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## FY 2014 Houston EMA/HSDA Ryan White Part A/MAI Service Definition

**Vision Care**

(Revision Date: xx/xx/xx)

HRSA Service Category Title: <i>(RWGA use only)</i>	<b>Ambulatory/Outpatient Medical Care</b>
Local Service Category Title:	<b>Vision Care</b>
Budget Type: <i>(RWGA use only)</i>	<b>Fee for Service</b>
Service Category Code: <i>(RWGA use only)</i>	<b>To Be Determined (TBD)</b>
Estimated Amount Available:	<b>TBD</b>
Estimated unduplicated Clients to be Served during contract term: <i>(RWGA use only)</i>	<b>TBD</b>
Budget Requirements or Restrictions: <i>(RWGA use only)</i>	Corrective lenses are not allowable under this category. Corrective lenses may be provided under Health Insurance Assistance and/or Emergency Financial Assistance as applicable/available.
HRSA Service Category Definition: <i>(RWGA use only)</i>	<p><b><i>Outpatient/Ambulatory medical care</i></b> is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). <b><i>Primary medical care</i></b> for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</p> <p>HRSA policy notice 10-02 states funds awarded under Part A or Part</p>

## FY 2014 Houston EMA/HSDA Ryan White Part A/MAI Service Definition

	B of the Ryan White CARE Act (Program) may be used for optometric or ophthalmic services under Primary Medical Care. Funds may also be used to purchase corrective lenses for conditions related to HIV infection, through either the Health Insurance Premium Assistance or Emergency Financial Assistance service categories as applicable.
Local Service Category Definition:	<p><b>Primary Care Office/Clinic Vision Care</b> is defined as a comprehensive examination by a qualified Optometrist or Ophthalmologist, including Eligibility Screening as necessary. A visit with a credentialed Ophthalmic Medical Assistant for any of the following is an allowable visit:</p> <ul style="list-style-type: none"> <li>• Routine and preliminary tests including Cover tests, Ishihara Color Test, NPC (Near Point of Conversion), Vision Acuity Testing, Lensometry.</li> <li>• Visual field testing</li> <li>• Glasses dispensing including fittings of glasses, visual acuity testing, measurement, segment height.</li> <li>• Fitting of contact lenses is not an allowable follow-up visit.</li> </ul>
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected individuals residing in the Houston Eligible Metropolitan Area (EMA).
Services to be Provided:	Services must be provided at an eye care clinic or Optometrist's office. Services must include but are not limited to external/internal eye health evaluations; refractions; dilation of the pupils; glaucoma and cataract evaluations; CMV screenings; prescriptions for eyeglasses and over the counter medications; provision of eyeglasses (contact lenses are not allowable); and referrals to other service providers (i.e. Primary Care Physicians, Ophthalmologists, etc.) for treatment of CMV, glaucoma, cataracts, etc. Agency must provide a written plan for ensuring that collaboration occurs with other providers (Primary Care Physicians, Ophthalmologists, etc.) to ensure that patients receive appropriate treatment for CMV, glaucoma, cataracts, etc.
Service Unit Definition(s): <i>(RWGA use only)</i>	One (1) unit of service = One (1) patient visit to the Optometrist, Ophthalmologist or Ophthalmic Assistant.
Financial Eligibility:	Refer to the RWPC's approved <i>FY 2014 Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	HIV-infected resident of the Houston EMA/HSDA.
Agency Requirements:	Providers and system must be Medicaid/Medicare certified to ensure

## FY 2014 Houston EMA/HSDA Ryan White Part A/MAI Service Definition

	that Ryan White Program funds are the payer of last resort to the extent examinations and eyewear are covered by the State Medicaid program.
Staff Requirements:	Vendor must have on staff a Doctorate of Optometry licensed by the Texas Optometry Board as a Therapeutic Optometrist.
Special Requirements: <i>(RWGA use only)</i>	Vision care services must meet or exceed current U.S. Dept. of Health and Human Services (HHS) guidelines for the treatment and management of HIV disease as applicable to vision care

**FY 2014 RWPC "How to Best Meet the Need" Decision Process**

<b>Step in Process: Council</b>		Date: <b>06/13/13</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/06/13</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/16/13</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/29/13</b>
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

