



Optimizing Patients' Health by Improving the Quality of Medication Use

Leveraging Immunization Information Systems for Performance Measurement:

PQA update on proposed measure for reporting of vaccinations to IIS

Hannah Fish, PharmD, CPHQ

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: 30%

Medicare payments are tied to quality or value through alternative payment models (categories 3-4) by the end of 2016, and 50% by the end of 2018

GOAL 2: 85%

Medicare fee-for-service payments are tied to quality or value (categories 2-4) by the end of 2016, and 90% by the end of 2018

STAKEHOLDERS:

Consumers | Businesses
Payers | Providers
State Partners

Set internal goals for HHS

Invite private sector payers to match or exceed HHS goals

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

Burwell SM. Setting Value-Based Payment Goals – HHS Efforts to Improve U.S. Health Care. N Engl J Med 2015 Jan 26; 372(10):897-899.

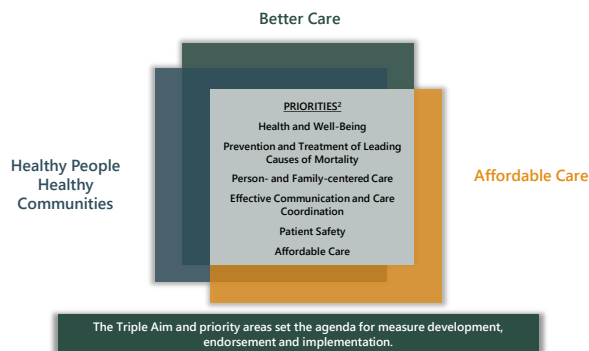


Federal Quality Improvement Programs

Hospital Quality	Physician Quality	PAC Quality	Payment Models	Population Health
<ul style="list-style-type: none"> • Meaningful use EHR incentive • Inpatient quality reporting • Outpatient quality reporting • Ambulatory surgical centers • Readmission reduction program • HAC payment reduction program • PPS-exempt cancer hospitals • Inpatient psychiatric facilities 	<ul style="list-style-type: none"> ▪ Merit-based Incentive Payment (MIPS) ▪ Maintenance of certification 	<ul style="list-style-type: none"> ▪ Inpatient rehabilitation facility ▪ Nursing Home Compare measures ▪ LTCH quality reporting ▪ Hospice quality reporting ▪ Home health quality reporting 	<ul style="list-style-type: none"> ▪ Medicare Shared Savings Program (ACOs) ▪ Hospital value-based purchasing ▪ Physician Feedback ▪ ESRD QIP ▪ Innovations Pilots 	<ul style="list-style-type: none"> ▪ Medicare Part C ▪ Medicare Part D ▪ Medicaid Adult Core Measures ▪ Medicaid Child Core Measures ▪ Health Insurance Exchange Quality Reporting System (QRS)



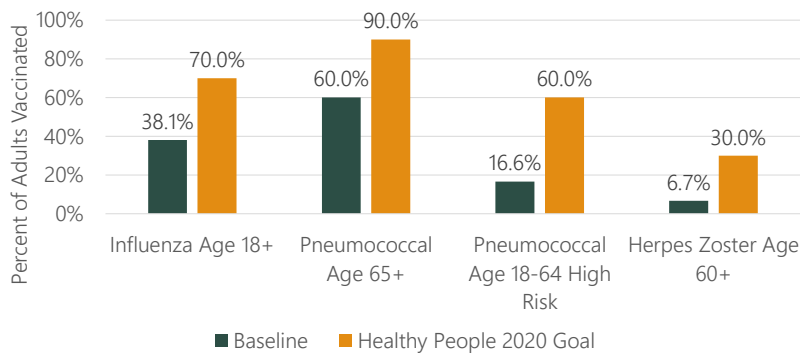
HHS¹ National Quality Strategy (NQS): Direction for Measure Development



1. HHS. Department of Health and Human Services
2. National Priorities Partnership. (2011). Input to the Secretary of Health and Human Services: Priorities for the National Quality Strategy.



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)



*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

POA⁸
Pharmacy Quality Alliance

How is a Performance Measure Calculated?

Numerator

People who actually receive the action

Denominator – Exclusions

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

People who are not eligible for the action for specific, defined reasons



Immunization Measures in Federal Programs

Measure	Total Federal Programs	Programs
Adolescent IZ Status	4	PQRS; Medicaid CHIPRA; Health Insurance Marketplaces; MIPS
Childhood IZ Status	4	PQRS; Medicaid CHIPRA; Health Insurance Marketplaces; MIPS
Hepatitis A	1	PQRS
HPV in females	1	Medicaid CHIPRA
Influenza	9	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
Influenza Healthcare Professionals	8	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
Influenza Screening	4	PQRS; Home Health Quality Reporting; Medicare Shared Savings Program; MIPS
Pneumococcal	6	Hospital Inpatient Quality Reporting; PQRS; Nursing Home Compare Measures; Home Health Quality Reporting; Medicare Shared Savings Program; MIPS
Pneumococcal Screening	1	Home Health Quality Reporting
Registry Submission Capability	1	Medicare and Medicaid EHR Incentive: Meaningful Use Stage 2 Core



Examples of Immunization Measures

Influenza Vaccination for Adults Age 18 and Older

- The percentage of adults 18 years of age and older who self-report receiving an influenza vaccine within the measurement period. This measure collected via the CAHPS 5.0H adults survey for Medicare, Medicaid, commercial populations.

