

## Executive Summary: Pilot Feasibility Testing Report for HIV/AIDS Measures

The National Committee for Quality Assurance (NCQA) was subcontracted in 2011-2012 to specify two claims-based HIV measures for use in electronic health records (EHRs). This “respecification” process involved mapping the measures to NQF’s Quality Data Model (QDM) and conforming to the HL7 Health Quality Measures Format (HQMF). A human readable version of the measure, as well as an .xml version of the measure and a value set spreadsheet, were created for each measure. The two measures that were respecified were HIV/AIDS: Medical Visits (NQF 403) and HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis (NQF 405).

Once the measures were respecified, they underwent feasibility testing in EHR systems. The feasibility testing was conducted in 2012. The testing protocol was implemented by test sites in order to demonstrate basic technical feasibility, implementation feasibility, measure integrity and face validity for the respecified measures.

Three diverse clinical test sites were chosen to perform pilot testing to obtain maximum variability in practice size, patient volumes, and EHR vendor system utilization. The sites varied geographically: National urban, Midwest urban academic, Midwest urban/rural.

The project team defined an overarching pilot testing strategy that evaluated measures on:

- **Technical feasibility** evaluated whether the data necessary for measure calculation could be retrieved from an EHR.
- **Implementation feasibility** evaluated whether the data required per the measure was recorded consistently and accurately as part of clinical workflow, and the calculation of the measure did not introduce undue burden.
- **Integrity** evaluated to what extent the measure retained the originally stated intent of the measure. The Measure Integrity analysis evaluated each site’s rating of measure integrity using a five-point Likert scale.
- **Face validity** evaluated to what extent the scores obtained from the measure as specified accurately would differentiate the quality of performance across providers. The Measure Face Validity analysis evaluated each site’s rating of measure face validity using a five-point Likert scale.

### Pneumocystis jiroveci pneumonia (PCP) Prophylaxis (NQF 405)

- *Technical feasibility*: Two test sites reported that 100% of data elements were feasible and rated this measure as technically feasible. One of the test sites noted concern regarding the data element of PCP ordered at time of HIV diagnosis which is currently not reliably captured as part of a new HIV diagnosis (see Table 1 below).
- *Implementation feasibility*: All three test sites reported this as feasible with regards to implementation feasibility (see Table 1 below).
- *Integrity*: All three sites rated that they strongly agreed or moderately agreed the measure retained its original intent (see Table 2 below).
- *Face validity*: All three test sites reported that they either strongly agreed or moderately agreed that the measure has face validity (see Table 3 below).

**Table 1. Technical and Implementation Feasibility for NQF 0405 – HIV/AIDS: PCP Prophylaxis**

Test Sites	Total # of Data Elements	# of Feasible Data Elements	Technical and Implementation Feasibility
Site 1	21	21	Feasible. Can do today.
Site 2	21	21	Feasible. Can do today.
Site 3	21	20	Feasible. Can do today.

**Table 2. Measure Integrity for NQF 0405 – HIV/AIDS: PCP Prophylaxis**

Test Sites	Integrity Score (1-5)
Site 1	5
Site 2	4
Site 3	5
Average Score	4.7

5= Strongly Agree; 4= Moderately Agree; 3= Neither Disagree Nor Agree; 2= Moderately Disagree; 1= Strongly Disagree

**Table 3. Measure Face Validity for NQF 0405 – HIV/AIDS: PCP Prophylaxis**

Test Sites	Integrity Score (1-5)
Site 1	5
Site 2	4
Site 3	4
Average Score	4.6

5= Strongly Agree; 4= Moderately Agree; 3= Neither Disagree Nor Agree; 2= Moderately Disagree; 1= Strongly Disagree