HIV measures and reporting

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Our Roots

Fenway Health
- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute
- Research, Education, Policy

www.lgbtqiahealtheducation.org
LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
  - Webinars, Learning Modules
  - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

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- We very much appreciate receiving feedback from all participants.
Preparing for CY2020 UDS HIV Reporting

Ending the HIV Epidemic
The HITEQ Center is a HRSA-funded National Training and Technical Assistance Partner (NTTAPs) that collaborates with HRSA partners including Health Center Controlled Networks, Primary Care Associations and other NTTAPs to engage health centers in the optimization of health IT to address key health center needs through:

- A **national website** with health center-focused resources, toolkits, training, and a calendar or related events.
- **Learning collaboratives, remote trainings, and on-demand technical assistance** on key content areas.

**HITEQ Topic Areas**

- Access to comprehensive care using health IT and telehealth
- Privacy and security
- Advancing interoperability
- Electronic patient engagement
- Readiness for value based care
- Using health IT and telehealth to improve Clinical quality and Health equity
- Using health IT or telehealth to address emerging issues: behavioral health, HIV prevention, and emergency preparedness

email us at hiteqinfo@jsi.com!
Ending the HIV Epidemic

**Diagnose** all people with HIV as early as possible.

**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.

**Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.
Ending the HIV Epidemic

BPHC has proposed the following process for community health centers’ role in the broader vision for Ending the HIV Epidemic:

In alignment with that vision, several UDS measures related to HIV screening, treatment, and prevention have been added to CY2020 reporting.
Clinical Quality Measures Related to Several Aspects

HIV Testing and Screening
- Link to Prevention or Care
- Related UDS Data:
  - Table 6A: HIV Tests
  - Table 6B: HIV Screening

HIV +
- Engage and treat
- Retain in care
- Suppress viral load
- Related UDS Data:
  - Table 6B: Linkage to Care

HIV -
- Prevention services including PrEP
- Related UDS Data:
  - Table 6A: PrEP Management

Prevention services including PrEP
- Engage and treat
- Retain in care
- Suppress viral load
- Related UDS Data:
  - Table 6B: Linkage to Care
Calendar Year 2020 UDS Reporting includes three new or modified HIV measures/data elements.
HIV Linkage to Care (Table 6B)

HIV Screening (Table 6B)

PrEP (Table 6A)
HIV Linkage to Care

Table 6B
HIV Linkage to Care

**MEASURE**
Percent of patients newly diagnosed linked to care, meaning they had a medical visit that included treatment for HIV within 30 days of diagnosis

*No equivalent eCQM*

**UNIVERSE**
Persons first/ newly diagnosed with HIV at the health center

“Patients first diagnosed with HIV” defined as patients without a previous HIV diagnosis who received a reactive initial HIV test confirmed by a positive supplemental antibody immunoassay HIV test.
Changes for CY2020

 SHORTER TIMEFRAME FOR LINKAGE TO CARE
Linkage to care (meaning time from diagnosis to first medical visit that includes HIV treatment) has decreased from 90 days in prior years, to 30 days for CY2020

 NEW UNIVERSE TIME PERIOD
Persons newly diagnosed with HIV between December 1, 2019 and November 30, 2020.
- In prior year measure: the period was October 1, 20xx to September 30, 20xx+1
Patients with HIV test in 2019 and 2020.

Positive  Negative  

Not In Universe

Confirmatory test also positive.

HIV Diagnosis documented, with accurate onset date. Look to your EHR user guides (e.g., ICD-10 or SNOMED) to determine where and how this needs to be documented.

HIV onset date is between 12/1/2019 and 11/30/2020.

In Universe/ Denominator

Referral

Follow up visit

Subsequent medical visit with HIV treatment within 30 days (a medical visit with HIV diagnosis code on the encounter, completed within 30 days)

Met the standard; included in numerator

Non-compliant; not in numerator

Yes

No

No

No

No

Yes

Yes

Yes

Referral for HIV treatment completed within 30 days
HIV Linkage to Care FAQs

What constitutes initiation of treatment for a patient dx with HIV that is referred—Medication? More testing by the referred provider?

Linkage to care is a medical visit, after initial diagnosis, where HIV is addressed (meaning the encounter includes the HIV dx). ART is not required (in most EHRs).

