

## Meeting Summary

### HIV and Hepatitis C Workgroup Meeting #4

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The National Quality Forum (NQF) convened a closed session web meeting for the HIV and Hepatitis C Workgroup on September 4, 2019.

#### 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 reviewed the following meeting objectives:

- Provide a voting results update
- Discuss measures not yet voted on
- Discuss core set adoption

#### Measures for Addition and Removal

NQF staff shared that, to-date, eight organizations had voted on the measures for addition to the core set. It was noted that a few votes were still needed for quorum to be reached and for the results to be finalized. The Workgroup has yet to vote on four other measures in the current core set. The measures that the Workgroup voted on are:

- HIV Screening (MIPS ID 475)
- 2080: Gap in HIV Medical Visits
- 3209e: HIV Medical Visit Frequency
- 3210e: HIV Viral Load Suppression
- 3059e: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk
- 3060e: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
- 3061e: Appropriate Screening Follow-up for Patients Identified with Hepatitis C Virus (HCV) Infection
- Hepatitis C: Sustained Virological Response (SVR)
- 0409: HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis
- 2082: HIV viral load suppression
- 2079: HIV medical visit frequency
- 0579: Annual cervical cancer screening or follow-up in high-risk women

#### Current Core Set Measures

NQF noted that Workgroup members had requested additional information on four measures already in the core set:

*0405: HIV/AIDS: Pneumocystis jirovecii pneumonia (PCP) Prophylaxis*

NQF staff shared that HRSA would be taking over stewardship of this measure in the future and confirmed that the specifications are based on current guidelines. Considering this update, the Workgroup agreed to include the measure in the voting survey.

*N/A: HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV*

NQF staff shared that the CDC was not moving forward with further development of the measure as it performed poorly during the testing phase. It was noted that the measure is not being used in any federal programs. A Workgroup member shared that the measure is used by health plans to measure gaps in care. A Workgroup member sought clarification on the measure's reported poor performance; NQF staff shared that developers typically use "testing" to refer to assessments of measure reliability or validity. NQF staff will reach out for additional details. The Workgroup agreed to keep the measure on the voting list and include a voting option reflecting that the measure should not be added at this time but considered a priority gap area.

*N/A: Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis*

NQF staff shared the 2020 specifications shared by AGA pending the final rule, noting that there would be no updates for 2020. AGA shared that it relies on performance rates provided by CMS and that the first year usually does not have a benchmark. It was noted that not many providers are reporting on the measure. A Workgroup member observed that some believe that treating Hepatitis C through curative therapy lowers the risk of HCC. It was noted that from the patient's standpoint, testing for HCC is very important, as early diagnosis allows for more treatment options and increases the likelihood of successful treatment. The Workgroup agreed to include the measure in the voting survey.

*N/A: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk*

NQF staff noted this is the registry version of the measure already in the core set. The measure was already proposed for voting for addition to the core set as an eMeasure (3059e). NQF staff shared MIPS benchmarking results which use registry data. Testing data was also provided for the eMeasure version, which was submitted during the measure's NQF endorsement review. Both data showed an opportunity for performance improvement. It was noted that one-time HIV screening/testing for at-risk patients is consistent with USPTF recommendations, but that more frequent HIV screening is needed for individuals with ongoing drug use. The measure will be included in the voting survey.

## **Discussion on Core Set Implementation**

NQF staff shared the AHIP CQMC 2017 Adoption Survey, which assessed adoption of the core sets finalized in 2016. It was noted that there was general support for alignment, with over 18 private and public programs adopting the core sets in their respective value-based purchasing programs. The survey showed that the ACO, HIV/Hepatitis C, and Obstetrics/Gynecology core sets had the highest adoption. Workgroup members expressed concern over the lack of interoperability of EHR data between plans and providers, suggesting this may be a major barrier to adoption. A Workgroup member noted that, in their organization, the HIV/Hepatitis C core set is used to drive outcomes but is not a reporting requirement. Another Workgroup member shared that the core sets are used by organizations internally to identify gaps in care.

## **Next Steps**

NQF staff will share the meeting #4 summary with Workgroup members together with a voting link for the four remaining measures. NQF staff shared that the voting results will be aggregated and shared with the Steering Committee, then presented to the Full Collaborative in late September.