

Improving HIV Outcomes Through Quality Measurement



ViiV Healthcare supports the use of evidence-based HIV quality measures in federal and state initiatives and value-based programs to drive accountability and improve health outcomes across the U.S.

HIV Today

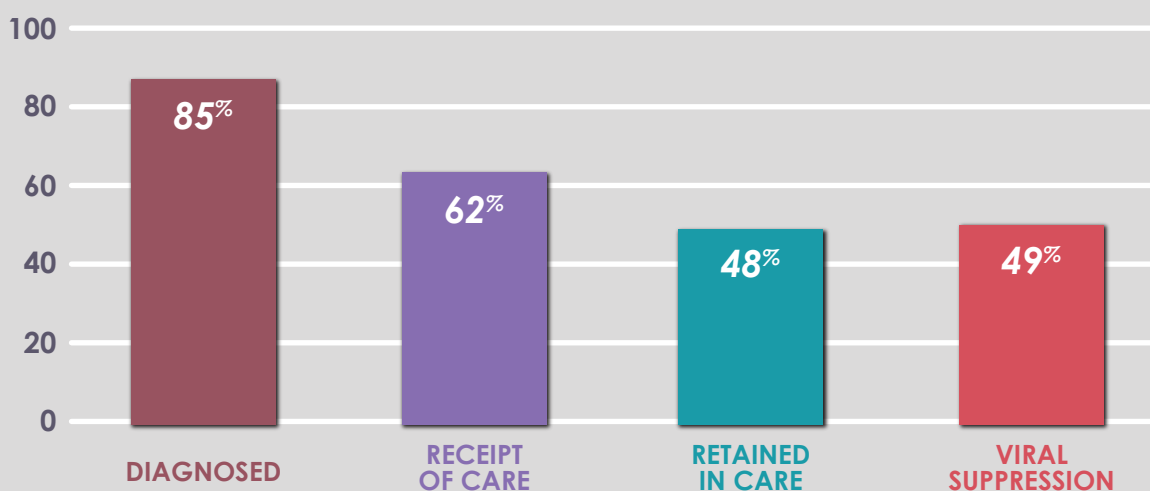
- It is crucial to HIV prevention and treatment that people with HIV not only know their HIV status, but also **continually receive antiretroviral therapy (ART) and achieve viral load suppression (VLS).**¹
- An estimated 1.1 million people in the U.S. are living with HIV, and in 2014, **only 49% of those people were virologically suppressed.**^{2,3}
- The opioid epidemic is jeopardizing HIV prevention efforts.**⁴ If the current rate continues, 1 in 23 women and 1 in 36 men who inject drugs will be diagnosed with HIV in their lifetime.⁵
- The National HIV/AIDS Strategy uses a **care continuum model to identify gaps in HIV services and improve health outcomes** for people living with HIV.⁶ The National Quality Forum (NQF) has endorsed measures that align with this model (Figure 1).⁷

People who achieve and maintain VLS “have effectively no risk of transmitting HIV.”⁸ Preventing one transmission through achieving VLS can save a lifetime treatment cost of \$379,668.⁹

Transforming HIV Care Through Quality

- Using effective and clinically important performance measures drives **behavior change and quality improvement** in HIV care.¹⁰
- U.S. health care spending is shifting toward greater value-based purchasing. This trend is driving rapid change in the health care system, creating challenges and opportunities for influencing provider behavior. **Quality measures are essential to value-based purchasing programs.**¹¹
- HIV care, including diagnosis, treatment and care, and viral load suppression, can prevent transmissions.** It also aligns with the Institute for Healthcare Improvement’s Triple Aim of improving patient experience, reducing cost, and improving population health.¹²
- NQF-endorsed performance measures assessing HIV care are being used in federal programs,** such as the Merit-based Incentive Payment System (MIPS), the Ryan White HIV/AIDS Program (part of the Health Resources and Services Administration’s HIV/AIDS Bureau [HRSA/HAB]), and the Medicaid Adult Core Set.^{13,14,15}

FIGURE 1: Prevalence-Based HIV Care Continuum, 2014³



The prevalence-based HIV care continuum from the CDC shows the people at each stage. Percentages shown are of the total number of people living with HIV. This includes people who are diagnosed and undiagnosed.³

1. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV. AIDSinfo. Updated October 2017; 2. Basic Statistics. CDC. Updated December 2017; 3. Understanding the HIV Care Continuum. CDC. July 2017; 4. Schumaker, E. Opiates are Threatening to Undo 3 Decades of HIV Progress. Huffington Post. Updated November 2016; 5. HIV and Injection Drug Use. CDC. Updated November 2016; 6. HIV Care Continuum. HIV.gov. Updated December 2016; 7. National Quality Forum Quality Positioning System. NQF; 8. Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV. CDC. December 2017; 9. HIV Cost-effectiveness. CDC. Updated March 2017; 10. Quality of Care Performance Measurement. Medicaid.gov; 11. CMS' Value-Based Programs. CMS. Updated November 2017; 12. The IHI Triple Aim. IHI; 13. Quality Measures. Quality Payment Program; 14. Performance Measure Portfolio. HRSA. September 2017; 15. 2018 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set).