**2013-2014 HOUSTON ELIGIBLE METROPOLITAN AREA: RYAN WHITE CARE  
ACT PART A/B  
STANDARDS OF CARE FOR HIV SERVICES  
RYAN WHITE GRANT ADMINISTRATION SECTION  
HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES (HCPHES)**

**Vision**

## Vision Services

The Vision Services is an integral part of the Outpatient Ambulatory Medical Care Services. Primary Care Office/Clinic Vision Care consist of comprehensive examination by a qualified Optometrist or Ophthalmologist, including Eligibility Screening as necessary. Allowable visits with a credentialed Ophthalmic Medical Assistant include routine and preliminary tests such as muscle balance test, Ishihara color test, Near Point of Conversion (NPC), visual acuity testing, visual field testing, Lensometry and glasses dispensing.

<b>1.0</b>	<b>Staff HIV/AIDS knowledge is based on documented training.</b>	
1.1	<u>Ongoing Training</u> Four (4) hours of continuing education in vision-related or other specific topics is required annually.	<ul style="list-style-type: none"> <li>• Documentation of all training in personnel file</li> <li>• Staff interviews indicate compliance</li> </ul>
1.2	<u>Staff Experience/Qualifications</u> <u>Minimum of one (1) year HIV/AIDS work experience for paid staff (optometry interns exempt) is preferred.</u> Provider must have a staff Doctorate of Optometry licensed by the Texas Optometry Board as a Therapeutic Optometrist, or a medical doctor who is board certified in ophthalmology.	<ul style="list-style-type: none"> <li>• Documentation of work experience in personnel file</li> </ul>
1.3	<u>Staff Supervision</u> Staff services are supervised by a paid coordinator or manager. Supervision of clinical staff shall be provided by a practitioner with at least two (2) years experience in vision care and treatment of persons with HIV. All licensed personnel shall received supervision consistent with the State of Texas license requirements.	<ul style="list-style-type: none"> <li>• Review of personnel files indicates compliance</li> <li>• Review of agency's Policy and Procedure Manual indicates compliance</li> </ul>
<b>2.0</b>	<b>Patient Care</b>	
2.1	<u>Physician Contact Information</u> Agency obtains and documents primary care physician contact information for each client. At minimum, agency should collect the physician's name and telephone number.	<ul style="list-style-type: none"> <li>• Documentation of physician contact information in the client record</li> </ul>
2.2	<u>Client Intake</u> Agency collects the following information for all new clients: Health history; Ocular history;	<ul style="list-style-type: none"> <li>• Documentation in the client record</li> </ul>

	<p>Current medications; Allergies and drug sensitivities; Reason for visit (chief complaint).</p>	
2.3	<p><u>CD4/Viral Loads</u> When clinically indicated, current (within the last 6 months) CD4 and Viral Load laboratory test results for clients are obtained.</p>	<ul style="list-style-type: none"> <li>• Documentation in the client record</li> </ul>
2.4	<p><u>Comprehensive Eye Exam</u> The annual comprehensive eye exam will include documentation of the following: Visual acuity, refraction test, binocular vision muscle assessment, observation of external structures, Fundus/retina Exam, Dilated Fundus Exam (DFE) when clinically indicated, Glaucoma test, findings of exam - either normal or abnormal, written diagnoses where applicable, Treatment Plan. Client may be evaluated more frequently based on clinical indications and current US Public Health Service guidelines.</p>	<ul style="list-style-type: none"> <li>• Documentation in the client record</li> </ul>
2.5	<p><u>Lens Prescriptions</u> Clients who have clinical indications for Lens prescriptions must receive referrals for such services.</p>	<ul style="list-style-type: none"> <li>• Documentation in the client record</li> </ul>



Harris County  

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**HCPHES**  

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**2013 – 2014 Houston Eligible Metropolitan Area  
Part A Outcome Measures**

**Prepared by  
HCPHES/Ryan White Grant Administration Section**

Vision Care

FY 2013

Ryan White Part A

## OUTCOME MEASURES

**Vision Care**

- I. Purpose: The purpose of the Ryan White Part A Outcome Measures is to provide a measurement of the effectiveness of services in terms of health, quality of life, cost-effectiveness, and knowledge, attitudes, and practices (KAP), where applicable.
- II. Outcome Measures:

Outcome	Indicator	Data Collection Method
<b>1.0 Knowledge, Attitudes, and Practices</b>		
<b>2.0 Health</b>		
2.1 Improved/maintained health status of diagnosed ocular disorders	75% of clients with diagnosed HIV/AIDS related and general ocular disorders will resolve, improve, or stay the same over time	<ul style="list-style-type: none"> <li>• CPCDMS</li> </ul>
<b>3.0 Quality of Life</b>		
<b>4.0 Cost-Effectiveness</b>		

Harris County

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**HCPHES**

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**FY 2012 MID-YEAR YEAR OUTCOMES REPORTS HIGHLIGHTS**

**RYAN WHITE GRANT ADMINISTRATION**

**HARRIS COUNTY**

**PUBLIC HEALTH & ENVIRONMENTAL SERVICES**

**(HCPHES)**

**Vision Care**

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[www.hcphes.org](http://www.hcphes.org)

Ryan White Part A  
OUTCOME MEASURES RESULTS  
FY 2012 Mid-Year Report

**Vision Care**

Outcome Measure	Indicator	Data Collection Method
<b>2.0 Health</b>		
2.1 Improved/maintained health status of diagnosed ocular disorders	75% of clients with diagnosed HIV/AIDS-related and general ocular disorders will resolve, improve, or stay the same over time	<ul style="list-style-type: none"> <li>• CPCDMS</li> </ul>

Ocular Disorder	Number of Diagnoses	Number with Follow-up	*Resolved		*Improved		*Same		*Worsened	
			#	%	#	%	#	%	#	%
Accommodation Spasm	1	0								
Acute Retinal Necrosis										
Anisocoria										
Bacterial Retinitis										
Cataract										
Chalazion										
Chorioretinal Scar										
Chorioretinitis										
CMV Retinitis - Active										
CMV Retinitis - Inactive										
Conjunctivitis										
Covergence Excess										
Convergence Insufficiency										
Corneal Edema										
Corneal Erosion										
Corneal Foreign Body										
Corneal Opacity										
Corneal Ulcer										

Ocular Disorder	Number of Diagnoses	Number with Follow-up	*Resolved		*Improved		*Same		*Worsened	
			#	%	#	%	#	%	#	%
Cotton Wool Spots										
Diabetic Retinopathy										
Dry Eye Syndrome										
Ecchymosis										
Esotropia										
Exotropia										
Glaucoma										
Glaucoma Suspect										
Iritis										
Kaposi Sarcoma	3	0								
Keratitis										
Keratoconjunctivitis										
Keratoconus										
Lagophthalmos										
Macular Hole										
Meibomianitis										
Molluscum Contagiosum	1	0								
Optic Atrophy	1	0								
Papilledema										
Paresis of Accommodation										
Pseudophakia										
Refractive Change/Transient	1	0								
Retinal Detachment										
Retinal Hemorrhage										
Retinopathy HTN										
Retinal Hole/Tear										
Suspicious Optic Nervehead(s)	1	0								
Toxoplasma Retinochoriochitis										
Thyroid Eye Disease										
Visual Field Defect										
Vitreous Degeneration										
Other										
<b>Total</b>	<b>8</b>	<b>0</b>								

\*Of diagnoses with follow-up

# Vision Care Chart Review FY 2011

Prepared by Harris County Public Health Services –  
Ryan White Grant Administration

December 2012

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## **Introduction**

Part A funds of the Ryan White Care Act are administered in the Houston Eligible Metropolitan Area (EMA) by the Ryan White Grant Administration of Harris County Public Health & Environmental Services. During FY 11, a comprehensive review of client vision records was conducted for services provided between 3/1/11 to 2/29/12.

The primary purpose of this annual review process is to assess Part A vision care provided to persons living with HIV and AIDS in the Houston EMA. Unlike primary care, there are no federal guidelines published by the U.S. Public Health Service for general vision care targeting individuals with HIV/AIDS. Therefore, Ryan White Grant Administration has adopted general guidelines published by the American Optometric Association, as well as internal standards determined by the clinic, to measure the quality of Part A funded vision care. The Ryan White Grant Administration Project Coordinator for Clinical Quality Improvement (PC/CQI) performed the chart review.

