



## Meeting Summary

### Core Quality Measures Collaborative HIV/Hepatitis C Workgroup Meeting

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Under its Partnership for Quality Measurement (PQM), Battelle convened the Core Quality Measures Collaborative (CQMC) HIV/Hepatitis C Workgroup on Tuesday, February 20, 2024 to discuss potential measure additions or measure removals to the [HIV/Hepatitis C core set](#).

#### Welcome and Opening Remarks

Kate Buchanan, MPH, Battelle CQMC Lead, welcomed workgroup members to the HIV/Hepatitis C meeting to discuss core set updates. Ms. Buchanan informed workgroup members that Battelle now holds the Centers for Medicare & Medicaid Services (CMS) consensus-based entity (CBE) contract, which was formerly held by National Quality Forum (NQF). She reviewed the anti-trust compliance statement and said that CQMC is a membership-driven and funded effort, with additional support from CMS and AHIP. Ms. Buchanan gave an overview of the meeting agenda.

Ms. Buchanan introduced the workgroup co-chairs, Michael Horberg, MD, MAS, FACP, FIDSA, and Andrea Weddle, MSW and provided a list of voting and non-voting members.

Ms. Buchanan then outlined the core set maintenance process, noting the intent of the core sets, CQMC [principles for core set measure selection](#), and the process for maintenance for the core sets. Ms. Buchanan said that core set maintenance typically occurs every year but there was a gap this year due to the contract transitioning from NQF to Battelle.

#### 2022 Maintenance Review Recap

Dr. Horberg and Ms. Weddle provided a high-level recap of measures under review and results from the 2022 cycle. During the 2022 cycle, the workgroup recommended the removal of two measures: [CBE #0405 HIV/AIDS: Pneumocystis jiroveci pneumonia \(PCP\) Prophylaxis](#) and [CBE #2080 Gap in HIV medical visits](#).

#### The Current Core Set

Ms. Buchanan provided an overview of the current [HIV/Hepatitis C core set](#), noting that it has six measures: five process measures and one outcome measure. Four are HIV measures and two are Hepatitis C measures. Dr. Horberg mentioned that most professionals who practice HIV/Hepatitis C internal medicine would agree that the measures in this core set are essential to

the practice and treatment of HIV and Hepatitis C.

## Measures for Consideration – Addition

Ms. Buchanan reviewed the process to assess potential additions to the core set. She said that Battelle requested feedback from workgroup members and conducted an environmental scan for the last 3 years. The sources for the scan include: CMS Measure Inventory Tool (CMIT), CMS Measures Under Consideration Entry/Review Information Tool (MERIT), PQM Submission Tool and Repository (STAR), Ryan White HIV/AIDS Program, measures mentioned in previous meetings, CQMC analysis of [Measurement Gap Areas and Measure Alignment white paper](#), Quality Payment Program (QPP), and Healthcare Effectiveness Data and Information Set (HEDIS).

The workgroup considered six measures for addition to the core set:

- Two are new measures
  - [CBE #3752e HIV Annual Retention in Care](#).
  - [CBE #3755e STI Testing for People with HIV](#).
- One is a measure in development
  - The American Gastroenterological Association's (AGA) [Hepatitis C Virus \(HCV\): Sustained Virological Response \(SVR\)](#).
- Two are member requests
  - [CBE #2083](#) and [CBE #3211e Prescription of HIV Antiretroviral Therapy](#).
- One was recommended for reconsideration through the CQMC Analysis of Measurement Gap Areas and Measure Alignment
  - [CBE #3060e Annual Hepatitis C Virus \(HCV\) Screening for Patients who are Active Injection Drug Users](#).

Tracy Matthews from Health Resources and Services Administration (HRSA) introduced [CBE #3752e HIV Annual Retention in Care](#). Ms. Matthews explained that this measure looks at clients who had at least one medical visit and then another eligible encounter, such as a viral load test, at least 90 days apart. CMS's CBE (Battelle) endorsed the measure in spring 2023 but the measure has not been included on the Measures Under Consideration (MUC) list yet. Marlene Matosky, HRSA, added that the measure is included in the Merit-based Incentive Payment System (MIPS) program and is currently undergoing its annual update process. This measure is similar to [CBE #2079 HIV medical visit frequency](#), but the developer noted that CBE #3752e looks at two care encounters, one of which has to be a visit and the other could be a second visit or a test of viral loads. A workgroup member noted that this measure has shown signs of success in therapy and shows improved care. Another member asked for clarification on the concept of two eligible encounters at 90 days apart. Ms. Matosky clarified the denominator, noting that it is a patient who had at least one care encounter within a 12-month period and a second care encounter at least 90 days from the first encounter. The workgroup member suggested providing clarity around that language.

Ms. Matthews and Ms. Matosky provided an overview of [CBE #3755e STI Testing for People with HIV](#), noting it is CBE endorsed and part of the MIPS program. This measure captures sexually transmitted infection (STI) testing rates for syphilis, gonorrhea, and chlamydia. The National Committee for Quality Assurance (NCQA) stewarded a similar clinical quality measure (CQM) that was previously in the core set. Ms. Matosky said the intent of this process measure is to show a history of testing for these conditions; therefore, all three conditions do not have to be tested at the same time as long as they are tested for within a calendar year. A workgroup member asked if the measure specifies the type of tests (urine, pharyngeal, rectal) needed for detecting syphilis, gonorrhea, and chlamydia. Ms. Matosky noted that the measure does not

specify which type of test needs to be used, and that all three types would count toward this measure.