Does the 30 days begin when the health center provides the positive secondary test result to the patient or just when the health center receives the positive result?

When the patient is diagnosed (onset date of HIV diagnosis, as documented in the EHR).
HIV Linkage to Care FAQs

Does the HIV Linkage to care take into account visit on the SAME date of diagnosis? Test & Treat program at our Health Center most patients are linked on the same day. In the numerator, include patients who began treatment within 30 days of the diagnosis. The measure does not specifically indicate the linkage treatment cannot happen on the same day. Review your EHR’s quality or UDS guidance to confirm how this needs to be captured.

If a patient received a reactive HIV rapid test at the local DOH and was referred to health center for follow-up and confirmatory testing on the same day, is this patient considered “diagnosed elsewhere” and thus excluded from the measure? If your health center completed the supplemental test that confirmed diagnosis of HIV, the patient would be included in the denominator for the Table 6B HIV Linkage to Care measure.
HIV Linkage to Care FAQs

Do rapid tests meet the measure criteria? For the HIV Linkage to Care measure, a rapid HIV test would not meet the criteria. “Patients first diagnosed with HIV” is defined as patients without a previous HIV diagnosis who received a reactive initial HIV test confirmed by a positive supplemental antibody immunoassay HIV test.

What specific kind of treatment meets the requirements? Under UDS Reporting Considerations it states *(Not just a referral made, education provided, or retest at a referral site)* but it does not provide what specific treatment is required? The measure does not provide clinical guidance; treatment should be determined by provider. It may include testing, labs, or medication, but these are not specifically required. It just can’t solely be a referral made (but not completed), education provided, or retest.
HIV Screening: eCQM 349v2

Table 6B
HIV Screening (eCQM 349v2)

New to UDS for CY2020, but existing MIPS measure

MEASURE

Patients aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period.

- Exclusion: HIV diagnosis prior to the start of the measurement period

UNIVERSE

Percentage of patients 15-65 years of age who have been tested for human immunodeficiency virus (HIV), on or after their 15th birthday and before their 66th birthday.
Is the patient = or >15 and <66 years of age at the start of the measurement period?

- No → Not in universe/denominator
- Yes → Did the patient have a diagnosis of HIV prior to Jan. 1, 2020?
  - No → In Universe/Denominator
  - Yes → Did the patient have an eligible outpatient encounter during 2020?
    - Yes
      - Laboratory Test Performed: Human Immunodeficiency Virus (HIV) codes Ab AND Ag OR HIV Tests 1 and 2 Before 12/31/2020?
        - Yes
          - Met the standard; included in numerator
        - No
          - Non-compliant; not in numerator
    - No
      - Was the lab test (HIV test) performed after the patient turned age 15 and before the patient turned age 66?
        - Yes → Met the standard; included in numerator
        - No → Non-compliant; not in numerator
A patient had an HIV test performed outside, and the patient returned to that clinic for results and given dx but comes to the clinic for treatment. Is that patient included?

Patients who have a diagnosis of HIV prior to the start of the measurement year are excluded from the measure.

For patients who are not diagnosed with HIV prior to the start of the measurement year, the requirement is that the HIV is performed on or after their 15 birthday and before their 66 birthday. This test can be performed elsewhere but this result must be documented and included in the patient medical record.

If a patient declines to have HIV screening lab test, can the patient be excluded from denominator?

No. Similar to other clinical quality measures (such as immunizations, pap screenings, colorectal cancer screenings), a patient who is in the denominator declining the screening or service does not remove them from the denominator.
HIV Screening FAQs

➢ To be compliant with the HIV Screening measure, I should do the HIV test yearly with every patient who have an encounter with a PCP or would only having an HIV test results during the age criteria would be enough?

The measure only requires one HIV test in the age range specified (one HIV test with documented results after the patient’s 15th and before their 66th birthday). Depending on the patient and their risk for acquiring HIV, they may have more tests, but this measure only requires one.

➢ Do quick test results meet the measure? For example, we have implemented a program for HIV self-test for a number of patients, and they've reported back the results. Is this sufficient to count for the measure?

