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November 1, 2012

Reva Winkler, MD, PhD  
Senior Director, Performance Measures

National Quality Forum

1030 15th St, NW

Suite 800

Washington, D.C. 20005

Re: HIV/AIDS Measures - Infectious Disease Consensus Standards Endorsement Maintenance 2012

Dear Dr. Winkler and Committee Members:

On behalf of the HIV Medicine Association (HIVMA), thank you for the opportunity to comment on the National Quality Forum's (NQF's) draft "National Voluntary Consensus Standards: Infectious Disease Endorsement Maintenance 2012," released October 3, 2012. We appreciate the leadership and hard work of the Committee members and NQF staff and leadership in assessing and updating the HIV and other infectious diseases clinical quality measures set.

HIVMA represents nearly 5,000 medical providers and researchers who work on the frontlines of the HIV epidemic across the United States. One of our top priorities is to support and promote quality HIV care by developing clinical practice guidelines and participating in HIV quality metrics development and implementation efforts. HIVMA leaders are participating in the review of the HIV/AIDS clinical quality measures approved by the National Committee for Quality Assurance (NCQA), and have been involved in past HIV quality metrics consensus initiatives.<sup>1</sup>

The NQF's evaluation of the HIV/AIDS (and other infectious diseases) measures is timely in light of concurrent efforts by the NCQA and by the Department of Health and Human Services Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) to promote alignment of HIV clinical quality data collection across health care platforms and among public and private payers. We strongly urge you to ensure that the final 2012 NQF-endorsed measures are generalizable for HIV care across patient populations and practice settings.

We also urge NQF to play an active role in ensuring that the final endorsed measures are harmonized and streamlined across federal government agencies and programs to the greatest extent possible, to enhance the usefulness and practicality of data collection and to avoid creation of additional administrative burden.

As the Committee finalizes the set of quality measures recommended for NQF endorsement in the 2012 measures maintenance process for infectious diseases, and as voting NQF member organizations weigh their views on the recommended metrics, we urge consideration of the following issues:

- 1) **Medical Visit Measures:** For this metric, we urge the Committee to revisit measures #0403 and #2079, which cannot be viewed separately from a comparative and practical standpoint. Although NQF measure #0403 was not re-endorsed, from a practical standpoint it makes more sense than the variation of this metric (#2079) which was endorsed. The fact that measure #0403 is based on CPT II coding should not have ruled it out, because both the Veteran's Administration and Kaiser Permanente have demonstrated on a large scale that this measure can be captured electronically.<sup>2,3</sup> In addition, the 12-month medical visit frequency utilized in measure #0403 is consistent with the time period captured in all the other HIV metrics, whereas measure #2079 relies on a 24-month frequency. We question the rationale and practicality of using a 24-month timeframe, given that the patient population being measured may shift considerably within a 24-month window, and considering that the same 24-month outcome could be captured by looking at #0403 serially, over time. We also express concern about how measure #2079 could be reported as the denominator would be different every six months. Lastly, we would note that measure #2079 was tested only in HIV-specific clinical settings (Ryan White clinics) and may not be as applicable in other clinical settings.

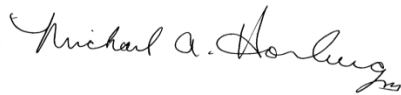
Similarly, we appreciate the intent of the endorsed metric #2080 (Medical Visit Gap) to capture retention in and continuity of care, but as a pragmatic issue we are concerned that this measure will not yield sufficiently helpful new information to justify the additional administrative burden it would entail.

- 2) **Viral Load Suppression Measures:** For this metric, we urge the Committee to reconsider from a comparative and practical standpoint the endorsed measure #2082 and the rejected measure #0407. Measure #2082 captures the percentage of **ALL** HIV-diagnosed patients that have achieved RNA control in a given 12 month period, whereas the rejected metric #0407 captures viral control within a six-month window from the start of treatment **for patients on anti-retroviral therapy**. We are concerned that adoption of measure #2082 will penalize providers that have higher numbers of long-term non-progressors in their patient populations, and that the measure does not account for clinical judgment and patient choices not to begin ART for various reasons. In addition, if we are going to utilize such a composite downstream outcome measure where all patients with an HIV diagnosis are presumed indicated to be on ART, then arguably there is no need for Measure #2083 (Prescription of Anti-Retroviral Therapy).

- 3) Prescription of ART Measures: For this metric as well, we urge the Committee to reconsider from a comparative and practical standpoint the endorsed measure #2083 and the rejected measure #0406. Based on our participation in the NCQA panel involved with updating the NCQA HIV metrics, NQF will have the same difficulty operationalizing measure #2083 that is occurring with attempts to update measure #0406 such that it comports with current clinical practice guidelines. We are concerned that the metric should capture and define prescription of not just any ART, but of “potent” ART, and that this definition should exclude ART combinations that are contraindicated.
- 4) Meaningful Use: All measures that are endorsed should take into consideration metrics that have been accepted by other federal agencies, for example CMS’s Medicare and Medicaid “meaningful use” incentive programs for adoption and utilization of electronic health records. We note that two of the HIV measures that were not selected for re-endorsement – #0403 (Medical Visit) and #0407 (Viral Control at 6 months potent ART) – are included among the three HIV measures newly approved in the final Stage II EHR “Meaningful Use” rule. It is unclear whether discontinuation of NQF endorsement of these measures will invalidate their use for CMS purposes.
- 5) Hepatitis B vaccination Measure: We understand that Hepatitis B vaccination measure #0412 was dropped because it captures only a single vaccination rather than the indicated three-shot series of vaccinations. However, we note that a measure for the three shot Hepatitis B vaccine series was adopted by NCQA as part of a previous NCQA-managed consensus standards project, but that this metric was not moved forward for NQF endorsement.<sup>4</sup>

Thank you for your consideration of our views, and please consider HIVMA as a resource as the NQF infectious diseases measures endorsement process moves forward. We look forward to working with you to ensure that health care quality metrics support the expansion of high quality, cost-effective, patient-centered HIV care. We can be reached through our Policy Officer, Kimberly Miller ([kmiller@hivma.org](mailto:kmiller@hivma.org) or 703-740-4957) if we can be of any assistance or provide additional information.

Sincerely,



Michael Horberg, MD, MAS, FIDSA  
Chair, HIVMA Board of Directors

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<sup>1</sup> Horberg, Michael, et al, “Development of National and Multiagency HIV Care Quality Measures,” *Clinical Infectious Diseases*, 2010;51 (15 September)

<sup>2</sup> Backus LI, Boothroyd DB, Phillips BR, Belperio PS, Halloran JP, Valdiserri RO, Mole LA, Arch Intern Med. National quality forum performance measures for HIV/AIDS care: the Department of Veterans Affairs' experience. 2010 Jul 26;170(14):1239-46.

<sup>3</sup> Horberg M, Hurley L, Towner W, Gambatase R, Klein D, Antoniskis D, Weinberg W, Kadlecik P, Remmers C, Dobrinich R, Quesenberry C, Silverberg M, Johnson M, “HIV Quality Performance Measures in a Large Integrated Healthcare System,” *AIDS, Patient Care, and STDs*, 2011; 25(1): 21-28.

<sup>4</sup> Horberg et al (CID, 15 September, 2010), measure #13, page 735.