NATIONAL QUALITY FORUM

Meeting Summary

Prioritizing Measure Gaps: Adult Immunizations Committee In-Person Meetings March 31-April 1, 2014

The National Quality Forum (NQF) convened the Prioritizing Measure Gaps Adult Immunizations Committee members for a two day in-person meeting on March 31 and April 1, 2014. The online archives can be found by accessing the following links: March 31, 2014 and April 1, 2014.

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
Roger Baxter, MD, FACP	Kaiser Permanente Vaccine Study Center
Eddy Bresnitz, MD, MSCE, FACP (by phone)	Merck Vaccines
Jeffrey Duchin, MD (by phone)	Communicable Disease Control, Seattle and King County, WA
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
Megan Lindley, MPH	Centers for Disease Control and Prevention
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

Introductions and Meeting Objectives

After Committee introductions, Juliet Feldman, NQF Project Manager, welcomed the committee members and the public audience, and reviewed the meeting objectives. The objectives for the two day meeting were to:

- Prioritize measurement goals for adult immunization using the conceptual framework
- Identify key leverage points and other measurement considerations for adult immunization performance measurement
- Recommend measure and measure concept development for the short- and long-term

Project Overview and Activities to Date

Juliet Feldman provided a general overview of the ***Priority Setting for Health Care Performance Measurement: Getting to Measures that Matter*** project and objectives of the Adult Immunizations sub-task. Dr. Cille Kennedy, Office of the Assistant Secretary for Planning and Evaluation (ASPE), US Department of Health and Human Services (DHHS) described the federal interest in identifying measure gaps and the reasons for HHS support of this project. Dr. Ernest Moy described the specific interests of the federal Interagency Task Force on Adult Immunization that is looking for guidance on measures for adult immunization.

Ms. Feldman described the project accomplishments to date including the draft conceptual framework and the findings from the environmental scan. In preparation for this in-person meeting, NQF staff interviewed ten "key informants" to inform the project and address how adult immunization performance measures were being used, current barriers, and where improvement might be focused. Summaries of the key informant interviews were provided to the committee to augment its discussion.

Current Measurement Landscape for Adult Immunization

Dr. Reva Winkler, NQF Senior Director, provided an overview of the current use of measurement for adult immunization. She presented examples of population-level measures including Health People 2020 goals, CDC reports on national adult immunization coverage, 2012 National Healthcare Quality Report, Commonwealth Fund's website, "Why Not the Best", and New York state reporting at county level. Examples of provider-level measurement included NCQA HEDIS measures for health plans, Medicare.gov website that reports facility measures on Hospital Compare, Home Health Compare, Nursing Home Compare, use of influenza for healthcare personnel measure in federal programs (Inpatient Quality Reporting (IQR), Hospital Outpatient Quality Program (OQR) and others), public reporting by medical groups by individual clinician on PQRS measures, HRSA Clinical Core Set of Measures, 2014 Medicaid Adult Core Set of Measures, and Meaningful Use of Health Information Technology incentive program.

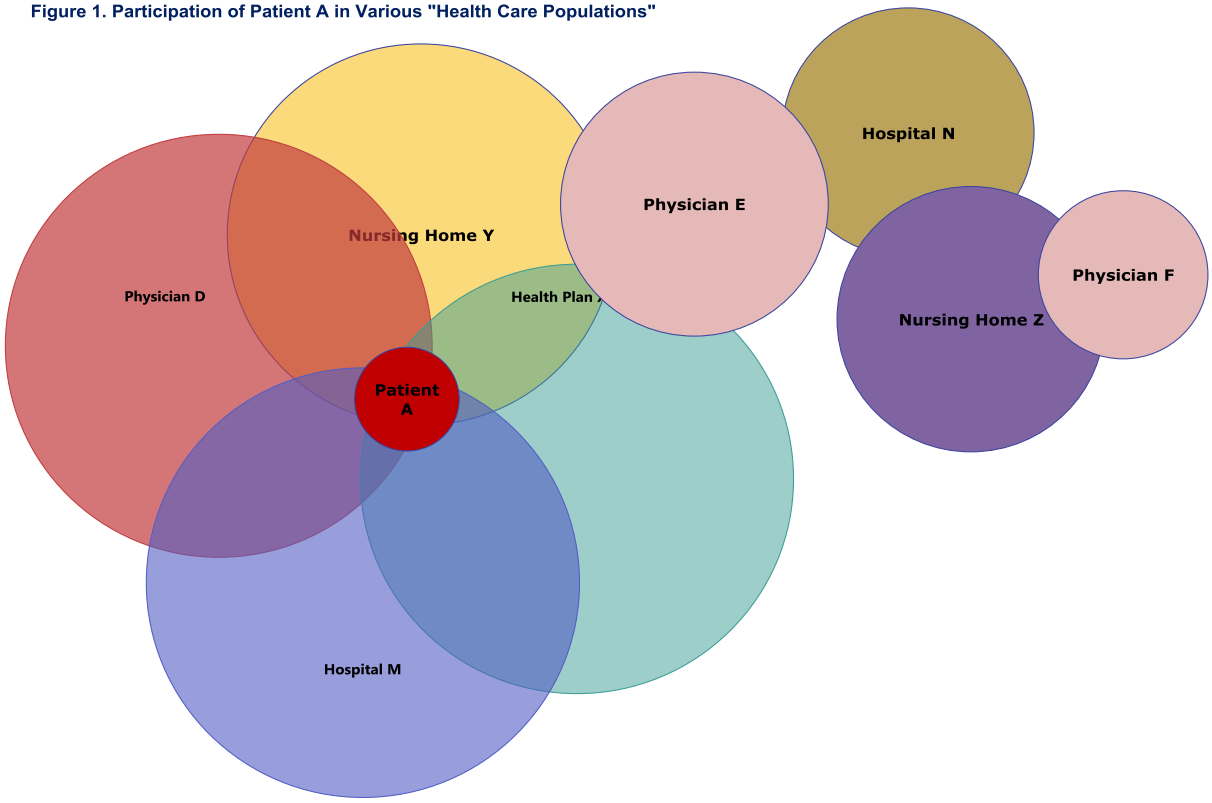
In response to Dr. Winkler's presentation the committee identified several challenges facing current measurement:

