Quality and Performance Measures Working Group
AGENDA
June 12, 2017

I. Roll Call – Alice Tsai (NVPO)

II. Update from the 2017 NAIIS – Angela Shen & Alice Tsai (NVPO), Amy Groom (IHS)

III. Updates from WG Members
   - Pharmacy Quality Alliance (PQA)’s Adult Immunization Task Force – Hannah Fish
   - Adult Vaccine Access Coalition (AVAC) – Lisa Foster/Abby Bownas

IV. A Day in the Life of a CMS Quality Measure – Michelle Geppi (CMS), Erin O'Rourke & Andrew Lyzenga (NQF)

V. Announcements
II. UPDATE FROM THE 2017 NAIIS
Pre-NAISS Meeting with Healthcare Organizations

• Is measure adoption into HEDIS sufficient?
  – Lack of incentive especially among private payers (i.e. employer-based, direct purchase, Marketplace)
  – Lack of measure alignment between HEDIS & other quality reporting programs (i.e. MIPS)

• Composite vs. component measures?
  – For Composite Measures: enhanced provider accountability; flexibility in integrating several component measures into one metric; one needs to consider each component carefully especially when packing and unpacking composite measures for performance evaluation
  – For Component Measures: no mandate for adult immunization; varying schedules by vaccine types

• Recommendations:
  – Selection of adult immunization measures based on disease burden/severity
  – Choice of denominator (i.e. all primary care physicians)
  – eMeasures and/or consistent/single definition that can be adopted in multiple EHR systems
NAIIIS Summary

• Prioritizing Prevention: Strategies To Improve Adult Vaccination within the Transforming Health System (Leveraging Transforming Health Systems To Improve Adult Vaccination)

• 350+ participants from 150+ represented organizations across federal agencies, local & state health departments, professional associations, foundations, networks, academia, and corporations
  – QPM WG Co-Chairs met with healthcare organizations; the NAIIS will follow-up with a white paper, including sharing of best practices
  – 40-50 participants attended the QPM WG Concurrent Breakout Session and provided feedback on composite vs. component measures

• Sessions topics:
  – Implementing Adult Immunization in Healthcare Systems
  – Collaboration and Coordination of Complementary Access Points for Adult Vaccinations
  – Economics of Providing Adult Vaccination Services
  – Update and Progress in Utilizing EMRs and IIS to Improve Adult Immunizations
  – New Technology and New Vaccines on the Horizon
  – Updates From CMS on MACRA, billing/coding, and QIN/QIO work
  – Influenza vaccine and surveillance updates and hot topics influenza
  – Reports from influenza vaccine manufacturers
  – Annual NAIIS Immunization Excellence Awards
QPM WG Breakout Session: Highlights

• Presented potential quality measure adoption pathways
  – Healthcare Quality Reporting (e.g. CMS)
  – Health Plans (e.g. HEDIS)

• Provided updates of current WG measures and partner activities
  – Maternal: Testing currently underway with National Committee for Quality Assurance (NCQA) with the goal to incorporate measure into the Healthcare Effectiveness Data and Information Set (HEDIS)
  – Adult: Discussion on components v. composite in feasibility and likelihood of adoption
  – ESRD: Engagement with CMS ESRD Programs, including Quality Incentives Program and Networks
  – PQA: Testing of measure that supports the Immunization Information System reporting; review of companion Medication Therapy Management (MTM) measures for immunization assessment and ACIP compliance; development of Iz measures for persons with diabetes

• Discussed current gaps of adult immunization measures
  – Coverage for adult vaccines is low
  – Testing and development of immunization measures are occurring
  – Current adult immunization measures are mostly limited to influenza and pneumococcal
QPM WG Breakout Session: Takeaways

General Feedback:

- Too many measures; need to ensure alignment of measures during reporting and/or reduce the number of measures requiring
- Shifting to electronic reporting from survey-based reporting (e.g. CAPHS)
- Data Quality Issues
  - What kind of data are available?
  - IT/data analytics
  - Validity of comparison (e.g. different age distributions for different providers)

