AIRA
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

Select AIRA 2020 National Meeting Presentations: Data Use

Tuesday, August 25, 2020

3-4 PM ET

AIRA Webinar Series

- Each Tuesday
- Now through September 22, 2020
- 3-4 PM ET
- Join Us!

Webinar Series at a Glance

Week 1	CDC Panel Discussion: Advancing IIS Together
Week 2	The Immunization Gateway Portfolio
Week 3	Data Quality
Week 4	Data Use
Week 5	Working with End Users
Week 6	IIS Operations
Week 7	Global Perspectives
Week 8	Measurement and Improvement

Today's Speakers

- **Hannah Peng, MPH**, Senior Statistician, University of Michigan
- **Heather Roth, MA**, Immunization Branch Chief, Colorado Department of Public Health and Environment
- **Jill Rosenthal**, Senior Program Director, The National Academy of State Health Policy
- **Kaitlyn Whiton, MHS**, Director, Discern Health
- **Courtney Barbera, MPH**, Project Manager, Discern Health

Identifying Exposed Persons for Recruitment into the Flint Registry

Hannah Peng, MPH

AIRA Webinar Series

August 25, 2020

Background

Flint Water Crisis

FLINTREGISTRY
Get Connected. Get Supported. Get Counted.

Objective: Identify potentially exposed persons for Flint Registry

Methods

- Identified persons with a Flint ZIP code during the Flint Water Crisis:
  - Michigan Care Improvement Registry (MCIR)
  - Michigan Childhood Lead Poisoning Surveillance System (MiCLPS)
  - Michigan Medicaid
- Most recent contact & demographic information

Methods

Linkage

Methods

Linkage

Geocoding

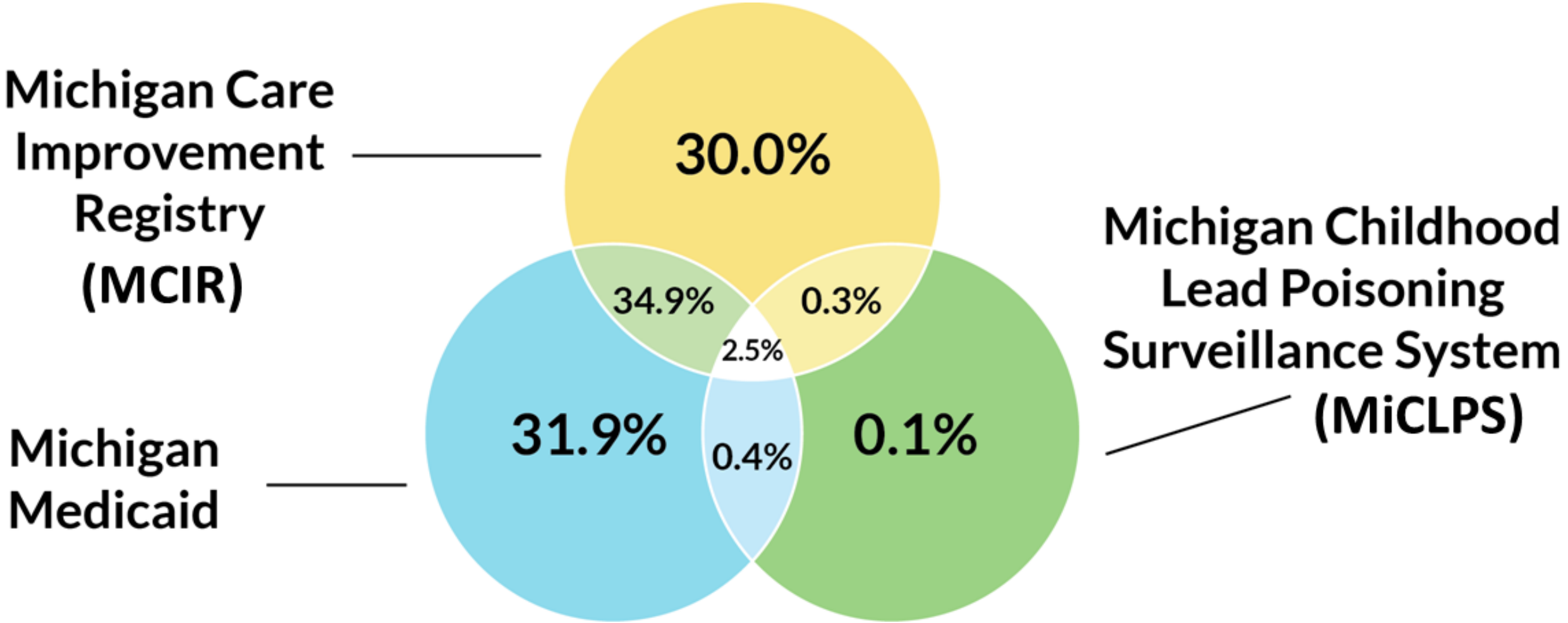
Methods

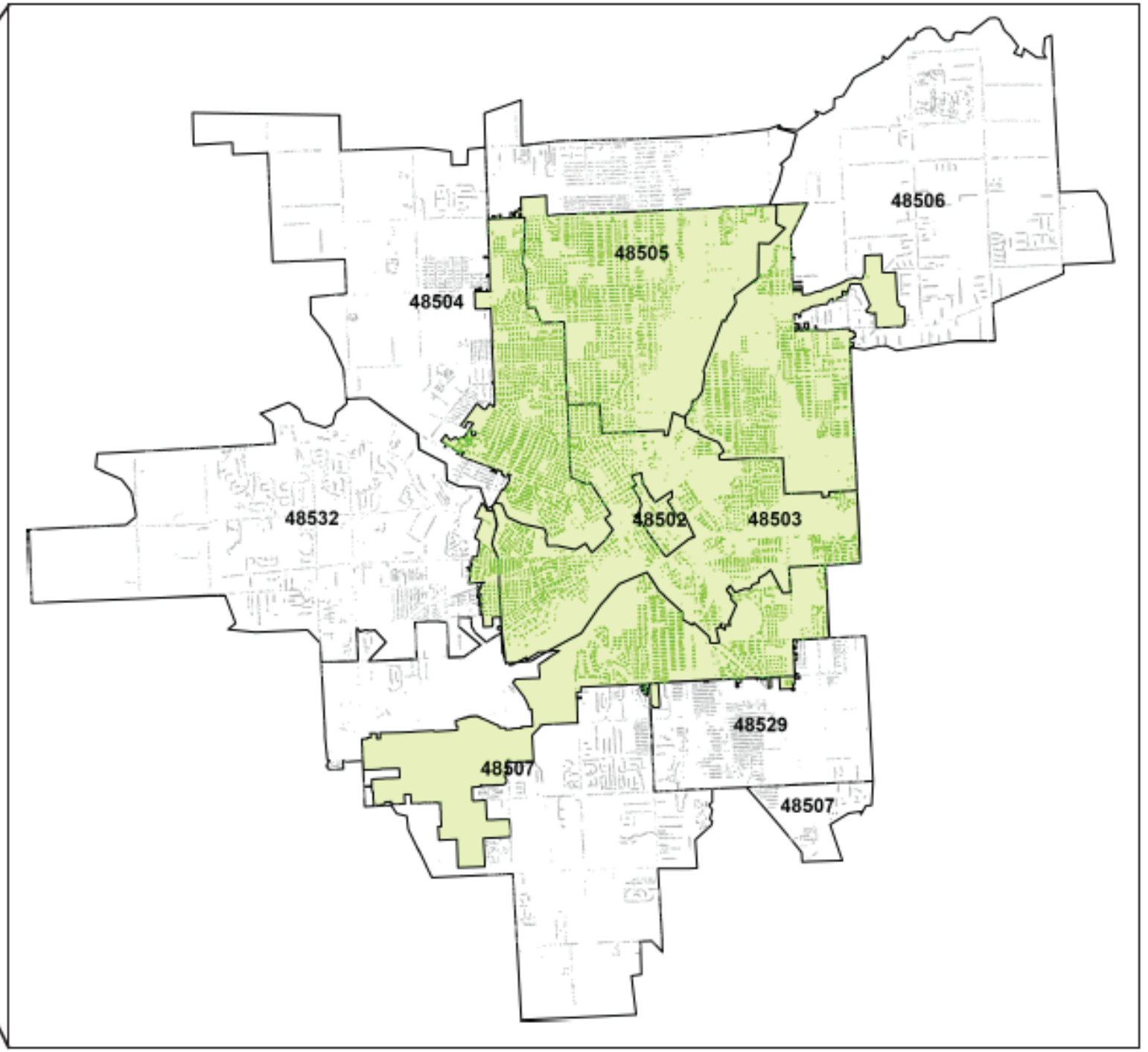
Linkage

Geocoding

Prioritization

Potentially Exposed Persons in Flint ZIP Codes by MDHHS Data Source (n = 204,155)

