

# HIV Health Care Access Working Group

March 1, 2011

Carolyn Clancy, MD  
Director  
Agency for Healthcare Research and Quality  
Department of Health and Human Services  
Attention: Nancy Wilson – Room 3028  
540 Gaither Road  
Rockville, MD 20850

## **Re: Initial Core Set of Health Quality Measures for Medicaid-Eligible Adults [CMS-2420-NC]**

Dear Dr. Clancy:

The HIV Health Care Access Working Group (HHCWAG) appreciates the opportunity to provide comments on the proposed initial core set of quality measures recommended for Medicaid-eligible adults. HHCWAG is a coalition of more than 100 national and community-based AIDS service organizations representing HIV medical providers, advocates and people living with HIV/AIDS and providing critical HIV-related health care and support services. The Working Group is actively engaged in efforts to increase early and affordable access to quality, comprehensive care for people living with HIV/AIDS.

We strongly support efforts to develop voluntary quality of care measures for Medicaid eligible adults. Medicaid provides health coverage to 40 percent of people with HIV/AIDS in care in the U.S., and some initial estimates suggest that as many as 70% of uninsured HIV positive individuals will be eligible for inclusion in Medicaid expansion in 2014. Medicaid is literally a life-line for many HIV positive Americans. These voluntary measures will be an important first step in evaluating the HIV care delivered by Medicaid providers. We are pleased to see the inclusion (in the set of proposed measures pertaining to management of chronic conditions) of the National Quality Forum (NQF) measure 0403 (HIV/AIDS: Medical Visit), an indicator of engagement in care for patients with an HIV diagnosis.<sup>1</sup>

### **Incorporation of Standard Performance Measures**

A key component of the President's National HIV/AIDS Strategy to link HIV positive people to quality health care and reduce health related disparities is to develop standard performance measures to improve quality and coordination of HIV care across all federal programs. The development of the voluntary Medicaid measures provides an important opportunity to coordinate quality improvement efforts and advance HIV data collection across federal programs by adopting uniform quality of care measures for Medicaid and Medicare. Medicare's Physician Quality Reporting System (PQRS) has adopted eight of the 17 national HIV care quality metrics and performance measures developed by the American Medical Association (AMA), the Health Resources and Services Administration (HRSA), the National Committee for Quality Assurance (NCQA), and the HIV Medical Association (HIVMA) (see attached chart). We recognize and appreciate your stated objective to balance the need for state data

to monitor and improve quality and the interest in minimizing reporting burden on the States and providers by aligning with other reporting and incentive initiatives. As a first step, we urge you to align the voluntary Medicaid measures under development with those already adopted by Medicare's PQRS. We also ask you to consider all the HIV quality measures developed by the AMA, NCQA, HRSA and HIVMA which assess a wide range of care, including patient retention, screening and prophylaxis for opportunistic infections, immunizations, and initiation and monitoring of potent antiretroviral therapy. A majority of these measures are endorsed by the NQF.

### **Incorporation of Measures to Evaluate HIV Screening**

In addition, under the prevention and health promotion set of initial core measures, we strongly urge addition of a process measure for HIV screening of "high-risk" patients, as endorsed by the NQF (measure #0573) and the US Preventive Services Task Force (level "A" recommendation). State Medicaid programs should have the option to report on this measure and be encouraged to adopt it. Late diagnosis of HIV infection results in poorer health outcomes for Medicaid beneficiaries while also increasing medical care costs due to treatment complications requiring more costly hospitalization. In addition, late diagnosis is a significant contributor to increased HIV transmission as individuals are unaware of their HIV status and their need to protect partners. After completion of the US Preventive Services Task Force updated review for routine HIV screening, we also urge addition of a measure for routine opt-out HIV screening in the general population as recommended by the Centers for Disease Control and Prevention.

Thank you for your consideration of our views. We look forward to working with you to ensure that national healthcare quality improvement efforts support the expansion of high quality, cost-effective, patient-centered HIV care. If you have further questions, please contact Robert Greenwald, Treatment Access Expansion project ([rgreenwa@law.harvard.edu](mailto:rgreenwa@law.harvard.edu)) or Andrea Weddle, HIV Medicine Association ([aweddle@hivma.org](mailto:aweddle@hivma.org)).

Submitted on behalf of the HIV Health Care Access Working Group Steering Committee,

AIDS Action | AIDS Action Baltimore | AIDS Alliance for Children, Youth & Families | AIDS Foundation of Chicago | The AIDS Institute | AIDS Project Los Angeles | AIDS Treatment Data Network | American Academy of HIV Medicine | Broward House | Community Access National Network | Community HIV/AIDS Mobilization Project | Gay Men's Health Crisis | Harlem United | Health and Disability Advocates | HIV Medicine Association | HIVictorious, Inc. | Housing Works | Moveable Feast | National Alliance of State and Territorial AIDS Directors | National Association of People With AIDS | National Minority AIDS Council | The National Working Positive Coalition | Project Inform | San Francisco AIDS Foundation | South Carolina Campaign to End AIDS | Treatment Access Expansion Project | Treatment Action Group | VillageCare

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<sup>1</sup> Denominator: All patients, regardless of age, with a diagnosis of HIV/AIDS seen within a 12-month period; Numerator: Patients with at least one medical visit in each 6-month period with a minimum of 60 days between each visit.

## Status of Human Immunodeficiency Virus (HIV) Quality Measures \*

Recommended National Measure (HIVMA/HRSA/NCQA)	2011 Medicare PQRS Number	National Quality Forum (NQF) Number
Retention in care	--	0403
CD4 cell count	159	0404
Gonorrhea/Chlamydia screening	205	0409
Syphilis Screening	208	0410
Injection drug use screening	207	0415
High-risk sex screening	206	0413
Tuberculosis screening	--	0408
Hepatitis B screening	--	0411
Hepatitis C screening	--	0414
Influenza immunization	--	0522
Pneumococcal immunization	--	0525
Hepatitis B vaccination order	--	0412
Hepatitis B vaccination completed	--	--
PCP prophylaxis	160	0405
Adolescents/adults prescribed ART	161	0406
Achieving maximal viral control (system level)	--	--
Achieving maximal viral control (provider level)	162	0407

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\* For adults with an HIV diagnosis