Pneumonia Vaccination Status for Older Adults

- Percentage of patients 65 years of age and older who ever received a pneumococcal vaccination.

Influenza Vaccination Coverage Among Healthcare Personnel

- Percentage of healthcare personnel (HCP) who receive the influenza vaccination.



Prioritizing Measure Development

Recommended Adult Immunization Schedule

Recommended Adult Immunization Schedule—United States - 2016
 Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group¹

Vaccine	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza ²	1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap) ²	Substitute Tdap for Td once, then Td booster every 10 yrs					
Varicella ⁴	2 doses					
Human papillomavirus (HPV) Female ⁵	3 doses					
Human papillomavirus (HPV) Male ⁶	3 doses					
Zoster ⁷	1 dose					
Measles, mumps, rubella (MMR) ²	1 or 2 doses depending on indication					
Pneumococcal 13-valent conjugate (PCV13) ²	1 dose					
Pneumococcal 23-valent polysaccharide (PPSV23) ²	1 or 2 doses depending on indication					
Hepatitis A ⁸	2 or 3 doses depending on vaccine					
Hepatitis B ⁹	3 doses					
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSIV) ²	1 or more doses depending on indication					
Meningococcal B (MenB) ¹⁰	2 or 3 doses depending on vaccine					
Adenovirus influenza type 6 (H6N2) ¹¹	1 or 3 doses depending on indication					

¹Approved by the Vaccine Injury Compensation Program. Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967. Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-527-6400. Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC, WFO Contact Center at 800-CDC-INFO (311-6236) in English and Spanish, 9:00 a.m. - 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays. Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services. The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), the American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse-Midwives (ACNM).



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



National Adult Immunization Plan

- Outlines actions to achieve optimal prevention of infectious diseases and their consequences through vaccination of adults
- Establishes four key goals to guide implementation and support stakeholder efforts to improve adult immunizations

Goal 1: Strengthen adult immunization infrastructure

Goal 2: Improve access to adult vaccines

Goal 3: Increase community demand

Goal 4: Foster innovation in adult vaccine development



PQA Adult Immunization Task Force

PQA Immunization Measures in Development

- Immunization Information System (IIS) Registry Reporting
- Assessment of Adult Immunization Status in Medication Therapy Management (MTM) and ACIP Compliance following Status Assessment
- Up-to-date Vaccination Status for Persons with Diabetes



PQA Immunization Measures in Development

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Immunization Information System Reporting (IISR)

- **Description**
 - The percentage of claims for administered adult vaccinations that are recorded in the Immunization Information Systems during the measurement period.
- **Denominator**
 - A specified random sample from the eligible population of medical and prescription claims for administration of vaccines within a specific state or territory during the measurement period.
- **Numerator**
 - Of the claims included in the denominator, the number that had a matching IIS record.



Immunization Information System Reporting *(cont.)*

- **Data Source**
 - Prescription and/or medical claims, IIS records
- **Level of Analysis**
 - Health plan or PBM, specific to a state or U.S. territory
- **Next Steps**
 - Measure testing



Select Preliminary IISR Measure Testing Results

Table 1. Select IIR Preliminary Results

Age (y)	Type of Vaccine(s) Queried	Type of Claim(s) Submitted	Type of Provider(s) Administering Vaccine	Documentation of Vaccination Present in the IIS
31	Hepatitis B Immune Globulin	Pharmacy	Pharmacy	yes
49	Mening Vac A,C,Y,W-135 Dip/Pf	Pharmacy	Pharmacy	yes
18	Measles, Mumps, Rubella, & V	Medical	Family Practice	yes
54	Hemophilus Influenza B Vacci	Medical	Family Practice	yes
18	Pneumococcal Conjugate Vacci	Medical	Rheumatology	yes
19	Hepatitis B Virus Vaccine/Pf	Pharmacy	Pharmacy	yes
42	Hepatitis A Virus Vaccine/Pf	Pharmacy	Pharmacy	no
54	Influenza Virus Vaccine, Who	Medical	Family Practice	no
32	Flu Vaccine Ts 2014-15 (4 Yr+)	Pharmacy	Pharmacy	no
90	Diph,Pertuss(Acell),Tet Vac/Pf	Pharmacy	Pharmacy	no
56	Hepatitis B Virus Vaccine/Pf	Pharmacy	Pharmacy	yes



Challenges and Barriers to Implementation

- State variability in IIS reporting requirements
- IIS data quality and matching
- Implementation of standards and best practices
- Bidirectional capabilities



Questions?

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