



Opportunities for Developing Measures for Adult Vaccines

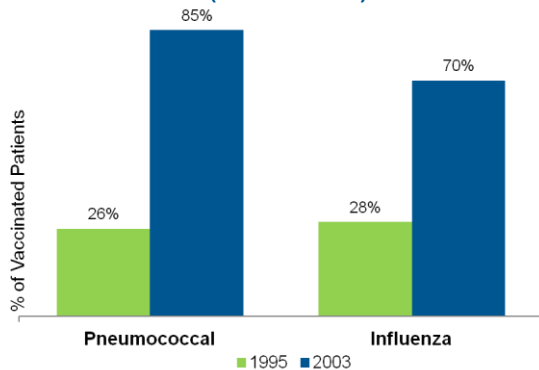
May 15, 2012
National Adult Immunization Summit

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Avalere Health LLC

Why Quality Measures? VA Program Demonstrates Success of Measurement to Improve Vaccination Rates

In 1995, the VA developed and implemented performance measures to improve flu and pneumonia vaccination rates in VA hospitals nationwide

VA Vaccination Rates Pre- and Post-Measures (1995 and 2003)



Results

- Immunization rates for both diseases increased substantially
- Geographic and other variations were substantially reduced
- During this time, pneumonia hospitalization rates decreased by 50% among elderly VA patients, but increased among Medicare enrollees by 15%
- It is estimated that the VA saved \$117 for each vaccine administered

Source: AK Jha, et al "Performance Measures, Vaccinations, and Pneumonia Rates Among High-Risk Patients in Veterans Administration Healthcare" American Journal of Public Health. 2007; 97, 12: 2167-2172.
VA: Department of Veterans Affairs



There are Several Barriers for Adult Immunizations That Need to be Addressed to Facilitate Measure Development

A number of factors create barriers to access to adult vaccines



- In the pediatric population, state mandates for school participation and other programs have been effective in overcoming many barriers
- ACA will remove some barriers, but measurement barriers exist
- Ability of expanded measures to demonstrate desirable attributes

Development of vaccine quality measures will be a good first step toward incentivizing providers by delivering actionable information that will support systems for improved clinical performance

Source: Barriers to Adult Immunization, The American Journal of Medicine
<http://health.state.ga.us/pdfs/prevention/immunization/barriers%20to%20adult%20immunization.pdf>
 Overcoming the Barriers to Adult Vaccination <http://www.medscape.org/viewarticle/561704>
 ACA: Affordable Care Act



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Few ACIP Recommendations Have Been Translated Into Quality Measures

ACIP Vaccine Recommendation	Existence of Measure In:				
	Healthy Adults	At Risk Adults			
		Pregnancy	Low Immunity	Greater Exposure	Chronic Disease
Tdap	○	○	○	○	○
Hepatitis B	N/A*	○	◐	○	◐
Influenza	◐	○	◐	◐	◐
Pneumococcal	●	○	◐	◐	◐
Hepatitis A	N/A*	○	◐	○	◐
HPV	○	N/A*	○	○	○
Varicella	○	N/A*	N/A*	○	○
Zoster	○	N/A*	N/A*	○	○
MMR	○	N/A*	N/A*	○	○
Meningococcal	N/A*	○	◐	○	○

Legend

- Measure Exists
- ◐ Measure Exists for some of the at-risk populations in the recommendation
- No measure exists

*N/A denotes that vaccination for this specific sub-population is not recommended by ACIP or is contraindicated for the vaccine
 HPV: Human Papillomavirus, MMR: Measles, Mumps, Rubella; Tdap: Tetanus, diphtheria, and pertussis
 Note: Measure search was conducted on the websites of National Quality Measures Clearinghouse and National Quality Forum.
 ACIP recommendations used are 2011 United States Adult Immunization Schedule, available at ACIP's website.



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In Order to Facilitate the Development of Adult Immunization Measures, Several Questions Must Be Addressed

1	How do we overcome infrastructure barriers to using measures?
2	How do we reduce administrative burden of new measures in a measure-heavy environment?
3	How do we elevate adult immunization as a priority topic for measurement?



How Do We Overcome Infrastructure Barriers to Adult Immunization Measure Use?

Opportunities

- Track vaccination status in patient registries across patient lifetime
- Define and validate quality indicators for population health and chronic conditions



MyHealth Online | Atrius Health | Dorian Medical Associates, Green Medical, Hecant-Wagland Medical Associates, Southern Medical Group, South Shore Medical Center

Welcome, Robert U Forty
April 26, 2009

Immunizations

Below is a list of the immunizations you have received.

