



Prioritizing Measure Gaps: Adult Immunizations Committee Web Meeting January 29, 2014 | 2:00 pm –4:00 pm ET

The National Quality Forum (NQF) convened a web-based meeting of the Prioritizing Measure Gaps Adult Immunizations Committee members on Wednesday, January 29, 2014. Seven members of the public also participated in the meeting. An [online archive](#) of the meeting is available.

Committee Members in Attendance

| Name | Organization |
|--|---|
| Amir Qaseem, MD, PhD, MHA, FACP (co-chair) | American College of Physicians |
| Ernest Moy, MD, MPH (co-chair) | Agency for Healthcare Research and Quality |
| Faruque Ahmed, PhD | Centers for Disease Control and Prevention |
| Roger Baxter, MD, FACP | Kaiser Permanente Vaccine Study Center |
| Howard Bregman, MD, MS | Epic |
| Eddy Bresnitz, MD, MSCE, FACP | Merck Vaccines |
| Jennifer Heath, RN, MPH | Minnesota Department of Health |
| Robert Hopkins, MD, FACP, FAAP | University of Arkansas for Medical Sciences |
| Joseph Hunter, MD | Methodist-Le Bonheur Healthcare |
| Janet Jennings, MS, BS | Blue Care Network |
| Caroline Johnson, MD | Philadelphia Department of Public Health |
| James McCabe, Dip, Pharm (SA) RPh | Safeway Pharmacy |
| David Nace, MD, MPH | University of Pittsburgh Institute on Aging, Division of Geriatric Medicine |
| Patricia Nuzzie, BS, LVN | The Immunization Partnership |
| Laura Riley, MD, FACOG | Massachusetts General Hospital |
| Douglas Shenson, MD, MPH, MS, MA | Yale University School of Medicine |
| Sandra Sommer, PhD, MS, MT (ASCP) | Virginia Department of Health |
| Samuel Stolpe, PharmD | Pharmacy Quality Alliance (PQA, Inc.) |
| Litjen (L.J.) Tan, PhD | Immunization Action Coalition |

Welcome, Committee Introductions and Disclosures of Interest

Juliet Feldman, Project Manager, NQF, welcomed the committee members and the public audience to the web meeting, and reviewed the meeting objectives. The meeting objectives articulated were to:

- Review project goals, committee’s role, and timeline
- Review draft conceptual framework and environmental scan of measures
- Discuss key questions to prepare for the in-person meeting
- Solicit input on additional measures and measure concepts and exemplary uses of adult immunization measures

Ann Hammersmith, General Counsel, NQF, led the introductions of the committee members along with their disclosures of interest.

Background and Project Overview

Wendy Prins, Senior Director, NQF, provided background information on the Priority Setting for Health Care Performance Measurement: Addressing Performance Measure Gaps in Priority Areas project. She outlined the project's timeline and its five sub-topic areas: adult immunizations, Alzheimer's disease and related dementias, care coordination, health workforce, and person-centered care and outcomes. Ms. Feldman then presented an overview of the adult immunizations project, including the project's scope and objectives.

Dr. Ernest Moy explained that this Adult Immunization project stemmed from the Quality and Performance Measures Workgroup of HHS' Interagency Adult Immunizations Taskforce. The Workgroup had compiled all adult immunization measures used in the federal sector and found that more than half of the measures related to influenza and the rest were related to pneumococcal. Very few measures looked at other adult immunizations. Dr. Moy also noted that the lack of outcome measures made it difficult to explain the benefits of immunization.

Draft Conceptual Framework for Adult Immunization

Dr. Reva Winkler, Senior Director, NQF, presented the draft conceptual framework as a tool to assess the comprehensiveness and adequacy of available measures. She described the development of the draft conceptual framework and stressed the importance of ongoing committee member feedback to refine the framework into a finalized tool to assist the Committee in the analysis and prioritization of measure gaps. Dr. Winkler described the key dimensions of the framework, including the structure-process-outcome stratification and provider-level and population-level measures. Age-appropriate vaccinations were taken into account as well as vaccinations for special populations, such as maternity and those with diabetes or chronic liver disease.

Committee members asked NQF to clarify the difference between process and outcome measures specifically in terms of this topic area. Dr. Winkler responded that in this context, process measures pertain to the administration of vaccines while outcome measures are assessing a disease state. Dr. Winkler also clarified that there is no predetermined priority between provider-level and population level issues; both are on the table for the committee to consider. Committee members suggested other information to consider in the framework including:

- Settings or entities to be measured
- Patient demographic information (i.e., rural vs. urban (see BRFSS data), race, ethnicity, socioeconomic status)
- Behavioral risk factors
- Overlapping recommendations for age groups and risk factors

Environmental Scan of Measures and Measure Concepts

Dr. Winkler discussed the process for compiling the initial environmental scan of existing measures applicable to adult immunization as well as concepts or ideas about what should be measured that could be further developed into performance measures. The initial scan identified 225 measures or concepts

relevant to adult immunization. The measures were then mapped to the framework domains, illustrating the current measurement landscape, and pinpointing potential gap areas. Dr. Winkler also noted the need for harmonization among the many process measures for influenza and pneumococcal. Committee members were asked to identify any possible sources of additional measures.

Committee Discussion and Input

The committee considered several key questions to prepare for the in-person meeting. Committee members suggested including key leverage points in the framework to gauge which measures have had an impact or promoted change. Suggested leverage points included use in public reporting, required versus voluntary reporting, or use in payment programs.

Committee members were asked to suggest exemplar cases of where adult immunization measurement has been successful. NQF will conduct interviews with several successful measurement organizations to provide additional information for the committee. Initial suggestions included investigating:

- A health system in NJ that published results on influenza and pneumococcal vaccination measures and saw dramatic change
- Health care personnel vaccination measure for hospitals
- Pneumococcal immunization measure (IMM-1)
- Pregnancy Risk Assessment Monitoring System (PRAMS) database
- CDC grant underway to stimulate vaccination rates among providers

The committee also reiterated the need to discuss provider burden and the capability of existing electronic health records and other health information systems. Committee members stated that the number of measures should be limited and that there must be a real need for a measure in order to minimize burden. Lastly, the need for harmonization was discussed. Dr. Winkler described a prior NQF immunization harmonization project in which a multi-stakeholder committee recommended standard measure constructs to foster harmonization of flu and pneumococcal immunization measures. NQF will distribute this project's report to the committee. Committee members asked what the impact of that harmonization work has been. NQF responded that they will provide the Committee with a list of measures that were harmonized as a result of the project.

Next Steps

Ms. Feldman discussed immediate next steps, including circulating the meeting summary to the committee. She stated that NQF would be seeking any additional input on the conceptual framework as well as exemplar cases of adult immunization measures and additional sources for measures and measure concepts. NQF will continue to identify measures and measure concepts and work with key informants to identify other potential sources. The committee members will gather for a two-day in-person meeting on March 31-April 1, 2014 during which the revised conceptual framework will be discussed to inform concrete recommendations on critical gap areas of adult immunization measurement for future development.