

HHS Perspective on Adult Immunization Measures

Ernest Moy, AHRQ

Jody Sachs, NVPO

What we heard from the Summit last year

- Consolidate existing vaccination quality and performance measures
- Combine preventive services, including adult vaccinations, into one composite measure
- Assure that measures align with Pharmacy Quality Alliance
- Make vaccination status requirement of provider licensure renewal

What was done: HHS Working Group convened

- Co-lead: Ernest Moy, AHRQ
- Co-lead: Jody Sachs, NVPO
- Faruque Ahmed, CDC
- Girma Alemu, HRSA
- Rosaly Correa-de-Araujo, ACL
- Amy Groom, IHS
- Mary Beth Hance, CMS
- Yael Harris, HRSA
- Elizabeth Kalayil, CDC
- Jeffrey Kelman, CMS
- Troy Knighton, VA
- Megan Lindley, CDC

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AITF Measures Working Group Charge & Approach

- Charge: To coordinate federal activities on the use of quality and performance measures for adults within the broader immunization delivery system.
- Approach
 - **Review extant measures and data for assessing adult immunizations**
 - Identify and prioritize measurement gaps
 - New measures or data collection?
 - Composite “up-to-date” measure to track progress?
 - Analyses to identify high need populations based on geography and demographics?
 - Immunization outside of health care settings: Pharmacies, work sites, schools, churches, polling places?

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Review Extant Measures and Data: Inventory of Adult Immunization Measures

- Version 1
 - Compiled measures for HHS
 - Alignment with National Quality Forum (NQF) measures
 - Inventory includes 108 measures
 - Influenza, pneumococcal, hepatitis A and B, HPV, Td/Tdap, zoster, measles, meningococcal disease, mumps
 - Note: Some measures include contraindications and refusals, whereas in some cases, these are considered separate measures

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Inventory of Adult Immunization Measures (cont.)

- Version 2
 - Apply Donabedian model: Process & Outcomes
 - 2 Critical Processes
 - Quality Improvement / Performance Assessment / Provider Accountability: Adult assessed for vaccine need and given vaccine unless refusal or contraindication
 - Population Health / Planning: Adult vaccinated
 - Other measure elements stratify by patient or site characteristics

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Example: Influenza Process Measures

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FLU PROCESS MEASURES	Vaccine Administered	Assess and Offer Vaccine
Age (years)		
18+	CDC, CMS, IHS, HP2020	CMS, IHS
18-49	IHS	
18-64	CDC, IHS, HP2020	IHS
50+	CMS ¹ , IHS	IHS
50-64	CMS ² , IHS	IHS
65+	IHS, HP2020	IHS
Insurance		
Medicare		
Medicare Manage Care	CMS ³	
Conditions		
High Risk	CDC, IHS, HP2020	
Asthma	IHS	IHS
Diabetes	IHS	
HIV Disease	HRSA	
Inflammatory Bowel Disease	CMS	CMS
Pregnant Women	IHS, HP2020	IHS
Aligns with NQF measures: ¹ 0041, ² 0039, ³ 0040		

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FLU PROCESS MEASURES (CONT.)	Vaccine Administered	Assess and Offer Vaccine
Setting		
Acute Care Hospital	CMS ¹ , IHS	CMS, IHS
Home Health	CMS	CMS
Inpatient Rehab Facility	CMS	CMS
LTC Hospital	CMS, HP2020	CMS
Nursing Home Short Stay	CMS ²	CMS ⁶
Nursing Home Long Stay	CMS ³	CMS
Ambulatory/Office-based Care	CMS ⁴ , HRSA, IHS	IHS
Institutionalized	CDC	
Non-institutionalized	CDC, HP2020	
HCP Vaccination	HP2020	
Acute Care Hospital	CDC ⁵ , CMS ⁵ , IHS	CDC ⁵ , IHS
Ambulatory Facilities/Surgery Center	CMS ⁵ , IHS	IHS
Inpatient Rehab Facility	CMS	CMS (future) ⁶
LTC Hospital or Facility	CMS	CMS (future) ⁶
Outpatient Hospital	CMS	
<p>Note: This table does not indicate the total number of measures, but the categories the measures cover. A particular measure may cover multiple categories, such as for high-risk adults 18+ years in acute care hospitals. In this case, the measure would be listed in three categories: high-risk, 18+ years, and acute care hospital settings. For a more detailed spreadsheet showing these linkages, please contact the co-leads of the Measures WG.</p> <p>Aligns with NQF measures: ¹ 1659, ² Voluntary Standards for Influenza and Pneumococcal Immunizations, ³ 0681, ⁴ 0039 and 0041, ⁵ 0431, ⁶ 0680</p>		

Outcomes for All Vaccine-preventable Diseases

- Outcome measures = cases, hospitalizations, deaths
- HHS outcome measures in adult populations identified for:

Influenza	Cases/hospitalizations for 18+, 18-64, 65+ in acute care hosp
Pneumococcal	Cases/hospitalizations: 65+ acute care hosp, home care 30-day post-discharge readmission: 65+ hosp inpatient Deaths: 18-64 hosp inpatient, 18+ Discharge/discharge assessment: 18+, 65+ hosp inpatient, nursing home long stay
Hepatitis A	Cases/hospitalizations in general population
Hepatitis B	Cases/hosp: general pop, 19-24, 25-39, 40+, IDU, MSM
HPV	Prevalence of infection in females
Td/Tdap	None identified
Zoster	None identified
Other	Measles, meningococcal disease, and mumps cases/hospitalizations

Conclusions from Inventory

- Many redundant process measures representing two basic concepts:
 - Provider accountability/performance assessment (i.e., Did the provider assess and offer the vaccine?)
 - Population health (i.e., Did the patient get the vaccine?)
- Few outcome measures
- No composite measures

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Reducing Measure Redundancy

- Summit: Consolidate existing vaccination quality and performance measures
- Heard from federal groups who have aligned HHS measures
 - Office of HIV/AIDS and Infectious Disease Policy
 - HHS Measures Policy Council
- Plan to seek HHS support to align adult immunization measures
 - Convene experts
 - 1 vaccine at a time starting with influenza
 - Seek endorsement from Measures Policy Council

Refining Composite Measures

- Summit: Combine preventive services, including adult vaccinations, into one composite measure
- Developed proposal to ask NQF to issue call for measure / measure concepts related to adult vaccination composite measure
- Plan to support assessing feasibility of use of Institute for Clinical Systems Improvement composite measure

Improving Communication with Non-federal Partners

- Summit: Assure that measures align with Pharmacy Quality Alliance
- Started monthly conference calls with Summit Working Group
- Sought Pharmacy Quality Alliance input
- This presentation
- Plan to continue to seek advice from Summit Working Group and other non-federal partners

Advice and questions?