David Godzina discussed AGA's Hepatitis C Virus: Sustained Virological Response (SVR) measure. Mr. Godzina explained that this measure has been in development for a long time but they were unable to move forward because they needed measure testing. Recently, funding became available and the measure went through alpha testing and is currently in beta testing. Developers tested across three specialties, hepatology, infectious disease, and gastroenterology, in sites located in the Midwest, South, and Northeast. The developers received 27 public comments on the alpha testing; commenters said the measure is highly feasible and provided some recommended edits. The Centers for Disease Control and Prevention (CDC) requested a change in the specifications from "chronic hepatitis" to "active hepatitis" to allow for the measure to capture a broader range of individuals. CDC also requested that qualitative or quantitative HCV ribonucleic acid (RNA) test results meet the denominator and numerator criteria; AGA made these recommended updates to the measure specifications. AGA also updated the denominator identification period from January 1 to December 31 in the year preceding the performance period. Mr. Godzina expects results from the beta testing in late March and intends to submit the measure through CMS MERIT for rulemaking. The co-chairs congratulated the developer, noting this measure topic has been a priority for the workgroup. A workgroup member asked for clarification if the measure is being tested as an electronic clinical quality measure (eCQM) or CQM. The developer replied it is currently being tested as a CQM but they are open to converting to an eCQM in the coming years.

The meeting then moved onto CBE #[2083](#)/[#3211e](#) Prescription of HIV Antiretroviral Therapy, which had been nominated by a workgroup member for consideration for addition. Ms. Buchanan provided a high-level overview of the measure. The measure steward said that they will likely retire this measure. A workgroup member noted that the measure is a precursor to the treatment goal of sustained virological response and that the AGA measure addresses that goal.

Mr. Godzina introduced CBE #3060e Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users, noting that the developer no longer supports the eCQM version. The developer mentioned that it is difficult to define who is an active injection drug user since many providers do not inquire about it and patients often go back and forth between active and inactive. The developer also mentioned that a [CQM version of the measure](#) is used in MIPS that they will continue to maintain.

Ms. Buchanan provided a summary of the discussion. The workgroup expressed interest in the two new measures that recently went through endorsement, CBE #3752e HIV Annual Retention in Care and CBE #3755e STI Testing for People with HIV. In addition, because AGA's Hepatitis C Virus: Sustained Virological Response (SVR) has undergone alpha testing, the workgroup will vote on it this review cycle. The workgroup did not show interest in pursuing an eCQM version of CBE #3060e Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users or CBE #2083/[#3211e](#) Prescription of HIV Antiretroviral Therapy.

## Measures for Consideration – Removal

Ms. Buchanan said that they identified three measures for potential removal.

Measure [CBE #0409 HIV/AIDS: Sexually Transmitted Diseases- Screening for Chlamydia, Gonorrhea, and Syphilis](#) will soon be retired by the developer, HRSA. The workgroup discussed

replacing CBE #0409 with CBE #3755e STI Testing for People with HIV, an eCQM developed by HRSA.

Ms. Weddle provided an overview of [HIV Screening \(MIPS ID 475\)](#) and highlighted concerns submitted by a workgroup member around patient consent, confidentiality barriers, unnecessary testing, and exclusion criteria. The developer noted that patient refusal was discussed previously and that screening in a non-judgmental way can relieve concerns about patients refusing testing.

Ms. Buchanan provided an overview of [Screening for HCC in Patients with Hep C Cirrhosis \(MIPS ID 401\)](#). A workgroup member recommended this measure for removal due to the screening benefits not outweighing the substantial risks of harms related to radiation exposure and treatment of incidental findings and weak evidence to form the basis for the measure. The measure developer mentioned that this is a standard of care in hepatology and all patients with cirrhosis should be screened for hepatocellular carcinoma (HCC). The developer added that removing this measure may cause confusion and harm to because it is an important tool for screening patients with cirrhosis for HCC.

Ms. Buchanan asked the workgroup if voting should be postponed until clarification can be provided for the exclusion with the HIV Screening measure. The workgroup agreed to wait for clarification. The Battelle team will provide comprehensive information and will inform the workgroup when voting is open and available.

## Gaps Discussion

Ms. Buchanan provided an overview of gaps areas in measure development mentioned in previous workgroup meetings. The co-chairs noted that they are not aware of any progress made in the HIV gap areas; they suggested adding a recommendation to have HIV and syphilis screening covered under revised STI screening metrics. HRSA replied that all people with HIV would be included in CBE #3755e STI Testing for People with HIV. Further, HRSA noted that the Assistant Secretary for Health released guidance around congenital syphilis and they offered to share the information with the workgroup. Several workgroup members said that there are no major updates to the gap areas around Hepatitis C. One workgroup member proposed discussing the inclusion of measure MIPS 387 Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users to replace CBE #3060e because it is in use.

## Next Steps

Kelsey Conner, Battelle, provided an overview of voting procedures and reminded the group that the voting timeline has been moved until clarification can be provided around HIV Screening (MIPS ID 475). The voting link will be sent from [CQMC@Battelle.org](mailto:CQMC@Battelle.org). Ms. Conner reminded the group of supermajority rules around voting and provided an overview of the Full Collaborative Approval process. Ms. Buchanan and the co-chairs gave closing remarks before adjourning the meeting.