

Meeting Summary

HIV and Hepatitis C Workgroup Meeting 6

The National Quality Forum (NQF) convened a closed session web meeting for the HIV and Hepatitis C Workgroup on August 19, 2020.

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 took roll call and reviewed the following meeting objectives:

- Review final presentation of HIV/Hepatitis C core set
- Share progress and overview of next year's work
- Discuss feedback on improving CQMC

Final Presentation of HIV/Hepatitis C Core Set

NQF staff shared with the Workgroup that the core set presentation is close to being finalized and that the team would like to review the final presentation with the Workgroup to ensure it is accurate and clear before posting publicly. NQF shared comments from the last meeting (e.g., group liked new, cleaner presentation; mixed opinion on role of the level of analysis (LOA) column; suggestion to notate new additions to the core set; suggestion to add notes on telehealth and program use; and suggestion to consider stratification of measures). NQF shared that the LOA will be listed in the introductory paragraph for the core set, changes to the core set are still listed at the end of the core set, and additional notes on telehealth visits have been incorporated. NQF also noted that the information on measure use in different programs will be included in the gaps analysis report.

NQF staff asked for any concerns with the proposed final presentation of the core set. A co-chair noted that in the list of gaps areas, the group will want to emphasize sustained virologic response (SVR), HIV screening for patients with STIs, and measures that reflect HIV as a long-term chronic condition. The Workgroup did not express any concerns with the core set presentation. NQF staff noted that any additional questions or concerns are welcome via email.

Overview of Future Core Set Goals

NQF staff shared that the core sets will need to be updated and maintained over time to reflect new measures and reporting options. The CQMC is seeking to increase use of high-bar measures, including electronic measures, outcome measures, patient-reported outcome-based performance measures (PRO-PMs), composites, cross-cutting measures, measures that address disparities, and clinician-level measures. The CQMC also plans to set goals around how many measures are being used in public and private contracts and how many organizations adopt the core sets.

NQF staff shared changes in the core set composition from the original core set released in 2015. From 2015 to 2020, the total number of measures in the core set (8) has remained the same. The number of outcome measures (1), PRO-PMs (0), and clinician-level measures (6) has remained the same. The updated core set has one new cross-cutting measure (HIV screening for general population) and three new eCQM reporting options.

A co-chair asked if NQF staff could share any patient-reported measures that were included by other Workgroups that might be applicable to the HIV/Hepatitis C core set. NQF staff shared that the ACO/PCMH/Primary Care workgroup expressed interest in a person-centered primary care measure that is currently being tested. Other relevant measures include the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures and the measures on depression response and progress towards remission. Some workgroups (Medical Oncology and Orthopedics) have also reviewed or included some condition- or treatment-specific PRO-PMs.

A Workgroup member shared that HIV groups have advocated for a quality-of-life measure in the past: while measures on viral suppression are important, they do not capture the full breadth of the patient experience. Another Workgroup member shared that while they are not sure how these would be collected in a way that could be used for national comparisons and the testing might be difficult, they like the idea of a quality-of-life measure as well.

A Workgroup member shared that some of CMS' HIV/AIDS Bureau measures will be tested for use at the clinician level in addition to the facility level. CMS hopes to collect additional testing data on these measures in the coming year. The Workgroup asked for additional clarification on the level of clinician-level vs. facility-level measures in the core sets. NQF staff shared that the CQMC was originally focused on measures at the clinician/clinician group level (as some members were uncomfortable with using measures not tested at the clinician/clinician group level to hold clinicians accountable), but understanding performance at different testing levels could be helpful for alignment purposes.

A Workgroup member asked if there is a certain threshold or percentage (i.e., X% of all core set measures or Y number of measures should be PRO-PMs) recommended by the CQMC. NQF staff shared that the team is currently assessing the changes between the original core sets and the updated core set in order to inform this goal-setting, but there are no specific percentage goals set yet. NQF staff shared that the group would likely aim for a mix of measure types (e.g., not aiming for 100% outcome measures) and welcomed any feedback on setting these goals from the Workgroup.