## **Scope of This Report**

This report provides background on the project, supplemental information on the design of the data collection tool, and presents the pertinent findings of the FY 11 vision care chart review. In addition to this report, the vision care provider reviewed will also receive an electronic copy of the raw database in order to facilitate further analysis. Also, any additional data analysis of items or information not included in this report can likely be provided after a request is submitted to Ryan White Grant Administration.

## **The Data Collection Tool**

The data collection tool employed in the review was developed through a period of in-depth research conducted by the Ryan White Grant Administration. By researching the most recent vision practice guidelines, a listing of potential data collection items was developed. Further research provided for the editing of this list to yield what is believed to represent the most pertinent data elements for vision care in the Houston EMA. Topics covered by the data collection tool include, but are not limited to the following: completeness of the Client Intake Form (CIF), CD4 and VL measures, eye exams, and prescriptions for lenses. See Appendix A for a copy of the tool.

## **The Chart Review Process**

All charts were reviewed by the PC/CQI, a Master's-level registered nurse experienced in identifying documentation issues and assessing adherence to published guidelines. The collected data for each site was recorded directly into a preformatted database. Once all data collection was completed, the database was queried for analysis. The data collected during this process is intended to be used for the purpose of service improvement.

The specific parameters established for the data collection process were developed from vision care guidelines and the professional experience of the reviewer on standard record documentation practices. Table 1 summarizes the various documentation criteria employed during the review.

Table 1. Data Collection Parameters

Review Area	Documentation Criteria
Laboratory Tests	Current CD4 and Viral Load Measures
Client Intake Form (CIF)	Completeness of the CIF: includes but not limited to documentation of primary care provider, medication allergies, Hx of medical problems, Ocular Hx, and current medications
Complete Eye Exam (CEE)	Documentation of annual eye exam; completeness of eye exam form; comprehensiveness of eye exam (visual acuity, refraction test, binocular vision assessment, fundus/retina exam, and glaucoma test)
Ophthalmology Consult (DFE)	Performed/Not performed
Lens Prescriptions	Documentation of the Plan of Care (POC) and completeness of the dispensing form

### The Sample Selection Process

The sample population was selected from a pool of 1,585 unduplicated clients who accessed Part A vision care between 3/1/11 and 2/28/12. The medical charts of 110 of these clients were used in the review, representing 7% of the pool of unduplicated clients.

In an effort to make the sample population as representative of the actual Part A vision care population as possible, the EMA's Centralized Patient Care Data Management System (CPCDMS) was used to generate the lists of client codes. The demographic make-up (race/ethnicity, gender, age) of clients accessing vision care services between 3/1/11 and 2/29/12 was determined by CPCDMS, which in turn allowed Ryan White Grant Administration to generate a sample of specified size that closely mirrors that same demographic make-up.

The lists of client codes were forwarded to the corresponding agency 5-10 business days before reviews were scheduled to commence.

### Characteristics of the Sample Population

The review sample population was generally comparable to the Part A population receiving vision care in terms of race/ethnicity, gender, and age. It is important to note that the chart review findings in this report apply only to those who receive vision care from a Part A provider and cannot be generalized to all Ryan White clients or to the broader population of persons with HIV or AIDS. Table 2 compares the review sample population with the Ryan White Part A vision care population as a whole.

Table 2. Demographic Characteristics of FY 11 Houston EMA Ryan White Part A Vision Care Clients

Race/Ethnicity	Sample		Ryan White Part A EMA	
	Number	Percent	Number	Percent
African American	45	41%	630	40%
White	62	56%	921	58%
Asian	1	<1%	15	1%
Native Hawaiian/Pacific Islander	1	<1%	4	<1%
American Indian/Alaska Native	1	<1%	10	<1%
Multi-Race	0		5	<1%
<b>TOTAL</b>	<b>110</b>	<b>100%</b>	<b>1,585</b>	<b>100%</b>
<b>Hispanic Status</b>				
Hispanic	40	36%	536	34%
Non-Hispanic	70	64%	1,049	66%
<b>TOTAL</b>			<b>1,585</b>	<b>100%</b>



Table 2. Demographic Characteristics of FY 11 Houston EMA Ryan White Part A Vision Care Clients (Cont'd)

