



# Tools for Monitoring HIV Care:

## *HIV Clinical Quality Measures*

(Updated) April 2015

This issue brief describes available HIV-related quality measures and how they are currently being used to monitor the delivery of HIV care by federal programs. This information is intended to support the implementation of HIV quality measures across public and private insurers and health care systems.

### 1) **Why are clinical quality measures important for health care reform and the National HIV/AIDS Strategy?**

Uptake and utilization of HIV-related clinical quality measures is important for promoting standards of health care coverage that support adherence to current [HIV clinical guidelines](#) and [federal guidelines](#). As more patients enroll in health insurance it is critical to track a standardized set of quality measures across patient populations and public and private insurers to monitor access to high quality HIV care.

In July 2013, President Obama announced the [HIV Care Continuum Initiative](#). The goal of the initiative is to leverage federal resources to improve outcomes along the HIV care continuum, from testing, to linkage to and retention in care, to viral suppression. A [key component](#) will be to establish and deploy standard core indicators for monitoring federally funded HIV prevention, treatment, and care services. Clinicians should expect to see increased focus among key federal agencies, including the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC), on aligning and coordinating their efforts to maximize outcomes along the HIV care continuum.

### 2) **What HIV-related clinical quality measures are available?**

Several federal programs are utilizing HIV-related clinical quality measures in their reportable measure portfolios. The chart below tracks [seven core indicators](#) that the Department of Health and Human Services (HHS) identified to track across federally funded HIV programs. To see definitions of the measures, follow the links to each measure set included in the column headings of the chart.

The U.S. Preventative Services Task Force [now recommends routine HIV screening](#) for all people between the ages of 15 and 65, which means most health plans will be required to cover routine HIV screening at no cost to the patient. A routine HIV screening measure is expected to soon be nationally endorsed, and will be an important tool for monitoring implementation of this screening.

Quality Measure	<a href="#">HHS HIV/AIDS Core Indicators</a>	<a href="#">National Quality Forum (NQF) Number</a>	<a href="#">2014 Medicare PQRS Number</a>	<a href="#">2015 Medicare PQRS HIV Measures Group<sup>i</sup></a>	<a href="#">CMS Final Stage II EHR Meaningful Use Rule</a>	<a href="#">HRSA/HAB HIV Clinical Performance Measure Portfolio (2013)<sup>ii</sup></a>	<a href="#">2014 HHS-Proposed Core Set of Health Quality Measures for Medicaid Eligible Adults</a>
<i>Late HIV Diagnosis</i>	√	1999	--	--	--	1999	--
<i>Linkage to HIV Medical Care</i>	√	--	--	--	--	--	*
<i>Retention in Care (Medical Visit Frequency, Gap in Medical Visits)</i>	√	2079, 2080 <sup>ii</sup>	340, 341	340	--	2079, 2080	--
<i>HIV Viral Load Suppression</i>	√	2082 <sup>iii</sup>	338	338	0407	2082	2082
<i>Adolescents/Adults Prescribed ART</i>	√	2083 <sup>iv</sup>	339	339	--	2083	--
<i>CD4 Cell Count</i>	--	0404	159	--	--	--	--
<i>PCP Prophylaxis</i>	--	0405	160	160	0405	0405	--
<i>HIV Positivity</i>	√	--	--	--	--	--	*
<i>Housing Status</i>	√	--	--	--	--	--	*
<i>Care Plan</i>	--	0326	047	047	--	--	--
<i>Screening for Clinical Depression</i>	--	0418	134	134	--	0418	--
<i>STD Screening</i>	--	0409	205	205	--	--	*
<i>Tobacco Use Screening and Cessation</i>	--	0028	226	226	--	0028	--

### 3) What are the key federal programs that collect data on HIV-related quality measures?

**Physician Quality Reporting System (PQRS)**: CMS’s PQRS program provides an incentive payment to practices with Eligible Providers (EPs) that satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries. It also entails escalating penalties for failure to satisfactorily report PQRS quality measures, starting with a 1.5 percent payment penalty in 2015 that increases to 2 percent in 2016 and subsequent years.

**Electronic Health Record (EHR) “Meaningful Use” Incentive Program**: CMS’s Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. Eligible professionals can receive up to \$44,000 through the Medicare EHR Incentive Program and up to \$63,750 through the Medicaid EHR Incentive Program. To align the PQRS with the Medicare EHR Incentive Program, as of 2013 all clinical quality measures available for reporting under the Medicare EHR Incentive Program are now included in the PQRS for purposes of reporting data on quality measures under the EHR-based reporting option.

The Medicaid EHR Incentive Program is voluntarily offered by all 55 states and territories as of August, 2014. You can check the status of your state and the Medicaid quality measures it is using at this [online chart](#) (PDF).

**[Health Resources and Services Administration HIV/AIDS Bureau \(HRSA/HAB\)](#)**: HRSA/HAB is updating its portfolio of performance measures to streamline and harmonize their metrics with other federal measures programs. The HAB voluntary measures can be used by Ryan White Program grantees at either the provider or system level. They can be used in their current format or further modified to meet agency needs. Grantees are encouraged to select measures that are most important to their agencies and the populations they serve. HAB also provides [technical assistance](#) with quality improvement programs and planning.

#### **4) Who are some of the key players in the development, endorsement, and maintenance of HIV clinical quality measures?**

**[National Committee for Quality Assurance \(NCQA\)](#)**: NCQA is a health care quality improvement organization that works with stakeholders to develop clinical quality measures. NCQA submits its measures for review and consideration of endorsement by the NQF. The NCQA also accredits, certifies, and recognizes health plans and health care organizations that meet annual quality reporting standards. This includes a [patient-centered medical home recognition program](#) and an accreditation program for health plans participating in the [Health Insurance Exchange Marketplaces](#). In addition, the NCQA manages and annually updates the Healthcare Effectiveness Data and Information Set (HEDIS), which is used to compare health plan performance and as a standardized measure in internal quality improvement activities.

