



## Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to sub criterion 1b).

### Brief Measure Information

**NQF #:** 0404

**Corresponding Measures:**

**De.2. Measure Title:** HIV/AIDS: CD4 Cell Count or Percentage Performed

**Co.1.1. Measure Steward:** National Committee for Quality Assurance

**De.3. Brief Description of Measure:** Percentage of patients aged six months and older with a diagnosis of HIV/AIDS, with at least two CD4 cell counts or percentages performed during the measurement year at least 3 months apart

**1b.1. Developer Rationale:** Physicians who regularly monitor CD4 count in HIV patients can detect if levels decrease and then adjust treatment, including antiretroviral therapy and prophylaxis for opportunistic infections, to raise CD4 counts, prevent HIV disease progression and mortality, and prevent opportunistic infections. (Mellors, 1997)

Mellors JW, et al. Plasma viral load and CD4+ lymphocytes as prognostic markers of HIV-1 infection. Ann Intern Med. 1997 Jun 15;126(12):946-54.

**S.4. Numerator Statement:** Patients with at least two CD4 cell counts or percentages performed during the measurement year at least 3 months apart

**S.6. Denominator Statement:** All patients aged 6 months and older with a diagnosis of HIV/AIDS, who had at least two medical visits during the measurement year, with at least 90 days between each visit

**S.8. Denominator Exclusions:** None

**De.1. Measure Type:** Process

**S.17. Data Source:** Other

**S.20. Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

**IF Endorsement Maintenance – Original Endorsement Date:** Jul 31, 2008 **Most Recent Endorsement Date:** Jan 07, 2013

**IF this measure is included in a composite, NQF Composite#/title:**

**IF this measure is paired/grouped, NQF#/title:**

**De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?** N/A

### 1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. **Measures must be judged to meet all sub criteria to pass this criterion and be evaluated against the remaining criteria.**

**1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form**

0404\_Evidence\_MSF5.0\_Data.doc

**1a.1 For Maintenance of Endorsement: Is there new evidence about the measure since the last update/submission?**

Please update any changes in the evidence attachment in red. Do not remove any existing information. If there have been any

changes to evidence, the Committee will consider the new evidence. If there is no new evidence, no updating of the evidence information is needed.

### 1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- Disparities in care across population groups.

**1b.1. Briefly explain the rationale for this measure** (e.g., how the measure will improve the quality of care, the benefits or improvements in quality envisioned by use of this measure)

*IF a PRO-PM* (e.g. HRQoL/functional status, symptom/burden, experience with care, health-related behaviors), provide evidence that the target population values the measured PRO and finds it meaningful. (Describe how and from whom their input was obtained.)

*IF a COMPOSITE* (e.g., combination of component measure scores, all-or-none, any-or-none), SKIP this question and provide rationale for composite in question 1c.3 on the composite tab.

Physicians who regularly monitor CD4 count in HIV patients can detect if levels decrease and then adjust treatment, including antiretroviral therapy and prophylaxis for opportunistic infections, to raise CD4 counts, prevent HIV disease progression and mortality, and prevent opportunistic infections. (Mellors, 1997)

Mellors JW, et al. Plasma viral load and CD4+ lymphocytes as prognostic markers of HIV-1 infection. Ann Intern Med. 1997 Jun 15;126(12):946-54.

**1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis.** (*This is required for maintenance of endorsement. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.*) This information also will be used to address the sub-criterion on improvement (4b) under Usability and Use.

CMS Physician Quality Reporting System:

This measure was used in the 2009 and 2010 CMS Physician Quality Reporting System. For this measure, the average performance rate per eligible professional was 76.8% in 2009 and 83.9% in 2010. These numbers indicate there is a gap in care with room for improvement.

**1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.**

Centers for Medicare & Medicaid Services. 2010 Reporting Experience: Including Trends (2007-2011). Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program. February 22, 2012. Accessed June 28, 2012.