Immunization	Date
Influenza Vaccine	11/06/2008, 11/06/2007, 11/06/2006, 11/06/2005, 11/06/2004, 11/06/2003, 11/06/2002, 11/06/2001, 11/06/2000, 11/06/1999, 11/06/1998, 11/06/1997, 11/06/1996, 11/06/1995, 11/06/1994, 11/06/1993, 11/06/1992, 11/06/1991, 11/06/1990, 11/06/1989, 11/06/1988
Meningococ (Menomune) Vaccine	11/01/2002
TB Test	08/22/2002, 08/19/2002, 08/12/2002
Td Vaccine (Adult)	08/12/2002

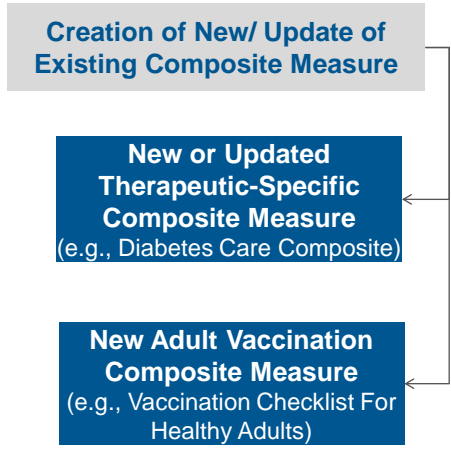
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How Do We Reduce Administrative Burden of New Immunization Measures In A Measure-Heavy Environment?

Opportunities

- Harmonize measures with and across quality improvement and value-based purchasing efforts
- Develop/revise composite measures



How Do We Elevate Adult Immunization as a Priority Topic for Measurement?

Opportunities

- Identify advocate/leader
- Generate evidence
- Educate patients and providers

Measurement is Needed

- Quality provisions in ACA are a great driver for continued focus on measures at the national and state level



Thank You!

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Appendix: Key Findings from Adult Immunization Quality Measures Landscape



The intersection of business
strategy and public policy

Overview of the Adult Immunization Quality Measure Environment

Evidence	<ul style="list-style-type: none"> Despite ACIP's recommendations for adult vaccines, rates remain low Quality measures have been identified as a vehicle to increase utilization
Measure Development	<ul style="list-style-type: none"> Few ACIP recommendations have been translated into quality measures Beyond flu/pneumonia, 3 measures exist for hepatitis B; none for Tdap Future measures could be developed as individual vaccine measures and/or composite measures of multiple vaccines
Evaluation	<ul style="list-style-type: none"> NQF-endorsement process poses hurdles for future measures Currently 19 NQF-endorsed measures exist for adult vaccines Beyond flu and pneumonia, only hepatitis B measures are NQF-endorsed
Use	<ul style="list-style-type: none"> Flu and pneumonia are the predominant adult vaccine measures used by both public and private organizations CMS and HRSA are the only organizations that use measures beyond flu and pneumonia; both use hepatitis B measures
Value Demonstration	<ul style="list-style-type: none"> Major utilization barriers include provider reimbursement, patient tracking, and inadequate infrastructure for vaccine administration New care delivery models may improve care coordination and highlight need for better adult immunization programs

ACIP: Advisory Committee on Immunization Practices
 CMS: Centers for Medicare & Medicaid Services
 NQF: National Quality Forum
 HRSA: Health Resources and Services Administration

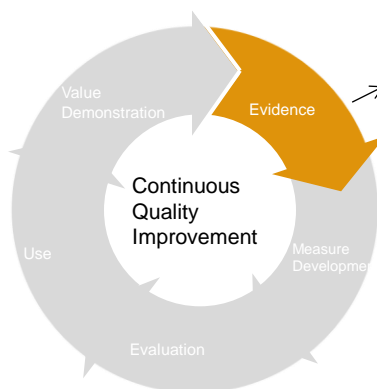


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Despite ACIP's Recommendations for Adult Vaccines, Vaccination Rates Remain Low

Key Findings

- Despite the existence of clinical practice recommendations for adult immunizations from ACIP, immunization rates remain low for this population
- Quality measures have been identified as a vehicle to increase adult vaccine utilization



Description:

- Clinical guidelines
- Position Statements

Key Organizations:

- Advisory Committee on Immunization Process (ACIP)
- Centers for Disease Control and Prevention (CDC)
- Infectious Diseases Society of America (IDSA)
- American Gastroenterological Association (AGA)

