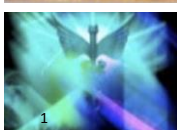
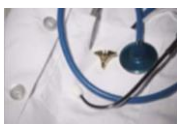




Quality Innovation Network - Quality Improvement Organization Adult Immunization Task



1

National Adult and Influenza Immunization Summit
Centers for Medicare & Medicaid Services
Presented by: Shiree M. Southerland, PhD, RN

May 11, 2016

Agenda

- Quick review of CMS Quality Improvement Organization (QIO) Program
- Overview of Adult Immunization Task in 11th SoW
- Year One Progress

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QIO Program History Timeline

- **1971:** Congress authorized Experimental Medical Care Review Organizations (EMCROs) to evaluate services provided to Medicare beneficiaries
- **1972:** Title XI, Part B, of the Social Security Act created Professional Standards Review Organizations (PSROs) to replace EMCROs
- **1984:** 1st Scope of Work (SoW) issued
- **1999:** 6th SoW changed name to “Quality Improvement Organization”
- **2011:** Trade Adjustment Assistance Extension Law of 2011
- **2014:** 11th SoW began and Quality Innovation Network QIOs created
- Spring 2015: QIOs began Adult Immunization work

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QIO Program

- By law (Sections 1152-1154 of the Social Security Act), the mission of the QIO Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries
- The strategy for execution of this mission has shifted over the decades from peer review of cases to include quality measurement and improvement

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CMS Quality Strategy Aims and Goals

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/CMS-2016-Quality-Strategy-Slides.pdf>



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CMS Quality Strategy Goals and Foundational Principles

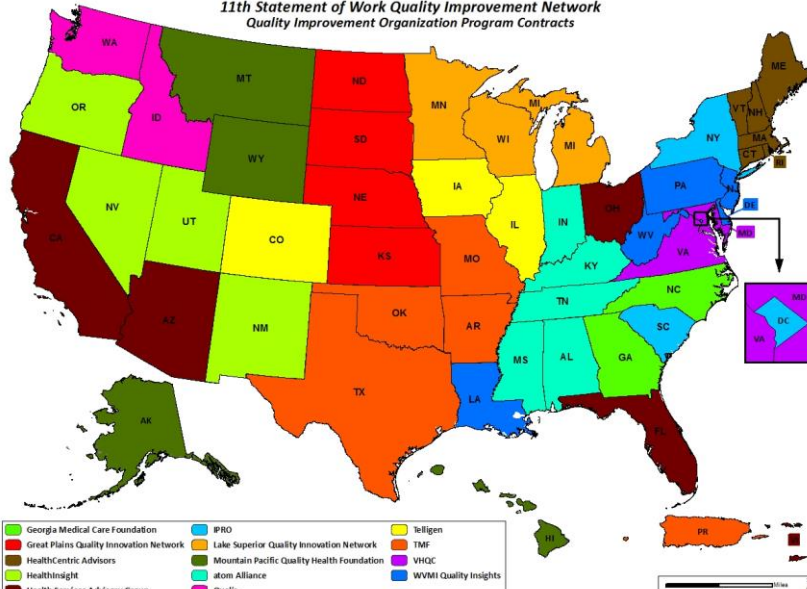
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/CMS-2016-Quality-Strategy-Slides.pdf>



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QIN-QIO Service Areas

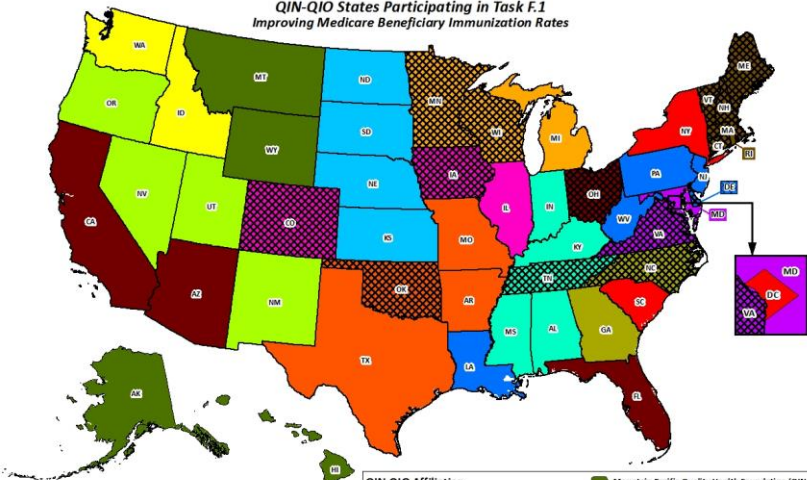
*11th Statement of Work Quality Improvement Network
Quality Improvement Organization Program Contracts*



This material was prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. (11SOW-QINCC-0025-1029)

Adult Immunization Task in 11th SoW

*QIN-QIO States Participating in Task F.1
Improving Medicare Beneficiary Immunization Rates*