Race/Ethnicity	Sample		Ryan White Part A EMA	
	Number	Percent	Number	Percent
African American	45	41%	630	40%
White	62	56%	921	58%
Asian	1	<1%	15	1%
Native Hawaiian/Pacific Islander	1	<1%	4	<1%
American Indian/Alaska Native	1	<1%	10	<1%
Multi-Race	0		5	<1%
<b>TOTAL</b>	<b>110</b>	<b>100%</b>	<b>1,585</b>	<b>100%</b>
<b>Hispanic Status</b>				
Hispanic	40	36%	536	34%
Non-Hispanic	70	64%	1,049	66%
<b>TOTAL</b>			<b>1,585</b>	<b>100%</b>
<b>Gender</b>	<b>110</b>	<b>100%</b>		
Male	86	78%	1,234	78%
Female	24	22%	342	22%
Transgender Male to Female	0		8	<1%
Transgender Female to Male	0		1	<1%
<b>TOTAL</b>	<b>110</b>	<b>100%</b>	<b>1,585</b>	<b>100%</b>
<b>Age</b>				
<= 24	3	3%	41	3%
25 – 34	16	15%	234	15%
35 – 44	26	24%	434	27%
45 – 54	43	39%	603	38%
55 – 64	18	16%	227	14%
65+	4	4%	46	3%
<b>TOTAL</b>	<b>110</b>	<b>100%</b>	<b>1,585</b>	<b>100%</b>

## Findings

### *Laboratory Tests*

Having up-to-date lab measurements for CD4 and viral load (VL) levels enhances the ability of vision providers to ensure that the care provided is appropriate for each patient. CD4 and VL measures indicate stage of disease, so in cases where individuals are in the late stage of HIV disease, special considerations may be required.

Patient chart records should provide documentation of the most recent CD4 and VL information. Ideally this information should be updated in coordination with an annual complete eye exam. As noted in the table below, slight decreases were noted in lab documentation compared to FY10.

	2011	2010	2009
<b>CD4</b>	93%	97%	47%
<b>VL</b>	94%	97%	47%

### *Client Intake Form (CIF)*

A complete and thorough assessment of a patient's health history is essential when caring for individuals infected with HIV or anyone who is medically compromised. The agency assesses this information by having patients complete the CIF. Information provided on the CIF, such as ocular history or medical history, guides clinic providers in determining the appropriateness of diagnostic procedures, prescriptions, and treatments. The CIF that

is used by the agency to assess patient's health history captures a wide range of information; however, for the purposes of this review, this report will highlight findings for only some of the data collected on the form.

Below are highlights of the findings measuring completeness of the CIF.

	2011	2010	2009
<b>Primary Care Provider</b>	100%	100%	100%
<b>Medication Allergies</b>	100%	100%	100%
<b>Medical History</b>	100%	100%	99%
<b>Current Medications</b>	100%	100%	99%
<b>Reason for Visit</b>	100%	100%	100%
<b>Ocular History</b>	96%	100%	99%

### *Eye Examinations (Including CEE/DFE) and Exam Findings*

Complete and thorough examination of the eye performed on a routine basis is essential for the prevention, detection, and treatment of eye and vision disorders. When providing care to individuals with HIV/AIDS, routine eye exams become even more important because there are a number of ocular manifestations of HIV disease, such as CMV retinitis.

	2011	2010	2009
<b>Complete Eye Exam</b>	96%	97%	98%
<b>Dilated Fundus Exam</b>	80%	66%	78%
<b>Internal Eye Exams</b>	100%	98%	97%
<b>Documentation of Diagnosis</b>	100%	100%	99%
<b>Documentation of Treatment Plan</b>	100%	100%	100%
<b>Visual Acuity</b>	99%	100%	98%
<b>Refraction Test</b>	96%	97%	97%
<b>Observation of External Structures</b>	96%	99%	98%
<b>Internal Eye Exam</b>	100%	66%	97%
<b>Glaucoma Test</b>	95%	98%	97%
<b>Cytomegalovirus (CMV) screening</b>	80%	68%	83%

Of records reviewed, 95% (96%-FY10, 92%-FY 09 reviews) documented new prescriptions for lenses at the agency within the year.

## **Conclusions**

Findings from the FY 11 Vision Care Chart Review indicate that the vision care provider provides comprehensive vision examinations for the prevention, detection, and treatment of eye and vision disorders. Performance rates are very high overall, and are consistent with quality vision care.

