

# Viral Hepatitis Quality Measures Technical Consultation Meeting

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March 7, 2024



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Office of the  
Assistant Secretary  
for Health

# Welcome from the Office of the Assistant Secretary for Health (OASH), Office of Infectious Disease and HIV/AIDS Policy (OIDP)

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Jessica Deerin, PhD, MPH  
Viral Hepatitis Policy Advisor



# National Landscape – Impact of Viral Hepatitis

## Acute Infections

In 2021:

- Estimated 13,300 new hepatitis B infections
- Estimated 69,800 new hepatitis C infections

**\*Rate doubled from 2013 to 2020**

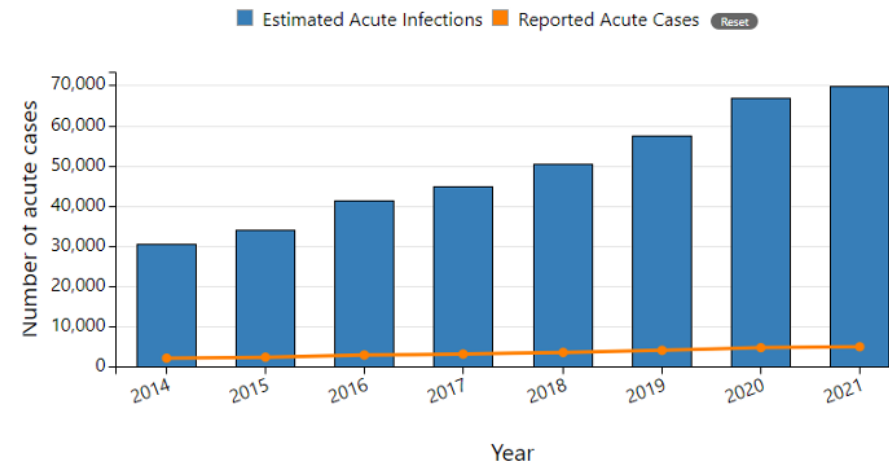
## Chronic Infections

- Estimated **862,000** people living with hepatitis B
- Estimated **2.4 million** people living with hepatitis C

## Health Consequences

- Liver Cancer
- Cirrhosis
- Perinatal transmission
- Early Death
- Mental Health Conditions

**Number of reported cases of acute hepatitis C virus infection and estimated infections – United States, 2014-2021**



## About the Office of Infectious Disease and HIV/AIDS Policy

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The mission of the Office of Infectious Disease and HIV/AIDS Policy (OIDP) is to provide strategic leadership and management, while encouraging collaboration, coordination, and innovation among federal agencies and stakeholders to reduce the burden of infectious diseases.

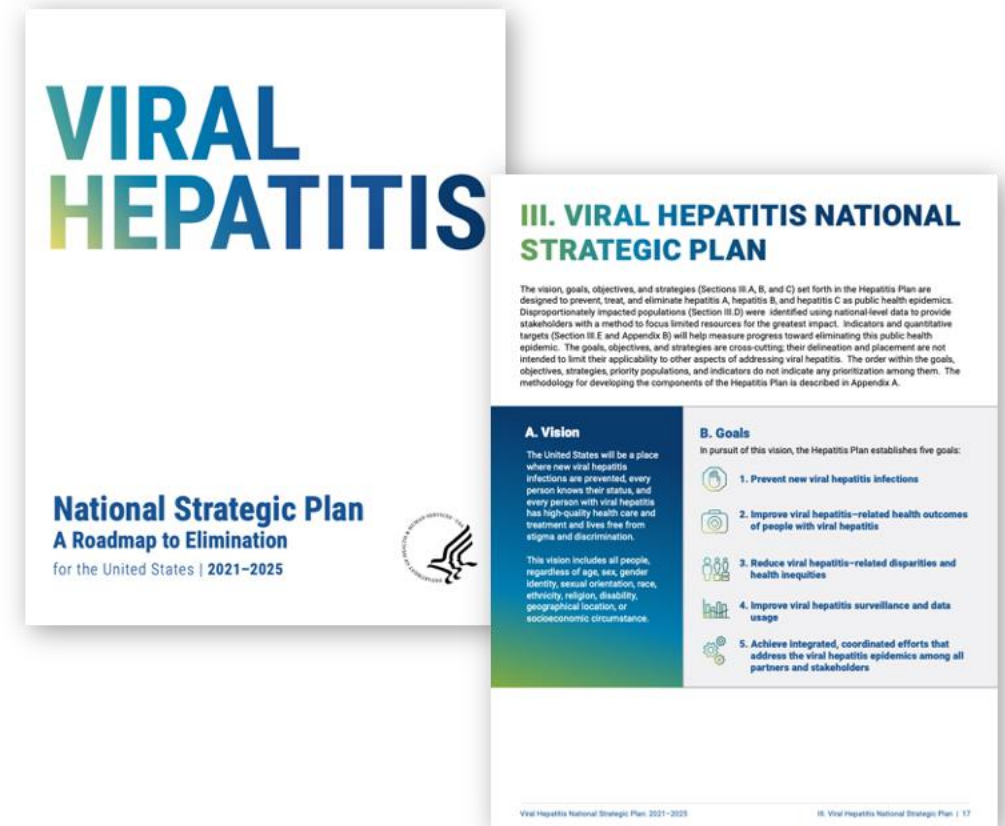


Office of  
Infectious Disease  
and HIV/AIDS Policy

# National Landscape: A National Strategic Plan

## Strategic Plan Goals

1. Prevent new viral hepatitis infections
2. Improve viral hepatitis – related health outcomes of people with viral hepatitis
3. Reduce viral hepatitis-related disparities and health inequities
4. Improve viral hepatitis surveillance and data usage
5. Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders





## **Poll #1: Select the role that best describes your background**

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- I work for my state or territory's Medicaid agency
- I work for state or territory's public health department
- I am a practicing clinician who treats hepatitis B and/or hepatitis C patients
- I work for an organization that supports one of the three types of professionals above
- I work for the federal government
- I have another role with an interest in hepatitis B and/or hepatitis C and quality measurement



## **Poll #2: For practicing clinicians, does your practice have one or more viral hepatitis quality measure?**

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- My practice has a viral hepatitis B quality measure
- My practice has a viral hepatitis C quality measure
- My practice has a viral hepatitis B and viral hepatitis C quality measure

## National Landscape: Clinical Quality Measures

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A range of partners and tools are needed to address stalled progress in reducing the spread and impact of viral hepatitis



Partners include the quality improvement community



Tools include clinical quality measures



# Viral Hepatitis Quality Measurement Technical Consultation Meeting

## Objective

Convene state leaders and stakeholders in viral hepatitis quality measurement to obtain feedback on the feasibility of testing and implementing a measure at the state level, to inform OIDP efforts to advance viral hepatitis quality measurement by states and territories



## Today's Agenda

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<u>Time</u>	<u>Title</u>	<u>Presenter</u>
12:00 PM – 12:10 PM	Welcome and Opening Remarks	Jessica Deerin, PhD, MPH, Viral Hepatitis Policy Advisor, Office of Infectious Disease and HIV/AIDS Policy (OIDP)
12:10 PM – 12:20 PM	Federal Partner Remarks	Deirdra Stockman, PhD, Director of the Division of Quality and Health Outcomes, Centers for Medicaid and CHIP Services at CMS Nathan Furukawa, MD, MPH, Senior Advisor for Hepatitis C Elimination, Division of Viral Hepatitis at CDC
12:20 PM - 12:35 PM	Viral Hepatitis Quality Measures and Measurement	Edna Boone, Clinical Quality Improvement Lead, Clinovations Government + Health
12:35 PM – 12:50 PM	Spotlight: Treating and Living with Hepatitis	Su Wang, MD, MPH, Center for Asian Health and Viral Hepatitis Programs, Cooperman Barnabas Medical Center, RWJBarnabas Health Christian Ramers, MD, Chief of Population Health at the Family Health Centers of San Diego

## Today's Agenda (continued)

<u>Time</u>	<u>Title</u>	<u>Presenter</u>
12:50 PM – 1:00 PM	Break	All Attendees
1:00 PM – 2:30 PM	Panel Session #1	State Representative Panel – Perspectives on Quality Measure Selection, Testing, and Implementation
2:30 PM – 2:40 PM	Break	All Attendees
2:40 PM – 3:10 PM	Panel Session #2	State Representative Panel – Recommendations for a Measure to Adopt Across States and Territories
3:10 PM – 3:55 PM	Measure Ranking	All Attendees
3:55 PM – 4:00 PM	Conclusion	Jessica Deerin, PhD, MPH, ODP

# Welcome from the Center for Medicare and Medicaid Services (CMS)

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Deirdra Stockman, Ph.D., M.U.P

Director of Quality and Health Outcomes



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## Deirdra Stockman, Ph.D., M.U.P.

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- Director of the Division of Quality and Health Outcomes, Centers for Medicaid and CHIP Services at the Center for Medicare & Medicaid Services
- Serves as focal point of assistance with formulation, coordination, integration, and implementation of all national program policies and operations relating to Medicaid, the Children's Health Insurance Program (CHIP) and the Basic Health Program (BHP)



# Welcome from the Center for Disease Control and Prevention (CDC)

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Nathan Furukawa, MD, MPH  
Senior Advisor for Hepatitis C Elimination



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## Nathan Furukawa, MD, MPH

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- Senior Advisor for Hepatitis C Elimination, Division of Viral Hepatitis at the Centers for Disease Control and Prevention
- Provides the scientific and programmatic foundation and leadership for the prevention and control of hepatitis virus





# **Increasing Hepatitis B and Hepatitis C Screening and Immunization Recommendations Uptake**

**Nathan Furukawa, MD, MPH**

Senior Advisor for Hepatitis C Elimination

Division of Viral Hepatitis

Centers for Disease Control and Prevention

Viral Hepatitis Quality Measures Technical Consultation Meeting

March 7, 2024



# Recent Viral Hepatitis Guideline Updates



**2020 HCV Screening  
and Testing Guidelines**



**2022 Hepatitis B  
Vaccination Guidelines**



**2023 HBV Screening  
and Testing Guidelines**



**2023 Perinatal HCV  
Testing Guidelines**

CDC's 2020 HCV Screening Guidelines recommend universal adult screening, during each pregnancy, and interval testing for people with ongoing risk.

## WHO SHOULD GET TESTED FOR HEPATITIS C?

**EVERY ADULT**



**At least once**

**EVERY PREGNANT WOMAN**



**Every pregnancy**

**EVERYONE WITH RISK FACTORS**

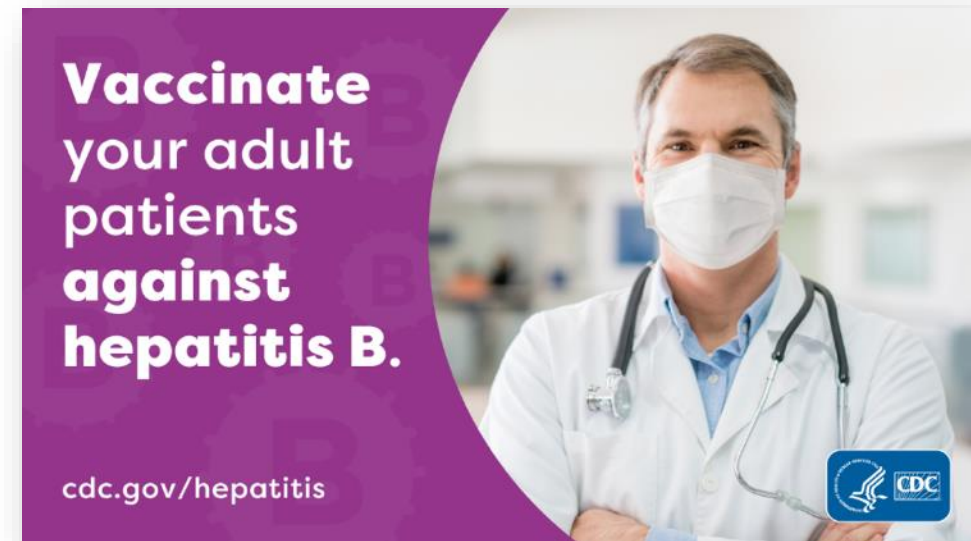


**Regularly**

# Advances in adult hepatitis B vaccine recommendations

## Updated hepatitis B vaccination recommendations published in April 2022: A move away from risk-based approaches

- **All adults 19-59 years and adults  $\geq 60$  years with risk factors should receive hepatitis B vaccines**
- **Adults  $\geq 60$  years without known risk factors may receive hepatitis B vaccines**



Weng MK, et al. Universal Hepatitis B Vaccination in Adults Aged 19-59 Years: Updated Recommendations of ACIP - United States, 2022. MMWR 2022 Apr 1;71(13):477-483.

