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CD4 Cell Count Performance Measure moved to the “Archived” category. (January 2015) Viral Load Monitoring Performance Measure moved to the “Archived” category (May 2015)

**Performance Measure: HIV Drug Resistance Testing Before Initiation of Therapy  
National Quality Forum #: None**

**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test performed<sup>1</sup> before initiation<sup>2</sup> of HIV antiretroviral therapy if therapy started during the measurement year

**Numerator:** Number of patients who had an HIV drug resistance test performed at any time before initiation of HIV antiretroviral therapy

**Denominator:**

Number of patients, regardless of age, with a diagnosis of HIV who

- Were prescribed HIV antiretroviral therapy during the measurement year for the first time;
- AND
- Had a medical visit with a provider with prescribing privileges<sup>3</sup> at least once in the measurement year

**Patient Exclusions:** None

**Data Elements:**

Does the patient, regardless of age, have a diagnosis of HIV/AIDS? (Y/N)

- a. If yes, was the patient seen by a provider with prescribing privileges during the measurement year? (Y/N)
  - i. If yes, was HIV antiretroviral therapy prescribed during the measurement year for the first time? (Y/N)
    1. If yes, was an HIV drug resistance test performed at any time prior to prescribing ARV therapy? (Y/N)  
If yes, list date

**Comparison Data:** None

**U.S. Department of Health and Human Services Guidelines:**

Adult guidelines:<sup>4</sup> “HIV drug-resistance testing is recommended in persons with HIV infection at entry into care regardless of whether antiretroviral therapy (ART) will be initiated immediately or deferred (AII). If therapy is deferred, repeat testing should be considered at the time of ART initiation (CIII).

- “Genotypic testing is recommended as the preferred resistance testing to guide



therapy in antiretroviral (ARV)-naïve patients (AIII).”<sup>4</sup>

- Pediatric guidelines:<sup>5</sup> “Entry into Care—Baseline Evaluation...Genotype resistance testing should be performed, even if cART is not initiated immediately. Testing at the Time of Switching cART...If regimen is switched because of cART failure (see Recognizing and Managing Antiretroviral Treatment Failure in Management of Children Receiving Antiretroviral Therapy) resistance testing should be performed while a patient is still receiving the failing regimen to optimize the chance of identifying resistance mutations because resistant strains may revert to wild type within a few weeks of stopping ARV drugs (see Antiretroviral Drug-Resistance Testing).”

**Use in Other Federal Programs:** None

**References/Notes:**

<sup>1</sup> HIV drug resistance testing may occur either during or prior to the measurement year, as long as it is performed before ARV therapy is initiated.

<sup>2</sup> The focus of the measure is on initiation of first antiretroviral regimen for HIV treatment, not prophylaxis or re-initiation.

<sup>3</sup> A “provider with prescribing privileges” is a health care professional who is certified in his/her jurisdiction to prescribe medications.

<sup>4</sup> Panel on Antiretroviral Guidelines for Adults and Adolescents. [Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents](#). Department of Health and Human Services. Available online. Section accessed June 7, 2019. Section C-1.

<sup>5</sup> Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection](#). Available online. Section accessed June 7, 2019. Section D-1.



**Performance Measure: Influenza Immunization<sup>1</sup>**  
**National Quality Forum #: 0041**

**Description:** Percentage of patients aged 6 months and older seen for a visit between October 1<sup>st</sup> and March 31<sup>st</sup> who received an influenza immunization OR who reported previous receipt of an influenza immunization

**Numerator:** Patients who received an influenza immunization OR who reported previous receipt \* of influenza immunization during the current season

\*Previous receipt can include: previous receipt of the current season’s influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given August 1<sup>st</sup>).

**Denominator:** All patients aged 6 months and older seen for a visit between October 1<sup>st</sup> and March 31<sup>st</sup>

**Patient Exclusions:**

1. Documentation of medical reason(s) for not receiving influenza immunization
  - a. (e.g., patient allergy, other medical reasons)
2. Documentation of patient reason(s) for not receiving influenza immunization
  - a. (e.g., patient declined, other patient reasons)
3. Documentation of system reason(s) for not receiving influenza immunization
  - a. (e.g., vaccine not available, other system reasons)

**Data Elements:**

Did the patient, aged six months and older, have at least one medical visit between October 1<sup>st</sup> and March 31<sup>st</sup>? (Y/N)

- a. Did the patient receive an influenza vaccination or report previous receipt of an influenza vaccination? (Y/N)

\*\*\*Greater measure specification detail is available including data elements for each value set at [cms.gov: eCQM Library](https://www.cms.gov/eCQM)  
(Measure CMS 147v8)

**Comparison Data:** None

**U.S. Department of Health & Human Services Guidelines:**

“Routine annual influenza vaccination of all persons aged  $\geq 6$  months without contraindications continues to be recommended.”<sup>2</sup>



**Use in Other Federal Programs:**

[Centers for Medicare and Medicaid Services EHR Incentive Program measure](#) (number 0041).

**References/ Notes:**

<sup>1</sup>The HIV/AIDS Bureau did not develop this measure. The American Medical Association-convened Physician Consortium for Performance Improvement (AMA-PCPI) developed this measure. More details available at: [eCQM Library](#)

<sup>2</sup>[Centers for Disease Control and Prevention. Recommendations of the Advisory Committee on Immunization Practices](#) — United States, 2016–17 Influenza Season. MMWR 2016; 65(5); 1–54. Available online. Accessed June 12, 2019.



