Is this a measure (or updated version of a measure previously submitted to NQF and given an NQF#?

 Yes – NQF 2079 HIV medical visit frequency

Several conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. If any of the conditions are not met, the measure will not be accepted for consideration.

Do you agree to these conditions?

X I have read and accept the conditions as specified above \*

Descriptive Information

Descriptive Information

De.1. Measure Type

*Process*

[De.2. Measure Title *‐ Measure titles should be concise yet convey who and what is being measured (see* What](http://nqf.qualityforum.dev.win.dotnet.panth.com/docs/what_good_looks_like.aspx) [Good Looks Like*)*\*](http://nqf.qualityforum.dev.win.dotnet.panth.com/docs/what_good_looks_like.aspx)

Medical visit frequency

De.3. Brief description

Percentage of patients, regardless of age, 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 of 60 days between medical visits

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?

NA

Measure Specifications

S.1. Measure‐specific Web Page

Information about the measure can be found at Health Resources and Services Administration Ryan White and Global HIV/AIDS Programs website

 http://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) ‐ if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain‐language description of the specifications)

We will submit HIV viral suppression as both a chart abstracted measure and an e-measure. This form is for the chart abstracted measure.

S.2b. Data Dictionary, Code Table, or Value Sets

|  |  |  |  |
| --- | --- | --- | --- |
| **VARIABLE DESCRIPTION** | **FORMAT****TYPE** | **FIELD****LENGTH** | **Definition/****Guidelines** |
| Date of Enrollment  | Date  | MM/15/YYYY  | Date of patient’s first HIV primary care visit at site. A fixed variable (does not change over time.) Report only month and year with the 15th day of the month.  |
| Visit Date | Date | Date MM/DD/YYYY  | Month, Day, Year |
| Primary Care Visit Type | Numeric | 1 | Please convert visit type to the associated numeric value.1 = HIV primary care visit(NOTE: An HIV primary care visit is defined as “a visit with amedical provider – MD, DO, Fellow, Resident, PA, NP - in theHIV clinic”)2 = Nurse3 = Social Worker4 = Pharmacist5 = Case Manager6 = Nutritionist8 = Other0 = Specialty/non-HIV primary care visit type (examplesinclude visits to a dentist, ob/gyn, hepatologist, etc.)9 = Unknown |
| Death or Censor | Alpha | 1 | D = DeceasedL = Lost to care, Loss to follow up (12 months) |
| Date of HIV Diagnosis | Date | MM/01/YYYY | Date of patient’s HIV diagnosis. *Note: Required for new**patients; optional for existing patients.*Report month and year only using the 1st day of the month.*(Example: 04/01/1997)* If just the year is known, please codeas the first of the year (01/01/1997). |

S.3.1. For maintenance of endorsement: Are there changes to the specifications since the last updates/submission. If yes, update the specifications for S1‐2 and S4‐22 and explain reasons for the changes in S3.2.

No

S.3.2. For maintenance of endorsement, please briefly describe any important changes to the measure specifications since last measure update and explain the reasons.

None

S.4. Numerator Statement

Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period. (Measurement period is a consecutive 24-month period of time.)

S.5. Numerator Details

To be included in the numerator, patients must have had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.

S.6. Denominator Statement

Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period.

S.7. Denominator Details

To be included in the denominator, patients must meet all of the following conditions/events:

1. Patients of any age during the measurement period
2. Patients without a date of death during the 24-month measurement period
3. Patients diagnosed with HIV during the first 3 months of the 24-month measurement period or prior to the measurement period
4. Patients who had at least one medical visit in the first 6 months of the 24-month measurement period

S.8. Denominator Exclusions *(Brief narrative description of exclusions from the target population)*

Patients who died at any time during the 24-month measurement period.

S.9. Denominator Exclusion Details

Patients with a date of death during the measurement period.

S.10. Stratification Information *(Provide all information required to stratify the measure results, if necessary,* *including the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk‐model covariates and coefficients for the clinically‐adjusted version of the measure when appropriate – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b)*

N/A

S.11. Risk Adjustment Type (Select type. Provide specifications for risk stratification in measure testing attachment)

N/A

S.12. Type of score:

Percentage

S.13. Interpretation of Score *(Classifies interpretation of score according to whether better quality is associated* *with a higher score, a lower score, a score falling within a defined interval, or a passing score)*

Better quality is associated with a higher score.

