Quality Metrics & Immunizations

Hannah Fish, PharmD, CPHQ

Discussion Objectives

1. Describe the types and distribution of quality metrics
2. Describe the expanding influence of quality metrics and their connection to CMS incentive structures
3. Explore the immunization measures included throughout federal quality programs
4. Discuss current immunization quality measure development activities
Who is the Pharmacy Quality Alliance?

**Mission Statement:**

Improve the quality of medication management and use across health care settings with the goal of improving patients’ health through a collaborative process to develop and implement performance measures and recognize examples of exceptional pharmacy quality.

- Created in 2006 as a public-private partnership
- Multi-Stakeholder, Member-Based, Non-Profit
- Transparent & Consensus Based Process
- Nationwide Measure Developer

The Shift from Volume to Value

**Medicare Fee-for-Service**

- **GOAL 1:** Medicare payments are tied to quality or value through alternative payment models for 30% of fee-for-service payments, and 50% by the end of 2018.
- **GOAL 2:** Medicare fee-for-service payments are tied to quality or value through alternative payment models for 85% of fee-for-service payments, and 90% by the end of 2018.

**NEXT STEPS:**
- Testing of new models and expansion of existing models will be critical to reaching incentive goals
- Creation of a Health Care Payment Learning and Action Network to align incentives for payers

**HHS National Quality Strategy (NQS): Direction for Measure Development**

**PRIORITIES**
- Health and Well-Being
- Prevention and Treatment of Leading Causes of Mortality
- Person- and Family-centered Care
- Effective Communication and Care Coordination
- Patient Safety
- Affordable Care

The Triple Aim and priority areas set the agenda for measure development, endorsement and implementation.

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**Medicare Access and CHIP Reauthorization Act (2015) - MACRA**

- **Medicare Access and CHIP Reauthorization Act of 2015**, bipartisan legislation signed into law on April 16, 2015
- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Changes the way that Medicare pays clinicians** and establishes a new framework to reward clinicians for **value** over volume
- **Streamlines** multiple quality reporting programs into 1 new system (MIPS)
- **Provides bonus payments** for participation in **eligible** alternative payment models (APMs)

Federal Quality Improvement Programs

<table>
<thead>
<tr>
<th>Hospital Quality</th>
<th>Physician Quality</th>
<th>PAC Quality</th>
<th>Payment Models</th>
<th>Population Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Meaningful use</td>
<td>• Merit-based</td>
<td>• Inpatient</td>
<td>• Medicare</td>
<td>• Medicare Part C</td>
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<td>EHR incentive</td>
<td>Incentive Payment</td>
<td>rehabilitation facility</td>
<td>Shared Savings Program (ACOs)</td>
<td>Part C</td>
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<td>• Inpatient</td>
<td>• Maintenance of</td>
<td>• Nursing Home</td>
<td>• Hospitals</td>
<td>• Medicare Part D</td>
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<td>quality reporting</td>
<td>certification</td>
<td>Compare measures</td>
<td>value-based</td>
<td>• Medicaid Adult</td>
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<td>• Outpatient</td>
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<td>• LTCH quality</td>
<td>purchasing</td>
<td>Core Measures</td>
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<td>quality reporting</td>
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<td>reporting</td>
<td>Physician</td>
<td>• Medicaid Child</td>
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<td>• Ambulatory</td>
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<td>• Hospice</td>
<td>Feedback</td>
<td>Core Measures</td>
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<td>surgical centers</td>
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<td>quality</td>
<td>• ESRD QIP</td>
<td>• Health Insurance</td>
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<td>• Readmission</td>
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<td>reporting</td>
<td>• Innovations</td>
<td>Exchange Quality</td>
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<td>reduction program</td>
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<td>Pilots</td>
<td>Reporting System</td>
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<td>• HAC payment</td>
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<td>• PPS-exempt</td>
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<td>cancer hospitals</td>
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<td>psychiatric</td>
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<td>facilities</td>
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If you cannot measure it...
you cannot monitor it.

If you cannot monitor it...
you cannot manage it.