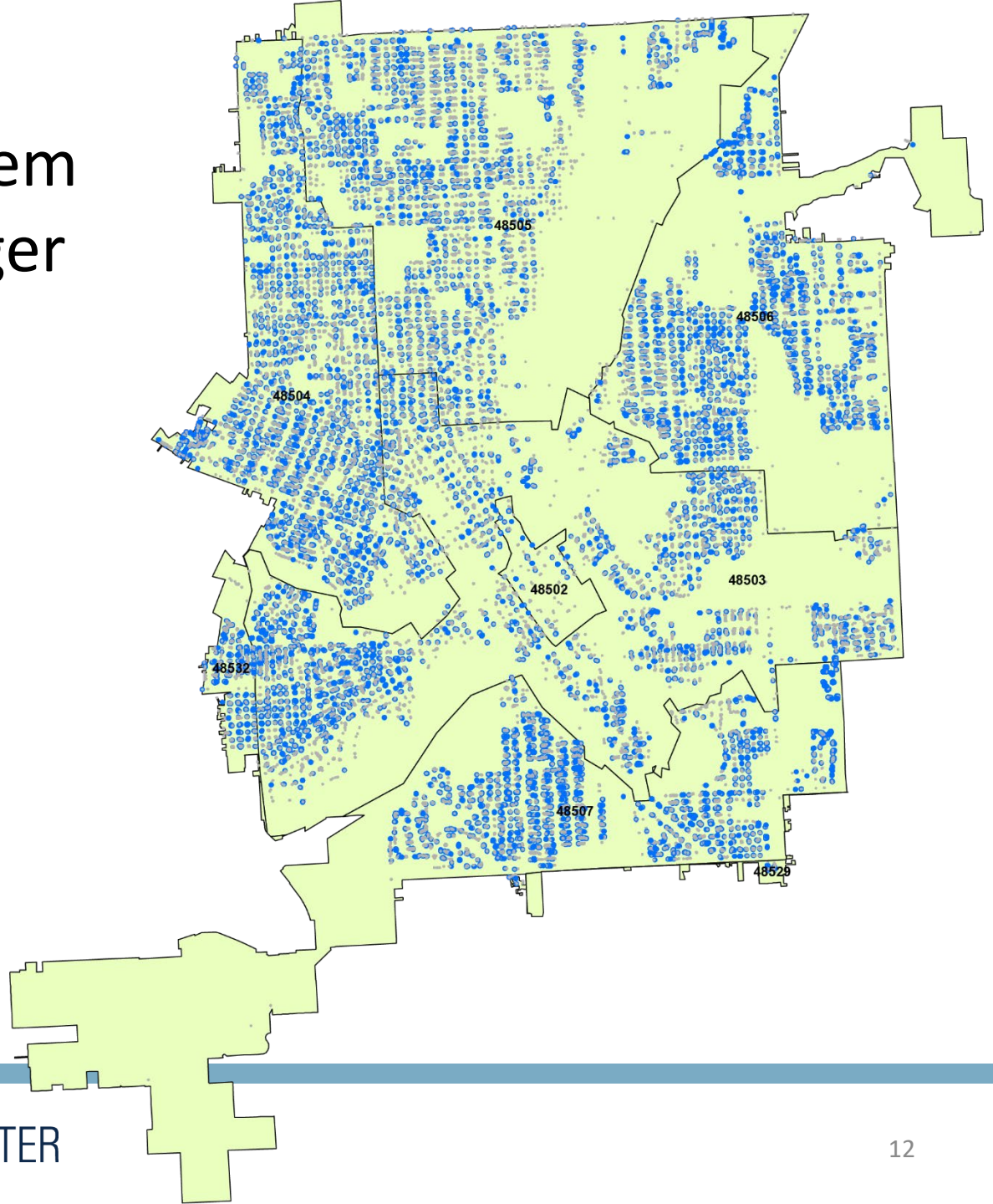




Potentially Exposed Persons in Flint ZIP Codes (n = 204,155)

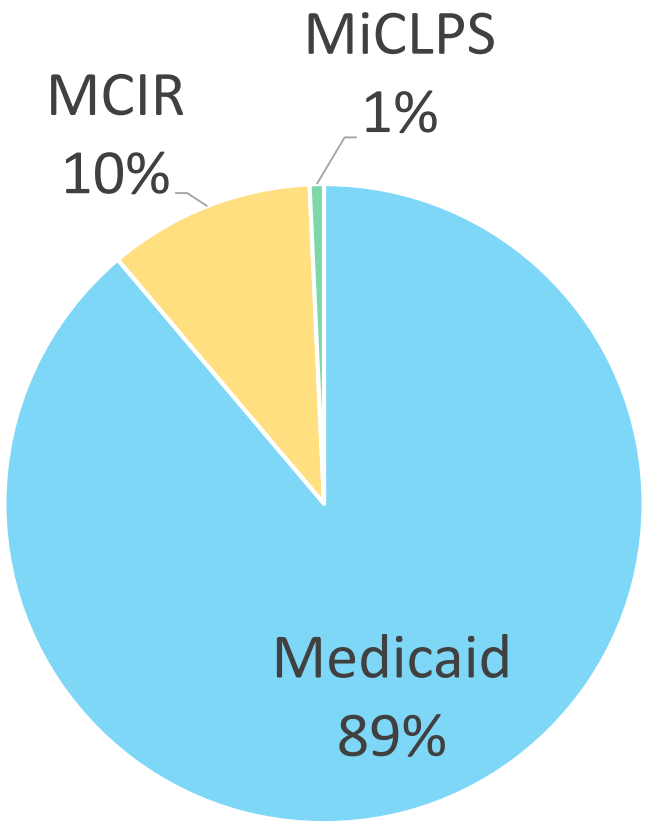
Children Living in Flint Water System Service Area and Aged 6 or Younger during the Flint Water Crisis

- 14,159 Children
  - 10,185 Households

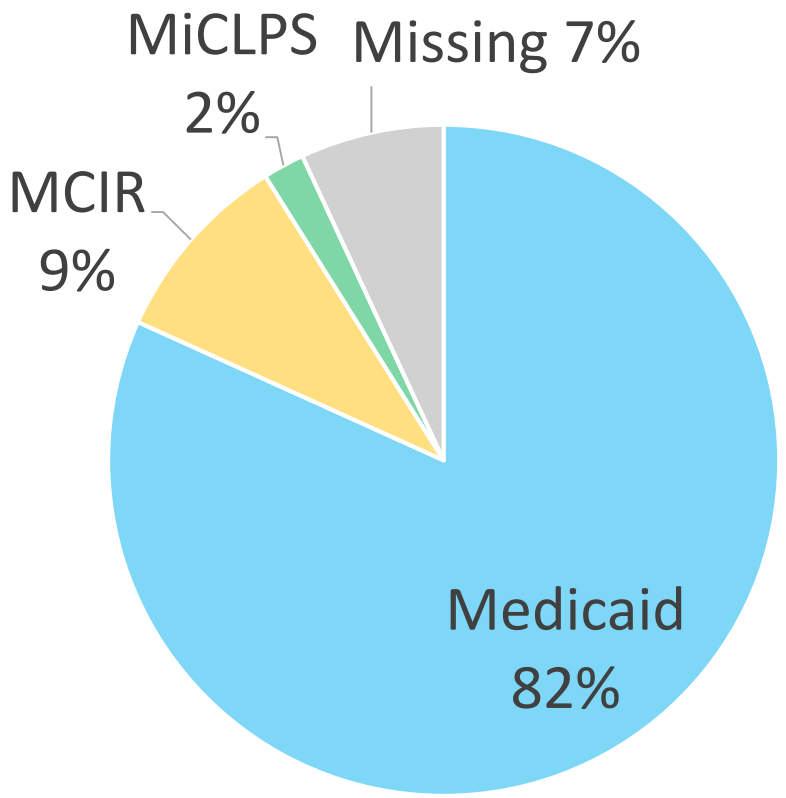


Current Contact Information by MDHHS Data Source (n = 14,159)

