Primary Care and Chronic Illness Spring 2023 Post-Comment Web Meeting

Battelle, a consensus-based entity (CBE), convened the Primary Care and Chronic Illness (PCCI) committee for the spring 2023 post-comment web meeting on Monday, October 16, 2023 from 10:00 am – 12:00 pm (ET).

Welcome, Review of Meeting Objectives, and Attendance

Dr. Matthew Pickering, the endorsement and maintenance technical lead, welcomed the standing committee and provided an overview of the meeting's objectives:

- Review the post-comment memo and the meeting summary from the spring 2023 cycle measure evaluation meeting.
- Provide feedback on the full text of all comments received and the proposed responses to the post-evaluation comments.
- Discuss and revote on the consensus not reached (CNR) measure.

Quorum (12 of 17 active members with no recusals) was not reached during the meeting. The committee discussed the CNR measure during the call but voting was conducted offline. Voting results for the CNR measure are provided below.

Voting Legend:

- *H – High; M – Moderate; L – Low; I – Insufficient*

Dr. Pickering reminded the PCCI standing committee that it reviewed six measures during the measure evaluation meeting held on July 31, 2023, during the spring 2023 cycle. The committee recommended two measures for endorsement, did not reach consensus on one measure, and did not recommend three measures for endorsement.

- **Measures Recommended for Endorsement**
  - CBE #3210e HIV Viral Suppression (Health Resources and Services Administration [HRSA] - HIV/AIDS Bureau)
  - CBE #3752e HIV Annual Retention in Care (HRSA - HIV/AIDS Bureau)
- **Consensus Not Reached Measure**
  - CBE #3755e STI Testing for People with HIV (HRSA - HIV/AIDS Bureau)
- **Measures Not Recommended for Endorsement**
  - CBE #3742 ESRD Dialysis Patient Life Goals Survey (PaLS) (Centers for Medicare & Medicaid Services [CMS]/University of Michigan Kidney Epidemiology and Cost Center)
  - CBE #3753 Delay in Progression of Chronic Kidney Disease (CKD) Measure (CMS/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE])
  - CBE #3754 Risk Standardized Mortality Ratio for Late-Stage Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD) (CMS/Yale CORE)

The committee measure evaluation meeting summary was posted on the Partnership for Quality Measurement (PQM)™ website for public comment from August 25 to September 13, 2023.

During this comment period, the committee received five comments, all pertaining to and in support of CBE #3755e. All comments received were posted on the PQM website.

Consideration of Consensus Not Reached Measure and Review of the Post-Evaluation Comments Received

Dr. Pickering reminded the committee that it did not reach consensus on evidence and validity for CBE #3755e. With respect to evidence, the committee had concerns the measure requires testing for all three sexually transmitted infections (STIs), with no option for clinicians to score if only one or two STIs are tested. There were also concerns regarding the frequency of testing, as the evidence suggested testing should be conducted annually or more frequently for certain individuals. For validity, despite sufficient data element validity and construct validity, several committee members raised concern that the validity testing did not adequately explore the correlation between annual testing and improved outcomes. Some committee members raised concerns with the face validity testing, as three of the seven (43%) clinicians agreed the measure can distinguish quality of care. This result was due to a concern that patients who are not sexually active would opt out of screening. The developer noted within its submission that sexual activity and sexual history are not well-documented in the electronic health record in structured fields, which prevents the inclusion of them in the measure specifications.

Dr. Pickering further stated the committee should note the developer satisfied the requirements for empirical validity testing of the measure score, as the developer confirmed, empirically, the measure scores are different for groups known to have differences in STI testing. Specifically, the developer assessed differences across age and human immunodeficiency virus (HIV) transmission category and found the measure scores for these patient groups to be consistent with the primary literature. As part of its discussion, the committee may want to consider if there is a high prevalence of patients with HIV who opt out of STI testing.

Dr. Pickering proceeded to summarize the comments, stating that one of the public comments received was from the developer, which expressed there was insufficient subject matter expertise on the committee, and this lack of expertise impacted the votes. The developer also stated it believed the measure evaluation criteria were not applied appropriately for the validity criterion. The committee focused too heavily on concerns about face validity, which is only one element of the larger validity criterion. The developer stated other validity issues mentioned by the committee were relevant to the usability and importance criteria, not validity.

In addition to the developer's comment, Dr. Pickering summarized the four additional public comments received, which were in support of the measure. The commenters addressed committee concerns with evidence and validity by stating this measure is in line with the Centers for Disease Control and Prevention's STI Guidelines as well as guidance from the HIV Medicine Association of the Infectious Diseases Society of America, which both recommend, at minimum, annual testing for syphilis, gonorrhea, and chlamydia. Comments received also addressed the committee's concern regarding the lack of sufficient correlation between annual testing and improved patient outcomes, citing the substantial health losses caused by STIs and referenced studies showing STI testing not only improves health outcomes for the patients but for their partners as well.

