NATIONAL QUALITY FORUM

National Consensus Standards for Prevention and Population Health

Standing Committee Web Meeting

June 27, 2019

NQF Staff

- Project staff
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  - *Elisa Munthali, Senior Vice President*

Prevention and Population Health Standing Committee

- **Thomas McInerny, MD (co-chair)**
- **Amir Qaseem, MD, PhD, MHA (co-chair)**
- John Auerbach, MBA
- Michael Baer, MD
- Ron Bialek, MPP, CQIA
- J. Emilio Carrillo, MD, MPH
- Barry-Lewis Harris, II, MD
- Catherine Hill, DNP, APRN
- Ronald Inge, DDS

- Patricia McKane, DVM MPH
- Amy Minnich, RN, MHSA
- Marcel Salive, MD, MPH
- Jason Spangler, MD, MPH, FACPM
- Matt Stiefel, MPA, MS
- Michael Stoto, PhD
- Steven Teutsch, MD, MPH
- Arjun Venkatesh, MD, MBS, MHS
- *Whitney Bowman-Zatzkin, MPA, MSR (newly seated)*

Agenda

Defining Value-Based Care for Population Health

Harmonization of Influenza Measures within the Committee portfolio

Defining Value-Based Care for Population Health

Definition of Value-Based Care

- ## Definition of Value within Population Health
  - *The intersection and consideration of cost versus clinical value. The focus is to improve health and lower costs by measuring most crucial health outcomes as a guide for assessing the impact.**

- ## Triple Aim-Improving health of populations being one aim

*IOM Develops 15 Measures for Population Health Management
https://healthitanalytics.com/news/iom-develops-15-measures-for-population-health-management

Value-Based Care Considerations

- "Population health management means taking an analytical approach to understanding the health needs, disparities and outcomes of the community and to align improvement initiatives."*

- Need to consider quality-adjusted life year (QALY) and quality metrics focused on value—how do we approach this/get there?

- Concept of value as it relates to: public health, prevention, and intervention for pandemics/epidemics

- Goal is to discuss the best way to capture value using population health measures

*How Do Population Health, Public Health, Community Health Differ?
https://healthitanalytics.com/news/how-do-population-health-public-health-community-health-differ

Discussion Questions

- What are some aspects of value that are already being captured/addressed by population health measures?

- How can clinical value be maximized within the context of population health?

- How can clinical value be maximized within the context of the community and a community's health?

- What measures do we need to maximize value within population health?

- Future considerations for facilitating value within population health?

Opportunity for Member and Public Comment

Influenza Measure Harmonization

Background

- To reduce burden and optimize efforts to improve performance on key healthcare measures, it is critical to seek alignment and harmonization on measures shared in common across multiple healthcare settings.

- In 2016, the Committee recommended the creation of a universal influenza measure to reconcile and harmonize a number of setting-specific influenza measures.
  - *Acute Care Hospitals*
  - *Facility/Hospital Short-Stay Residents*
  - *Nursing Facility Long-Stay Residents*

1659 Influenza Immunization

- **Measure Description**: Inpatients age 6 months and older discharged during October, November, December, January, February or March who are screened for influenza vaccine status and vaccinated prior to discharge if indicated.

- **Numerator Statement**: Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated.

- **Denominator Statement**: Acute care hospitalized inpatients age 6 months and older discharged during the months of October, November, December, January, February or March.

- **Data Source**: Claims, Other, Paper Medical Records

- Le**v**el **of Analysis**: Facility

- **Measure Steward**: Centers for Medicare and Medicaid Services

0680 Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (short stay)

- **Measure Description**: The percentage of short-stay residents or patients who are assessed and appropriately given the seasonal influenza vaccine during the most recently-completed influenza season.

- **Numerator Statement**: The number of residents or patients in the denominator sample who, during the numerator time window, meet any one of the following criteria: (1) those who received the seasonal influenza vaccine during the most recently-completed influenza season, either in the facility/hospital or outside the facility/hospital (2) those who were offered and declined the seasonal influenza vaccine or (3) those who were ineligible due to contraindication(s)

- **Denominator Statement**: The denominator consists of patients or short-stay residents 180 days of age and older on the target date of the assessment who were in the facility/hospital for at least one day during the denominator time window.

- **Data Source**: Electronic Health Records

- **Level of Analysis**: Facility

- **Measure Steward**: Centers for Medicare and Medicaid Services

0681 Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay)

- **Measure Description**: This percentage of long-stay residents, 180 days of age and older, who were in a nursing facility for at least one day during the most recently completed influenza vaccination season (IVS), and who were assessed and appropriately given the seasonal influenza vaccine.

- **Numerator Statement**: The numerator is the number of long-stay residents with a target assessment who were in the denominator sample, AND who meet any of the following criteria for the selected influenza season: (1) they received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility (2) they were offered and declined the influenza vaccine or (3) they were ineligible due to medical contraindication(s).

- **Denominator Statement**: The denominator is the total number of long-stay residents 180 days of age or older on the target date of the assessment who were in the nursing facility who were in a nursing facility for at least one day during the most recently completed IVS that have an OBRA, PPS, or discharge assessment and who did not meet the exclusion criteria.

- **Data Source**: Electronic Health Records

- **Level of Analysis**: Facility

- **Measure Steward**: Centers for Medicare and Medicaid Services

Comparison of Measures

Alignment with the National Voluntary Consensus Standards for Influenza and Pneumococcal Immunizations

- 1659 is aligned
- 0680 and 0681 are mostly aligned

Data sources

- 1659 utilizes data from claims and paper medical records while 0680 & 0681 use EHR data

Previous Committee Discussion

- The Committee discussed the lack of a universal influenza immunization measure as well as the need for it.

- The Committee would like to review a consolidated general measure that can be stratified by various age groups, settings, and conditions for the upcoming maintenance review.

- Consolidation of these three measures will lower data collection and reporting burden.

- This will further the alignment and increase harmonization of the measures.

- Additionally, in combining these measures, the Committee acknowledges that not all aspects or nuances of a clinical practice guideline can be captured in a measure, and that the consolidated specifications are intended to capture the most important aspects of the guideline that can be measured.

Future Considerations & Discussion

- What is the feasibility of creating a universal influenza measure using the standard measure specification by the next maintenance cycle in 2020?

Opportunity for Member and Public Comment

Project Contact Info

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- Project page: http://www.qualityforum.org/Prevention_and_Population_Health.aspx

- SharePoint site: http://share.qualityforum.org/Projects/Prevention%20and%20Population%20Health/SitePages/Home.aspx

Adjourn

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