NATIONAL QUALITY FORUM

Moderator: Juliet Feldman
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12:30 p.m. ET

Operator: Welcome, everyone. Please note if you are joining us via telephone, please be sure to turn your computer speakers down so that you don't have an echo feedback.

Female: I have a question since I don't know how to do that – I'm at home – can I just hang up the phone and connect through my computer?

Operator : It might be a problem because the voice still lay on the computer.

Female: OK, let me do my best to turn off so I don't bother everybody.

Operator : Welcome, everyone. Thank you for joining us today, for technical support with the web portion of today's program, please send an e-mail to nqf@commpartners.com. You can also use the chat box to send us a message.

Today's meeting will last 90 minutes and will include specific question-and-answer period. You may submit a question at anytime by typing it in the chat box from the lower left corner of your screen. We'd like to draw your attention to the links area to the left of the slide. The links menu contains the link to the project's web page as well as the link to the presentation slide. Clicking on any of the links will open in a separate web browser window and will not disrupt your viewing of the presentation. Following today's meeting, you'll be able to find a copy of the presentation on the NQF Web site with full audio included.

And now, it is my pleasure to hand it over to Juliet Feldman. Juliet, please go ahead.

Juliet Feldman: Hi, everyone. Thank you so much for joining us today. We are very excited to be kicking off this project. And we see this webinar as an opportunity to gather early input and feedback from you also. We really appreciate you taking the time to join us today.

If we can go to the next slide. So, what we're hoping to accomplish today is just provide you an overview of the project and go through what we're hoping to achieve over the next less than a year through August; obtain guidance on important measurement considerations for the selection and modification of conceptual framework; as well as solicit early input from you for our environmental scan of measures and measure concepts, additional resources to explore, and additional considerations for achieving our project objectives.

So, these are the folks who are joining us today on the call, our advisers. And I think we have all but Amir Queseem and I don't think Roger – Roger, have you joined? OK. So, we'll keep note to see if Roger joins.

Yes. So, I'm going to pass it over to Wendy Vernon, Senior Director, who's managing the entire Prioritizing Measurement Gaps project here at NQF.

Roger Baxter: Hi, sorry, this is Roger Baxter. I've been trying to do the web thing and I haven't quite got that figure out yet so.

Reva Winkler: Thank you for joining us, Roger. Do you need specific assistance or?

Roger Baxter: No, no, I'm just working on it here.

Reva Winkler: OK.

Roger Baxter: I'm typing it into my browser and all those kind of stuff, so.

Reva Winkler: Great. OK, well, thanks for joining us.

Roger Baxter: Yes.

Juliet Feldman: OK.

Juliet Feldman: Do you want to have them introduce themselves?

Female: I was going to say, perhaps, we have our advisers introduce each other. So, I'll just – maybe, (Faruque), could you start and just give a quick intro of yourself.

Faruque Ahmed: Yes. I'm a Senior Epidemiologist at the CDC. I'm in the Immunization Services Division.

Juliet Feldman: Thank you. Roger?

Roger Baxter: I'm Roger Baxter and I'm the Co-Director for the Kaiser Permanente Vaccine Study Center. And we do vaccine studies phase two, three, four; worked with the CDC for surveillance. I do have epidemiologic studies and I have special training in vaccinology as well.

Juliet Feldman: Great. Thanks, Roger. And Eddy Bresnitz? Eddy, are you still with us?

Eddy Bresnitz: Hi, can you hear me now?

Juliet Feldman: Yes, OK.

Eddy Bresnitz: I'm sorry I'm trying to coordinate the phone with the (inaudible), (sorry).

So, I'm Eddy Bresnitz, I'm Executive Director for Adult Vaccines globally. And I was formally in State Government of New Jersey's Deputy Commissioner of Health so (public services) and (has been working with) NQF in the past on harmonization of measures.

Juliet Feldman: Great. Excellent. Thanks. Ernie Moy?

Ernest Moy: Hi I'm a medical officer at the Agency for Healthcare Research and Quality. And I work on quality measurements for the National Healthcare Quality and Disparage Reports. And I think I'm party to blame for this activity because I was the co-chair of Adult Immunization Task Force Quality Measurement working group, and one of our activities was to review the measures of adult

immunization and our quick perception, not doing a very – a complete review that there was some gaps out there.

Juliet Feldman: Thanks, Ernie. We appreciate being with – working with you.

Amir Queseem is not able to be with us today. We will catch up with the Amir offline. Sandra?

Sandra Sommer: Hi, I'm Sandy Sommer with the Virginia Division of Immunization at the Department of Health. I'm the Quality Assurance and Policy Manager, and I'm responsible for various kinds of assessments of immunizations across the (lifespan).

Juliet Feldman: Super. Thanks so much. Thanks to all of our advisers for being with us. And we really do appreciate your help and input at this stage. Now, I'm going to ask my colleague, Wendy Vernon, to talk about this project overall.

Wendy Vernon: Sure. Hi, everyone. We thought it might be helpful to just give the folks on the call and any other participants a sense of where this project came from and sort of the bigger picture of the context. And this project, to really look at measure gap and set priorities for measure development, has it's origination in the Affordable Care Act. And certainly, as we've gone through the past 10 or 12 years at NQF with endorsing measures, we're continually identifying gaps in various areas.

And so, through the Affordable Care Act, there was legislation that actually asked for a consensus base entity, which is essentially NQF, to do a more focused project on identifying gaps and endorse quality measures looking at where quality measures are available or where different concepts may be available that could be turned into performance measures and then looking at where there may be evidence gaps in being able to develop measures in certain areas.