S.14. Calculation Algorithm/Measure Logic

1. Identify the individuals who satisfy all specific criteria for inclusion in the denominator: 1.) diagnosed with HIV during the first 3 months of the 24-month measurement period or prior to the 24-month measurement period; 2.) did not have a date of death during the 24-month measurement period; and 3.) had at least one medical visit in the first 6 months of the 24-month measurement period. The individuals who met these three criteria are the denominator population.
2. Identify the individuals from the denominator population who meet the criterion for inclusion in the numerator: must have had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.
3. Calculate the rate by dividing the numerator population by the denominator population and multiply by 100.

Also illustrated in the diagram below.



S.15. Sampling

This measure does not sample.

S.16. Survey/Patient‐reported data This measure is not based on a survey or instrument.

This measure is not based on a survey or instrument.

S.17. Data Source *(Check ONLY the sources for which the measure is SPECIFIED AND TESTED).* *If other, please describe in S.18.*

Paper Records: As previously stated, this measure will be submitted as a chart abstracted measure and an e-measure. This submission is for the chart abstracted measure.

S.18. Data Source or Collection Instrument

Electronic or paper records

S.19. Data Source or Collection Instrument

No data collection instrument provided.

S.20. Level of Analysis *(Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)*

Facility

S.21. Care Setting *(Check ONLY the settings for which the measure is SPECIFIED AND TESTED)*

Clinician Office/Clinic

S.22. COMPOSITE Performance Measure ‐ This is not a composite measure.

Importance

Evidence ([Measure evaluation criterion 1a](http://nqf.qualityforum.dev.win.dotnet.panth.com/#1a))

1a. Attach evidence submission form ([Click here to download Evidence Submission Form Template](http://nqf.qualityforum.dev.win.dotnet.panth.com/docs/NQF_evidence_attachment_FINAL_2016.aspx))

1a.1. For maintenance of endorsement:

Is there new evidence about the measure since the last update/submission?

Yes

Performance Gap ‐ Opportunity for Improvement ([Measure evaluation criterion 1b](http://nqf.qualityforum.dev.win.dotnet.panth.com/#1b))

Importance

Importance to Measure and Report is a threshold criterion that must be met in order to recommend a measure for endorsement. All three sub‐criteria must be met to pass this criterion. See guidance on evidence.

Evidence ([Measure evaluation criterion 1a](http://nqf.qualityforum.dev.win.dotnet.panth.com/#1a))

Performance Gap ‐ Opportunity for Improvement ([Measure evaluation criterion 1b](http://nqf.qualityforum.dev.win.dotnet.panth.com/#1b))

1b.1. Briefly explain the rationale for this measure (e.g., how the measure will improve the quality of care, the benefits or improvements in quality envisioned by use of this measure)

Poor retention in care during the first year of outpatient medical care is associated with delayed or failed receipt of antiretroviral therapy, delayed time to virologic suppression and greater cumulative HIV burden, increased sexual risk transmission behaviors, increased risk of long-term adverse clinical events, and low adherence to antiretroviral therapy. Early retention in HIV care has been found to be associated with time to viral load suppression and 2-year cumulative viral load burden among patients newly initiating HIV medical care (8). In this study, each “no show” clinic visit conveyed a 17% increased risk of delayed viral load suppression. A dose- response relationship has been shown between constancy of visits during the first year (i.e. having an HIV primary care visit in each 3-month quarter) and survival. Another study examining care over a two-year period has found that mean increase from baseline CD4 counts was significantly greater among those with optimal retention (visits in all 4 six-month intervals) than among those with sub-optimal retention, and that mortality was higher among those with suboptimal retention.