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Adult Immunization Task in 11th SoW

| QIN-QIO | States Covered |
|------------------|----------------|
| Great Plains | KS, ND, NE, SD |
| TMF | AR, MO, TX, PR |
| Lake Superior | MI |
| Telligen | IL |
| HealthInsight | NM, NV, OR, UT |
| GCMF | GA |
| QSource | AL, KY, MS, IN |
| Mountain Pacific | AK, HI, MT, WY |
| IPRO | DC, NY, SC |
| Quality Insights | LA, NJ, PA, WV |
| VHQC | MD |
| Qualis | ID, WA |
| HSAG | AZ, CA, FL |
| HealthCentric | RI |

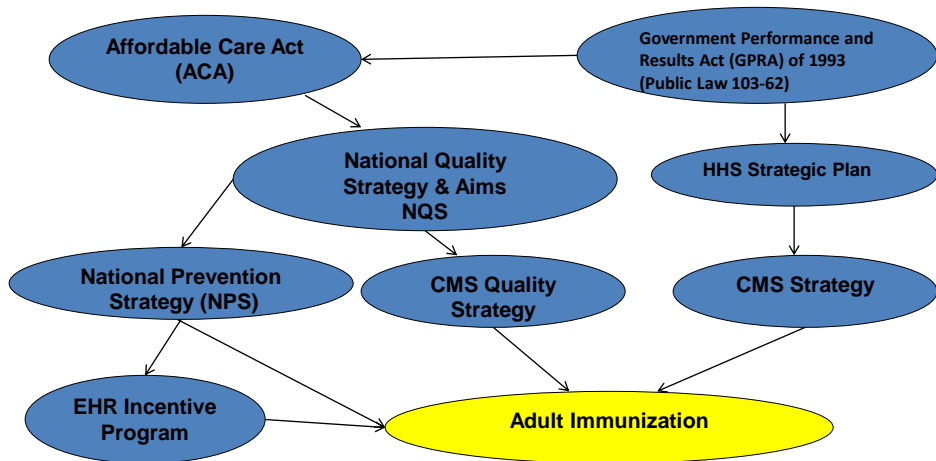
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Adult Immunization Task in 11th SoW

- Desired Outcomes
 - Improve assessment and documentation of adult immunizations
 - Improve immunization rates in Medicare beneficiaries, especially in minority and underserved populations
 - Increase reporting of Medicare beneficiary immunizations to IISs, where available for adult patients
 - Increase reporting to IISs from certified EHR technology (CEHRT)

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National Alignment with ACA, CMS Strategy, NQS, CMS Quality Strategy, NPS, and EHR Incentive Program



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11th SoW Immunization Partners

- Agency for Healthcare Research and Quality (AHRQ)
- Health Resources and Services Administration (HRSA)
- Administration for Community Living (ACL)
- Centers for Disease Control and Prevention (CDC)
- National Institutes of Health (NIH) (including the NIH Community Health Workers);
- Office of the National Coordinator for Health Information Technology (ONC)
- Regional Extension Centers (RECs)
- State Medicaid Agencies
- State Health Information Exchanges (HIEs)
- Office of Minority Health (OMH)
- National Hispanic Medical Association
- Association of Black Cardiologists
- American Heart Association (and its local offices)
- American Medical Association (AMA)
- Pharmacy Quality Alliance (PQA)
- National Adult and Influenza Immunization Summit
- End-Stage Renal Disease Networks
- Veterans Health Administration (VHA)
- Tribal Delivery Systems

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QIN-QIO Task B- Healthy People, Healthy Communities: Improving the Health Status of Communities

| Task # | Task Highlights – All tasks include learning and action networks (LANs) and target rural, racial, and ethnic minorities |
|--------|---|
| B.1 | Improving Cardiac Health and Reducing Cardiac Healthcare Disparities <ul style="list-style-type: none"> • Support Million Hearts® Campaign - prevent one million heart attacks and strokes by the year 2017 • Promote the use of aspirin therapy when appropriate; blood pressure control; cholesterol management; and smoking assessment and cessation • Certified EHR technology reporting of four quality measures by eligible professionals • Technical assistance to home health agencies |
| B.2 | Reducing Disparities in Diabetes Care: Everyone with Diabetes Counts <ul style="list-style-type: none"> • Improve diabetes outcomes - HbA1c, lipids, blood pressure, and weight control • Increase number of certified diabetes educators and beneficiaries participating in diabetes self-management education training classes |
| B.4 | Improving Prevention Coordination through Meaningful Use of HIT and Collaborating with Regional Extension Centers <ul style="list-style-type: none"> • Improve EHR adoption by eligible professionals and eligible hospitals • Increase eligible professional and eligible hospital screening and delivery of preventive services for Medicare beneficiaries through care coordination, monitoring, and data analytics with the use of certified EHR technology |

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What is Quality Improvement?

