

# National Quality Forum Adult Immunization Gap Analysis Update

## Priority Setting for Health Care Performance Measurement: Addressing Performance Measure Gaps in Priority Areas

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National Adult and Influenza Immunization Summit

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## Project Background

- **National Quality Forum funded by U.S. Department of Health and Human Services to address five focus areas:**
  - Adult immunization
  - Alzheimer's disease and related dementias
  - Care coordination
  - Health workforce
  - Person-centered care and outcomes
- **Address triple aim of the National Quality Strategy**
  - Better quality care
  - More affordable care
  - Healthier people/communities

## Project Overview

- **Goal: Provide multi-stakeholder guidance on the highest priorities for measurement to optimize vaccination rates and outcomes across adult populations**
- **Activities:**
  - Environmental scan of measures
  - Conceptual framework development
  - Analysis of measure gaps
  - Written report of recommendations and next steps

## Adult Immunizations Committee: Organizations Represented

- Agency for Healthcare Research & Quality
- American College of Physicians
- Blue Care Network
- Centers for Disease Control & Prevention
- Immunization Action Coalition
- Kaiser Permanente Vaccine Study Center
- Massachusetts General Hospital
- Merck Vaccines
- Methodist-Le Bonheur Healthcare
- Minnesota Department of Health
- Pharmacy Quality Alliance
- Philadelphia Department of Public Health
- Public Health – Seattle & King County
- The Immunization Partnership
- University of Arkansas for Medical Sciences
- University of Pittsburgh Institute on Aging
- Virginia Department of Health
- Yale University School of Medicine

## Environmental Scan

- Identified 225 adult immunization measures
- Measures primarily targeted toward influenza (35%) and pneumococcal (26%) disease
- The majority (69%) were process measures
- Most outcome measures were population-based

## Draft Conceptual Framework

AGE GROUP	VACCINE	PROVIDER-LEVEL		POPULATION-LEVEL	
		PROCESS	OUTCOME	PROCESS	OUTCOME
Young Adult	HPV	2			4
Adult	MMR				9
Senior	Influenza	51		26	1
	TD/Tdap	3			
	Varicella				
	Zoster	1		3	
	Pneumococcal	36	5	11	9
	Composite - immunizations only	3	1	6	2
	Composite - immunization with preventive care				

\*Also includes measures for specific health conditions, healthcare personnel, and immunization information systems (IIS)

## In-Person Meeting

- **Convened at NQF headquarters in Washington, DC**
- **Objectives**
  - Prioritize measurement goals for adult immunization using conceptual framework
  - Identify key leverage points & other measurement considerations
  - Recommend measure and measure concept development in the short- and long-term
- **Outputs**
  - Multistakeholder recommendations on measure development priorities
    - Short-term
    - Long-term

## Process

- **NQF conducted key informant interviews with experts**
  - Summary provided to Committee members before meeting
- **Prior to meeting, NQF surveyed Committee members on priorities among gaps identified**
- **Initial prioritizations presented and discussed by Committee**
  - Group prioritization exercise conducted
- **Final priority recommendations identified**
- **Additional considerations discussed in small groups**
- **Small group report out and discussion**

## Key Informant Interviews

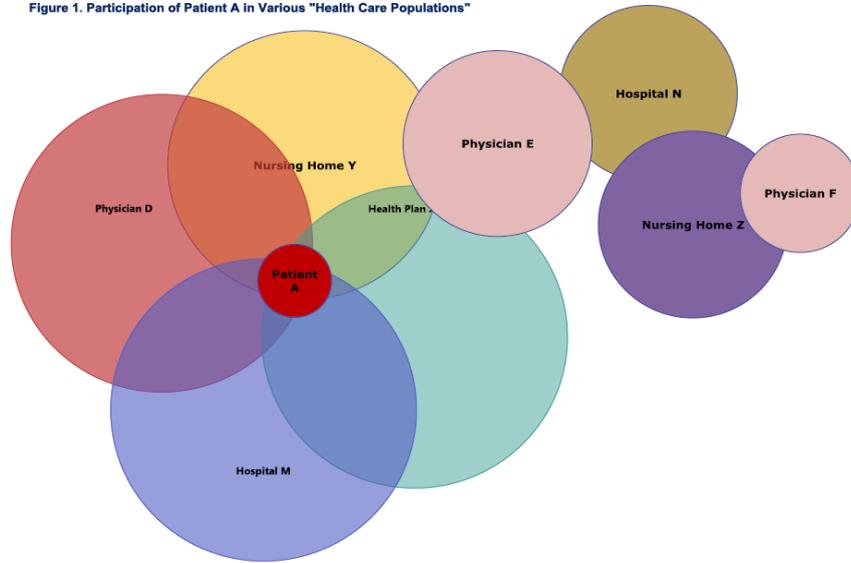
- Andrew Baskin, America's Health Insurance Plans (AHIP)
- Howard Bregman, EPIC
- Sepheen Byron, National Committee for Quality Assurance (NCQA)
- Jim Daniels et al, HHS Office of the National Coordinator for Health Information Technology (ONC)
- Amy Groom, Indian Health Services (IHS)
- Senka Hadzic, Institute for Clinical Systems Improvement (ICSI)
- Troy Knighton et al, Veterans Administration (VA)
- Karen Nielsen et al, Siemens Medical Solutions
- Lee Partridge, National Partnership for Women and Families
- Gary Urquhart, Centers for Disease Control & Prevention (CDC)