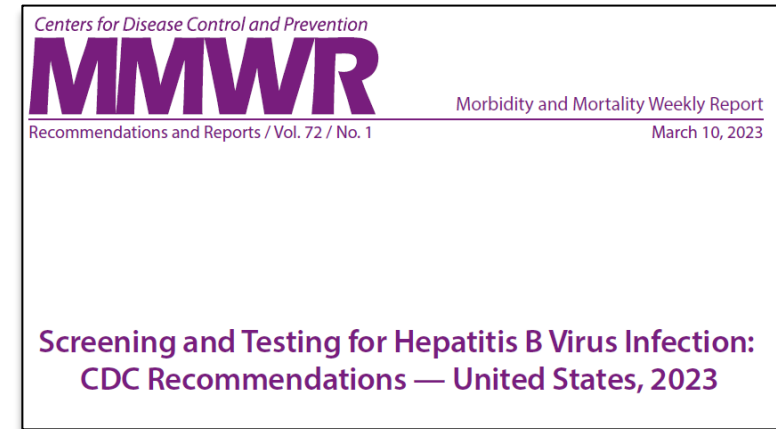
# Hepatitis B Screening and Testing Recommendations Among Adults – United States, 2023

## ■ [New] Screening is recommended

- For **all adults aged  $\geq 18$  years** at least once in a lifetime
- For anyone who requests it
- Using a **3-test panel** (HBsAg, Anti-HBs, Total anti-HBc)

## ■ [Unchanged]

- Screening is recommended for all pregnant persons during each pregnancy, preferably in the first trimester, regardless of vaccination status or history of testing
- Testing is recommended for anyone with a history of risk (all ages)
  - Susceptible during the period of risk
- Periodic testing for susceptible persons with ongoing risk (all ages)



# CDC's updated perinatal HCV testing recommendations

Perinatal hepatitis C is increasing

Early testing and intervention can save lives



CDC recommends:

**SCREENING** patients for hepatitis C during each pregnancy

**TESTING** all babies exposed during pregnancy with an HCV RNA at age 2-6 months

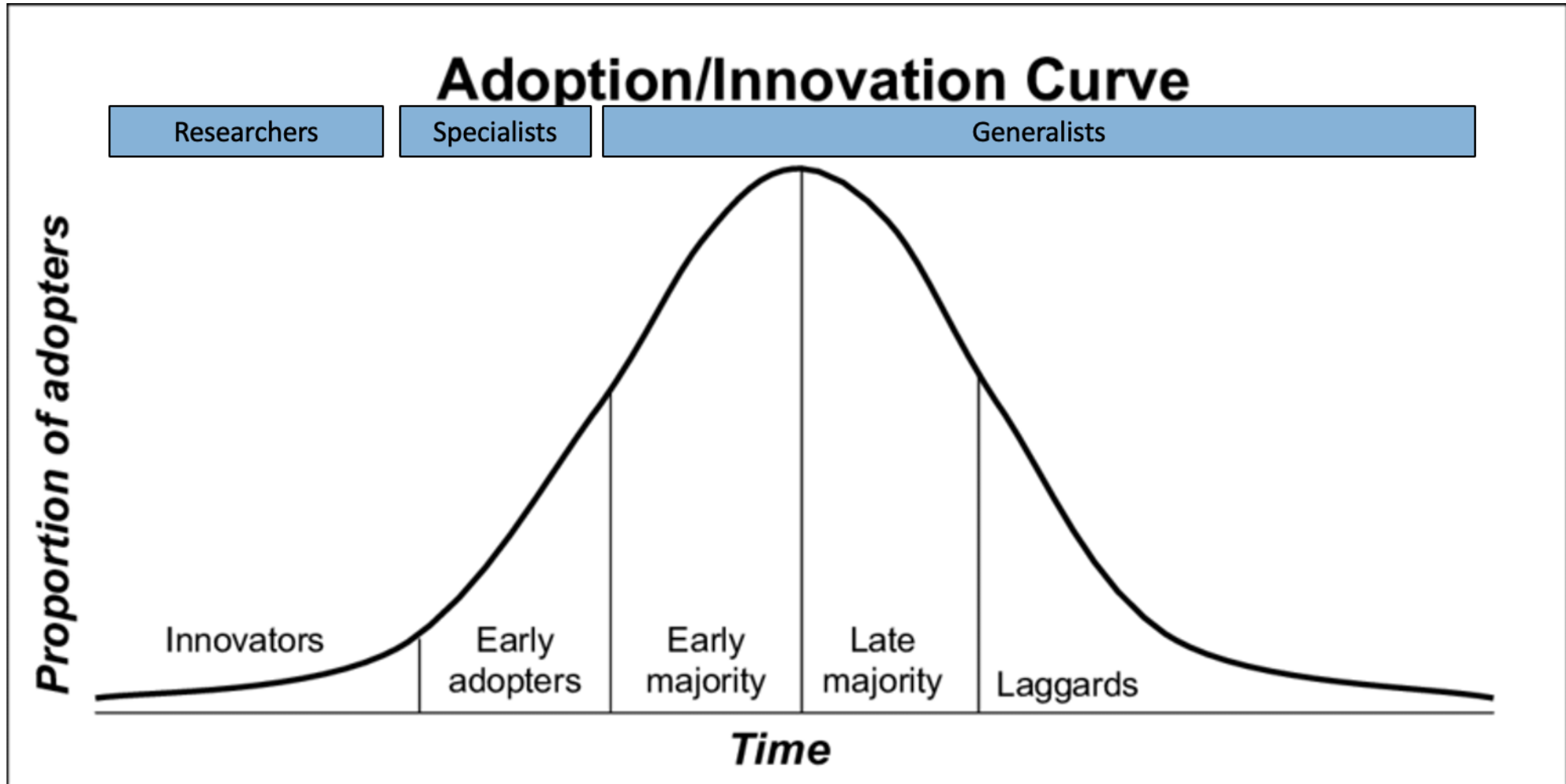
**MANAGING** infants with an HCV RNA+ test result alongside a provider with pediatric hepatitis C expertise

**MMWR**

[bit.ly/rr72041a1](https://bit.ly/rr72041a1)

November 3, 2023

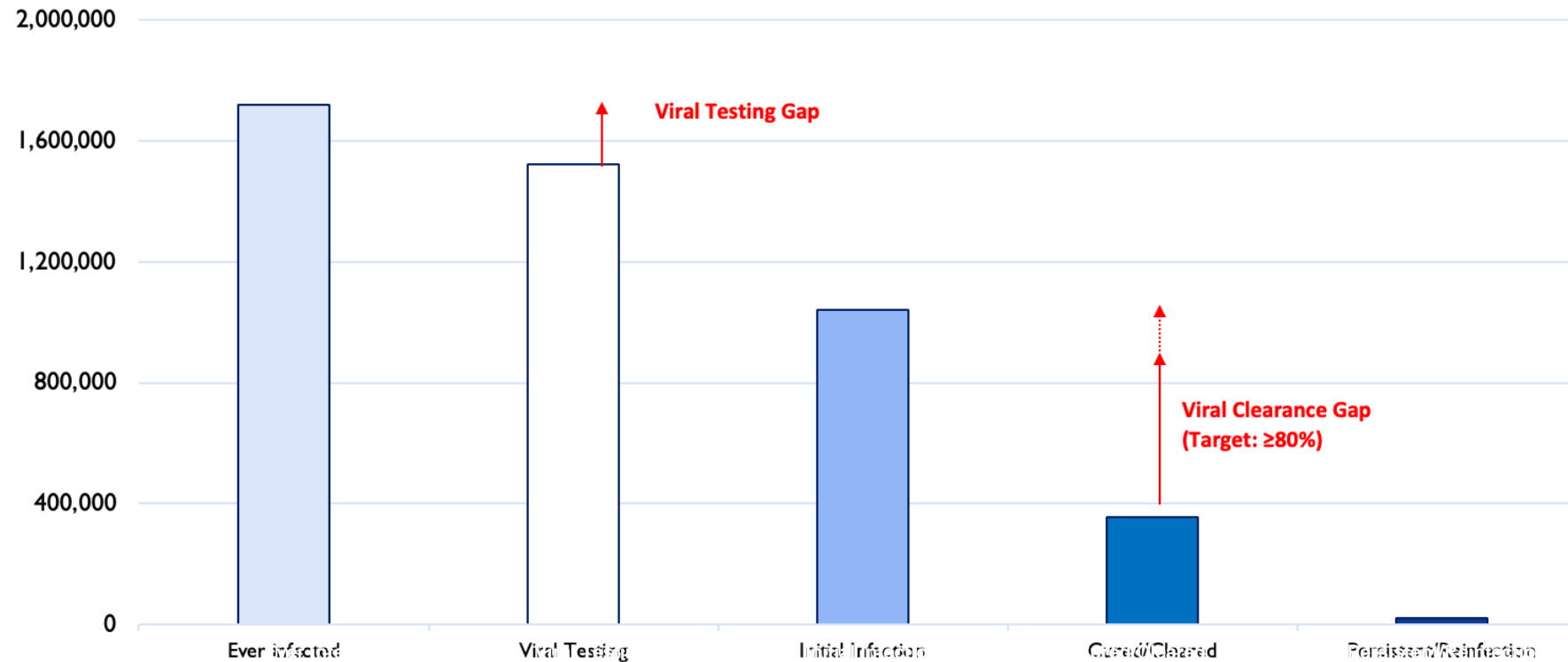
# Clinical practice changes take years to be fully adopted.



**Goal: Compress the time frame of adoption by the majority**

# Example: Despite an increasingly favorable landscape for hepatitis C testing and treatment, significant gaps remain.

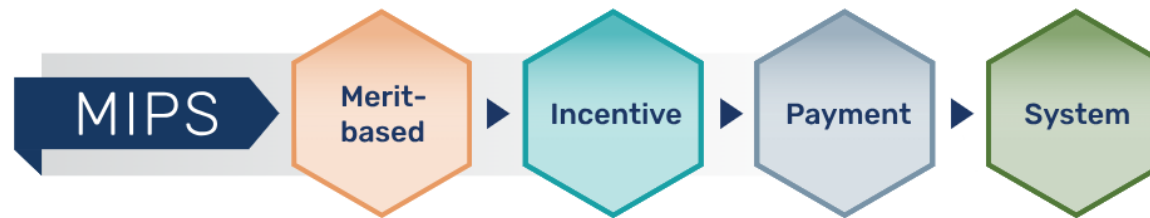
**2022 U.S. Hepatitis C Viral Clearance Cascade — United States, 2013–2022**



<b>Frequency</b>	1,719,493	1,520,592	1,042,082	356,807	23,518
<b>Population</b>	100.0%	88.4%	68.5%	34.2%	6.6%

# Quality measures have the potential to increase uptake of recommended viral hepatitis interventions.

## Example: Merit-based Incentive Payment System (MIPS) Value Pathway

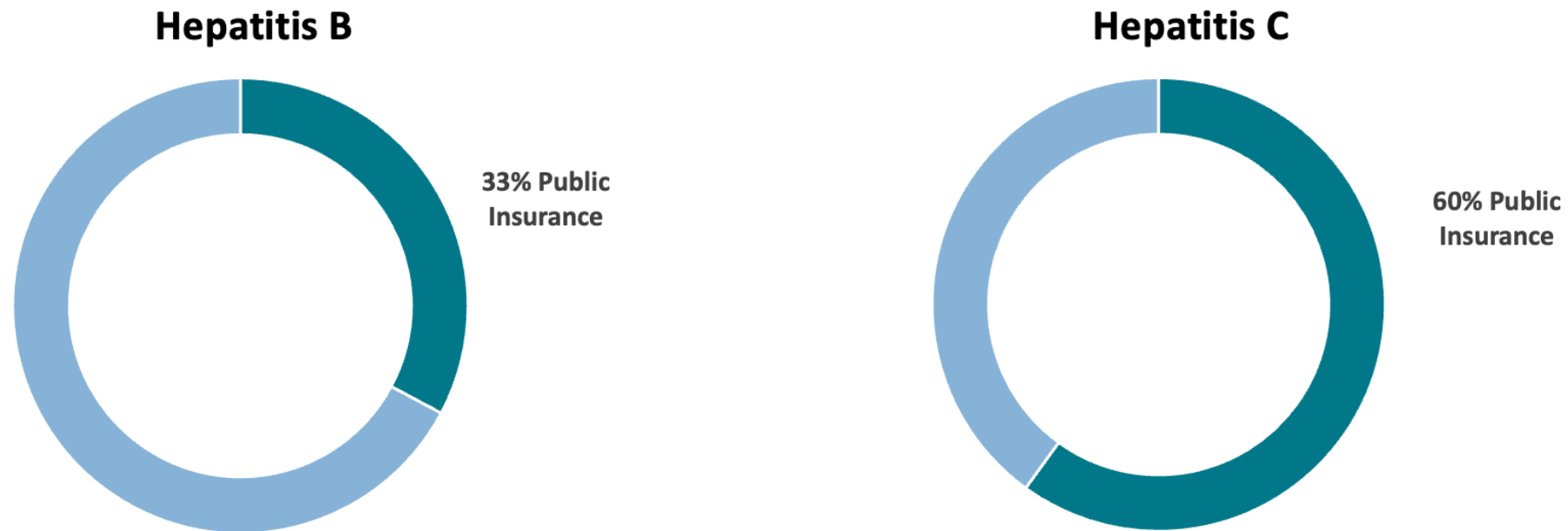


- The [MIPS program](https://qpp.cms.gov/mips/mvps/learn-about-mips) (<https://qpp.cms.gov/mips/mvps/learn-about-mips>) improves reimbursement for Medicare Part B covered services for providers who improve patient care quality and outcomes.
- CDC and CMS collaborated to include the adult one-time HCV screening measure (Quality ID #400) in the [Wellness MIPS Value Pathway](https://qpp.cms.gov/mips/explore-mips-value-pathways/2023/M0005) (<https://qpp.cms.gov/mips/explore-mips-value-pathways/2023/M0005>)
  - Primary care providers may select this measure as part of the MIPS program requirements
  - 3 hepatitis C measures are also in the [Infectious Diseases MIPS Value Pathway](https://qpp.cms.gov/mips/explore-mips-value-pathways/2024/M1368) (<https://qpp.cms.gov/mips/explore-mips-value-pathways/2024/M1368>)

