

Quality and Performance Measures Working Group

AGENDA

June 12, 2017

- I. **Roll Call** – Alice Tsai (NVPO)
- II. **Update from the 2017 NAIS** – 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-NAIIS 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

NAIS 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 NAIS 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 NAIS 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?

Yes

- Coverage remains low; existing data gap
- 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
- Conversion from survey-based to electronic reporting

No

- Multiple access points of influenza vaccine may generate more missing/duplicative data
- Different provider set for flu
 - Specialists vs. primary care

III. UPDATES FROM WG MEMBERS

IV. A DAY IN THE LIFE OF A CMS QUALITY MEASURE



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



Questions?

Angela K. Shen, ScD, MPH

National Vaccine Program Office
Office of the Assistant Secretary
for Health, HHS

Angela.Shen@hhs.gov

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

Hospital Quality

- 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

Physician Quality

- Merit-based Incentive Payment (MIPS)
- Maintenance of certification

PAC Quality

- Inpatient rehabilitation facility
- Nursing Home Compare measures
- LTCH quality reporting
- Hospice quality reporting
- Home health quality reporting

Payment Models

- Medicare Shared Savings Program (ACOs)
- Hospital value-based purchasing
- Physician Feedback
- ESRD QIP
- Innovations Pilots

Population Health

- Medicare Part C
- Medicare Part D
- Medicaid Adult Core Measures
- Medicaid Child Core Measures
- Health Insurance Exchange Quality Reporting System (QRS)

Immunization Measures in Federal Programs

Measure	Total Federal Programs 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

CMS Quality Reporting Programs

Implemented Measures (CMS MUC List, Feb 2017)	Medicare Programs	NQF Endorsed?
Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	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	Yes (#0431)
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	Home Health Quality Reporting	Endorsement Removed: 1) #0522 & 2) #0525
Influenza Immunization	1) Hospital Inpatient Quality Reporting; 2) Hospital Value-Based Purchasing; 3) Inpatient Psychiatric Facility Quality Reporting	Yes (#1659)
Pneumococcal Immunization	Hospital Inpatient Quality Reporting	Yes (#1653)
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (short stay)	1) Inpatient Rehabilitation Facility Quality Reporting; 2) Long-Term Care Hospital Quality Reporting	Yes (#0680)
Pneumococcal Vaccination Status for Older Adults (PNU)	Medicare Shared Savings Program	Endorsement Removed #0043
Preventive Care and Screening: Influenza Immunization	Medicare Shared Savings Program	Yes (#0041)

HEDIS as a pathway – what can land in 2019?

HEDIS 2017 Measures	Applicable to:		
	Commercial	Medicaid	Medicare
EFFECTIVENESS			
Flu Vaccinations for Adults Ages 18-64	✓	✓	
Flu Vaccinations for Adults Ages 65 and Older			✓
Pneumococcal Vaccination Status for Older Adults			✓

Current WG Activities

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

Subgroup	Composite Measures
Maternal Immunization	Tdap and influenza
Adult Immunization	Tdap, pneumococcal, and zoster (influenza is under consideration)
End-Stage Renal Disease	Influenza, pneumococcal, and Hepatitis B

***Source:** Shen AK, Bridges CB, Tan L. The first national adult immunization summit 2012: Implementing change through action. *Vaccine*. 2013 Jan 2;31(2):279-84. doi: 10.1016/j.vaccine.2012.11.033. Epub 2012 Nov 19.



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”

Institute of Medicine, Performance Measurement: Accelerating Improvement, Washington, DC: National Academies Press; 2006

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

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

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

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

*to/will align with ACIP recommendations

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