

Measure Information	2024 Performance Period
Title	HIV Screening
CMS eCQM ID	CMS349v6
CBE ID	Not Applicable
MIPS Quality ID	475
Measure Steward	Centers for Disease Control and Prevention (CDC)
Description	Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for Human immunodeficiency virus (HIV)
Measure Scoring	Proportion measure
Measure Type	Process measure
Stratification	None
Risk Adjustment	None
Rationale	<p>HIV is a communicable infection that leads to a progressive disease with a long asymptomatic period. There were an estimated 34,800 new HIV infections in the United States in 2019 (Centers for Disease Control and Prevention, 2021). Without treatment, most persons develop acquired immunodeficiency syndrome (AIDS) within 10 years of HIV infection. Antiretroviral therapy (ART) delays this progression and increases the length of survival, but it is most effective when initiated during the asymptomatic phase. Persons living with HIV who use ART and achieve viral suppression can have a nearly normal life expectancy (Samji et al., 2013). The Department of Health and Human Services (DHHS) Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents recommends immediate antiretroviral therapy for all HIV-infected individuals, regardless of CD4 count at diagnosis, to reduce the risk of disease progression (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2022). CDC estimates that, at the end of 2016, approximately 14% of the 1.1 million adults and adolescents living with HIV infection in the United States were unaware of their infection (Centers for Disease Control and Prevention, 2019a). Among persons diagnosed with HIV in 2017, approximately 21% were diagnosed with Stage 3 HIV (AIDS) at the time of HIV diagnosis (Centers for Disease Control and Prevention, 2019c), which is when the median CD4 count at diagnosis is less than 200 cells/mm<sup>3</sup> for persons aged greater than or equal to 6 years (Centers for Disease Control and Prevention, 2019b). HIV screening identifies infected persons who were previously unaware of their infection, which enables them to seek medical and social services that can improve their health and the quality and length of their lives. Additionally, using ART with high levels of medication adherence has been shown to substantially reduce risk for HIV transmission (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2022). Based on the Behavioral Risk Factor Surveillance System (BRFSS), the percentage of ever tested for HIV increased from 42.9% in 2011 to 45.9% in 2017. Despite this increase, less than half of US adults have ever been tested for HIV over ten years after CDC's recommendations (Patel et al., 2019).</p>
Clinical Recommendation Statement	<p>The US Preventive Services Task Force recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened (A Recommendation) (Owens et al., 2019). Since 2006, the CDC has recommended routine opt-out HIV screening (i.e., patient is notified that testing will be performed unless the patient declines) in healthcare facilities of adolescents and adults 13-64 years of age and HIV diagnostic testing of adolescents and adults with clinical signs or symptoms consistent with HIV</p>

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infection (Centers for Disease Control and Prevention, 2006).

**Improvement Notation**

Higher score indicates better quality

**Definition**

None

**Guidance**

This measure evaluates the proportion of patients aged 15 to 65 at the start of the measurement period who have documentation of having received an HIV test at least once on or after their 15th birthday and before their 66th birthday. In order to satisfy the measure, the reporting provider must have documentation of the administration of the laboratory test present in the patient's medical record. In cases where the HIV test was performed elsewhere, providers cannot rely on patient attestation or self-report to meet the measure requirements, as previous research has shown that patient self-report is an unreliable indicator of previous HIV testing history. Rather, providers must request documentation of those test results. If such documentation is not available, the patient should be considered still eligible for HIV screening. If such documentation is available, but cannot be provided in a standardized, structured format (such that the lab test and results can be readily incorporated as structured data within the EHR), providers should enter the information into their EHR as a laboratory test in a manner consistent with the EHR in use. If the specific Human Immunodeficiency Virus (HIV) Laboratory Test LOINC code of the test is not known, the entry should use the more generic code LOINC panel code [75622-1]. This eCQM is a patient-based measure. This version of the eCQM uses QDM version 5.6. Please refer to the QDM page for more information on the QDM.

**Initial Population**

Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period

**Denominator**

Equals Initial Population

**Denominator Exclusions**

Patients diagnosed with HIV prior to the start of the measurement period

**Numerator**

Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday

**Numerator Exclusions**

Not Applicable

**Denominator Exceptions**

Patients who die on or before the end of the measurement period

**Telehealth Eligible**

Yes