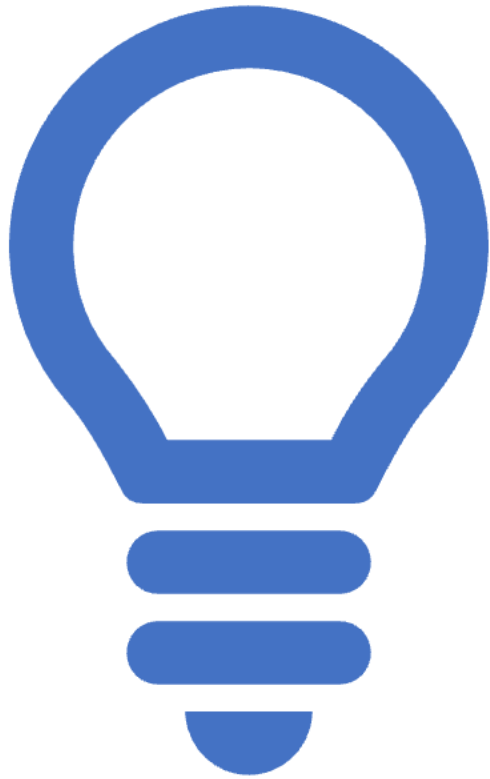


# Medicaid covers a substantial proportion of people with hepatitis B and hepatitis C.

Proportion of people with hepatitis B and hepatitis C who are covered by public insurance\* — United States, 2017–2020



- \*Public Insurance: Medicare, Medicaid, Medi-Gap, Children’s Health Insurance Program, state-sponsored or other government health plans.
- *Bixler D et al. Prevalence and awareness of Hepatitis B virus infection in the United States: January 2017 - March 2020. Hepatol Commun. 2023 Mar 30;7(4):e0118.*
  - *Lewis KC et al. Estimated Prevalence and Awareness of HCV Infection Among US Adults: NHANES, January 2017-March 2020. Clin Infect Dis. 2023 Nov 17;77(10):1413-1415.*



We look forward to hearing about state approaches to viral hepatitis quality measure implementation

# Viral Hepatitis Quality Measures and Measurement

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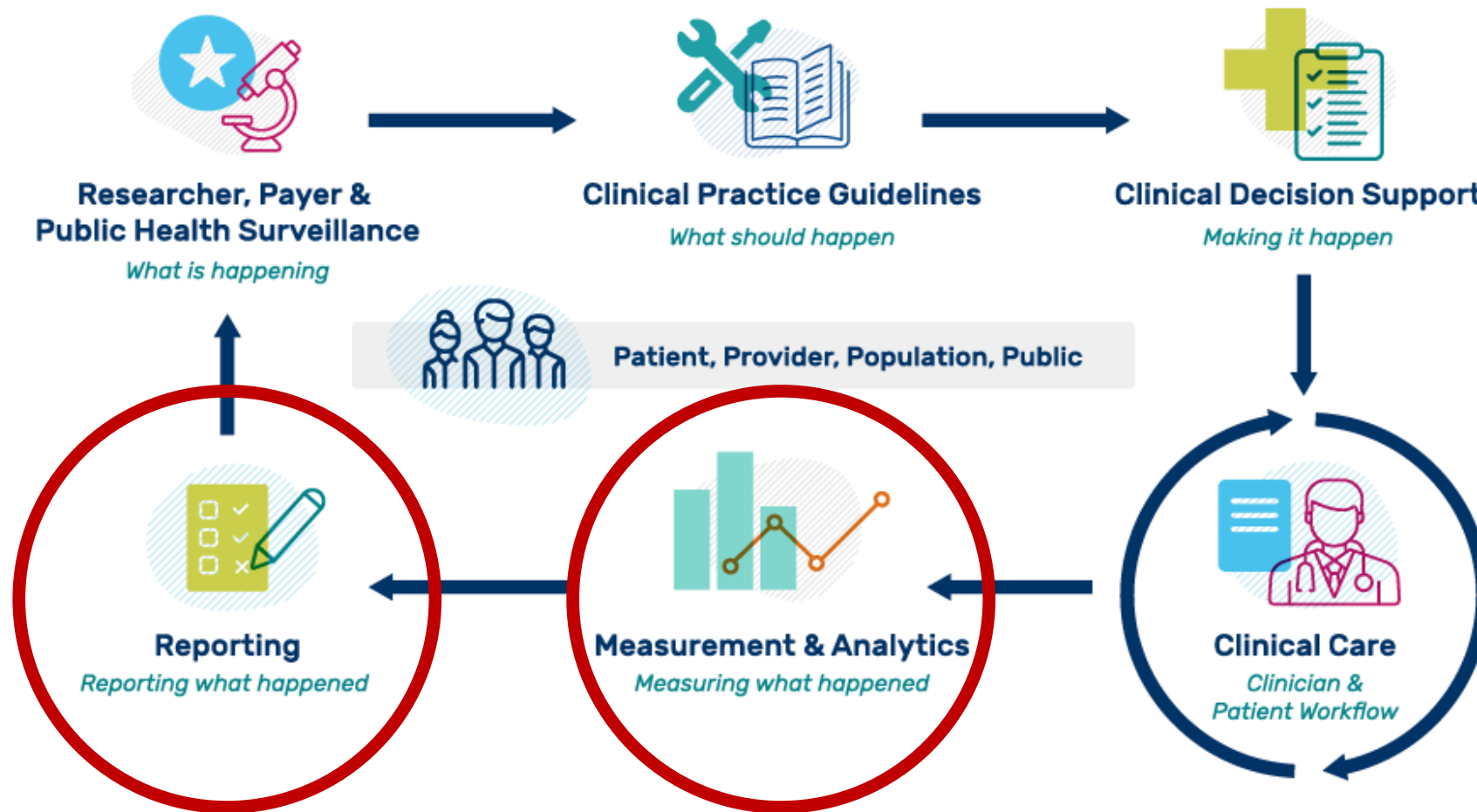
Edna Boone, Clinovations Government + Health



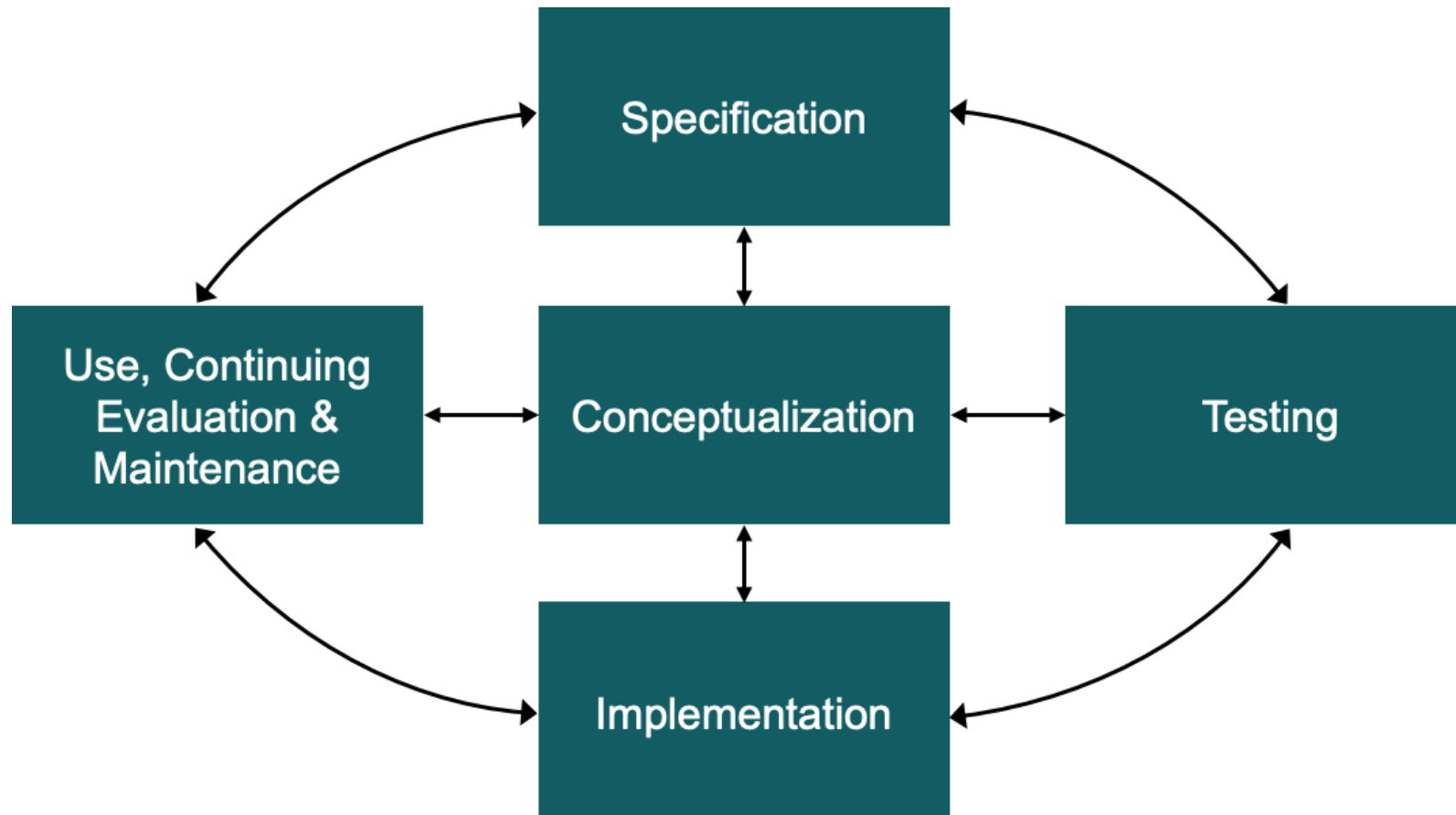
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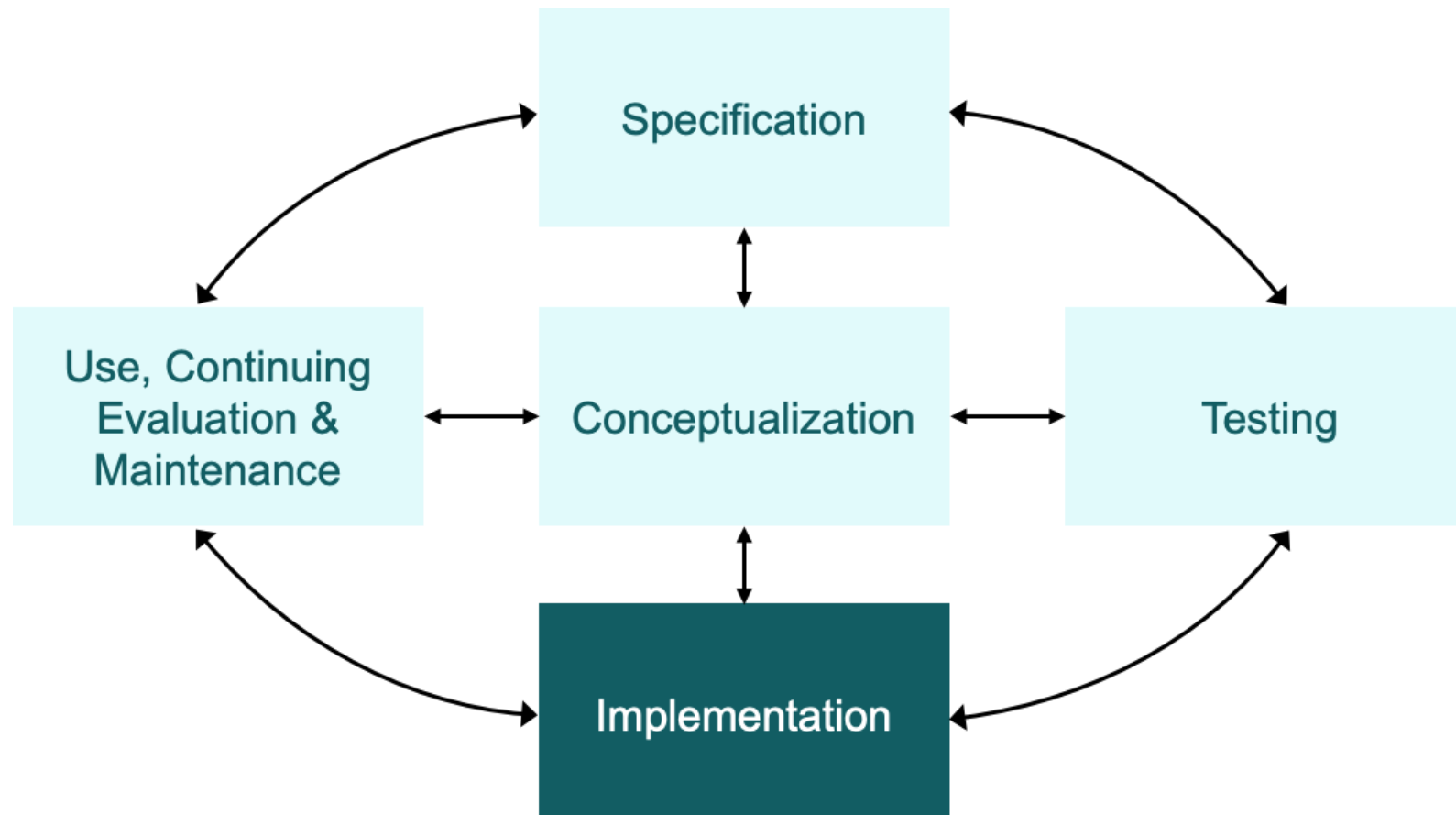
# Quality Measurement Key to Clinical Quality Improvement