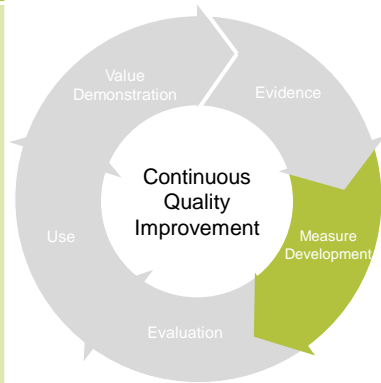


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Few ACIP Recommendations Have Been Translated Into Quality Measures

Key Findings

- Few ACIP recommendations have been translated into quality measures
- There are 3 hepatitis B measures and no measures for Tdap
- There are two potential paths for development of future vaccination measures:
 1. Individual measures
 2. Composite measures



Description

- Details and specifications of quality/performance measures
- Other relevant practices and frameworks

Key Organizations:

- AMA-PCPI ▪ Active Health Management
- AGA ▪ HRSA
- CMS ▪ CDC
- NCQA
- Arthritis Foundation/RAND

AMA-PCPI American Medical Association's Physician Consortium for Performance Improvement; AGA: American Gastroenterological Association; CMS: Centers for Medicare & Medicaid Services; NCQA: National Committee for Quality Assurance; HRSA: Health Resources and Services Administration; CDC: Centers for Disease Control and Prevention; Tdap: Tetanus, diphtheria, and pertussis

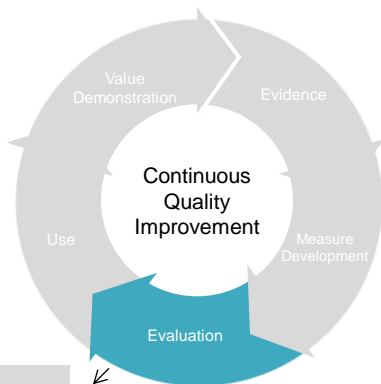


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NQF-Endorsement Process Poses Hurdles For Development of Measures for Adult Vaccines

Key Findings

- Only 19 NQF-endorsed measures focus on immunizations; 2 of the 3 adult hepatitis B adult vaccine measures are NQF-endorsed
- NQF-endorsement process and evaluation criteria, including demonstrated impact, reliability, and usability, pose hurdles for future adult vaccination measures



Key Organizations:

- Professional Societies
- NQF
- ONC

Description

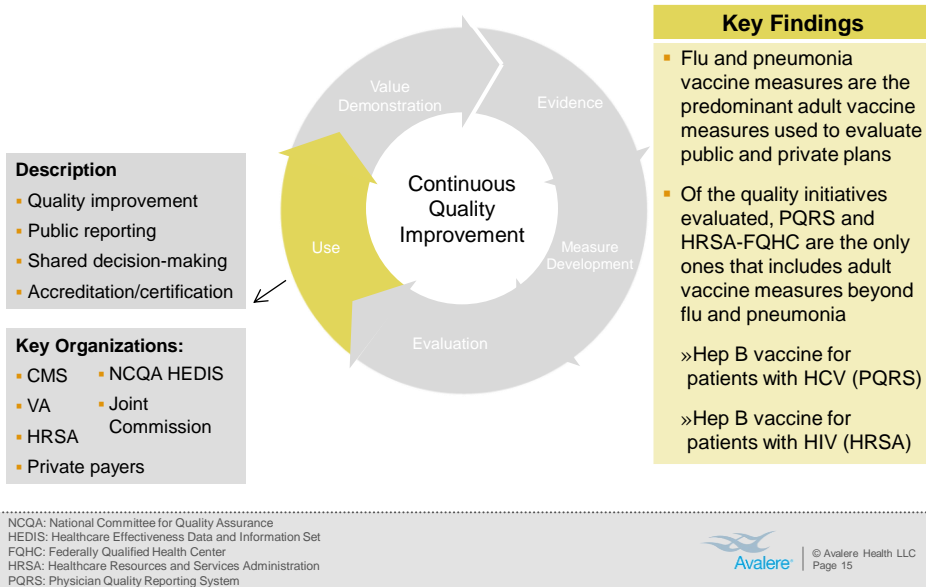
- Field testing and validation
- Endorsement

ONC: Office of the National Coordinator for Health Information Technology, NQF: National Quality Forum