- provider attribution and accountability;
- data flow, quality and reliability; and
- measurement burden.

The Committee liked a pictorial view of the current state of measurement (Figure 1) provided by Dr. David Nace noting the potential for repeated vaccination (overuse) as a patient encounters various types of providers. Patients move among the bubbles as they interact with various providers but the data does not flow among all the participants.

Committee members also stressed that immunization responsibilities should lie with all providers and not just primary care. Immunization should be a team and system level responsibility. Some Committee members identified a distinction between system-level and provider-level accountability and suggested looking to National Vaccine Advisory Committee (NVAC) for definitions.

Figure 1. Participation of Patient A in Various "Health Care Populations"



Prioritization of Measure Gaps

Using the draft conceptual framework, NQF staff identified more than 30 potential measure gaps. Prior to the meeting the committee completed an initial prioritization exercise to facilitate the meeting discussion. After discussion of the results of the initial prioritization, the committee supported many of their initial priorities, but revised several priorities.

RECOMMENDED PRIORITIES

The Committee recommended ten measure gap priorities:

Ages 19-59 years:

- Measures for Tdap/pertussis-containing vaccine
- Measures for HPV vaccination

Ages 60-64 years:

- Measures for zoster vaccination

Ages 65+ years:

- Measures for zoster vaccination (with caveats)
    - The Committee discussed at length the challenges of zoster vaccination in older people including lower vaccine response, frailty, limited life expectancy and patient refusal that should be considered in developing a measure.

Composite measures:

- Combine immunization with other preventive services

Special populations:

- Pregnancy composite of Tdap and influenza vaccination
- Diabetes composite including influenza, pneumococcal and Hepatitis B vaccinations with other diabetes care processes or outcomes
- CKD/ESRD composite including influenza, pneumococcal and Hepatitis B vaccinations with renal care
- Chronic liver disease composite for completion of both series for Hepatitis A and B

Healthcare personnel

- Composite of all ACIP recommended vaccines

The Committee discussed provider-level gaps in outcome measures. The Committee considered outcome measures for health plans, systems and accountable care organizations, such as hospitalizations, mortality and costs of vaccine preventable diseases such as influenza. The committee noted various methodologic challenges with outcome measures and suggested that further foundational work is needed to prepare for development of outcome measures. Committee members suggested potential patient reported outcome measures such amount of time missed from work or disability (such as reductions in activities of daily living) as a result of prolonged illness from vaccine-preventable diseases such as influenza or pneumonia, or experience of pain from zoster or post-herpetic neuralgia.

FURTHER PRIORITIZATION

To further prioritize the measure gaps, the Committee was asked to identify their top two short-term and long-term priorities. Short-term measure gaps are expected to be filled quickly within 1-2 years. Longer-term measure gaps may have challenges with data sources or require more development time (2-4 years.)

The Committee identified the following short-term priorities:

- Pregnancy composite of Tdap and influenza vaccination
- HPV measure for ages 19-59

The Committee identified the following long-term priorities:

- Composite measure that includes immunization with other preventive services
- Healthcare personnel composite of all ACIP recommended vaccinations

Additional Measurement Considerations and Recommendations

Day two of the meeting offered the opportunity for the committee to address additional considerations for adult immunization performance measurement. Small groups were asked consider recommendations in four topic areas: harmonization and alignment of population and provider measures; disparities and special populations; non-traditional providers (pharmacies, public/community health clinics, etc.); and eMeasures, EHRs, and IIS. The recommendations from the small groups were then accepted or amended by the entire committee.

