OUTLINE

I. Background
II. 2017 National Adult and Influenza Immunization (NAIIS) Highlights
III. Working Groups
IV. Accomplishments
I. BACKGROUND
BACKGROUND

• **Goal:** to convene stakeholders to identify priorities and actions aimed at increasing adult and influenza vaccination rates
• Established in 2012
• **Lead Organizations:** Immunization Action Coalition (IAC), CDC, and NVPO
• Work done throughout the year through working groups
  - review past year accomplishments and gather input/feedback for upcoming year

[Logo]

www.izsummitpartners.org
II. 2017 NAIIS HIGHLIGHTS
NATIONAL ADULT AND INFLUENZA IMMUNIZATION SUMMIT MAY 9-11, 2017

• 350+ participants from 150+ represented organizations across federal agencies, local & state health departments, professional associations, foundations, networks, academia, and corporations attended the Summit

• Health systems meeting afternoon of May 8, 2017 cosponsored by NAIIS and AMGA
  – Discussed issues of adult vaccine implementation specific to HC systems, challenges and solutions
  – Follow-up will include a white paper and summary of some best practices and possible webinar

• Level-setting sessions on quality measures, clinical decision support, vaccine storage handling and administration challenges, using Adult Vax View, and MACRA, MIPS, and APMs
NATIONAL ADULT AND INFLUENZA IMMUNIZATION SUMMIT MAY 9-11, 2017

• May 9, opening session included Dr. Jewel Mullins, NVPO, Dr. Nancy Messonnier, CDC, and Dr. Carolyn Bridges, CDC
• Keynote by Dr. Mimi Huizinga, Premier, Inc. “Improving Adult Immunization Rates as a Priority for Prevention in US Healthcare Changes”
  − Highlighted the substantial challenges and partners within a health system to implement an adult immunization workflow effectively
  − Even with very dedicated champions, over 1 year to put systems into place, including changes to IT
SESSIONS AT NAIIS FOCUSED ON

• Implementing Adult Immunization in Healthcare Systems
• Collaboration and Coordination of Complementary Access Points for Adult Vaccinations
• Economics of Providing Adult Vaccination Services
• Update and Progress in Utilizing EMRs and IIS to Improve Adult Immunizations
• New Technology and New Vaccines on the Horizon
• Updates From CMS on MACRA, billing/coding, and QIN/QIO work
• Influenza vaccine and surveillance updates and hot topics influenza
• Reports from vaccine manufacturers
• Annual NAIIS Immunization Excellence Awards
III. WORKING GROUPS
WORKING GROUPS

Provider & Access
- Co-leads: Carolyn Bridges (CDC), Debra Hawks (ACOG), Kimberly Martin (ASTHO), Mitch Rothholz (APhA), Litjen (L.J.) Tan (IAC), Selam Wubu (ACPC)

Influenza
- Co-leads: Amy Behrman (University of Pennsylvania), Tom Fitzgerald (IHRC), Kelly McKenna (EverThrive Illinois)

Quality & Performance Measures
- Co-leads: Amy Groom (IHS), Angela Shen (NVPO), Sharon Sprenger (The Joint Commission), Lauren Lemieux (ACOG), Sam Stolpe (Scientific Technologies Corporation)
PROVIDER & ACCESS

• Developed and published on-line billing and coding resources for adult vaccination to reduce errors:
  − Top questions and answers regarding coding and/or billing
  − Scenarios/how to code and bill for adult vaccines, and
  − Billing and coding resources identified or provided by Summit partners: medical associations, public health, and vaccine manufacturing.

• One-pager on immunizations activities and MIPS points

• Updated disparities fact sheet - adds disparities in Tdap vaccination of pregnant women on Medicaid

• Working toward updating of IIS brochure and/or key points highlighting the benefits to patients and providers for using the IIS

• Slide sets page visited about 90 times per month! Update pending
INFLUENZA

• Created, published and piloted checklist for best immunization practices for vaccination clinics held at satellite, temporary, and offsite locations
• Created and published pledge and honor roll for organizations using checklist.
• Published FAQ’s to facilitate use of checklist and pledge.
• Created and published one page summary of principles underlying checklist
• Publicized checklist and pledge to NAIIS, Association of Immunization Managers, and One and Only Campaign Partners
• Conducted webinar on the checklist and its need for the NAICP
• Conducted CDC Immunization Netconference webinar 5/2/17
QUALITY & PERFORMANCE MEASURES

