

Update on The National Adult and Influenza Immunization Summit (NAIIS) Activities

Carolyn B Bridges, MD
Medical Consultant to IAC
Co-chair NAIIS Access and Provider Work Group
Former NAIIS Co-Chair

Presenting on behalf of NAIIS

The National Adult and Influenza Immunization Summit (NAIIS)

- Formed in 2012 to build upon the strategies and successes of the National Influenza Vaccine Summit
 - IAC, CDC and NVPO, as lead organizations, developed a MOU for NAIIS
 - MOU establishes NAIIS Organizing Committee
 - AAP, AAFP, AAPA, AANP, ACP, ACOG, AMA, AMGA, ANA, APhA, GSA, IDSA, NFID
 - AIM, NACCHO, AIRA, ASTHO, BIO also participate as SOC liaisons
- Work done throughout the year by working groups
- Over 800 participants representing about 140 public and private entities



The Summit Organizing Committee (SOC)

- SOC members included based on their intellectual contributions to meeting agenda planning, and leading and participating in working groups
- SOC members works to further the goals of raising awareness about ACIP recommended adult immunizations and influenza vaccine and raising coverage

Summit Working Groups and Co-Leads

- Access and Provider
 - Co-Leads: Carolyn Bridges and L.J Tan, IAC; Debra Hawks, ACOG; Kim Martin, ASTHO; Mitch Rothholz, APhA; Salem Wubu, ACP; and Pam Carter, AAFP.
- Influenza
 - Co-Leads: Amy Behrman, U Penn; Kelly McKenna (EverThrive Illinois); and Amy Parker Fiebelkorn, CDC.
- Quality Measures
 - Co-Leads: Ilka Chavez, NVPO and Megan Lindley, CDC.
- Thank you to all these wonderful volunteer leaders!



NAIIS In-Person Meeting May 14-16, 2019, Atlanta, GA

- Theme: Improving access to adult vaccinations
- 317 attendees
- Pre-meeting sessions on new HEDIS measures, update on IIS for adults, vaccine storage and handling, and operationalizing adult vaccination payment
- Keynote by RADM Sylvia Trent-Adams, Principal Deputy Assistant Secretary for Health
- Sessions focused on:
 - Reducing disparities and increasing access for vulnerable populations
 - Best practices for adult vaccination implementation in
 - Healthcare systems
 - State immunization programs
 - New vaccines in pipeline

NAIIS In-Person Meeting May 14-16, 2019, Atlanta, GA

- Influenza
 - Updates on surveillance, vaccine coverage and effectiveness
 - Hot topics in influenza panel discussion
 - Communications update and challenges
 - Vaccine manufacture updates regarding supply
- Perspectives from adult and pediatric providers, AMA and NMA, APhA, AMGA, Families Fighting Flu, NIH, and CDC
- Working group breakout discussions re: future activities
- Awards luncheon celebrating immunization champions and innovation in influenza and adult vaccines implementation

Accomplishments of the NAIIS – Access and Provider Work Group

- Maintain on-line billing and coding resources for adult vaccination to reduce errors
- Conducted in-person meeting in collaboration with AMGA Planning regarding implementation of adult immunizations in healthcare systems
 - Meeting summary highlighting best practices drafted
- Adult immunizations business case drafted
 - Strengthened by recent CDC and NVPO-funded studies on costs of providing vaccination services (RTI) and claims rejections (U Michigan)
- Updated IIS “benefits for patients and providers” brochure
 - Brochure for pharmacists in development
- NACHC funded to Identify Policy Barriers and Potential Solutions to Improving Vaccine Access in FQHCs

Proposed Future Activities Under Consideration – Access and Provider Work Group

- Revisit provider organization support for CPT Code for adult vaccination counseling when vaccines not administered
 - Need supported by RTI/CDC/NVPO study findings
 - Revise and resubmit to AMA
- Monitor impact of new HEDIS measures, changes in other adult vaccine quality measures, and reduction in Healthy People 2030 vaccinations measures
- White paper on findings from NACHC funded project to identify policy barriers and potential solutions to improving vaccine access in FQHCs
- Identify ways that NAIIS can contribute to improving use of IIS for adult and influenza vaccinations

Accomplishments of the NAIS – Influenza Work Group

- Developed and published “*Guidance for Leaders/Administrators in Post-Acute and Long-Term Care Facilities Who Plan to Improve Staff Influenza Vaccination Compliance through Vaccination Requirement Policies*”
 - Conducted stakeholder meeting October 2018
 - Guidance published August 2019 in conjunction with AMDA's updated policy on requiring flu vaccination for HCP in post-acute and LTCFs.
 - Developed complimentary checklist and FAQs
 - Honor roll specifically for LTC/assisted living facilities that have influenza vaccination requirements for HCP

<https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/>.



Accomplishments of the NAIIS – Influenza Work Group, cont.

- Updated checklist for best immunization practices for vaccination clinics held at satellite, temporary, and offsite locations
 - Honor roll and pledge available on NAIIS website
- Developed slide sets for speakers
- Working on partnerships to promote influenza vaccination, e.g. ALA MyShot campaign and Million Hearts

<https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/>.



Possible Future Activities of the NAIIS Influenza Work Group

- Continue improving and promoting our existing resources for temporary vaccination clinics and post-acute/LTCFs
- Expand partnerships with non-healthcare workplaces to increase influenza vaccination coverage in these settings

<https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/>.

Accomplishments and Activities of the NAIS – Quality Measures Work Group

- Two new HEDIS measures included in Healthcare Effectiveness Data and Information Set (HEDIS®) 2019 as first-year measures for voluntary health plan reporting
 - Adult composite: Percentage of members 19 and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal
 - Prenatal immunization measure: Percentage of deliveries in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations
- Future activities under discussion, but will include providing regular updates to WG regarding these and other adult and influenza vaccine QM

NAIIS Information and Resources

- The agenda and presentations from 2019 and past in-person NAIIS meetings and award winners can be found at: <https://www.izsummitpartners.org>.
- Resources developed by NAIIS working groups can be found on working group pages at: <https://www.izsummitpartners.org/naiis-workgroups/>.
- Influenza Vaccine Availability Tracking System (IVATS) will be utilized during 2019-20 influenza season to help providers find vaccine for purchase, if needed, at: <https://www.izsummitpartners.org/ivats/>.



