Welcome to Today's Meeting!

- **Housekeeping reminders:**
  - Please mute your computer or line when you are not speaking
  - Please ensure your name is displayed correctly (right click on your picture and select "Rename" to edit)
  - We encourage you to turn on your video, especially during the measure discussions and when speaking
  - To switch your display, right click "View" in the upper-right hand corner and select "Speaker" or "Gallery."
  - Please use the 'hand raised' feature if you wish to provide a point or raise a question.
  - Feel free to use the chat feature to communicate with the NQF Host or IT Support

If you are experiencing technical issues, please contact us at
MAPCoordinatingCommittee@qualityforum.org

Welcome, Attendance, and Review of Meeting Objectives

Agenda

- Welcome, Attendance, and Review of Meeting Objectives

- Review of January 25th Review Web Meeting

- CMS Presentation on COVID-19 Measures

- Opportunity for Public Comment on COVID-19 Measures

- COVID-19 Measures Discussion

- Strategic Discussions for the MAP

- Closing Remarks

- Adjourn

Coordinating Committee Membership

Committee Co-Chairs: Charles (Chip) Khan, III, MPH; Misty Roberts, MSN

Organizational Members (Voting)

- American Academy of Hospice and Palliative Medicine
- AmeriHealth Caritas
- American College of Physicians
- American Health Care Association
- American Medical Association
- American Nurses Association
- America's Health Insurance Plans
- BlueCross BlueShield Association
- HCA Healthcare
- The Joint Commission

- The Leapfrog Group
- National Business Group on Health
- National Committee for Quality Assurance
- National Patient Advocate Foundation
- Network for Regional Healthcare Improvement
- Pacific Business Group on Health
- Patient & Family Centered Care Partners

Individual Subject Matter Experts (Voting)

- Harold Pincus, MD
- Jeff Schiff, MD, MBA
- Janice Tufte
- Ronald Walters, MD, MBA, MHA

MAP Workgroup Co-Chairs (Non-voting)

- Rob Fields, MD, MAP Clinician Workgroup Co-chair
- Diane Padden, PhD, CRNP, FAANP, MAP Clinician Workgroup Co-chair
- Akin Demehin, MPH, MAP Hospital Workgroup Co-Chair
- Sean Morrison, MD, MAP Hospital Workgroup Co-Chair
- Gerri Lamb, PhD, RN, FAAN, MAP PAC/LTC Workgroup Co-Chair
- Kurt Merkelz, MD, CMD, MAP PAC/LTC Workgroup Co-Chair
- Ira Moscovice, PhD, MAP Rural Workgroup Co-Chair
- Aaron Garman, MD, MAP Rural Workgroup Co-Chair

COVID-19 Measure Lead Discussants (Non-voting)

- AAPM&R
- AMDA - The Society for Post-Acute and Long-Term Care Medicine
- American Case Management Association
- American Geriatrics Society
- American Occupational Therapy Association
- American Physical Therapy Association
- American Society of Anesthesiologists
- American Society of Health-System Pharmacists
- Association of American Medical Colleges
- City of Hope
- Dialysis Patient Citizens
- Eugene Nuccio, PhD
- Henry Ford Health System

- Kindred Healthcare
- LeadingAge
- Memphis Business Group on Health
- Michigan Center for Rural Health
- Minnesota Community Measurement
- National Association for Behavioral Healthcare
- National Association of Rural Health Clinics
- National Rural Health Association
- Paul Mulhausen, MD, MHS
- Pharmacy Quality Alliance
- Rural Wisconsin Health Cooperative
- Service Employees International Union
- Terrie Black, DNP

Federal Government Liaisons (Non-voting)

- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Office of the National Coordinator for Health Information Technology (ONC)

NQF Staff

- **Michael Katherine Haynie**, Senior Managing Director

- **Samuel Stolpe, PharmD, MPH,** Senior Director

- **Katie Berryman, MPAP,** Senior Project Manager

- **Udara Perera, DrPHc, MPH,** Senior Manager

- **Chris Dawson, MHA, CPHQ, CPPS,** Manager

- **Rebecca Payne, MPH,** Senior Analyst

Review of January 25th Review Web Meeting

MAP Coordinating Committee January 25, 2021 Review Web Meeting

- During the 2020-21 cycle, MAP reviewed 20 measures under consideration, with one measure considered for two programs and one measure considered for eight programs.

  - Clinician Workgroup: 11 measures for two programs

  - Hospital Workgroup: seven measures for seven programs

  - PAC/LTC Workgroup: three measures for four programs

- There were three COVID Vaccination measures reviewed:

  - MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel, considered for eight programs

  - MUC20-0045: SARS-CoV-2 Vaccination by Clinician, considered for MIPS

  - MUC20-0048: SARS-CoV-2 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities, considered for ESRD QIP

CMS Presentations on COVID-19 Measures

National Healthcare Safety Network (NHSN) COVID-19 Vaccination Measures for Healthcare Personnel

CAPT Dan Budnitz, MD, MPH

Division of Healthcare Quality Promotion

Megan C. Lindley, MPH

Suchita Patel, DO, MPH

Immunization Services Division

March 15, 2021

Measure Applications Partnership Coordinating Committee Meeting
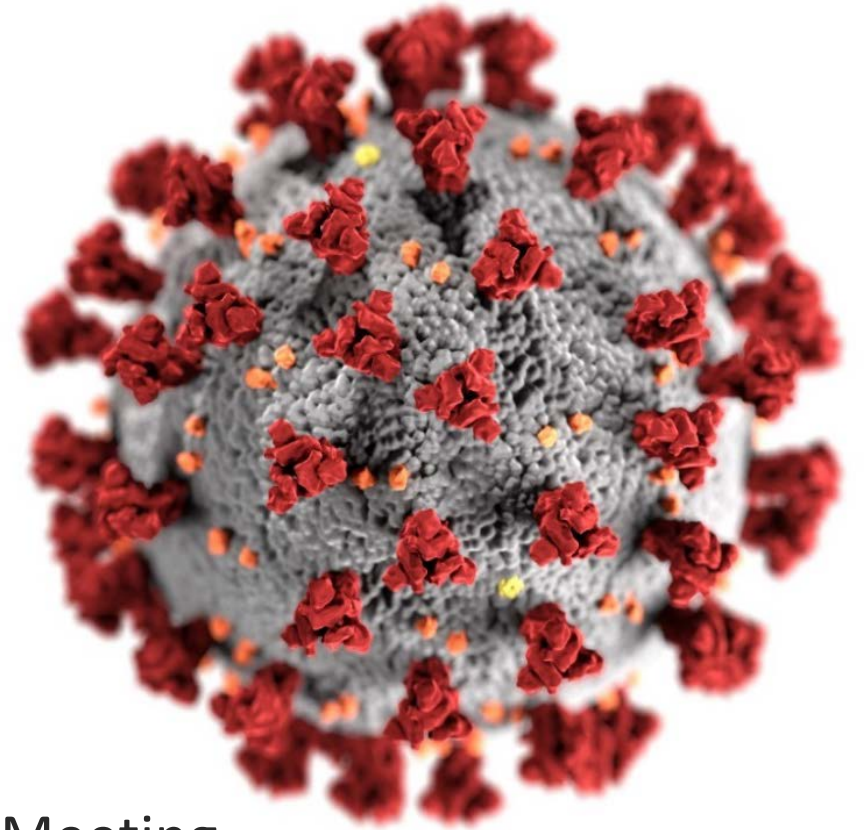
cdc.gov/coronavirus

Background

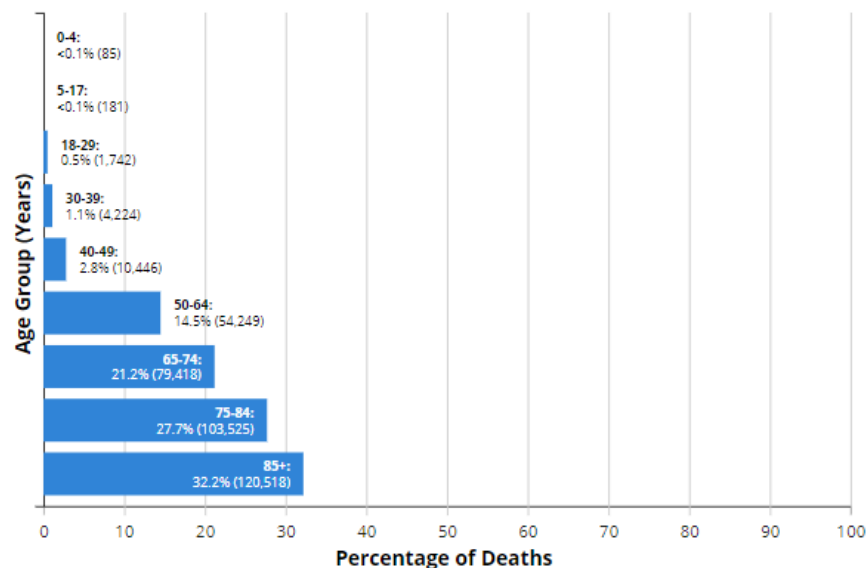# COVID-19 Disease Burden

COVID Data Tracker

Cases in US: **28,405,925**

Cases in US Last 30 Days

Total Vaccines Administered: **76.9M**

Data from 374,419 deaths. Age group was available for 374,388 (99%) deaths.

