



Performance Measure Review

ACP supports QPP measure 387: "Annual Hepatitis C Screening for Patients who are Active Injection Drug Users" because implementation will likely lead to measurable and meaningful improvements in clinical outcomes, it is clinically appropriate to screen active injection drug users for HCV, and the measure aligns with United States Preventive Task Force (USPSTF) recommendations on HCV screening in patients who are at risk for infection. The measure also aligns with American Association for the Study of Liver Diseases and the Infectious Diseases Society of America recommendations for testing, managing, and treating Hepatitis C, and the measure specifications include appropriate exclusion criteria for patients where the treatment benefits do not outweigh the risk of harms (e.g., advanced liver disease, limited life expectancy). While we support this measure, we advise developers to address the following concerns during the update process. First, while the developers describe the measure's potential to positively impact clinical outcomes, the benefit of diagnosing active injection drug users on injection habits is unclear. Additionally, implementation is unlikely to largely benefit population health outcomes because most clinicians treat a low patient denominator for the measure. Second, the denominator specifications may not capture patients who deny injection drug use status. Therefore, it is may be difficult to estimate the true impact of the measure on quality outcomes. Developers should consider revising the denominator specifications to be more inclusive of all patients at risk for HCV (e.g., baby-boomer populations). Third, clinicians may encounter barriers to data access. Information systems may not automatically identify the denominator population unless end users create a specific code to capture injection drug use.