In discussion, a committee member stated they were less concerned with knowing about a

person's sexual activity, and more concerned with annual testing for people who are monogamous and/or for those that receive post-exposure doxycycline prophylaxis treatment. The committee member questioned if these two situations were discussed at all with the development of this measure. The developer responded, again mentioning this information is not available as structured fields in the electronic health record. In addition, the measure results range from 35 – 55% across sites and assuming those patients not sexually active or in a monogamous relationship are evenly distributed across those sites, they would not increase the measure results by much if they are not being captured in the measure already. The developer further stated it does not expect to achieve 100% on this measure, but there is clear evidence to show screening for STIs in people with HIV is low, even if patients who opt out make up 10% or even 20% of these patients. With respect to the doxycycline use, the developer noted the HIV measures were developed and tested prior to when the evidence of doxycycline use emerged. In addition, the CDC, in light of this new doxycycline use, has not changed its guidelines for STI testing.

The same committee member also asked whether additional evidence supporting annual testing in this population would lead to improved outcomes. The developer responded that testing would lead to improved outcomes both for the individual and the population. The developer underscored the importance of STI testing by citing the percentage of new gonorrhea cases for persons with HIV has increased from 6.6% in 2010 to 11% in 2019. Further, the developer noted another study found the estimated prevalence of chlamydia and gonorrhea in men who have sex with men is 10% at any given time. Lastly, the rates of syphilis among persons with HIV in North America have tripled in the last 10 years.

With respect to the developer's comment about a lack of expertise on the committee, one committee member asked for additional information about this. Dr. Pickering noted this was due to one of the committee members, who participated on the developer's technical expert panel, who has been recused from discussing and voting on this measure.

Another committee member inquired whether there were any concerns or issues regarding parental consent for adolescents. The developer responded, stating there are some legal considerations for STI testing in this population, but in most states, adolescents can receive STI testing without parental consent.

Lastly, a committee member questioned whether others think there is substantial harm to the patient population because of this measure. Another committee member mentioned the stigma associated with STI testing was the major concern. Dr. Pickering asked the committee if this is still a major concern, given the discussions and additional responses provided by the developer. The committee did not raise any additional concerns about this issue but did recognize that for measures like this, chasing zero or 100% is when unintended consequences arise. The committee recommended that as the developer considers benchmarking for this measure, to consider how benchmarks are set too high based on low volume performers, which can skew the data. The committee concluded by noting it appreciated the recognition from the developer that the expectation is not to achieve 100% on this measure.

Since voting quorum was not reached during the meeting, the committee submitted their votes offline. The committee passed the measure on evidence and validity and recommended the measure for endorsement.

- ***Evidence**: Total Votes: 12; H-0; M-9; L-3; I-0 (9/12 – 75.0 percent, Pass)*
- ***Validity**: Total Votes: 12; H-1; M-9; L-2; I-0 (10/12 – 83.3 percent, Pass)*
- ***Overall Suitability for Endorsement:** Total Votes: 12; Yes-9; No-3 (9/12 – 75.0 percent, Pass)*

Related and Competing Measures

Dr. Pickering reminded attendees that the related and competing measures discussion was deferred to the post-comment meeting due to insufficient time during the measure evaluation meeting held on July 31, 2023. Dr. Pickering reviewed the related measures to CBE #3210e, which were CBE #3209e *HIV Medical Visit Frequency,* CBE #3211e *Prescription of HIV Antiretroviral Therapy,* CBE #0409 *HIV/AIDS: Sexually Transmitted Diseases - Screening for Chlamydia, Gonorrhea, and Syphilis,* CBE #2080: *Gap in HIV medical visits,* and CBE #0405 *HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis*. The developer shared that CBE #0409 and CBE #0405 will be retired. The committee did not have any concerns with the other related measures, noting there was not much overlap.

Moving to CBE #3752e, Dr. Pickering noted there are four related measures, CBE #3209e, CBE #3210e, CBE #3211e, and CBE #0405. As previously mentioned by the developer, CBE #0405 will be retired. The developer also stated for the committee's consideration, CBE #3752e was adopted by CMS to be included in the Merit-based Incentive Payment System (MIPS). As a result, the developer will be recommending the removal of CBE #3209e from the MIPS program. The committee did not have any comments or concerns.

Lastly, Dr. Pickering noted since offline votes needed to be taken for CBE #3755e, the related and competing discussion for this measure was not conducted.

Opportunity for Public Comment

Dr. Pickering opened the web meeting to allow for public comment. No public comments were provided during this time.

Next Steps

Dr. Pickering provided next steps to the committee. He informed attendees the Consensus Standards Approval Committee (CSAC) will consider the standing committee's recommendations during its meetings on December 6-7, 2023. Following the CSAC meeting, the 30-day Appeals period will be held from December 9, 2023 - January 7, 2024. Dr. Pickering then thanked the committee, the co-chairs, the developers, and others on the call, and adjourned the meeting.