In 2011, the HIV community saw the emergence of the HIV care continuum.  This simple model outlines the sequential steps of medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression.  The steps include diagnosis, linkage to care, retention in care, receipt of HIV antiretroviral therapy and viral suppression.  This model has been incorporated into the National HIV/AIDS Strategy as it has focused all HIV prevention, care, and treatment efforts in the United States.  As outlined in the model, all though there are five different steps, each step is dependent upon each other.   For instance, you cannot become virally suppressed if you are not receiving HIV antiretroviral therapy or retained in medical care.

The most recent nationwide data from CDC dated 2014 estimates that although 86% of people living with HIV have been diagnosed, only 40% are engaged in care, 37% have been prescribed HIV antiretroviral therapy, and 30% have achieved viral suppression.

Right now, we are at a very special time and place.  Many states and large metropolitan areas across the United States have developed plans to end the HIV epidemic in the communities.  These jurisdictions have used the HIV care continuum and its steps as the framework by which they have developed their plans.

1b.2. Provide performance scores on the measure as specified (current and over time ) at the specified level of analysis. (This is required for maintenance of endorsement. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include). This information also will be used to address the sub‐criterion on improvement (4b) under Usability and Use.

We utilized the multisite HIV Research Network (HIVRN), a consortium of community and academic HIV providers care sites, linked by a centralized Data Coordinating Center (DCC). The HIVRN has 11 participating treatment sites (10 adolescent/adult sites and 1 pediatric site). The sites are representative of both academic and community-based HIV care; of the 4 major geographic divisions of the U.S. of the demographic diversity of HIV infection across the U.S. and of the insurance status and coverage types typical of the population in care. The measurement periods included calendar years 2007-2008, 2008-2009, 2009-2010, 2014-2015. More information can be found on the HIVRN website regarding a site location, additional data, and more.

All of the patients in the HIVRN dataset have a diagnosis of HIV. Patients were included, regardless of age, in each measurement period if they had a medical visit in the first 6 months of the measurement period and did not die during the measurement period. The following lists the number of patients included for each measurement period. Due to resource constraints, 2011-2013 were not included in the analysis to allow for inclusion of the most recent measurement period for this measure (2014-2016) with limited analysis available.

|  |  |
| --- | --- |
| Year | Number of patients included |
| 2007-2008 | 15,790 |
| 2008-2009 | 16,881 |
| 2009-2010 | 17,687 |
| 2014-2015 | 15,049 |

Provider-level medical visit frequency performance scores, 2014-2015

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider Site | Total N | Percent of patients with a medical visit in each six month segment of the measurement period | Lower confidence interval | Upper confidence interval |
| A  | 399 | 55.13 | 50.22 | 59.95 |
| B | 1910 | 63.24 | 61.05 | 65.38 |
| C | 1425 | 68.21 | 65.74 | 70.57 |
| D | 1490 | 68.45 | 66.05 | 70.76 |
| E | 1276 | 68.8 | 66.21 | 71.92 |
| F | 4549 | 70.93 | 69.6 | 72.24 |
| G | 630 | 78.88 | 75.52 | 81.37 |
| H | 745 | 79.19 | 76.12 | 81.89 |
| I | 1582 | 79.45 | 77.39 | 81.95 |
| J | 452 | 82.74 | 78.97 | 85.95 |
| K | 591 | 83.76 | 80.55 | 86.51 |

Summary statistics for proportion of 2014-2015 patients meeting the numerator criteria across providers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2007-2008 | 2008-2009 | 2009-2010 | 2014-2015 |
| Minimum | 47.1% | 42.5% | 50.1% | 55.1% |
| Maximum | 86.1% | 83.1% | 82.8% | 83.8% |
| Mean | 66.7% | 67.73% | 68.9% | 72.6% |
| 25th percentile | 59.7% | 59.9% | 63.4% | 68.2% |
| 50th percentile | 70.6% | 66.2% | 67.7% | 70.9% |
| 75th percentile | 78.2% | 75.5% | 74.6% | 79.5% |

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement. Include citations.

N/A

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. (This is required for maintenance of endorsement. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included.) For measures that show high levels of performance, i.e., “topped out”, disparities data may demonstrate an opportunity for improvement/gap in care for certain sub‐populations. This information also will be used to address the sub‐criterion on improvement (4b) under Usability and Use.

