TO: NQF Members
FR: NQF Staff
RE: Ad Hoc Review of Measures #0680, Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay), and #0682, Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

DA: March 8, 2012

BACKGROUND
The National Quality Forum (NQF) received a request for an ad hoc review of Measures #0680, Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay), and #0682, Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay) from the Centers for Medicare & Medicaid Services (CMS). This request falls under the third criterion justifying a review: material changes to a currently endorsed measure (e.g., expansion of the measure to a different population or setting).

The measure steward, CMS, has expanded the measures beyond the nursing home setting to include inpatient rehabilitation facilities and long-term acute care hospitals.

TECHNICAL REVIEW
Experts who were asked to participate in this ad hoc review were:

Dianne Jewell, PT, DPT, PhD, CCS, FAACVPR
The Rehab Intel Network; Ruther Glen, VA

Roger Khetan, MD, FACP, FHM
Health Care Improvement for BHCS; Dallas, TX

Jane Zucker, MD, MSc
NYC Department of Health and Mental Hygiene; New York City, NY

The request and information submitted on the measures were reviewed on a conference call on Thursday, February 16, 2012; CMS and their contractor, RTI, participated on the call.

The technical experts were asked to address two questions:
1. Does the evidence support this expansion to the inpatient rehabilitation facilities (IRFs) and long-term acute care hospitals (LTACs)?
2. Does the expansion to these settings impact the scientific acceptability (i.e., reliability and validity) of the measure?
Measure 0680 Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)

The data provided to demonstrate impact (1a) and the opportunity for improvement (1b) focused on those individuals who are aged 65 years and older, while much of the evidence provided cites immunization of all individuals who are aged 6 months or older. The technical experts requested that the steward expand the population to reflect the evidence since the measure as currently specified does not include applicable age ranges. They also wanted to make CMS aware that although they indicated in the measure evaluation form that no conflicting evidence exists, new information has surfaced stating otherwise since the most recent full endorsement review. This information was provided to the steward to include in the submission form.

Whether length of stay influenced the opportunity for success on the influenza immunization measure for these additional facilities was also asked. The steward provided information that the average length of stay for IRFs is 13 days and for LTACS is 26.4 days, which is considered adequate time for the facility to ensure that patients are immunized and the experts agreed.

The experts also asked for clarification on the start and end dates for when influenza immunization would be captured, and why it was not consistent with the NQF standard specifications for influenza immunization. The steward clarified that the timeframe included was to ensure that the measure reflected the influenza transmission season. The experts recommended that the measure capture the vaccine season rather than transmission season.

The experts agreed that reliability of the measure in these new settings was demonstrated but requested clarification on the validity testing results provided as the developers used the term “guarded” in their statistical analysis of the data. The steward clarified that the term was taken directly from a report from The University of Colorado and they would reword the testing section of their submission to clarify the testing results by providing specific values.

Measure 0682 Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

The technical experts questioned what implication there is for the vaccine to be applied to persons under the age of 18, as the measure does not exclude this population from its denominator. The steward clarified that because most of the patients cared for in these settings are over the age of 18 the age had not be specified. The technical experts requested that age ranges be included to reflect the current evidence since the measure as currently specified does not provide sufficient information on those included or excluded.

They also requested clarification on what is meant by “up to date vaccination” as defined in the numerator of the measure and what is the intended target period as noted in the documentation for the Minimum Data Set (MDS) section (Section 2a1.1). The steward has clarified the definition of “up-to-date vaccine status” as “a resident or patient who has been vaccinated in accordance with the current CDC vaccination guidelines for pneumococcal disease for his/her age and health status” and provided URLs to the CDC vaccination guidelines.
Technical Experts Recommendations:

Measure 0680 Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)

The experts agreed that they could recommend the expansion of Measure 0680 now that the age range is expanded to reflect current evidence, the time window is consistent with the standard specifications, data on the validity was provided, and the measure submission form is modified to ensure that the documentation supports the changes made.

Measure 0682 Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

The experts agreed that they could recommend the expansion of Measure 0682 now that the age range is expanded to reflect current evidence and the measure submission form is modified to ensure that the documentation supports the changes made.