And so, this work is really exciting. It's certainly timely in these different areas. These areas have been identified through various mechanisms as needing enhanced or greater performance measurement.

On Slide 6, you'll see this is a sort of our go-to framing of the National Quality Strategy. So, this project really is looking at assisting us in reaching the goals of the National Quality Strategy through the three aims of better care, affordable care, and healthy people and healthy communities, and probably, more specifically, through the priority of improving health and well being. So, this is obviously an area that needs attention and can contribute to the broader health of the population.

Just real quickly so that you can have a sense of the other areas in which we're doing similar work at NQF this year and into 2014. We have five different projects, and some of them are more cross-cutting focus that's why I would say it's probably the most concrete of them and the closest to measure development and thinking about composite measures and things like that.

The other areas are also very interesting, Alzheimer's disease and related dementia's and looking at, particularly, needs of this patient population where there are a lot of social needs and a lot of issues around caregivers. Care coordination and workforce which are really focusing on kind of the intersection between the healthcare delivery system and community health. So, one recognizes an area where we need to sort of push beyond the traditional performance measurement that we've done; focused a lot on hospitals and primary care but how do we start to really push out into this other really important areas. And then finally, one area that there's been a lot of work at NQF and beyond, but really looking at what measures do we need to improve patient center care and outcomes; so thinking about to the work we've done around patient reported outcomes and how to improve engagement and experience, your decision-making, and et cetera.

So, that's just kind of a broader overview of the works that we're doing. I think this will be really helpful in terms of getting a little bit more upstream so that when we get to the point where we have measure endorsement projects, hopefully this has – this will include the field and development so that we can get more robust measures in when we do these projects in the future.

So, with that, I will hand it back over to Juliet to dive more into the specifics of this project around adult immunization.

Juliet Feldman: Thanks, Wendy. So, in brief, this project, the goal of this project is to provide multi-stakeholder guidance on a highest priority for measurement to optimize vaccination rates and outcomes across adult populations. We will be seeking to identify gaps and provide recommendations related to measure specific adult vaccines where there are no NQF endorsed measures.

Right now, NQF has endorsed influenza and pneumococcal disease measures. But we don't have measures for, for instance, zoster, HPV, Td/Tdap, et cetera, – we will also look at some composite measures as well as outcome measures for vaccine preventable diseases.

So, in summary, we're going to be working with our multi-stakeholder committee over the next several months to identify where performance measurement efforts should go to get the most bang for the buck.

Reva, do you have anything else to add?

Reva Winkler: No, no.

Juliet Feldman: Jody would you like to add anything at this point?

Jody Sachs: No, not unless there are questions from the groups.

Juliet Feldman: OK. Let's keep going to these overview slides. So, these next slides just provide a high level overview of the major activities that we'll be undergoing over the next several months. So, we're only in the midst of convening a multi-stakeholder committee. For each of the topic areas under this larger project that Wendy spoke of, we're convening a multi-stakeholder committee of 15 to 20 members of which our advisers on the call today will be a part of.

And as the second bullet says, we're speaking of preliminary input from these advisers before the full committee is seated. We're currently in the process of reviewing nominations and plan to post the committee roster for public comment in mid November.

Next slide, so, the first major activity of the project will be either identifying or modifying a conceptual measurement framework. We'll be sharing with

you today our initial thoughts for this draft framework. It's intended to offer measure domains and sub-domains that align with the triple aim of improving health quality and cost. And we'll be working with the committee and you all today to suggest revisions or improvement to the draft framework.

After we have this framework, we will use it to conduct a measure gap analysis and to a staff plan to do an environmental scan of evidence, measures, and measure concepts that map to domains and sub-domains identified in this framework. We'll consider high priority opportunities for measure development and endorsement, and we'll assist in identifying potential measures and concepts. And we're working with the committee to consider a possibility of these measures and concepts again for framework.

And then lastly, after we've done this analysis, we will have an in-person meeting where we will sit down with the committee and prioritize the gaps essentially and prioritize opportunities for performance measure development in the future, and provide these recommendations to HHS for their efforts moving forward.

And Slide 14, this provides an overview of the project time line. Briefly, we will be finalizing the multi-stakeholder committee in December. We plan to convene the full committee in late January, have the in-person meeting, March 31st and April 1st, and I'll be going through these dates at the end of the presentation. And then we'll have a public comment period on the draft report, a public report, and the final deliverable is due to HHS mid August.

Are there any questions at this time?

Reva Winkler: OK. Hi, everybody. It's Reva. And now, I think it's time we need your work. Somebody had a question?

Eddy Bresnitz: Yes. This is Eddy. I just was wondering what that March 31st, April 1st date, is that a fixed date? You know, because believe it or not, I have a commitment on that date. So – I mean it’s not – I wouldn't change this just for one person but I don't know what other folks might be by the time you get around to organizing committee, and I was just wondering how flexible NQF is on that date?

Juliet Feldman: Thanks. We appreciate that. I mean we wanted to offer these dates to kind of gauge their availability and we'll …

Eddy Bresnitz: We don't have to discuss it now but I'm just raising that issue, that's all.

Juliet Feldman: OK. We appreciate you raising it in advance.

Reva Winkler: OK, anything else that anybody wants to raise because now it's time we really want to start picking your brains. As advisers, we're looking for your input to help in this early work that Juliet described. And so, what we have done is we've put together a draft of a conceptual framework on how to look at adult immunizations broadly, sort of from the vantage point of, you know, in an ideal world, and, you know, how do we get our arms around improving rates of vaccination and better patient outcome? How do we address that through measurement? What will be the greatest areas of leverage? And so, we need to have to find a way to describe this sort of universe of the way we can measure vaccination, use of vaccinations.