Age Group (Years) — Percentage of Deaths:
- 0-4: <0.1% (85)
- 5-17: <0.1% (181)
- 18-29: 0.5% (1,742)
- 30-39: 1.1% (4,224)
- 40-49: 2.8% (10,446)
- 50-64: 14.5% (54,249)
- 65-74: 21.2% (79,418)
- 75-84: 27.7% (103,525)
- 85+: 32.2% (120,518)

Daily Trends in COVID-19 Cases in the United States Reported to CDC

— 7-Day moving average

15

Accessed March 2, 2021
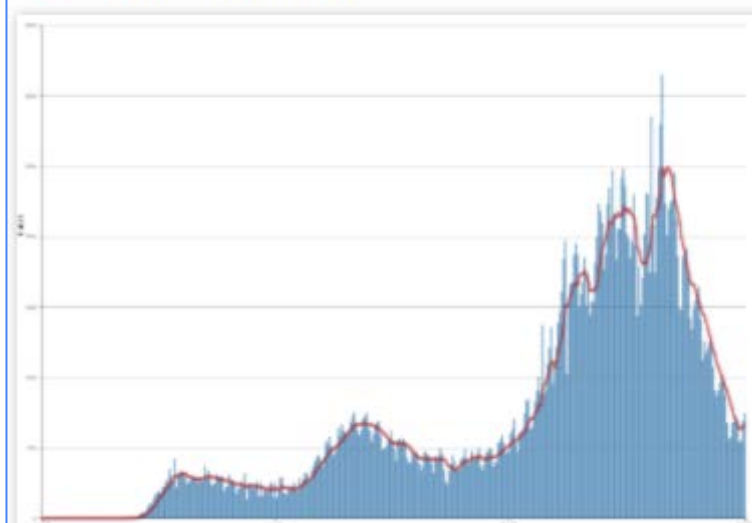
COVID-19 Vaccines Authorized for Use
As of February 27, 2021

Pfizer–BioNTech COVID–19 Vaccine

General Information:
Diluent: 0.9% sodium chloride
(normal saline, preservative-free)
Mix before using
Multi-dose vial: 5 doses per vial
Dosage: 0.3 mL

Age Indications:
16 years of age and older

Schedule:
2 doses series separated by 21 days
Both doses must be COVID-19 vaccine (Pfizer)

Administer:
Intramuscular (IM) injection in the deltoid muscle

Moderna COVID–19 Vaccine

General Information:
Multidose vial: 10 doses per vial
Dosage: 0.5 mL

Age Indications:
18 years of age and older

Schedule:
2-dose series separated by 28 days
A series started with COVID-19 vaccine (Moderna) should be completed with this product.

Administer:
Intramuscular (IM) injection in the deltoid muscle

Janssen COVID–19 Vaccine (Johnson & Johnson)

Dosing information:
Multidose vial: 5 doses per vial
Dosage: 0.5mL

Age Indications:
18 years of age and older

Schedule:
Single dose

Administration:
Intramuscular (IM) injection in the deltoid muscle

https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html

ACIP COVID-19 Vaccine Recommendations and U.S. Doses Delivered & Administered

Phase	Groups recommended to receive COVID-19 vaccine	No. (millions)		
		Total persons in each group*	Unique persons in each group†	Unique persons in each phase
1a	Health care personnel	21	21	24
	Long-term care facility residents	3	3	
1b	Frontline essential workers§	30	30	49
	Persons aged ≥75 years			
1c	Persons aged 65–74 years			
	Persons aged 16–64 years¶ with high-risk medical conditions			
	Essential workers§ not recommended for vaccination in Phase 1b			
2	All persons aged ≥16 years¶ not previously recommended for vaccination			

People Vaccinated	Receiving 1 or More Doses	Receiving 2 Doses
Total	50,732,997	25,466,405
% of Total Population	15.3%	7.7%
Population ≥ 18 Years of Age	50,688,624	25,450,394
% of Population ≥ 18 Years of Age	19.9%	10%

Read more about how these data are reported.

CDC | Data as of: Mar 01 2021 6:00am ET | Posted: Mar 1 2021 12:26PM ET

https://covid.cdc.gov/covid-data-tracker/#vaccinations

MMWR, December 22, 2020

Accessed March 2, 2021

Increasing COVID-19 Vaccine Safety Data

First Month of COVID-19 Vaccine Safety Monitoring — United States, December 14, 2020–January 13, 2021

Early Release / February 19, 2021 / 70

Summary

What is already known about this topic?

Two COVID-19 vaccines have received Emergency Use Authorization for administration in the United States. In preauthorization clinical trials, local and systemic reactions were reported; no serious safety problems were detected.

What is added by this report?

Monitoring, conducted as part of the U.S. vaccination program, indicates reassuring safety profiles for COVID-19 vaccines. Local and systemic reactions were common; rare reports of anaphylaxis were received. No unusual or unexpected reporting patterns were detected.

What are the implications for public health practice?

Health care providers and vaccine recipients can be reassured about the safety of Pfizer BioNTech and Moderna COVID-19 vaccines. Counseling vaccine recipients to expect transient local and systemic reactions might ease concerns and encourage completion of the 2-dose vaccination series.

Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States

Summary of recent changes (last updated February 10, 2021):

- New recommendations for preventing, reporting, and managing mRNA COVID-19 vaccine administration errors (Appendix A).

- Clarification on contraindications and precautions. Persons with a known (diagnosed) allergy to PEG, another mRNA vaccine component, or polysorbate, have a contraindication to vaccination. Persons with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is PEG, another mRNA vaccine component or polysorbate, but in whom it is unknown which component elicited the immediate allergic reaction have a precaution to vaccination.

- Updated information on delayed, local injection-site reactions after the first mRNA vaccine dose. These reactions are neither a contraindication or precaution to the second dose.

- Updated quarantine recommendations for vaccinated persons. Fully vaccinated persons who meet criteria will no longer be required to quarantine following an exposure to someone with COVID-19. Additional considerations for patients and residents in healthcare settings are provided.

- Additional information and updated recommendations for testing for TB infection. TB testing can be done before or at the same time as mRNA COVID-19 vaccination, or otherwise delayed for ≥4 weeks after the completion of mRNA COVID-19 vaccination.

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html
http://dx.doi.org/10.15585/mmwr.mm7008e3

18

COVID-19 Burden among Healthcare Personnel (HCP)

Cases & Deaths among Healthcare Personnel

Data were collected from 21,586,175 people, but healthcare personnel status was only available for 3,973,079 (18.41%) people.
For the 415,123 cases of COVID-19 among healthcare personnel, death status was only available for 330,792 (79.69%).

Maps, charts, and data provided by the CDC, updated daily by 8 pm ET[†]

CDC | Updated: Mar 01 2021 12:28 PM

HEALTHCARE PERSONNEL CASES	HEALTHCARE PERSONNEL DEATHS
415,123	1,370

https://covid.cdc.gov/covid-data-tracker/#health-care-personnel

Accessed March 2, 2021

19

Why Vaccination Coverage in HCP Matters

- Vaccination can protect HCP from acquiring and transmitting potentially fatal illnesses to patients
  - Illness and work absence among healthcare personnel→ disruptions of care

- Vaccination can prevent outbreaks of disease in health care settings
  - Morbidity and mortality among patients
  - Nosocomial transmission of measles, mumps, varicella, influenza, and pertussis

- Provider recommendations for vaccination predict vaccine uptake in patients
  - Receipt of influenza vaccine by a healthcare provider is associated with that provider recommending influenza vaccination to patients

National Healthcare Safety Network (NHSN) Overview

- Web-based system for monitoring healthcare-associated adverse events, healthcare worker vaccinations, and other prevention practices
  - In operation since 2005, replaced predecessor CDC systems in use since 1970s

- Includes 37,000 participating facilities in all 50 states

- Data Analysis and Use
  - Once data entered, available in real time
  - Facility-level clinical performance measurement (Hospitals, nursing homes, other healthcare facilities)
  - State- and national-level health surveillance and prevention (CDC, state health agencies)
  - Public reporting of facility-specific data and Medicare reimbursement (CMS)

HCP Influenza Vaccination Quality Measurement

- NQF0431, Influenza Vaccination of Healthcare Personnel (HCP)
  - First endorsed in 2012
  - Denominator: HCP who physically work in the facility for ≥1 day, October 1 – March 31
  - Numerator: HCP vaccinated (at or outside facility),
    - HCP with medical contraindications to vaccination, HCP refused vaccination

- Reported annually via CDC's National Healthcare Safety Network (NHSN) since 2012
  - >5,000 facilities participating in CMS' Hospital Inpatient Quality Reporting Program, Long-Term Acute Care Hospital Quality Reporting Program, and Inpatient Rehabilitation Facility Quality Reporting Program
  - Formerly utilized in CMS quality reporting programs for ambulatory surgery centers, outpatient dialysis facilities, and inpatient psychiatric facilities

NHSN Participation

Facility Type		Active Enrolled Facilities
Non-LTC Facilities	Acute Care Hospitals	3,827
	Critical Access Hospitals	1,272
	Long Term Acute Care Hospitals	444
	Inpatient Rehabilitation Facilities	378
	Inpatient Psychiatric Facilities	680
	Outpatient Dialysis, Home Dialysis	7,635
	Ambulatory Surgery Centers	4,569
Long Term Care (LTC) Facilities		17,757

Measure Specifications

MUC-0044: COVID-19 Vaccination Coverage Among HCP Measure Specifications

- Primary Measure
  - Percent of HCP who received a compete vaccination course
    - Vaccine manufacturer is collected

- Denominator
  - Number of HCP eligible to work in the facility for ≥1 day during the reporting week
    - Planned alignment of HCP definition and inclusion criteria with NQF0431 - Influenza Vaccination

- Numerator
  - Number of HCP who received a complete COVID-19 vaccination course since vaccine was first available or on a repeated interval if revaccination on a regular basis is needed
    - Completed vaccination course may require 1 or more doses depending on vaccine
    - Allows flexibility as vaccination / booster vaccination recommendations may evolve

MUC-0044: COVID-19 Vaccination Coverage Among HCP Measure Specifications Continued

- Exclusions
  - Medical contraindications
    - Declinations and unknown status potential sub-measures, as with NQF0431
- Frequency
  - Data collection interval: Weekly, but every week may not be required (e.g., one week/month)
  - Data submission interval: Quarterly
  - Measure calculation interval: Weekly, Monthly, Quarterly, or Annually
    - Flexibility for transition phase of pandemic
- Data Sources
  - Human resources information systems, occupational health records, dedicated COVID-19 vaccination tracking
  - Documentation if outside vaccination, as with NQF0431

MUC-0044: COVID-19 Vaccination Coverage Among HCP Submeasure Options

- The number of HCP who have **completed a partial course** of COVID-19 vaccination may be calculated as an additional measure of progress toward completed vaccination.

