Core Quality Measures Collaborative

Meeting Summary

HIV and Hepatitis C Workgroup Meeting #3

The National Quality Forum (NQF) convened a closed session web meeting for the HIV and Hepatitis C Workgroup on August 6, 2019.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Workgroup members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be destroyed as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Review previous discussions on candidate measures and have additional discussion
- Finalize recommendations for new measures for the set
- Identify measures for removal from the core set (as time allows)

Decision making process

Voting and Quorum

NQF staff gave an overview of quorum and voting process. The Workgroup was informed that voting and non-voting participants could take part in discussion, but only voting participants would participate in the voting process. Quorum is defined as representation from at least one health insurance provider representative, at least one medical association representative, and at least one representative from the remaining voting participant categories (i.e., consumers, purchasers, regional collaboratives).

NQF staff advised that the Workgroup will thoroughly discuss each item and all views will be heard. Items for which the co-chairs determine that a consensus and quorum has been reached may be approved or disapproved by a voice vote. Items for which voting participants express dissenting opinions or when a quorum has not been reached, the Workgroup co-chairs will subject the applicable item(s) to an electronic vote. In the event that reaching consensus is not possible, the measure will be presented to the Collaborative for additional discussion. The Collaborative will be responsible for the final decision to approve a core measure set.

Principles for measures included in the CQMC core measure sets

1. Advance health and healthcare improvement goals and align with stakeholder priorities.
    a. Address a high-impact aspect of healthcare where a variation in clinical care and

opportunity for improvement exist.

2. Are unlikely to promote unintended adverse consequences.
3. Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
    a. The source of the evidence used to form the basis of the measure is clearly defined.
    b. There is high quality, quantity, and consistency of evidence.
    c. Measure specifications are clearly defined.
4. Represent a meaningful balance between measurement burden and innovation.
    a. Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
    b. Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
    c. Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.

Principles for the CQMC core measure sets

1. Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
2. Provide meaningful and usable information to all stakeholders.
3. Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
4. Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
5. Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome performance measures, or PRO-PMs).
6. Include measures relevant to the medical condition of focus (i.e., "specialty-specific measures").

Discussion on Current Measures in Core Set

NQF staff provided a brief overview of current measures in the core set, noting measure #0579 is no longer NQF endorsed

Current measures in HIV Core Set

Table 1. HIV Measures

NQF #	Measure	Measure Steward	Level of Analysis	Consensus Agreement / Notes
0405	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	NCQA	Clinician	**Consensus reached for inclusion in core set.**
0409	HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis	NCQA	Clinician	**Consensus reached for inclusion in core set.**
2082	HIV viral load suppression	HRSA - HIV/AIDS Bureau	Clinician	**Consensus reached for inclusion in core set.**
2079	HIV medical visit frequency	HRSA - HIV/AIDS Bureau	Clinician	**Consensus reached for inclusion in core set.**
0579	Annual cervical cancer screening or follow-up in high-risk women	Resolution Health, Inc.	Clinician	**Consensus reached for inclusion in core set.** *Note:* This measure may require updating if better scientific evidence becomes available.
N/A PQRS #P22	HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV.	CDC	Clinician	**Consensus reached for inclusion in core set.**

HIV Measure Gaps

- HIV RNA Level (revise NQF #0404 CD4 Cell Count or Percentage Performed to assess HIV RNA Level which is now recognized as the key metric)
- #0413 HIV/AIDS: Screening for High Risk Sexual Behaviors (NCQA) had endorsement removed in 2013
- #0573 HIV Screening: Members at High Risk of HIV (Health Benchmarks - IMS Health) had endorsement removed in 2014
- PQRS #P23 - HIV: Ever Screened for HIV: Percentage of persons 15-65 ever screened for HIV. Reconsider upon release of additional testing data likely in summer or fall of 2016. Less than 100% performance expected.
- Updated medical visit frequency measurement with virtual visits (#2079)
- Follow up for patients diagnosed with HIV and with low viral load
- HIV screening related to obstetrics
- Starting treatment and achieving suppression early
- PrEP use in high-risk individuals

Current measures in Hepatitis C Core Set

Table 2. Hepatitis C Measures

NQF #	Measure	Measure Steward	Level of Analysis	Notes
N/A	PQRS #401: Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis	AGA	Clinician	**General consensus reached for inclusion in core set.** *Note:* This measure may require updating if better scientific evidence becomes available.
N/A	PQRS #400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	AMA-PCPI	Clinician	**Consensus reached for inclusion in core set.**

Hepatitis C Measure Gaps

- #0393 Hepatitis C: Testing for Chronic Hepatitis C - Confirmation of Hepatitis C Viremia
- Testing of viral load 12 weeks post-end of treatment
- Increased ability to treat Hepatitis C

Evaluation of Measures for Potential Addition

NQF staff shared that quorum had been reached but a voting link would be emailed to the voting Workgroup members after the meeting. NQF advised that the electronic voting will allow CQMC voting members to discuss the measures with colleagues in their organization before casting their votes.