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/pqrs>

**1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability.** (*This is required for maintenance of endorsement. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included.*) For measures that show high levels of performance, i.e., "topped out", disparities data may demonstrate an opportunity for improvement/gap in care for certain sub-populations. This information also will be used to address the sub-criterion on improvement (4b) under Usability and Use.

The measure is not stratified by patient groups or cohorts that could potentially be affected by disparities in care. NCQA has participated with IOM and others in attempting to include information on disparities in measure data collection. However, at the present time, this data is not coded in a standard manner and is incompletely captured. There are no consistent standards for what entity (physician, group, plan, and employer) should capture and report this data. While "requiring" reporting of the data could push the field forward, it has been our position that doing so would create substantial burden without generating meaningful results. We believe that the measure specifications should not require this unless absolutely necessary since the data needed to determine disparities cannot be ascertained from the currently available sources.

**1b.5. If no or limited data on disparities from the measure as specified is reported in 1b.4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations. Not necessary if performance data provided in 1b.4**

N/A

## 2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. **Measures must be judged to meet the sub criteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.**

**2a.1. Specifications** The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

**De.5. Subject/Topic Area** (check all the areas that apply):  
[Infectious Diseases \(ID\)](#), [Infectious Diseases \(ID\) : HIV/AIDS](#)

**De.6. Non-Condition Specific**(check all the areas that apply):

**De.7. Target Population Category** (Check all the populations for which the measure is specified and tested if any):  
[Children, Elderly, Populations at Risk](#)

**S.1. Measure-specific Web Page** (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

The NQF endorsed measure is available on AMA's website: <http://www.ama-assn.org/apps/listserv/x-check/qmeasure.cgi?submit=PCPI>

**S.2a. If this is an eMeasure**, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

[This is not an eMeasure](#) Attachment:

**S.2b. Data Dictionary, Code Table, or Value Sets** (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

[No data dictionary](#) Attachment:

**S.3.1. For maintenance of endorsement:** Are there changes to the specifications since the last updates/submission. If yes, update the specifications for S1-2 and S4-22 and explain reasons for the changes in S3.2.

**S.3.2. For maintenance of endorsement**, please briefly describe any important changes to the measure specifications since last measure update and explain the reasons.

**S.4. Numerator Statement** (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome) DO NOT include the rationale for the measure.

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

[Patients with at least two CD4 cell counts or percentages performed during the measurement year at least 3 months apart](#)

**S.5. Numerator Details** (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

*IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).*

The medical record must include the date of the CD4 counts or percentages and the results or findings.

**S.6. Denominator Statement** (Brief, narrative description of the target population being measured)

All patients aged 6 months and older with a diagnosis of HIV/AIDS, who had at least two medical visits during the measurement year, with at least 90 days between each visit

**S.7. Denominator Details** (All information required to identify and calculate the target population/denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

*IF an OUTCOME MEASURE, describe how the target population is identified. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).*

Definition of “Medical Visit” - any visit with a health care professional who provides routine primary care for the patient with HIV/AIDS (may be but is not limited to a primary care physician, ob/gyn, pediatrician or infectious diseases specialist)

**S.8. Denominator Exclusions** (Brief narrative description of exclusions from the target population)

None

**S.9. Denominator Exclusion Details** (All information required to identify and calculate exclusions from the denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

N/A

**S.10. Stratification Information** (Provide all information required to stratify the measure results, if necessary, including the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b.)

N/A

**S.11. Risk Adjustment Type** (Select type. Provide specifications for risk stratification in measure testing attachment)

No risk adjustment or risk stratification

If other:

**S.12. Type of score:**

Rate/proportion

If other:

**S.13. Interpretation of Score** (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)

Better quality = Higher score

**S.14. Calculation Algorithm/Measure Logic** (Diagram or describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; time period for data, aggregating data; risk adjustment; etc.)

Measure Calculation

For performance purposes, this measure is calculated by creating a fraction with the following components: Denominator, Numerator.

