



NAIS Quality Measures Working Group

2014 Summit Update

May 14, 2014



Co-leads:
Jody Sachs, NVPO
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Agenda



Moderator	Ernest Moy, AHRQ, HHS
WG Overview, Priorities and Activities	Patrick Liedtka, Merck
Project Updates:	
• Adult Composite Measurement Project - Indian Health Service and Veteran's Affairs	Amy Groom, IHS Jane Kim, VA
• NQF Adult Immunization Gap Analysis Update	Megan Lindley, CDC
• Dashboard for National Coverage Data	Ernest Moy, AHRQ, HHS
Discussion, Questions and Summit Input	All



Working Group Participating Organizations



CDC	IAC	Virginia Department of Health
AHRQ	Joint Commission	Oregon State Health Department
NVPO	BIO	Delaware Health & Social Services
IHS	NCQA	New York City Dept. of Health
VA	AHIP	Duke University
HRSA	ACP	GSK
DoD	IDSA	PRISM
CMS	Pfizer	Avalere
NIH	Sanofi Pasteur	Novartis



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Context for Quality Measures WG

Why are Measures Important?

- Serve as a qualitative tool
- Inform improvements to patient experience
- Inform purchaser and consumer decisions
- Element of accreditation and/or certification
- Public reporting reaching more provider segments
- Increasing payment impact (Private and Public)
 - Pay for Reporting
 - Pay for Performance

Future Medicare physician payment formula (SGR) fix may increase payment impact of quality measurement and reporting for Medicare providers

Why are Measures Challenging?

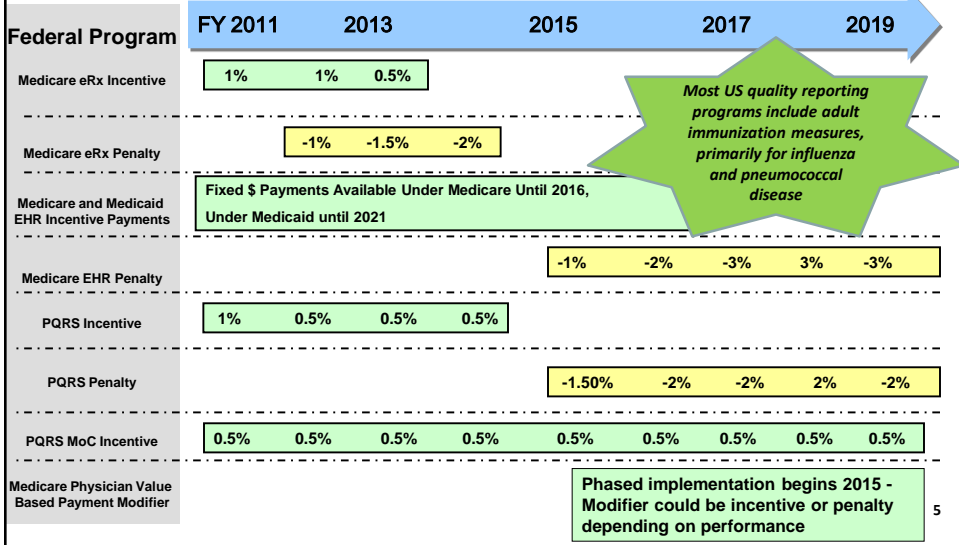
- Various public and private quality reporting programs are not fully integrated
- Data collection difficult due to variety of immunization administration settings
- Findings on impact of quality measurement and reporting on outcomes sometimes unclear
- Few outcomes measures available – often measuring structure or process
- Quality measurement and reporting remain administratively burdensome
- Difficult for smaller providers
- Payment impact reaching different provider segments at different times



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US Public Quality Programs and Potential Impact –Physicians

- Medicare further along quality measurement / reporting implementation continuum than other public segments
- Overall payment impact unclear due to unresolved issue of Medicare SGR formula, unknown impact of ACOs, and early-stage status of value based payment programs
- The programs noted below incentivize Medicare providers to electronically prescribe, to use EHRs widely, to report on quality measures, and to make efficient use of resources