HEDIS[®] Immunization Quality Measures

Sepheen Byron

Assistant Vice President, Performance Measurement

Presentation to the National Vaccine Advisory Committee

June 5, 2019



Overview

ABOUT HEDIS

HEDIS DATA REPORTING METHODS

NEW HEDIS IMMUNIZATION MEASURES

MEASURE IMPLEMENTATION

Q&A

About NCQA

It all starts with HEDIS®

Health care's
most-used tool
for improving
performance

Allows for comparison
of health plans across
important dimensions
of care and service

H *healthcare*

E *ffectiveness*

D *ata*

I *nformation*

S *et*

Desirable Attributes for Measures

Measures must balance several criteria



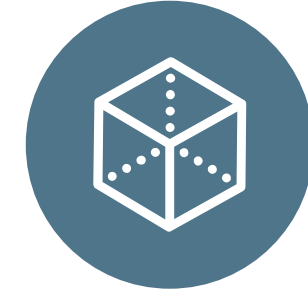
Relevant

- Meaningful to stakeholders
- Important to enhanced health
- Financial importance
- Potential for improvement
- Substantial variation



Scientifically Sound

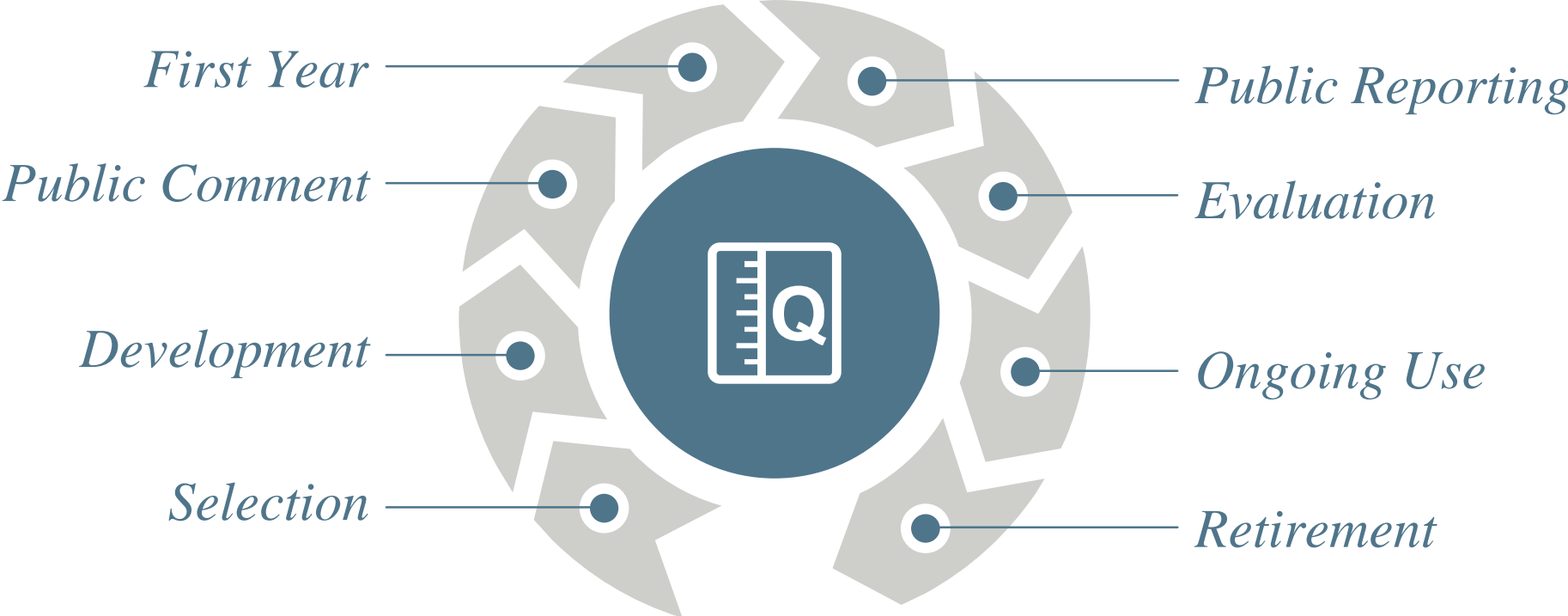
- Evidence-based
- Valid
- Reliable



Feasible

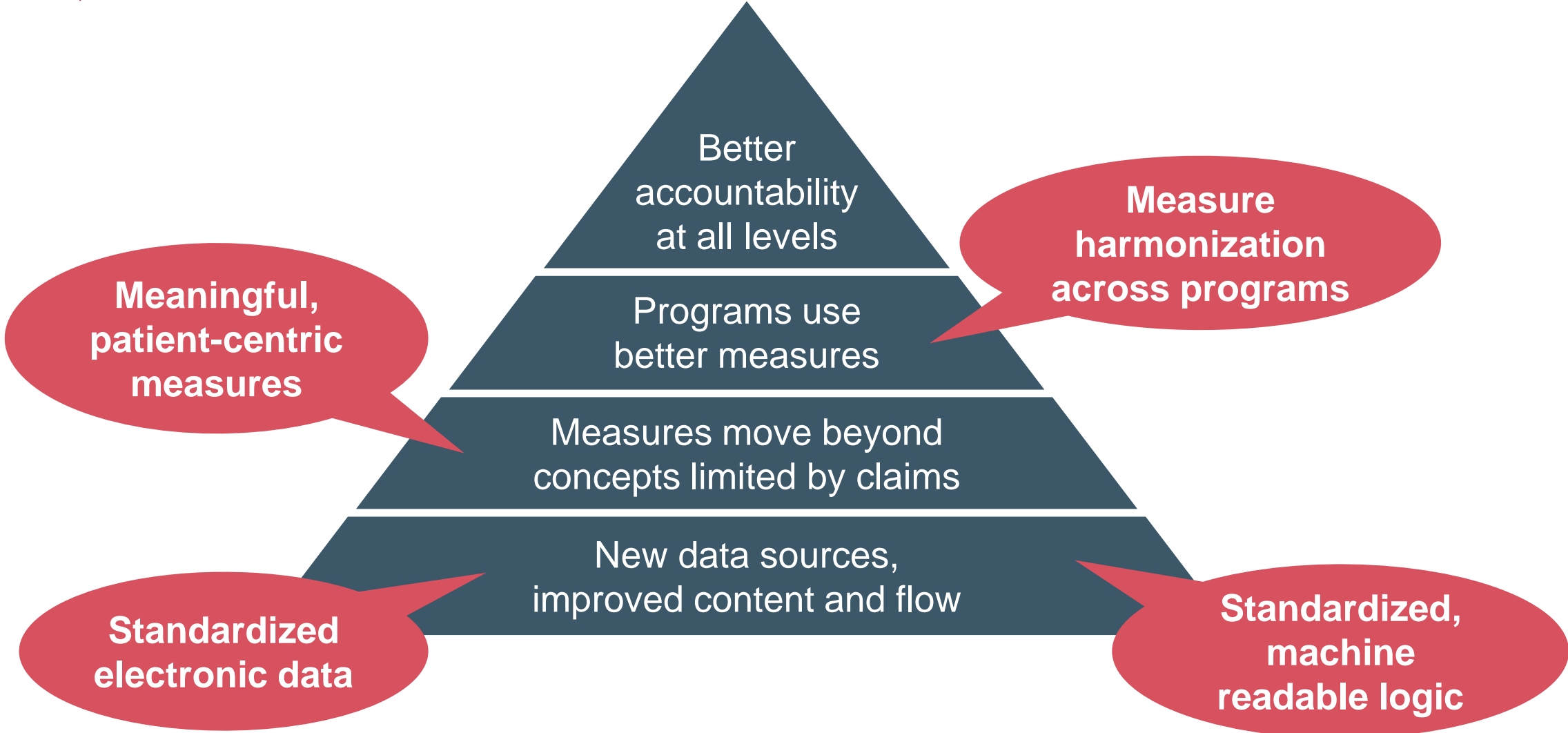
- Precisely specified
- Data available
- Reasonable collection effort
- Can be audited

