



Meeting Summary

Core Quality Measures Collaborative HIV/Hepatitis C Workgroup Meeting

Under its Partnership for Quality Measurement (PQM), Battelle convened the Core Quality Measures Collaborative (CQMC) HIV/Hepatitis C Workgroup on Wednesday, June 4, 2025, to discuss potential measure removals to the HIV/Hepatitis C core set.

Welcome and Opening Remarks

Kate Buchanan, MPH, Battelle CQMC Lead, welcomed workgroup members to the HIV/Hepatitis C meeting to discuss core set updates. She reviewed the anti-trust compliance statement and said that CQMC is a membership-driven and funded effort, with additional support from the Centers for Medicare & Medicaid Services (CMS) and AHIP. Ms. Buchanan gave an overview of the meeting agenda.

Ms. Buchanan introduced the workgroup co-chairs, Michael Horberg, MD, MAS, FACP, FIDSA, and Andrea Weddle, MSW, and provided a list of voting and non-voting members. Ms. Buchanan then outlined the core set maintenance process, noting the intent of the core sets, CQMC [principles for measures](#) in the core set, and the process for maintenance for the core sets. Ms. Buchanan said that core set maintenance occurs every year.

The co-chairs noted that this core set is important for controlling the HIV and Hepatitis C epidemics. These measures may be increasingly salient as we see potential shifts in health care coverage.

2024 Maintenance Review Recap

Ms. Buchanan provided a high-level recap of measures under review and results from the 2024 cycle. During the 2024 cycle, the workgroup:

- Recommended the addition of three measures:
 - [CBE #3752e HIV Annual Retention in Care](#)
 - [CBE #3755e STI Testing for People with HIV](#)
 - [CMS Measures Inventory Tool \(CMIT\) #1433 Hepatitis C Virus \(HCV\): Sustained Virological Response \(SVR\)](#)
- Recommended the removal of one measure:
 - [CBE #0409 HIV/AIDS: Sexually Transmitted Diseases - Screening for Chlamydia, Gonorrhea, and Syphilis](#)

- Recommended retention of two measures:
 - [MIPS ID 475 HIV Screening](#)
 - [MIPS ID 401 Screening for Hepatocellular Carcinoma \(HCC\) in Patients with Hepatitis C Cirrhosis](#)

The last maintenance review had no updates to gap areas. The Health Resources and Services Administration (HRSA) noted that the Assistant Secretary for Health released guidance around congenital syphilis that HRSA shared with the group. For the 2026 full maintenance review, a workgroup member suggested considering the addition of MIPS 387 [Annual Hepatitis C Virus \(HCV\) Screening for Patients who are Active Injection Drug Users](#).

The Current Core Set

Ms. Buchanan provided an overview of the current [HIV/Hepatitis C core set](#), noting that it has eight measures: six process measures and two outcome measures. Five are HIV measures, and three are Hepatitis C measures.

Measure for Consideration – Removal

The Battelle CQMC team identified one measure for removal: [CBE #2079/3209e HIV Medical Visit Frequency](#), which is stewarded by HRSA. This measure describes the 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. A medical visit is defined as any visit in an outpatient/ambulatory care setting with a nurse practitioner, physician, and/or physician assistant who provides comprehensive HIV care. HRSA is no longer maintaining endorsement from the consensus-based entity (CBE) so the measure has lost endorsement.

A representative from HRSA shared that many clients do not need a visit every 6 months, and some providers were bringing patients in just for the measure. In addition, HRSA wants to focus on measures that are meaningful and impactful, align with guidelines, and are implementable. Moving forward, they have decided to maintain one retention measure related to HIV and will focus on CBE #3752e.

A co-chair expressed that retention in care measures are important to the core set. If patients are seeing their provider regularly, they may not be getting labs done, medications, or vaccinations.

Gaps Discussion

Ms. Buchanan provided an overview of gap areas in measure development mentioned in previous workgroup meetings.

A co-chair stated that in the past, this core set aimed for parsimony, because the workgroup assumed that other CQMC core sets covered other key metrics. However, a co-chair identified gap areas in measurement (e.g., vaccinations) that no core set includes. Ms. Buchanan noted that the ACO/PCMH/PC core set will undergo full maintenance review this year. As a result, the CQMC Steering Committee chair encouraged the HIV/Hepatitis C workgroup to send measures to the ACO/PCMH/PC workgroup for consideration and to attend their meetings to share thoughts. The HIV/Hepatitis C workgroup chair recommended the pre-exposure prophylaxis (PrEP) measures.

A workgroup member mentioned that the American College of Emergency Physicians (ACEP)

and Cleveland Clinic are piloting two new measures – one for HIV screening for all patients presenting with a sexually transmitted infection (STI) and one for syphilis testing for pregnant patients. A co-chair expressed eagerness to see the results.

A workgroup member asked whether qualified clinical data registry (QCDR) measures could be considered for the core set. The CQMC Steering Committee chair responded that the CQMC tends to focus on measures that are non-proprietary without licensure fees. However, CQMC may be able to work with registries to make low-cost licenses available.

Another workgroup member noted that the military has policies around PrEP and STI testing and would be supportive of ACEP's and the Cleveland Clinic's measures.

Next Steps

Ms. Buchanan provided an overview of voting procedures. The voting link will be sent from CQMC@battelle.org. She reminded the group of supermajority rules around voting and shared an overview of the Full Collaborative Approval process. Ms. Buchanan and the co-chairs gave closing remarks before adjourning the meeting.