If you cannot manage it...
you cannot improve it

Dr. H. James Harrington
What is a Healthcare Performance Measure?

- Healthcare performance measures are tools used to *quantify* the quality or cost of care provided to patients and their families.

- They allow us to *gauge* the quality of care that is provided and help us understand whether and how much improvement activities *improve* care and outcomes.

Source: National Quality Forum
Image: [http://www.atlasinteriors.co.uk/how_to_measure](http://www.atlasinteriors.co.uk/how_to_measure)

How is a Performance Measure Calculated?

**Numerator**
*People who actually receive the action*

**Denominator**
*People who are eligible to receive the action (such as treatment or screening)*

**Exclusions**
*People who are not eligible for the action for specific, defined reasons*
Types of Measures

Outcomes
(\textit{the \textquotedblleft holy grail\textquotedblright})
- Hospital readmission rate post discharge

Intermediate Outcomes
- Adherence measures

Patient Experience/
Patient Satisfaction
- HCAHPS

Access
- Plans make timely decisions about appeals

Process
- MTM CMR completion rate

Structure
- Policies and procedures for reporting adverse drug event

Process Measures

- Show whether steps proven to benefit patients are followed correctly
- Measures whether an action was completed
  - Writing a prescription
  - Administering a drug
  - Having a conversation

\textbf{Example:} Childhood Immunization Status
Percentage of children 2 years of age who had
- four DtaP/DT
- three IPV
- one MMR
- three H influenza type B
- three hepatitis B
- one chicken pox vaccine (VZV)
- four pneumococcal conjugate vaccines by their second birthday

Source: NQF ABC's of Measurement
Outcome Measures

• Take stock not of the processes; results of care
• Most relevant measures for patients
• Measures that providers most want to change

**Example:** Surgical Site Infections

• Percentage of surgical site infections occurring within 30 days after the operative procedure

Source: NQF ABC’s of Measurement

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Composite Performance Measures

• Combines the result of multiple performance measures to
  • Produce a single score
  • Provide a more comprehensive picture of quality care

**Example:** Mortality for Selected Conditions

• Measure of in-hospital mortality indicators for selected conditions

Source: NQF ABC’s of Measurement
# Immunization Measures in Federal Programs

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total Federal Programs</th>
<th>Programs</th>
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</thead>
<tbody>
<tr>
<td>Adolescent IZ Status</td>
<td>4</td>
<td>PQRS; Medicaid CHIPRA; Health Insurance Marketplaces; MIPS</td>
</tr>
<tr>
<td>Childhood IZ Status</td>
<td>4</td>
<td>PQRS; Medicaid CHIPRA; Health Insurance Marketplaces; MIPS</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1</td>
<td>PQRS</td>
</tr>
<tr>
<td>HPV in females</td>
<td>1</td>
<td>Medicaid CHIPRA</td>
</tr>
<tr>
<td>Influenza</td>
<td>9</td>
<td>Hospital Inpatient Quality Reporting; Inpatient Rehabilitation Facility; Nursing Home Compare Measures; LTCH Quality Reporting; Home Health Quality Reporting; Medicare Shared Savings Program; Medicaid Adult Core; Health Insurance Marketplaces; Medicare Part C</td>
</tr>
<tr>
<td>Influenza Healthcare Professionals</td>
<td>8</td>
<td>Hospital Inpatient Quality Reporting; Outpatient Quality Reporting; Ambulatory Surgical Center Quality Reporting; Inpatient Rehabilitation Facility; LTCH Quality Reporting; PPS Exempt Cancer Hospitals; Inpatient Psychiatric Facilities; ESRD QIP</td>
</tr>
<tr>
<td>Influenza Screening</td>
<td>4</td>
<td>PQRS; Home Health Quality Reporting; Medicare Shared Savings Program; MIPS</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>6</td>
<td>Hospital Inpatient Quality Reporting; PQRS; Nursing Home Compare Measures; Home Health Quality Reporting; Medicare Shared Savings Program; MIPS</td>
</tr>
<tr>
<td>Pneumococcal Screening</td>
<td>1</td>
<td>Home Health Quality Reporting</td>
</tr>
<tr>
<td>Registry Submission Capability</td>
<td>1</td>
<td>Medicare and Medicaid EHR Incentive: Meaningful Use Stage 2 Core</td>
</tr>
</tbody>
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# CMS Part C Star Ratings Program