**Performance Measure: Lipid Screening**  
**National Quality Forum #: None**

**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy and who had a fasting lipid<sup>1</sup> panel during the measurement year

**Numerator:** Number of patients who had a fasting lipid panel in the measurement year

**Denominator:** Number of patients, regardless of age, who are prescribed HIV antiretroviral therapy and who had a medical visit with a provider with prescribing privileges<sup>2</sup> at least once in the measurement year

**Patient Exclusions:** None

**Data Elements:**

Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)

- a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N)
  - i. If yes, was the client prescribed HIV antiretroviral therapy during the measurement year?(Y/N)
    - 1. If yes, did the patient have a fasting lipid panel during the measurement year? (Y/N)

**Comparison Data:** None

**U.S. Department of Health & Human Services Guidelines:**

Adult guidelines:<sup>3</sup> Fasting lipid profile should be monitored for patients at the following points: entry into care; ART initiation or modification; every 6 months (if abnormal at last measurement); every 12 months (if normal at last measurement); if clinically indicated and if ART initiation is delayed (if normal at baseline then, annually).

Pediatric guidelines:<sup>4</sup> Lipid Panel should be monitored for children during the following points of care: at entry to care; initiation of ART; and every 6-12 months.

**Use in Other Federal Programs:** None

**References/ Notes:**

<sup>1</sup>A fasting lipid panel consists of fasting cholesterol, HDL, calculated LDL and triglycerides.

<sup>2</sup>A “provider with prescribing privileges” is a health care professional who is certified in their jurisdiction to prescribe ARV therapy.

<sup>3</sup>Panel on Antiretroviral Guidelines for Adults and Adolescents. [Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents](#). Department of Health and



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Human Services. Available online. Accessed May 3, 2019. C-3.

<sup>4</sup>Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children.

[Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection](#). Available online. Accessed May 3, 2019. D-6.



**Performance Measure: Tuberculosis Screening<sup>1</sup>**  
**National Quality Forum #: 0408**

**Description:** Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS for whom there was documentation that a tuberculosis (TB) screening test<sup>2</sup> was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection

**Numerator:** Patients for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted at least once since the diagnosis of HIV infection.

**Denominator:** All patients aged 3 months and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days in between each visit.

**Patient Exclusions:** documentation of Medical Reason for not performing a tuberculosis (TB) screening test (e.g., patients with a history of positive PPD or treatment for TB)

**Data Elements:**

- Does the patient, aged three months and older, have a diagnosis of HIV/AIDS? (Y/N)
  - a. If yes, did the patient have at least two medical visits during the measurement year, with at least 90 days in between each visit? (Y/N)
    - i. If yes, has the patient had tuberculosis (TB) screening test performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection? (Y/N)

**Comparison Data:** None

**U.S. Department of Health & Human Services Guidelines:**

Adult guidelines: <sup>3</sup> “Testing for LTBI at the time of HIV diagnosis should be routine, regardless of an individual’s epidemiological risk of TB exposure. Individuals with negative diagnostic tests for LTBI who have advanced HIV infection (CD4 cell count <200 cells/mm<sup>3</sup>) and no indications for initiating empiric LTBI treatment should be retested for LTBI once they start ART and attain a CD4 count ≥200 cells/mm<sup>3</sup>. Annual testing for LTBI is recommended only for HIV-infected patients who are at high risk of repeated or ongoing exposure to those with active TB.”

Pediatric guideline: <sup>4</sup> Because HIV-infected children are at high risk of TB, annual LTBI testing is recommended beginning at ages 3 to 12 months and annually thereafter for those who tested negative in the past (AIII), depending on the local epidemiology, region of birth, and travel history.





American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Guidelines:<sup>2</sup>

- We recommend performing an interferon- $\gamma$  release assay (IGRA) rather than a tuberculin skin test (TST) in individuals 5 years or older who meet the following criteria: (1) are likely to be infected with *Mtb*, (2) have a low or intermediate risk of disease progression, (3) it has been decided that testing for LTBI is warranted, and (4) either have a history of BCG vaccination or are unlikely to return to have their TST read (*strong recommendation, moderate-quality evidence*). Remarks: A TST is an acceptable alternative, especially in situations where an IGRA is not available, too costly, or too burdensome.
- We suggest performing an IGRA rather than a TST in all other individuals 5 years or older who are likely to be infected with *Mtb*, who have a low or intermediate risk of disease progression, and in whom it has been decided that testing for LTBI is warranted (*conditional recommendation, moderate-quality evidence*). Remarks: A TST is an acceptable alternative, especially in situations where an IGRA is not available, too costly, or too burdensome.

**Use in Oher Federal Programs:** None

**References/ Notes:**

<sup>1</sup>The HIV/AIDS Bureau did not develop this measure. The National Committee on Quality Assurance developed this measure. Measure details available at: [National Quality Forum: Endorsement Summaries](#).

<sup>2</sup> David M. Lewinsohn, Michael K. Leonard, Philip A. LoBue, David L. Cohn, Charles L. Daley, Ed Desmond, Joseph Keane, Deborah A. Lewinsohn, Ann M. Loeffler, Gerald H. Mazurek, Richard J.O'Brien, Madhukar Pai, Luca Richeldi, Max Salfinger, Thomas M. Shinnick, Timothy R. Sterling, David M. Warshauer, Gail L. Woods; Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children. Clin Infect Dis 2017; 64 (2): e1-e33. doi: 10.1093/cid/ciw694

<sup>3</sup> Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the [Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV](#) recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available Online. Accessed June 12, 2019. Section F-2.

<sup>4</sup>Panel on [Guidelines for the Prevention and Treatment of Opportunistic Infections Among HIV-Exposed and HIV-Infected Children](#). Available online. Accessed June 12, 2019. Section V-4.

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