regarding HIV care standards as described below.

- **Initial Ambulatory / Outpatient Care Appointments:**

Initial Outpatient / Ambulatory Health Services appointments should be made as soon as possible to avoid potential drop out. Appointments should occur no later than 10 calendar days after the first client request or referral from another provider, but should be scheduled sooner whenever possible. In order to facilitate rapid initiation of antiretroviral therapy, persons newly diagnosed with HIV should have their first appointment occur within 2 business days of diagnosis. Non-urgent appointments and appointments for existing patients must be scheduled as soon as feasible, but generally no more than 60 days after client request in order to minimize the need for urgent or emergency services, or the interruption of services. As clients may miss appointments, agencies must have a process in place to ensure timely follow-up, preferably within 24 hours. Missed appointments and provider attempts at rescheduling must be documented.

- **Intake and Assessment:**

All clients referred to Outpatient / Ambulatory Health Services will receive an initial medical assessment by an outpatient / ambulatory health professional in accordance with HHS guidelines. Components of this initial assessment should include:

- **Medical Evaluation:** At the start of Outpatient / Ambulatory Health Services, a baseline medical evaluation must be conducted. This evaluation should be performed in accordance with HHS guidelines, HIV primary care guidelines, and California Department of Health Services STD guidelines.

- **Patient Education:** Patients should continually be provided with information regarding the results of diagnostic tests, prognosis, risks and benefits of treatment, instructions on treatment management and follow up, and treatment adherence. Patients should be provided with information on effective health maintenance strategies in areas such as nutrition and physical activity, and other services available to them, including harm reduction services and alternative therapies. In addition, patients should be given education on HIV and STI risk reduction and prevention.

- **Partner Services:** Per HCP Management Memo 15-06, HCP providers funded for Outpatient / Ambulatory Care Services must have a process for Partner Services counseling and referral for clients. Partner Services information should be offered and referrals made for clients according to established processes.

Wherever possible, all patients should have access to a provider of their choice and should be given the option to transfer their care to another provider if they are dissatisfied. Providers must also consider the delivery of outpatient / ambulatory care services in relation to the ethnic and cultural identity of clients, including linguistic preference, sexual identity, gender expression and identity, spiritual identification, and other factors. This includes providing alternate methodologies for providing medical consultation - such as web-based consultation appointments - and ensuring the availability of culturally competent translation services.

- **Treatment Plan:**

An individualized patient treatment plan must be developed during the initial assessment and re-evaluated at least every six months with adaptations as needed. The treatment plan must be developed in collaboration with the patient, and the clinician must note the plan in the chart, review the plan regularly with the patient, and update the plan regularly or as needed. The plan must address cognitive, social, economic, and other barriers to access for patients, including collaboratively identified strategies for address barriers to appointment and medication adherence. Patients must be assisted in determining how to deal with their after- hours medical needs, such as how to determine whether symptoms require emergency care, where to access 24-hour emergency care, and who to call for after-hours medical advice. Patients must also have access to telephone clinical advice 24 hours a day, 7 days a week.

- **Service Delivery:**

In general, patients should have follow-up visits scheduled every three to six months, except at the practitioner's discretion when a patient has demonstrated long-term stability and adherence to their medical regime. Practitioners will discuss and conduct tests related to general preventive health care and health maintenance with all HIV-infected patients routinely, and at a minimum, annually. Routine medication adherence assessments will be performed for patients, and, if the need is indicated, clinicians will work with patients to develop an individual service plan (ISP) for treatment adherence for patients who face barriers in maintaining adherence. ISPs will be developed in collaboration with the patient and to address identified needs and will be revised at a minimum of every six months.

Ongoing service delivery shall also include:

- Referral to and coordination with medical specialty and subspecialty care as indicated by client conditions;
- Testing and treatment for sexually transmitted infections and linkage to and/or provision of biomedical STI prevention treatment;
- Screening for substance use disorders and access to harm reduction counseling and client education; provision of and/or referral to medication-assisted treatment (MAT) for substance use disorders, including buprenorphine for OUD or reduction of opiate overdose risk and referral to certified methadone maintenance clinics; and access to or referral to access harm-reduction supplies, including naloxone for emergency opiate reversal;
- Referral to nutritional counseling and support services as indicated by nutrition screenings;
- Referral to HIV clinical trials and research programs as deemed appropriate by the provider working in collaboration with the patient; and
- Discussions of the potential benefits and risks of complementary, alternative, and experimental therapies.

All ambulatory / outpatient health services will be **patient-centered**, respecting the inherent dignity of the patient. Programs must ensure that patients are given the opportunity to ask questions and receive accurate answers regarding services provided by clinical practitioners and other professionals to whom they are referred. Such patient-practitioner discussions are relationship-building and serve to develop trust and confidence. Patients must be seen as **active partners** in decisions about their personal health care regimen