Review of Potential HIV Measures

HIV Screening- MIPS ID 475

NQF staff shared an overview of the measure specifications. The Workgroup previously favored the measure as it follows CDC recommendations, is based on USPSTF guidelines, and is an established measure in literature and practice. The measure also aligns with initiatives to promote increased screening and testing, thereby aiding in identifying persons with a positive diagnosis who are not receiving care.

Workgroup members expressed support for the measure because it would also allow for the monitoring of persons on PrEP. It was highlighted that although the measure will not be used by HRSA

in their Ending HIV program, an HIV testing measure to be implemented at the community-level will be included.

A co-chair emphasized the clear options for action related to the measure, which allow for easy implementation and tracking. There was concern expressed by a Workgroup member over feasibility and interoperability. Clinician access to a patient's testing history is limited, which can result in repeat screenings. A Workgroup member noted that the specifications do not include any exclusion criteria, such as a patient refusing a screening, patients with an existing HIV diagnosis, and those with a limited life expectancy.

A co-chair noted the concern is reasonable and asked if changes could be recommended for the measure if selected for inclusion. NQF staff reiterated that the goal is for measures to be used as tested and specified, but suggested a note could be included about preferred exclusion criteria if the measure is selected. A Workgroup member shared a proposal by the Bureau of Primary Health Care to include a similar performance measure in Uniform Data Systems (UDS) 2020 reporting in the Health Center program. The proposal would add requirements to collect 2019 and 2020 HIV test data. A Workgroup member noted inclusion of this measure in the core set will help promote alignment with this initiative.

2080 Gap in HIV Medical Visits
NQF staff shared an overview of the measure specifications. A Workgroup clarified "visits" include telehealth and other virtual visits. It was noted that during maintenance review the measure will include codes for telehealth and that the measure was endorsed using EHR data in 2016.

A Workgroup member inquired about the frequency of visits and asked if twice a year was the clinical recommendation for testing. In response, a Workgroup member shared that HHS guidelines do not clearly outline the number of visits. It was noted that the frequency is based on frequency of laboratory testing in the guidelines which varies depending on whether the diagnosis is new or old, medication regimen change, or rate of sustained viral suppression. It was noted that the measure seeks a common denominator across the different lab frequencies to determine the rate of medical visits. A Workgroup member shared that studies revealed that one visit per year resulted in worse outcomes compared to two visits (or one face to face and one virtual visit).

3209e HIV Medical Visit Frequency and 3210e HIV Viral Load Suppression
NQF staff shared an overview of the measure specifications, noting that the measures were eMeasure versions of measures 2079 and 2082 which are currently in the core set. The Workgroup supported these measures as alternative reporting options.

A Workgroup member raised concern over monitoring incarcerated and transient patients. It was noted that HRSA has made accommodations on the frequency of medical visits allowing clinicians to use a 24-month time frame if proven to be effective.

Previously Removed from Consideration
NQF staff presented measures that were previously removed from consideration.

2083: Prescription of HIV Antiretroviral Therapy
The measure was removed from consideration by the Workgroup as it does not consider how quickly an individual recently diagnosed with HIV is prescribed antiretroviral therapy. It was noted that the measure may have challenges with feasibility and operationalization (e.g., date of diagnosis versus prescription date).

N/A Adherence to Antiretrovirals (PDC-ARV)
During the previous meeting, Workgroup members expressed concern that this was tested at the health plan level and not clinician level of analysis. The Workgroup noted this topic as a gap area and requested that it be revisited in future core set iterations.

Review of Hepatitis C Measures for Addition
3059e One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk
NQF staff shared an overview of the measure specifications, noting that this is an eMeasure version of a measure in the current core set. It was noted that the measure was previously endorsed by NQF for trail use. The Spring 2019 Primary Care and Chronic Illness Standing Committee recommended it for endorsement. The Workgroup was notified that the measure is also being considered by the Gastroenterology and ACO & PCMH/Primary Care Workgroups for potential inclusion in their respective core sets. Workgroup members expressed no dissenting views on the inclusion of this measure.

3060e Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
NQF staff shared an overview of the measure specifications, noting that the measure was endorsed for trial use and is currently going through the NQF Spring 2019 review. The measure was reported as having consensus not reached on reliability due to representativeness of the testing sample and the number of patients who would report themselves as active drug users.

The Workgroup was notified that the measure is also being considered by Gastroenterology and ACO & PCMH/Primary Care Workgroups for potential inclusion in their respective core sets. The Workgroup was advised of the ACO & PCMH/Primary Care Workgroup's concern of the challenges the measure would pose to primary care providers who would depend on patients to self-report their IV drug use.

Workgroup members expressed that is may be a challenge to capture patients in the measure denominator (i.e. active injection drug users). A Workgroup co-chair shared that although identifying individuals as active injection users has always been a challenge, the goal to have these patients screened is important.

A Workgroup member voiced that it is highly unlikely for physicians to have a large volume of patients who report as active injection drug users and that the measure might not have a large impact on population health improvement. Some Workgroup members agreed but also expressed support for this measure, especially due to its timeliness given the rise in Hepatitis C cases.