HEDIS Measures Life Cycle



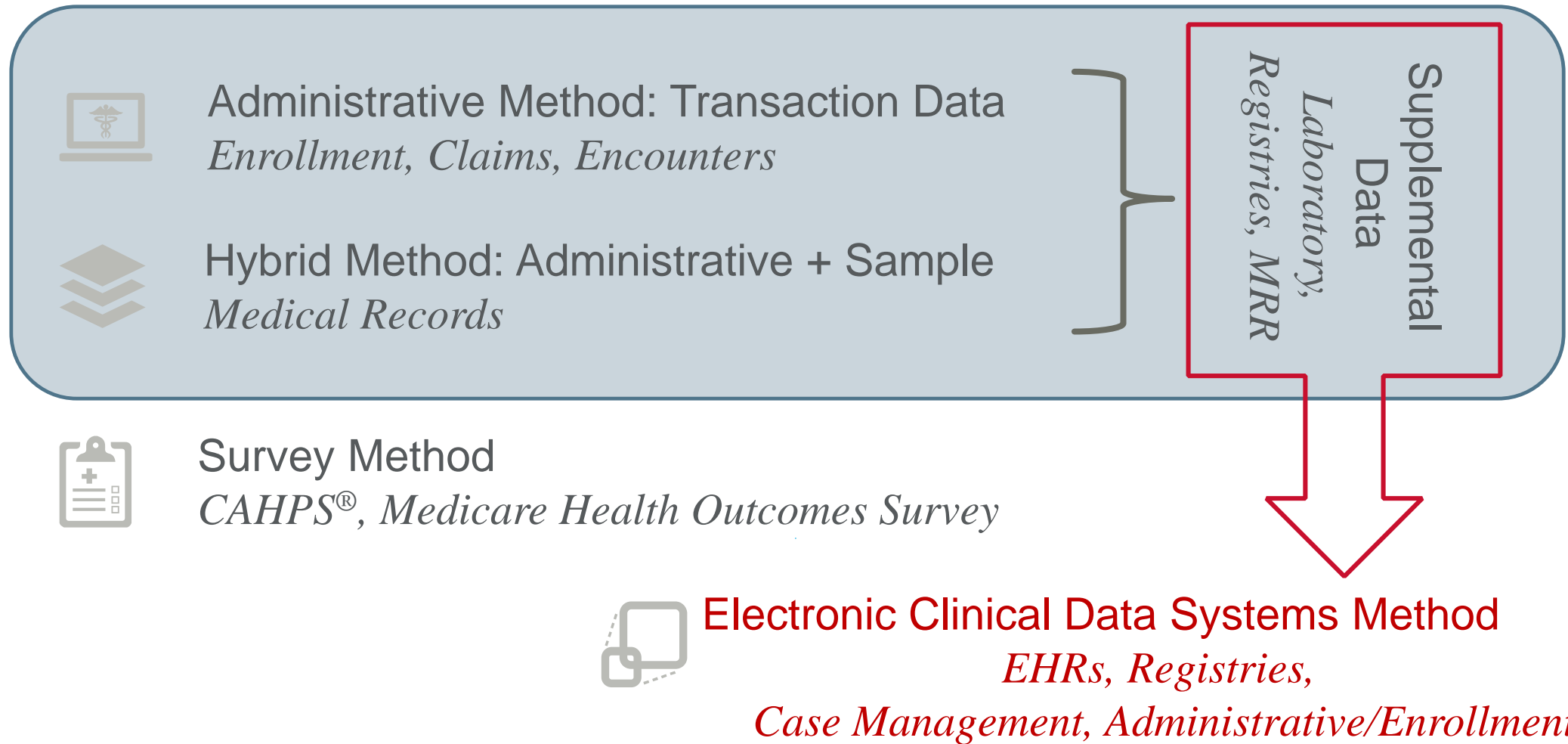
NCQA's Vision for Quality Measurement

Better data, better measures



HEDIS Data Sources and Reporting Methods

Harnessing an evolving data landscape



Electronic Clinical Data Systems (ECDS)

Reporting Standard for HEDIS

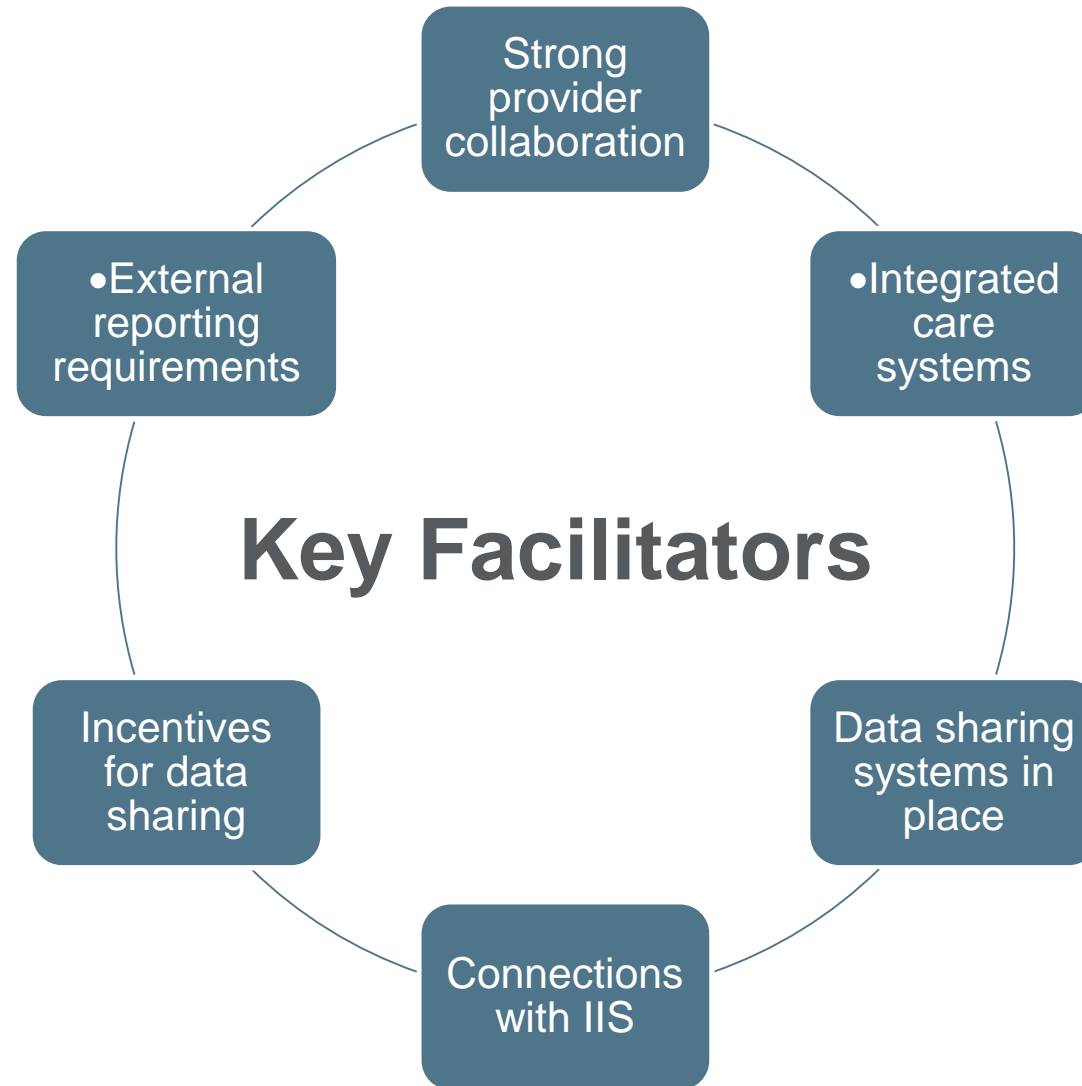
A **structured method** to collect and report **electronic clinical data** for HEDIS quality **measurement** and for quality **improvement**

