Quality & Performance Measures
Working Group Update
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Adult immunization rates remain low despite interest from many

- AVAC began in 2015. AVAC is a multi-stakeholder organization on adult immunization issues.

- AVAC brings together a number of organizations under one umbrella working collectively to bring necessary federal policy changes to increase adult vaccination rates.
We are a diverse group of...

- Health Care Providers
- Pharmacy
- Vaccine Innovators
- Public Health
- Patient, Consumer, and Minority Health Groups
- Registry
Changing the adult immunization policy landscape

1. Build

2. Measure

3. Access
Our Work: Make it in the interest of providers
- Appropriations Report Language on quality measure
- Meetings with CMS and quality experts on immunization measure development (Quality Spotlight)
- Participate in regulatory and other comment opportunities to influence quality measure development
• **Adult Immunization Quality Measures.**—The Committee recognizes the importance of quality measurement tools to ensuring accountability and improvements in care delivery and patient outcomes, including reducing racial and ethnic health disparities. The Committee requests a report is the fiscal year 2018 budget request on steps the agency has taken to improve outcome quality measures applicable to adult immunization under the Medicare and Medicaid programs.
**Adult Immunization Quality Measures** — The Committee recognizes the importance of quality measurement tools to ensuring accountability and improvements in care delivery and patient outcomes, including reducing racial and ethnic health disparities. The Committee requests a report on steps the agency has taken to improve outcome quality measures applicable to adult immunization under the Medicare and Medicaid programs. Action Taken or To Be Taken CMS recognizes the importance of adult immunization, and believe that quality measurement is one of the efforts that can assist in the goal of improved immunization rates. CMS now has a number of Medicare quality reporting programs with measures that can both assist in evaluating the quality of care, and that can provide valuable information to clinicians and facilities about clinical outcomes and processes. Quality measures related to influenza immunization and pneumococcal vaccine immunization for adults are currently included in some of these programs. For example, the new Merit-Based Incentive Payment System for clinicians, which is part of the Quality Payment Program, is in its first reporting period in 2017.
FY18 CMS Budget Justification

Under this program, clinicians choose measures to report; among the measures are two immunization measures: the Influenza Immunization measure and the Pneumococcal Vaccination Status for Older Adults measure. Clinicians can choose to report these measures through registries or, in some cases, on their claims. Alternatively, if a group of 25 or more clinicians chooses to report quality data under this program through an option called the CMS Web Interface, there are 15 required measures that must be reported, and the two immunization measures are among them. The influenza and pneumococcal vaccine measure are also part of the Home Health Quality Reporting Program. Home health agencies report this data through an assessment instrument (the Outcome and Assessment Information Set), and the results are reported on the Home Health Compare website. In addition, for inpatient hospitals, the Immunization for Influenza measure is included in the Hospital Inpatient Quality Reporting Program, and the measure is displayed on the Hospital Compare website. Through collection and reporting of quality measure data on immunization, CMS hopes that this will lead to improved preventive care, higher immunization rates, reduced morbidity, and overall better health for adults.
Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2018, SNF Value-Based Purchasing Program, etc. (6/26)

Medicare Program: Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2018 CMS-1671-P (6/26)

Quality Measures Currently Adopted for the IRF QRP and measure data displayed on IRF Compare Website for CY17 (pending the availability of data) (6/13)

2018 Medicare Advantage and Part D Advance Notice and Final Call Letter and Request For Transformational Information (4/25)
• Work with NQF to conduct an assessment of adult immunization quality measurement tools utilized across health care settings and develop an action plan to streamline

• Collaborate with NCQA to develop a HEDIS composite measurement tool for adult immunization status

• Work with EHR/technology vendors to improve disseminate a web-based vax records system

• Facilitate integration and greater utilization of Medicare billing

• Clarify vaccine coverage between Parts B and D in the Medicare Handbook

• Revise provider guidelines and explanatory documents to include a discussion of all ACIP-recommended vaccines for persons over the age of 65 and with certain chronic conditions under IPPE. (WMV comment 5/5)
2016 Regulatory Comments

1. CMS National Coverage Analysis for hepatitis B screening for Medicare beneficiaries who are at high risk for hepatitis B (HBV) infection as defined by the United States Preventive Services Task Force (USPSTF). (2/20)
2. CMS 2017 Call letter to MA and PDP plans (Part D) (3/4)
3. CMS Quality Measurement Development Plan: Supporting the Transition to the Merit based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) (3/1)
4. National Committee for Quality Assurance (NCQA) proposed modifications to the Pneumococcal Vaccination for Older Adults measure (5/17)
5. CMS Merit Incentive Payment System (MIPS) for physicians under Medicare (6/27)
6. Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities Proposed Rule for FY 2017, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, and SNF Payment Models Research (6/20)
7. Medicare Program proposed rule on Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2017 Rates; Quality Reporting (6/17)
8. CMS End Stage Renal Disease (8/23)
9. CMS Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model and Home Health Quality Reporting Program Requirements (HHVBP) (8/26)
10. CMS Outpatient Prospective Payment System (OPPS) proposed rule (9/6)
11. CMS Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (Physician Quality Reporting System Payment) (9/6)
12. NQF Health & Wellbeing Memo (12/1)
13. NQF 2017 MUC Memo (12/5) 16. CMS Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) final rule (12/19)
Quality Spotlight

AVAC Team
• LJ Tan, IAC
• Hannah Fish, PQA
• Trini Mathew, infectious disease specialist representing IDSA
• Deborah Williams with Pfizer

CMS/HHS participating included:
• Kim Kufel (CMS/CCSQ)
• Golden Davis (CMS Communications)
• Elena Balovlenkov (ESRD)
• Wilfred Agbenyikey (CCSQ)
• Maria Durham (CMS/CCSQ)
• Theodore (Ted) Long (Sr. Medical Director)
• Reena Duseja (CMS/CCSQ) Director Quality Measurement
Quality Spotlight

AVAC members presented on why we see quality metrics as an important tool to track progress and desired outcomes in terms of vaccines; the value of measure performance; the current state of developing IZ quality measures (both from the summit work on ESRD, Material, Composite and PQA IISR and MTM measures); the ID clinician perspective (including case studies); and the interconnectedness between quality and IIS/EHR systems.

Themes that emerged from the discussion:
• Why immunizations are important to measure?
• The need for incentives / how to get buy in from providers?
• Differences between process and outcome measures - and why both are important with vaccines
• Challenges around working with 50 different IIS systems
• The fact that MIPS no longer gives full bonus points to IIS
• Importance of keeping up with new guidelines coming out of ACIP
• Reduced duplication
• Linkages between quality and payment
Additional Administration Meetings on Quality

- Patrick Conway, CMMI
- Kate Goodrich, CSSQ
- Karen DeSalvo, Assistant Secretary for Health, HHS
- Pierre Yong, Director, CMS Center for Clinical Standards and Quality
Every year approximately 50,000 adults die from vaccine preventable diseases in the United States.

Let’s change that.

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