Client-level performance scores for medical visit frequency for 2007-2014 are presented below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2007-2008 | 2008-2009 | 2009-2010 | 2014-2015 |
| Race/Ethnicity: |  |  |  |  |
| African American/Caribbean | 64.8% | 67.0% | 67.5% | 72.7% |
| White, not Hispanic | 67.3% | 65.8% | 67.9% | 75.2% |
| Hispanic | 71.2% | 72.9% | 73.9% | 67.9% |
| Other | 73.0% | 68.5% | 68.8% | 66.2% |
| Gender: |  |  |  |  |
| Male | 66.2% | 67.5% | 68.5% | 69.9% |
| Female | 68.2% | 68.4% | 69.8% | 76.0% |
| Transgender | 62.4% | 65.8% | 72.9% | 66.7% |
| Age: |  |  |  |  |
| <18 | 87.2% | 87.3% | 87.8% | 88.7% |
| 18-29 | 53.3% | 54.2% | 56.8% | 62.9% |
| 30-49 | 64.6% | 66.0% | 66.4% | 67.5% |
| 50+ | 73.7% | 73.7% | 75.9% | 76.1% |
| HIV Risk: |  |  |  |  |
| IV Drug Use | 64.6% | 67.1% | 67.6% | 74.3% |
| Men Having Sex with Men | 66.8% | 67.7% | 69.4% | 67.9% |
| Heterosexual Contact | 67.0% | 67.4% | 68.7% | 75.2% |
| Vertical | 87.2% | 87.0% | 84.4% | 67.9% |
| Blood | 70.7% | 68.3% | 67.5% | 75.5% |
| Other/Unknown | 51.3% | 57.0% | 59.9% | 67.1% |
| Insurance: |  |  |  |  |
| Private | 76.9% | 76.5% | 74.6% | 64.6% |
| Medicaid | 78.8% | 78.7% | 80.9% | 72.2% |
| Medicare | 81.4% | 81.2% | 82.3% | 75.4% |
| Dual (Medicare and Medicaid) | 87.2% | 87.0% | 81.0% | 76.7% |
| Uninsured | 62.1% | 56.9% | 62.6% | 69.4% |
| Ryan White | 74.1% | 77.3% | 77.4% | 68.7% |
| Other/Unknown | 66.2% | 64.7% | 66.3% | 73.5% |
| Site Type: |  |  |  |  |
| Hospital-based | 66.4% | 68.1% | 68.9% | 69.4% |
| Community-based | 67.9% | 66.6% | 69.0% | 79.3% |

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b.4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement.

N/A

Scientific Acceptability

Testing Attachment

2. Attach measure testing form (Click to here to download the [Measure Testing Form Template](http://nqf.qualityforum.dev.win.dotnet.panth.com/docs/NQF_testing_attachment_FINAL_2016.aspx) OR the Composite Measure Testing Form.)

2.1. For maintenance of endorsement:

Reliability testing: If testing of reliability of the measure score was not presented in prior submission(s), has reliability testing of the measure score been conducted? If yes, please provide results in the Testing attachment. (Do not remove prior testing information – include date of new information in red.)

Presented prior.

2.2. For maintenance of endorsement:

Has additional empirical validity testing of the measure score been conducted? If yes, please provide results in the Testing attachment. (Do not remove prior testing information – include date of new information in red.)

No

2.3. For maintenance of endorsement:

Risk adjustment:

No ‐ This measure is not risk‐adjusted.

Feasibility

3a.1. How are the data elements needed to compute measure scores generated? (Check all that apply)

Generated "or collected" by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, "depression score")

Electronic Sources ([Measure evaluation criterion 3b](http://nqf.qualityforum.dev.win.dotnet.panth.com/#3b))

3b.1. To what extent are the specified data elements available electronically in defined fields (i.e.*, data* *elements that are needed to compute the performance measure score are in defined, computer‐readable fields*)Update this field for maintenance of endorsement.

ALL data elements are in defined fields in electronic health records (EHRs).

3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near‐term path to electronic capture, OR provide a rationale for using other than electronic sources. For maintenance of endorsement, if this measure is not an eMeasure (eCQM), please describe any efforts to develop an eMeasure (eCQM).