What are Electronic Clinical Data Systems?

- Network of data containing a plan member's health information and records of experiences within health care system
 - Data are structured and allow for automated queries
 - Can support other care-related activities
- ▶ Data must use *standard layouts*, meet the *technical specifications* and be *accessible by the care team* upon request

More information on ECDS
<http://www.ncqa.org/ecds>

Facilitators for Collecting and Sharing Electronic Data



HEDIS Immunization Measures

	Measure Title	Data Source	Description
	<i>Childhood Immunization Services</i>	Hybrid	Vaccinations for children by age 2
	<i>Immunizations for Adolescents</i>	Hybrid	Vaccinations for adolescents by age 13
	<i>Flu Vaccinations for Adults Ages 18–64</i>	CAHPS	Flu vaccines for Medicaid members, age 18 to 64
	<i>Flu Vaccinations for Adults Ages 65 and Older</i>	CAHPS	Flu vaccines for Medicare members, age 65 and older
	<i>Pneumococcal Vaccination Status for Older Adults</i>	CAHPS	Pneumococcal vaccines for Medicare members, age 65 and older
New in HEDIS for 2018	<i>Adult Immunization Status</i>	ECDS	Vaccinations for adults, age 19 and older
	<i>Prenatal Immunization Status</i>	ECDS	Vaccinations for pregnant women

New HEDIS Immunization Measures

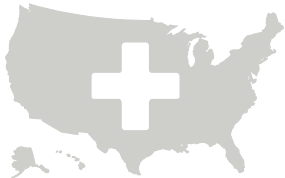
Adult Immunization Status and Prenatal Immunization Status



Guidelines recommend the following vaccines

Adults - influenza; Td/Tdap; herpes zoster; pneumococcal

Pregnant Women - influenza and Tdap



Gaps in care have been found for both adults and pregnant women



Opportunity for measures to assess health plan performance on administration of these vaccines

Adult Immunization Status

Measure Description

% of Adults 19 years of age and older who are up-to-date on recommended routine vaccines:

- ▶ Influenza
- ▶ Td or Tdap
- ▶ Herpes zoster
- ▶ Pneumococcal

Commercial, Medicaid, Medicare

Adult Immunization Status

Detailed specifications

		Commercial & Medicaid	Medicare
Influenza Rate	Influenza vaccine received between July 1 of year prior to June 30 of measurement period	19-65	
Td/Tdap Rate	Td or Tdap vaccine within the past 10 years		
Zoster Rate	1 dose of live herpes zoster vaccine or 2 doses of recombinant herpes zoster vaccine on or after 50th birthday	50-65	66+
Pneumococcal Rate	Polysaccharide AND conjugate vaccine \geq 12 months apart on or after age 60	--	
Total Rate	Percent of vaccines received out of all recommended vaccines		

Excludes adults with history of immunocompromising conditions or chemotherapy, bone marrow transplant or in hospice

Prenatal Immunization Status

Measure Description

% deliveries in which the woman received the following vaccines:

- ▶ Influenza
- ▶ Tdap

Commercial, Medicaid

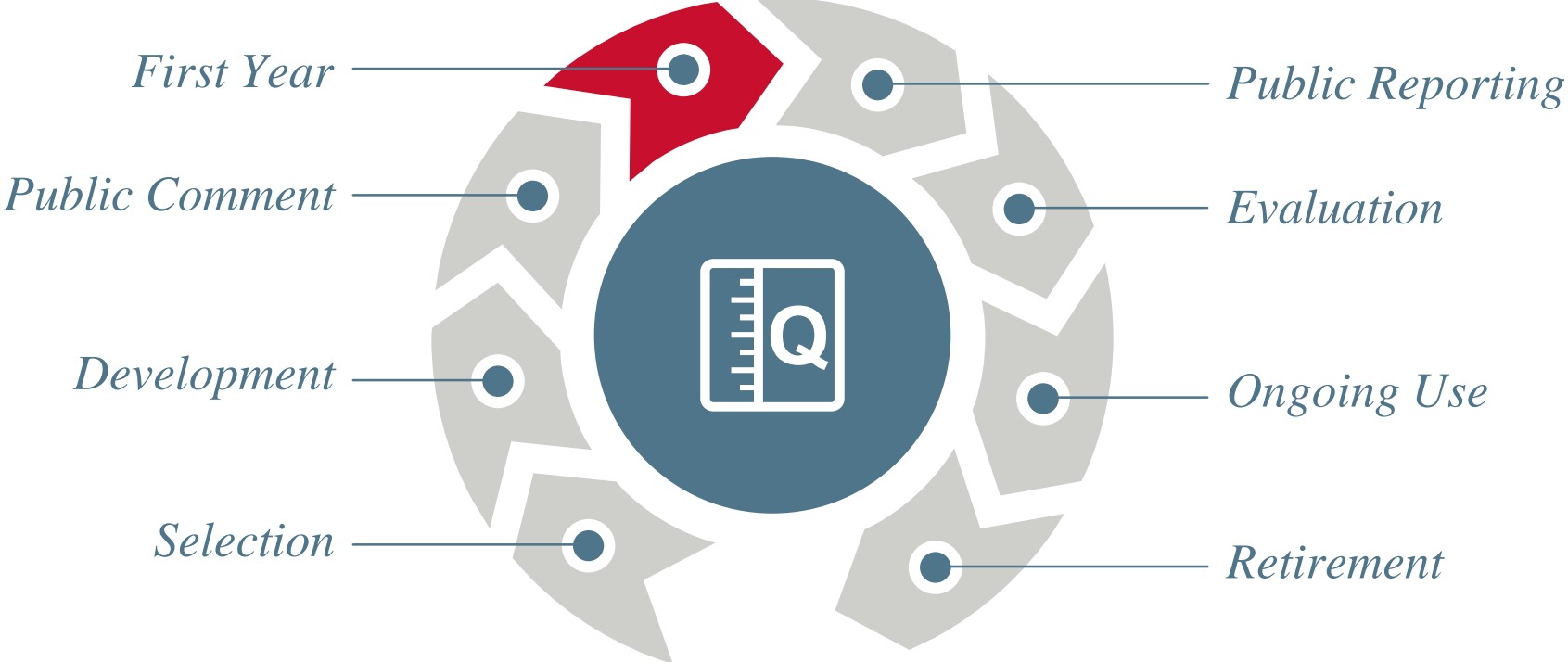
Prenatal Immunization Status

Detailed specifications

Measure Rate	Description
Influenza	Influenza vaccine between July 1 of the year prior to the measurement period and the delivery date
Tdap Rate	At least one Tdap vaccine during the pregnancy
Total Rate	Deliveries for which patients received both vaccines