And so, I give credit to Ernie Moy and his presentation at the Adult Immunization Summit last May in Atlanta because essentially it started out with the two factors he presented when he was describing their review of the federal measures and basically described them as either falling as process measures, rates of immunization, or a few outcome measures.

And also, another dimension that filled the two critical purposes of it for the feds and their measures, and one is the quality improvement accountability realm typically at the provider level and then the population health and planning at the more public health level. Also, in the statement of work for this effort, CMS specified a couple of additional characteristics they wanted to see included, and they wanted a framework to accommodate vaccines for age groups --and they specified young adults, maternity, adults, and the elderly -- still opened the possibility of reorganizing those groups as the advisers or committee see fit but the idea that there are maybe age band groupings that would be appropriate.

Also, we want the framework to be flexible enough and get your input so that we may consider other factors such as the need for measure alignment and harmonization. I think one of the observations we all have is there's a whole lot of measures -- that they're all in one place and leaving a lot of gaps where very little measurement has occurred; measurement of disparities and how we might address that through the measures that will be developed; the issues around data sources and the challenges that the variety of data sources available present in creating measures for immunization; also the suitability for EHR measurement as we're moving into the world of use of eMeasures and promoting more EHR-based measurement, how can we be sure that the recommendations align with the needs and the characteristics of EHR measurements.

So, those were the initial thoughts of the kinds of things we want to try and include in this conceptual framework. And, again, the whole purpose of the framework is to give us a way of organizing our thinking around measurement for immunization and a way of then looking at the existing measures, putting them in the framework and seeing where we've filled areas but that what becomes very clear where the gaps are. It will then be the committee's job to take that information and look globally and ask a question, OK, where are the best areas for measurement? Do we need to align existing measures? Do we need to formulate composite measures by combining immunization either alone or with other preventive services, or other disease specific services? What outcomes do we want to look at? Do we want to look at outcomes at provider levels? Do we want to look at outcomes at population health levels?

And so, we're trying to create a conceptual framework that will allow for all those possibilities and give the committee the options of thinking about all those possibilities. And so, again, like I say, Ernie's already had his contribution, significant contributions, in getting our first draft.

And so, if you're looking at the webinar or looking at the briefing memo, the framework is in two parts. And essentially what we've done is laid out the typical vaccinations that occur at the stages of life. We've bracketed them by the age band recommendations, splitting columns for provider level, measures both process and outcome. And provider level could be individual providers

but they could be clinics, they could be health plans or ACOs, anything that's really the denominator is about the patients being cared for by that provider.

The other column of population health we're really looking at the more geographic denominators typical of the public health system. Again, process measures or outcome measures are possible and not only individual vaccines but the possibility of composites. And I think that area will probably need to be built out as we talk about the potential types of composites we might want to consider and see what's out there.

Let's go to the next slide. The second part of the framework really addresses some of the more special populations. And I deliberately left the bottom two and it was not meant to only be two; lines empty because, again, your input and advice to help us how big, how expansive should this go in terms of the special populations. We included maternity as specified by CMS. We looked – I included chronic liver disease because NQF does have a measure for hepatitis A, vaccination in chronic liver disease, you know, what other special populations do we want to call out specifically within the framework. And so, I've also kind of popped in the boxes where NQF has measures, and you can see that really only a couple of boxes have anything to say; and so, certainly nothing in the outcome realm and really nothing in population health realm.

We would want to as we conduct the environmental scan look at the measures from other sources such as the list of measures from the federal agencies and start populating the framework with those measures to get a sense of where existing measures are and can see where measures aren't, and then it'll be up to the committee to make some determinations about where the real gaps are and how we can best approach measurement.

So, at this point, really what we're looking for is input from you all. We need your advice, your advisers, so please help us. So, the first question I will say is what is your reaction to the framework we've drafted? You know, if you want to talk about and draw another picture for me, that's super. If you want to tinker and revise, that's great. You want to add things or build things out, whatever.

But really, at this point, this is meant to put something down for you to react to. And at this point, I really am anxious to hear your thoughts on how we really want to build the conceptual model for immunization.

Shall we go through (one-on-one)?

Eddy Bresnitz: This is Eddy. I like this. I'm trying to separate my thoughts on whether this is the right model versus what I see as potentially missing in this model.

Reva Winkler: OK.

Eddy Bresnitz: So, the latter is a little bit easier but maybe by suggesting what might be missing, it might make the model more acceptable to everyone or point out some, you know, where we might do some tweaking.

So, what comes to mind for me was actually hepatitis B as – and this is a comment on both slides. So, this slide here or this first part of the model with hepatitis B is we have young adults who are, for the most part, vaccinated with hepatitis B because we have a long-term (childhood) vaccination program. But there are plenty of adults, including elderly adults, and I'm not sure how we define elderly. We might want to put a – we want to put a mark for how we're going to define elderly because, you know, elderly people are adults, too.

And so, I think we do need to address that. But, you know, clearly, people who are, let's say, over the age of 30, which is where we begin to see people who perhaps are vaccinated with, you know, hepatitis B because they weren't in programs we launched. I think that plenty of that was people because they have behavior list that require them to be vaccinated.

Reva Winkler: OK.