- The number of HCP with **documented contraindications** to vaccinations and **who decline vaccination** may be used as additional denominator exclusions for alternate analyses.

- Stratified analysis **by vaccine manufacturer**

Public Comments

MUC-0044: COVID-19 Vaccination Coverage Among HCP Key Workgroup and Public Comments

- Address vaccine availability and status as emergency authorized products
- Align as closely as possible with data collection for influenza HCP vaccination measure (NQF0431)
- Clarify how HCP are defined
- Consider only medical contra-indications as exclusions
- Address vaccine refusals
- Ensure feasibility of data collection

MUC-0044: COVID-19 Vaccination Coverage Among HCP Key Workgroup and Public Comments Continued

- Address vaccine availability and status as emergency authorized products
- Align as closely as possible with data collection for influenza HCP vaccination measure (NQF0431)
- Clarify how HCP are defined
- Consider only medical contra-indications as exclusions
- Address vaccine refusals
- Ensure feasibility of data collection

COVID-19 Vaccine U.S. Supply Projected to Increase

Administration

BRIEFING ROOM

FACT SHEET: President Biden Announces Increased Vaccine Supply,

Expanding Vaccine Supply: Building on last week's announcement, the Biden-Harris Administration will increase overall, weekly vaccine supply to states, Tribes, and territories to 10.5 million doses nationwide beginning this week. This is a 22% increase since taking office on January 20. The Administration is committing to maintaining this as the minimum supply level for the next three weeks, and we will continue to work with manufacturers in their efforts to ramp up supply.

HHS.gov

Manufacturing Collaboration Between Merck and Johnson & Johnson to Expand Production of COVID-19 Vaccines

President Biden Invokes Defense Production Act to Support Measures to Accelerate Vaccine Development

White House COVID-19 Response Team ✔
@WHCOVIDResponse

This afternoon, we announced that we're increasing the weekly vaccine supply to states to 14.5 million doses starting next week, up from the 13.5 million we announced last week.

That's an increase of almost 70% since we took office just over a month ago.

10:18 PM · Feb 23, 2021

THE WHITE HOUSE

BRIEFING ROOM

Remarks by President Biden on the Administration's COVID-19 Vaccination Efforts

MARCH 02, 2021 • SPEECHES AND REMARKS

Here's what all this means: We're now on track to have enough vaccine supply for every adult in America by the end of May.

31

MUC-0044: COVID-19 Vaccination Coverage Among HCP Key Workgroup and Public Comments Continue

- Address vaccine availability and status as emergency authorized products
- Align as closely as possible with data collection for influenza HCP vaccination measure (NQF0431)
- Clarify how HCP are defined
- Consider only medical contra-indications as exclusions
- Address vaccine refusals
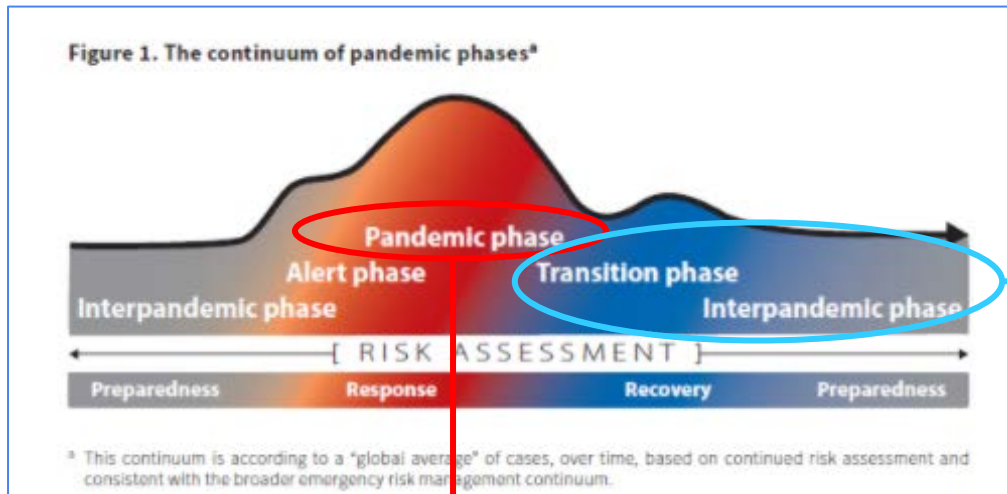- Ensure feasibility of data collection

MUC-0044: COVID-19 Vaccination Coverage Among HCP Definition of HCP

Figure 1. The continuum of pandemic phases[a]

Pandemic phase
Alert phase
Transition phase
Interpandemic phase
Interpandemic phase

RISK ASSESSMENT

Preparedness — Response — Recovery — Preparedness

[a] This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Current NHSN data collection

Defined by clinical category/role, not by employment

Environmental services, nurses, medical assistants and certified nursing assistants, respiratory therapists, pharmacists and pharmacy technicians, physicians, and other licensed independent practitioners; and other HCP (such as students or volunteers) not included in the previously listed categories.

Align with NQF0431*

a) *Employees*: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll)

b) *Licensed independent practitioners*: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.

c) *Adult students/trainees and volunteers*: include all students/trainees and volunteers aged 18 or over who do not receive a direct paycheck from the reporting facility.

d) *Other contract personnel* (optional)

*Anticipated change in Fall 2021

https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/global-planning-508.html

MUC-0044: COVID-19 Vaccination Coverage Among HCP – Alignment with NQF 0431

	MUC-0044	NQF 0431
Primary description	Percentage of HCP who received a complete COVID-19 vaccination course	Percentage of HCP who received influenza vaccine
Denominator	Number of HCP eligible to work in the facility for ≥1 day during the reporting week	Number of HCP in groups (a)-(c)* working in the facility for ≥1 working day between October 1 and March 31
Numerator	Number of HCP in the denominator population who received a *complete* COVID-19 vaccination course since the date vaccine was first available or on a repeated interval if revaccination on a regular basis is needed	Number of HCP in the denominator population who (a)received an influenza vaccination

*Groups (a)-(c) described in previous slide: Employees, licensed independent practitioners, adult student trainees/volunteers and volunteers

MUC-0044: COVID-19 Vaccination Coverage Among HCP – Alignment with NQF 0431 Continue

	MUC-0044	NQF 0431
Exclusions	Medical contraindications subtracted from denominator	Medical contraindications calculated as a submeasure
Proposed Frequency	Data collection interval: Weekly Data reporting interval: Monthly Data submission interval: Quarterly	Data collection interval: October – March Data reporting interval: October – March Data submission interval: Annually
Data Sources	Documentation of vaccination is required	Documentation of vaccination is required
Options	The number of HCP who have: - medical contraindication or declined - completed a partial course of vaccination Stratification by vaccine manufacturer	Number of HCP who: (b) were determined to have a medical contraindication* (c) declined vaccination

*Severe allergic reaction to eggs or to other component(s) of vaccine, or history of Guillain-Barré Syndrome (GBS) within 6 weeks after a previous influenza vaccination.