Excludes deliveries with a gestational age of less than 37 weeks and patients who are in hospice or using hospice services

HEDIS Measures Life Cycle



HEDIS First-Year Analysis Process Overview

All new HEDIS measures are collected but not publicly reported for at least one reporting cycle

When assessing for public reporting NCQA considers

- ▶ Feasibility
- ▶ Opportunity for improvement

NCQA's multi-stakeholder approval panel votes to approve measures for public reporting and readiness for use in programs







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REGISTRY ASSOCIATION

Accomplishments and Promising Approaches in IIS

Rebecca Coyle, Executive Director
American Immunization Registry Association

IIS are available in all but one state and are increasingly well-populated



Measurement & Improvement



Goals



1. Provide IIS with actionable information to fully align with IIS Functional Standards and improve interoperability
2. Identify how well IIS are aligning with standards and best practices





Content Area

Transport

Submission / Acknowledgement

Query / Response

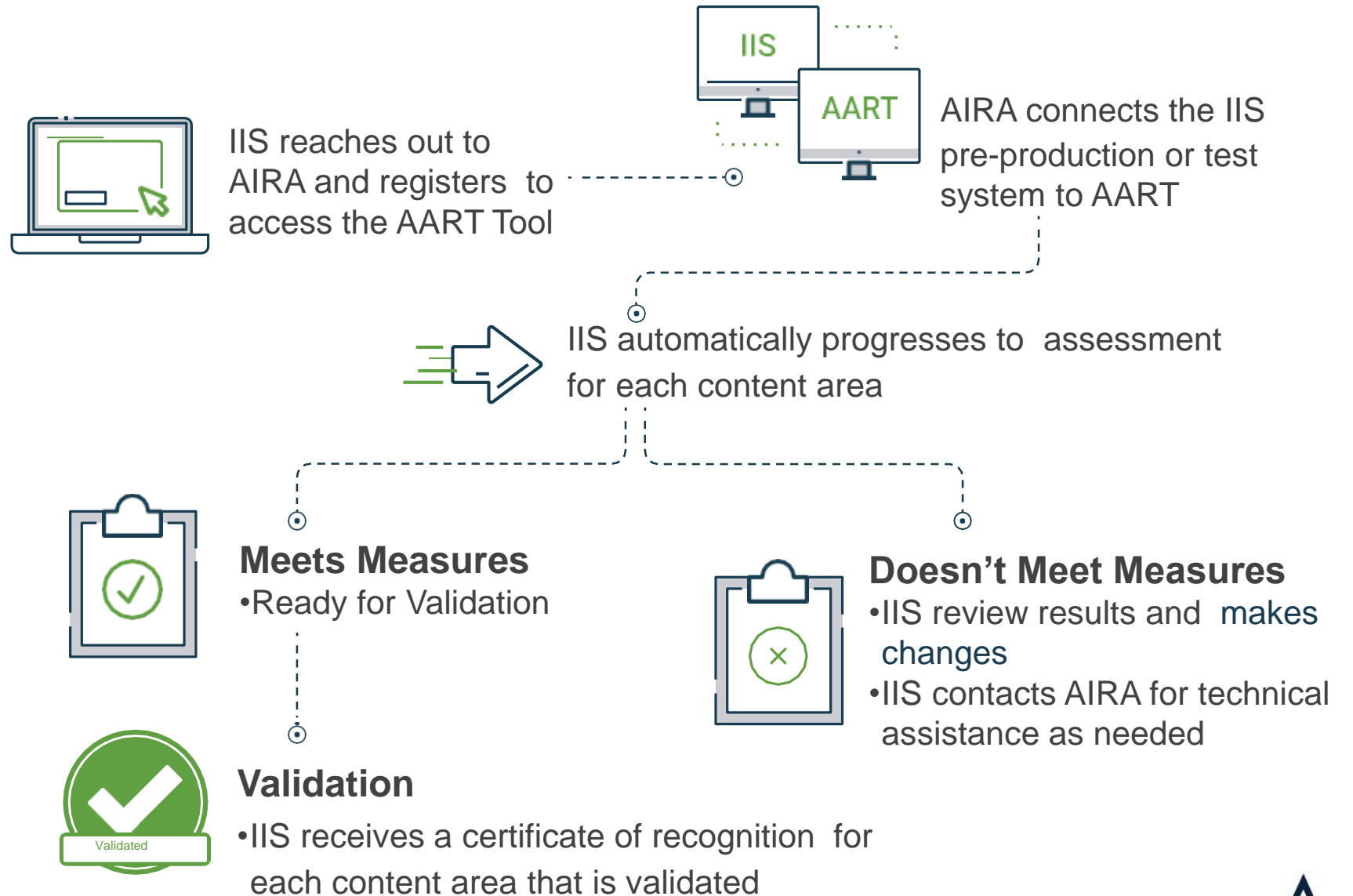
CDS

Data Quality





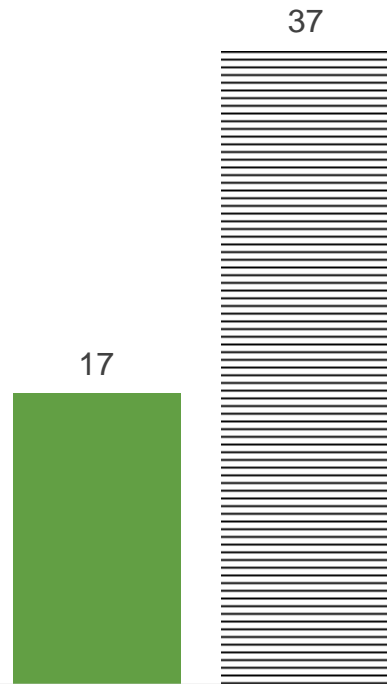
Measurement & Improvement Process



Most Importantly...

