Meeting Summary

HIV and Hepatitis C Workgroup Web Meeting 1

The National Quality Forum (NQF) convened a web meeting for the Core Quality Measures Collaborative (CQMC) Human Immunodeficiency Virus (HIV) and Hepatitis C Workgroup on Tuesday, May 10, 2022.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff reviewed the antitrust statement, as well as acknowledging that the CQMC is a member-funded effort with additional support from the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

NQF staff facilitated roll call and reviewed the following meeting objectives:

- Review the CQMC's work from last year, including the 2021 HIV/Hepatitis C Core Set
- Discuss potential additions and removals to the HIV/Hepatitis C Core Set as part of the yearly maintenance process

CQMC Overview and Recap of Previous Work

NQF staff reviewed the background and aims of the CQMC, recent accomplishments, current work and future opportunities. During 2020-2021, the CQMC reviewed or maintained each of the 10 clinical core sets. The CQMC also updated and released the following supporting documents: Approaches to Future Core Set Prioritization, Measure Selection Criteria, and the Implementation Guide. NQF staff shared that the CQMC convened the new Health Equity Workgroup, which met for the first time in early April, to analyze disparities-sensitive measures and health equity measures for future consideration.

2021 HIV/Hepatitis C Core Set Work

NQF staff shared that the HIV/Hepatitis C Workgroup last met in September 2021 during a joint meeting with the Neurology and Gastroenterology Workgroups to review and update their respective core sets and review CQMC-wide initiatives. The HIV/Hepatitis C core set includes eight measures in the areas of HIV and Hepatitis C. No measures were added or removed from the core set during 2021. The core set presentation included updated notes related to measure steward, NQF #3059e: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (MIPS ID 400) which is now stewarded by the American Gastroenterology Association (AGA).

Measures for Maintenance

NQF staff shared that the CQMC updated the measure selection principles in 2022 to ensure they are

relevant, focus on outcome measures and digital measures, and address priority topic areas such as care coordination and health equity. It was noted that the CQMC will not consider cost measures in the future, as cost is captured as part of the payment models in which the core set measures may be used.

NQF staff reviewed the process for 2022 core set maintenance. As a reminder, maintenance is conducted on an annual basis, which helps the core set remain aligned with the measure selection principles. During this year's maintenance process, NQF will bring forward major updates for the Workgroup's consideration (e.g., changes to endorsement and program use; recently endorsed or fully developed measures in the topic area; measures recommended for use in federal programs), as well as measures identified for discussion by the Workgroup members prior to the meeting. No formal voting will be conducted during the Workgroup meetings and proposed changes will proceed to voting after the discussion of all measures. If Workgroup members reach consensus during the meeting that a measure should remain in the core set or should not be added to the core set, the measure will not be included on the voting survey.

Potential Removals from the Core Set

NQF shared the process used to identify potential removals from the OB/GYN core set. The process includes reviewing the current core set and assessing measures based on changes in endorsement status, changes in program usage (e.g., Merit-Based Incentive Payment System [MIPS], Healthcare Effectiveness Data and Information Set [HEDIS]), and suggestions from Workgroup members.

#0405 HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis

The first measure discussed was measure #0405 *HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis*. NQF staff shared that this measure is no longer active in CMS programs but continues to be used in the Ryan White HIV/AIDS Program. NQF staff shared that #0405 is a measure of the percentage of patients aged 6-weeks or older with a diagnosis of HIV/AIDS who were prescribed PCP prophylaxis. One of the co-chairs commented that this metric may no longer be necessary, as patients are being diagnosed earlier, thus reducing the risk of severe PCP. It was also shared that there is more evidence supporting that when viral loads are fully suppressed and patients are receiving continuous healthcare, prophylaxis is not needed. However, it was also noted that some at-risk populations could still benefit from monitoring for the use of prophylaxis.

A Workgroup member asked if there was recent performance data on this measure. A co-chair shared that historically, performance has been high (e.g., 80 percent). The member responded that even at this level, there was still may be a significant performance gap. NQF staff shared that they would provide performance data on this measure as available to inform voting efforts and confirmed that measure #0405 *HIV/AIDS: PCP Prophylaxis* will be included on the voting survey for potential removal.