MUC-0044: COVID-19 Vaccination Coverage Among HCP – Summary of MAP Workgroup and Public Comments

- Address vaccine availability and status as emergency authorized products
- Align as closely as possible with data collection for influenza HCP vaccination measure (NQF0431)
- Clarify how HCP are defined
- Consider only medical contra-indications as exclusions
- Address vaccine refusals
- Ensure feasibility of data collection

Feasibility and Validity

COVID-19 Vaccination Coverage:
SNF Staff through Week Ending February 28, 2021

Among **2,608 SNFs** reporting*

45.4%

Any COVID-19 vaccination
(132,364 SNF staff)

30.6%

Complete COVID-19 vaccination
(89,103 SNF staff)

Distribution of SNF Staff Receiving Any Vaccination

No. of Facilities

% Staff Receiving Any Vaccination

Distribution of SNF Staff Receiving Complete Vaccination

No. of Facilities
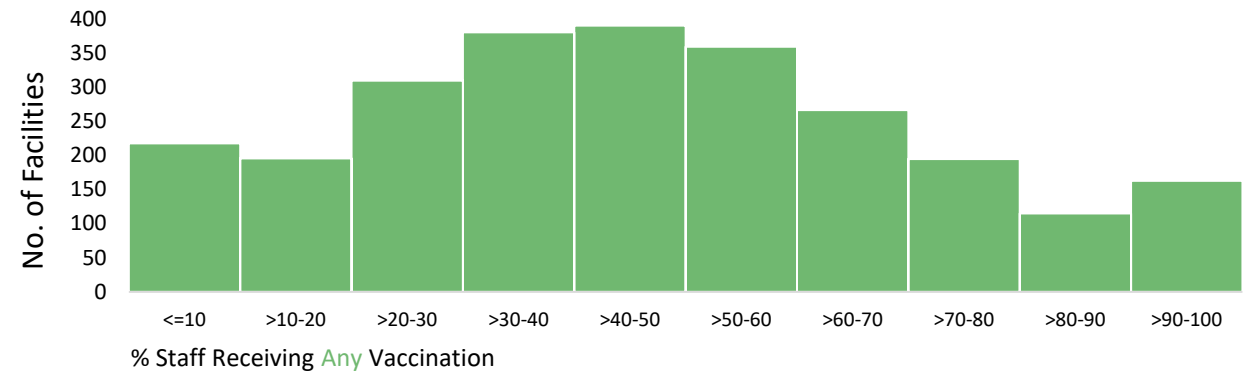
% Staff Receiving Complete Vaccination
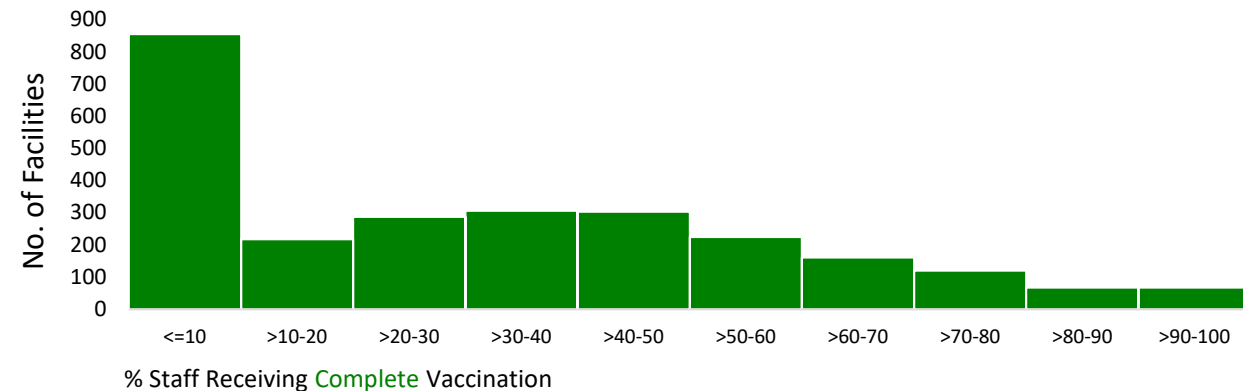
*Includes facility data collected for the week of Monday, February 22, 2021 – Sunday, February 28, 2021 or the most recent week the facility reported data.

NHSN NATIONAL HEALTHCARE SAFETY NETWORK

Provisional interim analysis until officially released from CDC.

COVID-19 Vaccination Coverage by Week
Skilled Nursing Facility Staff

Among **2,608 SNFs** reporting staff vaccination coverage through March 2, 2021
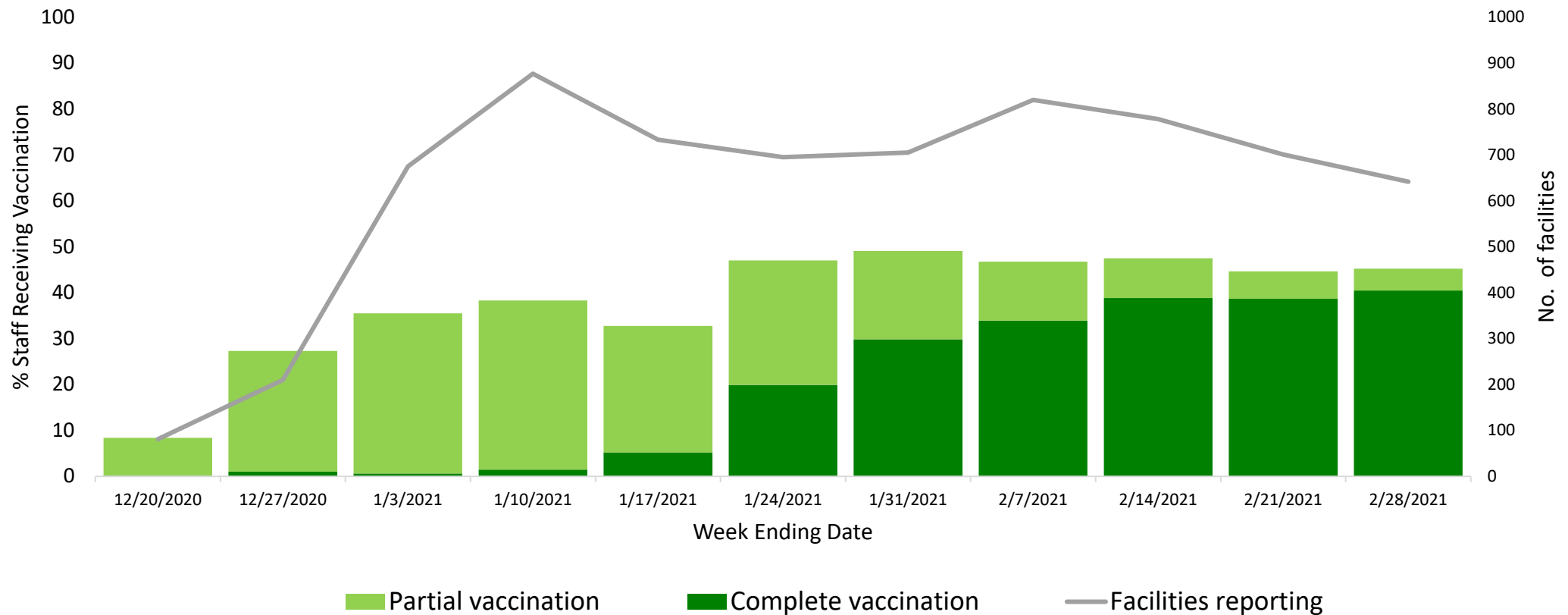
MUC-0044: COVID-19 Vaccination Coverage Among HCP Assessing Reliability

- Federal Pharmacy Partnership for Long-term Care Program (FPP)
  - Vaccination clinics delivered through the FPP to 11,460 skilled nursing facilities
  - As of the first month of the program, median 37.5% of SNF staff received ≥1 dose through the program

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Early COVID-19 First-Dose Vaccination Coverage Among Residents and Staff Members of Skilled Nursing Facilities Participating in the Pharmacy Partnership for Long-Term Care Program — United States, December 2020–January 2021

Weekly / February 5, 2021 / 70(5);178–182

https://www.cdc.gov/mmwr/volumes/70/wr/mm7005e2.htm?s_cid=mm7005e2_x

Vaccination Coverage Among Staff in Skilled Nursing Facilities, December 18, 2020 – January 17, 2021

Federal Pharmacy Partnership for Long-term Care Program (FPP), *MMWR*
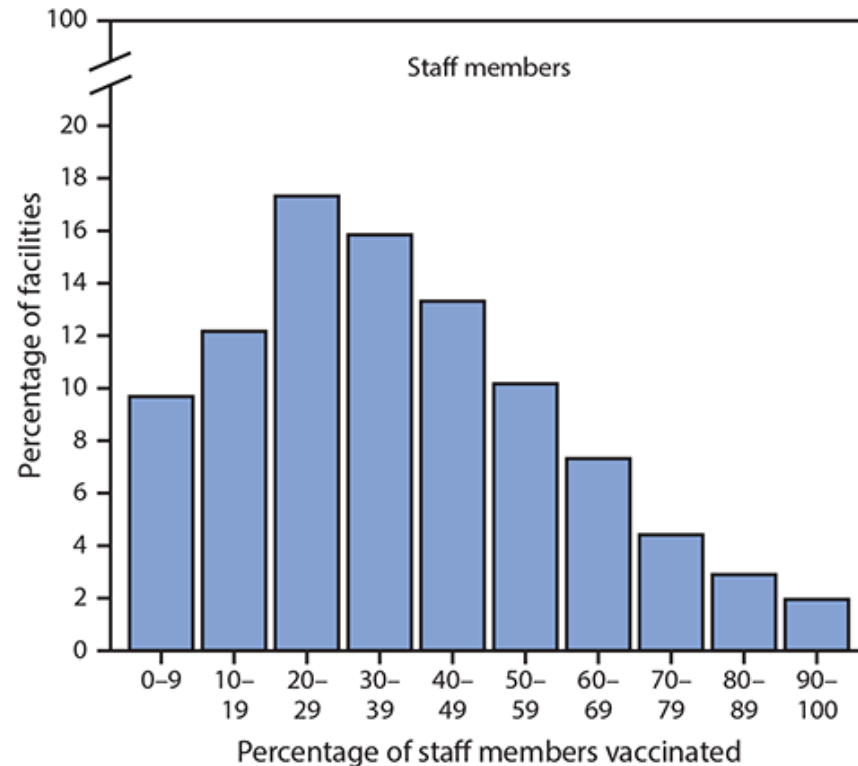
NHSN Healthcare Personnel Safety Module, Preliminary Data