A Workgroup member asked how the HIV/Hepatitis C core set compares to other core sets on inclusion of outcome measures, PRO-PMs, cross-cutting measures, eCQMs, etc. NQF staff shared that this information has not finalized for all core sets yet. This information will be available in the gaps analysis when it is released in September.

A Workgroup member suggested that any relevant measures in other core sets could be measured across multiple Workgroups, then stratified by patient groups (e.g., having a general set of measures used across all core sets but stratified by HIV/Hepatitis C patients). Another Workgroup member shared that it is difficult to develop a general set of measures since each chronic condition is unique, but some general questions on quality of life, social determinants of health, ability to provide for yourself and your family, and activities of daily living could be incorporated. NQF staff shared that the CQMC is exploring many of these topics for next year's work on cross-cutting measures (patient safety, quality of life, etc.)

Next, NQF staff shared additional information on the proposed activities of the HIV/Hepatitis C Workgroup for next year. The CQMC is proposing a full maintenance cycle (environmental scan and in-depth discussion of measures for inclusion and removal) every two years, with ad-hoc maintenance on “off” years (minor revisions based on any major changes in guidance or specific measure recommendations from Workgroup members). A Workgroup member agreed that a two year cycle sounded appropriate and noted that during the “off” years, the Workgroup should discuss areas that need additional measure development to create more comprehensive sets, as well as strategies for promoting use of the core sets. Another Workgroup member agreed that the Workgroup should focus on promoting uptake and use, which they felt was low for the HIV/Hepatitis C core set.

A Workgroup member also noted that in the upcoming ad-hoc maintenance, the group should address the updated guidance from USPSTF on Hepatitis C screening for all people ages 18-79. NQF staff shared that this can be included in the gaps area of the core set presentation posted this year.

A Workgroup member asked if ad-hoc changes to the core set during the “off” years would be released during the “off” years, or if changes would only be published during the full maintenance years. NQF staff shared that they would like to include changes as soon as feasible so that the core sets are kept up to date, and suggested that measures can be added during the “off” years.

Feedback on Improvements for CQMC

NQF staff asked for any feedback on process improvements for the CQMC and specifically suggestions for encouraging higher rates of voting from the Collaborative. One Workgroup member shared that they felt voting during the meeting was more desirable, but it would require that the group receive information on the measures well before the meeting so that one key member responsible for the vote could solicit feedback from their organization prior to the meeting. Another Workgroup member shared that they also have to poll others in their organization for their opinions and coordinate to decide the final organizational vote; for this reason, their organization would prefer to keep the voting offline (after the meeting) to allow for enough time. Three other Workgroup members concurred with this opinion, sharing that voting offline allows for additional time to consult with subject matter experts and other colleagues on specifications and relative importance of measures. One Workgroup member shared that their organization could improve their own response rates but this will involve some internal processes rather than changes to CQMC’s voting structure.

A Workgroup member shared that it was sometimes difficult to keep track of the phase of voting because votes were split into batches. They shared that the recent voting survey for another Workgroup (Behavioral Health) included notes on recommendations from the group (“The Workgroup was in favor of adding this measure”) and felt this was helpful in planning their organization’s votes (organization was able to quickly flag any discrepancies between Workgroup recommendation and personal notes and discuss any controversial measures more closely). The Workgroup member also shared that the lead discussant model for Behavioral Health (measures assigned to individual Workgroup members to lead discussion) provided additional context on measures that might not have come out in general group discussion. NQF shared that they hope to start using the lead discussant model for other Workgroups in the future and thanked the Workgroup for their comments.

Next Steps

NQF staff shared that CQMC plans to release the final HIV/Hepatitis C core set in September as part of a first batch of four finalized core sets. NQF also shared that this is likely the last Workgroup meeting for 2020, and the Workgroup will likely convene one or two times next year for ad-hoc maintenance and discussion of implementation and addressing gaps. NQF and the co-chairs thanked the Workgroup for their contributions to this important work.