For this measure, we are also presenting an e-measure.

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure‐specific URL. Please also complete and attach the NQF Feasibility Score Card.

Data Collection Strategy ([Measure evaluation criterion 3c](http://nqf.qualityforum.dev.win.dotnet.panth.com/#3c))

3c.1. Required for maintenance of endorsement. Describe difficulties (as a result of testing and/or operational use of the measure) regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

Data availability: The data used for testing and operational use of this measure are readily available within patient health records and provided annually to HIVRN.

Missing date: We were not able to assess for missing data in this submission due to constraints when working with the HIVRN.

Time and frequency of data collection: As noted previously, all variables to calculate this measure are contained in a patient health record in a structured field. These data are routinely collected in the provision of care to people living with HIV. Because the availability of data, sampling is not performed.

Patient confidentiality: The data used in the testing of this measure are deidentified/striped of personally identifiable information prior to submitting.

3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm)?

No fees, licensing, or other requirements to use any aspect of the measure.

4.1. Current and Planned Use *(check all the current and planned uses; for any current uses that are checked,* *provide a program name and URL for the specific program)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Intended Use | Specific | Current | For current use, provide Program Name and URL |  |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  | Plan for |  | Use |  |
|  |  | Use |  |  |  |
|  |  |  |  |  |  |
|  | a. Public Reporting | X |  | X | Ryan White HIV/AIDS Program  |
|  |  |  |  |  |  |
|  | b. Public Health/Disease Surveillance |  |  | X | National HIV/AIDS Strategy |
|  |  |  |  |  |  |
|  | c. Payment Program | X |  | X | Physician Quality Report System and Merit-Based Incentive Payment System |
|  |  |  |  |  |  |
|  | d. Regulatory and Accreditation Programs |  |  |  |  |
|  |  |  |  |  |  |
|  | e. Professional Certification or Recognition  |  |  |  |  |
|  | Program |  |  |  |  |
|  |  |  |  |  |  |
|  | f. Quality Improvement with Benchmarking |  |  |  |  |
|  | (external benchmarking to multiple |  |  |  | National HIV/AIDS Strategy |
|  | organizations) |  |  |  |  |
|  |  |  |  |  |  |
|  | g. Quality Improvement (Internal to the specific |  |  |  | Ryan White HIV/AIDS Program |
|  | organization) |  |  |  |  |
|  |  |  |  |  |  |



Accountability/Transparency ([measure evaluation criterion 4a](http://nqf.qualityforum.dev.win.dotnet.panth.com/#4a))

4a.1. For each CURRENT use, checked above (update for maintenance of endorsement), provide:

Name of program and sponsor Purpose; Geographic area and number and percentage of accountable entities and patients included Level of measurement and setting

Ryan White HIV/AIDS Program

Sponsor: Federal government

Geographic area: Nationwide

Accountable entities: Approximately 600 Ryan White HIV/AIDS Program grant recipients and their providers

Patients: Approximately 316,000 patients

Physician Quality Report System and Value Based Modifier

Sponsor: Federal government

Geographic area: Nationwide

Accountable entities: Physicians and practitioners

Patients: Unknown

Merit-Based Incentive Payment System

Sponsor: Federal government

Geographic area: Nationwide

Accountable entities: Physicians, Physician Assistant, Nurse Practitioner, and Clinical Nurse Specialist

Patients: Unknown

National HIV/AIDS Strategy

Sponsor: Federal government

Geographic area: Nationwide

Accountable entities: Federal agencies and service providers

Patients: All people living with HIV in the United States

4a.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g.*, Do policies or actions of the* *developer/steward or accountable entities restrict access to performance results or impede implementation?*) N/A

4a.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes ‐‐ any accountability application within 3 years and publicly reported within 6 years of initial endorsement. N/A

Improvement ([measure evaluation criterion 4b](http://nqf.qualityforum.dev.win.dotnet.panth.com/#4b))

4b. Refer to data provided in 1b but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high‐quality healthcare; Geographic area and number and percentage of accountable entities and patients included.)

4b. Refer to data provided in 1b but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high‐quality healthcare; Geographic area and number and percentage of accountable entities and patients included.)