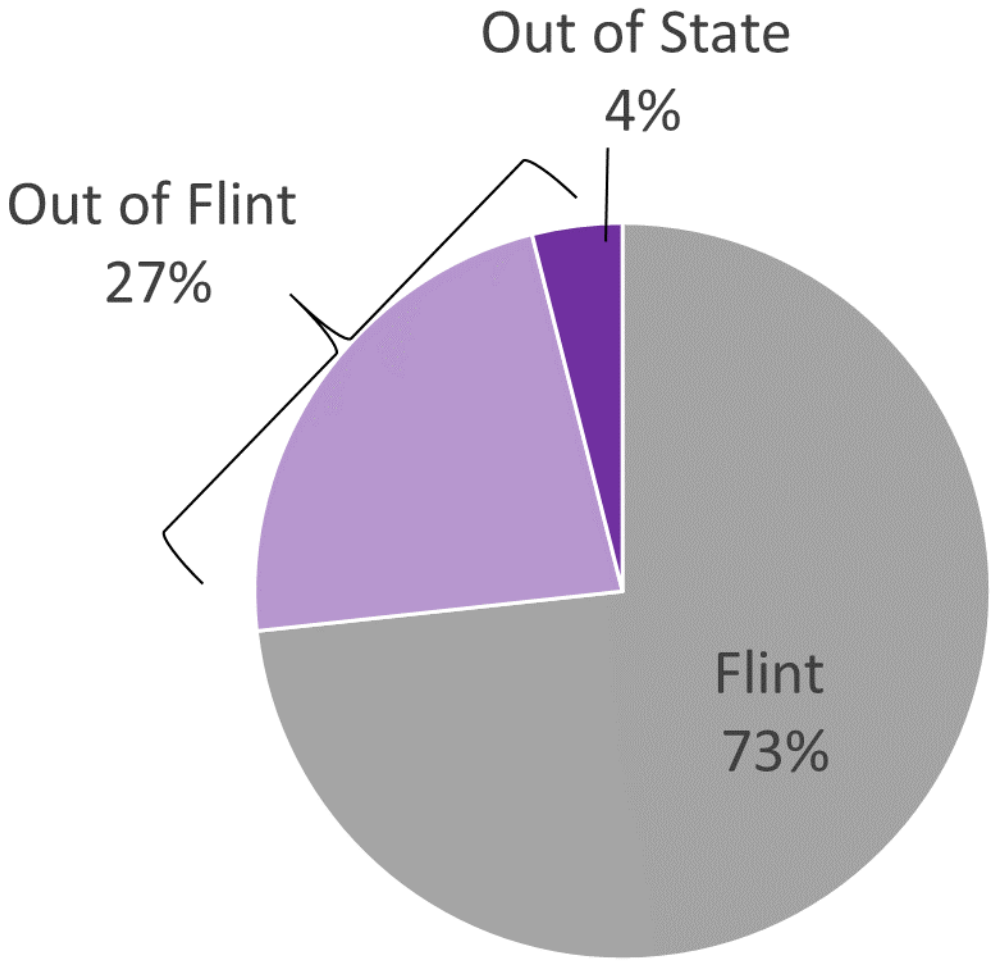
Address



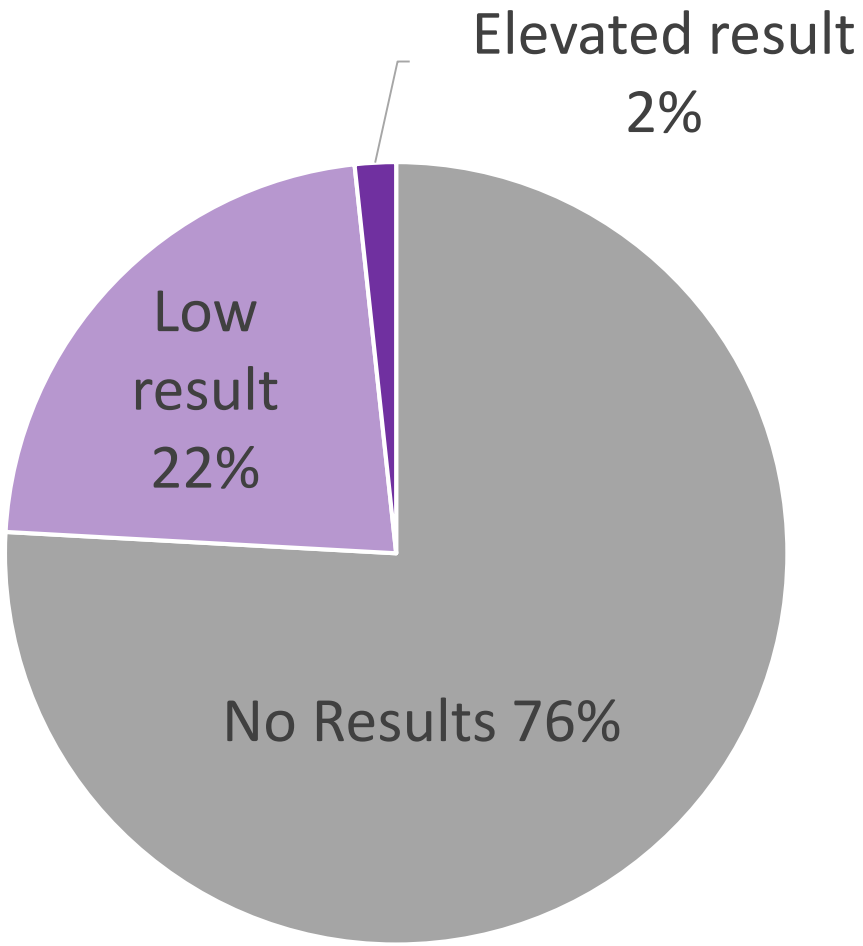
Phone Number



People who Moved Out of Exposure Area (n = 14,159)



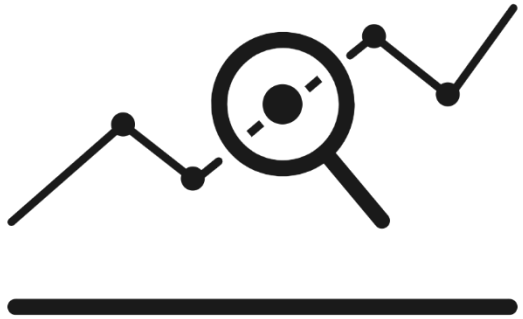
Blood Lead Test Results
(n = 14,159)



Conclusions

IIS data can be used to:

Identify exposed people



Evaluate health outcomes

Acknowledgements

- Collaborators
  - Marina Goulas, MHI
  - Kevin Dombkowski, DrPH, MS

- Funding
  - CDC, under subcontract to Michigan State University

Hannah Peng, MPH

Senior Statistician
University of Michigan, Division of General Pediatrics
Susan B. Meister Child Health Evaluation and Research (CHEAR) Center
hjary@med.umich.edu

Enhancing IIS to Assess Refugee Vaccination Coverage

Heather Roth, MA

Immunization Branch Chief

COLORADO

Department of Public Health & Environment

August 25, 2020

Outline

- IIS and Refugee Health collaboration
- Project successes
- Project challenges
- Future plans

Project Objectives

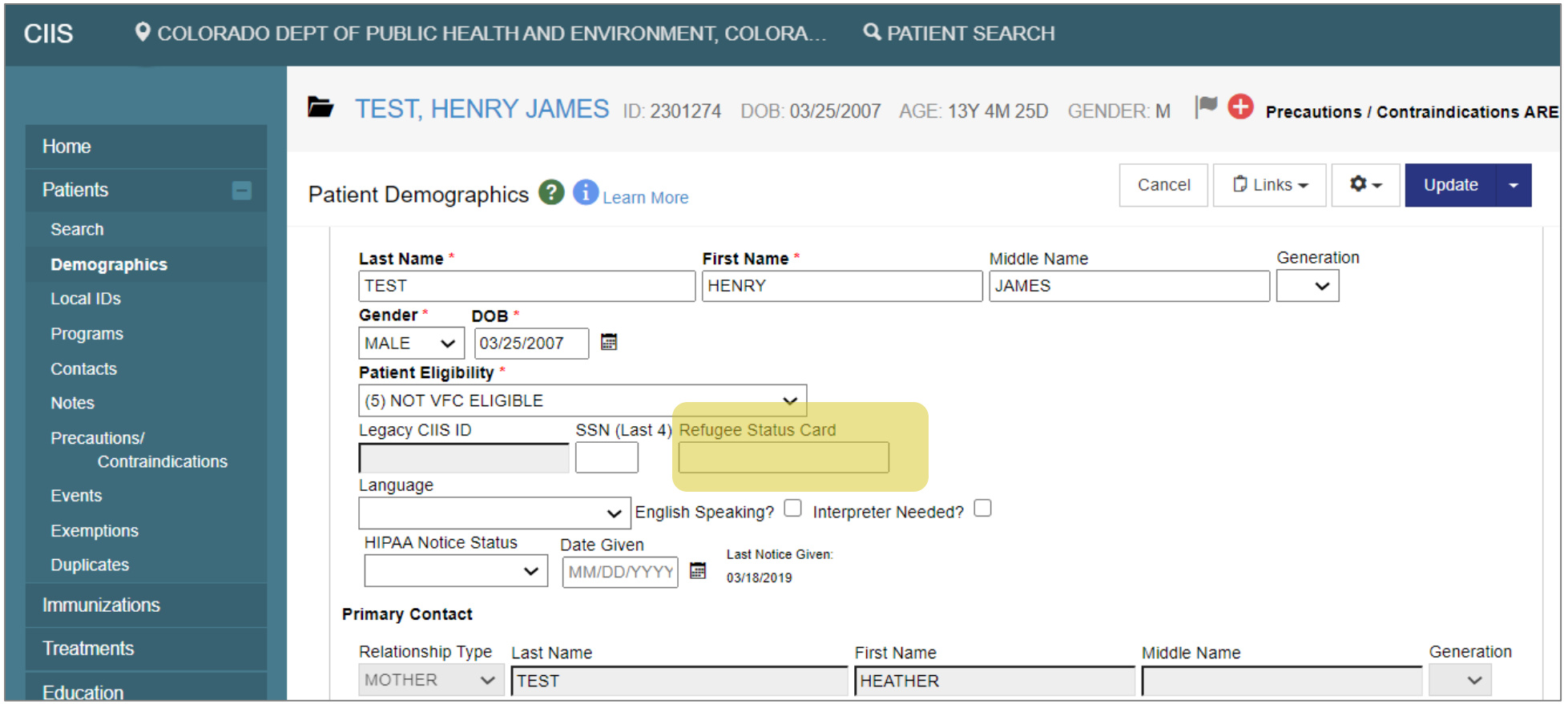
- To better understand and improve vaccination coverage among Colorado's refugee population
- To improve the efficiency, effectiveness and quality of refugee immunization data practices
  - Incorporate A# as a unique identifier in the IIS
  - Enhance existing IIS reports to enable refugee-specific outputs
  - Eliminate duplicative data entry through automation

A# as Unique Identifier

- Until recently, there was not an effective way to uniquely identify refugees within data sources outside the CO Refugee Health Surveillance (RHS) database
- Patient matching difficulties:
  - Naming conventions
  - Phonetic and unknown name spellings
  - Unknown dates of birth
- Gold standard is alien number (A#)
  - Inclusion in public health databases still in infancy

