HIV / AIDS Quality Measures—
AMA/NCQA/HIVMA/IDSA/HRSA
and NQF Endorsed

Judy Aberg, MD (Co-Chair)
Michael Horberg, MD, MAS (Co-Chair)

Forum for Collaborative HIV Research
Physician Consortium for Performance Improvement®

Membership

- Over 100 national medical specialty and state medical society representatives
- Medical Board representatives
- Experts in methodology and data collection
- Council of Medical Specialty Societies
- AHRQ, CMS
- Consultants
- NCQA / JCAHO
- Convened and staffed by AMA
ASSESSING OUTCOMES: HEDIS/CAHPS

- Health Plan Employer Data and Information Set (HEDIS®)
  - NCQA’s definitive tool of health quality measurement
  - Measures effectiveness of care: Do cardiac patients have their cholesterol under control?
  - Measures access: Were patients able to get an appointment with their PCP?
  - Measures utilization: What was the average length stay in a hospital for a chronic condition?

- CAHPS
  - Survey of patient experience
    - Rate your health plan from 1 to 10.
    - Does your doctor communicate well?
    - Were you able to get the care you need?
HIV Work Group

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Special thanks to representatives of AMA, NCQA, HRSA, IDSA, HIVMA
Landscape: Who Does What

Development → AMA-convened Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA), JCAHO, specialty societies, others

Endorsement → National Quality Forum™

Selection → AQA

Implementation → CMS, private plans, NCQA, medical specialty boards, continuing medical education (CME) developers
Measures Process (1)

• PCPI & IDSA / HIV Medicine Association began work on HIV

• Independently, NCQA & HRSA working on HIV project

• By merging efforts, opportunities:
  – Avoid redundant work
  – Achieve wide consensus
  – Aim for one harmonized, national measure set
  – Align physician & system level measures
Process

1. Identify Topic
2. Identify Guidelines and Gaps in Care
3. Define/Review evidence-based measures
4. Public Comment
5. Consider comments; revise measures as necessary
6. Portfolio of Tools
7. Pilot Test Measures
8. Encourage Use; National Recognition (eg, NQF, CMS)
Measures Process (2)

• System measures and provider level measures proposed and endorsed

• Some variation by the different supporting societies depending on needs
  – Example, HRSA HAB measures

• Now looking at “beta testing” and procedures for integrating measures into groups’ processes
  – Example, NCQA HEDIS measures
Gap in Care Data

• Opportunities for improvement:
  – Preventive services
    ▪ PCP Prophylaxis (only 71% in KP)
    ▪ Immunizations (HCSUS—only 34% flu shots)
    ▪ Other infectious disease screening (KPNC data)
    ▪ Screening for high risk behavior (evidence suggests lacking compliance with this)
  – Management
    ▪ CD4+ monitoring (HIVQUAL—only 77% at best)
    ▪ Use of potent anti-retroviral therapy (KPNW—79%)
  – Intermediate Outcomes
    ▪ HIV viral load (varying groups report <50% to >80% maximal viral control of patients on ART)
Gap in care data sources:

- HIVQUAL Project (New York State Dept. of Health AIDS Institutes)
- Peer-reviewed literature
- Integrated health system quality efforts (e.g., Kaiser Permanente)
System Level Measures

• Measure #1: Medical Visit
  (System Level and Physician Level)
  Measures retention in care

• Measure #4b: HIV RNA Control for all patients on Potent Antiretroviral Therapy
  Measures overall “success” in many ways

• Measure #8d: Hepatitis B Vaccination
  Measures were all three doses successfully administered (i.e. did the system/practice get the patient in for all requisite doses)

For all measure specifics, please attached document in flash drive
Intended Users: Provider-Level

General form of denominator:

All patients with diagnosis of HIV/AIDS and who had at least two visits during the measurement year, with at least 60 days between visits

This is derived from visit measure (numerator of that "system" measure)
<table>
<thead>
<tr>
<th>#3</th>
<th>Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed <em>Pneumocystis jiroveci</em> pneumonia (PCP) prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>#8a</td>
<td>Percent of patients for whom an influenza vaccination was administered or documented to have been received during the current influenza season (year)</td>
</tr>
<tr>
<td>#8b</td>
<td>Percentage of patients for whom a pneumococcal vaccine was administered for documented to have been previously received at least once since HIV diagnosis</td>
</tr>
<tr>
<td>#8c</td>
<td>Patients who have ever received at least one injection of Hepatitis B vaccine or documented immunity</td>
</tr>
</tbody>
</table>
Next Steps

• Need for multiple clinics, groups and providers to test feasibility of these measures
• Formally be required to be reported by these various organizations
  – CPT II codes
• Develop tools to help clinicians accomplish these measures
  – Screening tools
• Develop additional measures as needed