Immunization Quality Metrics

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Discussion Objectives

1. Describe the expanding influence of quality metrics, and their connection to CMS incentive structures
2. Explore the immunization measures included throughout federal quality programs
3. Describe a performance measure-based quality program example: the CMS Star Rating System for Medicare Part C
4. Outline the connections emerging between payors and pharmacies based on Star Rating measure performance
5. Describe appointment-based medication synchronization, an emerging best practice for Star Rating performance
6. Discuss the PQA Adult Immunization Task Force, and the measures currently under development
The Triple Aim

Affordable Care
Better Care
Healthy People/Communities

Federal Value-based Payment

- Sylvia Burwell Jan 26, 2015 HHS Announcement
  - NEJM Article/Meeting/Press Release

- New Quality Goals
  - FFS payments tied to quality or value
    - 85% by 2016, 90% by 2018
  - FFS payments tied to value through alternative payment models
    - 30% by 2016, 50% by 2018

- MACRA
  - Quality measurement plan in place by 2016
### IZ Metrics in Federal Programs

<table>
<thead>
<tr>
<th>Measure</th>
<th>#</th>
<th>Programs</th>
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<tbody>
<tr>
<td>Influenza</td>
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<td>Hospital Inpatient Quality Reporting; Inpatient Rehabilitation Facility;</td>
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<td>Nursing Home Compare Measures; LTCH Quality Reporting; Home Health</td>
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<td>Quality Reporting; Medicare Shared Savings Program; Medicaid Adult Core;</td>
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<td>Health Insurance Marketplaces; Medicare Part C</td>
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<td>Flu—Healthcare Professionals</td>
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<td>Hospital Inpatient Quality Reporting; Outpatient Quality Reporting;</td>
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<td>Ambulatory Surgical Center Quality Reporting; Inpatient Rehabilitation</td>
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<td>Facility; LTCH Quality Reporting</td>
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<td>Pneumococcal</td>
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<td>Hospital Inpatient Quality Reporting; PQRS; Nursing Home Compare</td>
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<td>Measures; Home Health Quality Reporting; Medicare Shared Savings</td>
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<td>Program</td>
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<td>Adolescent IZ Status</td>
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<td>PQRS; Medicaid CHIPRA</td>
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<td>Childhood IZ Status</td>
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<td>PQRS; Medicaid CHIPRA</td>
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<td>HPV in females</td>
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<td>Medicaid CHIPRA; Health Insurance Marketplaces</td>
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<td>Influenza Screening</td>
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<td>PQRS; Home Health Quality Reporting</td>
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<td>PQRS</td>
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<td>Pneumococcal Screening</td>
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<td>Home Health Quality Reporting</td>
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<td>Registry Submission Capability</td>
<td>1</td>
<td>Medicare and Medicaid HER Incentive: Meaningful Use Stage 2 Core</td>
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High Stakes for Part C Stars

- Enrollment Implications
- Quality Bonus Payments (MA-PD)
- Poor performers identified by CMS
- Removal from Medicare for continued poor overall performance (< 3 stars for 3 years in a row)

Quality Bonus Payments

- The star ratings now affect payment to Medicare Advantage plans wherein higher-rated plans get higher payment
- Quality Bonus Payments (QBPs) are being awarded on a sliding scale according to star ratings
- 2015 payments will be based on 2014 ratings which are based on 2012 and 2013 data
- QBP opportunity for large MA-PDs (Humana, United Healthcare, Aetna/Coventry, CIGNA/HealthSpring) may exceed $100 million
Medicare Part C Flu Metric

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<tbody>
<tr>
<td>Average Plan Performance</td>
<td>65%</td>
<td>61%</td>
<td>67%</td>
<td>68%</td>
<td>71%</td>
<td>73%</td>
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Health Plan Response

- Formularies, clinical strategies, network contracts, marketing/promotions, aligning with star measures
- Significant investments in “drive to 5”
- Contract strategies for pharmacy networks
  - Pay for Performance (P4P) – pharmacies may be eligible for bonus payment based on star performance
  - Preferred pharmacy network based partly on star performance of chain or stores
Pharmacy P4P

- A few health plans have already implemented P4P for pharmacies, including
  - Silverscript
  - Health Partners
  - Inland Empire Health Plan
  - Michigan BCBS

- Example: Inland Empire Health Plan (IEHP)
  - Launched in October 2013
  - Pharmacies are evaluated on PQA Star measures plus asthma and GDR
  - EQuIPP allows pharmacies to track their performance
  - Bonuses based on number of patients at each store in addition to score on each measure
Changing Dynamics: Community Pharmacy

- **Pharmacists need to reallocate resources**
  - Can innovate to improve measure performance
  - Changes approach to provision of services (e.g. MTM)
- **Expectation to interact with prescribers as part of virtual care team**
  - Improvement on metrics dependent on prescriber buy in (e.g. if pneumococcal prescription required)

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Traditional vs. Appointment-based Model

**Traditional Model**
- Patients manage own medication therapy
- Inefficient and hinders pharmacist’s ability to provide services that improve adherence and health

**ABM**
- One monthly call from pharmacy to patient, prior to appointment date
- Patients don’t need to manage their refills
- Pharmacy assumes responsibility for workflow and patient engagement
Three Key Features of ABM

1. Synchronization of chronic medications
2. Pre-appointment call
3. Appointment date

Strength of the Adult IZ Records in IIS (2013)

- **Top Performers**
  - Minnesota: 89%, Wisconsin: 87%, North Dakota: 78%, Georgia: 77%, Oregon: 72%, Washington: 65%, Indiana: 64%

- **Bottom Performers**
  - Texas: 1%, New Jersey: 3%, Kentucky: 8%, New York: 9%, Hawaii: 11%, Virginia: 13%

- **IIS with <50% of adults**: 40
- **IIS with <25% of adults**: 19
PQA Adult Immunization Task Force

- First convened June 2014
  - Monthly telephonic meeting to build IZ Quality Metrics
  - Prioritized measures based on
    - NVAC recommendations
    - NQF Adult IZ Committee priorities

- Currently 35 members
  - Community pharmacy
  - Public health
  - Health plans
  - Tech vendors
  - MTM specialists
  - Pharmacy association leadership

NVAC Key Priorities

- Performance of regular IZ Assessments
- Provision of vaccine or referral
  - CDC study:
    - 70% acceptance of vaccination recommendation if vaccine on hand
    - 40% acceptance if referral
    - 16% if no assessment or referral
- Appropriate documentation in IIS and EHR
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

Measure Development Priorities

- Immunization registry reporting
- Assessment of adult immunization status in community Pharmacy
  - Generalized version
  - Within context of MTM or CMR
- Adult Herpes Zoster Vaccination
Immunization Information System Reporting Measure

- Measure description: The percentage of administered adult vaccinations that are submitted to Immunization Information Systems during the measurement period.

- Will use pharmacy and medical claims data, and IIS data.
  - All immunizations; not just ACIP recommended
  - All adults 18 years of age or older

- This performance measure allows payors to determine if providers are appropriately documenting vaccinations that the payor is covering.

Questions?

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