IIS Enhancements

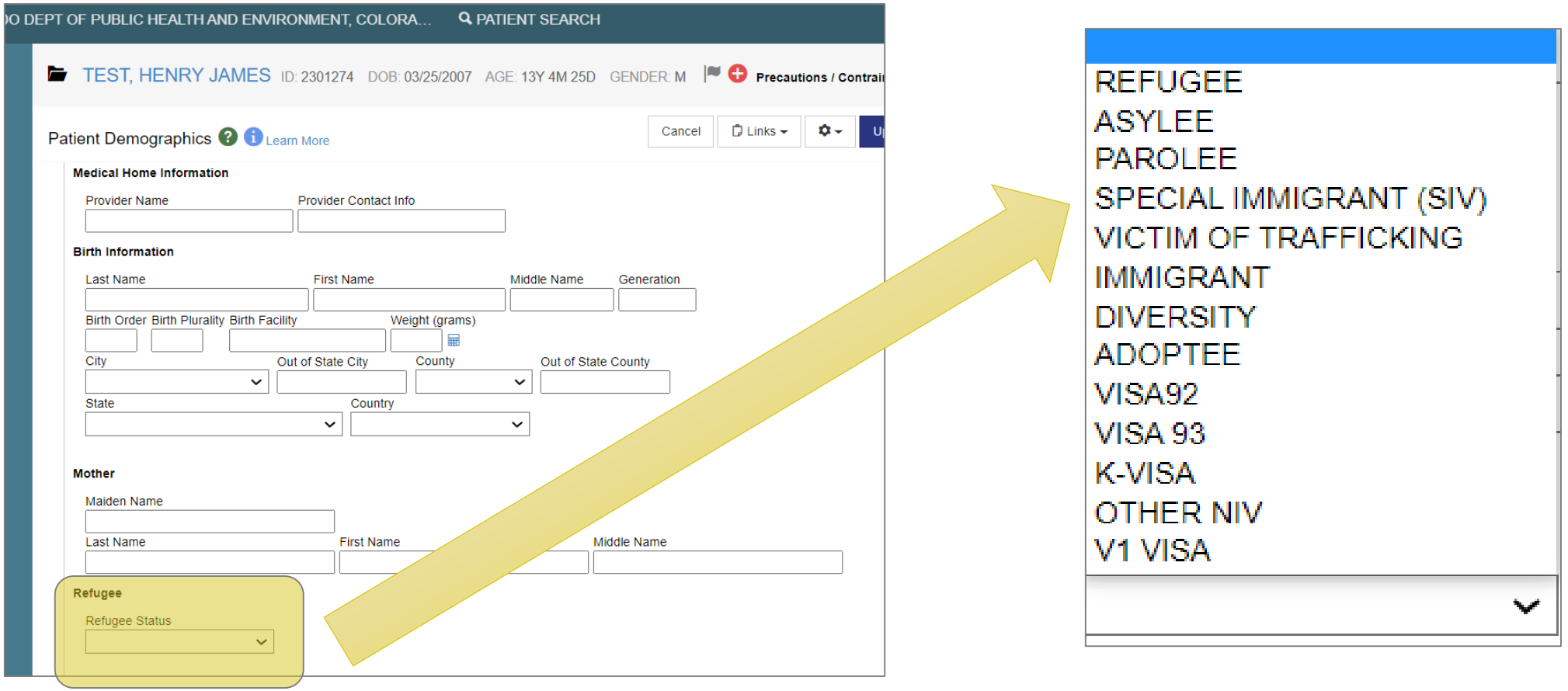
- Capture and store A# as unique identifier



COLORADO
Department of Public Health & Environment

IIS Enhancements

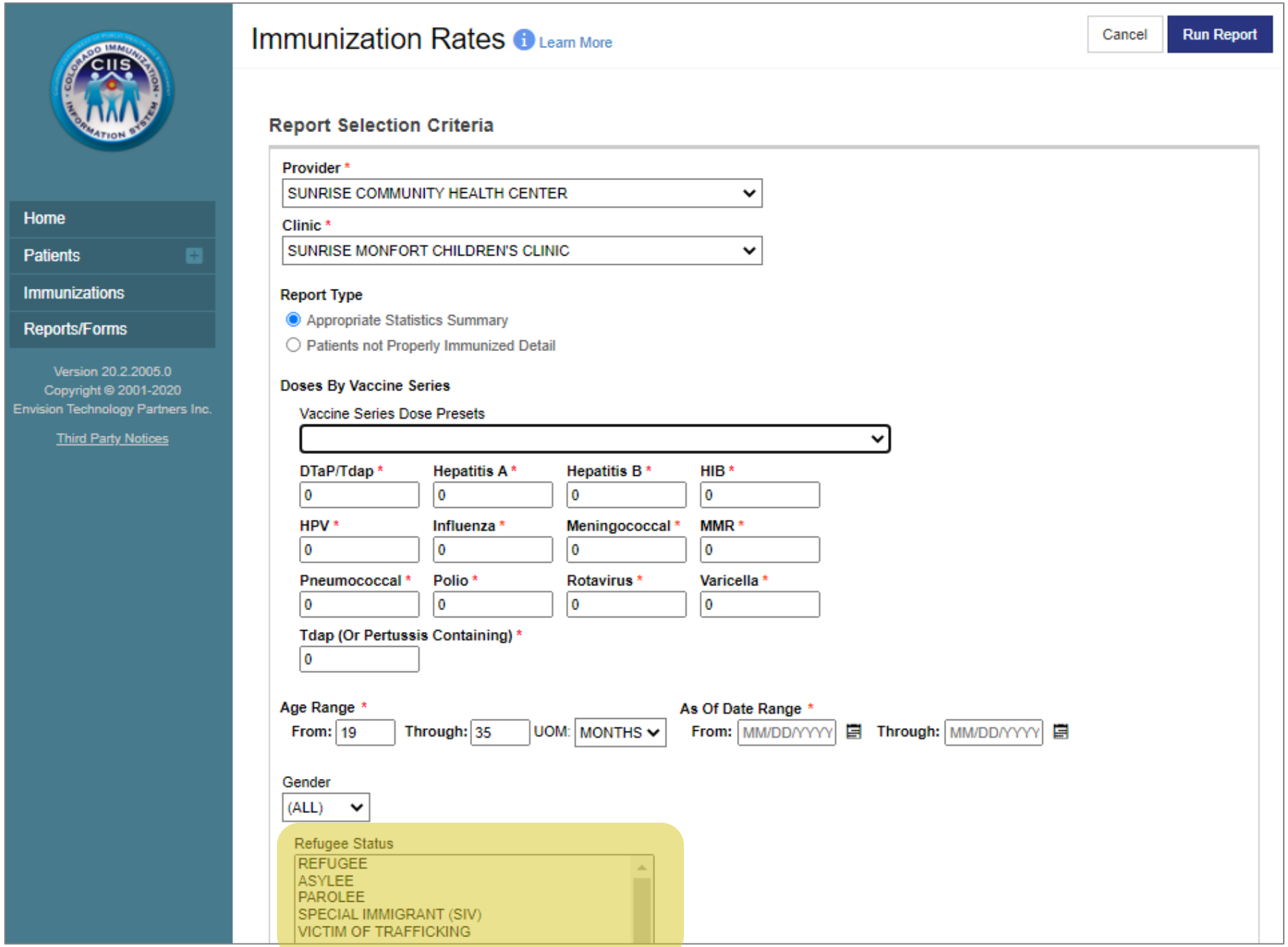
- Capture and store refugee status



COLORADO
Department of Public Health & Environment

IIS Enhancements

- Added refugee filter to canned IIS reports
  - Patient Detail with Services report
  - Patient Roster report
  - Immunization Rates report
  - County/Zip Code Level Immunization Rates report
- Added security function to limit access to refugee status



COLORADO
Department of Public Health & Environment

August 06, 2020

Immunization Rates (County/Zip Code Level)
Appropriate Immunizations

County List = DENVER, DTaP/Tdap Series Count = 5, HepB Series Count = 3, MMR Series Count = 2, Polio Series Count = 4, Exclude = Y, Count Valid And Invalid Doses = N, Age Range = 4 - 6 (YEARS) As Of 01/01/2020 - 03/01/2020, Refugee Status = Refugee,Asylee,Parolee,Special Immigrant (SIV),Victim of Trafficking

	Full Data Set		Compliance Criteria Subset
Total Patients	72		
Total INACTIVE Patients	2		
Adjusted Total Patients	70		
Patients GIVEN appropriate number of doses of all indicated antigens	41	(58.57)	( )
Patients NOT GIVEN appropriate number of doses of all indicated antigens	29	(41.43)	( )
Patients Given the following vaccine combinations:			
Patients with at least 5 valid doses in the Tetanus containing/Tdap vaccine series	44	(62.86)	( )
Patients with at least 4 valid doses in the Polio vaccine series	49	(70.00)	( )
Patients with at least 2 valid doses in the MMR/Measles vaccine series	65	(92.86)	( )
Patients with at least 3 valid doses in the HEPB vaccine series	65	(92.86)	( )

COLORADO
Department of Public Health & Environment

August 06, 2020

Patient Detail with Services

Provider = METROPOLITAN COMMUNITY PROVIDER NETWORK, Clinic = STRIDE CHC ELMIRA CLINIC, From Vaccination Date = 01/01/2019, Through Vaccination Date = 06/01/2020, Refugee Status = Refugee,Asylee,Parolee,Special Immigrant (SIV),Victim of Trafficking

[redacted] **Default Clinic:** STRIDE CHC NORTH AURORA FAMILY HEALTH
DOB: [redacted] **Gender:** Male **Patient Eligibility:** VFC--Medicaid

Date	Clinic	Type	Lot #	Fund Source	Eligibility	Historical?	Invalid?	Created By	Last Updated By
07/18/2019	MEC	Hep A, Ped/Adol	PA99T	VFC	VFC--Medicaid			[redacted]	IMPORT, CIIS
07/18/2019	MEC	Hep B, Ped/Adol	CP275	VFC	VFC--Medicaid			[redacted]	IMPORT, CIIS
07/18/2019	MEC	Polio-IPV	P1E70	VFC	VFC--Medicaid			[redacted]	IMPORT, CIIS
07/18/2019	MEC	Tdap	97NL3	VFC	VFC--Medicaid			[redacted]	IMPORT, CIIS
07/18/2019	MEC	VAR (Varivax)	S002394	VFC	VFC--Medicaid			[redacted]	IMPORT, CIIS

[redacted] **Default Clinic:** STRIDE CHC ELMIRA CLINIC
DOB: [redacted] **Gender:** Male **Patient Eligibility:** Not VFC Eligible

Date	Clinic	Type	Lot #	Fund Source	Eligibility	Historical?	Invalid?	Created By	Last Updated By
02/14/2019	MEC	Influenza Quad Inj PF	ZA72G	Private	Not VFC Eligible			IMPORT, CIIS	IMPORT, CIIS

[redacted] **Default Clinic:** ARDAS FAMILY MEDICINE
DOB: [redacted] **Gender:** Male **Patient Eligibility:** Not VFC Eligible