Eddy Bresnitz: And similarly on the next slide – in most cases it is process or outcomes because that's what we're talking about here, the vaccination process. So, you've broken up chronic liver disease but I would kind of step back and say, well, is chronic liver disease the right approach because there are lots of other chronic diseases that have vaccine recommendations. We have diabetes, we

have COPD, and even in chronic – and for those diseases, we have specific recommendations. So, diabetes would be obviously influenza, pneumococcal vaccines, as well as hepatitis B vaccine.

Now, we have an ACIP recommendation a couple of years old now for vaccine everybody up to the age of 60, I believe it is, for hepatitis B vaccines. So, it's – when we talk about adults or elderly, you know, once again, the cutoff is relevant because 60 – some people--would consider older and others wouldn't.

Reva Winkler: Yes.

Eddy Bresnitz: And so, the question here is do we break out, you know, a single disease by chronic liver disease or a series of chronic diseases. Let me know whether there are recommendations from ACIP, or do we (lump) everything together on the term chronic disease and have a grid where, you know, all of the potential vaccinations are listed and you have a check mark with that particular disease recommendation.

Reva Winkler: OK.

Eddy Bresnitz: And those are my comments at this point. And I don't know maybe it's highlighted as weakness or a strength at this particular conceptual framework.

Reva Winkler: OK. Thoughts from anybody else?

Faruque Ahmed: Yes, this is (Faruque). You know, regarding the special populations, the adult immunization schedule has a list of special population …

Reva Winkler: Right.

Faruque Ahmed: ... like HIV, healthcare workers. So, that schedule can provide guidance as to, you know, how to organize the framework.

Reva Winkler: OK. So, you …

Sandra Sommer: Hi, this is …

Reva Winkler: Yes. I guess I just wanted to follow up (Faruqe's) comments. So, you would basically add, more and more boxes to accommodate those populations, identify them in the immunization schedule?

Faruque Ahmed: Yes.

Reva Winkler: OK. Super. Other thoughts?

Sandra Sommer: Yes, this is Sandy and I do agree that I think we need to expand that special population and the vaccines associated with them.

Reva Winkler: OK. Exactly.

Roger Baxter: And so, this is Roger. So, we have all these recommendations from ACIP for all the special populations and everything else. So, we know what people should and shouldn't get vaccinated. And our job is to find out where these people are not vaccinated and where we think they should be vaccinated more as to try to find out gaps and to determine which places we should focus on in the long run nationally to make sure that these people do get vaccinated. Is that the actual point?

Reva Winkler: Well, the goal is actually to provide guidance on where performance measures would probably be most useful or have the greatest leverage for improving overall vaccination rates and patient outcomes associated with disease or vaccine preventable diseases. So, we're really looking for areas in the gaps around measurement, and, you know, – measurement doesn't encompass absolutely everything about the care of patients.

And so, we do want to be judicious in our measurement resources and focus in on high leverage areas. So, we probably can't, come up with a measure that covers absolutely every recommendation. So, the question is, what is the reasonable type of measures that is going to get us, you know, significant improvement and assess accountability among providers and, you know, and the community for improving vaccination. So, we are thinking about creating the measures and not just – and not specifically the vaccination process, but the measures around the vaccination.

Roger Baxter: I see. So, the first thing is to see well what it should be and then to see what we think, you know, the gaps where they're not meeting what it should be; but then to be realistic and say, well this is – maybe this isn't possible to measure or it's ridiculous to measure. But this particular thing could be measured and so we can focus on it, I see.

Eddy Bresnitz: Yes. And that, I guess, should be the prioritization process, right?

Reva Winkler: Right. Yes, exactly. I mean, sure, we could probably come up with a whole bunch of measures but it's not realistic to think that that we could ever go forward with lots and we need to be judicious and prioritize those that we think will have the greatest effectiveness …

Juliet Feldman: Right.

Reva Winkler: … going forward. So, this is – these will be the judgment calls that your recommendations. But to help the thinking and be able to get our arms around the subject of adult immunization, we just need a way of describing all those relationships, describing what measures exist.

And so, the other major effort we're going – that's going on right now is we are undergoing or undertaking an environmental scan of measures, and NQF has endorsed a group of measures. You know, Ernie talks about the federal measures that they put together -- 108 measures as what I recall him describing.

Ernie, you can maybe tell us a little bit more about your experience with the federal measures. Is Ernie still with us? No, he said he might have to leave early. But his presentation of that list of measures was the fact that they were primarily centered around influenza and pneumococcal disease. There were some outcome measures, there were some in both provider level and the public health population level measurement. And so, we will be wanting to sort that list out and figure out where all the measures that you currently use in federal agencies fit as part of this process.

Also, we are looking at the Quality Measures Clearinghouse, to see, you know, what measures that haven't already been accounted for. And the first

two are there – and we actually found a couple of composite measures that can be used as examples of how, composite of multiple vaccines might be put together in a measure or how vaccination could be included in a composite measure of preventive services.

We've also looked at the Health Indicators Warehouse which are a typically the sort of more population-based health indicators around immunization. We've also looked at the Healthy People 2020 goals. We will be looking at the measures under consideration for federal programs for 2013 when that list is available to us. And then NQF has conducted other environmental scans in the past so we want to take advantage of that prior work.

And so, unlike a lot of gap areas, there are a large number of measures in the immunization space but our challenge will be, you know, confronting, do we have the right measures? Are the measures aligned? How do we deal with so many measures that, by and large, are duplicative or redundant, or if they're different, they're only slightly different, and generally cause a sort of a bit of chaotic situation? And can we make a more reasonable set of measures around immunization that gets us farther for adult than we are currently?

So, that's how we want to use the environmental scan that we're doing. And …

Roger Baxter: I have to ask, what do you mean by environmental scan? I don't understand what that means.