There has been a significant increase in DFE & CMV screening compared to the previous chart review (80%- FY11 for both, 66% DFE- FY10, 68% CMV- FY10), however these rates are still lower than the other performance measures. The probable cause is that these assessments sometimes require the client to return to the clinic for a separate appointment. While the majority of the exam is provided by an optometrist, the client needs to see another provider, an ophthalmologist, to obtain the DFE & CMV screening. These can sometimes be provided on the same day, but at other times require that the client return for another appointment. It should be noted, however, that no clients with CD4<50 went without DFE & CMV screening, which is the current standard of care (2).

Overall, FY 2011 chart review findings indicate a continued focus on quality vision care services.

## Appendix A—FY 11-Vision Chart Review Data Collection Tool

Mar 1, 11 to Feb 29, 12

Pt. ID # \_\_\_\_\_ Site Code: \_\_\_\_\_

1. AGE: \_\_\_\_\_
2. SEX: 1 – Male 2 - Female 3 - Transgender
3. Reason for Visit within year is doc: Y - Yes N - No
4. Result of Visit within year is doc: Y - Yes N - No

### **CLIENT INTAKE FORM (CIF)**

5. CIF includes PRIMARY CARE PROVIDER documentation: Y - Yes N - No
6. On CIF, MEDICATION ALLERGIES are documented: Y - Yes N - No
7. CIF includes MEDICAL HISTORY: Y - Yes N - No
8. On CIF, CURRENT MEDS are listed: Y - Yes N - No
9. On CIF, the REASON for TODAY's VISIT is documented: Y - Yes N - No
10. On CIF, the OCULAR HISTORY is documented: Y - Yes N - No

### **CD4 & VL**

11. Most recently documented CD4 count is within past 12 months: Y - Yes N - No
12. Most recently documented VL count is within past 12 months: Y - Yes N - No

### **EYE CARE:**

13. COMPLETE EYE EXAM (CEE) was performed annually within yr: Y - Yes N - No
14. Eye Exam included ASSESSMENT OF VISUAL ACUITY: Y - Yes N - No
15. Eye Exam included REFRACTION TEST: Y - Yes N - No
16. Eye Exam included OBSERVATION OF EXTERNAL STRUCTURES: Y - Yes N - No
17. Eye Exam included PHARMACEUTICALS viewing fundus/retina & associated structures (slit-lamp exam):  
Y - Yes N - No
18. Eye Exam included GLAUCOMA TEST (IOP): Y - Yes N - No
19. Internal Eye Exam findings are documented per visit within yr: Y - Yes N - No
20. Eye Exam written diagnoses are documented per visit within year: Y - Yes N - No
21. Eye Exam included CYTOMEGALOVIRUS (CMV) SCREENING: Y - Yes N - No
22. Eye Exam written treatment plan is documented per visit within year: Y - Yes N - No
23. Dilated Fundus Exam (DFE) done within year included: Y - Yes N - No
24. New prescription lenses were prescribed within year: Y - Yes N - No
25. Total # of visits to eye clinic within year: \_\_\_\_\_

## Appendix B – Resources

1. Casser, L., Carmiencke, K., Goss, D.A., Knieb, B.A., Morrow, D., & Musick, J.E. (2005). \_Optometric Clinical Practice Guideline—Comprehensive Adult Eye and Vision Examination. *American Optometric Association*. Retrieved from <http://www.aoa.org/Documents/CPG-1.pdf> on April 15, 2012.
2. Centers for Disease Control and Prevention. Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. MMWR 2009;58 (No. RR-4) April 10, 2009.
3. Heiden D., Ford N., Wilson D., Rodriguez W.R., Margolis T., et al. (2007). Cytomegalovirus Retinitis: The Neglected Disease of the AIDS Pandemic. *PLoS Med* 4(12): e334. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2100142/> on April 15, 2012.
4. International Council of Ophthalmology. (2011). *ICO International Clinical Guideline, Ocular HIV/AIDS Related Diseases*. Retrieved from <http://www.icoph.org/resources/88/ICO-International-Clinical-Guideline-Ocular-HIVAIDS-Related-Diseases-.html> on December 15, 2012.