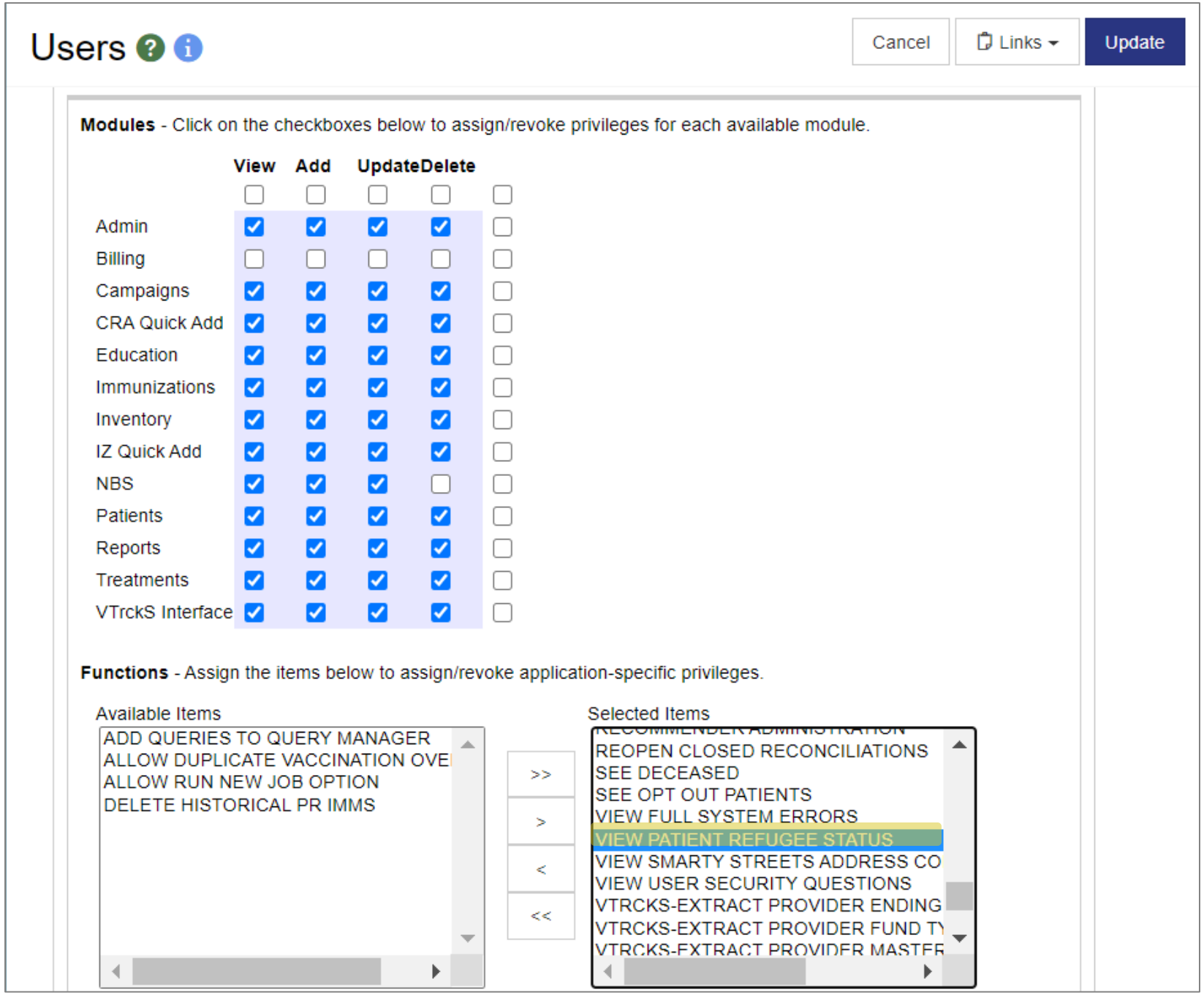
Date	Clinic	Type	Lot #	Fund Source	Eligibility	Historical?	Invalid?	Created By	Last Updated By
04/25/2019	MEC	Tdap	33CA7	Private	Not VFC Eligible			[redacted]	IMPORT, CIIS
06/07/2019	MEC	Hep B, Adult	P3ZF5	Private	Not VFC Eligible			IMPORT, CIIS	IMPORT, CIIS
06/07/2019	MEC	Td, P-Free	U6091AA	Private	Not VFC Eligible			IMPORT, CIIS	IMPORT, CIIS

[redacted] **Default Clinic:** STRIDE CHC ELMIRA CLINIC
DOB: [redacted] **Gender:** Male **Patient Eligibility:** VFC--Medicaid

Date	Clinic	Type	Lot #	Fund Source	Eligibility	Historical?	Invalid?	Created By	Last Updated By
03/28/2019	MEC	Meningococcal B Reco	T66103	VFC	VFC--Medicaid			IMPORT, CIIS	IMPORT, CIIS

[redacted] **Default Clinic:** STRIDE CHC ELMIRA CLINIC
DOB: [redacted] **Gender:** Female **Patient Eligibility:** VFC--Medicaid

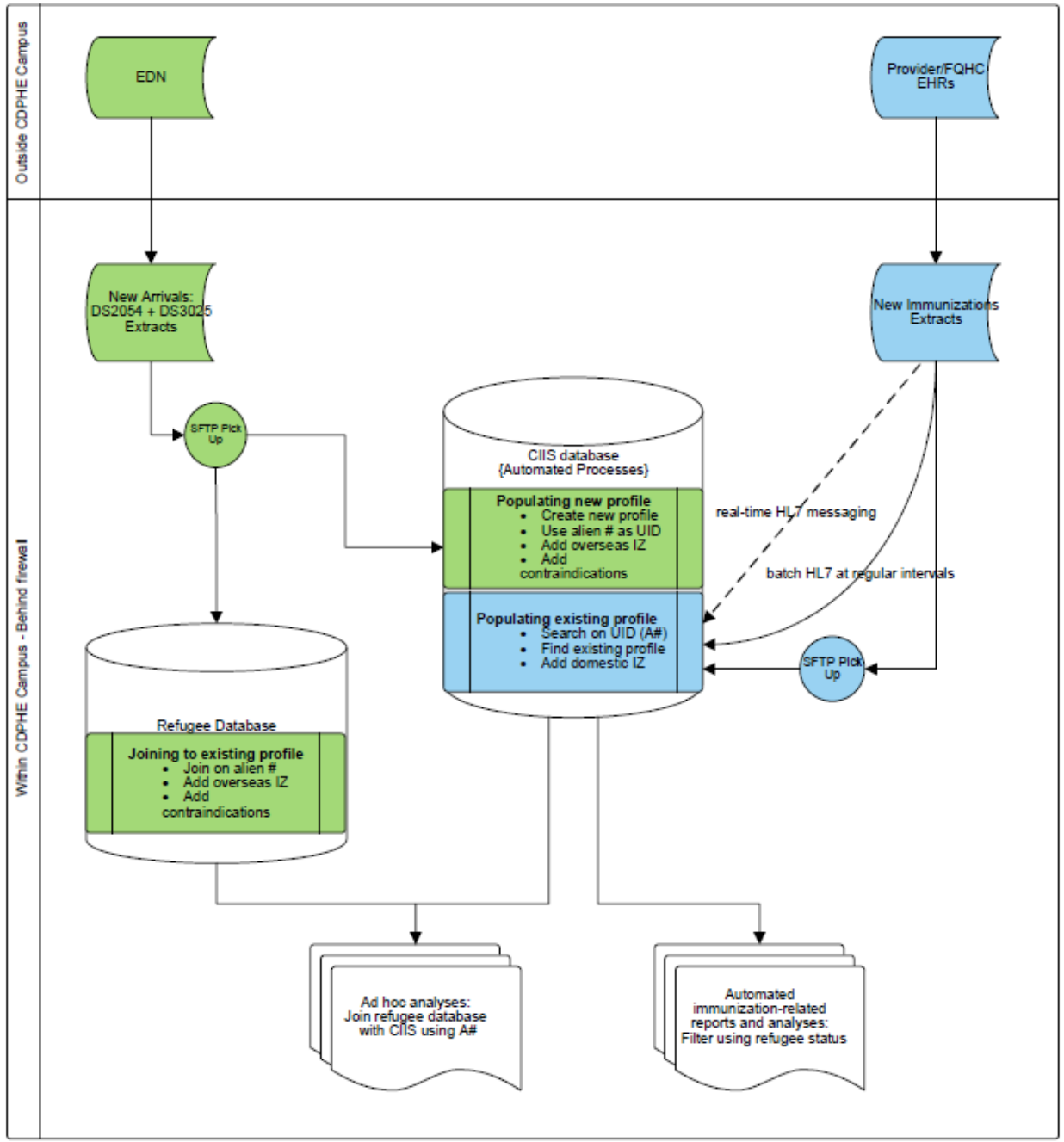
Date	Clinic	Type	Lot #	Fund Source	Eligibility	Historical?	Invalid?	Created By	Last Updated By
03/28/2019	MEC	MCV4 (Menactra)	U6153AA	VFC	VFC--Medicaid			IMPORT, CIIS	IMPORT, CIIS
03/28/2019	MEC	Meningococcal B Reco	T66103	VFC	VFC--Medicaid			IMPORT, CIIS	IMPORT, CIIS



COLORADO
Department of Public Health & Environment

Automation

- Joined data between:
  - CDC's Electronic Disease Notification system (overseas data);
  - CO Refugee Database (domestic medical exam); and
  - CIIS (domestic medical exam and post-DME immunizations)
- Automated creation of new patient records in CIIS
- Automated the addition of overseas immunization data into CIIS



COLORADO
Department of Public Health & Environment

Refugee Immunization Dashboards

- Compare refugee vaccination coverage at overseas, screening, and post-screening timeframes
- Use data to inform outreach and activities
  - Engage local public health and community partners
  - Understand where to focus scarce resources

Proportion of Refugees Up To Date for **Measles-Containing Vaccine** by Age Group and Timeframe
Arrival Year(s): 2017

COLORADO
Department of Public Health & Environment

Project Successes

- Increased connectivity between CDPHE programs
  - Refugee Health Program and CIIS coordinate regularly on projects now
- Increased connectivity between CDPHE and CDHS Colorado Refugee Screening Program (who oversees the domestic medical exam and resettlement in the state)
- Increased program efficiency by reducing duplicative data entry
- Improved ability to assess refugee vaccination coverage
- Providers serving refugees now have near-real time access to overseas refugee immunization information for review before refugee medical screenings

Project Challenges

- Some manual processes remain
  - Downloading data from EDN and uploading to sFTP site for the automated process to begin
- A# and refugee status are sensitive
  - Additional processes and permissions were put into place to limit the ability of CIIS end-users to view this data or generate reports based on refugee status

Future Plans

- Explore work with CDC to receive batched, automated data exports (to remove a manual step on the CDPHE side)
- Increase data partnership between Refugee Health and CIIS programs
  - Populate CIIS with primary language spoken from the Refugee Database
  - Use primary language to enhance outreach efforts with a health equity lens, including through centralized IIS-based reminder/recall

Questions?