Assessing Quality Along the HIV Care Continuum

| | IMPORTANCE | APPLICABLE MEASURES | PROGRAM USE |
|--------------------------|--|---|--|
| DIAGNOSED | In 2016, only 44.3% of people ages 18-64 reported ever having an HIV test. ¹⁶ | HIV SCREENING: Percentage of patients 15-65 years of age who have ever been tested for HIV. ¹⁷ | Proposed MIPS Measure ¹⁷ |
| RECEIPT OF CARE | ART reduces AIDS-related morbidity and mortality, and it should be started as soon as possible. ¹ | NQF #2083: PRESCRIPTION OF HIV ANTIRETROVIRAL THERAPY: Percentage of patients with a diagnosis of HIV who were prescribed ART. ¹⁸ | HRSA/HAB HIV Clinical Performance Core Measure Portfolio ¹⁴ |
| RETAINED IN CARE | HIV is a lifelong disease that requires continuous care. ⁵ | NQF #2080: GAP IN HIV MEDICAL VISITS: Percentage of patients with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year. ¹⁹ | HRSA/HAB HIV Clinical Performance Core Measure Portfolio ¹⁴ |
| | | NQF #2079: HIV MEDICAL VISIT FREQUENCY: Percentage of patients with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum 60 days between visits. ²⁰ | HRSA/HAB HIV Clinical Performance Core Measure Portfolio, ¹⁴ MIPS, ¹³ Core Quality Measures Collaborative: Consensus HIV/Hep C Measures Set ²¹ |
| VIRAL SUPPRESSION | Adherence to ART achieves VLS, and there is "effectively no risk" of transmitting HIV among those with VLS. ⁸ | NQF #2082: VIRAL LOAD SUPPRESSION: Percentage of patients with a diagnosis of HIV with a VLS less than 200 copies/mL. ²² | HRSA/HAB HIV Clinical Performance Core Measure Portfolio, ¹⁴ MIPS, ¹³ Medicaid Adult Core Set, ¹⁵ Core Quality Measures Collaborative: Consensus HIV Measures Set ²¹ |

Innovative State HIV Quality Initiatives

- States are making progress in HIV quality. Most notably, 19 states focused on improving quality through the Affinity Group in 2017, which offered federal support for state-level efforts to improve rates of sustained HIV viral suppression among Medicaid and Children's Health Insurance Program enrollees who are living with HIV.²³
- Ryan White programs have been successful at driving up VLS rates. People participating in these programs are more likely to be retained in care and reach VLS than the national average.²⁴

NEW YORK

- Since 2013, viral suppression has risen from 63% of all HIV-diagnosed persons to 70%.²⁵
- The state incorporated a VLS measure into its Quality Assurance Reporting Requirements and its Delivery System Reform Incentive Payment Program, used to monitor progress and incentivize provider performance.²⁶
- In 2017, New York created the HIV/AIDS Subpopulation quality measure set to encourage providers to meet high standards of patient-centered care and care coordination throughout HIV/AIDS care.²⁷
- The state launched the Ending the Epidemic Dashboard, a public website, to share data on the progress of the initiative.²⁸

LOUISIANA²⁹

- Due to innovative HIV care programs, viral suppression in Louisiana is at 50% of all people living with HIV.
- Starting in 2016, Medicaid managed care plans became responsible for helping individuals with HIV reach VLS.
- The state Medicaid managed care program, Bayou Health, includes HIV VLS as an incentive-based performance measure in its contracts.
- Managed Care Organizations (MCOs) have incorporated resources from the Office of Public Health's (OPH) STD/HIV Program into disease management after the state added measures to their contracts.
- The relationship between MCOs and OPH has led to data sharing and public health education.

16. Percentage of Persons Aged 18-64 Who Reported Ever Receiving an HIV Test, KFF; 17. HIV Screening, CMS; 18. Prescription of HIV Antiretroviral Therapy, NQF, Updated July 2017; 19. Gap in HIV medical visits, NQF, Updated July 2017; 20. HIV medical visit frequency, NQF, Updated July 2017; 21. Consensus Core Set: HIV/Hep C Core Measures, CMS, Updated November 2015; 22. HIV viral load suppression, NQF, Updated July 2017; 23. HIV Health Improvement Affinity Group, HIV.gov, Updated December 2016; 24. Doshi RK, Milberg J, Isenberg D. High Rates of Retention and Viral Suppression in the US HIV Safety Net System: HIV Care Continuum in the Ryan White HIV/AIDS Program, 2011. Clinical Infectious Diseases. 2015; 60(1):117-125; 25. ETE Metrics, CUNY Institute for Implementation Science in Population Health; 26. 2018 Quality Assurance Reporting Requirements Technical Specifications Manual, New York State Department of Health, Updated January 2018; 27. HIV/AIDS Subpopulation, New York State Department of Health, Updated July 2017; 28. Ending the Epidemic 2015-2016 Activity Report, New York State Department of Health, June 2016; 29. Financing HIV Prevention Services, NASTAD, February 2016.