RYAN WHITE PART B PEER REVIEW
Virginia Department of Health
Division of Disease Prevention
HIV Care Services Chart Review

Outpatient Ambulatory Health Services (OAHS)

ID#_____

	YES	NO	NA	COMMENTS
A. Initial **History and Physical Assessments:** (if initial visit occurred within last 12 months from visit date)				
A.1. Initial Medical History is documented within 30 days of client contact with provider				
A.2. Initial Physical Examination is documented within 30 days of client contact with the provider.				
A.3. Medication history which includes: a. drug allergies b. current medications c. drug/substance abuse				
A.4. Initial laboratory results or orders are documented as a component of the initial assessment.				
A.5. Oral Health assessment/referral is documented as a component of the initial assessment.				
A.6. Psychosocial/Mental Health assessment and/or referral documented as a component of the initial assessment.				
A.7. Nutritional assessment is documented as a component of the initial assessment.				
A.8. Substance Abuse assessment and/or referral is documented as a component of the initial assessment.				
A.9. TB Risk Assessment and TB Test with performance of or referral for additional evaluation as indicated (i.e., chest x-ray if positive test for TB infection or if active TB symptoms are identified).				
A.10. If the TB test is positive, refer for chest x-rays or other necessary follow-up tests.				
A.11. Documentation referral to the Local Health Department for individuals with presumptive active TB.				

- P.R.N: if clinically needed
- Includes updated information from Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at https://hivinfo.nih.gov/hiv-source/medical-practice-guidelines/hiv-treatment-guidelines/hiv-treatment-guidelines-adults-and

A.12. Documentation of TB-related treatment and follow-up in the treatment plan				
A.13. Women with HIV Infection Aged < 30 years: WWH ages 21 to 29 years should have a Pap test at the time of initial diagnosis with HIV.				
B. Ongoing Assessments:				
B.1. History, q. 6 months, or p.r.n.				
B.2. Physical Exam, q. 6 months, or p.r.n.				
B.3. Has client been seen at least twice in the past 12 months?				
B.4. Refer clients not following up with Outpatient Ambulatory Health Services for six (6) months to case management or patient navigator services for re-engagement in care.				
B.5. Laboratory Testing, q. 6 months, or p.r.n				
B.6. Medication history which includes new: 1. Drug allergies 2. Current medications 3. Drug/substance abuse 4. Treatment adherence				
B.7. Oral health assessment, referral, and annual/routine dental care				
B.8. Nutritional assessment or referral?				
B.9. Current (in last year) ophthalmology exam or referral if CD4 < 100 or hx of DM or HTN				
B.10. Documentation of current breast exam, where applicable in the client's record?				
B.11. Is there documentation of follow up from referrals in the client's record?				

	YES	NO	NA	COMMENTS
C. Laboratory Reports/Other Tests Documentations (record lab dates on separate page)				
C.1. CD4, q. 12 months, or p.r.n.				
C.2. Viral Load (HIV/RNA), q. 6 months, or p.r.n.				
C.3. CBC, q. 12 months, or p.r.n.				
C.4. Chemistry Panel, q. 6 months, or p.r.n.				
C.5. Toxoplasmosis Antibody Titer at baseline if CD4< 100.				

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C.6. Resistance Genotyping /Phenotyping, p.r.n. a) Genotypic resistance testing (baseline; treatment failure) b) Phenotypic resistance testing (known virologic failure; known complex drug resistance pattern(s)				
C.7. Lipid Panel (annually)				
C.8. Urinalysis (baseline & annually or if on TDF-tenofovir)				
C.9. Liver/Hepatic Panel (baseline; q. 6 months, annually)				
C.10. Glucose (if not in Chem Panel; baseline & annually); Hemoglobin A1C q 6 months or p.r.n.				
C.11. Hepatitis A serology at baseline				
C.11a. If negative, patient referred for Immunization				
C.12. Hepatitis B serology at baseline and p.r.n. ongoing risk factor behavior C.12a. If negative patient referred for Immunization				
C.13. Hepatitis C serology at baseline and p.r.n. ongoing risk factor behavior for treatment				
C.13a. If positive, patient evaluated and /or referred				
C.14. STD risk assessment evaluated at each visit (e.g. Syphilis, Gonorrhea, Chlamydia)				
C.14a. Asked about STD symptoms at each visit				
C.15. VDRL/ RPR initially and q12 months with reports on the record where applicable?				
C.16. TB risk factors reviewed annually and p.r.n				