Reva Winkler: Well, what that means is we look out into the world and find out where there are measures.

Eddy Bresnitz: It's like a literature review, right?

Reva Winkler: The literature is one place, but it tends to be in the more other non-traditional literature sources. Second is the clearing house …

Eddy Bresnitz: I mean an analogy – sorry, an analogy to a literature review.

Reva Winkler: Yes, exactly.

Roger Baxter: And by measures you mean not measuring the process but actually engaging it and just looking at it within a context and framework of what you think should and shouldn't be, right? Not just measuring it and seeing what it is, but …

Reva Winkler: Well, again …

Roger Baxter: … measuring people set goals, right?

Reva Winkler: Well, I think that we want to look at potential measure constructs around immunization. I mean the traditional, you know, process measure that we see is immunization rate, rates of immunization among groups of people or population. So, that's the kind of most typical process measure. And to meet the goal of improving vaccination rates we need the measures to monitor those efforts.

I think the area around outcomes is likely to be a little bit more varied because different disease states might lend themselves to a different measurable outcome. I know in the list of federal measures they were organized around a couple of outcomes such as hospitalization, you know, disease preventable disease – or vaccine preventable disease incidents or even mortality; so, different potential types of outcomes that might be appropriate measures to get a handle on how immunization is impacting the overall health of people in their communities.

So, when we're talking about measures, we are talking about, you know, the detailed, specified performance measures that can be used for measuring performance of, you know, various providers or even at the population level, performance with public health system, if you will. And so, that's what we're looking for.

So, that's what the environmental scan is. We're looking out, we're scanning the universe out there, the environment, to find and identify the measures that exist. And so, the sources I've listed are sort of the traditional places we know to go look and we do have measures in those. I think as – this is a topic area and we would like to tap into your expertise to know --are there other sources of measures that we may not be aware of that we need to tap into to be inclusive and be as complete as scan as possible?

Eddy Bresnitz: This is Eddy. I don't know whether you mentioned it or I might missed it in your list, but NCQA may, you know, have – be in the process of developing some new measures potentially through their measurement development process. And it will be good to know their pipeline.

Reva Winkler: OK. Right. All right, that's a good one. We can certainly check that out. Any other thoughts from anyone else? You know, this is …

Faruque Ahmed: You know, this is Faruque . I was thinking about the nontraditional providers, you know, like pharmacists. So, it will – so would that in a way – would that fit in?

Reva Winkler: Are you talking about whether they have measures?

Faruque Ahmed: Yes. There are some discussions of having measures for a pharmacist.

Reva Winkler: I know we're certainly seeing measures in other area of for pharmacists and pharmacies. And so, that certainly is an area – do you have a thought of where we might go check that out? I'm trying to think.

Eddy Bresnitz: I would check with the American Pharmacists Association to make sure (inaudible) come to me. But, you know, they're quite aware of what's going on. There is some quality measure that they've adopted or about to that, you know, I think would be important, you know, if you find this. That's what really comes to me, I'm sorry.

Reva Winkler: OK.

Eddy Bresnitz: When I think about …

Reva Winkler: And if anyone on the phones just – can you flip us an e-mail and we'll be happy to follow up. The other group I think we need to check with is PQA, Pharmacy Quality Alliance, to see what they've got might be happening in their realm. But these are the kinds of thoughts that are very helpful for us to go search out.

The pipeline is a particularly difficult one because it just isn't anywhere we normally can grab on to. So, we have to make a specific outreach. So, your thoughts on – question to Sandy, do you use measures in Virginia? Are states – would states be a source of measures that they maybe using for various purposes within the individual states?

Sandra Sommer: That's a great question. And we in Virginia have just recently turned to the adults and our needs to get data around adults, and we're struggling to find – we're struggling to find sources that we feel are representative of the population as a whole, let alone any of these sub groups that we maybe talking about. We have depended primarily on the data sources that you've described, although we've done a little bit of assessment through some of the data sources that we have through the registries.

Reva Winkler: OK.

Eddy Bresnitz: Sorry, this is Eddy, again. It's Mitch Rothholz.

Reva Winkler: OK.

Eddy Bresnitz: R-O-T-H-H-O-L-Z, American Pharmacists Association.

Reva Winkler: Right, OK.

Eddy Bresnitz: And he's actually an NVAC member right now.

Reva Winkler: OK. Yes, the name is familiar to me. I now know who you mean. OK, so yes we'll reach out and we'll see if we can get something – some idea of what's going on there.

So, now that we know we're out there looking for existing measures to see what's out there, and we know there's a lot of measures but it tends to be concentrated in areas and that leaving big gaps, can you, you know, can we go back and think about other ways we might want to, you know, revise the conceptual model, you know, knowing that we want to be able to organize all of these measures into some kind of logical fashion to understand what we have and make it clear what we don't have so that the committee can then

make recommendation. That's where we're really looking for some help and guidance from you all.

Faruque Ahmed: You know, one other area that I don't say is covered, you know, we have the process and the outcome. For the process, you know, we are looking at vaccination, or there are other processes that support vaccination like the immunization registries. It might be a meaningful use. So, there might be a set of measures there on registries meaningful use. But …

Reva Winkler: OK. And then the meaningful use – OK, there are some of the meaningful use criteria. So, you think the measures for immunization registries? Interesting, OK.