• Developed maternal immunization measure draft

• Identifying pathways for potential implementation of maternal immunization measure and an adult composite measure
  – Maternal immunization composite measure is being tested by NCQA
  – NVPO has announced intent to solicit a contract for evaluation and testing of an adult composite measure
  – Working with CMS to explore feasibility of developing immunization quality measures for the Medicare ESRD program

• NVPO is conducting analyses of vaccine coverage through a CMS-NVPO collaboration on Medicare claims
IV. ACCOMPLISHMENTS
ACCOMPLISHMENTS OF THE NAIIS

• An informed immunization community that is better able to communicate and collaborate at the local, state, and national level
• Model of effective partnership
• Identification and improved granularity regarding key drivers and barriers to adult vaccine implementation, data gaps, and needs
• Annual awards identifies best practices and champions
• Updated working groups based on feedback from Summit partners
• Consolidated Provider and Access and Collaborations working groups
• Created Influenza Working Group
• Continued Quality Measures Working Group
• Retired Patient Education WG → provide regular communication updates
• First meeting of healthcare systems to identify facilitators and barriers specific to healthcare system implementation
SUMMARY AND NEXT STEPS

• Recurring themes
  - Improve providers’ ability to see their own vaccination performance data
  - Increase use of IIS and IIS/EMR interoperability
  - Quality measures would help as motivator for systems change
  - Billing and reimbursement more an issue with OBGYNs than PCP
  - State level policies in some states result in barriers for some providers, especially pharmacies

• Next steps
  - Review and summarize meeting evaluations
  - Summarize information on priorities from WGs and develop work plans for the coming year
  - Healthcare systems follow-up and white paper
Updated Adult Quality Performance Measures

Angela K. Shen, ScD, MPH
CAPT, US Public Health Service
National Vaccine Program Office

Amy Groom, MPH
Indian Health Service (IHS)

June 6, 2017
5 Things to Consider for Measure Development

- Importance
- Feasibility
- Implementation
- Data Source
- Level of Measurement
# Federal Quality Improvement Programs

<table>
<thead>
<tr>
<th>Hospital Quality</th>
<th>Physician Quality</th>
<th>PAC Quality</th>
<th>Payment Models</th>
<th>Population Health</th>
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</thead>
</table>
| • Meaningful use EHR incentive  
• Inpatient quality reporting  
• Outpatient quality reporting  
• Ambulatory surgical centers  
• Readmission reduction program  
• HAC payment reduction program  
• PPS-exempt cancer hospitals  
• Inpatient psychiatric facilities | • Merit-based Incentive Payment (MIPS)  
• Maintenance of certification | • Inpatient rehabilitation facility  
• Nursing Home Compare measures  
• LTCH quality reporting  
• Hospice quality reporting  
• Home health quality reporting | • Medicare Shared Savings Program (ACOs)  
• Hospital value-based purchasing  
• Physician Feedback  
• ESRD QIP  
• Innovations Pilots | • Medicare Part C  
• Medicare Part D  
• Medicaid Adult Core Measures  
• Medicaid Child Core Measures  
• Health Insurance Exchange Quality Reporting System (QRS) |
**HEDIS AS A PATHWAY – WHAT CAN LAND IN 2019?**

<table>
<thead>
<tr>
<th>HEDIS 2017 Measures</th>
<th>Applicable to:</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Commercial</td>
<td>Medicaid</td>
<td>Medicare</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>EFFECTIVENESS</td>
</tr>
<tr>
<td>Flu Vaccinations for Adults Ages 18-64</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu Vaccinations for Adults Ages 65 and Older</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Vaccination Status for Older Adults</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
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*Source: HEDIS 2017 Measures*
PQA’S CURRENT MEASURE CONCEPTS

- **Immunization Information System Reporting (IISR)** [Seeking measure testers]
  - The percentage of claims for administered adult vaccinations that are recorded in Immunization Information Systems

- **Companion Medication Therapy Management (MTM) Measures** [PQA QMEP Review]
  - **Immunization Status Assessment within MTM**
    - The percentage of adult health plan members who met eligibility criteria for medication therapy management (MTM) services who receive an immunization status assessment within the eligibility period
  - **ACIP Compliance following Immunization Status Assessment within MTM**
    - The percentage of immunization status assessments completed in an adult health plan MTM eligible member population that are documented as ACIP compliant