Step 1: Determine the eligible population. The eligible population is all the patients, aged 6 months and older, with a diagnosis of HIV/AIDS.

Step 2: Determine number of patients meeting the denominator criteria as specified in Section S.7 above.

Step 3: Determine the number of patients who meet the numerator criteria as specified in section S.4 above. The numerator

includes all patients in the denominator population who had a CD4 cell count or percentage performed at least once every 6 months.

Step 4: Calculate the rate by dividing the total from Step 3 by the total from Step 2.

**S.15. Sampling** (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

IF a PRO-PM, identify whether (and how) proxy responses are allowed.

This measure is not based on a sample or survey.

**S.16. Survey/Patient-reported data** (If measure is based on a survey or instrument, provide instructions for data collection and guidance on minimum response rate.)

IF a PRO-PM, specify calculation of response rates to be reported with performance measure results.

**S.17. Data Source** (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.18.

Other

**S.18. Data Source or Collection Instrument** (Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc., and describe how data is collected.)

IF a PRO-PM, identify the specific PROM(s); and standard methods, modes, and languages of administration.

N/A

**S.19. Data Source or Collection Instrument** (available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

**S.20. Level of Analysis** (Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)

Clinician : Group/Practice, Clinician : Individual

**S.21. Care Setting** (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

Outpatient Services

If other:

**S.22. COMPOSITE Performance Measure** - Additional Specifications (Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)

## 2. Validity – See attached Measure Testing Submission Form

0404\_MeasureTesting\_MS5.0\_Data.doc

### 2.1 For maintenance of endorsement

Reliability testing: If testing of reliability of the measure score was not presented in prior submission(s), has reliability testing of the measure score been conducted? If yes, please provide results in the Testing attachment. (Do not remove prior testing information – include date of new information in red.)

### 2.2 For maintenance of endorsement

Has additional empirical validity testing of the measure score been conducted? If yes, please provide results in the Testing attachment. (Do not remove prior testing information – include date of new information in red.)

### 2.3 For maintenance of endorsement

Risk adjustment: For outcome, resource use, cost, and some process measures, risk-adjustment that includes SDS factors is no longer prohibited during the SDS Trial Period (2015-2016). Please update sections 1.8, 2a2, 2b2, 2b4, and 2b6 in the Testing attachment and S.14 and S.15 in the online submission form in accordance with the requirements for the SDS Trial Period. NOTE: These sections must

be updated even if SDS factors are not included in the risk-adjustment strategy. If yes, and your testing attachment does not have the additional questions for the SDS Trial please add these questions to your testing attachment:

What were the patient-level sociodemographic (SDS) variables that were available and analyzed in the data or sample used? For example, patient-reported data (e.g., income, education, language), proxy variables when SDS data are not collected from each patient (e.g. census tract), or patient community characteristics (e.g. percent vacant housing, crime rate).

Describe the conceptual/clinical and statistical methods and criteria used to select patient factors (clinical factors or sociodemographic factors) used in the statistical risk model or for stratification by risk (e.g., potential factors identified in the literature and/or expert panel; regression analysis; statistical significance of  $p < 0.10$ ; correlation of  $x$  or higher; patient factors should be present at the start of care)

What were the statistical results of the analyses used to select risk factors?

Describe the analyses and interpretation resulting in the decision to select SDS factors (e.g. prevalence of the factor across measured entities, empirical association with the outcome, contribution of unique variation in the outcome, assessment of between-unit effects and within-unit effects)

### 3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

#### 3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

##### 3a.1. Data Elements Generated as Byproduct of Care Processes.

generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition, Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims), Abstracted from a record by someone other than person obtaining original information (e.g., chart abstraction for quality measure or registry)

If other:

#### 3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

**3b.1. To what extent are the specified data elements available electronically in defined fields** (i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields) Update this field for maintenance of endorsement.

ALL data elements are in defined fields in a combination of electronic sources

**3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources.** For maintenance of endorsement, if this measure is not an eMeasure (eCQM), please describe any efforts to develop an eMeasure (eCQM).