3061e: Appropriate Screening Follow-up for Patients Identified with Hepatitis C Virus (HCV) Infection
NQF staff provided an overview of its specifications, highlighting the Workgroup's concern around the two populations in the denominator and potential issues related to system fragmentation that may impact this measure. It was shared that the measure was endorsed for trial use but has not yet been resubmitted for NQF-endorsement. NQF staff noted that the Gastroenterology Workgroup will likely vote to reconsider this measure in the future.

A co-chair expressed concern that the measure seems to be merging different concepts and explained that a positive Hepatitis C antibody test is followed by HCV RNA, and if it is positive then the patient goes through a "staging pathway" and treatment to cure. A co-chair added that if a patient only has a positive antibody test, the next step is not necessarily linkage to care, but a confirmatory HCV RNA test to confirm the diagnosis. A Workgroup member who was involved in the previous CQMC work shared that Workgroup members had similar concerns regarding this measure.

Hepatitis C: Sustained Virological Response (SVR)
NQF staff shared an overview of the measure specifications and highlighted that the measure was reviewed by the Gastroenterology Workgroup but not considered for inclusion at this time because it is yet to be tested. It was noted that testing for the measure would take place in the next 6-8 months.

A Workgroup co-chair inquired from NQF staff about the available options to ensure the measure is prioritized and brought forth for inclusion as soon as possible after testing. NQF staff advised that the options would be to wait for the next maintenance cycle which is every 2-years or to conduct an ad hoc Workgroup meeting after the testing results become available. The was some interest in including the measure now as it is the key measure of the quality Hepatitis C care. Other Workgroup members expressed reservations about including this measure in payment programs if it has not been formally tested. The Workgroup requested that a voting option be added to allow for an ad hoc review as soon as possible once testing is completed. The Workgroup expressed they consider this measure a top priority.

Previously Removed from Consideration
NQF staff shared an overview of the measure specifications.

Hepatitis C: Discussion and Shared Decision-Making Surrounding Treatment Options
The Workgroup expressed that this measure is less of a priority as considerable gains have been made in treatment options since 2016.

Treatment of Chronic Hepatitis C: Completion of Therapy
The Workgroup noted that the measure was tested at the health plan level and not the clinician level of analysis and that some factors that influence the measure are outside of a clinician's control.

Evaluation of Current Core Set for Removals

Review of Current HIV Core Set
0405: HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis
NQF staff shared the performance data for the measure from PQRS data provided during last endorsement review: 75.8% compliance (2010). It was noted that HRSA would be taking over stewardship from NCQA and that the measure is undergoing maintenance review during the Fall 2019 cycle. There was concern that the measure does not align with current guideline recommendations. A Workgroup member requested time to research and provide an update during the next Workgroup meeting. A Workgroup member inquired on the process of updating the measure if its specifications were to undergo updating. NQF staff shared that likely an ad hoc review should be scheduled if updates were to occur between maintenance cycles or potentially a note could be added to the core set. A Workgroup member shared that the measure is currently in the Ryan White core set.
The Workgroup will wait to vote on this measure.

0409: HIV/AIDS Sexually Transmitted Diseases-Screening for Chlamydia, Gonorrhea, and Syphilis
NQF staff shared that performance data from PQRS provided during the last endorsement review in 2016 reported a performance rate of 32.4% for chlamydia and gonorrhea with 50% performance rate for syphilis. It was noted that HRSA would be taking over stewardship for the measure. The Workgroup discussed that this measures meets guidelines. It was noted that there are no exclusion criteria for those not sexually active, but the measure is evidence-based and important.

2082: HIV viral load suppression

The Workgroup supported keeping this measure, noting it is an important outcome measure in the set. There was a comment that the developer should consider risk adjustment. It was also noted that a considerable amount of patients are uninsured, which impacts outcomes.

2079: HIV medical visit frequency
This measure is used in MIPS and the Ryan White core set. This measure was previously referenced during the addition discussion of the eMeasure version. The Workgroup did not have much further comment but generally supported the measure.

0579: Annual cervical cancer screening or follow-up in high-risk women
This measure is no longer NQF-endorsed. The Workgroup discussed that this measure no longer aligns with current guideline recommendations. The was discussion to remove this measure until it is updated.

PQRS #P22: HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV
This measure was previously used in PQRS, but it is no longer used. The Workgroup commented that this measure is a subset of the larger group. The Workgroup felt that the measure focuses on an important topic. Some group members noted concern about the execution as testing is not always done by the same clinician and there are timing considerations. There was some support to reconsider this measure in the future. The Workgroup decided they would like additional information about performance and use before voting.

Review of Current Hepatitis C Core Set
N/A Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis
The Workgroup discussed that there is room for improved performance on this measure. The Workgroup was interested in understanding more information about performance before voting.

N/A One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk
The measure also has an eMeasure version being discussed for inclusion. The group was interested in understanding any additional data on performance or implementation before voting.

Next Steps

Voting members will cast their votes for addition and removal through an electronic survey following the meeting. NQF staff will follow-up regarding additional information for four measures. These measures will be revisited during the next meeting on September 4, 2019. The Workgroup will wait to vote on these four measure until after the next meeting.