## Life Cycle of a Quality Measure



## Life Cycle of a Quality Measure: Implementation





## **Poll #3: Select the response that best describes your familiarity with viral hepatitis quality measures**

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- I am very familiar with viral hepatitis quality measures
- I am familiar with viral hepatitis quality measures
- I am a little familiar with viral hepatitis quality measures
- I am not very familiar with viral hepatitis quality measures

# Quality Measure Implementation Examples

*Who uses quality measures?*

Provider Organizations

Payers (Commercial and Government)

Government Programs

*Why are they used?*

Identify opportunities to improve quality of care  
 Understand clinician performance

Conduct public reporting  
 Understand clinician and health system performance

Understand results of funded programs to advance care for a specific population

*What are relevant examples?*

Provider Dashboards

Commercial

Medicaid

HRSA Ryan White HIV/AIDS Program

Medicare

Key Performance Indicators

Healthcare Effectiveness Data and Information Set (HEDIS)

Adult Core Set Measures

HIV Care Performance Measures

Merit-based Incentive Payment System (MIPS)



# Hepatitis Quality Measure Examples at National Level

<p>HRSA Ryan White HIV/AIDS Program</p> <p>HIV Care Performance Measures</p>	<p>Medicare</p> <p>Merit-based Incentive Payment System (MIPS)</p>	<p>Medicaid</p> <p>Adult Core Set Measures</p>
<p><b>3 of 14</b> measures related to hepatitis B screening and vaccination and hepatitis C screening in the Adolescent and Adult Performance Measures Set</p>	<p>2 MIPS Value Pathways:</p> <ul style="list-style-type: none"> <li>• <b>3</b> hepatitis C measures in Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV (2024)</li> <li>• <b>1</b> hepatitis C measure in Promoting Wellness (2023)</li> </ul> <p>Traditional MIPS: several hepatitis C measures across performance years</p>	<p><b>0 of 33</b> measures for states and territories to report in 2024 focus on viral hepatitis</p>

# Adult Health Care Quality Measures for Medicaid (Adult Core Set)

- The Social Security Act requires the Secretary of HHS to identify and publish a core set of health care quality measures for adult Medicaid enrollees annually
- The Adult Core Set Program establishes standardized quality measures for all States, Washington, D.C., Puerto Rico, the U.S. Virgin Islands, and Guam
- The Adult Core Set includes a range of quality measures encompassing both physical and behavioral health

2024 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set)			
CMIT #*	Measure Steward	Measure Name	Data Collection Method
<b>Primary Care Access and Preventive Care</b>			
118	NQQA	Cervical Cancer Screening (CCS-AD)	Administrative, hybrid, or EHR
128	NQQA	Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	Administrative or EHR
139	NQQA	Colorectal Cancer Screening (COL-AD)	Administrative or EHR*
93	NQQA	Breast Cancer Screening (BCS-AD)	Administrative or EHR*
<b>Maternal and Perinatal Health</b>			
581	NQQA	Prenatal and Postpartum Care: Age 21 and Older (PPC2-AD)**	Administrative or hybrid
166	OPA	Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)	Administrative
1002	OPA	Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)	Administrative
<b>Care of Acute and Chronic Conditions</b>			
167	NQQA	Controlling High Blood Pressure (CBP-AD)	Administrative, hybrid, or EHR
84	NQQA	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AIB-AD)	Administrative
148	NQQA	Hemoglobin A1c Control for Patients With Diabetes (HBD-AD)	Administrative, hybrid, or EHR
577	AHRQ	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	Administrative
578	AHRQ	PQI 06: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI06-AD)	Administrative
579	AHRQ	PQI 08: Heart Failure Admission Rate (PQI08-AD)	Administrative
580	AHRQ	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	Administrative
561	NQQA	Plan Air-Cause Readmissions (PCR-AD)	Administrative
80	NQQA	Asthma Medication Ratio: Ages 18 to 64 (AMR-AD)	Administrative
325	HRSA	HIV Viral Load Suppression (HVL-AD)	Administrative or EHR
748	PQA	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	Administrative
150	PQA	Concurrent Use of Opioids and Benzodiazepines (COB-AD)	Administrative
<b>Behavioral Health Care (Mandatory)</b>			
394	NQQA	Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	Administrative or EHR
432	NQQA	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	Survey
63	NQQA	Antidepressant Medication Management (AMM-AD)	Administrative or EHR
672	CMS	Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	Administrative or EHR
268	NQQA	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	Administrative
202	NQQA	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	Administrative
196	NQQA	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	Administrative or hybrid
750	CMS	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	Administrative
264	NQQA	Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUH-AD)	Administrative
265	NQQA	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	Administrative

CMIT #*	Measure Steward	Measure Name	Data Collection Method
18***	NQQA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SXA-AD)	Administrative
<b>Experience of Care</b>			
152****	AHRQ	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)	Survey
<b>Long-Term Services and Supports</b>			
961	NQQA	Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)	Case management record review
457	NASDDOS/ HSR	National Core Indicators Survey (NCIID-AD)	Survey

More information on updates to the 2024 Child and Adult Core Health Care Quality Measurement Sets is available at <https://www.medicare.gov/medicaid-quality-of-care/performance-measurements/updates-to-child-and-adult-core-health-care-quality-measures/index.html>. A measure that provides a history of the measure included in the Child and Adult Core Sets is available at <https://www.medicare.gov/medicaid-quality-of-care/your-roads/core-set-history-table.pdf>.

It is important to note that these measures reflect high quality comprehensive care provided across health care providers and settings. Domains are intended to categorize measure topic areas and are not intended to define the type of providers or the health care settings in which care is provided.

\* The CMS Measures Inventory Tool (CMIT) is the repository of record for information about the measures that CMS uses to promote health care quality and quality improvement. More information is available at <https://cms.gov/cmit>. A public access quick start guide for CMIT is available at <https://cms.gov/medicaid-quality-of-care/your-roads/core-set-history-table.pdf>.

\*\* Starting with the 2024 Core Set, the Prenatal and Postpartum Care measure in the Child and Adult Core Sets includes both the prenatal and postpartum care rates. For the Child Core Set, the rates are reported for beneficiaries under age 21. For the Adult Core Set, the rates are reported for beneficiaries age 21 and older.

\*\*\* The Adult Core Set includes the NQQA version of the measure, which is adapted from the CMS measure.

\*\*\*\* AHRQ is the measure steward for the survey instrument in the Adult Core Set (CMIT #152) and NQQA is the developer of the survey administration protocol.

\* The Colorectal Cancer Screening and Breast Cancer Screening measures are also specified for Electronic Clinical Data System (ECDS) reporting for HEDIS. ECDS specifications are not currently available for Adult Core Set reporting.

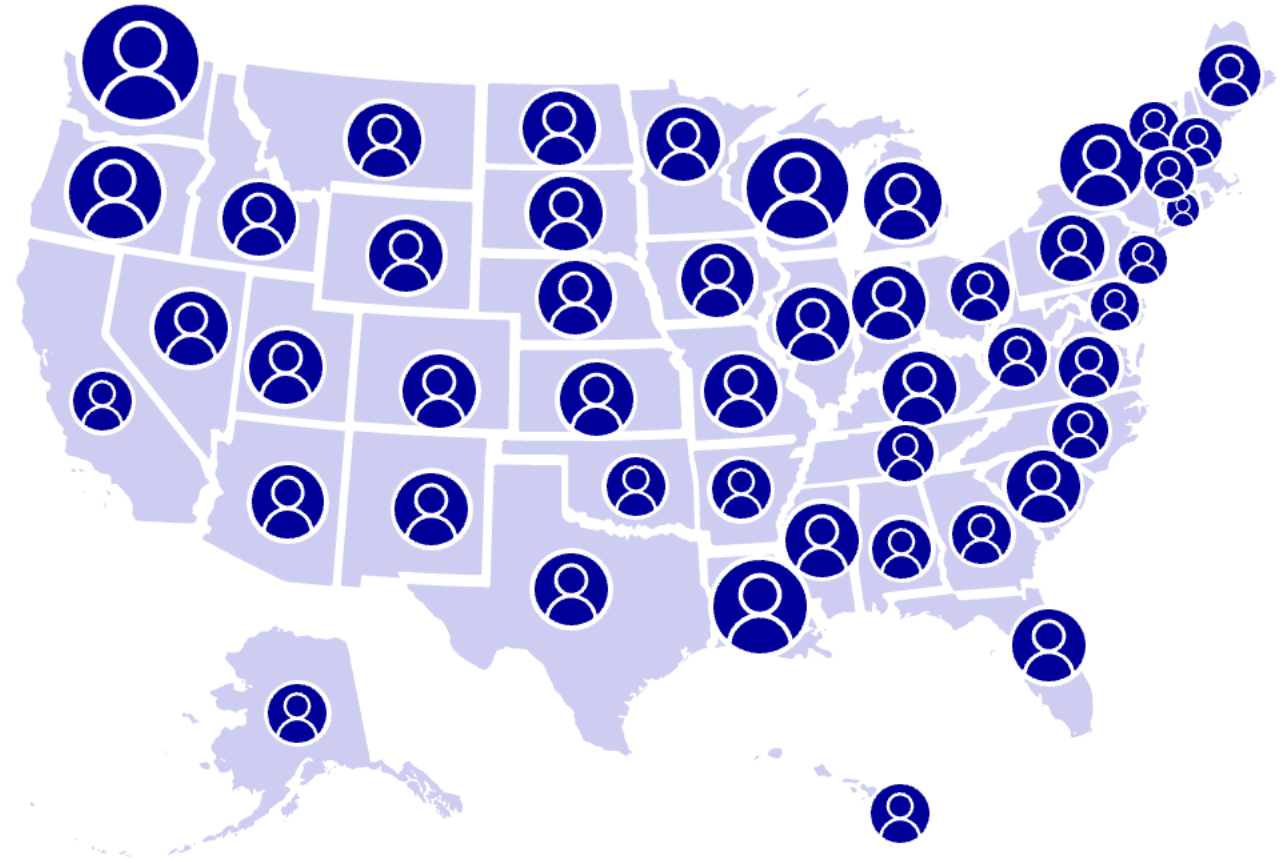
AHRQ = Agency for Healthcare Research & Quality; CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; HRSA = Health Resources and Services Administration; HSR = Human Services Research Institute; NASDDOS = National Association of State Directors of Developmental Disabilities Services; NQQA = National Committee for Quality Assurance; OPA = U.S. Office of Population Affairs; PQA = Pharmacy Quality Alliance.