**[Physician Consortium for Performance Improvement \(PCPI\)](#)**: The American Medical Association-convened PCPI is a national, physician-led program that brings together expert panels to develop evidence-based performance measures that are clinically meaningful, meet the current and future needs of the PCPI membership, and are used in national accountability and quality improvement programs.

**[Agency for Healthcare Research and Quality \(AHRQ\)](#)**: AHRQ maintains a National Quality Measures Clearinghouse (NQMC), which includes the HHS Measure Inventory, a repository of measures currently being used by HHS agencies for quality measurement, improvement, and reporting.

**Federal Agencies**: Both HRSA and CDC are working on developing and promoting measures.

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<sup>i</sup> CMS's final rule for the 2015 Medicare Physician Payment Fee Schedule (released October 31, 2014) also included a lengthy section making modifications to the 2015 Medicare Physician Quality Reporting System (PQRS). 2015 PQRS rule includes a "measures groups" reporting option for certain disease states (including HIV as noted in the updated chart) and Hepatitis. This option eases the reporting burden for PQRS-participating HIV and HCV providers (who would otherwise have to report on 9 individual measures of their choosing, covering 3 National Quality Strategy domains for 50% of their Medicare patients – vs. just 20 patients if reporting using the HIV or HCV measure group). Note: These measures apply to 2015 reporting and affect 2017 payments.

<sup>ii</sup> NQF measure 2080 replaces NQF 0403, though 0403 remains the measure that is included in CMS's Final Stage II EHR Meaningful Use Rule (to be updated in future rule-making).

<sup>iii</sup> NQF measure 2082 replaces NQF 0407, though 0407 remains the measure that is included in CMS's Final Stage II EHR Meaningful Use Rule (to be updated in future rule-making).

<sup>iv</sup> NQF replaced 0406 with 2083, which defines HIV antiretroviral therapy "as any combination of HIV medications other than the regimens or components identified as not recommended at any time by the Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents from the Department of Health and Human Services," rather than trying to define "potent ART" as specified in measure 0406.

[NQF National Voluntary Consensus Standards: Infectious Disease Endorsement Maintenance Final Report, January 2013](#)

<sup>v</sup> EPs under the Medicare EHR Incentive Program include: doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatry, doctors of optometry, and chiropractors. EPs under the Medicaid EHR Incentive Program are physicians (primarily doctors of medicine and doctors of osteopathy), dentists, nurse practitioners, certified nurse midwives, and physician assistants practicing in a Federally Qualified Health Center led by a physician assistant or Rural Health Clinic.

\* Asterisk indicates that HRSA/HAB has a measure though not NQF endorsed or in another CMS program.

## Learn More

### **HIVMA's Practice Guidelines**

[http://www.hivma.org/HIV\\_Guidelines/](http://www.hivma.org/HIV_Guidelines/)

### **Federal HIV/AIDS Treatment Guidelines**

<http://aidsinfo.nih.gov/guidelines>

### **Infectious Diseases Society of America's "Manage Your Practice" Resources**

[http://www.idsociety.org/manage\\_your\\_practice.aspx](http://www.idsociety.org/manage_your_practice.aspx)

### **"Measuring What Matters: Development of Standard HIV Core Indicators Across the U.S. Department of Health and Human Services"** (*Public Health Reports* article)

<http://publichealthreports.org/issueopen.cfm?articleID=3004>

### **"What HIV Quality Care Measures Mean for Your Practice"** (*HCPLive* article)

<http://www.hcplive.com/conferences/idsa-2010/What-HIV-Quality-Care-Measures-Mean-for-Your-Practice#sthash.34KV1E2s.dpuf>

### **HRSA/HAB HIV Performance Measures**

<http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>

### **HRSA/HAB National Quality Center** (Technical Assistance Resource)

<http://nationalqualitycenter.org/index.cfm/5852>

### **HHS's Seven Common Core Indicators for Monitoring HHS-funded HIV Prevention, Treatment, and Care Services**

<http://blog.aids.gov/2012/08/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services.html>

### **HIV Open Data Project Evaluation** (HHS/OHAIDP-Sponsored)

<http://www.norc.org/Research/Projects/Pages/hiv-open-data-project-evaluation.aspx>

### **Monitoring HIV Care in the United States: Indicators and Data Systems** (IOM, 3/2012)

<http://www.iom.edu/Reports/2012/Monitoring-HIV-Care-in-the-United-States.aspx>

### **U.S. Preventive Services Task Force (USPSTF) Recommendation on HIV Screening**

<http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm>

### **National Quality Forum (NQF)**

<http://www.qualityforum.org/Home.aspx>

### **NQF-Endorsed Infectious Diseases Measures** (2012)

[http://www.qualityforum.org/Publications/2013/06/Infectious\\_Disease\\_Endorsement\\_Maintenance.aspx](http://www.qualityforum.org/Publications/2013/06/Infectious_Disease_Endorsement_Maintenance.aspx)

### **National Committee for Quality Assurance (NCQA)**

<http://www.ncqa.org/AboutNCQA.aspx>

### **AMA Physician Consortium for Performance Improvement (PCPI)**

<http://www.ama-assn.org/ama/pub/physician-resources/physician-consortium-performance-improvement.page>

### **Agency for Healthcare Research and Quality (AHRQ)**

<http://www.qualityindicators.ahrq.gov/>