https://www.cdc.gov/mmwr/volumes/70/wr/mm7005e2.htm?s_cid=mm7005e2_x

Provisional interim analysis until officially released from CDC.
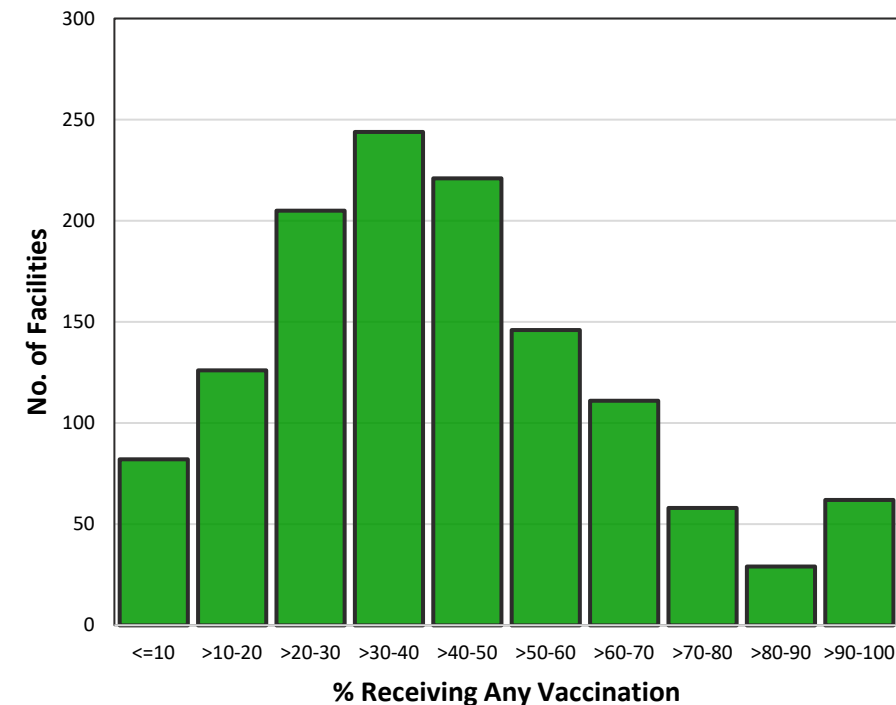
MUC-0044: COVID-19 Vaccination Coverage Among HCP Assessing Reliability Continued

- Facility-level validation of COVID vaccination (measure numerator)
  - Identify SNFs which voluntarily reported to NHSN and had their first FFP vaccination clinic in the weeks ending January 3, January 10, and January 17
  - Assess correlation of number of staff vaccinated reported through NHSN and through FPP
- Known potential discrepancies
  - NHSN includes facility HCP vaccinated elsewhere
  - FPP may vaccinate others who would not be counted as facility staff

MUC-0044: COVID-19 Vaccination Coverage Among HCP Reliability Testing

- High correlation, 88% in final week assessed
- Increasing correlation with successive weeks

December 28 – January 3
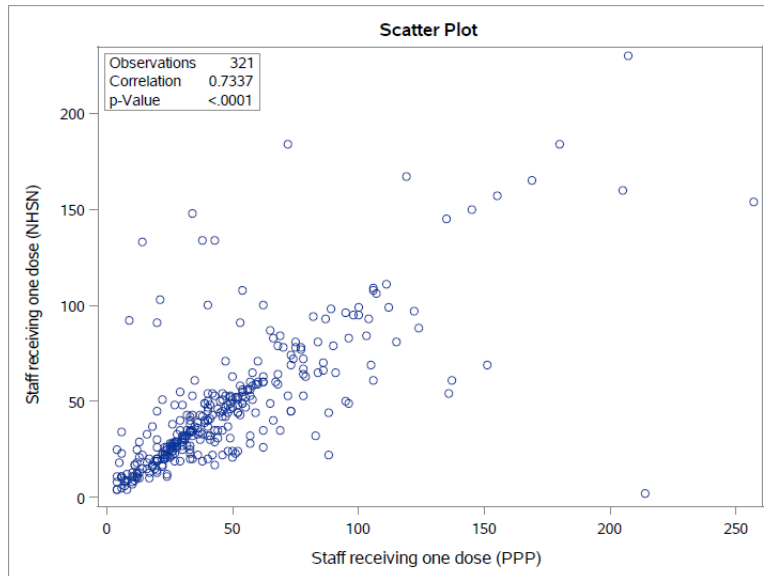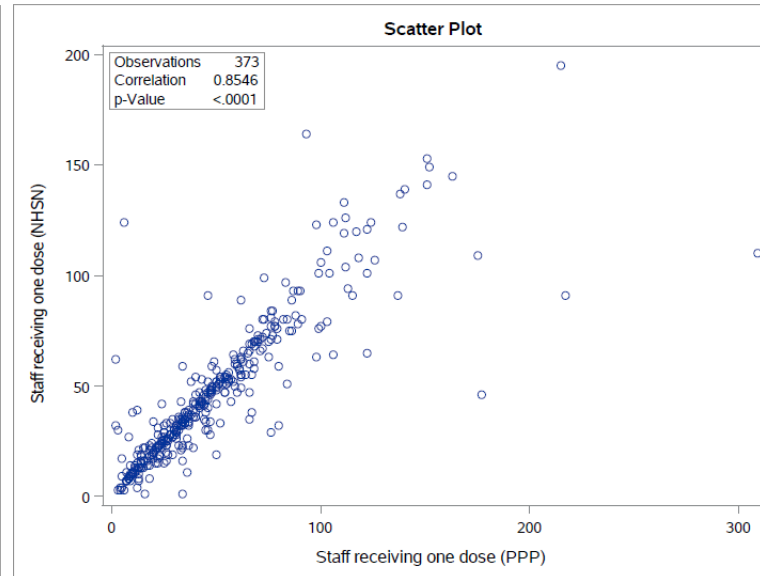
January 4 – January 10

January 11 – January 17

Provisional interim analysis until officially released from CDC.
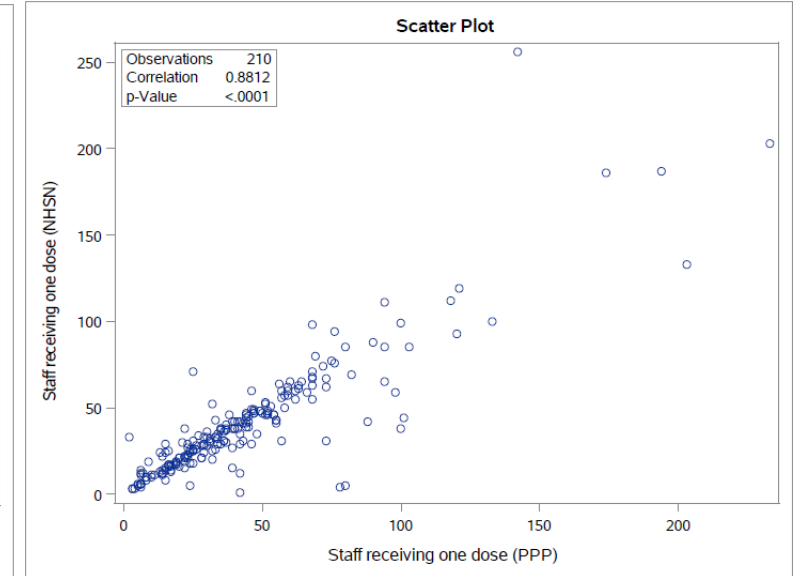
MUC-0044: COVID-19 Vaccination Coverage Among HCP Reliability Testing Continued