**3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL. Please also complete and attach the NQF Feasibility Score Card.**

Attachment:

#### 3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements

and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

**3c.1. Required for maintenance of endorsement.** Describe difficulties (as a result of testing and/or operational use of the measure) regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

**IF a PRO-PM,** consider implications for both individuals providing PRO data (patients, service recipients, respondents) and those whose performance is being measured.

As a result of our current review of the measures and our experience with the measures since 2008, we have learned and subsequently changed the NCQA/AMA-PCPI HIV/AIDS measures in the following ways.

- We have attempted to limit the number of exclusions/exceptions in these measures due to difficulties accurately capturing them in the health record.
- We have combined measures that address similar clinical areas (e.g., STD screening) into one measure to support feasibility and implementation.

**3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm).**

## 4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

### 4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

#### 4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Specific Plan for Use	Current Use (for current use provide URL)
Public Reporting	
Quality Improvement (Internal to the specific organization)	

**4a.1. For each CURRENT use, checked above (update for maintenance of endorsement), provide:**

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included
- Level of measurement and setting

**4a.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)**

**4a.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for**



*implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)*

#### **Improvement**

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

**4b. Refer to data provided in 1b but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high-quality healthcare; Geographic area and number and percentage of accountable entities and patients included.)**

**If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.**

#### **4c. Unintended Consequences**

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

**4c.1. Please explain any unexpected findings (positive or negative) during implementation of this measure including unintended impacts on patients.**

*We are not aware of any unintended consequences related to this measurement.*

**4c.2. Please explain any unexpected benefits from implementation of this measure.**

**4d1.1. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.**

**How many and which types of measured entities and/or others were included? If only a sample of measured entities were included, describe the full population and how the sample was selected.**

**4d1.2. Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.**

**4d2.1. Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1.**

**Describe how feedback was obtained.**

**4d2.2. Summarize the feedback obtained from those being measured.**

**4d2.3. Summarize the feedback obtained from other users**

**4d.3. Describe how the feedback described in 4d.2 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.**

## **5. Comparison to Related or Competing Measures**



If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

#### 5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.  
Yes

##### 5.1a. List of related or competing measures (selected from NQF-endorsed measures)

0568 : APPROPRIATE FOLLOW-UP FOR PATIENTS WITH HIV

##### 5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

#### 5a. Harmonization of Related Measures

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

##### 5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications harmonized to the extent possible?

Yes

##### 5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

#### 5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

##### 5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

Having spoken with the measure steward for NQF #0568 (Health Benchmarks-IMS Health), it is our understanding that they will not be submitting the measure for re-endorsement.

## Appendix

**A.1 Supplemental materials may be provided in an appendix.** All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.

**Attachment:**

## Contact Information

**Co.1 Measure Steward (Intellectual Property Owner):** National Committee for Quality Assurance

**Co.2 Point of Contact:** Bob, Rehm, [nqf@ncqa.org](mailto:nqf@ncqa.org), 202-955-1728-

**Co.3 Measure Developer if different from Measure Steward:** National Committee for Quality Assurance

**Co.4 Point of Contact:** Jill Marie, Farrell, [farrell@ncqa.org](mailto:farrell@ncqa.org), 202-955-1785-

## Additional Information

### Ad.1 Workgroup/Expert Panel involved in measure development

**Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.**

#### 2007-2008 (Measure Development) Panel

The measure development panel helped guide development of this measure. Staff sought member feedback on all components of the measure (including denominator, numerator, exclusions). The panel met multiple times to achieve consensus on the measures and to address questions about the measure.