Thoughts from anyone else? OK, if – you know, we've got another area that is part of this project because we are talking about making recommendations for further measure development. And so, we don't – while we maybe looking at, you know, fully developed measures as a guide to the kinds of measures we're looking for, we also can look at measure concepts, things that may not have been transformed into indicators or measures as yet but are the concepts that we could potentially think about turning into measures at some point if they – if it's felt that they would be useful enough. And this, I think, is the more creative area for searching, and we're – again, additional guidance would be particularly helpful from you.

You know, for me, one of the first things I did was look at the ACIP recommendations because as they go through the discussion of each vaccine, they talk about the effectiveness and efficacy of the vaccine in terms of certain outcomes. Each of those outcomes is a potential measure concept. Clearly, the research, it was measured to determine the results of the study. But if that's an important outcome, that could be further developed, you know, to measure outcomes at either provider or population level. That's an idea around the concept.

Also measures early in development that haven't been fully spec'd out might be a concept. So, some of your recommendations about going to pipelines would be a way of looking at concepts. A literature review that talked about,

you know, the impacts of vaccination, the effectiveness of vaccination and the relationship. There's something around the quality and immunization that gave us other measure type concepts.

And so, this one is really a little bit harder to get our arms around what we mean, and I'm really looking for your thoughts and ideas about how to characterize that and how to – you know, where we might search and how are we going to know when we find it?

Eddy Bresnitz: Well, this is Eddy. I just sent you a description of this. And so, this is what came to my mind that I just offer this sort of facilitating discussion. So – and it's a focus on a population health perspective that relates to vaccination. And what comes to mind is basically pneumococcal disease. You know, right now – and it's directly linked to at this point in time to vaccinating the pediatric population with the pneumococcal conjugate vaccine.

And the measure of – I mean there are two types of measures, obviously. There's the process measure where it will measure to what extent pediatric population has been vaccinated with, you know, the four-dose series or any dose or completion of the series usually by state is the way it works essentially, and that's important.

But it turns out that we actually have a very good measure, which is pneumococcal disease and we could see the impact of that and we have some impact very immediately both after the introduction of the seven-valent conjugate vaccine and more recently, the newer vaccine. And even more importantly, we assume the benefit model in directing the population of children who haven't vaccinated which are the age of 5 for the most part at least not from an age perspective. There are some older supplemented.

But we've also seen an incredible indirect herd protection on adults throughout the adult, you know, population. And we assessed that, you know, although we have state-based population measures for uptake, our assessment of the impact, I mean sort of the outcome, is based actually on our surveillance systems and we may be see active bacteriological, I don't know, which is

essentially a representative in about 10 states and/or metropolitan areas where we've coverage.

But we're not – we don't measure per se state-based outcome. So, that's what I thought about when we thought of, you know, about – thinking about and some sort of population. And it's already developed except -- from an outcome perspective, we don't actually measure that outcome in each particular state. And it's probably due to the monetary issues more than anything else but possible.

Reva Winkler: OK.

Male: That makes sense.

Reva Winkler: Yes.

Male: Vaccinated at all.

Reva Winkler: Sure. I think these are all thoughts we can all, you know, explore further because that's what we're looking for your expertise to help us, you know, really think broadly about where measurement could go to facilitate improvements in immunization and where, you know, things may not be in the fully developed performance measure realm yet. But it could get there with further developmental work and concepts that are useful at those as, you know, accountability at the provider level but perhaps even in accountability at the population health level.

Any thoughts from anyone else?

Faruque Ahemed: No. I was just thinking about when you mentioned evidence and the ACIP's recommendations. ACIP has recently adopted the GRADE system for processing the quality of evidence.

Reva Winkler: Right.

Faruque Ahemed: So, the more recent recommendations have an evidence grade on the ACIP Web site.

Reva Winkler: Great, OK. That's good because, you know, we will want to be sure we assess the evidence that is associated with any of the potential measures and measure concepts. So, thank you for pointing that out; that's great.

Thoughts from anybody else?

Jody Sachs: This is Jody. So, I have a quick question for you, Reva and Juliet. Once we identify what the measures are that are out there, we do the environmental scan. How does this relate in big picture to standards to future standards? Where does it fit in overall to develop those future standards?

Reva Winkler: Well, I think that what we're doing is setting the ground work of what the current status is. And the recommendations from the committee will be on where we need to go in the future. The recommendations are intended to drive future development.

You know, I'll ask Wendy if she's going to add to this but the understanding with this contract is that the recommendations for measure development or things that CMS can take and put in to their developmental work that they have pretty well organized for developing performance measures. And so, that's where we're going to get our future measures. And so, they have to start somewhere.

Wendy Vernon: And I think to that extent I'll just add that the more concrete the recommendations I think and the more actionable is what folks are really looking forward to really guide the field. So, I think, you know, from the conversation, this one is really ripe. For that, if you, if you can get to the prioritization views, I mean there's a lot to talk about but I think those prioritization is so critical in terms of what Reva mentioned and where are you going to have the highest impact if you have measures in different areas.

Reva Winkler: Right. OK. Any thoughts from anybody else?

Faruque Ahmed: You know, we have the provider – we have the provider and the population health measures. When it comes to the actionable – you know, who is the accountable unit, I was thinking, you know, on the population has – I mean who's actually accountable for it?

Reva Winkler: Again I think that's a discussion point and to us, it's certainly NQF has on going work around population health. We've certainly endorsed measures for population health. Again, I think you're talking about accountability of more of the public health system, the communities depending on, you know, how the measures are specified, they maybe a state. So, those would be your accountable entities.

Admittedly, it is a different flavor than the provider level accountability. But nonetheless, it does help drive, you know, public health agendas and what communities do to improve community performance on measures. And, you know, to improve healthy communities.