#2080 Gap in HIV Medical Visits

The second measure discussed was #2080 *Gap in HIV Medical Visits*. This measure was originally viewed as a complimentary measure to #2079/3209 *HIV Medical Visit Frequency* which assesses patients who had at least one medical visit in each 6-month period within 24 months, with a

minimum of 60 days between visits. It was shared that patients frequently drop out or change care providers within the year, raising concern for accuracy of the measure (i.e., if a patient changes providers, it may appear to be a gap in care). While there are providers who support the importance of this measure for assuring periodic monitoring, the efficacy of periodic or annual visits is unclear. It was shared that there are unstable HIV populations that fail to receive continuous care due to a variety of reasons (e.g., unstably housed, non-compliance with medications). A co-chair shared that the uncertainties surrounding the efficacy of the measure support the removal of #2080. NQF staff confirmed that measure #2080 *Gap in HIV Medical Visits* will be included on the voting survey for potential removal.

Potential Additions to the Core Set

NQF staff shared that measures proposed for potential addition to the OB/GYN core set are reviewed based on the following: new NQF endorsement; new HEDIS measures; measures recommended for use in programs by the Measure Applications Partnership (MAP); review of OB/GYN gap areas within the CMS Measure Inventory Tool (CMIT) and NQF's Quality Positioning System and suggestions for discussion from Workgroup members. All findings were compiled in a measure scan shared with the Workgroup prior to the meeting. NQF staff shared there were no potential measures for addition within the core set.

Future Measurement Updates

NQF staff reviewed several measures that were identified during the 2020 maintenance process. These are included in the Gap Areas for Future Consideration and Measure Development section of the core set for Workgroup review as needed. The first potential measure was *Adherence to Antiretrovirals (PCD-ARV)*. The Workgroup recommended revisiting this if the measure would be tested at the clinician level of analysis. NQF shared there were no known updates to this measure's current testing for pharmacy performance measurement. The next measures discussed were #3060e *Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users* and #3061e *Appropriate Screening Follow-up for Patients Identified with Hepatitis C Virus (HCV) Infection*. The Workgroup previously noted to revisit these measures once endorsement was established. These were originally developed and submitted for endorsement by Physician's Consortium for Performance Improvement (PCPI). NQF staff shared that PCPI was no longer an active developer and there are no plans to resubmit these measures for endorsement.

Update from the AGA

NQF introduced recent efforts from the AGA including measures under development and updates within payment programs. The AGA shared that several measures are currently undergoing consideration to be included in the Quality Payment Program (QPP). The first measure reviewed was Quality ID #387: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (previously NQF #3060e and was not endorsed). Next, Quality ID #400: One-Time Screening for Hepatitis C Virus (HCV) for all Patients (3059e approved for trial use by NQF) was updated with removal of high-risk conditions for the second year in alignment with United States Preventative

Services Task Force (USPSTF) guidelines. It was shared that this update has reduced the clinician burden for measure reporting. The AGA shared that Quality ID #401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis had no updates. Lastly, the AGA shared that they are developing a De Novo measure assessing Sustained Virological Response (SVR) which still requires reliability testing.

A member asked for clarification on the parameters for the SVR measure since both 12- and 24-weeks for a suppression response have been used in the past. One of the co-chairs shared that the measure numerator is the percentage of patients eighteen and older with a diagnosis of chronic HCV with undetectable HCV RNA as demonstrated by an initial positive quantitative HCV test followed by repeat labs with negative quantitative HCV tests at least 20-weeks after the previous positive result. The AGA shared that the 20-weeks to suppression timeframe captures the minimum duration of therapy necessary to achieve sustained viral response (SVR). The Workgroup raised questions on the availability of measures for the initiation of antiretroviral treatment for chronic Hepatitis C, and that Physician Quality Reporting System (PQRS) measures #83 Testing of Patients with Chronic Hepatitis C (HVC) for Hepatitis C Viremia and #84 Initial Hepatitis RNA Testing are retired, leaving a gap in measurement.

