

Meeting Summary

Core Quality Measures Collaborative

HIV and Hepatitis C Workgroup: Orientation Web Meeting

The National Quality Forum (NQF) convened a closed session web meeting for the HIV and Hepatitis C Workgroup on November 27, 2018.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff reviewed the following meeting objectives:

- Provide an overview of the CQMC and workgroup charge,
- Discuss the CQMC measure selection principles,
- Review past work and current measure set, and
- Identify potential sources for additional measures.

Overview of the CQMC and Workgroup Charge

NQF staff reviewed the background and aims of the CQMC, current measure sets, project approach, and timeline. NQF, in collaboration with CMS and AHIP, will convene the workgroups over a series of web meetings to provide input on measure selection criteria, evaluate current measure sets to provide recommendations for removal and identify potential gaps, identify potential sources for additional measures, evaluate measures for addition to the core sets, prioritize measure gaps, and provide guidance on dissemination and adoption of the core sets.

Measure Selection Principles Discussion

Current Principles for Measure Selection:

- Measure sets must be aimed at achieving the three-part aim of the National Quality Strategy: better care, healthier people and communities, and more affordable care.
- NQF-endorsed measures are preferred. In the absence of NQF endorsement, measures must be tested for validity and reliability in a manner consistent with the NQF process, and may have been published in a specialty-appropriate, peer-reviewed journal and have a focus that is evidence-based.
- Data collection and reporting burden must be minimized.
- Measure sets for clinicians should be as parsimonious as possible and should focus on those measures delivering the most value.
- Measures should be meaningful to and usable by consumers, physicians, other clinicians, purchasers and payers, and also applicable to different patient populations.

- Measures that are currently in use by physicians, including those reported through qualified clinical data registries, measure patient outcomes, and have the ability to drive improvement are preferred. Measure sets will be continually iterated upon to add new measures and retire existing measures.
- Measure sets should provide a comprehensive picture of quality, patient-centered care, chosen from the existing measurement landscape to address outcomes of care, overuse, and underuse.
- Overuse and underuse measures should both be included as well as total cost of care measures, where appropriate, that are tested and feasible for implementation.
- Priority should be given to measures that reflect cross-cutting domains of quality (e.g., patient experience with care, patient safety, functional status, managing transitions of care, medication reconciliation).
- Patient outcomes measures should be evidence-based and should focus on those areas where the potential to improve health outcomes and increase the effectiveness and efficiency of care is greatest.
- As with all measures, those which assess performance in payment and delivery reform models should be evidence-based, apply at the appropriate level of analysis, and strive to measure on achievement of the Triple Aim of improving clinical quality, patient experience, and lower cost.

NQF staff provided an update on the refinement of the CQMC core measure set selection principles and shared a comparison of the CQMC principles with those used by other state and federal initiatives. NQF staff explained that a memo will be sent out in December 2018 to obtain the full Collaborative’s feedback on the updated principles before finalizing them.

A Workgroup co-chair asked the group to consider how to balance process and/or claims-based measures and outcome measures. NQF stated that workgroup members should help determine the best measure types or mix of measures to include, but shared that all measures regardless of source (e.g., eCQMs, patient-reported outcome measures) should be considered. It was noted that current measures are predominantly process measures, but that outcome measures are valuable. One health plan member shared the importance of highlighting understandability as a selection principle and the value in streamlining the principles. NQF noted the Collaborative’s previous recommendations: simplify the principles and incorporate the desire for measures that are patient-reported, cross-cutting, and address disparities.

Review of Current Core Set

Current measures in the HIV and Hepatitis C Core Set:

- NQF 0405: HIV/AIDS: Pneumocystis HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis
- NQF 0409: HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis
- NQF 2082: HIV viral load suppression
- NQF 2079: HIV medical visit frequency
- NQF 0579: Annual cervical cancer screening or follow-up in high-risk women
- PQRS #P22: HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV
- PQRS #401: Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis
- PQRS #400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

The Workgroup co-chairs shared the current state of HIV and Hepatitis C and measurement in these areas, noting the need to start treatment and achieve suppression early, recommendations for PrEP use in high-risk individuals, the greater recognition of HIV as a long-term, chronic condition with comorbidities, and the increased ability to treat Hepatitis C.

A provider group member asked if one of the CQMC goals was to develop core sets to be used by health plans, to which the CQMC team responded by acknowledging that it is a priority. The provider group inquired about the types of measure that could be considered for the core set. The CQMC team responded that most measures in the sets are NQF endorsed and/or used in federal programs, but they also want to encourage the consideration of emerging, new measures. One payer commented that although access to EHR data is improving, it is not always readily available to be used by plans for measurement. The CQMC team noted that eMeasures are a priority, but not always feasible.

Identification of Future Measures

NQF staff advised that NQF would scan its portfolio and major public programs for potential measures and encouraged workgroup members to share additional measures that should be considered. One health plan member shared that comparing the sets to the Medicaid Core Sets would be useful. Various Workgroup members shared potential measures for consideration. A payer representative shared that the lack of a measure focused on HIV screening related to obstetrics may be a gap. The Workgroup discussed that measures may fit in more than one CQMC core set and stressed the need to look for overlap and harmonize across core sets.

SharePoint Tutorial/Next Steps

NQF staff briefly introduced the [CQMC SharePoint site](#) and shared that all CQMC-related correspondence should be sent to CQMC@qualityforum.org. NQF's next steps include finalizing the selection principles by December/January 2018 and performing an environmental scan of measures to discuss during the next workgroup meetings in February/March 2019.