#### Workgroup members

Judith Aberg- Bellevue Hospital Center- New York University (co-chair)  
Michael Horberg- Santa Clara Medical Center (co-chair)  
Bruce Agins- New York State Department of Health AIDS Institute (NYSDOH)  
Steven Asch- RAND Health Communications  
Larry Bryant-Housingworks- Advocacy & Organizing  
Sophia Chang- California Healthcare Foundation  
Laura Cheever- Health Resources and Services Administration (HRSA)  
Antoine Douaihy- UPMC Mercy  
Arry Deiudonne- Center for Children- University Hospital  
Patricia Emmanuel- University of South Florida  
Marcy Fenton- LA County Department of Public Health  
Joel Gallant- Johns Hopkins University School of Medicine  
Joseph Gathe- Texas Medical Center  
Cyril Goshima- Hawaii AIDS Education and Training Center  
Andrew Hamilton- Alliance of Chicago  
Lisa Hirschhorn- Harvard Medical School, JSI Research and Training Institute  
Jan King- Los Angeles County Department of Health Services  
W. Christopher Matthews- UC San Diego, Department of Medicine  
James L. Raper- University of Alabama at Birmingham  
Jennifer Read- National Institutes of Health (NIH)  
Kimberly Smith- Rush University Medical Center  
Alice Stek- University of Southern California  
Valerie Stone- Harvard Medical School, Massachusetts General Hospital  
Bob Tracy- Bob Tracy Consulting  
Paul Voldberding- VAMC  
Rochelle Walensky- Massachusetts General Hospital  
Bruce Williams- University of New Mexico Health Sciences Center

#### Liaisons

Brigid Krezek- American College of Obstetricians and Gynecologists  
Dan Green- Centers for Medicare & Medicaid Services (CDC)  
Deborah Willis-Fillinger- Health Resources and Services Administration (HRSA)  
Magda Barini-Garcia- Health Resources and Services Administration (HRSA)  
Lori DeLorenzo- Health Resources and Services Administration (HRSA)  
Christine Lubinski- Infectious Diseases Society of America/HIV Medicine Association  
Jennifer Padberg- Infectious Diseases Society of America/HIV Medicine Association

#### 2012 (Measure Review) Panel

The measure review panel reviewed the existing measure against current clinical practice guidelines to ensure it reflected current evidence.

#### Workgroup members

Judith Aberg- New York University School of Medicine  
Bruce Agins- New York State Department of Health AIDS Institute (NYSDOH)

Allison Agwu- Johns Hopkins Medical Institutions  
Marc Foca- Columbia University  
Rohan Hazra- National Institutes of Health (NIH)  
Lisa Hirschhorn- Harvard Medical School, JSI Research and Training Institute  
Gregory Lucas- Johns Hopkins University  
Michael Horberg- Mid-Atlantic Permanente Group, PC  
Vicki Peters- NYC Department of Health and Mental Hygiene  
Alice Stek- University of Southern California School of Medicine  
Bruce Williams- University of New Mexico Health Sciences Center

Liaison

Laura Cheever- Health Resources and Services Administration (HRSA)  
Anna Huang- Health Resources and Services Administration (HRSA)  
Marlene Matosky- Health Resources and Services Administration (HRSA)  
John Brooks- Centers for Disease Control and Prevention (CDC)  
Abigail Viall- Centers for Disease Control and Prevention (CDC)  
Pascale Wortley- Centers for Disease Control and Prevention (CDC)

**Measure Developer/Steward Updates and Ongoing Maintenance**

**Ad.2 Year the measure was first released:** 2008

**Ad.3 Month and Year of most recent revision:** 06, 2012

**Ad.4 What is your frequency for review/update of this measure?** Every three years, or sooner if clinical guidelines are updated.

**Ad.5 When is the next scheduled review/update for this measure?**

**Ad.6 Copyright statement:** This Measure, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and American Medical Association, (on behalf of the Consortium) or NCQA. Neither the AMA, NCQA, Consortium nor its members shall be responsible for any use of the Measure.

© 2012 American Medical Association and National Committee for Quality Assurance. All Rights Reserved

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, the Consortium and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

**Ad.7 Disclaimers:** These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

**Ad.8 Additional Information/Comments:** N/A