So, it isn't this as easy to get your arms around thinking about population health, but it is still part and parcel, particularly in the area of immunization, an area that has a tremendous impact on immunization. And we need to be sure they'll encompass, all of those folks as well.

Roger Baxter: So, when you say – this is Roger. When you say provider, you mean individual providers, hospitals, medical care organizations, insurance companies, medical groups, et cetera. Right?

Reva Winkler: Exactly.

Roger Baxter: You mean everything.

Reva Winkler: You know, the provider is the caregiver entity, if you will, and it could be, depending on the measures, specified at an individual physician or clinician or an individual clinic or an individual community health center or an individual hospital for some of the hospital-based measures, or it might be a health plan, a health system, an ACO.

You know, all of those levels of analysis are potential depending on where it's perceived to be the greatest leverage point. So, but that's what we mean by provider level as opposed to population level where the denominator tends to be geographic and not patients seen or cared for by the provider but instead all residents in a city or state, a community, something like that.

And the two work hand in hand or we hope they can become synergistic, far more synergistic than we've seen in the past. But immunization, I think, is one area that's well ahead of other areas of healthcare because we certainly see a great – I mean it's a huge part of the public health system. And getting things to work synergistically is probably the bigger challenge. So that's what we mean, you can measure both aspects that are – have the efforts towards improving immunization.

Faruque Ahemed: I have one question about hospitals; the measures for patient as well as measures for staff and healthcare workers. So, for staff, would you put it under the provider or the population has category?

Reva Winkler: Well, that's a real good question and thank you for raising it. So, you know, I'm certainly familiar with the healthcare influenza immunization and that's typically by facility. So, I mean, you're right, it's not exactly the same provider but it's not geographic. So, it sounds more like that but you're right it may be a special situation. It may not fit exactly. We may have to pull it out as its own thing. But I think …

Roger Baxter: Well, I mean when you talk about, you know, population health, you're talking about an ability to measure more than you are – about an ability to enforce vaccination for instance; whereas within a provider entity you may be able to say well we want you to have this rate of vaccination. I don't think you're talking about that in public, population health measures, are you?

Reva Winkler: Well, again, I think perhaps the methods are different, but the end goal is the same and that's improving the vaccination rate across the board. So, the different – the two sides may use different leverage points. You know, the population health side maybe much more about community education making, you know, immunizations more accessible, whatever. You know – and the provider side is a little bit more driven by the traditional medical model of, you know, did the provider do the right thing? But I think there are different ways of achieving the end game which is, you know, appropriate vaccination across the board. So …

Faruque Ahemed: I'm thinking whether the term provider is the right term because we are going…

Reva Winkler: OK.

Faruque Ahemed: … to lump in, you know, a broader range of measures under provider.

Reva Winkler: Sure, I'm definitely open to, you know, different words. I heard you on the age grouping. I used the terms that CMS used in our statement of work. You're right, in terms of needing to define what those age bands are, I personally think elderly, I'd much rather call it senior or something if you're a little more friendly considering I'm getting real close to that age range.

And so, again, I think that's something we would want your input on. We can start out with the immunization schedule recommendations and see if we can come up with some, you know, age groupings, but again I think that's where your advice. It will be critical to kind of getting it right and certainly you want to – if you've got a better word for provider, I'm all ears.

I was just trying to differentiate between geographic denominators and– patients associated with the traditional healthcare system in which there is an accountable entity that, you know, is providing the care. Because those traditionally, the denominators, are the patients that are either seen, hospitalized, or enrolled and cared for by the entity.

Eddy Bresnitz: This is Eddy. I'm going to have to run.

Reva Winkler: OK.

Eddy Bresnitz: It's been a good discussion. I'm not sure about providers so accepted that coming up with a new term might be a little bit difficult. You know, what popped into my mind was healthcare deliverer, but I think that's too much of a mouthful, frankly, and it may not capture at all. So, maybe we can think of – I'll think about that. Anyway, I'm sorry that I have to run early…

Reva Winkler: No problem. Thanks so much for joining us and your contributions. We really appreciate it.

Eddy Bresnitz: OK, thank you.

Reva Winkler: We'll be ...

Eddy Bresnitz: Yes?

Reva Winkler: We'll be communicating by email and off line, so feel free to send any questions or input or if you have any other thoughts, please share.

Eddy Bresnitz: OK, thank you. Bye-bye.

Reva Winkler: OK. Any other thoughts from the advisers in terms of what we're trying to do because our next steps, what we'll do is incorporate what you've – the advice you've given us, trying to see if we can make some modifications, some revisions, and then we're going to want to send it out to you and give you a chance to really think about it some more and give us your thoughts on an ongoing basis.

We will want to finalize at least the initial draft by early December so that we can, you know, make our first deliverable. And then that will be – we'll take that to the full committee, you know, for further input but it will be much more around organizing it and starting to identify the gaps in measurements.

So, we will want you to – don't hesitate to send us in any thoughts, contact us anyway you'd like – email, phone calls, you know, we're here with all ears. We want to, you know, make this as useful for the committee and the project as possible.

Perhaps, there might be time to get any thoughts from any of the audience members who are listening in and feel free to ask us questions of your thoughts. Anything, we're open for comments.

Juliet Feldman: Operator, can you please prompt participants, public participants, to ask questions.

Operator: At this time, if you would like to ask a question, please press star one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

You have a question from Angie Bricco.

Reva Winkler: Hi there.