TRANSPORT

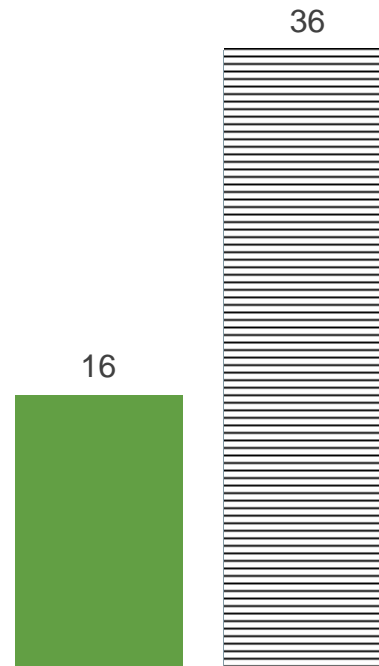
■ Baseline ≡ Q1 2019



PASS AVERAGE

HL7 SUBMISSION

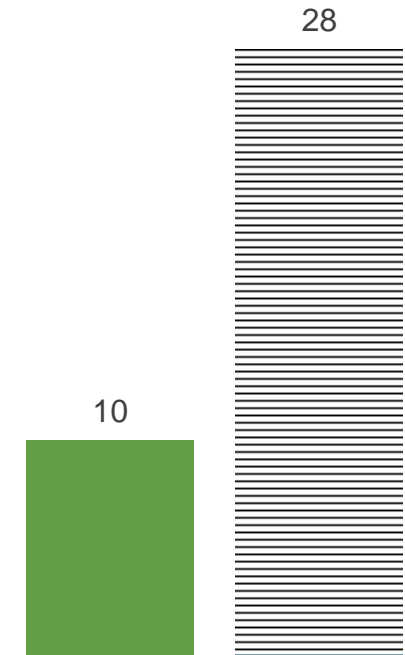
■ Baseline ≡ Q1 2019



PASS AVERAGE

HL7 QUERY|RESPONSE

■ Baseline ≡ Q1 2019



PASS AVERAGE



Validation Reports

TRANSPORT VALIDATION Basic Level



2018 – Quarter 4 Update



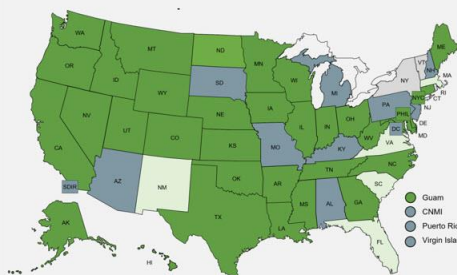
55 of 58 (95%) targeted IIS participated in Transport Validation for 2018.



41 of 55 (75%) participating IIS had a CDC WSDL available and were measured.



36 of 41 (88%) connected IIS were Validated at the basic level for Transport.



Validated Minor Differences Major Differences
Not Measured Opted out

The American Immunization Registry Association (AIRA) launched its community-driven immunization information system (IIS) measurement and improvement initiative in mid-2015, with the dual goals of providing IIS with information to more fully align with IIS Functional Standards, while also developing a summary of where IIS are as an overall network in meeting standards and best practices. This report shares the results of IIS that have participated in Validation as the third stage of the voluntary, phased measurement and improvement process.

SUBMISSION/ ACKNOWLEDGEMENT VALIDATION Basic Level



2018 – September



53 of 58 (91%) targeted IIS participated in Submission/Acknowledgement Validation for 2018.



47 of 53 (89%) participating IIS were connected with the testing process and measured.



34 of 47 (72%) connected IIS were Validated or Validated with Minor Differences at the basic level for Submission/Acknowledgement.



Validated Minor Differences Major Differences
Not Measured Opted out

The American Immunization Registry Association (AIRA) launched its community-driven immunization information system (IIS) measurement and improvement initiative in mid-2015, with the dual goals of providing IIS with information to more fully align with IIS Functional Standards, while also developing a summary of where IIS are as an overall network in meeting standards and best practices. This report shares the results of IIS that have participated in Validation as the third stage of the voluntary, phased measurement and improvement process.

QUERY/RESPONSE VALIDATION Basic Level



2018 - September



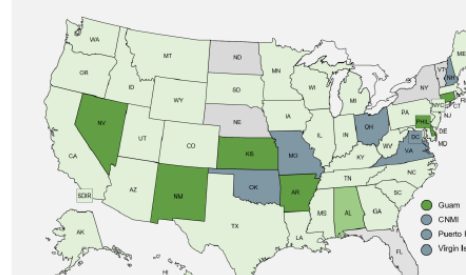
52 of 58 (90%) targeted IIS participated in Query/Response Validation for 2018.



43 of 52 (83%) participating IIS were connected with the testing process and measured.



9 of 43 (21%) connected IIS were Validated at the basic level for Query/Response.



Validated Minor Differences Major Differences
Not Measured Opted out

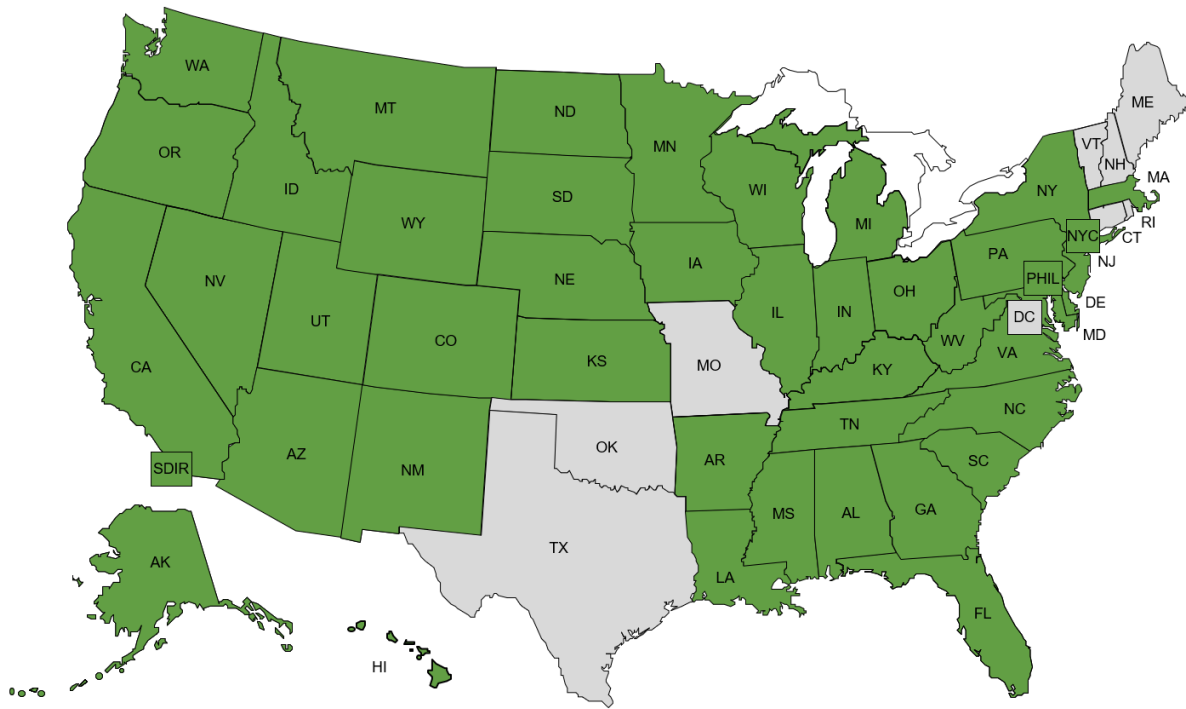
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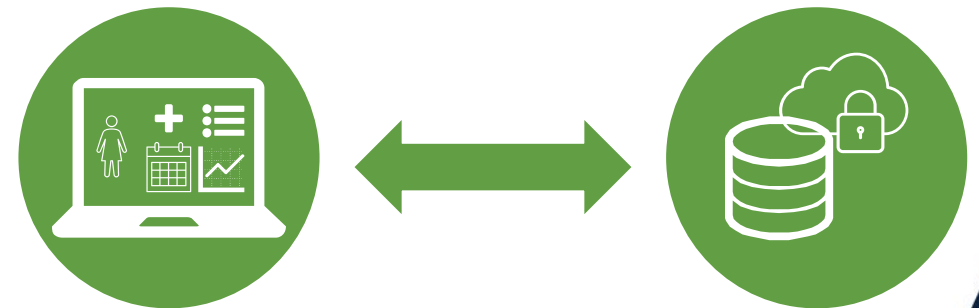
Query & Response