## Hepatitis Quality Measure Adoption at State Level

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### Goal:

Drive consistent quality measurement of viral hepatitis across states and accelerate nationwide eradication efforts





## Poll #4 and Poll #5: Select the answer that best describes

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### Hepatitis B quality measurement in your state or territory

- My state/territory *has implemented* a hepatitis B measure
- My state/territory *is planning to implement* a hepatitis B measure
- My state/territory *has no current plan* to implement a hepatitis B measure
- I am unsure of the status of hepatitis B measurement in my state/territory

### Hepatitis C quality measurement in your state or territory

- My state/territory *has implemented* a hepatitis C measure
- My state/territory *is planning to implement* a hepatitis C measure
- My state/territory *has no current plan* to implement a hepatitis C measure
- I am unsure of the status of hepatitis C measurement in my state/territory

# Types of Health Care Quality Measures

## Process Measures

Focus on the steps that should be followed to provide evidence-based care



*Screening* for hepatitis B or hepatitis C infection



*Treatment* initiation for a positive test result for hepatitis B or hepatitis C infection

## Outcomes Measures

Focus on the health status of a patient resulting from evidence-based care



*Sustained virological response (SVR)* (virologic “cure”) for hepatitis C

## Types of Health Care Quality Measures: Data Sources

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### Administrative Data

- Generated in the course of providing and paying for care
- Source: claims, encounter, enrollment and provider systems
- Includes type of service, number of units, diagnosis and procedure codes, location of service, billing amounts

### Clinical Data

- Generated in the course of documenting patient care and outcomes
- Source: patient health records and health information exchanges
- Includes diagnosis codes and lab results



## **Poll #6: What data sources exist in your state or territory that support, or could be used to support viral hepatitis quality measurement?**

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*Check all that apply:*

- Claims Data
- Clinical Data Registries
- EHR Data
- HIE Data
- Lab Data
- Patient Reported Data
- Other <<insert free text>>

## One-Time Screening for Hepatitis C Virus (HCV) for all Patients (2023 MIPS Quality Measure)

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Description	Numerator	Denominator	Data Sources
Percent of patients ages 18 and older who received one-time screening for HCV infection	Patients who received one-time screening for HCV infection	All patients aged 18 and older who had at least one preventive visit OR were seen at least twice within the 12-month reporting period	Electronic Health Records (EHRs): with CPT, HCPCS, ICD-10 codes







## One-Time Screening for Hepatitis C Virus and Treatment Initiation (2024 MIPS Quality Measure)

Description	Numerator	Denominator	Data Sources
<p>Percent of patients aged 18 and older who have never been tested for HCV infection who receive an HCV infection test AND who have treatment initiated within 3 months or who are referred to a clinician who treats HCV infection within one month if tested positive for HCV</p>	<p>Patients who receive an HCV antibody test between Jan. 1 and Sept. 30 of the performance period</p>	<p>Patients who receive an HCV antibody test between Jan. 1 and Sept. 30 of the performance period</p>	<p>EHRs with CPT, HCPCS, ICD-10 codes</p>

## Hepatitis C Virus (SCV): Sustained Virological Response (SVR) (Under Testing)

Description	Numerator	Denominator	Data Sources
<p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C (HCV) with undetectable HCV ribonucleic acid (RNA) as evidenced by an initial positive quantitative HCV RNA test followed by repeat labs with negative quantitative HCV RNA at least 20 weeks after last lab with a positive RNA</p>	<p>Patients with undetectable HCV RNA at least 20 weeks after last lab with positive RNA (GXXXX)</p>	<p>All patients aged 18 years and older with a diagnosis of chronic hepatitis C who had an initial positive RNA test within the measurement period</p>	<p>EHRs with CPT, HCPCS, ICD-10 codes</p>

# Viral Hepatitis Quality Measures For Today's Discussion

Measure Type	Example	Description
 <b>SCREENING</b>	HBV Screening	Percentage of patients 18 and older who received a one-time screening for HCV
	HCV Screening	Percentage of patients 18 and older who received a one-time screening for HBV
	HBV and HCV Screening	Percentage of patients 18 and older who received a one-time screening for HBV, a one-time screening for HCV, or a one-time screening for HBV and HCV (each metric reported)
  <b>SCREENING + TREATMENT</b>	HBV Screening and Linkage to Care	Percentage of patients 18 and older with a positive HBV infection test who are linked to care
	HCV Screening and Treatment Initiation	Percentage of patients 18 and older with a positive HCV infection test who have treatment initiated
	HBV and HCV Screening and Linkage to Care/Treatment Initiation	Percentage of patients 18 and older with a positive infection test who are linked to care for HBV or have treatment initiated for HCV
 <b>OUTCOMES</b>	HCV Sustained Virological Response	Percentage of patients 18 and older with HCV who achieve sustained virological response (SVR)

## Spotlight: Treating and Living with Viral Hepatitis

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Christian Ramers, MD

Chief of Population Health and  
Director of Graduate Medical  
Education at Family Health  
Centers of San Diego

Su Wang, MD

Medical Director, Center for Asian Health and  
Viral Hepatitis Programs, Cooperman Barnabas  
Medical Center, RWJBarnabas Health and Senior  
Advisor, Global Health, Hepatitis B Foundation



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## Su Wang, MD, MPH

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- Medical Director, Center for Asian Health and Viral Hepatitis Programs at the Cooperman Barnabas Medical Center, RWJBarnabas Health
- Global Health Advisor, Hepatitis B Foundation
- Previously President of the World Hepatitis Alliance



## Christian Ramers, MD

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- Chief of Population Health and Director of Graduate Medical Education at the Family Health Centers of San Diego
- Previously Senior Clinical Advisor for the Clinton Health Access Initiative's Global Hepatitis Program, working on HBV, HCV and COVID-19 therapeutics programs in partner countries in Asia and Africa

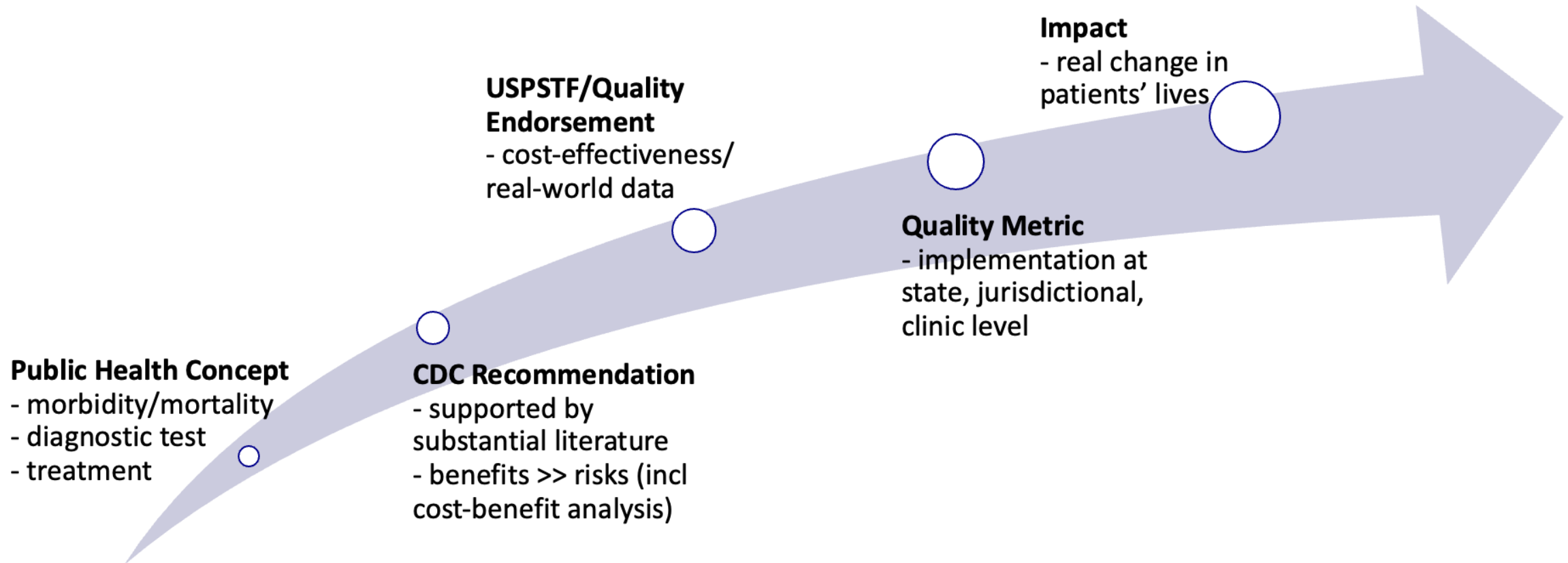


## Quality Measures & Hepatitis – a Clinical Perspective

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- ‘Life Cycle of a Good Public Health Idea’
- Scaling up hepatitis screening & system wide approach
- What do quality measures actually look like in the life of a clinician?
- Pros and cons of quality measures in the ‘real world’
- Ideas for hepatitis-related quality measures

# Life Cycle of a Good Public Health Idea





# Quality Metrics Could Help US Achieve Hepatitis Elimination by 2030

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## Find the Missing Millions

- Only 10% w HBV & 20% w HCV have been diagnosed globally
- In US, up to 2 out of 3 people with hepatitis have not been diagnosed
- Liver cancer rates on the rise

## Diagnosis is first step to cascade of care

- Need to scale up screening to diagnose & link to care/treatment
- ↓ deaths from liver cancer & cirrhosis

## Person-centered care (not disease-centered)

- People falling through cracks, not being tested
- Move from siloed care & integrate into frontline care
- Stigma from risk-based screening

## Quality metrics would ensure people w hepatitis are not forgotten

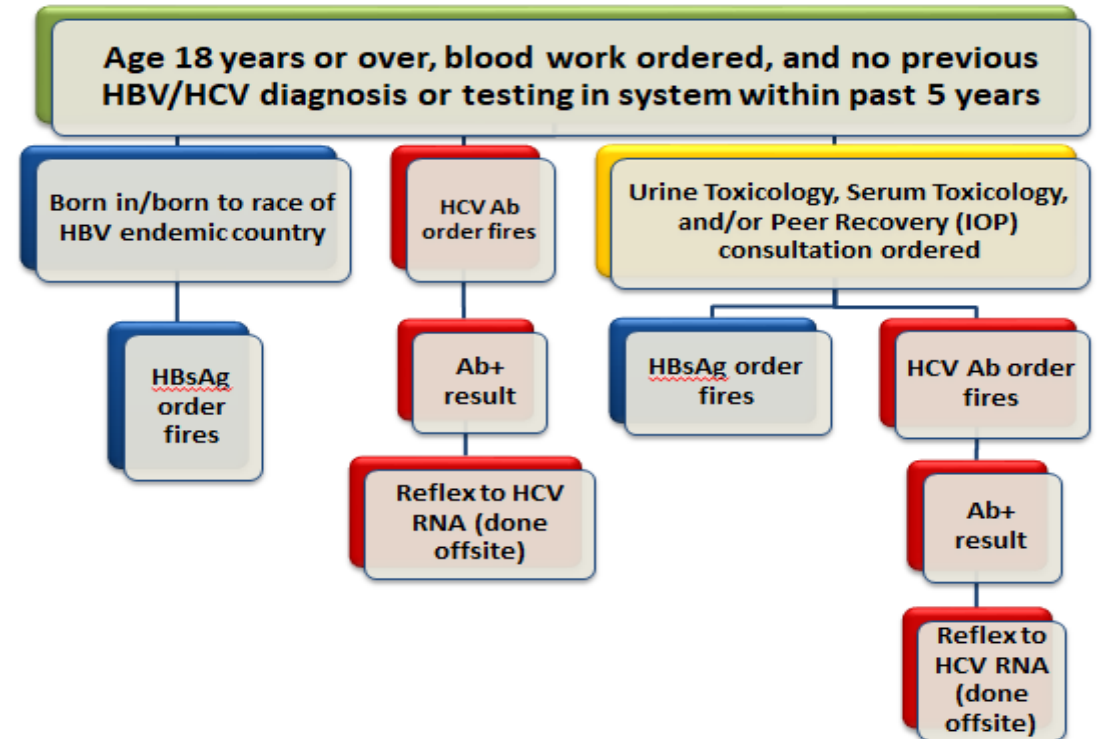
- Health systems w many competing priorities
- Metrics ensure important services are performed (cancer screening, chronic disease care)

# Systems Approach to Hepatitis Screening: Testing should be scaled up to achieve population level goals

Cooperman Barnabas Medical Center

- **EMR based algorithm** for HIV/HBV/HCV testing (Cerner, EPIC) since 2018
- **Automating eligibility** = more efficient & effective than relying on individual provider training (provides decision support)
- HBV & HIV not universal yet, need impetus to make changes
  - ✓ **Having quality metrics for HBV and HCV screening would elevate & prioritize**
  - ✓ **Would like to adopt in outpatient setting**

## HCV & HBV Automated EMR Based Protocol



# CBMC's EPIC Best Practice Advisory: Hepatitis C Screening A

**Patient has met criteria for Hepatitis C testing.**

Following CDC/USPSTF recommendations, Hepatitis C testing should be done for this patient.