- **Up-to-date Vaccination Status for Persons with Diabetes** [early development]
  - The percentage of adult patients with diabetes mellitus who are up to date on all routinely recommended Advisory Committee for Immunization Practices (ACIP)/Centers for Disease Control and Prevention (CDC) vaccinations.
CURRENT WG ACTIVITIES

**QPM WG Charge:** to examine performance and quality measures and evaluate using such measures to motivate healthcare providers*

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Composite Measures</th>
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<tr>
<td>Maternal Immunization</td>
<td>Tdap and influenza</td>
</tr>
<tr>
<td>Adult Immunization</td>
<td>Tdap, pneumococcal, and zoster (influenza is under consideration)</td>
</tr>
<tr>
<td>End-Stage Renal Disease</td>
<td>Influenza, pneumococcal, and Hepatitis B</td>
</tr>
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</table>

CURRENT STATE – WHAT WE KNOW

• Coverage for adult vaccines is low
• Testing and development of immunization measures are occurring
• Current adult immunization measures are mostly limited to influenza and pneumococcal
### NAIIS QPM WG BREAKOUT SESSION: TAKEAWAYS

#### General Feedback:
- Too many measures; need to ensure alignment of measures during reporting and/or reduce the number of measures requiring
- Shifting to electronic reporting from survey-based reporting (e.g. CAPHIS)
- Data Quality Issues
  - What kind of data are available?
  - IT/data analytics
  - Validity of comparison (e.g. different age distributions for different providers)

#### Question: Should influenza be included as one of the Adult Composite measures?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Coverage remains low; existing data gap</td>
<td>Multiple access points of influenza vaccine may generate more missing/duplicative data</td>
</tr>
<tr>
<td>Continue the momentum for adult immunization providers to do more in addressing missing data and/or recommending applicable vaccines during the seasonal influenza campaign period</td>
<td>Different provider set for flu</td>
</tr>
<tr>
<td>Conversion from survey-based to electronic reporting</td>
<td></td>
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<tr>
<td></td>
<td>o Specialists vs. primary care</td>
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QUESTIONS?
MATERNAL IMMUNIZATION SUBGROUP

• Maternal Composite Measure
• Testing currently underway with National Committee for Quality Assurance (NCQA)
• Goal: Incorporation into the Healthcare Effectiveness Data and Information Set (HEDIS)
• Public comment early 2018
MATERNAL IMMUNIZATION (CONT’D)

Measure Development Activities & Timeline

Review Evidence
Winter 2017

Clinical guidelines supporting influenza and Tdap vaccines for pregnant women

Consider how vaccinations fit within overall pregnancy health recommendations

Field Testing
Spring/Summer/Fall 2017

Collect and analyze data from a variety of health plans and data sources

Stakeholder Feedback
Ongoing

Test sites
Advisory panels
Public comment

Seek Approval
Winter/Spring 2018

Committee on Performance Measurement
NCQA Board of Directors
ADULT IMMUNIZATION SUBGROUP

- Discussion on components v. composite in feasibility and likelihood of adoption
- Update of testing and timelines at future working group meeting

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>Vaccine Components Included</th>
<th>Optional</th>
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<tbody>
<tr>
<td>19-59</td>
<td>Tdap ever; Tdap or Td within 10 years (Tdap/Td)</td>
<td>Influenza</td>
</tr>
<tr>
<td>60-64</td>
<td>Tdap/Td; Zoster*</td>
<td>Influenza</td>
</tr>
<tr>
<td>≥ 65</td>
<td>Tdap/Td; Zoster; Pneumococcal polysaccharide-23 (PPSV-23) or pneumococcal conjugate (PCV-13)</td>
<td>Influenza</td>
</tr>
</tbody>
</table>

*to/will align with ACIP recommendations
END STAGE RENAL DISEASE SUBGROUP

• Influenza - CMS testing data this Fall
• Hepatitis B - Understanding CMS TEP concerns and challenges to feasibility
• Pneumococcal - Unclear how can this be constructed for this Medicare beneficiary population?
• Develop and provide recommendations to CMS ESRD, ESRD QIP, ESRD Networks