

## Consensus Core Set: HIV and Hepatitis C

The Core Quality Measures Collaborative (CQMC) core measure sets (core sets) are intended for use in value-based payment (VBP) programs and may also be used to drive improvement in high-priority areas. 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. The CQMC core sets are developed and maintained using a multistakeholder, consensus-based process and established [measure selection principles](#). Measure specifications and details are linked in the *NQF Number* column, and additional considerations for use are included in the *Notes* section of the table below.

### HIV Measures

The CQMC core set measures focus on ambulatory care measures at the clinician-reporting level. The HIV and Hepatitis C core set contains two HIV-related measures that have been tested for reliability and validity at the clinician (individual or group/practice) reporting level, as well as two measures that have not been tested at the clinician level but address important topics for HIV care. When using measures specified outside the clinician level of analysis, core set users should ensure adequate measure denominator size based on their patient population.

NQF Number	Measure	Steward	Level of Analysis	Notes
<a href="#">0409</a>	HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis	National Committee for Quality Assurance (NCQA)	Clinician	**
<a href="#">2082</a> / <a href="#">3210e</a>	HIV Viral Load Suppression	Health Resources and Services Administration (HRSA) – HIV/AIDS Bureau	Facility	eCQM available* NQF endorsed at facility level Currently being revised to include telehealth options
<a href="#">2079</a> / <a href="#">3209e</a>	HIV Medical Visit Frequency	HRSA – HIV/AIDS Bureau	Facility	eCQM available* NQF-endorsed at facility level Currently being revised to include telehealth options

NQF Number	Measure	Steward	Level of Analysis	Notes
<a href="#">N/A</a>	HIV Screening (MIPS ID 475)†	Centers for Disease Control and Prevention (CDC)	Clinician	eCQM Telehealth eligible for CMS programs in 2023 The Workgroup suggests the steward consider expanding the exclusion criteria to include patient refusals and patients with a limited life expectancy.

\*Separate benchmarks should be used based on reporting method.

† This measure is a cross-cutting measure that may be highly relevant across multiple core sets.

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## Hepatitis C Measures

The HIV and Hepatitis C core set contains two measures related to Hepatitis C; both of these measures have been tested for reliability and validity at the clinician (individual or group/practice) reporting level.

NQF Number	Measure	Steward	Level of Analysis	Notes
<a href="#">N/A</a>	Screening for Hepatocellular Carcinoma (HCC) in Patients With Hepatitis C Cirrhosis (MIPS ID 401)	American Gastroenterological Association (AGA)	Clinician	**
<a href="#">N/A / 3059e</a>	Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (MIPS ID 400)	AGA	Clinician	eCQM available*

\*Separate benchmarks should be used based on the reporting method.

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## Gap Areas for Future Consideration and Measure Development

### HIV

- Pre-exposure prophylaxis (PrEP) use in high-risk individuals
- HIV screening for patients with sexually transmitted infections (STIs)
- HIV and syphilis screening for pregnant patients
- Starting treatment and achieving suppression early
- Measures that reflect HIV as a long-term, chronic condition with comorbidities
- Follow-up for patients diagnosed with HIV and with low viral load
- Quality of life measures or stratification of other measures to understand quality of life
- Consider the Pharmacy Quality Alliance's (PQA) *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)
- Initiation of antiretroviral treatment for chronic Hepatitis C
- 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* if endorsed
- Reconsider #3061e *Appropriate Screening Follow-Up for Patients Identified With Hepatitis C Virus (HCV) Infection* if 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 for 2022

### *Removed measure #2080 Gap in HIV Medical Visits*

This measure may not provide an accurate picture of gaps in care (e.g., patients frequently change care providers during the year), and the developer shared that this measure will likely be replaced with a digital measure addressing annual retention in the future.

### *Removed measure #0405 HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis*

This measure is being retired by the developer. Federally approved clinical practice guidelines for HIV/AIDS state that patients with adequate viral suppression and CD4 counts above 200 cells/mm<sup>3</sup> should discontinue *Pneumocystis jiroveci* pneumonia (PCP) prophylaxis due to limited benefits.

Additional details about the discussion and measures not selected for inclusion are available on the CQMC website's [CQMC Workgroup Meeting Summaries](#) page.