- Excluding FPP facilities reporting more vaccinations than total staff modestly increases correlation, 90% in final 2 weeks assessed
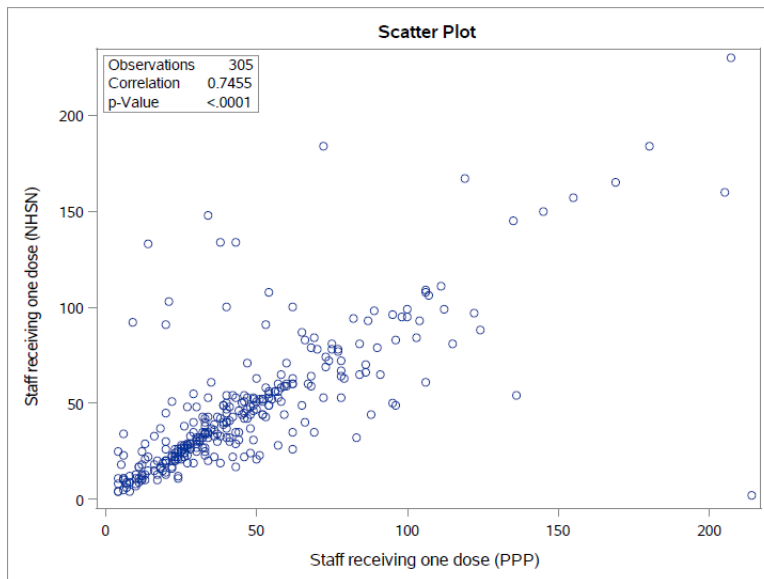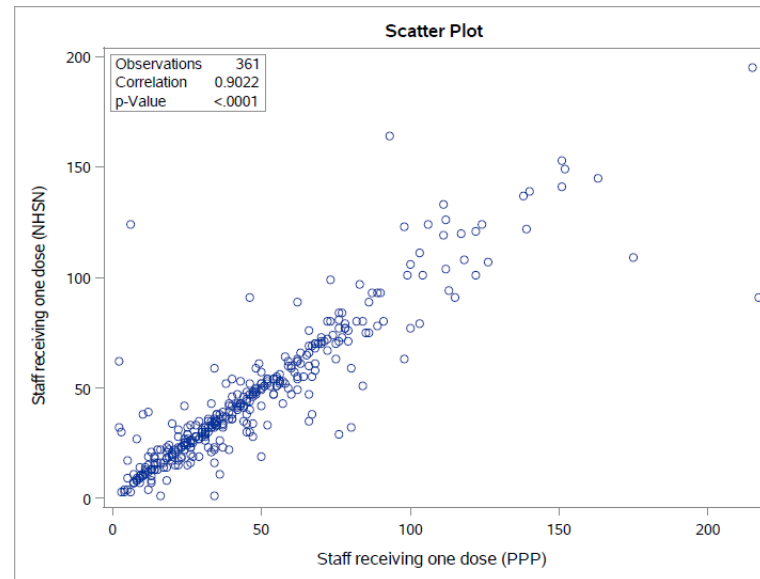
December 28 – January 3   January 4 – January 10   January 11 – January 17
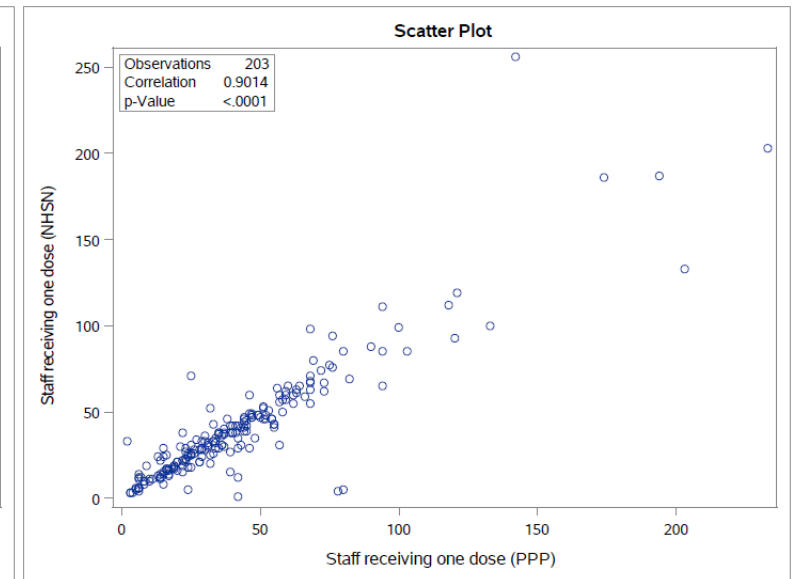
HCP COVID-19 Vaccination Quality Measures Key Points

Measure Specifications	Description	Notes
Definition of HCP (Denominator)	Defined by clinical category/role, not by employment	• Align with NQF 0431 as pandemic shifts into "transition phase"
Contraindications	Subtracted from denominator	• Data collection is same as NQF 0431
Declinations	Primary measure does not include declinations, but can be provided as a submeasure	• Data collection is same as NQF 0431
Reporting period	Measure uses a single week of the month for data collection	• Allows flexibility of reporting frequency during pandemic period without excessive burden during transition period
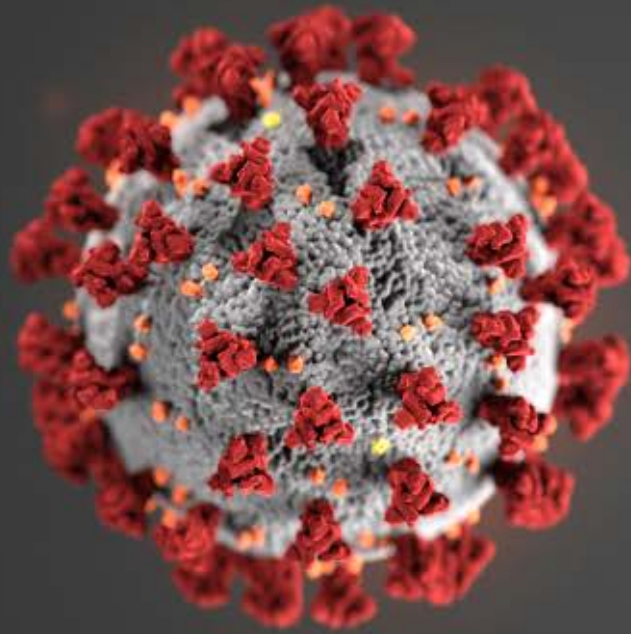
For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348   www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Additional Slides

Only need to show if questions

Increase in COVID-19 Vaccine Doses Administered

Vaccinations

The U.S. COVID-19 Vaccination Program began December 14. As of February 25, 2021, 68.3 million vaccine doses have been administered. Overall, about 46.1 million people, or 13.9% of the U.S. population, have received at least one dose of vaccine. About 21.6 million people, or 6.5% of the U.S. population, have received two doses of vaccine. As of February 25, the 7-day average number of administered vaccine doses reported to CDC per day was 1.5 million, a 7.1% decrease from the previous week likely due to weather events.

68,274,117
Vaccines
Administered

46,074,392
People who received 1 or more doses
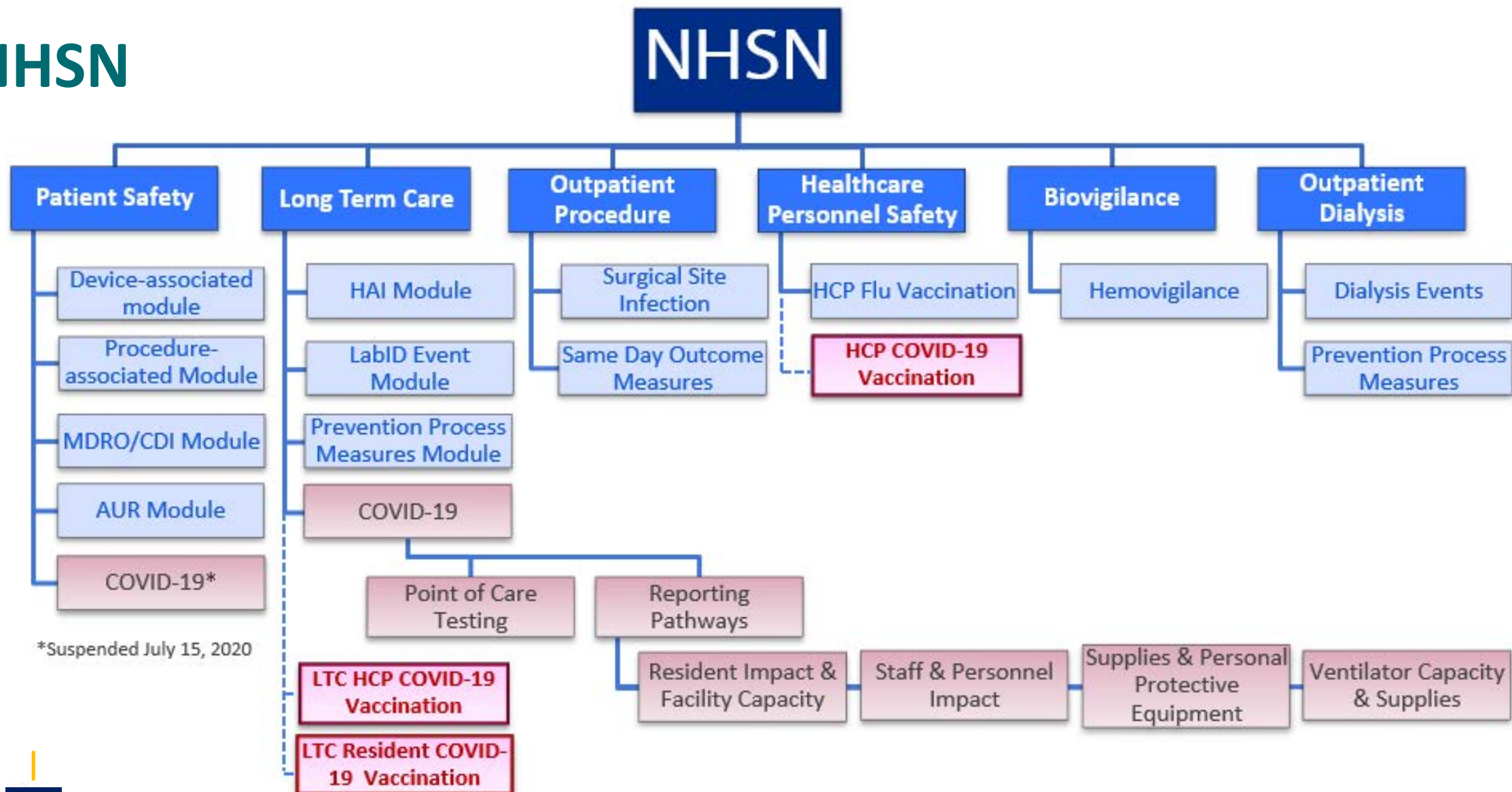
21,555,117
People who received 2 doses

Daily Count of Total Doses Administered and Reported to the CDC by Date Administered, United States


