TO: CSAC 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: April 2, 2012

The CSAC will be reviewing the technical expert recommendation and comments received on the 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)

CSAC ACTION REQUIRED
Pursuant to the CDP, the CSAC may consider approval of the ad hoc request to expand 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).

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

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.
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?

Responses by Technical Experts on the Questions Posed

**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 recommends 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 and the developer made the revision to the measure specifications.

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 and the developer made the revision to the measure specifications.

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 provided additional information to explain how validity was demonstrated.

**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 been specified. The technical experts requested that age
ranges be included to reflect the current evidence since the measure does not provide sufficient information on those included or excluded and the developer made the revision to the measure specifications.

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 and harmonized with other NQF-endorsed measures, data on the validity was provided, and the measure submission form was 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 harmonized with other NQF-endorsed measures and that the measure submission form was modified to ensure that the documentation supports the changes made.

**Comments Received**

Six comments were received from 2 member organizations. General consensus was that membership supports of the expansion of care settings for both measures, and that they retain their endorsement. More specific comments were submitted around the numerator statements for both measures and the title of both measures. One commenter suggested that the numerator statements be revisited to ensure that the measures are reported as dual rates to differentiate between individuals who received vaccination versus those who were offered and refused. It was also noted that inclusion of patients who were offered, but declined the vaccine could inflate the underlying true rate of vaccination and may appear to be inconsistent with vaccination rates as defined by the other immunization measures such as those from HEDIS. NQF staff note that including those patients who declined immunizations in the numerator and reporting the results in different rates to show the percentage who were immunized, declined immunization and the combined score are consistent with the NQF standard specifications.
Comments have been shared with measure steward and the technical experts. CMS was in agreement that it is important to identify those who were offered and refused the vaccine separately from other patients and residents. They highlighted specific text in their numerator statements for both measures which indicates such.

_The numerator is the number of residents or patients in the denominator sample who, during the numerator time window, meet any of the following criteria: (1) those who received the influenza vaccine during the most recent influenza vaccine season, either in the facility/hospital or outside the facility/hospital; (2) those who were offered but declined the influenza vaccine…Each criterion in the numerator will be computed and reported separately._

CMS acknowledges the concern with the titles, but maintains that the current titles while not providing every detail of the numerator, denominator and exclusions, are the most succinct way to accurately reflect the concept and general spirit of the measure.

CDC expressed concerns about expanding the settings to which the pneumonia measure (NQF #0682) would be applied at this time since ACIP is reviewing the recommendations for pneumococcal vaccination in adults given recent licensure of Pneumococcal Conjugate Vaccine PCV13. The technical experts had discussed the possibility of changes to the ACIP pneumococcal immunization recommendations but noted that until the recommendation is changed (which may not be until 2013) the administration of this immunization in these settings was appropriate. The experts noted that if the ACIP recommendations do change, the measure can and should be updated.

CMS also provided a response to the comments from CDC. To minimize patient risk, the measure was designed to encourage safe vaccination practice and prevent providers from vaccinating all patients, by giving numerator credit for those patients who were not given the vaccine due to contraindications as well as those who refused vaccination. Further, this measure is written to include patients (in LTCHs and IRFs) or residents (in nursing home setting) with an “up-to-date” vaccination status, which is outlined above under the discussion for Measure 0682. Because this measure is designed to reflect the current CDC guidelines, CMS plans to update this measure and the implementation guidance associated with it whenever there are changes to the CDC guidelines that warrant changes in the measure and implementation guidance to the providers in each of the three settings.