For reporting of the UDS clinical measures that have an associated eCQM, the measure steward provides code sets to be used for reporting. Code sets can be accessed and downloaded for all the clinical measures through the eCQI Resource Center website, using CMS349v2.
Management of pre-exposure prophylaxis (PrEP)

Table 6A
Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients

- PrEP is short for pre-exposure prophylaxis. It is the use of antiretroviral medication to prevent *acquisition* of HIV infection. PrEP is used by people without HIV who are at risk of being exposed to HIV through sexual contact or injection drug use.

- Two medications have been approved for use as PrEP by the FDA. Each consists of two drugs combined in a single oral tablet taken daily:
  - Emtricitabine (F) 200 mg in combination with tenofovir disoproxil fumarate (TDF) 300 mg
    - (F/TDF – brand name *Truvada®*)
  - Emtricitabine (F) 200 mg in combination with tenofovir alafenamide (TAF) 25 mg
    - (F/TAF – brand name *Descovy®*)
On Table 6A: Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients

<table>
<thead>
<tr>
<th>Line</th>
<th>Service Category</th>
<th>Applicable ICD-10-CM, CPT-4/II, or HCPCS Code</th>
<th>Number of VISITS where patients received PrEP management</th>
<th>Number of PATIENTS who received PrEP management</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>HIV test</td>
<td>CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21a</td>
<td>Hepatitis B test</td>
<td>CPT-4: 86704 through 86707, 87340, 87341, 87350</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21b</td>
<td>Hepatitis C test</td>
<td>CPT-4: 86803, 86804, 87520 through 87522</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21c</td>
<td>Novel coronavirus (SARS-CoV-2) diagnostic test</td>
<td>CPT-4: 87635, HCPCS: U0001, U0002, U0003, U0004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21d</td>
<td>Novel coronavirus (SARS-CoV-2) antibody test</td>
<td>CPT-4: 86328, 86769</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of health center patients who initiated, received, or continued a Pre-Exposure Prophylaxis (PrEP) prescription for the purposes of HIV prevention in the reporting year, and visits associated with management of that prescription.
On Table 6A: Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients

EXPLANATION

Number of health center patients, who had a visit in the measurement year, who received or continued a Pre-Exposure Prophylaxis (PrEP) prescription for the purposes of HIV prevention.

- PrEP prescriptions may be FTC/TDF or FTC/TAF, prescribed for the purpose of HIV prevention. Do not include prescriptions made for HIV treatment, post-exposure prophylaxis (PEP), and Hepatitis B Management.
- In other words, report patients with a FTC/TDF or FTC/TAF prescription in the year, who do not have any of the following diagnoses: HIV, hepatitis B, or HIV-related opportunistic infections.
- There are not ‘PrEP Management’ codes, but codes can assist with identifying visit with health center patients that may include counseling on or initiation of PrEP or that may be associated with currently prescribed PrEP, based on risk for HIV exposure.

CODING

Possible codes for visits where PrEP management may have occurred:
- CPT-4: 99401-99404

Possible RXNorm codes to identify PrEP prescriptions in order to be counted in this data:
- Truvada 495430
- Descovy 1747692
- FTC 276237
- TDF 322248
- TAF 1721604

Patients with HIV diagnosis, hepatitis B, or HIV-related opportunistic infections should not be included, as this indicates that PrEP is not for HIV prevention.
- HIV diagnosis: B20, B97.35, O98.7-, Z21
- Hepatitis B: B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-

Note: Be sure to review your EHR vendor’s user guides, workflow guides, intranet, or success community to determine how PrEP must be captured in your EHR.
PrEP Reporting FAQs

On Table 6A, there is a list of PrEP codes to report, however in the FAQ, there is guidance stating, “Do not report these ICD, CPT, or RxNORM codes [...] They only serve as a recommendation to help health centers identify reportable PrEP management.” If these codes are not to be used, what should be reported Line 21e, Column A and B?

The codes provided are some that may be used to document PrEP management for HIV prevention, given that there is not a direct coding scheme for PrEP initiation and continuation.

Lamivudine/tenofovir disoproxil fumarate seems like a drug combination that is clinically equivalent to FTC/TDF. Could we include patients using that combination for PrEP as well in our reporting?

No, Line 21e on Table 6A is limited to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP.
Questions? Feedback?

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The Education Center is part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world’s largest LGBTQIA+ focused health centers.

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