—— 7-day moving average

48
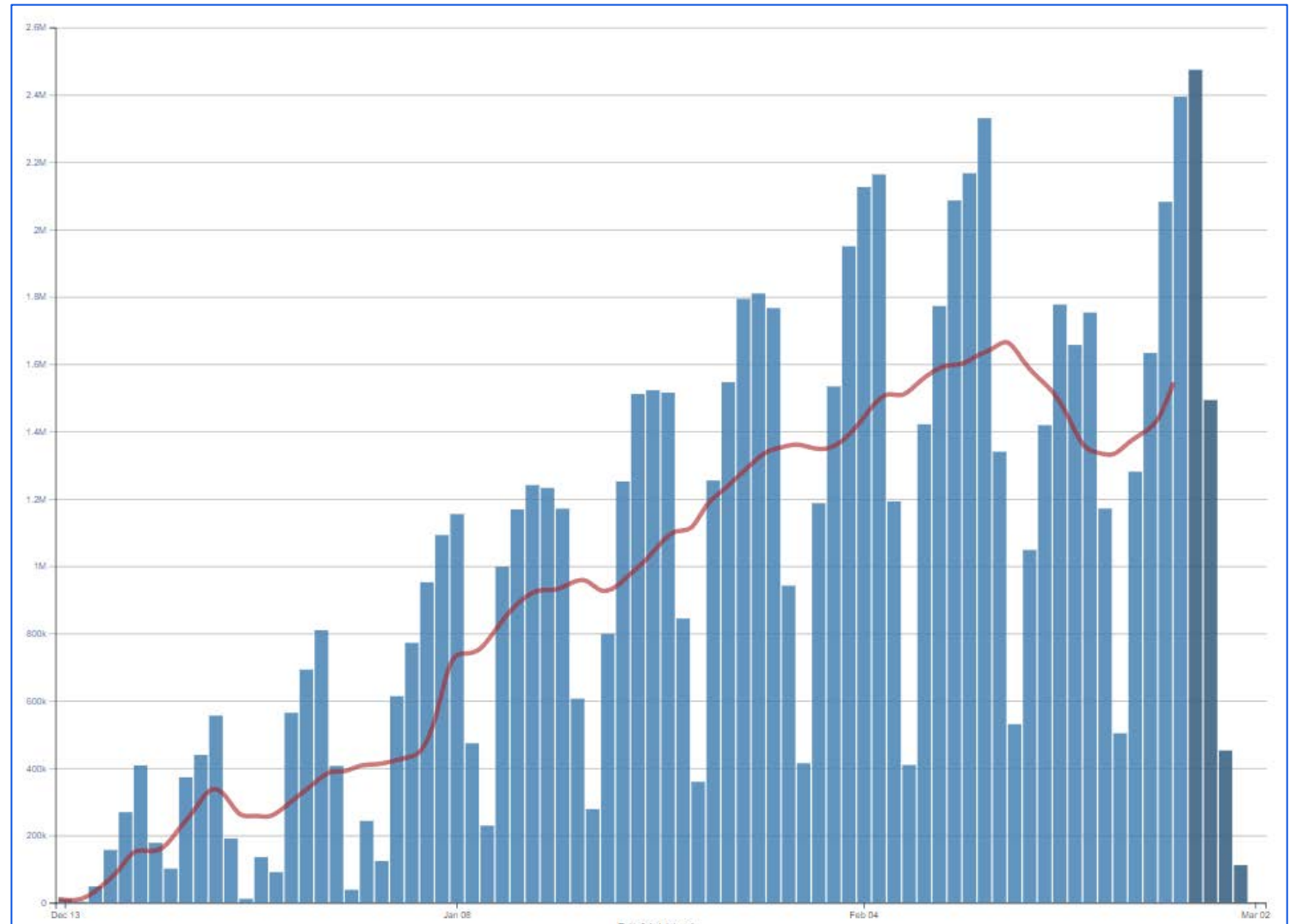
NHSN

Overview of NHSN COVID-19 Vaccination Modules for Healthcare Facilities

- Modules also allow for reporting of:
  - Healthcare facility's COVID-19 vaccine supply
  - Number of clinically significant COVID-19 vaccination adverse events in the last week
    - Provides a link to Vaccine Adverse Event Reporting System (VAERS) for reporting individual cases of adverse events.
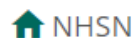
🏠 NHSN

NHSN Login

About NHSN ＋

Enroll Here ＋

Change NHSN Facility Administrator

Materials for Enrolled Facilities —

   COVID-19 Information ＋

   Ambulatory Surgery Centers ＋

   Acute Care Hospitals/Facilities ＋

   Long-term Acute Care Hospitals/Facilities ＋

   Long-term Care Facilities —

      COVID-19 Module

Surveillance for Weekly HCP & Resident Vaccination

Weekly Influenza Vaccination Data Reporting

Long-term care facilities can track weekly influenza vaccination data for residents and healthcare personnel (HCP) through NHSN. This optional reporting can help facilities monitor influenza vaccination coverage during the influenza season.

Training —

- Reporting Weekly Influenza Vaccination Data – November 2020 📄 [PDF – 1 MB]
  Training slides covering weekly influenza vaccination data reporting for residents and healthcare personnel.

Data Collection Forms and Instructions —

All Data Collection Forms are Print-only

- Weekly Influenza Vaccination Summary Form for Residents at LTCFs (57.148) – September 2020 📄 [PDF – 100 KB]
  - Table of Instructions 📄 [PDF – 200 KB]
- Weekly Influenza Vaccination Summary Data Form for Healthcare Personnel at LTCFs (57.149) – November 2020 📄 [PDF – 150 KB]
  - Table of Instructions 📄 [PDF – 200 KB]

51

NHSN COVID-19 Vaccination Modules Overview

- Weekly facility-level vaccination coverage among initial priority groups:
  - HCP working in Acute Care Facilities
  - HCP working in LTCFs
  - Residents of LTCFs
  - Patients cared for by outpatient dialysis facilities (Planned 2021)

- Data not reported at individual-level
  - Cumulative number who received COVID-19 vaccination (by vaccine type and dose) either at the facility or elsewhere

NHSN COVID-19 Vaccination Modules Overview Continued

- Key data source for tracking facility-level vaccination of priority groups
  - Track progress of facility-level vaccination coverage of priority groups, whether vaccination received at the facility or elsewhere
  - Enable jurisdictions to target and address areas of low vaccine coverage
  - Assist federal planning by comparing vaccine coverage to vaccine distribution data

- Modules are currently optional for use by healthcare facilities
  - CDC encourages jurisdictions to promote use of these modules

Healthcare Personnel (HCP) Modules

- Frequency: Weekly reporting

- Denominator: Number of HCP eligible to work for ≥1 day of reporting week

- Numerator: *Cumulative* number vaccinated to date

- Stratification: HCP Categories (optional)

- Exclusions: Contra-indication to vaccination

- Other: Declinations, Unknown vaccination status, Documented history of SARS-CoV-2 infection (optional)

- Availability: Yes/No/Text description (optional)

- Adverse events: *Incident* events, Clinically significant, Weblink to VAERS (optional)

Acute Care Facility HCP Vaccination: Denominator – Eligible HCP at the Facility

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Non-Long-Term Care Facilities

Facility ID # *: 10067

Vaccination type *: COVID19

Week of Data Collection: 11/23/2020 - 11/29/2020   Date Last Modified:

	Cumulative Vaccination Coverage								
		Healthcare Personnel (HCP) Categories							
	*All HCP (Total)	Environmental Services	Nurses[a]	Medical assistants and certified nursing assistants	Respiratory therapists	Pharmacists and pharmacy technicians	Physicians[b]	Other licensed independent practitioners[c]	Other HCP[d]
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection									

- Total number of HCP is required
- HCP categories are optional
  - Based on NHSN COVID-19 staffing module

55

Long-Term Care Facility (LTCF) HCP Vaccination: Denominator – Eligible HCP at the Facility

Healthcare Personnel COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities

*Facility ID: 13792 *Vaccination type: COVID19

*Week of Data Collection: 11/23/2020 - 11/29/2020 *Date Last Modified:

	Cumulative Vaccination Coverage					
	Healthcare Personnel (HCP) Categories					
	*All HCP (Total)	Ancillary services employees[a]	Nurse employees[b]	Aide, assistant, and technician employees[c]	Therapist employees[d]	Physician and licensed independent practitioner employees[e]	Other HCP[f]
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection						

- Total number of HCP is required
- HCP categories are optional
  - Based on weekly influenza vaccination module

Facility HCP Vaccination:
Numerator – Cumulative Number of HCP Vaccinated

		Healthcare Personnel (HCP) Categories					
	*All HCP (Total)	Ancillary services employees[a]	Nurse employees[b]	Aide, assistant, and technician employees[c]	Therapist employees[d]	Physician and licensed independent practitioner employees[e]	Other HCP[f]
2. **Cumulative number** of HCP in Question #1 who have received COVID-19 vaccine(s) at this facilty or elsewhere: Add vaccine: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▾							
🗑 2.1 *Only dose 1 of Pfizer-BioNTech COVID-19 vaccine							
🗑 2.2 *Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine							
*Any completed COVID-19 vaccine series							

- Cumulative number of HCP vaccinated through the reporting week
- Total HCP vaccinated required; Categorization optional

57

Facility HCP Vaccination: Contraindications and Other Conditions

		Healthcare Personnel (HCP) Categories					
	*All HCP (Total)	Ancillary services employees[a]	Nurse employees[b]	Aide, assistant, and technician employees[c]	Therapist employees[d]	Physician and licensed independent practitioner employees[e]	Other HCP[f]
3. Cumulative number of HCP in Question #1 with other conditions:							
3.1 *Medical contraindication to COVID-19 vaccine							
3.2 Offered but declined COVID-19 vaccine							
3.3 Unknown COVID-19 vaccination status							
3.4 History of laboratory-confirmed SARS-CoV-2 infection							

- Cumulative number of HCP with contraindications required
  – Optional to report by HCP category
- Other conditions optional

Facility HCP Vaccination:
Vaccine Availability Reporting

COVID-19 Vaccine(s) Supply

Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.

