



December 13, 2024

SUBMITTED VIA <https://p4qm.org/media/3166>.

Re: ViiV Healthcare Response to the Partnership for Quality Measurement (PQM) Pre-Rulemaking Measure Review (PRMR) 2024 Measures Under Consideration (MUC) List

ViiV Healthcare appreciates this opportunity to submit comments to the PRMR's MUC list. ViiV supports efforts to use value-based care models to improve care delivery and outcomes for Medicare beneficiaries.

ViiV is the only independent, global specialist company devoted exclusively to delivering advancements in human immunodeficiency virus (HIV) treatment and prevention to support the needs of people with HIV and those vulnerable to HIV. From its inception in 2009, ViiV has had a singular focus to improve the health and quality of life of people affected by this disease and has worked to address significant gaps and unmet needs in HIV care. In collaboration with the HIV community, ViiV remains committed to developing meaningful treatment advances, improving access to its HIV medicines, and supporting the HIV community to facilitate enhanced care and treatment.

ViiV would like to offer the following comments:

ViiV strongly encourages PQM and CMS to consider the development and implementation of an HIV prevention measure. HIV remains an issue in every region of the U.S. and there are significant gaps in access to and outcomes of HIV preventive care, early detection, linkage of patients to appropriate treatment, and retention in care.^{1,2,3} Comprehensive evaluations across healthcare entities can help us all ensure that individuals who may benefit from PrEP are receiving appropriate and equitable care.

Significant disparities exist in preexposure prophylaxis (PrEP) usage and access across the U.S. For example, the Southern U.S. accounted for more than half (52 percent) of all new HIV diagnoses but represented only 39 percent of all PrEP users in 2021.⁴ Although the use of PrEP has increased significantly in recent years across all groups, tactics to promote HIV prevention remains critically necessary to reduce disparities in HIV incidence.

We acknowledge CMS' efforts in promoting wholistic HIV care quality, as highlighted in the inclusion of the HIV/Hepatitis C MIPS Value Pathway (MVP) and the previously finalized HIV Prevention Improvement Activity (IA), as well through the various HIV measures maintained across the care continuum (e.g., HIV Screening, HIV Annual Retention in Care). We applaud the recent proposal by the Centers for Disease Control and Prevention (CDC) to recommend at least one HIV test for individuals aged 15 and older, removing the upper age limit, and

¹ Centers for Disease Control and Prevention (CDC). CDC data confirm: Progress in HIV prevention has stalled. 2019. <https://www.hiv.gov/blog/cdc-data-confirm-progress-hiv-prevention-has-stalled>. Accessed December 4, 2024.

² HIV.gov. HIV Basics: U.S. Statistics. 2019. <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>. Accessed December 4, 2024.

³ Centers for Disease Control and Prevention (CDC). Status of HIV in the U.S. 2021. <https://www.cdc.gov/hiv/policies/strategic-priorities/mobilizing/status-of-hiv.html#hiv-transmission>. Accessed December 4, 2024.

⁴ AIDSvu. AIDSvu Releases New Data Showing Significant Inequities in PrEP Use Among Black and Hispanic Americans. July 29, 2022. <https://aidsvu.org/news-updates/prep-use-race-ethnicity-launch-22/>. Accessed December 4, 2024.

improving implementation through clinical decision support tools and supporting testing upon patient request.⁵ We encourage CMS to continue this momentum of supporting high quality HIV care for Medicare beneficiaries by incorporating a measure that assesses a key component of the care delivery process: HIV prevention.

An HIV prevention measure would complement existing HIV screening and treatment monitoring measures by ensuring that patients receive accurate information on HIV prevention methods (e.g., PrEP, sexual health, concurrent sexually transmitted infection (STI) testing). An HIV prevention measure would also be applicable across a wide range of clinical specialties, further encouraging the standardization of prevention in the primary care setting aligned with CMS' National Quality Strategy Goals.⁶

ViiV recommends adopting the already established HIV Screening measure to enhance CMS programs and advance high-quality HIV care for Medicare and Medicaid beneficiaries. The HIV Screening measure has the potential to promote routine HIV screenings aligned with clinical guidelines, linking individuals with HIV to rapid and appropriate care and treatment, as well as linking individuals with higher likelihoods of acquiring HIV to prevention interventions. This supports greater alignment of this key primary care measure across CMS programs.

In 2019, the U.S. government launched the Ending the HIV Epidemic (EHE) initiative with the primary goal of reducing the number of new HIV infections in the U.S. by 75% by 2025, and 90% by 2030.⁷ Because prevention is a key component of the EHE, there needs to be a greater focus on quality measures that support ongoing HIV prevention – including screening.

Since CMS includes the HIV screening measure through the MIPS program, indicating its importance and feasibility to report, aligning it across CMS programs can improve state performance and accountability. This measure could also enhance early HIV detection, critical for timely treatment initiation and reducing virus transmission. We commend the inclusion of the HIV Prevention IA in the 2024 MIPS IA Inventory, reflecting CMS's commitment to HIV prevention. Including HIV screening measures across CMS programs, such as the Medicare Part C and D Star Ratings and the Medicaid Adult Core Set, would further bolster these efforts. If CMS includes this measure, we recommend that it removes the upper age limit, which would align with the recent release by the CDC of a draft updated *Recommendations for HIV Screening in Clinical Settings*.⁸

Embedding the HIV screening measure into the Medicare Part C and D Star Ratings program may be particularly impactful. Recent research by ViiV, presented at the AMCP NEXUS 2024 conference, indicates that payers believe the absence of incentives like HIV quality measures

⁵ Federal Register. Draft CDC's Recommendations for HIV Screening in Clinical settings. Vol. 89, No. 232. December 3, 2024. <https://www.regulations.gov/document/CDC-2024-0100-0001>. Accessed December 6, 2024.

⁶ CMS.gov. CMS National Quality Strategy. 2024. Accessible at: <https://www.cms.gov/medicare/quality/meaningful-measures-initiative/cms-quality-strategy>. Accessed December 4, 2024.

⁷ Centers for Disease Control and Prevention (CDC). Ending the HIV Epidemic in the U.S. (EHE). <https://www.cdc.gov/endhiv/index.html>. Accessed December 4, 2024.

⁸ Federal Register. Draft CDC's Recommendations for HIV Screening in Clinical settings. Vol. 89, No. 232. December 3, 2024. <https://www.regulations.gov/document/CDC-2024-0100-0001>. Accessed December 6, 2024.

hampers progress on EHE goals, with 83% of payers supporting the implementation of appropriate HIV quality measures.⁹

Thank you for the opportunity to comment on the 2024 MUC list. We look forward to working with PQM, CMS, and other stakeholders to ensure patients have access to quality HIV care and prevention. Please feel free to contact me at 404-313-5840 or kristen.x.tjaden@viivhealthcare.com should you have any questions.

Sincerely,



Kristen Tjaden

Government Relations Director

ViiV Healthcare

kristen.x.tjaden@viivhealthcare.com

+1-404-313-5840

⁹ Riley, PJ, Pan A, Brogan AP, et al. The incentive structure in the United States must change to motivate action to End the HIV Epidemic. Presented at AMCP NEXUS 2024. <https://amcpnexus.org/sites/default/files/2024-10/2024%20October%20JMCP%20Poster%20Abstract%20Supplement-1.pdf>. Accessed December 13, 2024.