The Institute of Medicine (IOM) has outlined six aims that a healthcare system must meet to deliver quality care. These aims are:

- 1. Safe:** Care should be as safe for patients in health care facilities as in their homes;
- 2. Effective:** The science and evidence behind health care should be applied and serve as the standard in the delivery of care;
- 3. Efficient:** Care and service should be cost effective, and waste should be removed from the system;
- 4. Timely:** Patients should experience no waits or delays in receiving care and service;
- 5. Patient centered:** The system of care should revolve around the patient, respect patient preferences, and put the patient in control;
- 6. Equitable:** Unequal treatment should be a fact of the past; disparities in care should be eradicated.

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Quality Improvement through the Adult Immunization Task Targets

- By 2019, to align with the Healthy People 2020 goals
 - National absolute immunization rates of
 - 70% for influenza
 - 90% for pneumonia
 - 30% for zoster
 - Reduction of disparities among racial and ethnic minority, and rural Medicare beneficiaries and dual-eligible Medicaid and Medicare beneficiaries
 - Implementing the National Vaccine Advisory Committee (NVAC) revised the Standards for Adult Immunization Practice
- By 2019:
 - One million previously unimmunized Medicare beneficiaries will receive pneumonia immunization
 - An absolute rate of 90% for adult immunization status assessment
 - Appropriate immunization or referral, and documentation of Medicare beneficiary immunization status to include reporting immunizations to the state or other Immunization Information System (IIS) via CEHRT and other electronic methods

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Details of Task Order: Actions

- Provider and Practitioner Recruitment
 - Collaborate with other QIN tasks especially **Improving Cardiac Health and Reducing Cardiac Healthcare Disparities** and **Improving Prevention Coordination through Meaningful Use of HIT and Collaborating with Regional Extension Centers**
- Partner and Stakeholder Recruitment and Collaboration
- Technical Assistance (TA)
 - Provide TA to home health agencies working in collaboration with the Home Health Quality Improvement National Initiative, encourage reporting to IISs
 - Provide strategies for reaching and educating beneficiaries to improve assessment of vaccination status, documentation of immunization status – to include reporting to IISs, and increase immunization rates
- Learning and Action Networks
 - Beneficiary/family member/representative participation required
 - Activities focused on working together to share information, resources, and strategies to achieve the goals for the target populations

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Evaluation Measures: Recruitment and Immunization Status

- Recruitment of:
Physicians, Pharmacists, NPs, PAs, Health Department Nurses, Pharmacies, EPs, EHs, CAHs, HHAs, Health Departments, Nursing Homes, Assisted Living, Primary Care Clinics, and Community Stakeholder/Partners
AND Medicare Beneficiaries
- Percentage of Medicare beneficiaries with current immunization status assessed and documented

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Evaluation Measures: Influenza

- Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization (NQF #0041)
- Percentage of home health episodes of care during which patients received influenza immunization for the current flu season (NQF #0522)

*The measure specifications may change as National Quality Forum (NQF) measures are updated to reflect changes in practice.

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Evaluation Measures: Pneumonia

- Percentage of Medicare beneficiaries receiving pneumonia vaccination
- Percentage of Medicare beneficiaries aged 65 years and older who have ever received a pneumococcal vaccination (NQF #0043)
- Percentage of home health episodes of care during which patients were determined to have ever received Pneumococcal Polysaccharide Vaccine (PPV) (NQF #0525)

*The measure specifications may change as National Quality Forum (NQF) measures are updated to reflect changes in practice .

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Additional Work: Zoster

- Improving the percentage of Medicare beneficiaries who are vaccinated against zoster (shingles)

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Year One Progress: Reach

- Recruitment as of February 2016

| Provider Type | National Recruitment Totals |
|---|-----------------------------|
| Providers, Practitioners, and Pharmacists | 6,195 |
| Hospitals | 92 |
| Home Health Agencies | 932 |
| Total | 7,219 |

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Collaborations

- National
 - American pharmacists Association (APhA)
 - CDC
 - NAIIS Workgroups
 - Immunization Action Coalition (IAC)
 - Home Health Quality Improvement (HHQI) National Campaign
- State-based
 - Health Departments
 - Immunization Information Systems (IIS) Registries
 - Local Coalitions

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Challenges/Barriers

- Data Limitations
 - PQRs measures are not specific to the Medicare population.
 - Trying to align with the NQF measures and Healthy People 20/20 goals, but we also need to show the progress of QIN work and how they address provider needs.
- Reporting to IIS
 - Lack of awareness that related to adult IIS and reporting of adult immunizations is not mandatory in many states.
 - Cost of immunization interfaces between registries and EHRs and lack of bi-directional interfaces.
 - Lack of accurate data reporting from EHRs related demographics, administration of immunization, reports for herpes zoster.
 - Communication barriers between EHR vendors, practice staff and IIS staff.

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“Pearls of Wisdom”

- Plan for success!
 - Involve the patient.
 - Forge strategic partnerships.
 - Make bold goals.
 - Work across different 11th SOW tasks and various other programs (such as ESRD Networks) to address the needs of providers improve both the quality of care and quality reporting.

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Questions?

Contact

Shiree Southerland

Shiree.Southerland@cms.hhs.gov

410-786-2699

Please visit: <http://qioprogram.org/>



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