

Quality Metrics & Immunization

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Discussion Objectives

1. Describe the types and distribution of quality metrics
2. Describe the expanding influence of quality metrics and their connection to CMS incentive structures
3. Explore the immunization measures included throughout federal quality programs
4. Describe a performance measure-based quality program example: the CMS Star Rating System for Medicare Part C
5. Outline the connections emerging between payors and providers based on Star Rating measure performance
6. Describe appointment-based medication synchronization, an emerging best practice for Star Rating performance
7. Discuss current immunization quality measure development activities

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Take Home Message



- **Medicare is the world's largest VBID/VBP laboratory**
 - Strong political tailwind
 - Medicaid, state exchanges, commercial purchasers following on heels of Medicare
- **Quality metrics are driving multiple healthcare markets**
- **Immunization quality metrics play a role in several federal quality and performance programs**

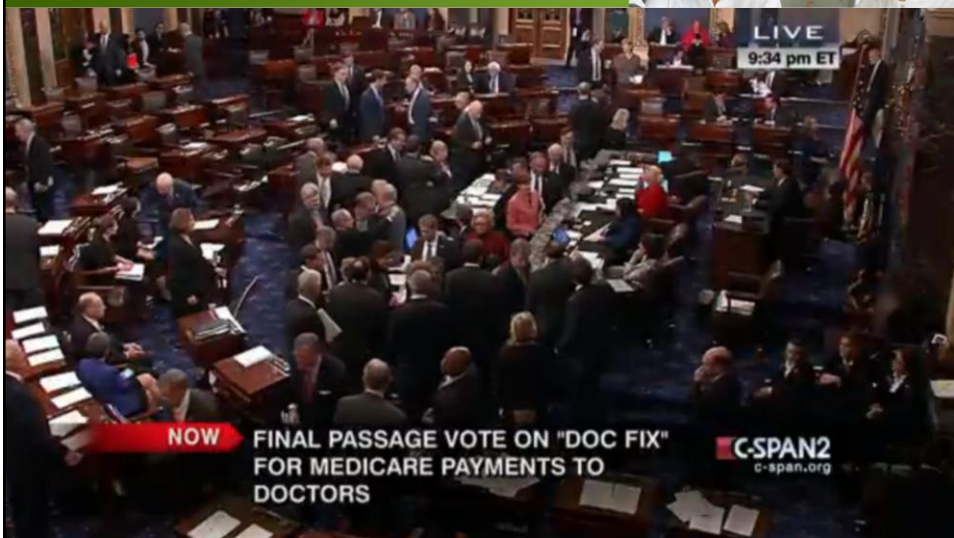
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The Triple Aim



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Political Tailwind



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Random Acts of Bipartisanship

■ Medicare Access and CHIP Reauthorization Act (2015)

■ Senate

- Yea: 92
- Nay: 8

■ House

- Yea: 392
- Nay: 37

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Quality Focus within MACRA (2015)



- **Paying physicians: the old way**
 - Medicare Physician Fee Schedule (MPFS)
 - Sustainable growth rate (SGR) formula
 - Ensure that Medicare increases did not exceed growth in GDP
 - Resulted in frequent “Doc fixes” by congress
- **New method: Merit-based Incentive Payments (MIPs)**
 - MPFS increased by 0.5% 2016-2019
 - PQRS, Value-based Modifier, Meaningful Use in effect
 - MIPs go into effect 2019

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Merit-based Incentive Payments




- **Physicians given a publicly reported score of 1-100**
 - Quality measures (PQRS)
 - Efficiency measures (Value-based Modifier)
 - Meaningful use of electronic health records (MU)
 - Clinical practice improvement activities
- **Physicians performance rewarded or penalized**
 - Thresholds established based on mean performance
 - Providers subject to payment reductions/bonuses
 - +/-4% in 2019
 - +/-9% in 2022
- **Providers in alternative models may opt out**

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Federal Value-based Payment Goals



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

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

1. Sylvia M. Burwell. N Engl J Med 2015; 372:897-899. Jan 26 2015. DOI: 10.1056/NEJMp1500445

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What are Measures?



n. A standard: a basis for comparison; a reference point against which other things can be evaluated;

v. To bring into comparison against a standard

Source: NQF ABC's of Measurement

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What is a Quality Measure?



- **Tools used to:**
 - **Quantify** the care provided to patients
 - **Gauge** how improvement activities are
 - **Improving** care or
 - **Improving outcomes** for certain conditions
- **Determine how well care is provided for:**
 - **Aspects of care**
 - Certain **conditions**
 - Various **populations or communities**

Source: NQF Measurement 101: The Basics

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Why are Measures Important?