EHR-IIS Query: Access at the Point of Care

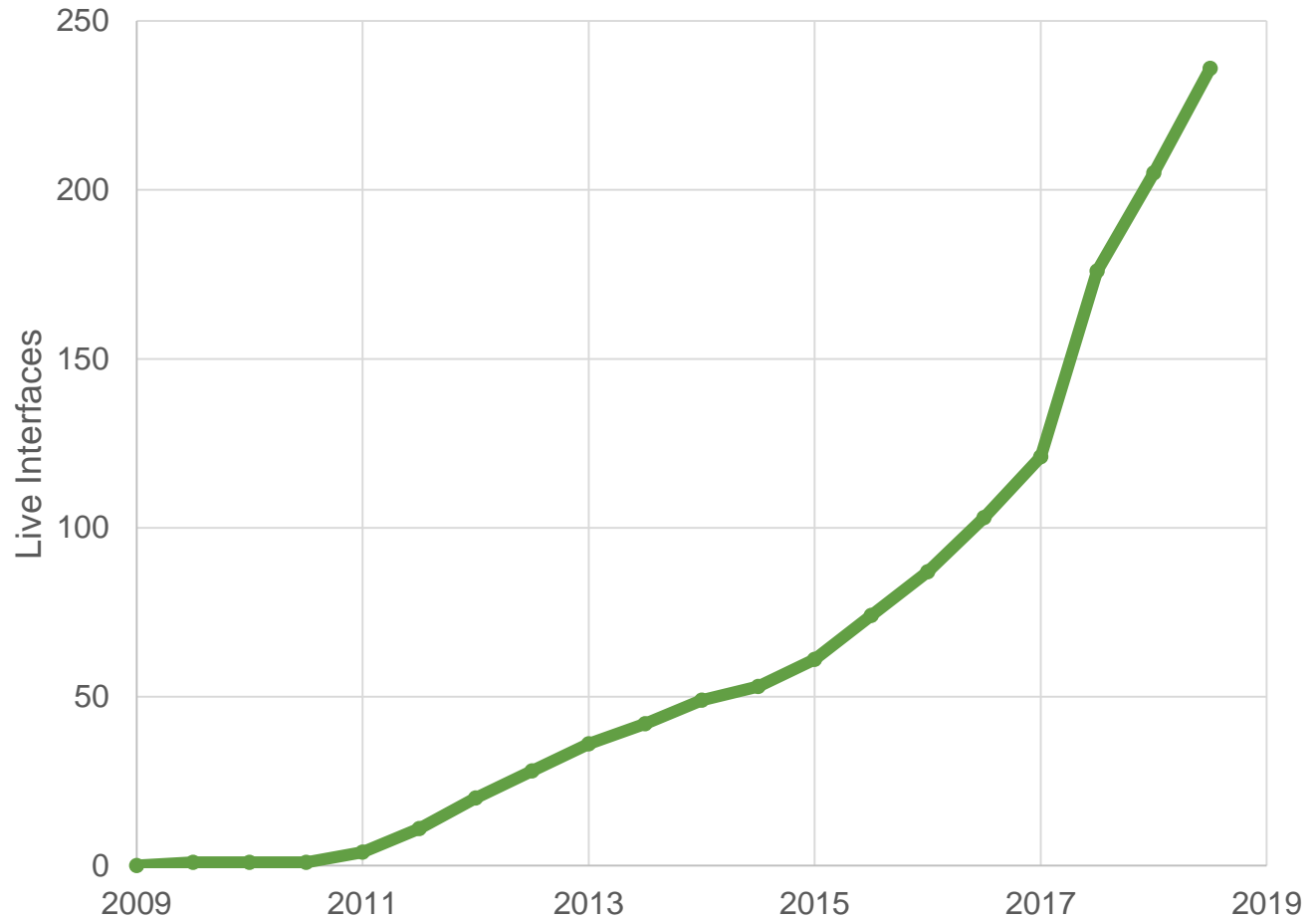


- The vast majority of IIS have query/ response capabilities
- Query/ response brings huge value, lowers burden for providers



EHR Perspective – Vaccination Query Interface Statistics

- 236 Live Interfaces
- 35 State Registries
- 1 City Registry
- >200 million queries sent a year



Onboarding





**ONBOARDING
CONSENSUS-BASED
RECOMMENDATIONS**

NOVEMBER 2018



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REGISTRY ASSOCIATION

Resources

Onboarding Consensus-Based Recommendations intended to help improve and standardize onboarding

Developed for a wide variety of audiences including:

- Onboarding teams (technical and programmatic staff)
- Program administrators
- EHR vendors,

Providers, and others may also find this document informative



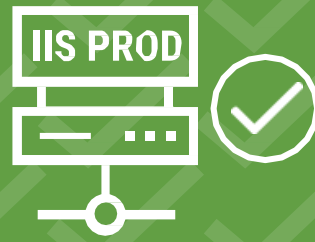
The Process



STEP 1:
DISCOVER
&
PLANNING



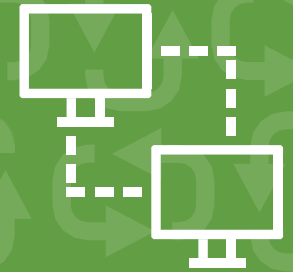
STEP 2:
DEVELOPME
NT AND
TESTING



STEP 3:
PRODUCTIO
N
APPROVAL



STEP 4:
ONGOING
MONITORIN
G



SPECIAL:
QUERY /
RESPONSE



Outbreaks

Using IIS for Outbreak Response



Examples

- Hepatitis A Outbreaks
 - Help to monitor transient individuals
 - Department of corrections
- MN Measles outbreak 2017
 - 8,500 exposures in child care and school settings
 - Utilized MIIC to review immunization status
 - Quantify the resource savings of MIIC to determine immunity status in a child care center setting



Comparison	Time Saved (Hours)	Cost Saved (USD): MDH Epidemiologist
IIS vs. No IIS	1,147	\$30,021.92
90% IIS vs. No IIS	1,032	\$27,019.72

