**Consensus Core Set: HIV and Hepatitis C**

The CQMC core sets are intended for use in value-based payment programs and may also be used to drive improvement in high-priority areas. The core sets focus primarily on outpatient measures at the clinician reporting level. Additional considerations, such as minimum sample size or appropriate accountability, are included in the “Notes” section of the table below. Core set users should ensure adequate measure denominator size based on their patient population. The core sets can be used in their entirety to holistically assess quality or can serve as a starting point when selecting measures to meet specific goals. CQMC core sets are developed and maintained using a multistakeholder, consensus-based process and established selection principles. Measure specifications and details are linked in the “NQF #” column.

<table>
<thead>
<tr>
<th>NQF #</th>
<th>Measure</th>
<th>Steward</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0405</strong></td>
<td>HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis</td>
<td>National Committee for Quality Assurance</td>
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<tr>
<td><strong>0409</strong></td>
<td>HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis</td>
<td>National Committee for Quality Assurance</td>
<td></td>
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</tbody>
</table>
| **2082 / 3210e** | HIV Viral Load Suppression                                             | HRSA - HIV/AIDS Bureau                        | eCQM version available* \  
NQF endorsed at facility level  
Currently being revised to include telehealth options |
| **2079 / 3209e** | HIV Medical Visit Frequency                                            | HRSA - HIV/AIDS Bureau                        | eCQM version available* \  
NQF endorsed at facility level  
Currently being revised to include telehealth options |
| **2080** | Gap in HIV Medical Visits                                              | HRSA - HIV/AIDS Bureau                        | Currently being revised to include telehealth options                |
| **N/A**    | HIV Screening (MIPS ID 475)                                            | Centers for Disease Control and Prevention   | eCQM  
The workgroup suggests the steward consider expanding the exclusion criteria to include patient refusals and patients with a limited life expectancy |

[1] Version 2.0 Updated: 9/1/2020
### Hepatitis C Measures

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>N/A</td>
<td>Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis (MIPS ID 401)</td>
<td>American Gastroenterological Association</td>
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<tr>
<td>N/A / 3059e</td>
<td>Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (MIPS ID 400)</td>
<td>Physician Consortium for Performance Improvement</td>
<td>eCQM version available*</td>
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*Separate benchmarks should be used based on reporting method.

### Gap Areas for Future Consideration and Measure Development

**HIV**
- Pre-exposure prophylaxis (PrEP) use in high-risk individuals
- CDC’s HIV screening for patients with STIs measure (removed from core set, but remains topic area of importance)
- HIV screening related to obstetrics
- Starting treatment and achieving suppression early
- Measure that reflect HIV as a long-term, chronic condition with comorbidities
- Follow up for patients diagnosed with HIV and with low viral load
- Consider PQA’s Adherence to Antiretrovirals (PDC-ARV) measure in the future if tested at the clinician level

**Hepatitis C**
- AGA’s Sustained Virological Response (SVR) measure remains a priority and should be considered for inclusion as soon as testing is completed
- Testing of viral load 12 weeks post-end of treatment (complimentary to SVR measure)
- Measures that reflect increased ability to treat Hepatitis C
- Reconsider 3060e: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (not yet NQF endorsed)
- Reconsider 3061e: Appropriate Screening Follow-up for Patients Identified with Hepatitis C Virus (HCV) Infection (not yet NQF endorsed)

The workgroup expressed interest in measures that can be stratified to understand disparities in care and outcomes for certain patient subpopulations (e.g., obstetric patients who have slightly different HIV screening recommendations than the general population).
Core Set Updates

Removed measure 0579: Annual cervical cancer screening or follow-up in high-risk women
The workgroup discussed that this measure no longer aligns with current guideline recommendations and is no longer NQF endorsed. The measure will be removed and reconsidered if updated.

Removed measure PQRS P22: HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV
The workgroup removed this CDC measure as it requires additional testing and is not being maintained. This measure remains a priority gap.

Added measure 2080: Gap in HIV Medical Visits
This measure (along with measure 2079) was updated to include virtual visits. The workgroup discussed that this measure is complementary to measure 2079 and addresses the major concern of patients falling out of the healthcare system.

Added measure MIPS ID 475 HIV Screening
This measure follows CDC recommendations, is based on a strong recommendation from the USPSTF, and fills a previously identified gap area.

Added eCQMs 3209e, 3210e, and 3059e as reporting options.
The workgroup supported electronic reporting options for current core set measures when specifications are aligned.

Additional details about the discussion and measures not selected for inclusion are available at the CQMC website here.