Medical visit frequency is a measurement of retention in HIV medical care and specifically geared towards longer term retention. Performance has been improving over time. Based on the HIVRN data, representing over 15,000 patients annually, performance has increased from 66.7% in 2007-2008 to 72.6% in 2014-2015. Many, but not all of the demographic groups and subpopulations have seen improvements in the medical visit frequency measure.

Unexpected findings ([measure evaluation criterion 4c](http://nqf.qualityforum.dev.win.dotnet.panth.com/#4c))

4c.1. Please explain any unexpected findings (positive or negative) during implementation of this measure including unintended impacts on patients.

The adoption and use of this measure has continued to spread since the initial development of this measure. This measure has been adopted by Centers for Medicare and Medicaid measurement programs, Department of Health and Human Service Secretary as a one of the core HIV indicators, countless outpatient/ambulatory care settings, and health departments. National learning collaborates have used this measure to focus the improvement efforts of grant recipients and subrecipients. Additionally, retention is the final and goal of the five stages of the HIV care continuum.

4c.2. Please explain any unexpected benefits from implementation of this measure.

N/A

4d1.1. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.

This measure has been used in national quality improvement campaigns, learning collaborative, and learning exchange. Participants commit to using this measure, reporting performance scores and disparity stratifications, and developing quality improvement projects based on this measure. Performance scores and disparity stratification data are shared with participants in order to benchmark performance.

HRSA is releasing a quality module where grant recipients can voluntarily report numerator, denominator, and performance scores for a portfolio of measures. Grant recipients will be able to benchmark their performance based on a number of patient demographic and organizational factors. This measure will be included in the measure portfolio.

4d1.2. Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.

For the national quality improvement campaign, data were collected and aggregated from participants across the United States every other month. Reports were developed and released based on a number of organizational factors (type of funding, location, etc.). Reports included data tables and spark lines and available on a public website and presented in public, national webinars. Similar efforts were employed for the learning collaborative and learning exchange.

4d2.1. Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1.

Antidotal feedback has been received regarding the use of performance measures, collection of data, and dissemination of reports from participating Ryan White HIV/AIDS Program grant recipients. All of the feedback was positive, supportive, and encouraged further stratification, dissemination methods, and graphical presentations. Feedback was incorporated in dissemination efforts based on feasibility and resource availability.

4d2.2. Summarize the feedback obtained from those being measured.

See 4d2.2

4d2.3. Summarize the feedback obtained from other users.

Antidotal feedback encouraged continual alignment of measure details (e.g. numerator, denominator, exclusions, etc.) across performance measures and measure programs in order to reduce burden.

4d.3. Describe how the feedback described in 4d.2 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not

During the initial development of the measure, formal feedback was gathered. The measures were modified during the development phase and have not been modified since. A concerted effort was made to develop a measure that would likely stand the test of time from a scientific, clinical, and patient perspective. On an annual basis, the measure is review for clinical relevance, change in scientific acceptability, and consistency with guidelines. This measure has not been modified as a result of the annual reviews. Additionally, this measure is used by a number of measurement programs and strategies. Each of those programs require a separate annual review. No modifications have been made for those programs.

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

Related and Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

Relation to Other NQF‐endorsed® Measures ([Measure evaluation criterion 5](http://nqf.qualityforum.dev.win.dotnet.panth.com/#5))

5. Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures. (Can search and select measures.)

0405 HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis

0409 HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis

2080 Gap in HIV Medical Visits

2082 HIV viral suppression

2083 Prescription of HIV Antiretroviral Therapy

3211 Prescription of HIV Antiretroviral Therapy

3210 HIV viral suppression

3010 HIV Medical Visit Frequency

Harmonization of Related Measures ([Measure evaluation criterion 5a](http://nqf.qualityforum.dev.win.dotnet.panth.com/#5a))

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF‐endorsed measure(s):Are the measure specifications harmonized to the extent possible?

Yes

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden. N/A

Competing Measure(s) ([Measure evaluation criterion 5b](http://nqf.qualityforum.dev.win.dotnet.panth.com/#5b))

5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF‐ endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

This measure does not have a competing measure.