NQF staff asked if there was an updated related to the finalization meeting for QPP. The AGA shared that this meeting will convene later this week and there were no implications or changes anticipated. NQF staff thanked the representative from AGA for sharing their updates with the Workgroup.

Future Work

NQF staff shared that the team is soliciting feedback from each of the Workgroups on future activities and considerations for the CQMC. CQMC has received feedback from members on the need to consider the specific mix of subtopics represented in each core set in addition to the considerations currently included in the measure set and individual measure selection principles. The CQMC is developing a framework of priority conditions and topic areas for each core set, to help guide Workgroup discussion on condition/topic areas most important to measure for each specialty area as part of value-based care.

NQF staff introduced the draft HIV/Hepatitis C Framework to include the following priority areas currently identified within the core set:

- Screening/Prevention
- Access to Care (e.g., medical visit frequency)
- Disease Management

NQF asked the Workgroup to share any priority areas not represented in the current core set and introduced the Gap Areas for Future Consideration and Measure Development list previously produced in 2020.

A co-chair asked the group to think about the current core set and how well it encompasses the continuum of care. This draft framework is based on prior feedback from members on the need to

consider the specific mix of subtopics represented in each core set in addition to considerations currently included in the measure set and individual measure selection principles. Developing a framework of priority conditions and topic areas for each core set will help guide and prioritize future Workgroup discussion. Workgroup members suggested the following topic areas for the HIV population:

- Pre-exposure prophylaxis (PReP) in vulnerable populations (e.g., patients with repeat positive sexually transmitted infection screenings, transgender women, commercial sex workers)
- Syphilis testing within obstetric populations
- Quality of life measures or stratification of other measures for quality of life

The Workgroup commented that while PReP is one of the most important areas of HIV treatment, the denominator would be difficult to capture for any potential measure due to the large, at-risk population. NQF shared that during the CQMC's Obstetrics/Gynecology Workgroup meeting, a focus on Hepatitis C screening and follow-up were recognized as priority areas, aligned with recent Centers for Disease Prevention and Control (CDC) guidelines. When asked to provide feedback related to specifically Hepatitis C patients, the following topic areas were prioritized:

- SVR measures
- Screening for patients that are active injection drug users

NQF staff shared that as the core sets continue to evolve, the CQMC is looking for ways to promote growth and relevance to help implementation. NQF staff also asked for any additional considerations that should be included in future updates (e.g., health equity measure and considerations, maximum core set size, preferred data sources). A member commented that core set size would depend on the type of core set. HIV/Hepatitis C represents a narrow clinical area so a smaller set would be appropriate.

One of the co-chairs then steered the discussion to focus on priority gaps with health equity for the HIV/Hepatitis C measure set. The Workgroup recommended stratifying all core set measures, sharing that at-risk populations struggle with receiving equitable care. NQF staff reminded the group that the CQMC Health Equity Workgroup meeting is Monday, May 23 and open to any CQMC members or members of the public. Part of the purpose of this group is to identify equity measures and assess current CQMC core sets for disparities-sensitive measures. The Health Equity Workgroup will review these measures and the future relationship between the core sets and the Health Equity work. A Workgroup member asked how payers respond to measure data that identifies disparities. A co-chair responded that their organization reviews their data individually and provide interventions as needed.

Health Resources & Services Administration (HRSA) Updates

HRSA provided the group with background on the HIV/AIDS Bureau's Ryan White Program (HAB RWP). This $2.3 billion program has been in legislation since 1999 and aims to provide funding to cities, states, counties, and local community-based organizations (e.g., community health centers, hospital clinics, university clinics) and assists service organizations to improve health outcomes and

reduce HIV transmission. The program provides a system of HIV primary medical care, medications, and essential support services for low-income populations at risk for HIV. The speaker shared the following statistics:

