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Director  
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**September 8, 2023**

Matthew Pickering  
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505 King Avenue  
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**RE: Post-evaluation comment on PCCI CBE #3755e STI Testing for People with HIV**

Dear Dr. Pickering:

I appreciate this opportunity to comment on the Primary Care and Chronic Illness (PCCI) Standing Committee—Spring 2023 Measure Evaluation Meeting. I am a measure developer at Mathematica, and I directed the contract for HRSA to develop the three HIV eCQM that my colleague Keri Calkins presented to the committee. I attended the meeting on July 31, 2023, and would like to provide comment on the committee discussion and voting on **CBE #3755e STI Testing for People with HIV**. I believe that this measure was unfairly assessed because there was not sufficient subject matter expertise on sexually transmitted infections (STI) among the committee, and the measure evaluation criteria were not applied appropriately. These factors resulted in consensus not being reached.

- **Insufficient subject matter expertise in STIs impacted votes on measure Importance and Usability.** No committee members had expertise in STIs, with the exception of a member that had to recuse himself from discussion and voting due to involvement in the measure’s technical expert panel. The lack of subject matter expertise hindered evaluation of this measure. Based on the discussion, it was clear that members of the committee were not aware that the majority of STIs are asymptomatic, which is necessary information to understand the rationale for annual STI testing among people with HIV. This misinformation affected discussion of the Importance criteria. Additionally, the discussion of Usability, specifically potential unintended consequences, was not grounded in the evidence base or knowledge of STI testing policy or procedures. For example, some committee members raised concern that there could be unintended consequences related to privacy for adolescents. However, the committee seemed unaware that all states have laws to allow minors to give informed consent to receive STI diagnosis and treatment services without the consent, knowledge, or involvement of a parent or guardian.<sup>1</sup> The discussion for this measure was in stark contrast to the evaluation of the kidney care measures during the second half of the PCCI meeting, in which committee members had expertise and were able to have a more evidence-based, informed discussion of the measures. We believe the lack of subject matter expertise affected the committee’s discussion and voting on several criteria, most notably evidence and usability.
- **Measure evaluation criteria not applied appropriately for Validity.** The validity votes for #3775e were 0 high, 7 moderate, 8 low, 0 insufficient, resulting in consensus not being reached. Much of the validity discussion focused on one of the three questions from our face validity testing, which was

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<sup>1</sup> <https://www.cdc.gov/hiv/policies/law/states/minors.html>

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only one component of our comprehensive approach to validity testing. We appreciate that Battelle staff reminded the committee that we conducted empirical validity testing at the data element- and score-level and summarized the findings. After voting, Battelle staff asked if the committee's concerns were mainly about face validity or the other types of validity testing. No committee member stated concerns with the empirical validity testing methods or results. At least one member noted their main concern was face validity. Other members cited concerns that were not related to the Validity criteria. Specifically, one member cited concerns about measure was not aligned with clinical guidelines, which speaks to the Importance (evidence) criterion, not Validity. Another member expressed concern about potential unintended consequences, such as over-screening and strain on health system, which speaks to the Usability criterion, not Validity. These latter two concerns are unrelated to the Validity criteria, and they were not documented in the meeting summary.

Using Algorithm 3: Guidance for Evaluating Validity, the measure should receive a moderate rating, as noted in Battelle's pre-evaluation assessment:

- *All threats assessed (Box 1) -> Empirical validity testing conducted on the measure as specified (Box 2) -> Validity testing conducted with computer measure scores (Box 5) -> Appropriate methods (Box 6) -> Moderate (Box 7).*

We respectfully request the Standing Committee's re-assessment of measure validity, following the measure evaluation criteria.

Sincerely,



Anna Christensen