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

*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)

Challenges to Measuring Adult Immunization

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

- Report of recommendations & priorities for measure development
- Public comment from June 23 to July 14, 2014
- Public webinar on July 26, 2014
- Final report to HHS on August 15, 2014

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


- 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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