- In 2022, 89.4 percent of HIV patients receiving health care services achieved viral suppression which significantly outpaced the national CDC average of 65.5 percent.
- HAB RWP's patient demographics include 73.6 percent are ethnic/racial minorities; 48 percent 50 years old or older; 4.8 percent unstably housed; 61 percent living below the federal poverty level; and 28 percent have no healthcare coverage.
- There are four at-risk populations with decreased viral suppression averages compared to the 89.4 percent benchmark:
    - patients in unstable housing;
    - youths between 13-24 years;
    - transgender population; and
    - Black population, with the largest gap for patients with unstable housing.
- Between 2010 to 2020, the percentage of people 55 and older grew by 18 percent. This may correspond the effectiveness of new drug regimens but add associated risks of co-morbidities.
- Measures collected by HAB RWP are stratified by race, ethnicity, transmission, age, gender, and classification of housing status.

HRSA shared the recent efforts to increase the visibility of the Ryan White program:

- Higher visibility URL (www.ryanwhite.hrsa.gov) to increase public access
- Transitioned data from a static state profile to an interactive dashboard
- Created a compilation of best practice and evidence-based interventions to improve approaches nationally

The HRSA representative shared the three priority measures under development relate to annual retention, syphilis, and viral suppression. HRSA shared that the organization has released 40 different performance measures on clinical care that are open for use between states and regions. They also received NQF endorsement for four electronic quality measures (eCQMs) including #3209e *HIV Medical Visit Frequency*, #2080 *Gap in HIV Medical Visits*, #3210e *HIV Viral Load Suppression*, and #3211e *Prescription of HIV Antiretroviral Therapy*. CMS has accepted two of these measures into their quality measure programs including Merit Based Incentive Program and the Medicaid Adult Core Set. #3209e and #3210e are in several programs as both clinical quality measures and eCQMs. In addition, they are working with eight funded sites for measure testing.

The representative shared that HRSA took over stewardship for two measures previously stewarded by the National Committee for Quality Assurance (NCQA) including #0405 *HIV/AIDS: PCP Prophylaxis* and a STI composite measure. HRSA shared that the STI composite measure is difficult to collect due level of burden on providers and will be shifting to a syphilis screening measure. The #0405 will not move forward for reindorsement and will be retired.

The representative discussed the Medicaid Adult Core Measure set project updates. These measures

are intended to estimate the overall national quality of healthcare for Medicaid beneficiaries. The HRSA representative shared that measures must be reported in a minimum of 25 states and the data must meet internal quality standards to qualify for public reporting. Currently, #2082 *HIV Viral Load Suppression* does not meet the minimum threshold to qualify for public reporting. HRSA is currently in a cooperative agreement with 10 states to encourage additional measure capture to meet this reporting threshold. HRSA shared that the agency is in year two of this work and aim to qualify for national reporting in the near future if more states can be compelled to report this measure.

A co-chair thanked the HRSA representative for their important leadership within this space and sharing that #0405 *HIV/AIDS: PCP Prophylaxis* will soon be retired. The co-chair shared that #2080 *Gap in HIV Medical Visits* was discussed prior for potential removal. The HRSA representative shared that #2080 will likely not be brought forward for re-endorsement because it is not a digital measure, and that HRSA is shifting towards an annual retention measure in lieu of #2080.

NQF staff asked the representative if HRSA was considering a quality of life measure or the stratification of another measure considering quality of life. The representative shared that the National HIV/AIDS Strategy has a plan to include a developmental measure for quality of life using existing data to develop potential specifications in cooperation with CDC and other federal agencies. They are also developing a Quality of Life Workgroup to highlight the successes from HAB RWP and promote metrics around quality of life. The Workgroup would recommend a focus on developing a quality of life framework in alignment with existing frameworks rather than creating new measurement approaches. NQF staff thanked the representatives from HRSA for sharing their updates with the Workgroup.

Next Steps

NQF staff shared that they would summarize the Workgroup's discussion that will be posted on the CQMC SharePoint page. NQF will also circulate a survey to vote on the discussed potential removals from the core set and include any performance information on measures #0405 and #2080 as available. Voting on the survey will be open for a 4-week period; after votes are tallied and reviewed by, the Steering Committee, NQF will follow up via email for any additional clarifications. NQF staff thanked the co-chairs and Workgroup for their participation before adjourning the meeting.