ⓘ Click "Accept" to place the order.

Communication tip: "As part of your care today, we are testing you for hepatitis C. It is very important for your health to know your hepatitis C status. If you are positive, we will help you get care."

**Patient Navigators** will follow up with discharged patients who tested positive for Hepatitis B or C.


**Patient Navigators** receive all positive results.

Navigators can be reached at 862-246-3193 or 862-345-8734 M-F 8am-4pm.

- ✔ Patient is 18 years or older
- ✔ Patient does not have a Hepatitis C test ordered
- ✔ Patient does not have a Hepatitis C diagnosis
- ✔ Patient has a blood test order

Order

Do Not Order

 Hepatitis C Antibody, Reflex Hepatitis C Viral RNA, NAA, Quantitative, Serum

Acknowledge Reason \_\_\_\_\_

Reason for not following Hep protocol

Defer for 4 hours

ⓘ Enter Comment

✔ Accept

# Hepatitis B & C BPA Clinical Process

**Patient has met criteria for Hepatitis C testing.**  
Following CDC/USPSTF recommendations, Hepatitis C testing should be done for this patient.  
Click "Accept" to place the order.  
Communication tip: "As part of your care today, we are testing you for hepatitis C. It is very important for your health to know your hepatitis C status. If you are positive, we will help you get care."

**Patient Navigators** will follow up with discharged patients who tested positive for Hepatitis B or C. **Patient Navigators** receive all positive results. Navigators can be reached at 862-246-3193 or 862-345-8734 M-F 8am-4pm.

- ✓ Patient is 18 years or older
- ✓ Patient does not have a Hepatitis C test ordered
- ✓ Patient does not have a Hepatitis C diagnosis
- ✓ Patient has a blood test order

Order Do Not Order Hepatitis C Antibody, Reflex Hepatitis C Viral RNA, NAA, Quantitative, Serum

Acknowledge Reason  
Reason for not following Hep protocol Defer for 4 hours

**Patient has met criteria for Hepatitis B testing.**  
Following CDC/USPSTF recommendations, Hepatitis B testing should be done for this patient.  
Click "Accept" to place the order.  
Communication tip: "As part of your care today, we are testing you for hepatitis B. It is very important for your health to know your hepatitis B status. If you are positive, we will help you get care."

**Patient Navigators** will follow up with discharged patients who tested positive for Hepatitis B or C. **Patient Navigators** receive all positive results. Navigators can be reached at 862-246-3193 or 862-345-8734 M-F 8am-4pm.

- ✓ Patient is 18 years or older
- ✓ Patient does not have a Hepatitis B test ordered
- ✓ Patient does not have a Hepatitis B diagnosis
- ✓ Patient has a blood test order
- ✓ Patient meets country of origin or race criteria

Order Do Not Order Hepatitis B Surface Antigen, Qualitative, Reflex Confirmation

Acknowledge Reason  
Reason for not following Hep protocol Defer for 4 hours

Accept Sign

While clinician is ordering labs



BPA fires if eligibility criteria met



Provider hits "accept" which hepatitis labs to orders



Provider then signs off on all orders together

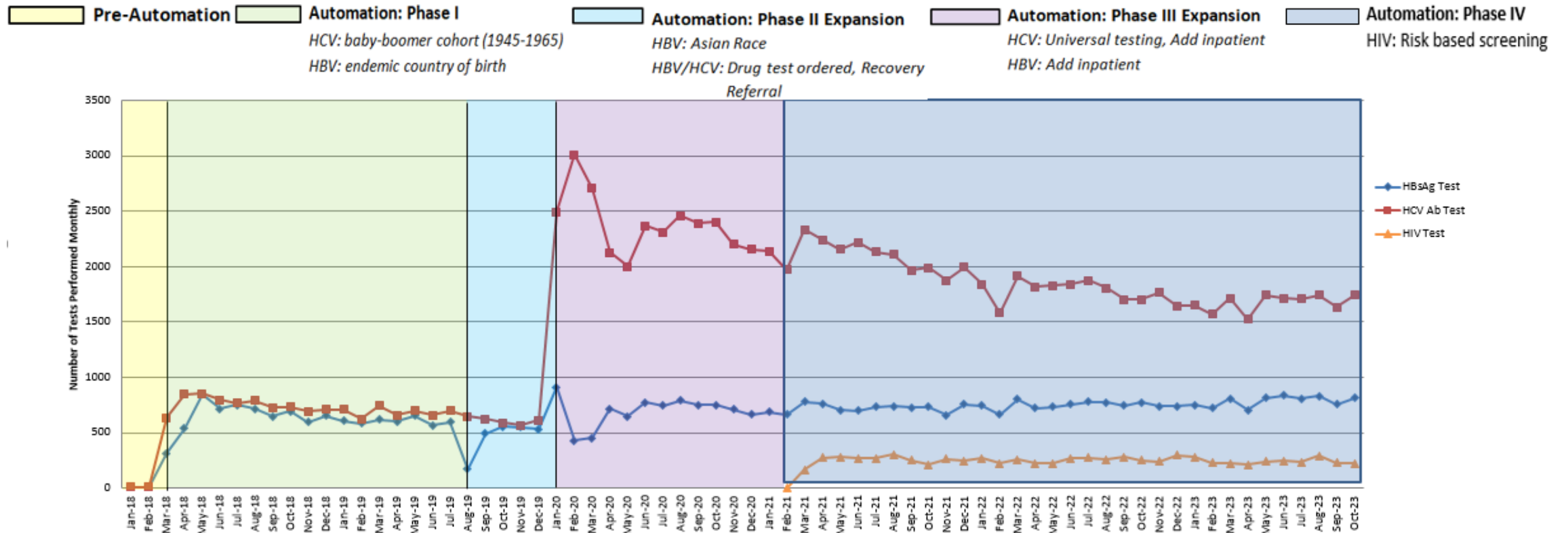


Or can opt out of testing (pt declines, pt hospice, etc)

## Impact of Hepatitis B, C & HIV Screening Scaleup Cooperman Barnabas Medical Center, 2018-23

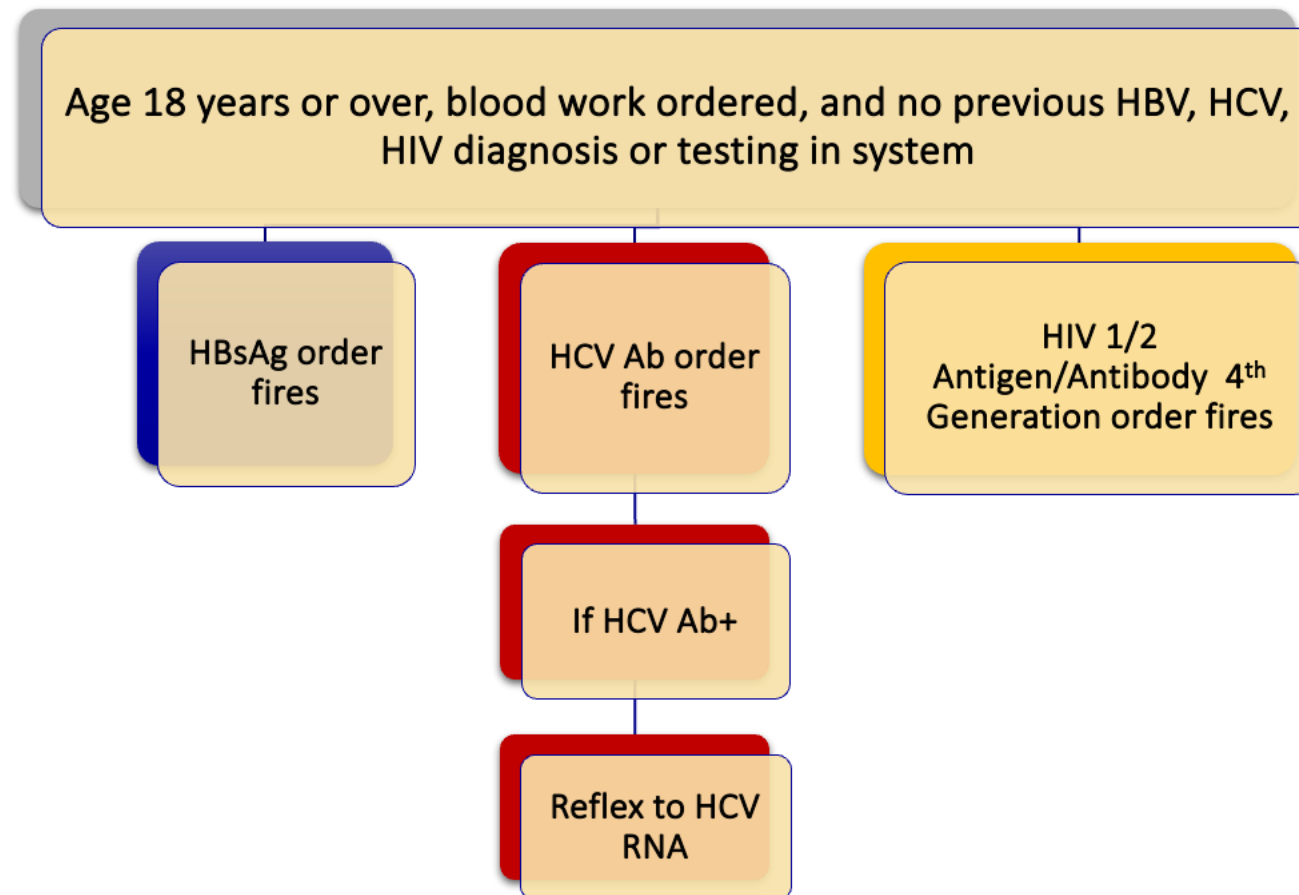
- 47,448 people screened for HBV: **415 (0.87%) HBV+**
- 107,857 people screened for HCV: **1,773 (1.64%) HCV Ab+** and **426 (0.4%) HCV RNA+**
- 8,287 people screened for HIV: **121 (1.46%) HIV+**

Monthly HBV, HCV, HIV Screenings in SBMC ED and Inpatient (Jan 2018 - Oct 2023)



# Our dream algorithm of universal HIV, HBV, HCV Screening

*Integrating bloodborne virus (BBV) testing now enabled by CDC recommendations for universal testing for HIV, HBV and HCV*



# Clinic-level Quality Dashboard

Provider ScoreCard - FHCSO Score  
 Period: Feb 2023 - Jan 2024  
 Previous Year: Feb 2022 - Jan 2023