Harmonization and Consolidation of Existing Measures for Adult Immunization

The Committee was wary of recommending more measures for adult immunization without simultaneously recommending reductions in the current measures, particularly for flu and pneumococcal immunization. Harmonization and reduction of redundant measures is important to reduce the burden of data collection and measurement.

The Committee supported the measure construct recommended in NQF's 2008 report ***National Voluntary Consensus Standards for Influenza and Pneumococcal Immunizations*** that promoted harmonization among measures. Ten NQF-endorsed measures for flu and pneumococcal immunization used by CMS in various quality reporting programs are harmonized with the measure construct recommended in this report.

RECOMMENDATIONS:

- NQF should conduct measure maintenance on all existing Adult Immunization measures during the same review cycle with an eye toward aggressive "consolidation", (i.e., reduce the total number of measures because of overlap, redundancy, etc.).
- Encourage measure developers to begin harmonization by identifying and standardizing data specifications to comparisons (CMS and NCQA especially need to drive this).
- Develop any new measures based on the standardized data elements above.
- Strive for harmonization between population and provider level measures, being cognizant of the purpose of measurement (i.e., vaccination coverage at population level; accountability at the provider-level).
- Recommend development of composite measures to incorporate harmonized adult immunization into preventive services including important subpopulations.
- Align all immunization measure with ACIP guidelines; remove all outdated measures.

Disparities

Committee members agreed on the need to highlight existing disparities in vaccine coverage, particularly the significantly lower immunization rates among some racial groups. Committee members noted that some data sets such as Medicare and Medicaid plans have race/ethnicity data that can be used to stratify immunization measure results. Committee members also suggested alternative approaches such as the RAND method using geocoding when race/ethnicity data is not available.

NQF staff advised the Committee that NQF has done a lot of work around disparities in quality measurement that can be incorporated reflect issues raised by the committee such as the importance of using patient self-designation for assignment of race and ethnicity. Addressing disparities is not unique to measures for immunization but immunization is an area where disparities are well-known.

RECOMMENDATIONS:

- More robust information on disparities should be gathered from national surveys (i.e., BRFSS), through larger sample sizes or oversampling. While robust national data around disparities exist, data samples are inadequate to inform actions locally.
- Immunization measures at the health plan, system or ACO level should be stratified by race and ethnicity.

Non-Traditional Providers

Expanding access to immunization has enlarged the universe of providers to include pharmacists, workplace services, health fairs, and other "non-traditional" providers. Accountability for these providers should not different than for traditional care settings.

RECOMMENDATIONS:

- All immunization providers, including non-traditional providers submit data to Immunization Information Systems (registries). Immunization measures should take into account the non-traditional immunization providers. Measures for non-traditional providers should be harmonized with measures for traditional providers.

eMeasures, EHRs, Immunization Information Systems (IIS)

The Meaningful Use program has put a great deal of emphasis on EHR use and promoting communications standards with registries. Measures developed for use in EHRs, "eMeasures", use the unique characteristics of EHRs to build measures that may be more successful than simply "re-tooling" measures originally designed for other data sources. Greater use of registries has the potential to create a centralized data source for measurement of immunizations. Continues progress in communication standards among registries can establish a national network that allows data flow wherever the patient in cared for.

RECOMMENDATIONS:

- Encourage filling measure gaps by developing eMeasures (will support growth of Meaningful Use).
- Encourage and incentivize all immunizations providers to submit data to IIS (via EHR or other). The Committee was evenly divided on whether reporting to registries should be required for all providers.
- Encourage further development of all IIS to adopt CDC functional standards that include bidirectional interoperability with providers and other IIS; core data elements which include patient refusal and contraindications; and allow patient access to IIS data.

Throughout the meeting Committee members would suggest potential uses of emerging technologies such as using smart phones by patients to capture bar codes when vaccinated and send the information to providers or registries or apps such a Immunize Canada that allows Canadians to easily record and store vaccine information; access vaccination schedules; manage vaccination appointments for the entire family; access evidence-based and expert-reviewed information about recommended and routine vaccinations for children, adults and travelers and receive alerts about disease outbreaks in their area.

Next Steps

The meeting concluded with a discussion of immediate next steps including preparing a draft report of the Committee's measure gap priorities and recommendations, review of the draft report by the Committee, and a public comment period June 23 through July 14, 2014. A public web meeting will be held on June 26th, 2pm-4pm EST to discuss the projects findings and address any further areas for improvement. The final report will be due to HHS on August 15, 2014.