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C16a. TB testing (PPD or interferon-based testing) at initial presentation, repeated if baseline CD4+ was < 200 but has risen to > 200, and p.r.n based on risk factor review?				
C.17. Women with HIV Infection Aged < 30 years: Pap test should occur within 12 months (BII) of initial dx.				
C.17a. Women with HIV Infection Aged < 30 years: If the results of three consecutive Pap tests are normal, were follow-up Pap tests conducted every 3 years (BII)?				
C.17b. Women with HIV Aged ≥30 years: Has a cervical cancer screening in WWH; Pap testing only, or Pap testing and HPV co-testing prn?				
C.18. Mammogram annually > 50 years with dates and results in the record?				
C.19. Chest x-ray at baseline for patients with positive TB testing or prn for underlying lung disease - dates and results in the record, patient education and initiation or referral for LTBI treatment if indicated?				
C.20. Documentation of LTBI treatment regimen, initiation date and completion date?				
C.21. Special Studies-other testing based on individual needs. Dates and results in the record (as applicable)				
C.22. Pre-Conceptual Discussion and Counseling for all women of childbearing age at baseline and routinely thereafter.				
D. Medications:				
D.1. Are all current medications documented in the client's record?				
D.2. Is medication adherence assessment with documentation done at each visit?				

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D.3. Are medication side effects assessed and documented?				
D.4. Has HAART been offered to the client, when applicable?				
D.5. Is the client currently on HAART?				
D.6 Is HAART consistent with current PHS Guidelines?				
D.7. Is the client on PCP prophylaxis if CD4<200?				
D.8. Is the client on Toxoplasmosis prophylaxis if CD4<100?				
D.9. Is the client on MAC prophylaxis if CD4<50?				
D.10. If the pt is not receiving ART or remain viremic on ART and have no current options for a fully suppressive ART regimen, do they receive chemoprophylaxis against disseminated Mycobacteriun Avium Complex (MAC) disease if they have CD4 counts <50cells/mm3(AI)? *Primary prophylaxis against disseminated MAC disease is not recommended for adults and adolescents with HIV who immediately initiate ART (AII).				
E. Documentation:				
E. 1. Is an appropriate out-come based medical plan of treatment developed with the client and present in the client's record?				
E.1.a. Is there documentation that the client reviewed the plan and/or was offered a copy of the plan?				
E.2. Is Client Education documented in the client's record?				
E.3. Are progress notes present, current, legible, signed and dated in the client's record?				
E.4. Is there documentation of a Prevention/Risk factor reduction/ Counseling message at each visit?				
F. Immunizations: (Is documentation present for)				
F.1. Influenza (annually)				
F.2. Pneumovax 23				
F.3. Prevnar 13				

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F.4. Hepatitis B series -if serology is negative –is series completed?				
F.5. Tetanus/Diphtheria (or Tdap x 1) (every/ ten years)				
F.6. COVID-19 vaccinations based on current CDC guidelines?				
F.7. HPV and meningococcal vaccinations based on current CDC guidelines?				
F.8. Others				
G. Third Party: (If third party payer)				
G.1. Is there adequate documentation of care provision in the client's record?				
G.2. Are there an initial history, physical, and laboratory reports in the client's record?				
G.3. Do all progress notes reflect health status, response to treatment and services provided to client?				
G.4. Are there current laboratory reports in the client's record?				
G.5. Are there current medication records, ADAP and non-ADAP (name of drug, dosage, time) in the client's record?				
G.6. Is appropriate referral and follow-up documented in the client's record?				
G.7. Is there documentation in the client's record that current standards of care for the HIV/AIDS client are practiced? If not, comment.				
For Qualifications, Training and Supervision; see Universal Administrative module.				

Reviewer:_____

Date:_____

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