

Memorandum

October 16, 2023

To: Primary Care and Chronic Illness Standing Committee, Spring 2023

From: Battelle Staff

Re: Post-comment web meeting to discuss public comments received

Background

For the Spring 2023 cycle, Battelle, a consensus-based entity (CBE), convened the Primary Care and Chronic Illness standing committee to evaluate five newly submitted measures and one measure undergoing maintenance review against standard measure evaluation criteria.¹ The standing committee recommended two measures for endorsement, did not reach consensus on one measure, and did not recommend endorsement for the remaining three measures.

The standing committee recommended the following measures for endorsement:

- #3210e HIV Viral Suppression (Health Resources and Services Administration [HRSA] - HIV/AIDS Bureau)
- #3752e HIV Annual Retention in Care (HRSA - HIV/AIDS Bureau)

The standing committee did not reach consensus on the following measure:

- #3755e STI Testing for People with HIV (HRSA - HIV/AIDS Bureau)

The standing committee did not recommend the following measures for endorsement:

- #3742 ESRD Dialysis Patient Life Goals Survey (PaLS) (CMS/University of Michigan Kidney Epidemiology and Cost Center)
- #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])*
- #3754 Risk Standardized Mortality Ratio for Late-Stage Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD) (CMS/Yale CORE)*

*After the measure evaluation meeting on July 31, the developer of CBE #3753 and CBE #3754 requested to withdraw the measures from the Spring 2023 cycle due to the committee discussion leading up to the evidence vote and the decision to not pass the measures on evidence, a must-pass criterion.

Standing Committee Actions in Advance of the Meeting

1. Review this briefing memo and [meeting summary](#).
2. Review and consider the [full text of all comments](#) received.

¹ National Quality Forum. Measure Evaluation Criteria and Guidance. 2021.

Post-Comment Web Meeting Memo

3. Discuss and revote on consensus not reached measure.

Comments Received

Following the standing committee's measure evaluation meeting on July 31, 2023, the committee endorsement recommendations were posted on the Partnership for Quality Measurement (PQM) website for public comment. The commenting period opened on August 25, 2023 and closed on September 13, 2023. The committee received five comments from individuals, all pertaining to CBE #3755e and the committee's review of this measure. This memo focuses on comments received after the standing committee's measure evaluation meeting. All comments received are posted on the respective committee post-comment [webpage](#).

Please review this memo, agenda, and the comments received in advance of the meeting and consider whether you have any concerns or questions prior to the committee's revote for CBE #3755e.

To facilitate the discussion, a summary of the post-evaluation comments is noted within the "Consensus Not Reached" section below. Although all comments are subject to discussion, the intent is not to discuss each individual comment during the post-comment call. Instead, Battelle staff will spend most of the time considering the summary of comments. Please note that the organization of the comments into a summary is not an attempt to limit the standing committee's discussion, as the committee can pull any comment for discussion.

Consensus Not Reached

CBE #3755e STI Testing for People with HIV (HRSA- HIV/AIDS Bureau)

Description: Percentage of patients 13 years of age and older with a diagnosis of HIV who had tests for syphilis, gonorrhea, and chlamydia performed within the measurement period;

Measure Type: Process; **Level of Analysis:** Clinician: Individual; **Setting of Care:** Outpatient Services; **Data Source:** Electronic Health Records

- **Evidence:** Total Votes-15; H-0; M-7; L-7; I-1 (7/15 – 47%, Consensus Not Reached)
- **Validity:** Total Votes-15; H-0; M-7; L-8; I-0 (7/15 – 47%, Consensus Not Reached)

Consensus was not reached on two must-pass criteria, evidence and validity. For evidence, some committee members had concerns that 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 seemed to suggest that testing should be conducted annually or even 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. The committee should note that the developer did satisfy the requirements for empirical validity testing of the measure score, as the developer confirmed the measure scores are different for groups known to have differences in STI testing. In this case, the developer assessed differences across age and human immunodeficiency virus (HIV) transmission category and found that the measure scores for these patient groups to be consistent with the primary literature.

Additionally, some committee members raised concern with the face validity testing, as three of the seven (43%) clinicians agreed that 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 that sexual activity and sexual history are not well-documented in the electronic health record in structured fields, which precludes the inclusion of them in the measure specifications. As part of its discussion, the committee may also consider if there is a high prevalence of patients with HIV who opt out of STI testing.

A total of five comments were received during the public comment period. One public comment received was from the developer in defense of its measure, CBE #3755e. The comment expressed concern that there was insufficient subject matter expertise on the committee, and that the lack of expertise impacted the votes on importance and usability. The developer also stated that it believes 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 also expressed that other validity issues mentioned by the committee were relevant to the usability and importance criteria, not validity.

The other four comments were in support of CBE #3755e. Four comments addressed the committee's concern around the potential for introducing unintentional stigma for persons with HIV by mandating STI testing. The commenters responded by citing that increased standardized testing in line with the Center for Disease Control and Prevention's (CDC) screening guidelines, which recommend at minimum annual testing for syphilis, gonorrhea, and chlamydia is beneficial for reducing stigma and closing care gaps. Two comments specifically addressed the committee's concern that there was not sufficient correlation between annual testing and improved patient outcomes. One comment again cited the CDC screening guidelines, as well as guidance from the HIV Medicine Association, which both recommend at minimum annual STI testing to reduce infection rates, as evidence of the measure's importance. One comment cited the substantial health losses caused by STIs and referenced studies that show that STI testing not only improves health outcomes for the patients, but for their partners as well.

Measure Steward/Developer Response:

Not applicable, as all comments were supportive, including a comment submitted by the developer for the committee's consideration.

Proposed Standing Committee Response:

Thank you for your comments. The committee will consider these in its discussion of and re-vote on CBE #3755e.

Action Item:

Review the public comments received and re-vote on evidence and validity. If evidence and validity pass, re-vote on overall recommendation for endorsement. There is no consensus not reached zone for post-comment votes.