

Meeting Summary

HIV and Hepatitis C Workgroup Meeting 5

The National Quality Forum (NQF) convened a closed session web meeting for the HIV and Hepatitis C Workgroup on June 9, 2020.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Workgroup members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be destroyed as soon as reasonably practical.

NQF staff took roll call and reviewed the following meeting objectives:

- Review full Collaborative voting results
- Discuss core set presentation and messaging
- Prioritize gaps and future considerations

Review and Discuss Voting Results

NQF staff updated the Workgroup on the status of the HIV/Hepatitis C core set. Since the last Workgroup meeting, the group's core set recommendations were presented to the Steering Committee, brought forth to the Full Collaborative, then voted on by 29 organizations using the CQMC supermajority voting rules.

The final vote from the Collaborative was almost in complete alignment with the Workgroup recommendations. The one exception was the outcome for measure #3060e *Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users*. The Workgroup originally recommended to add this measure, but the measure did not pass the NQF endorsement process and the Collaborative voted not to add #3060e. NQF staff noted that this final decision aligns with the Gastroenterology workgroup's voting results on this measure.

Overall, the Full Collaborative voted to remove two measures (#0579 *Annual cervical cancer screening or follow-up in high-risk women* and PQRS #P22 *HIV Screening of STI patients*) and add five measures (MIPS #475 *HIV Screening*, #2080 *Gap in HIV Medical Visits*, #3209e *HIV Medical Visit Frequency*, #3210e *HIV Viral Load Suppression*, and #3059e *One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk*). Three of the five measures recommended for addition are eCQM versions of current core set measures.

A Workgroup member commented that the measure N/A *Hepatitis C: Sustained Virological Response (SVR)* was not added during this round of work, but it should be reconsidered for inclusion in the set as soon as the measure has been tested. NQF staff shared that this recommendation will be included as a note in the core set presentation when the HIV/Hepatitis C core set is released.

Discuss Core Set Presentation and Messaging

NQF staff asked the Workgroup to provide feedback on the presentation of the core sets. Feedback will be considered for the current iteration as well as future iterations of the core sets. NQF shared the first version of the core set presentation (table presentation including NQF number, measure title, steward, level of analysis, and additional consensus notes). NQF also shared a draft of the new core set presentation (Version 2.0), which includes an introductory paragraph and a list of measures added or removed from Version 1.0. The new core set presentation also removes the column on level of analysis (LOA) and includes LOA information in the introductory paragraph.

A Workgroup member commented that they felt the new presentation was cleaner and that it was helpful to remove the LOA column and the column on whether consensus was reached, since these pieces of information were the same for all measures. Another Workgroup member commented that they liked having the LOA included somewhere in the core set presentation. While the introductory paragraph mentions that these measures are primarily outpatient measures reported at the clinician level, it may need to be highlighted or emphasized so that the information is not missed.

A Workgroup member commented that the list of measure changes from Version 1.0 was useful, but suggested including notation next to each individual measure indicating which measures were new and which were already in the set, in case readers skip over the list of changes.

A Workgroup member also suggested including notes on whether telehealth options are included or are being considered for each of the measures. A member shared that HRSA is in the process of retooling #2082/3210e *HIV Viral Load Suppression*, #2079/3209e *HIV Medical Visit Frequency*, and #2080 *Gap in HIV Medical Visits* and as part of the revisions plan to include telehealth options for these measures.

A Workgroup member also suggested listing major programs that use each measure (e.g., MIPS). NQF shared that other Workgroups had also provided similar comments on listing programs that use the measures, but there were concerns about the information becoming outdated over time. NQF would only be able to include information about use in public programs. A Workgroup member suggested creating a separate table with more detail on implementation, if the program information would be too detailed to include in the main core set presentation. NQF shared that the team is putting together a gaps analysis and implementation guide and will consider whether these suggestions could be addressed within these other documents.

A Workgroup member commented that it would be useful to have some kind of document that allows organizations to stratify or break down the measures by subpopulations (e.g., screening recommendations are slightly different for obstetric patients), and asked whether this would be represented in the implementation guide. NQF commented that this would be useful for tracking internal quality improvement but would be outside the scope of the implementation guide, which is aimed towards implementation of core sets in value-based programs by health plans. NQF commented that a note on the Workgroup's interest in stratification could be included for a specific measure if the Workgroup felt it would be helpful.

NQF thanked the Workgroup for their comments and welcomed any additional suggestions via email.

Discuss Gaps Prioritization and Future Considerations

NQF staff asked the Workgroup to share feedback on measurement gaps in HIV and Hepatitis C. NQF shared that the group's feedback on gaps would be included in the core set presentation, as well as used in a broader CQMC report about measure gaps and in future strategic planning on how CQMC

can advance the measurement field over the next few years.

A Workgroup member shared that one of the most important gaps on the Hepatitis C list was the sustained virologic response (SVR) measure being developed by the AGA. A member shared that this measure is still a high priority for AGA, but the measure has not been tested, as resources from partner organizations have been temporarily redirected to COVID-19 response. The measure will not be considered for testing again until at least July or August. The group also noted that the measure on testing of viral load 12 weeks post-end of treatment and the SVR measure are complementary: one measures the process of testing, and one measures whether viral suppression was successfully achieved.

Among the gaps on the HIV list, Workgroup members felt that the measure on PrEP use in high-risk individuals was a high priority. However, members acknowledged that this measure might be difficult to develop. It would need to clearly define “high-risk” individuals and focus on measuring one specific aspect of PrEP (e.g., prescriptions, dispensing, consistent use). A Workgroup member commented that contacts from HRSA’s Bureau of Primary Health Care could be helpful in understanding how to access data on PrEP use. Workgroup members felt that the other main priority for the HIV list would be HIV screening for patients with diagnosed STIs.

NQF thanked the Workgroup for their input and welcomed any additional comments on gaps via email.

Next Steps

NQF staff shared upcoming CQMC activities with the Workgroup. CQMC plans to begin releasing core sets by the end of June or early July in groups of 2 to 3, but the exact timeline is still under discussion. The NQF team also continues to work on the gaps analysis report and implementation guide and plans to continue conversation with the Collaborative on adoption of the HIV/Hepatitis C core set.