- **Drive better health care**
 - Qualitative tool
 - Quality improvement
- **Public reporting**
 - Consumers informed decisions
 - Drive competition
- **Accreditation and certification**
- **Payment**
 - Pay-for-reporting
 - Pay-for-performance
 - Payment reduction

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Structural Measures



- **Structural measures reflect the conditions in which providers care for patients**
- **May provide information such as**
 - Staffing
 - Volume of procedures performed
 - EHR functionality
- **Example: Adoption of Medication e-Prescribing**
 - Documents whether provider has adopted a qualified e-prescribing system and the extent of use in the ambulatory setting

Source: National Quality Forum (NQF)
ABC's of Measurement

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Process Measures



- **Show whether steps proven to benefit patients are followed correctly**
- **Measures whether an action was completed**
 - Writing a prescription
 - Administering a drug
 - Having a conversation
- **Example: Childhood Immunization Status**

Percentage of children 2 years of age who had

 - four DtaP/DT
 - three IPV
 - one MMR
 - three H influenza type B
 - three hepatitis B
 - one chicken pox vaccine (VZV)
 - four pneumococcal conjugate vaccines by their second birthday

Source: NQF ABC's of Measurement

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Outcome Measures



- **Take stock not of the processes; results of care**
- **Most relevant measures for patients**
- **Measures that providers most want to change**
- **Example: Surgical Site Infections**
 - Percentage of surgical site infections occurring within 30 days after the operative procedure

Source: NQF ABC's of Measurement

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Patient Reported Outcomes



- **Patient Reported Outcome (PRO): Any report of the status of a patient's health condition that**
 - comes directly from the patient
 - without interpretation of the patient's response by a clinician or anyone else

Source: NQF Patient-Reported Outcomes Project

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Patient Reported Outcomes



- **PRO Measure (PROM):** an instrument, scale, or single-item measure that gathers the information directly from the patient
- **PRO-Based Performance Measure (PRO-PM):** a way to aggregate the information that has been shared by the patient and collected into a reliable, valid measure of health system performance

Source: NQF Phrase Book

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Patient Experience Measures



- **Patient Experience Measures** record patients' perspectives on their care
- **Example: CAHPS Clinician/Group Surveys — (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)**
 - Surveys of patient experience with primary care for adults and children and with specialist care

Source: NQF ABC's of Measurement

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Composite Performance Measures



- **Combines the result of multiple performance measures to**
 - Produce a single score
 - Provide a more comprehensive picture of quality care

- **Example: Mortality for Selected Conditions**

- Measure of in-hospital mortality indicators for selected conditions

Source: NQF ABC's of Measurement

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Additional Composite Measures



- **STS CABG Composite Score, NQF#0696 consists of four domains and 11 individual measures**
- **AHRQ Patient Safety for Selected Indicators Composite (PSI #90), NQF#0531 consists of 11 individual measures**

Source: <http://www.qualityforum.org/QPS/>

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How are Measures Developed?



- Identify focus/measure concept(s)
- Literature review/evidence review
- Expert input, e.g., Expert Advisory Panel
- Measure identification
- Measure specifications
- Public comment
- Testing
- Implementation
- NQF endorsement

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National Quality Forum (NQF)



The NQF is a nonprofit organization that operates under a three-part mission to improve the quality of American healthcare by:

- Setting national priorities and goals for quality improvement
- Endorsing national standards for measuring and reporting
- Promoting the attainment of national goals through education and outreach

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Measure Applications Partnership (MAP)



- **The MAP is convened by NQF**
 - Multi-stakeholder partnership
 - Guides HHS selection of performance measures for 20 plus programs
- **Congress (Affordable Care Act of 2010) recognized the benefit of an approach that encourages consensus building among diverse private- and public-sector stakeholders.**

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Comprehensive Overview of CMS Quality 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"> ▪ Meaningful use EHR incentive ▪ Physician Quality Reporting System (PQRS) ▪ Value-based Payment Modifier (VM) ▪ 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)

IZ Metrics in Federal Programs



Measure	#	Programs
Influenza	10	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; ESRD QIP
Flu—Healthcare Professionals	5	Hospital Inpatient Quality Reporting; Outpatient Quality Reporting; Ambulatory Surgical Center Quality Reporting; Inpatient Rehabilitation Facility; LTCH Quality Reporting
Pneumococcal	5	Hospital Inpatient Quality Reporting; PQRS; Nursing Home Compare Measures; Home Health Quality Reporting; Medicare Shared Savings Program
Adolescent IZ Status	2	PQRS; Medicaid CHIPRA
Childhood IZ Status	2	PQRS; Medicaid CHIPRA
HPV in females	2	Medicaid CHIPRA; Health Insurance Marketplaces
Influenza Screening	2	PQRS; Home Health Quality Reporting
Hepatitis A	1	PQRS
Pneumococcal Screening	1	Home Health Quality Reporting
Registry Submission Capability	1	Medicare and Medicaid HER Incentive; Meaningful Use Stage 2 Core