<table>
<thead>
<tr>
<th>2017 Measure Number</th>
<th>Measure</th>
<th>2014 Average Star</th>
<th>2015 Average Star</th>
<th>2016 Average Star</th>
<th>2017 Average Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>C03</td>
<td>Annual Flu Vaccine</td>
<td>3.4</td>
<td>3.3</td>
<td>3.3</td>
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</tr>
</tbody>
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Measure Development

How are Measures Developed?

• Identify focus/measure concept(s)
• Literature review/evidence review
• Expert input, e.g., Expert Advisory Panel
• Measure identification
• Measure specifications
• Public comment
• Testing
• NQF endorsement
• Implementation
Recommended Adult Immunization Schedule

Healthy People 2020 Goals

1. Baseline data for influenza vaccination represents the percentage of adults who received the vaccine during the 2010-2011 influenza season (Minimum Data Set [MDS], CMS; National Health Interview Survey [NHIS], CDC/NCHS).
2. Baseline data for pneumococcal vaccination represents the percentage of adults in 2008 who had ever received the vaccine (National Health Interview Survey [NHIS], CDC/NCHS).
3. Baseline data for herpes zoster represents the percentage of adults in 2008 who had ever received the vaccine (National Health Interview Survey [NHIS], CDC/NCHS).
Prioritizing Measure Gaps: Adult Immunization

NQF Priorities for Measure Development
1. HPV catch-up for ages 19-26
2. TDaP/Pertussis vaccine for ages 19-59
3. Zoster vaccine for ages 60-64
4. Zoster vaccine for ages 65+
5. Composite with other preventative services
6. Composite—TDaP and flu for pregnant women
7. Composite—Influenza, pneumococcal, Hepatitis B in diabetes
8. Composite—Influenza, pneumococcal, Hepatitis B in ESRD
9. Composite—Hep A and B in chronic liver disease
10. Composite of all AHIP vaccines for healthcare workers


PQA's Measure Development Process

Measure Concept Idea → Measure Concept Development → Draft Measure Testing → Measure Endorsement → Measure Update

Measure Advisement Group → Measure Development Teams → Task Forces → Stakeholder Advisory Panels

PQA Member Organizations
- Quality Metrics Expert Panel
- Risk Adjustment Advisory Panel

Patient & Caregiver Advisory Panel
- Implementation Advisory Panel
### 5 Things to Consider for Measure Development

<table>
<thead>
<tr>
<th>Importance</th>
<th>Feasibility</th>
<th>Implementation</th>
<th>Data Source</th>
<th>Level of Measurement</th>
</tr>
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### National Quality Forum (NQF)

The NQF is a nonprofit organization that operates under a three-part mission to improve the quality of American healthcare by:

- Setting national priorities and goals for quality improvement
- **Endorsing national standards for measuring and reporting**
- Promoting the attainment of national goals through education and outreach
Current Measure Development Efforts

NAIIS Quality Metrics Workgroup

- Maternal Immunization Subgroup
  - Measure consists of flu, TDaP

- ESRD Immunization Subgroup
  - Measure consists of flu, pneumo, Hep B

- Adult Immunization Composite Subgroup
  - Successful adult measure developed by IHS (Tdap, pneumo, herpes zoster) + influenza
NCQA & HEDIS

• Pneumococcal Vaccination Status for Older Adults
  • Moves away from survey data
  • Proposes using only electronic data sources

PQA’s Current Measure Concepts

1. Immunization Information System Reporting
2. Immunization Status Assessment within Medication Therapy Management (MTM)
3. ACIP Compliance following Immunization Status Assessment within MTM
4. Up-to-date Vaccination Status for Persons with Diabetes
Questions?

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