Heather Roth
heather.roth@state.co.us

COLORADO
Department of Public Health & Environment

Opportunities & Barriers to Improve Immunization Rates among Medicaid-Covered Children & Pregnant Women: A Federal-State Partnership

AIRA 2020 National Meeting Webinar Series

August 25, 2020

Jill Rosenthal

Project Overview

To identify solutions to immunization gaps and make progress toward immunization goals by:

- Communicating national immunization program goals to state Medicaid leadership
- Identifying and sharing best practices among Medicaid programs
- Engaging Medicaid program leadership to identify solutions to immunization gaps
- Enhancing collaborative immunization efforts across pertinent state agencies and with CDC by identifying shared priorities and strategies

Partnerships between Medicaid and IZ programs are critical to improve immunization rates for children and pregnant women with Medicaid coverage

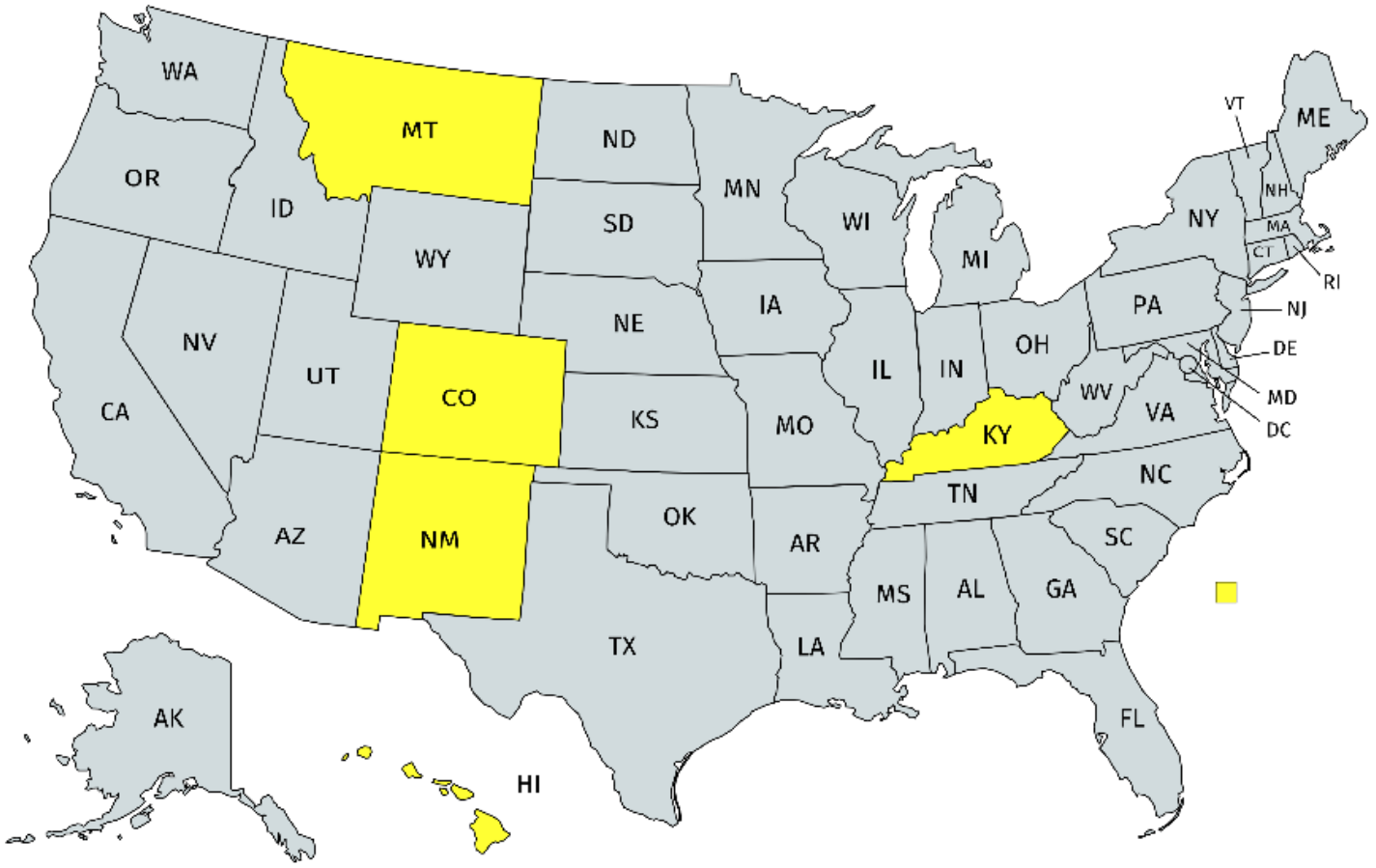
Project Goals/Desired Outcomes

1. At least four states will make changes to their Medicaid policies or outreach procedures to facilitate vaccination of children living in poverty
2. At least four states will implement policies that include providers caring for pregnant women and/or adults as covered vaccinators
3. At least four states will increase utilization of Medicaid resources for IIS sustainability

Project Activities

- Literature review/best practices scan
- Environmental Scan to assess CoP barriers and current practices
- Quarterly Steering Committee meetings, annually in-person
- Regular communication with CoP States
  - Ongoing technical assistance
  - Individual and all-state calls
  - Annual CoP Immunization Workshop
  - Monthly newsletter
- Regular communication with CDC and state Medicaid leadership to identify and share best practices

Community of Practice (CoP) Participating States



Multidisciplinary teams made up of Medicaid, IZ Program and IIS staff

State Action Plan Goals

	CO	HI	KY	MT	NM
Goal 1	Generate Medicaid IZ rates for CO child and pregnant populations	Data Sharing Agreement b/t HI Medicaid & IZ Registry	Increase IZ rates for pregnant women	Evaluate the quality of data available for immunization decision making	Execute a successful interface b/t MMIS (Omnicaid) and NMSIIS
Goal 2	Engage partners to improve member education and messaging around IZ and well-child visits	HI IZ Registry Program Stop Gap measures	Increase adolescent HPV rates	Ensure stable funding for Immunization Registry (CHIP Health Services Initiative or 90/10)	ID strategies to increase IZ rates in Medicaid and low-income populations, specifically children & pregnant women
Goal 3	Develop provider strategy based on Goal 1 outcomes	Technology Modernization: Rebuild IIS/Interoperability	Establish the IIS as the source for quality data on IZs	Select interventions for immunization improvement	Submit IAPD to CMS for IIS sustainability
Goal 4	Increase resources for IIS sustainability				

Common Barriers and Challenges

Providers

- Provider education (i.e. maternal vaccines, HPV)
- Missed opportunities to recommend/deliver vaccine
- Few OB/GYNs participating in IIS or VFC
- Gaps in vaccine storage, billing capabilities
- Burdensome for providers to participate in/meet requirements for VFC program

Access

- Rural and geographic barriers
- Considerations for special population (i.e. large American Indian populations)
- Need to address surveillance gaps and disparities in coverage between insured and Medicaid

Data Challenges

- Policy, legal, technical limitations to integrate data IIS/Medicaid
- Need for analysis of whether pockets of need are related to access, provider practices, patient education or anti-vaccine movement
- Medicaid status not reported often enough in IIS to be able to analyze
- Limited capacity/staff
- Defining denominator to determine IIS participation
  - Differences in provider types between data systems
  - Uncertain numbers of clinics/providers beyond VFC

Common Barriers and Challenges

Funding

- Lack of funding and capacity to collect data and conduct interventions
- Lack of billing capabilities in local public health
- Funding cuts (i.e. IIS, Medicaid)

Policies

- Participation in IIS, especially if opt-in
- Anti-vaccine movement actions
- Low reimbursement rates
- Variability in scope of practice and reimbursement policies for pharmacists
- CDC no longer requires collaboration with WIC
- Compliance with exemption legislation, school requirements, IIS participation mandates

TA Request/Response Examples

- **IIS Funding & Sustainability**
  - Connections/clarification/resources around 90/10; 75/25; 50/50 match programs
  - Example IAPD applications from other states
- **Cross Agency Collaboration**
  - MOU examples
  - FERPA interpretation resources
  - Data use cases
  - Performance Improvement Project (PIP)/Health Service Initiative models
- **Data**
  - How other states have calculated IZ coverage among pregnant women with Medicaid
  - IIS onboarding support/resources
- **Provider Outreach**
  - Researching VFC participation strategies
  - ACOG relationship-building
- **Community Outreach**
  - School-based immunizations
  - HPV materials

Example CoP Successes

CO	HI	KY	MT	NM
• Strengthened data capabilities and data sharing to calculate vaccination rates among pregnant women. • Matched Medicaid and IIS data (98%).	• Enacted legislation requiring HPV vaccination for 7th grade enrollment. • Developed data sharing MOU Medicaid/IIS. • Successfully applied for CMS funding to support new IIS.	• Created immunization information dashboard for providers, data focused on adolescent and pregnant women. • Enrolled VFC providers and onboarded pharmacies in IIS.	• Added pharmacies and non-pediatric immunizing healthcare practices who actively submit immunization data to IIS. • Added childhood immunizations to Medicaid value-based programs.	• Successfully applied for CMS funding to upgrade IIS and hire health educators for NM DOH. • Saw positive trends in Medicaid immunization data.