2012/2013 Summit Feedback to Quality WG



Summit Feedback	Activities / Outcomes
1. Consolidate existing vaccination quality and performance measures	• Under discussion in NQF Adult Immunization Gap Analysis project
2. Combine preventive services, including adult vaccination, into a composite measure	• Long term approach for adult composite measure under discussion in NQF Adult Immunization Gap Analysis
3. Pilot test adult composite immunization performance measures	• IHS and VA project to develop and pilot test adult immunization composite measures
4. Assure measures align with Pharmacy Quality Alliance (PQA)	• PQA convening task force in 2014 to discuss pharmacy immunization measures
5. Make vaccination status a requirement of provider licensure renewal	• Discussed by WG and determined to be a state practice issue best addressed at the state level
6. Conduct an external scan for Gap Analysis prior to pilot testing new measurements	• Immunization groups, professional associations, and an advisory committee are providing external input to NQF Gap Analysis
7. Advocate for adding adult immunization measures to chronic disease measures	• Not the preferred approach of NQF Gap Analysis advisory committee

WG Priorities and Activities 2014-2015



Working Group Priority	Activity and Outcomes
1. Support and advise HHS in the mapping of adult immunization measurement processes and practices, including the pre-rulemaking and MAP (Measure Applications Partnership) process	<ul style="list-style-type: none"> WG briefed by members involved in MAP, and invited to provide input to 2013-2014 MAP process
2. Provide Summit Quality WG partners information to act on immunization quality engagement opportunities	<ul style="list-style-type: none"> WG facilitated improved interaction and communication among adult immunization and national quality organization stakeholder communities WG participation by wide breadth of stakeholders ensured group consensus decisions had strong base of support Several WG members recruited to participate in providing input to current NQF project to address performance measure gaps in adult immunization (<i>project update today</i>)
3. Support and advise HHS and other stakeholders on harmonization and alignment of adult immunization measures across various public and private initiatives	<ul style="list-style-type: none"> IHS and VA project to test feasibility of implementing an adult immunization composite measure (<i>project update today</i>)
4. Initiate development of an adult immunization dashboard to track and use to improve vaccination rates	<ul style="list-style-type: none"> HHS agencies collaborating to design and implement a dashboard for tracking of adult vaccination rates (<i>project update today</i>)

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Quality WG: What to Stop, Start and Continue?



Input from WG Members:

- Intensify focus on health IT and data needs to improve immunization quality efforts
- Increase “on the ground” impact and relevance
- Link adult immunization to population health goals of ACA
- Prioritize WG activities that have enthusiastic support and that organizations will commit to work on
- Quality WG could communicate policy or advocacy goals for Summit Decision Makers WG to support
- WG could recommend approach to develop a measure to assess implementation of NVAC adult immunization standards

Input from Summit:

**Please Use Q&A Session / public comment time to share your thoughts on what the group should start, stop and continue.*

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Future Directions for Quality WG – Audience Polling Question

Which of the potential future directions for the Quality WG do you believe would have the most impact on improving adult vaccination?

1. Support adult immunization in state quality efforts and collaboratives
2. Link adult immunization more effectively to population health goals of ACA and health care reform
3. Increase focus on health information technologies (EHRs, IIS, Clinical Decision Support) to support immunization eMeasure development and reporting
4. Engage with stakeholders on immunization and immunization measures in integrated care models (e.g., ACO, PCMH, IDN) to accelerate creation of effective immunization delivery models

Select 1, 2, 3 or 4 with your polling device

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NVAC Adult Immunization Standards



- Summarize Quality WG breakout session discussion on support for NVAC adult immunization standards
- NVAC standards potentially appropriate for Quality WG support:

Audience	Summary of Standard
All Providers	<ul style="list-style-type: none"> • Implement systems to incorporate vaccine assessment into routine clinical care • Understand how to access immunization information systems (ie., immunization registries)
Non-immunizing providers	<ul style="list-style-type: none"> • Routinely assess immunization status of patients, recommend needed vaccines, and refer patient to an immunizing provider • Follow up to confirm patient receipt of recommended vaccine(s)
Health care organizations and associations, health care systems	<ul style="list-style-type: none"> • Collect and share best practices for immunization
Public health departments	<ul style="list-style-type: none"> • Collect, analyze and disseminate immunization data • Increase immunization registry access and use by vaccine providers for adult patients

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Project Updates

ADULT COMPOSITE MEASUREMENT PROJECT WITH IHS AND VA