Question: Should influenza be included as one of the Adult Composite measures?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage remains low; existing data gap</td>
<td>Multiple access points of influenza vaccine may generate more missing/duplicative data</td>
</tr>
<tr>
<td>Continue the momentum for adult immunization providers to do more in addressing missing data and/or recommending applicable vaccines during the seasonal influenza campaign period</td>
<td>Different provider set for flu</td>
</tr>
<tr>
<td>Conversion from survey-based to electronic reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialists vs. primary care</td>
</tr>
</tbody>
</table>
III. UPDATES FROM WG MEMBERS
IV. A DAY IN THE LIFE OF A CMS QUALITY MEASURE
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V. Announcements
   ➢ Post-NAIIS Survey
   ➢ Next Meeting: July 10 (ESRD)
   ➢ 2017 NAIIS Materials:
     – Agenda: https://www.izsummitpartners.org/content/uploads/2017/04/2017-NAIIS-Agenda_Final.pdf
     – Presentation Slides: https://www.izsummitpartners.org/summit/2017-naiis/
Questions?

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Amy Groom, MPH
Indian Health Service
Amy.Groom@ihs.gov
BACK-UP SLIDES
### 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 ACIP vaccines for healthcare workers

**Source:** NQF Prioritizing Measure Gaps: Adult Immunization
5 Things to Consider for Measure Development

- Importance
- Feasibility
- Implementation
- Data Source
- Level of Measurement
# 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>
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<tbody>
<tr>
<td>• Meaningful use EHR incentive</td>
<td>• Merit-based Incentive Payment (MIPS)</td>
<td>• Inpatient rehabilitation facility</td>
<td>• Medicare Shared Savings Program (ACOs)</td>
<td>• Medicare Part C</td>
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<tr>
<td>• Inpatient quality reporting</td>
<td>• Maintenance of certification</td>
<td>• Nursing Home Compare measures</td>
<td>• Hospital value-based purchasing</td>
<td>• Medicare Part D</td>
</tr>
<tr>
<td>• Outpatient quality reporting</td>
<td></td>
<td>• LTCH quality reporting</td>
<td>• Physician Feedback</td>
<td>• Medicaid Adult Core Measures</td>
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<tr>
<td>• Ambulatory surgical centers</td>
<td></td>
<td>• Hospice quality reporting</td>
<td>• ESRD QIP</td>
<td>• Medicaid Child Core Measures</td>
</tr>
<tr>
<td>• Readmission reduction program</td>
<td></td>
<td>• Home health quality reporting</td>
<td>• Innovations Pilots</td>
<td>• Health Insurance Exchange Quality Reporting System (QRS)</td>
</tr>
<tr>
<td>• HAC payment reduction program</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• PPS-exempt cancer hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Inpatient psychiatric facilities</td>
<td></td>
<td></td>
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</table>
## Immunization Measures in Federal Programs

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total Federal Programs</th>
<th>Programs</th>
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<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>
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</table>
# Implemented Measures (CMS MUC List, Feb 2017)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Medicare Programs</th>
<th>NQF Endorsed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza Vaccination Coverage Among Healthcare Personnel (HCP)</td>
<td>1) Ambulatory Surgical Center Quality Reporting; 2) Hospital Inpatient Quality Reporting; 3) Hospital Outpatient Quality Reporting; 4) Inpatient Psychiatric Facility Quality Reporting; 5) Inpatient Rehabilitation Facility Quality Reporting; 6) Long-Term Care Hospital Quality Reporting</td>
<td>Yes (#0431)</td>
</tr>
<tr>
<td>1) Influenza Immunization Contraindicated; 2) Influenza Immunization Offered and Refused For Current Flu Season; 3) Influenza Immunization Received for Current Flu Season; 4) Pneumococcal Polysaccharide Vaccine Contraindicated; 5) Pneumococcal Polysaccharide Vaccine Ever Received; 6) Pneumococcal Polysaccharide Vaccine Offered and Refused</td>
<td>Home Health Quality Reporting</td>
<td>Endorsement Removed: 1) #0522 &amp; 2) #0525</td>
</tr>
<tr>
<td>Influenza Immunization</td>
<td>1) Hospital Inpatient Quality Reporting; 2) Hospital Value-Based Purchasing; 3) Inpatient Psychiatric Facility Quality Reporting</td>
<td>Yes (#1659)</td>
</tr>
<tr>
<td>Pneumococcal Immunization</td>
<td>Hospital Inpatient Quality Reporting</td>
<td>Yes (#1653)</td>
</tr>
<tr>
<td>Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (short stay)</td>
<td>1) Inpatient Rehabilitation Facility Quality Reporting; 2) Long-Term Care Hospital Quality Reporting</td>
<td>Yes (#0680)</td>
</tr>
<tr>
<td>Pneumococcal Vaccination Status for Older Adults (PNU)</td>
<td>Medicare Shared Savings Program</td>
<td>Endorsement Removed #0043</td>
</tr>
<tr>
<td>Preventive Care and Screening: Influenza Immunization</td>
<td>Medicare Shared Savings Program</td>
<td>Yes (#0041)</td>
</tr>
</tbody>
</table>
# HEDIS as a pathway – what can land in 2019?