Current and Future Considerations

- Effects of COVID-19 on state progress toward increasing immunization rates
  - Reduced well-child visits due to stay-at-home guidance and subsequent reduced IZ
  - Effects on value-based payment programs and incentive payments
  - Back-to-school IZ catch up opportunities
- Funding opportunities in support of data integration strategies
  - HITECH sunsetting
- Medicaid incentives and metrics
  - Explore VFC and IIS participation strategies and incentives
- Expanded set of providers (i.e. pharmacists)
- Upcoming sharing of project results and lessons learned

Disseminating Resources and Best Practices

- Blog posts, newsletters and resources
- Project Resources - Google Drive
  - Monthly Newsletters
  - IIS Resources
- AcademyHealth Project Landing Page
- Immunize Colorado Resource Library
- NASHP Project Landing Page

Contact Information

AcademyHealth

Susan Kennedy, MPP, MSW
Director
Susan.kennedy@academyhealth.org

Sunita Krishnan, MPH
Senior Associate
Sunita.Krishnan@academyhealth.org

National Academy for State Health Policy (NASHP)
Jill Rosenthal, MPH
Senior Program Director
jrosenthal@nashp.org

Rebecca Cooper, MPH
Policy Associate
rcooper@nashp.org

Ariella Levisohn
Research Analyst
alevisohn@nashp.org

Immunize Colorado

Stephanie Wasserman, MSPH
Executive Director
Stephanie.Wasserman@childrenscolorado.org

Katie Waters, MPH
Program Director
Katherine.waters@childresncolorado.org

The Importance of Comprehensive Immunization Data for Quality Measurement

AIRA 2020 National Meeting
Presentations Webinar Series
August 25, 2020

Presenters

Kaitlyn Whiton, MHS

Director

Courtney Barbera, MPH

Project Manager

In collaboration with

American Medical Group Association

Project supported by

GlaxoSmithKline

Adult Immunization in the U.S.

Adult immunization rates are low across all CDC Advisory Committee on Immunization Practices (ACIP)-recommended vaccines.[1]

The **COVID-19 pandemic** has dramatically decreased vaccination rates for all age groups compared to previous years.[2]

Quality measures can help providers measure performance, track quality improvement activities, and understand the vaccination status of their patient population.

CDC Adult Immunization Rate Estimates[3]

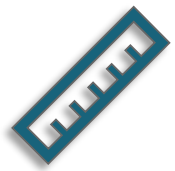
Influenza	45.4%
Tetanus (Td/Tdap)	63.4%
Zoster (Shingles)	34.9%
Pneumococcal	24.5%

CDC=Centers for Disease Control and Prevention; COVID-19=Coronavirus disease 2019

Quality Measures

What is a quality measure?

Tool that helps measure the healthcare processes, outcomes, patient experiences, and organizational structures associated with high-quality, evidence-based care.[4]



Typically counts the number of times something occurs out of the number of times something could have occurred, or how many patients are impacted out of a population of interest.

Can assess performance of a provider, system, health plan, or other population.

Data for measures may come from various sources.

Adult Immunization Status (AIS) Measure

Percentage of individuals 19 years of age and older who are up-to-date on all age-appropriate, recommended vaccines.[5]

Measure	Description	Age Ranges
Influenza	Influenza vaccine received between July 1 of year prior to June 30 of measurement period.	19 and older
Td/Tdap	Td or Tdap vaccine within the past 10 years.	19 and older
Zoster (Shingles)	1 dose of live herpes zoster vaccine (Zostavax) or 2 doses of recombinant herpes zoster (Shingrix) vaccine on or after 50th birthday.	50 and older
Pneumococcal	Polysaccharide and conjugate vaccine ≥ 12 months apart on or after age 60.	66 and older
AIS Composite Rate	Percent of vaccines received out of all recommended vaccines based on age.	19 and older

*Excludes adults from all rates with history of immunocompromising conditions or chemotherapy, bone marrow transplant or in hospice during the measurement year

Adult Immunization Status (AIS) Measure

Updates 1. Removal of pneumococcal conjugate vaccine to align with updated guidelines
2. No composite score

Measure	Description	Age Ranges
Influenza	Influenza vaccine received between July 1 of year prior to June 30 of measurement period.	19 and older
Td/Tdap	Td or Tdap vaccine within the past 10 years.	19 and older
Zoster (Shingles)	1 dose of live herpes zoster vaccine (Zostavax) or 2 doses of recombinant herpes zoster (Shingrix) vaccine on or after 50th birthday.	50 and older
Pneumococcal	At least one dose of the polysaccharide vaccine at or after age 60	66 and older

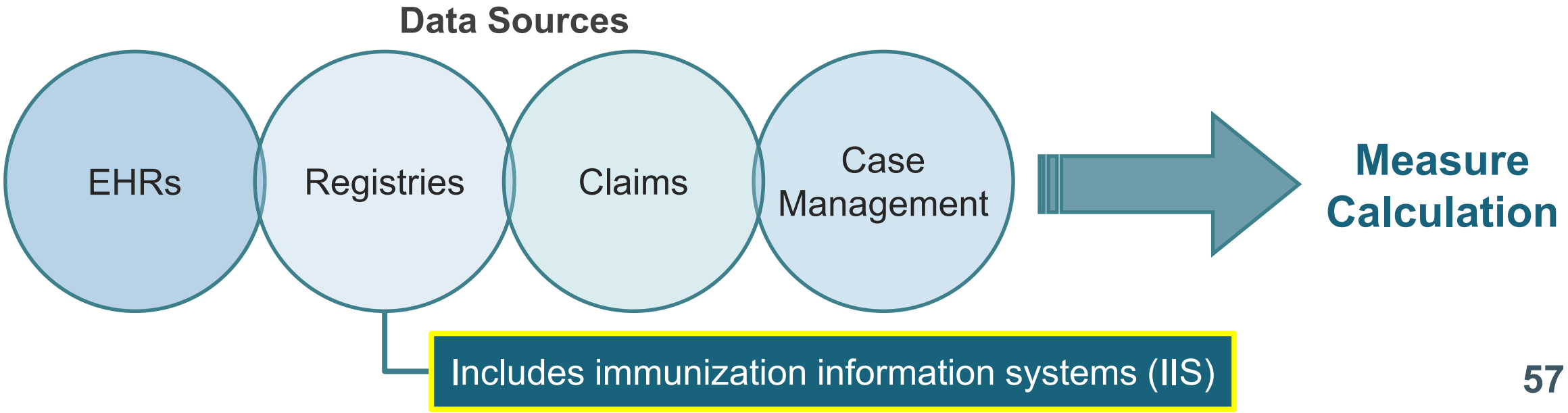
*Excludes adults from all rates with history of immunocompromising conditions or chemotherapy, bone marrow transplant or in hospice during the measurement year

Benefits of AIS Measure

1. Provides a comprehensive perspective on facilities' vaccination programs.[6]

2. Encourages vaccine providers to focus on ensuring patients are up-to-date on all recommended vaccines.

3. Electronic Clinical Data Systems (ECDS) measures encourage the use of health IT and interoperability between data sources.[7]



Assessment of AIS Measure in Medical Groups

Project Goal: Understand AIS measure performance in medical groups and assess related data challenges and implications of measure use beyond health plans.

Rationale

- AIS measure was only tested at the health plan level for HEDIS® use.
- It is unclear whether AIS measure is feasible for measuring performance of medical groups and providers in other quality programs, such as MIPS and MSSP.

Methods

Quantitative analysis
of retrospective, de-identified claims and electronic health data from three study sites to calculate AIS measure for two periods.
Year 1: 2016-2017
Year 2: 2017-2018

Qualitative interviews
with representatives from three study sites to understand underlying challenges associated with capture and reporting of immunization data.