- IIS results in 92% fewer resources used than No IIS
- 90% IIS results in 82% fewer resources used than No IIS

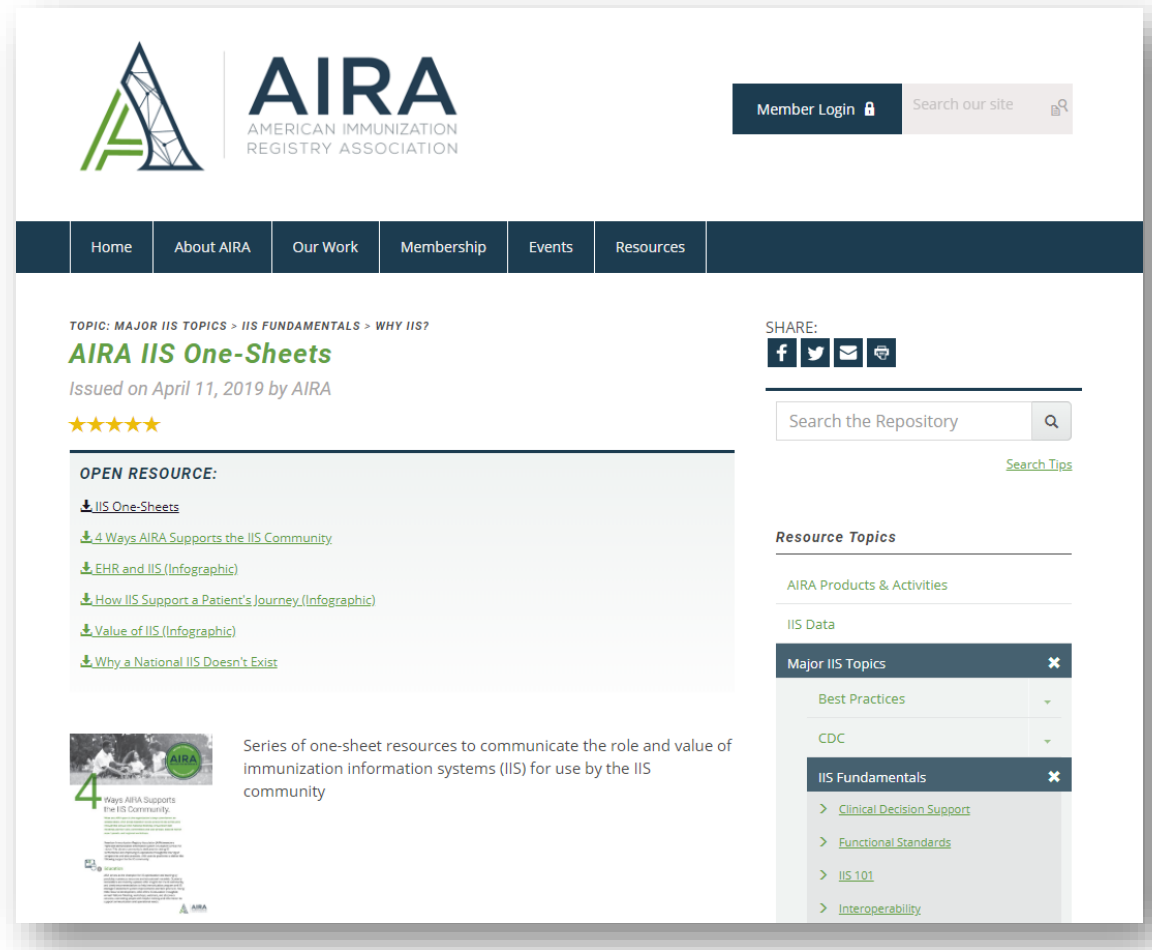


Communication & Resources



What are the AIRA One-Sheets?

- Concise documents that communicate the role and value of immunization information systems (IIS)
- Intended for a large range of audiences
- For your use!



The screenshot displays the AIRA (American Immunization Registry Association) website. At the top left is the AIRA logo, and to its right is the text 'AIRA AMERICAN IMMUNIZATION REGISTRY ASSOCIATION'. A 'Member Login' button and a search bar are located in the top right corner. A dark blue navigation bar contains links for 'Home', 'About AIRA', 'Our Work', 'Membership', 'Events', and 'Resources'. The main content area features a breadcrumb trail: 'TOPIC: MAJOR IIS TOPICS > IIS FUNDAMENTALS > WHY IIS?'. Below this is the title 'AIRA IIS One-Sheets' in green, followed by the text 'Issued on April 11, 2019 by AIRA' and a five-star rating. An 'OPEN RESOURCE:' section lists several links: 'IIS One-Sheets', '4 Ways AIRA Supports the IIS Community', 'EHR and IIS (Infographic)', 'How IIS Support a Patient's Journey (Infographic)', 'Value of IIS (Infographic)', and 'Why a National IIS Doesn't Exist'. A small thumbnail image of the '4 Ways AIRA Supports the IIS Community' one-sheet is shown on the left, with a description: 'Series of one-sheet resources to communicate the role and value of immunization information systems (IIS) for use by the IIS community'. On the right side, there is a 'SHARE:' section with social media icons, a search bar labeled 'Search the Repository', and a 'Resource Topics' sidebar. The sidebar includes 'AIRA Products & Activities', 'IIS Data', and a 'Major IIS Topics' dropdown menu with sub-items like 'Best Practices', 'CDC', 'IIS Fundamentals' (expanded to show 'Clinical Decision Support', 'Functional Standards', 'IIS 101', and 'Interoperability').



Current One-Sheets

- EHR and IIS (Infographic)
- How IIS Support a Patient's Journey (Infographic)
- Value of IIS (Infographic)
- IIS 101
- 4 Ways AIRA Supports the IIS Community

The Value of IIS

Immunization Information Systems (IIS) offer unmatched functionality through immunization record consolidation and management. Each of the following seven key features work together to keep our communities healthy.

1 Provides Consolidated Records
Comprehensive records, containing immunizations administered at a previous provider office, hospital, pharmacy or school clinic give healthcare providers the full story, preventing patients from receiving too many or too few vaccines.

2 Manages Vaccine Inventory
Vaccine ordering, tracking, and administration are all managed in one tool.

3 Minimizes Waste
Ensures every vaccine is accounted for and prevents the administration of unnecessary doses of vaccines.

4 Forecasts Immunizations
Helpful alerts notify providers to assist with clinical decisions and management of the complex immunization schedule.

5 Reminds Patients of Due Dates
Automated reminders promote on-time vaccinations.

6 Spotlights Areas of Need
Population-level vaccine coverage data provides a clear view of communities at risk.

7 Expedites Response in an Outbreak
Insights into vaccination status set the stage for effective outbreak response.

Learn more ways IIS improve public health at immregistries.org

AIRA
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION





AIRA 2019

NATIONAL

Meeting

AUG. 13-15
INDIANAPOLIS,
INDIANA



ANNIVERSARY



Thank you

Questions