<table>
<thead>
<tr>
<th>HEDIS 2017 Measures</th>
<th>Applicable to:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Commercial</td>
</tr>
<tr>
<td>Flu Vaccinations for Adults Ages 18-64</td>
<td>✓</td>
</tr>
<tr>
<td>Flu Vaccinations for Adults Ages 65 and Older</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Vaccination Status for Older Adults</td>
<td></td>
</tr>
</tbody>
</table>

*Source: [HEDIS 2017 Measures](#)*)
Current WG Activities

**QPM WG Charge:** to examine performance and quality measures and evaluate using such measures to motivate healthcare providers*

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Composite Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Immunization</td>
<td>Tdap and influenza</td>
</tr>
<tr>
<td>Adult Immunization</td>
<td>Tdap, pneumococcal, and zoster (influenza is under consideration)</td>
</tr>
<tr>
<td>End-Stage Renal Disease</td>
<td>Influenza, pneumococcal, and Hepatitis B</td>
</tr>
</tbody>
</table>

Rationale for Composite Measure

• Provides a broad perspective on the system of vaccination at a facility
  – Rather than a campaign to increase coverage with one vaccine, encourages a systematic approach for all vaccines

• Multiple measures make it challenging to implement broad-based immunization quality improvement activities

• “Composite measures can enhance measurement to extend beyond tracking performance on separate measures and can provide a potentially deeper view of the reliability of the care system”

Maternal Immunization Subgroup

• Maternal Composite Measure
• Testing currently underway with National Committee for Quality Assurance (NCQA)
• Goal: Incorporation into the Healthcare Effectiveness Data and Information Set (HEDIS)
• Public comment early 2018
Maternal Immunization (Cont’d)

Measure Development Activities & Timeline

**Review Evidence**
*Winter 2017*

- Clinical guidelines supporting influenza and Tdap vaccines for pregnant women

- Consider how vaccinations fit within overall pregnancy health recommendations

**Field Testing**
*Spring/Summer/Fall 2017*

- Collect and analyze data from a variety of health plans and data sources

**Stakeholder Feedback**
*Ongoing*

- Test sites
- Advisory panels
- Public comment

**Seek Approval**
*Winter/Spring 2018*

- Committee on Performance Measurement
- NCQA Board of Directors

If interested in participating in the field test, contact Lindsey Roth (roth@ncqa.org)
**Adult Immunization Subgroup**

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>Vaccine Components Included</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-59</td>
<td>Tdap ever; Tdap or Td within 10 years (Tdap/Td)</td>
<td>Influenza</td>
</tr>
<tr>
<td>60-64</td>
<td>Tdap/Td; Zoster*</td>
<td>Influenza</td>
</tr>
<tr>
<td>≥ 65</td>
<td>Tdap/Td; Zoster; Pneumococcal polysaccharide-23 (PPSV-23) or pneumococcal conjugate (PCV-13)</td>
<td>Influenza</td>
</tr>
</tbody>
</table>

*to/will align with ACIP recommendations

- Discussion on components v. composite in feasibility and likelihood of adoption
- Update of testing and timelines at future working group meeting
End Stage Renal Disease Subgroup

• Influenza – CMS testing data this Fall
• Hepatitis B – Understanding CMS TEP concerns and challenges to feasibility
• Pneumococcal – Unclear how can this be constructed for this Medicare beneficiary population?
• Develop and provide recommendations to CMS ESRD, ESRD QIP, ESRD Networks