HEDIS: Healthcare Effectiveness Data and Information Set; MIPS=Merit-based Incentive Payment System; MSSP=Medicare Shared Savings Program

Assessment of AIS Measure in Medical Groups

DISCERN HEALTH

Site 1

Single-state health system in the East including PCMH

Smallest organization (200-500 employees)

Unidirectional exchange with IIS

Site 2

Multi-state ACO in Midwest

Largest organization (10,000+ employees)

Partial (some states) bidirectional exchange

Site 3

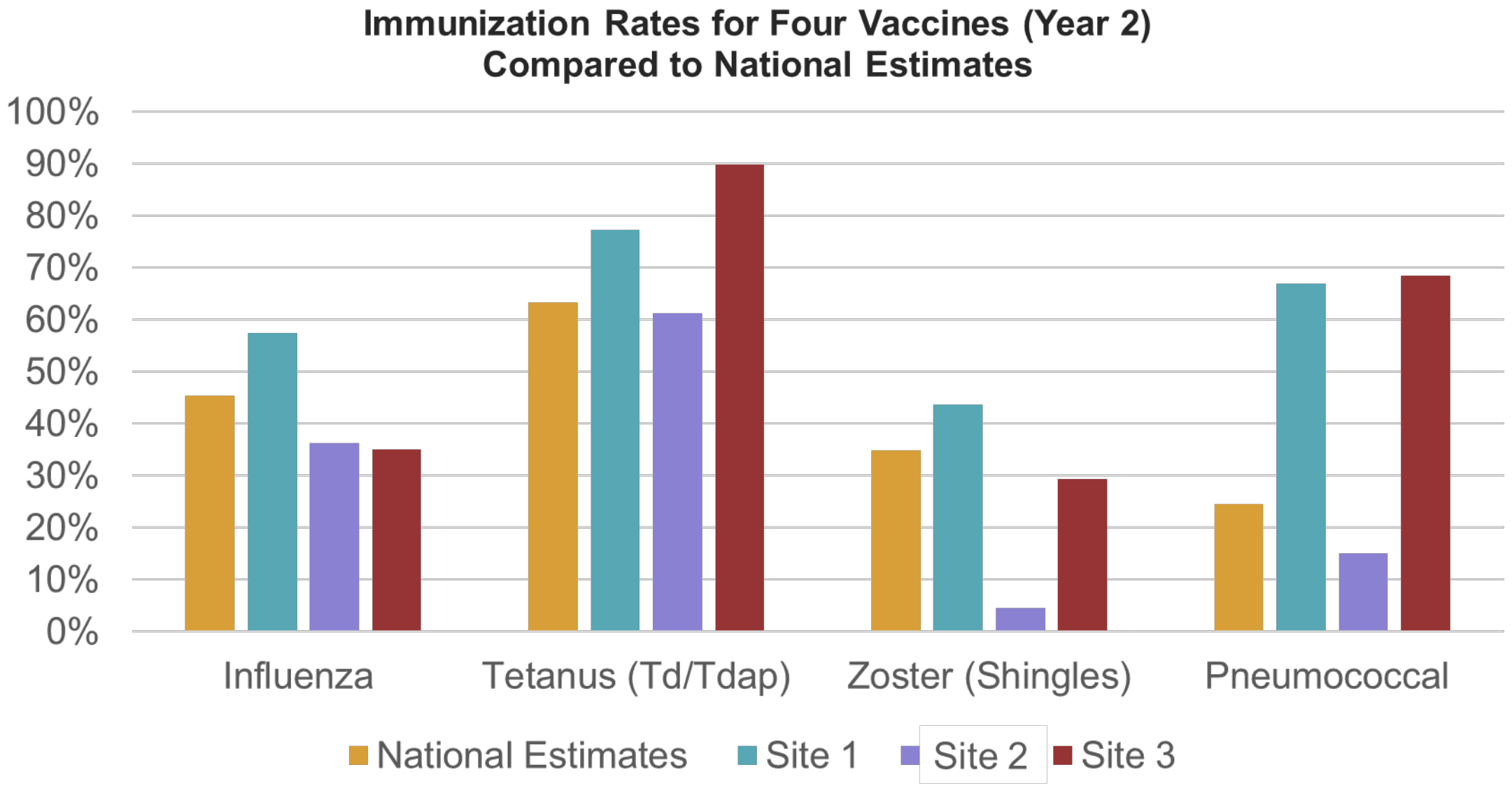
Single-state health system in Midwest

Medium-sized organization (1,000-5,000 employees)

Bidirectional exchange with IIS

PCMH: Patient-centered medical home; ACO=Accountable Care Organization

Key Quantitative Findings

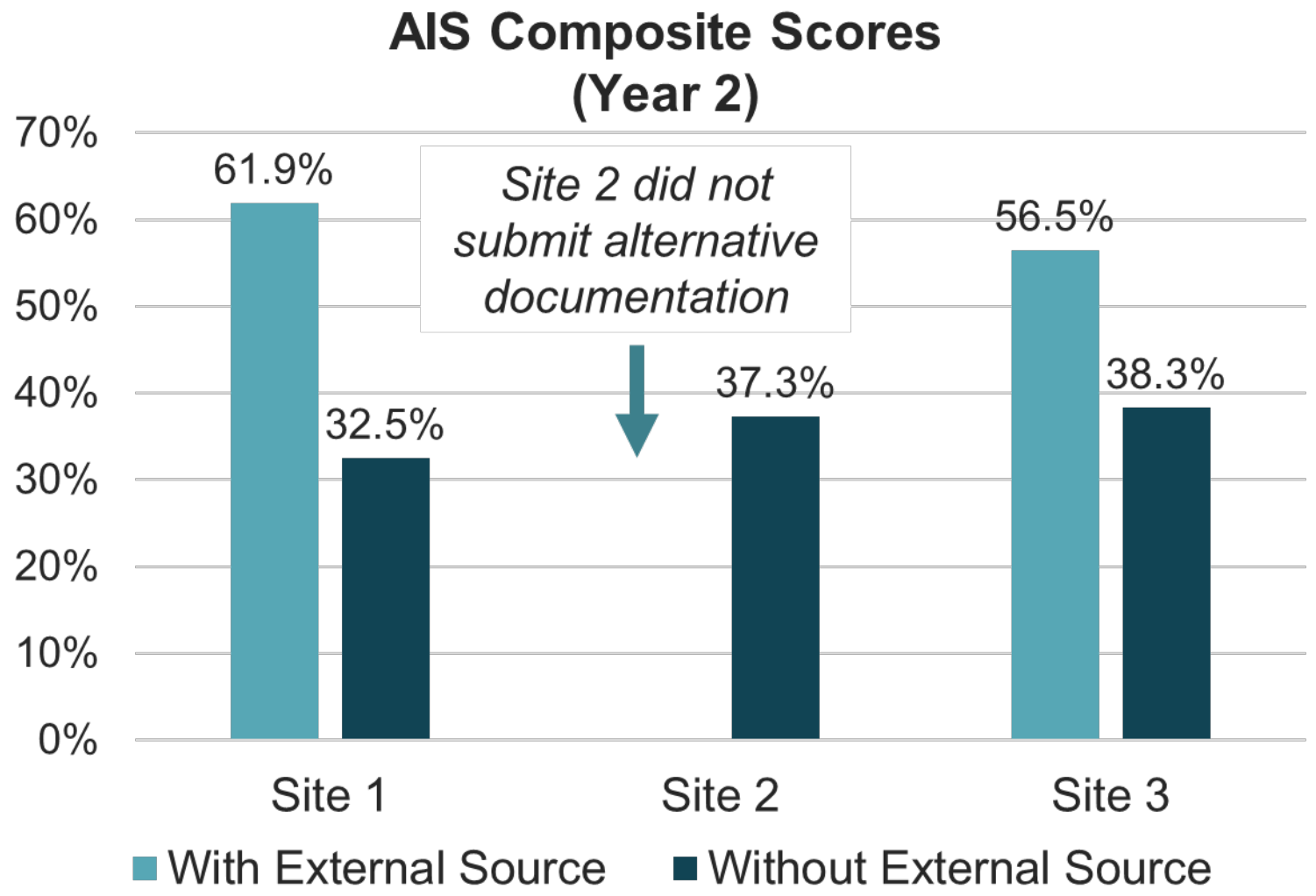


Key Quantitative Findings

Sites could submit data for immunizations received outside the medical group (alternative documentation).

- Pharmacy records
- IIS
- Patient self-report (flu)

External sources of immunization data contributed remarkably to performance.



Key Qualitative Findings

Variation in data availability exists between the three medical groups and across states.

State-specific policies for immunization reporting
In states where reporting by pharmacies is not required, pharmacies report fewer vaccinations to IIS.

Maturity of IIS
In states with less advanced IIS, sites pull data from the registry to the EHR manually, which is resource-intensive.

Conclusion

The use of data from external sources like IIS provides a comprehensive view of immunization rates.

The AIS measure is feasible to use in medical groups and rates calculated using the measure are comparable to national estimates.

Including the AIS measure in quality programs (e.g., MIPS and MSSP) may help raise adult immunization rates to meet national goals and priorities.

Sources

1. https://www.hhs.gov/vaccines/national-adult-immunization-plan/index.html
2. https://www.medscape.com/viewarticle/931913
3. https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2017.html
4. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures
5. https://www.ncqa.org/wp-content/uploads/2019/02/NCQA-AIS-PRS-Webinar-Slides-Feb-2019.pdf
6. https://www.izsummitpartners.org/content/uploads/2019/05/brkout-c-1-quality-wg.pdf
7. https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/

Thank you!

DISCERN HEALTH

Contact

Kaitlyn Whiton
kwhiton@discernhealth.com

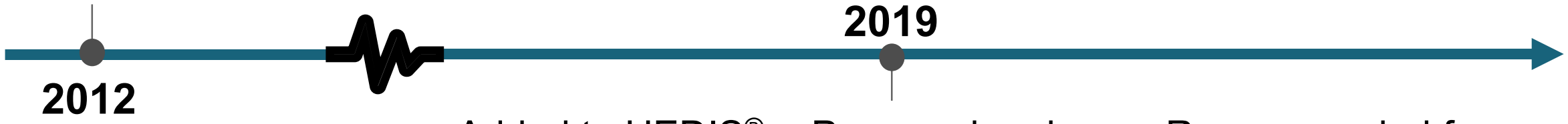
Courtney Barbera
cbarbera@discernhealth.com

Appendix

Efforts in AIS Measure Development and Implementation

DEVELOPMENT

Composite measure conceptualized during National Adult and Influenza Immunization Summit (NAIIS)[1]



Added to HEDIS® (Early 2019)[4]

Proposed and declined for addition to MIPS and MSSP (July 2019)[5]

Recommended for inclusion in 2020 Medicaid Core Set but not added (Nov. 2019)[6]

Ongoing

IMPLEMENTATION

Study Limitations

- Not all sites submitted alternative documentation.
- Data collection directions given to site were intentionally broad; sites may have had interpreted what data to extract differently.
- While claims data was permitted, sites submitted only EHR data.
  - High proportion of data used for ECDS measures is administrative claims data.
- Availability of Shingrix and timing of data extraction were key factors.
- HEDIS® measure was specified for health plans so modifications and interpretations of the measure were made.