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)

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Medicare Part C Flu Metric



Part C Influenza Metric Performance	2010	2011	2012	2013	2014	2015
Average Plan Performance	65%	61%	67%	68%	71%	73%

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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
- 2016 payments will be based on 2015 ratings which are based on 2013 and 2014 data
- QBP opportunity for large MA-PDs (Humana, United Healthcare, Aetna/Coventry, CIGNA/HealthSpring) may exceed \$100 million

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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
 - Direct and indirect reimbursements (DIR)

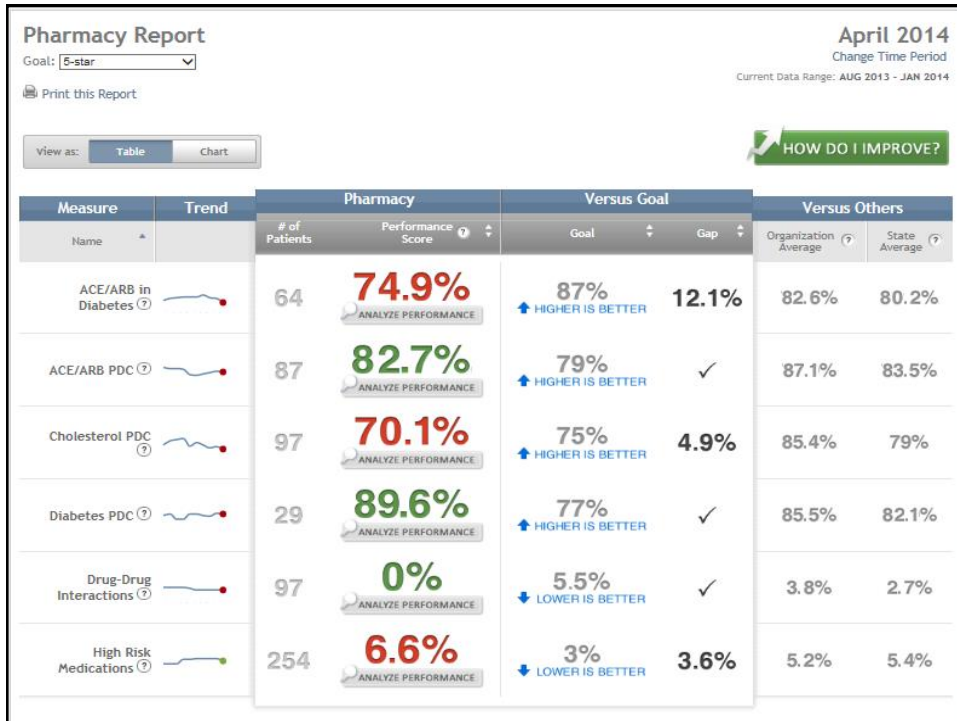
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Pharmacy P4P




- **A few health plans have already implemented P4P for pharmacies, including**
 - Silverscript
 - HealthFirst
 - Health Partners
 - Inland Empire Health Plan
 - Michigan BCBS
- **Example: Inland Empire Health Plan (IEHP)**
 - Launched in October 2013
 - Pharmacies 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

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NQF Adult Immunization Committee



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

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NAIIS Quality Metrics Workgroup



- **ESRD Immunization Composite Subgroup**
 - Measure consists of flu, pneumo, Hep B
 - Potential to work with ESRD QIP
- **Pregnancy Composite Metric Subgroup**
 - Measure consists of flu, Tdap
 - Good overall progress
- **Adult Composite Metric Subgroup**
 - Successful adult measure developed by IHS (flu, pneumo, herpes zoster)
 - Data sourcing challenges

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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

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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**

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Measure Development Priorities



- **Immunization registry reporting**
- **Assessment of adult immunization status in Medication Therapy Management (MTM)**

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IIS 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 19 years of age or older
- **This performance measure allows payors to determine if providers are appropriately documenting vaccinations that the payor is covering**

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IZ Status Assessment in MTM



- **Measure description: percentage of adult health plan members who met eligibility criteria for medication therapy management (MTM) services who receive an immunization status assessment within the eligibility period**
- **Will use MTM billing data and SNOMED CT coding**
 - 5 immunizations: flu, pneumo, TDaP, herpes zoster, hep B
 - Patients 19 and older
- **This performance measure allows payors to determine if pharmacists are assessing IZ status for beneficiaries**

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Questions?



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