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## Challenges to Measuring Adult Immunization

- Provider attribution and accountability
- Data flow and data sharing
- Data quality and reliability
- Measurement burden

Figure 1. Participation of Patient A in Various "Health Care Populations"



Consider Patient A who is a member of Physician B's population (practice) and Health Plan X's population. Patient A is hospitalized at Hospital M and discharged to Nursing Home Y where Physician E takes over care. If Patient A develops a complication and is then sent to Hospital N and subsequently Nursing home Z under Physician F's care, this patient is then a member of each of these provider

## What Was Missing?

- Measures for zoster vaccination
- Measures for Td/Tdap vaccination
- Measures for varicella vaccination
- Measures for catch-up vaccinations (HPV, MMR)
- Measures for meningococcal vaccination
- Measures for hepatitis B vaccination among high-risk
- Measures for special populations (pregnant women, HCP)
- Composite measures
- Outcome measures, particularly provider-level measures
  - Accountability vs. surveillance

## Discussion of Initial Priorities for Measure Development

- Immunization as a system-level responsibility
  - All providers should be responsible for patient immunizations
- Challenges related to zoster vaccination of older adults
  - Reduced vaccine response; frailty; life expectancy; patient refusal
- Importance to measure – potential impact of vaccination
  - Age vs. risk-based, size of potential population impacted
- Methodologic challenges to outcome measurement
  - Foundational work needed
- Challenges vs. completeness in composite measures
  - Often easier for patients and providers to understand
  - Resulted in broadening many initial priorities

## Revised Priorities for Measure Development

- Measures for HPV for ages 19-26
- Measures for Tdap for ages 19-59
- Measures for zoster for ages 60-64 and ages 65+
- Composite measures with preventive care services
- Composite measures for Tdap and influenza vaccination for the pregnant population
- Composite measures for all ACIP-recommended vaccines for healthcare personnel
- Composite measures for influenza, pneumococcal, hepatitis B vaccination and other care processes or outcomes for (1) diabetes and (2) kidney failure/ESRD
- Composite measure for hepatitis A and hepatitis B vaccination for those with chronic liver disease

## Final Priorities for Measure Development

- **Short-term (1-2 years)**
  - Measure for HPV for ages 19-26
  - Pregnancy composite measure for Tdap and influenza vaccination
- **Long-term (2-4 years)**
  - Composite measure for immunization & preventive care services
  - Composite measure for all ACIP-recommended vaccines for healthcare personnel

## Additional Considerations Discussion (1)

- **Harmonization and alignment of existing measures**
  - “Aggressive consolidation” during measure maintenance
  - Measure developers should identify/standardize data specifications
  - Harmonization of provider- and population-level measures; recognition of measure purpose
  - Align measures with ACIP; retire outdated measures
- **Disparities and special populations**
  - More robust data from national surveys via oversampling or larger sample sizes
  - Stratify immunization measures at ‘local’ level (plan, system, ACO) by race/ethnicity

## Additional Considerations Discussion (2)

- **Non-traditional providers**
  - All providers should submit immunization data to immunization information systems (IIS)
  - Immunization measures for non-traditional providers should be aligned with measures for traditional providers
- **eMeasures, Electronic Health Records (EHR), IIS**
  - Encourage filling measure gaps through eMeasure development
  - Encourage and incentivize IIS reporting by all providers via EHR or other
  - Encourage IIS to adopt CDC functional standards that include bidirectional interoperability, allowing patient access, and accepting core elements including contraindication & refusal

## Next Steps

- **Meeting materials and transcript available at**  
<http://www.qualityforum.org/ProjectMaterials.aspx?projectID=75039>
- **Report being drafted by NQF**
  - Public comment from June 23-July 17, 2014
- **Final report to HHS on August 15, 2014**

## Questions?

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