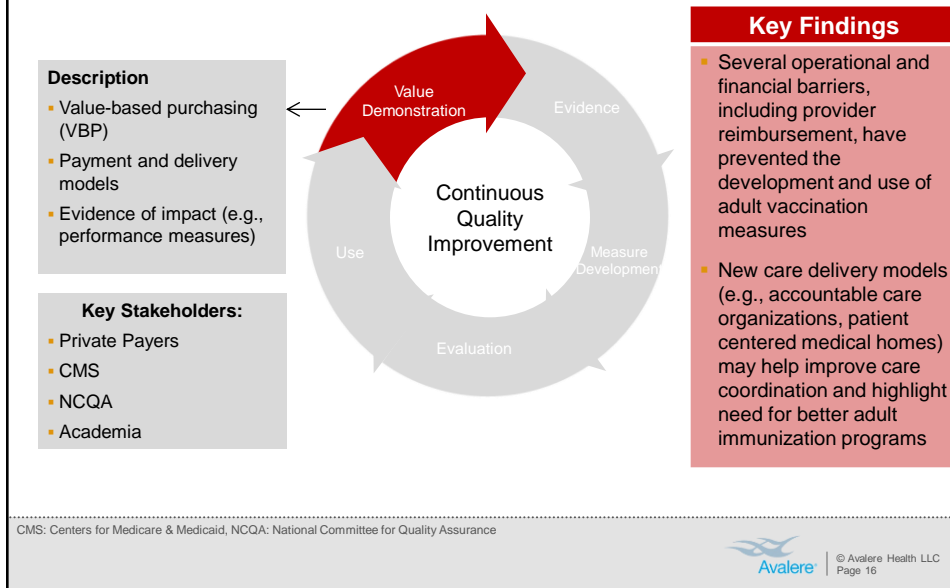


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Flu and Pneumonia are the Predominant Adult Vaccine Measures Used by Both Public and Private Organizations

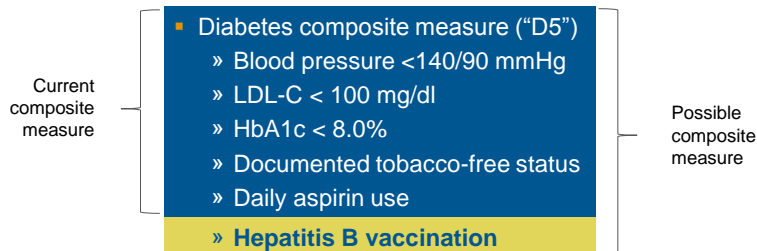


Many Barriers Have Prevented The Development and Use of Adult Vaccination Measures



Example 1: Possible Inclusion of Hepatitis B Vaccination as Part of a Diabetes Care Composite Measure

- ACIP's new recommendation that adults aged 60 years or younger with diabetes should receive hepatitis B vaccine could become a part of the D5 measure*



- Developed by Minnesota Community Measurement (MCMN), the D5 is endorsed by NQF, and has been used successfully by Minnesota to increase the "success" rate from 4 percent to more than 50 percent in some clinics¹
 - It is also currently being used by national programs such as Bridges to Excellence and is part of the CMS Medicare Shared Savings Program

* ACIP hepatitis B vaccination recommendation also includes other risk factors in addition to diabetes as well as adults who request it
 ACIP: Advisory Committee On Immunization Practices
 LDL-C: Low-density Lipoprotein Cholesterol
 1. Results from Minnesota Health Scores website, available at <http://www.mnhealthscores.org/>. Accessed November 22, 2011.



Example 2: Possible Creation of New Composite Measure from Current ACIP Recommendations

- Similar to D5 measure, a composite measure for all healthy adults* could be created from current ACIP recommendations

Possible Vaccine Status Composite Measure For All Adults:

- » Influenza
- » Pneumococcal
- » Tdap/Td
- » HPV
- » Varicella
- » Zoster
- » MMR

An at-risk adult* composite measure may be more difficult to create since the specifications for being at-risk vary with each vaccine preventable disease

- ACA calls for the Medicare Annual Wellness Visit (AWV) to include a written screening schedule (i.e., checklist) for the next 5 to 10 years, based on ACIP recommendations, among others, and the patient's individual health status¹

- » A vaccine composite measure could be used as a part of the AWV

* Healthy adults and at-risk adults are specifically defined in the adult immunization schedule for Advisory Committee on Immunization Practices (ACIP), available at ACIP's website.

HPV: Human Papillomavirus, MMR: Measles, Mumps, Rubella; Tdap: Tetanus, diphtheria, and pertussis; ACA: Affordable Care Act
 1. CMS FY 2012 Medicare Physician Fee Schedule