Measure Sub Type	FHCSO Org Num	FHCSO Org Denom	FHCSO Score	Previous Score	% Changed	External Benchmark	FHCSO Goal	Score vs. Goal	Score vs. Previous	Score vs. Benchmark	Previous vs. Goal	Previous vs. Benchmark
Cervical Cancer Screening Receipt	26,750	44,237	60.47	58.33	3.67%	58.00	65.00	●	●	●	●	●
Childhood Blood Lead Screening Measure	1,437	1,910	75.24	71.53	5.19%	67.60	85.00	●	●	●	●	●
Childhood Imm: DTaP Receipt	1,488	1,910	77.91	78.36	-0.57%	76.80	80.00	●	●	●	●	●
Childhood Imm: Influenza Receipt	1,042	1,931	53.96	56.86	-5.10%	0.00	50.00	●	●	●	●	●
Childhood Imm: PCV Receipt	1,650	1,910	86.39	83.76	3.14%	77.20	82.00	●	●	●	●	●
Childhood Imm: RV Receipt	1,079	1,931	55.88	61.83	-9.62%	0.00	50.00	●	●	●	●	●
Chlamydia Testing Receipt (16-20)	1,134	1,403	80.83	79.76	1.34%	53.90	80.00	●	●	●	●	●
Chlamydia Testing Receipt (16-24)	3,018	3,597	83.90	81.84	2.52%	57.30	80.00	●	●	●	●	●
Chlamydia Testing Receipt (21-24)	1,884	2,194	85.87	83.10	3.33%	62.20	80.00	●	●	●	●	●
Colorectal Screening Receipt	13,244	25,486	51.97	46.67	11.36%	69.80	55.00	●	●	●	●	●
Diabetes Attention to Nephropathy	12,699	14,220	89.30	88.56	0.84%	89.90	86.00	●	●	●	●	●
Diabetes Eye Exam	8,685	14,220	61.08	58.89	3.72%	54.90	59.00	●	●	●	●	●
Diabetes Foot Exam	8,241	14,206	58.01	54.99	5.49%	56.30	60.00	●	●	●	●	●
Diabetes HbA1c Good Control (<=9% & done in last 12 months)	9,708	14,220	68.27	66.46	2.72%	56.70	74.00	●	●	●	●	●
Diabetes Hypertension Control (<140/90)	11,151	14,001	79.64	78.22	1.82%	59.70	73.00	●	●	●	●	●
Hypertension Control	17,786	24,122	73.73	71.85	2.62%	56.50	72.00	●	●	●	●	●
Influenza During Pregnancy	981	1,665	58.92	63.71	-7.52%	80.00	70.00	●	●	●	●	●
Mental Health Psych Adults: annual HbA1c in patients on antipsychotic	452	607	74.46	63.48	17.30%	69.70	80.00	●	●	●	●	●
Mental Health Psych Adults: annual LDL in patients on antipsychotic	464	625	74.24	62.26	19.24%	77.80	70.00	●	●	●	●	●
Mental Health Psych Adults: annual suicide risk assessment in patients with MDD dx	2,412	2,421	99.63	99.60	0.03%	92.40	95.00	●	●	●	●	●
Mental Health Psych Peds: annual HbA1c in patients on antipsychotic	105	154	68.18	48.03	41.95%	33.30	55.00	●	●	●	●	●
Mental Health Psych Peds: annual LDL in patients on antipsychotic	103	154	66.88	50.39	32.72%	33.30	55.00	●	●	●	●	●
Mental Health Psych Peds: annual suicide risk assessment in patients with MDD dx	82	84	97.62	95.71	2.00%	20.50	95.00	●	●	●	●	●
Mental Health Psych Peds: f/u visit w/in 30 days after newly prescribed ADHD medication	56	90	62.22	61.11	1.82%	44.50	65.00	●	●	●	●	●
Tdap During Pregnancy	1,490	1,680	88.69	91.07	-2.61%	0.00	90.00	●	●	●	●	●
Use of Appropriate Meds for People w/ Asthma (12-18)	152	160	95.00	95.65	-0.68%	86.40	95.00	●	●	●	●	●
Use of Appropriate Meds for People w/ Asthma (5-11)	258	269	95.91	99.36	-3.47%	90.60	92.00	●	●	●	●	●
Well Visit 2+ Child Well Visits between 15 and 30 Months	1,196	1,897	63.05	63.26	-0.33%	66.80	70.00	●	●	●	●	●
Well Visit 6+ Well Child Visits in First 15 Months	986	1,574	62.64	65.43	-4.26%	75.40	70.00	●	●	●	●	●
Well Visit Child Well Visit Ages 3-21	22,779	31,867	71.48	71.93	-0.63%	83.70	75.00	●	●	●	●	●

# Provider-level Clinical Decision Aids – Step 1

17344594 02/27/2024 | RAMERS, CHRISTIAN · MD  
 HFHC/ADULTS hbv

Room: 10 NONCONT... Finalized

Home ▾ Provider ▾ Progress Notes Nursing ▾

17344594 02/27/2024-Ramers, C [HFH...]

Nursing Order Allergy **Problem** Lab Imm Rx Vital Doc Aid Hx MR Msg Rev Info

Problem  
  DC  
  Activate  
  + to AD  
  PE Order  
  Print

<input type="checkbox"/>	Code	Problem	Start ...	Category	St...	Actions
<input type="checkbox"/>	V058[I10: Z23]	Vaccination required	02/27/2024	Minor / Transient	Active	
<input type="checkbox"/>	1398[I10: R05.8]	Postviral cough	02/27/2024	Minor / Transient	Active	
<input type="checkbox"/>	07032[I10: B18.1]	Chronic viral hepatitis B without delta-agent	06/04/2019	Major / Chronic	Active	
<input type="checkbox"/>	0549[I10: B00.9]	Herpes simplex type 1 infection	09/12/2023	Minor / Chronic	Active	
<input type="checkbox"/>	73300[I10: M81.0]	Osteoporosis	09/19/2023	Minor / Chronic	Active	
<input type="checkbox"/>	2724[I10: E78.5]	Hyperlipidemia	03/14/2019	Minor / Chronic	Active	

LEGENDS: Edit   Delete   Info   Order Set   Non-Confidential   Confidential

Extensive Search  
 Enter Snomed

SOAP   Template   CIS

Show ROS    Show Vital

CC: hbv   Patient Reported Allergies: NKDA, No Non-Drug Allergies   PHO9: Edinburgh:  
 Age At Time Of Visit: 50 Yrs 9 Mo

Temp	Pulse	BP	RR	O2/PEF	Pain	BMI/BMI%	Height	Weight	Ortho:Lying(	Ortho:Standi	Ortho:Standi
97.9°F	66	129/85R	12		No Pain	21.17 / -	63.50 in	55.08 kgs 121lbs 7oz	5 min.)	ng(1 min.)	ng(3 min.)

Tobacco Used? No: Never smoker asked on 07/19/2023   Alcohol Risk: No Risk/Low Risk asked on 07/19/2023

BCM: None Used   LMP: 01/14/2024   Grava: 0   Para: 0

Comment: N/A  
 Nursing Comment: Immunization : patient with Anthem insurance, not contracted with FHC. Provider will RX vaccines to pharmacy  
Patient recently screened positive for being food insecure (score: Screen\_FoodInsecurity : 8.00 [05/30/2023])  
Patient at last DEXA scan is lower risk for fracture (10-year overall risk 3.4 %, 10-year hip fracture risk 0.7 %)  
Health Literacy: patient screen suggests fair to good health literacy Screen\_Health\_IQ : 0 [07/19/2023]  
Last alcohol risk screening: Alcohol Risk : No Risk/Low Risk [07/19/2023]

Subjective

Mammogram negative 07/2023; next due 07/2024; had next normal exam with normal findings; follow-up pap every one exam normal; bacterial

Multiple visits.  
 Pt. Discharged

Meds Reconciled  
  Att. Meds Recon./NA  
  Allergies Recon.  
  Show Trail

Don't Share  
 Save ...



# Provider-level Clinical Decision Aids – Step 2

17344594 02/27/2024 | RAMERS, CHRISTIAN · MD  
 HFHC/ADULTS hbv

Room: 10 NONCONT... + Finalized ✓

Home ▾ Provider ▾ Progress Notes Nursing ▾

17344594 02/27/2024-Ramers, C [HFH... ▾]

Nursing Order Allergy Problem Lab Imm Rx Vital Doc **Aid** Hx MR Msg Rev Info

Show All  Expand All

PATIENT'S DECISION AID Filter

Title	OutCome	Notes	Mana...
+ Adult/Child Imms: COVID 2023/2024 Vaccine	OVERDUE	COMPLETED Primary vaccine (Moderna). All adults <b>SHOULD</b> get a 2023 COVID shot	
+ Adult/Child Imms: Primary COVID-19 vaccination	SATISFIED	Completed at least FOUR COVID vaccines (last was Moderna) [Last Imm on 10/21/2022]	
+ Adults: Colon Cancer Screening	NOT MET		
+ Adult Imms: PVX	OVERDUE	Patients with a more serious risk for complicated PNA (cirrhosis, heart disease, viral hepatitis, ESRD, severe asthma) <b>SHOULD</b> get a PCV20 Active Problem: 07032	
+ Adult Imms: Shingles	PARTIAL	Shingrix order sent to pharmacy. Advise to get completed. If complete, update immunizations to satisfy decision aid [Active Medication] - 0.5 ML varicella zoster virus glycoprotein E, recombinant 0.1 MG/ML Injection	
+ Chronic Liver Disease: APRI Score	SATISFIED	APRI does not suggest a high likelihood of cirrhosis or fibrosis APRI Score = 0.316 [02/27/2024]	
+ Chronic Liver Disease: FIB-4 Score	SATISFIED	Using a lower cutoff value of 1.45, a FIB-4 score <1.45 had a negative predictive value of 90% for advanced fibrosis (Ishak fibrosis score 4-6 which includes early bridging fibrosis to cirrhosis) FIB-4 Score = 1.03449 [02/27/2024]	

SOAP Template CIS

Show ROS  Show Vital

CC: hbv Patient Reported Allergies: NKDA, No Non-Drug Allergies PHQ9: Edinburgh: Age At Time Of Visit: 50 Yrs 9 Mo

Temp	Pulse	BP	RR	O2/PEF	Pain	BMI/BMI%	Height	Weight	Ortho:Lying(	Ortho:Standi	Ortho:Standi
97.9°F	66	129/85R	12		No Pain	21.17 / -	63.50 in	55.08 kgs 121lbs 7oz	5 min.)	ng(1 min.)	ng(3 min.)

Tobacco Used? No: Never smoker asked on 07/19/2023 Alcohol Risk: No Risk/Low Risk asked on 07/19/2023

BCM: None Used LMP: 01/14/2024 Grava: 0 Para: 0

Comment: N/A  
 Nursing Comment: Immunization : patient with Anthem insurance, not contracted with FHC. Provider will RX vaccines to pharmacy  
Patient recently screened positive for being food insecure (score: Screen\_FoodInsecurity : 8.00 [05/30/2023])  
Patient at last DEXA scan is lower risk for fracture (10-year overall risk 3.4 %, 10-year hip fracture risk 0.7 %)  
Health Literacy: patient screen suggests fair to good health literacy Screen\_Health\_IQ : 0 [07/19/2023]  
Last alcohol risk screening: Alcohol Risk : No Risk/Low Risk [07/19/2023]

**Subjective**

Multiple visits. Pt. Discharged

Meds Reconciled  Att. Meds Recon./NA  Allergies Recon.  Show Trail

Don't Share Save ... ▾ Submit

Save Orders Submit

# Provider-level Clinical Decision Aids – Step 3

17344594 02/27/2024 | RAMERS, CHRISTIAN · MD  
 HFHC/ADULTS hbv  
 Room: 10 NONCONT... + Finalized ✓

Home ▾ Provider ▾ Progress Notes Nursing ▾

17344594 02/27/2024-Ramers, C [HFH...]

Nursing Order Allergy Problem Lab Imm Rx Vital Doc **Aid** Hx MR Msg Rev Info

Show All  Expand All

PATIENT'S DECISION AID

Title	OutCome	Notes	Mana...
<b>Adult Imms: Hep A</b>	SATISFIED	Patient shows immunity to hepatitis A. Unnecessary last draw date: 03/04/2017 Test: Hepatitis A Virus (HAV) IgG (GW-AR) Result: 1	
<b>Adult Imms: PVX</b>	OVERDUE	Patients with a more serious risk for complicated PNA (cirrhosis, heart disease, viral hepatitis, ESRD, severe asthma) SHOULD get a PCV20 Active Problem: 07032	
Adult Imms: Shingles	PARTIAL	Shingrix order sent to pharmacy. Advise to get completed. If complete, update immunizations to satisfy decision aid [Active Medication] - 0.5 ML varicella zoster virus glycoprotein E, recombinant 0.1 MG/ML injection	
Adult Imms: Td or Tdap every 10 years	SATISFIED	Tdap in last 10 years [Last Imm on 07/20/2021]	
Adults/Adolescents: Depression Screening	SATISFIED	Recent PHQ2 screening - negative Last PHQ 2 on 07/19/2023 - Score = 0	
Adults/Adolescents: PREP in Sexually Active	EXCLUDE	Not sexually active Active Problem: 162171002	
Adults/Children: Controlled Substance Agreement	EXCLUDE	Patient not prescribed a controlled substance where an agreement is applicable	
<b>Adults/Children: Hepatitis B screening in higher risk groups</b>	SATISFIED	Documented Hep B infection Active Problem: 07032	
Adults: One-time AAA screening in men who have smoked and follow-up surveillance for those with known AAA	EXCLUDE	Not in risk group needing surveillance (female) Active Problem:	
Adults: ASCVD Aspirin not needed?	EXCLUDE	Not applicable - not on aspirin	
Adults: ASCVD Aspirin	EXCLUDE	ASCVD risk under 10%. Daily aspirin not recommended unless for another reason	

SOAP Template CIS

Show ROS  Show Vital

CC: hbv Patient Reported Allergies: NKDA, No Non-Drug Allergies PHQ9: Edinburgh: Age At Time Of Visit: 50 Yrs 9 Mo

Temp	Pulse	BP	RR	O2/PEF	Pain	BMI/BMI%	Height	Weight	Ortho:Lying(5 min.)	Ortho:Standi ng(1 min.)	Ortho:Standi ng(3 min.)
97.9°F	66	129/85R	12		No Pain	21.17 / -	63.50 in	55.08 kgs 121lbs 7oz			

Tobacco Used? No: Never smoker asked on 07/19/2023 Alcohol Risk: No Risk/Low Risk asked on 07/19/2023

BCM: None Used LMP: 01/14/2024 Grava: 0 Para: 0

Comment: N/A  
 Nursing Comment: Immunization : patient with Anthem insurance, not contracted with FHC. Provider will RX vaccines to pharmacy  
**Patient recently screened positive for being food insecure (score: Screen\_FoodInsecurity : 8.00 [05/30/2023])**  
**Patient at last DEXA scan is lower risk for fracture (10-year overall risk 3.4 %, 10-year hip fracture risk 0.7 %)**  
**Health Literacy: patient screen suggests fair to good health literacy Screen\_Health\_IQ : 0 [07/19/2023]**  
**Last alcohol risk screening: Alcohol Risk : No Risk/Low Risk [07/19/2023]**