4.1. If your facility has enrolled as a COVID-19 vaccine provider, has your facility received any COVID-19 vaccine(s) by the end of the week of data collection? *

[▾]

Please briefly describe your answer.

[   ]

4.2. If your facility has enrolled as a COVID-19 vaccine provider, was your COVID-19 vaccine supply sufficient to vaccinate your facility's prioritized HCP by the end of the week of data collection? * [▾]

Please briefly describe your answer.

[   ]

- Weekly reporting
- Supplements, does not replace other vaccine supply tracking systems

Facility HCP Vaccination: Vaccine Availability REVISED Reporting

COVID-19 Vaccine(s) Supply

Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.

*4. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility's HCP:

4.1 Is your facility enrolled as a COVID-19 vaccination provider? [Select Yes or No]

4.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all HCP the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? [Select Yes or No]

4.3. Did your facility have other arrangements sufficient to offer all HCP the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)? [Select Yes or No]

4.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility. [Optional]

Facility HCP Vaccination: Clinically Significant Adverse Event Reporting

Adverse Events following COVID-19 Vaccine(s)

Clinically significant adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at https://vaers.hhs.gov/reportevent.html. To help identify reports from NHSN sites, please enter your **NHSN orgID** in **Box 26** of the **VAERS form.**

Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event.

Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in EUAs or prescribing information.

5. *Number of HCP with clinically significant COVID-19 vaccine adverse events identified this week

	*All HCP (Total)	Employees	Non-employees
* Pfizer-BioNTech COVID-19 vaccine			

- Weekly reporting of number of new clinically significant adverse events
- Supplements, does not replace existing adverse event monitoring
- Vaccine(s) automatically populated from Question 2

61

Opportunity for Public Comment on COVID-19 Measures

COVID-19 Measures Discussion

MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

- **Description:** This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

- **LoA:** Facility

- **Hospital Programs:** Hospital OQR Program Hospital IQR Program, ASCQR, IPFQR, PCHQR, and ESRD QIP

- **PAC/LTC Programs:** IRF QRP, LTCH QRP, and SNF QRP

Strategic Discussions for MAP
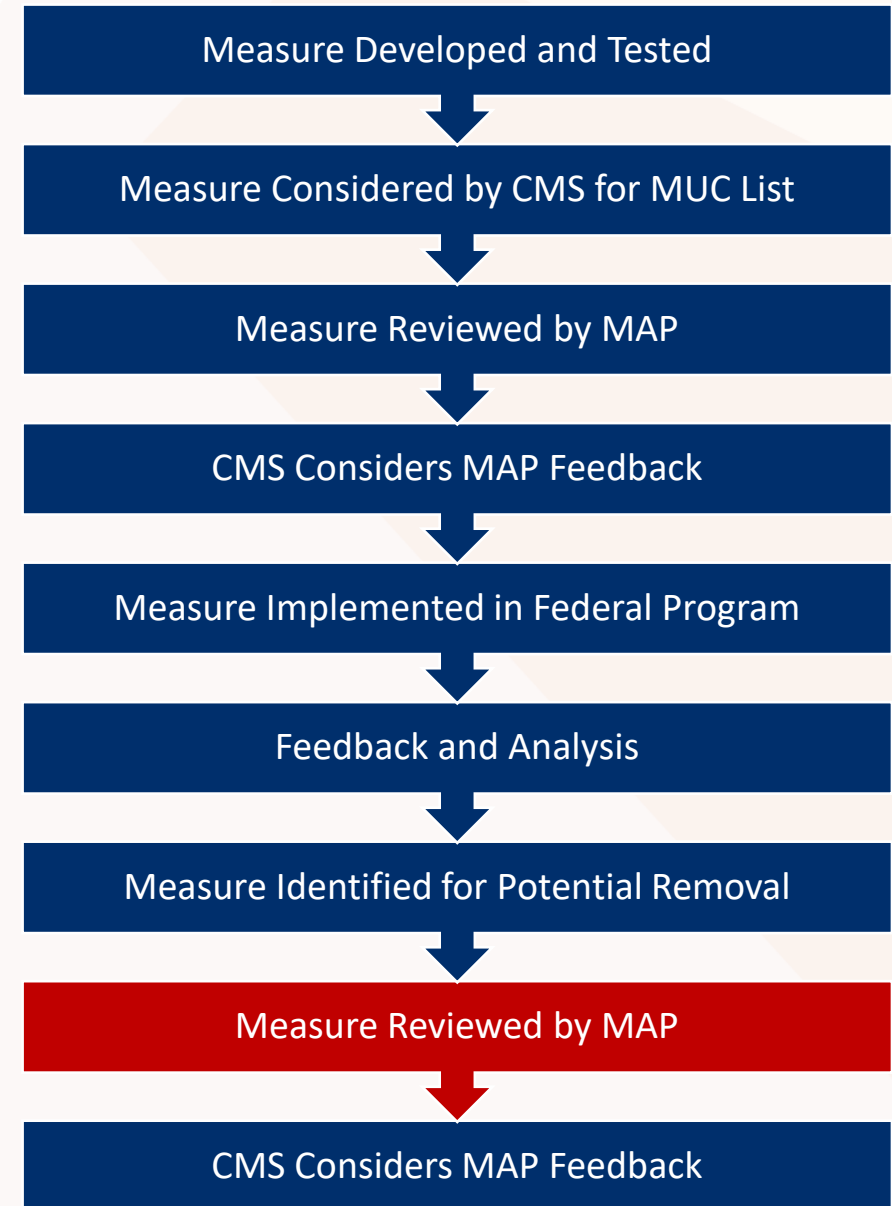
Strategic Planning for Future MAP Changes

- Including measure removal input as part of MAP process
  - New statute suggests that the "consensus-based entity" may review measures for potential removal from federal quality and performance programs
  - MAP may be used for this purpose
  - INPUT FOR REMOVAL OF MEASURES—Section 1890(b) of the Social Security Act (42 U.S.C. 1395aaa(b)) is amended by inserting after paragraph (3) the following new paragraph: "(4) REMOVAL OF MEASURES—The entity may provide input to the Secretary on quality and efficiency measures described in paragraph (7)(B) that could be considered for removal."

- This presents an opportunity for CMS to receive additional input on potential measure removals in their quality programs through a partnership with NQF
  - Include recommendations for prospective measure removal from federal programs
  - May discuss federal quality and performance programs holistically during measure review

MAP Measure Review

- Initial year to pilot incremental approach
  - Commitment to balance urgency with integrity
  - Compressed timeline limitations
  - Contracting logistics and operational considerations

- Pilot year
  - MAP Coordinating Committee will serve as the MAP body responsible for conducting measure reviews in the pilot year
  - The initial year of quality program and measure review activities will serve as a pilot to gather stakeholder input on approach
  - Rollout of a more robust program intended for MAP cycle year 2022-23
  - Drawing on input provided from NQF and CMS staff and the experience from the pilot, the MAP Coordinating Committee will determine and finalize the appropriate processes, procedures, evaluation criteria and voting categories.

NATIONAL QUALITY FORUM

Pilot Year: Timing and Frequency

- Propose initial Pilot convening in late August or early September of 2021
  - One- to two-day meeting of Coordinating Committee
  - Final feedback/recommendations shared with CMS by October 1, 2021

- The Pilot year Coordinating Committee agenda will consist of reviews of federal programs for clinician, hospital and post-acute care/long-term care (PAC/LTC) settings

- The Pilot may include voting on measures selected by CMS for prospective measure removal

Measure Developed and Tested
↓
Measure Considered by CMS for MUC List
↓
Measure Reviewed by MAP
↓
CMS Considers MAP Feedback
↓
Measure Implemented in Federal Program
↓
Feedback and Analysis
↓
Measure Identified for Potential Removal
↓
Measure Reviewed by MAP
↓
CMS Considers MAP Feedback

Evolution of the Pilot

- During the course of the pilot and into 2022, NQF, CMS, and the Coordinating Committee will be working to implement the pilot and further develop the process.

- This could include:
  - Multiple strategic discussions with the MAP Coordinating Committee and, as appropriate, MAP workgroups
  - Public comment periods on the process
  - Development of a guiding document

Pilot Implementation compared to Vision

	Pilot Year (2021)	Vision (2022 and beyond)
Convening Body	Coordinating Committee	TBD
Scope	Measure review	Measure review with targeted program review discussions
Measure Review List	Developed by CMS	Developed by CMS with additions from MAP and the public
Evaluation Criteria	Use CMS measure evaluation criteria	Use MAP developed measure evaluation criteria
Voting	No voting or yes/no voting with no consensus	Use MAP developed voting categories with consensus
Public Comment	Public comments accepted during the meetings, but limited written comments based on feasibility	Full, written public comment periods

Committee Discussion

For the pilot:

- Should the committee vote or submit general feedback to CMS?
  - If voting, is yes/no voting sufficient?
  - Is consensus necessary, or just document the vote and provide to CMS?

- Should the Coordinating Committee be the sole reviewer for all the programs?
  - If yes, do the setting specific workgroups play a role?

- How many measures could the Coordinating Committee review in 1-2 days?
  - What if the list proposed for measure evaluation is 50 measures across 19 programs?

Opportunity for Public Comment

Closing Remarks

THANK YOU.

NATIONAL QUALITY FORUM

http://www.qualityforum.org