Angie Bricco: Hi there. I'm Angie Bricco with Sanofi Pasteur. Thank you so much for sharing this wonderful information. As we were talking about the provider and how to better define that area, one comment came to mind and that is, you know, thinking about the interdependence of the different providers, whether it'd be in a primary care setting versus a hospital versus a pharmacy or a community provider, you know, how those measures might interact and/or we might have gaps at certain levels in measurements. For instance, there might be a hospital quality measure for pneumo and flu that's maybe a little bit more robust than maybe in the provider office.

So, I just wonder while you're doing your environmental assessment how you might think about, you know, assessing the gaps maybe at a different provider level and how we – so we can better coordinate that. So, I think that's a key need.

Reva Winkler: OK, thank you. I think that comes under the sort of alignment but, again, making all of the measures fit together and work together. So, thank you for raising that; it's terrific. Other comments?

Operator: Again, if you'd like to ask a question, please press star one on your telephone keypad. You have a question from (Anita Gerevis).

Reva Winkler: Hi there.

Anita Gerevis: Hi. Yes, this is Anita Gerevis from New York. I had sort of two comments, one was a question. When we talk about population health and the outcomes measures, how did these sort of differ from some of the Healthy People 2020 goals that have already been put together and they're out there?

Reva Winkler: I think that the Healthy People 2020 goals are potential measure concepts that could be further transformed into, you know, measures with more detailed specifications. You know, it's possible that at the population level the type of surveillance measure that's currently used might be sufficient but perhaps not.

I think as we were talking about earlier, some of these population surveillance measures are done on a sample of, you know, only a couple of states. And perhaps, we're talking about something that's important enough that we would really want it to be done by all states at the state level.

So, there's further development and further thinking to transform a goal into a performance measure with a little bit more specificity as to who is measured and how it's measured in potential data sources and things like that. But I think that's where things like the Healthy People 2020 goals are potential concepts and if they're, you know, that could be further developed into measures, particularly the outcome measures.

Anita Gerevis: Sure, OK. Thank you. That makes sense. My other comment was to kind of piggy back on what Faruque had brought up earlier which was incorporating IIS into perhaps some of the process measures.

Reva Winkler: Sure, OK.

Anita Gerevis: Because I think there's been so much work that's been done and really the use of registries is for children I think are far more advanced and ...

Reva Winkler: Right.

Anita Gerevis: ... I think that presents a great opportunity to really sort of just further along a lot of the hard work that's been done to help advance it for adult populations as well. So, it's something to keep in mind and think about.

Reva Winkler: Do you have specific recommendation for a source of measures around information systems?

Anita Gerevis: Not off the top of my head, I think that's a great question and something, you know, I can try to look into a little more and think about and discuss with their IIS team.

Reva Winkler: Yes. You know, any input, feel free to send it our way. We'd love to hear from you about that.

Anita Gerevis: Sure, absolutely.

Reva Winkler: Thank you.

Operator: Again, if you like to ask question, please press star one on your telephone keypad.

We have no further questions at this time.

Reva Winkler: We'll close it now? OK, we haven't quite taken up all the time allotted and perhaps that's fine, too. What we're hoping to do is sort of prompt some thinking around how to organize this approach to measurement for immunization. And we really would appreciate any thoughts and maybe you ponder what we've discussed over the next few days. We will be reaching out for the advisers to, you know, give you our next version, next thoughts or perhaps even specific questions to help guide us as we, you know, continue on developing the framework and doing our environmental scan.

I certainly invite anyone on the call, if you've got any thoughts that could help us gather this information, feel free to contact Juliet or myself. We really would love to hear from anybody who – your ideas. At this point, this is what's really fun about a project like this is really trying to be sure we've reached out to as many folks that could help us as possible. So, that's where we are.

I'm going to ask any of the advisers, if you have any questions or any other thoughts before Juliet tells us what the next steps are – and anybody? I'm not hearing anything. To all of you – yes, Faruque)?

Faruque Ahmed: Now we discussed about provider, you know, what is under provider and maybe at least we should define the terms provider and population health.

Reva Winkler: OK, we'll do.

Juliet Feldman: Yes.

Reva Winkler: We can do that. Definitions are always good. Any other thoughts?

All right, well, my thanks to all of you for all the help you've provided. You will be hearing from us on going. I'm going to turn it over to Juliet to discuss our next steps.

Juliet Feldman: In terms of next steps, we've pretty much covered it. As I said in the beginning of the presentation, our nominations period closed, our community nomination period closed, and our committee will be seated in mid December. As Reva mentioned, the draft conceptual framework and draft environmental scan are due to HHS in mid December so we will be reaching out to the advisers before then to share the updated framework based on your feedback today.

And if you may, while these dates listed on the slide, especially the in-person meeting, are particularly set in stone, but if you could please check your calendars and let me know as soon as possible if those dates don't work for you. That would be most appreciated. And on the last slide, Reva and my contact information, our e-mail addresses were the first box on the top there. So, please feel free to reach out to us anytime. And …

Faruque Ahmed: What's the location of the in-person meeting? Is it Washington D.C.?

Juliet Feldman: Yes, yes. It will be at the NQF offices.

Robert Baxter: And these are the same slides that was sent out earlier on? So, we have the slide with your names on it?

Juliet Feldman: Oh yes, yes. And they will be posted on the project webpage as well. Any other remaining thoughts?

Well, again, thank you so much for your time. We really appreciate your feedback and you'll be hearing from us shortly, soon.

Reva Winkler: Thank you so much.

Female: Thank you very much.

Female: All right.

Operator: Thank you, Juliet. And with that, we will be closing today's meeting. Please note that this has been a copy righted recording for the National Quality Reform with all right reserved. You may now disconnect.

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