**Subjective**

Multiple visits. Pt. Discharged

Meds Reconciled  Att. Meds Recon./NA  Allergies Recon.  Show Trail

# Balancing the Pros/Cons of Quality Metrics

---

## PROS

- We have all committed to quality measures for better or worse!
- Agreed-upon, objective ways to measure whether certain things occur at the end of a clinical visit, and are being achieved at population scale
- Providers are now trained to care about them
- If right measures are chosen, can impact care and clinical outcomes

## CONS

- Do not capture compassion, bedside manner, counseling, patient education
- Intrude upon clinicians' autonomy on how to run clinic interactions
- Minimize clinical evaluation of complex human beings living in complex environments with complex medical conditions to a handful of easy to measure outputs
- Often are not responsive to patient priorities
- Reduces clinical evaluation to 'checkbox medicine'

# Ideas for Viral Hepatitis Measures with Impact

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- **Basic Package**

- One-time HBV & HCV screening
- HCV RNA reflex for all HCV Ab positives
- HCV SVR12

- **Mature, fully-developed Quality system (e.g. HIVQual)**

- Linkage to care for all HCV RNA positives
- DAA Prescription for all HCV RNA positive
- Return for SVR12 and SVR12 results
- HAV and HBV Vaccination for HCV patients
- HAV vaccine and HCV testing for all HBsAg positive
- Reflex HBV DNA for all HBsAg positives
- 'Infectious Diseases Bundle': 1 time screening test for HIV, HBV & HCV

# BREAK 1

12:50 PM - 1:00 PM

## AUDIO

You are in listen only mode for the upcoming session. Use the raise hand feature to be unmuted and ask a question during Panel #1 Q&A



## QUESTIONS

The Q & A feature is available for you to ask questions during the upcoming discussion.



## COMMENTS

The chat feature is available for you to include comments during discussion.



# Panel Session #1: Perspectives on Quality Measure Selection, Testing, and Implementation

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## *Panelists:*

Medicaid and public health representatives from Louisiana, Michigan, New York, Pennsylvania, and Washington

## *Moderators:*

Edna Boone and Nicole Kemper, MPH, Clinovations Government + Health



## Louisiana Panelists

---

**Lisa Chang, PhD**

*Hepatitis Surveillance  
Supervisor*



.....

**Debbie Wendell, PhD,  
MPH**

*Data Management Analysis Unit  
Manager*



.....

**Herbert Twase, MPH,  
CLSSBB**

*Medicaid Program Manager*



## Louisiana Measure



### Hepatitis C Virus Screening

#### Description

Medicaid members in the eligible population who have ever received at least one screening for hepatitis C

#### Numerator

Medicaid members in the eligible population who have ever received at least one screening for hepatitis

#### Denominator

Medicaid members between the ages of 18 years as of Jan 1 of the measurement year and 79 years as of Dec 31 of the measurement year.

\*Exclude members where there is evidence of Medicare or third-party insurance during the continuous enrollment period

#### Data Sources

Medicaid claims, Louisiana Office of Public Health, STD/HIV/Hepatitis Program/hepatitis surveillance data



## Michigan State Panelists

---

**Geoff Brousseau, MPH**  
*Viral Hepatitis Unit Manager*



**Matthew Seagar, LICSW**  
*Quality Improvement and Program  
Development Section Manager*



# Michigan Measures



## Lifetime Hepatitis C Screening (LHS)

### Description

Patient(s) 18 years of age and older who have received at least one screening for Hepatitis C at any time

### Numerator

Individuals with a claim or encounter for hepatitis C screening at any time

### Denominator

Adults ages 18 years of age and older

### Data Sources

Administrative claims/encounter claims



## Hepatitis C Screening During Pregnancy (HSP)

### Description

The percentage of women who had a live birth who were screened for hepatitis C during their pregnancy

### Numerator

Pregnant individuals with a claim or encounter for hepatitis C screening between 280 days prior to the date of delivery and the date of delivery

### Denominator

Individuals 12 years of age or older as of the first day of the measurement period with a delivery during the measurement period

### Data Sources

Administrative claims/encounter claims



## Hepatitis C Treatment (HCT)

### Description

Patient(s) ages 3 years of age and older who have been diagnosed with Hepatitis C and have received one or more prescriptions for direct-acting antiviral medication during the measurement period

### Numerator

Individuals diagnosed with Hepatitis C with a pharmacy record for one or more direct-acting antiviral medication during the measurement period

### Denominator

Individuals ages 3 and up diagnosed with Hepatitis C as identified by Symmetry condition confirmation algorithm for Hepatitis C

### Data Sources

Administrative claims/encounter claims

## New York State Panelists

---

**Colleen Flanigan, RN, MS**

*Director of the Bureau of Hepatitis  
Health Care and Epidemiology*

.....

**Paloma Luisi**

*Director Bureau of Quality  
Measurement and Evaluation*

.....

**Nicole Levesque**

*Associate Director, Health Care Finance &  
Analytics*

## New York Measure In Development



### Hepatitis C Screening Among Pregnant People

#### Description

Percentage of Medicaid members who are pregnant and receive a hepatitis C screening test

#### Numerator

Medicaid members who are pregnant and receive a hepatitis C screening test

#### Denominator

Medicaid members enrolled in Medicaid for 2 or more months of pregnancy and had at least 1 pregnancy related service 14 or more days before delivery

#### Data Sources

NY State Medicaid data warehouse

## Pennsylvania State Panelists

---

**David Kelley, MD, MPA**  
*Chief Medical Officer*



**Lauren Orkis, DrPH**  
*Epidemiologist Supervisor*



# Pennsylvania Measures



## Hepatitis C Screening (LHS)

### Description

Adult patient(s) 18 years of age and older who have received at least one screening for Hepatitis C during 12-month period.

### Numerator

Individuals with a claim or encounter for hepatitis C screening during 12-month period

### Denominator

Adults ages 18 years of age and older

### Data Sources

Administrative claims/encounter claims

## Hepatitis C Diagnosis Only Among Tested

### Description

Adult patient(s) 18 years of age and older who have tested positive for HCV.

### Numerator

Individuals who tested positive for HCV during 12-month period

### Denominator

Adults ages 18 years of age and older who received an HCV test in the calendar year

### Data Sources

Administrative claims/encounter claims



## Hepatitis C Treatment

### Description

Adult patient(s) 18 years of age and older with an HCV diagnosis who received one pharmacy claim in the calendar year for a direct-acting antiviral

### Numerator

Individuals who tested positive for HCV during 12-month period with at least one pharmacy claim in the calendar year for a direct-acting antiviral

### Denominator

Adults ages 18 years of age and older with an HCV diagnosis code in the calendar year

### Data Sources

Administrative claims/encounter claims

## Washington State Panelists

---

**Emalie Huriaux, MPH**  
*Program Manager*



**Laura Pennington, MHL**  
*Quality Measurement and  
Improvement Manager*



## Washington Measures (Recommended)



### One-Time Screening

Description	Numerator
Percentage of patients age $\geq$ 18 years who received one-time antibody screening for hepatitis C virus (HCV) infection	Patients who received a one-time antibody test for HCV infection
Denominator	Data Sources
All patients $\geq$ 18 years of age who had at least one preventive visit OR were seen at least twice within the 12-month reporting period	Claims



### HCV Prescription Treatment

Description	Numerator
Percentage of patients with a positive RNA HCV test who receive a prescription for direct acting antivirals for HCV	Patients who received a prescription for direct acting antivirals for HCV
Denominator	Data Sources
All patients $\geq$ 18 years of age who have tested positive for HCV through an RNA test	Claims



## Panel Session #1: Question and Answer

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### AUDIO

Raise your hand to be unmuted



### QUESTIONS

Type your questions in the Q & A section



### COMMENTS

Enter your comments in the chat box

# BREAK 2

2:30 PM - 2:40 PM

## AUDIO

You are in listen only mode for the upcoming session. Use the raise hand feature to be unmuted and ask a question during Panel #2 Discussion



## QUESTIONS

The Q & A feature is available for you to ask questions during the discussion.



## COMMENTS

The chat feature is available for you to include comments during discussion.



## Panel Session #2: Recommendations for a Measure to Adopt Across States and Territories

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### *Panelists:*

Medicaid and public health representatives from Louisiana, Michigan, New York, Pennsylvania, and Washington

### *Moderators:*

Edna Boone and Nicole Kemper, MPH, Clinovations Government + Health



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## Panel Session #2: Discussion on Recommendations

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### AUDIO

Raise your hand to be unmuted



### QUESTIONS

Type your questions in the Q & A section



### COMMENTS





Enter your comments in the chat box



### POLLS

Rank each measure based upon your preference

# Viral Hepatitis Quality Measures For Today's Discussion

Measure Type	Example	Description
 <b>SCREENING</b>	HBV Screening	Percentage of patients 18 and older who received a one-time screening for HCV
	HCV Screening	Percentage of patients 18 and older who received a one-time screening for HBV
	HBV and HCV Screening	Percentage of patients 18 and older who received a one-time screening for HBV, a one-time screening for HCV, or a one-time screening for HBV and HCV (each metric reported)
  <b>SCREENING + TREATMENT</b>	HBV Screening and Linkage to Care	Percentage of patients 18 and older with a positive HBV infection test who are linked to care
	HCV Screening and Treatment Initiation	Percentage of patients 18 and older with a positive HCV infection test who have treatment initiated
	HBV and HCV Screening and Linkage to Care/Treatment Initiation	Percentage of patients 18 and older with a positive infection test who are linked to care for HBV or have treatment initiated for HCV
 <b>OUTCOMES</b>	HCV Sustained Virological Response	Percentage of patients 18 and older with HCV who achieve sustained virological response (SVR)

## For each of the following measures, rate the value to your state or territory (very low, low, medium, high, very high)

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- Universal screening for hepatitis B
- Universal screening for hepatitis C
- Universal screening for hepatitis B and hepatitis C
- Universal screening and link to care for hepatitis B
- Universal screening and link to treatment for hepatitis C
- Universal screening and link to treatment/care for hepatitis B and hepatitis C
- Treatment outcomes - sustained virological response for hepatitis C

## Rank order the following measures according to your overall assessment for your state or territory

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### Place the highest ranked measure at the top

- Universal screening for hepatitis B
- Universal screening for hepatitis C
- Universal screening for hepatitis B and hepatitis C
- Universal screening and link to care for hepatitis B
- Universal screening and link to treatment for hepatitis C
- Universal screening and link to treatment/care for hepatitis B and hepatitis C
- Treatment outcomes - sustained virological response for hepatitis C

# Closing Remarks

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Jessica Deerin, PhD, MPH  
Viral Hepatitis Policy Advisor



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## Ways to Engage with OIDP

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### Join our listserv:

<https://cloud.connect.hhs.gov/viralhepatitis>

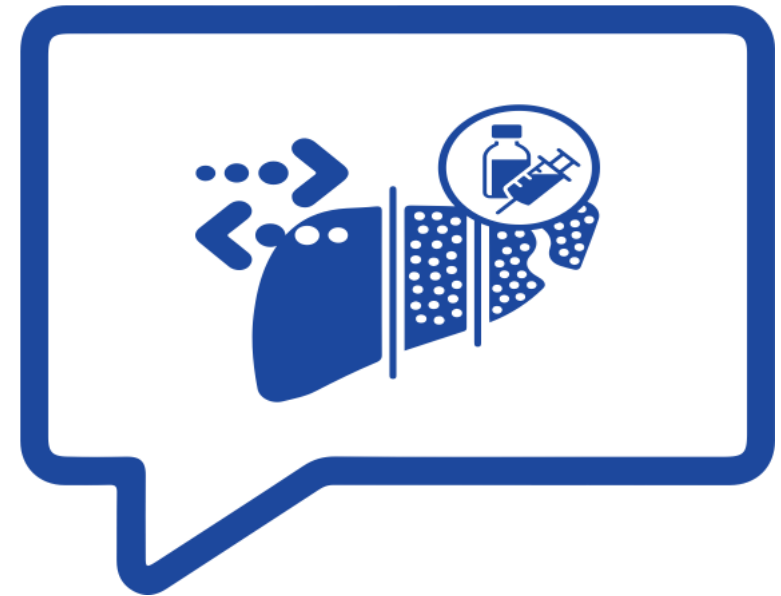
### Follow us on LinkedIn:

<https://www.linkedin.com/showcase/office-of-infectious-disease-and-hiv-aids-policy/>

### Follow us on our website:

<https://www.hhs.gov/oidp/>

**Email us:** [Jessica.Deerin@hhs.gov](mailto:Jessica.Deerin@hhs.gov)





**Thank You**

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