

NATIONAL QUALITY FORUM

TO: Prevention Endorsement Maintenance Steering Committee

FR: Reva Winkler, MD, MPH and Elisa Munthali, MPH

RE: Comments on draft report [Population Health: Prevention Endorsement Maintenance, 2011](#)

DA: February 10, 2012

*On February 3, 2012, the 30-day comment period concluded for the 20 measures recommended in the draft report [Population Health: Prevention Endorsement Maintenance, 2011](#). The Steering Committee will discuss the comments on a conference call on **Wednesday, February 15, 2012**.*

NQF received 102 comments from a variety of stakeholders, including 18 member organizations and 2 organizations and individuals who are not NQF members. The commenting organizations ([Table 1](#)) represent a variety of stakeholders:

Consumers – 0	Purchasers – 2
Professionals – 6	Health Plans - 2
Providers – 3	Public & Community Health - 1
QMRI – 2	Supplier and Industry - 2
Non-NQF member organizations -1	Individuals - 1

Measure developer responses

The measure developers were asked to respond to comments that pertain to the measure specifications, evidence, data collection, implementation, etc. The responses will be entered into the comment table provided to the Committee prior to the February 15 conference call.

COMMENTS

The comments include general comments or comments that address groups or classes of measures as well as comments specific to individual measures. NQF staff identified the following comments for further discussion:

GENERAL COMMENTS

Universal immunization measures for influenza and pneumonia

Several comments supported the Committee's hope for a single, universal measure that can be used in all settings, particularly with the measures from the Federal Government. Several commenters asked for further discussion of the challenges of creating a universal measure.

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ACTION ITEM: CMS was asked to discuss the efforts of the Federal Government to achieve a universal measure for all of its programs.

Immunization measure harmonization

The side-by-side tables of the specifications for the immunization measures are attached as Appendix A.

- Multiple comments asked about capturing patients who were immunized prior to October 1. (NQF Staff note: The standard specifications take into account both the recommended time frame of October through March and allow for capture of earlier vaccinations.)
- Question about exclusions, specifically egg allergy noting that the August 18, 2011 MMWR Report (<http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf>) states that egg allergy is not a contraindication to receiving the influenza vaccine and it is recommended that persons who have or report a history of egg allergy receive an inactivated influenza vaccine. However, those patients with a known severe egg allergy, “angioedema, respiratory distress, lightheadedness, or recurrent emesis, or persons who required epinephrine or other emergency medical intervention, particularly those that occurred immediately or within minutes to hours after egg exposure” should not be included when evaluating immunization rates.”
- Harmonization of [0039 Flu Shots for Adults Ages 50 and Over \(NCQA\)](#)(survey measure) and [0041 Influenza immunization \(PCPI\)](#)(medical record/EHR)
- **0041 Influenza Immunization (PCPI)** - lack of alignment with standard specifications and the other influenza immunization measures (exclusions are removed from the denominator rather than included in numerator categories)

The measure developers were asked to respond to the various comments.

ACTION ITEM: After reviewing the comments and the developers’ response(s), does the Committee wish to change their recommendation on the measures?

MEASURE SPECIFIC COMMENTS

[0431 Influenza Vaccination Coverage among Healthcare Personnel \(CDC\)](#)

The Joint Commission (TJC) commented that the current measure specifications do not align with TJC’s standard for influenza immunization for healthcare personnel. TJC includes contract personnel in their standard and points out that contract personnel include registered nurses and others with direct patient contact. TJC noted ongoing discussions with CDC hoping to align their standard with the NQF endorsed measure. Another commenter reported that the burden of data collection for contract workers and other transients was overwhelming for hospitals. The developer was asked to respond.

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ACTION ITEM: After reviewing the comments and the developer’s response(s), does the Committee wish to change their recommendation on the measure?

[0522 Influenza Immunization Received for Current Flu Season \(Home Health\) \(CMS\)](#)

[0525 Pneumococcal Polysaccharide Vaccine \(PPV\) Ever Received \(Home Health\) \(CMS\)](#)

Several commenters agreed with the Committee that the measures should assess patients rather than episodes. The developer responded that they are willing to modify the measure. The developer and NQF staff will have a discussion regarding changes to the measure prior to the February 15 conference call. The developer has also agreed to change the titles of the measures to include **(Home Health patients)**.

ACTION ITEM: After reviewing the comments and the developer’s response(s), does the Committee wish to change their recommendation on the measure?

[0038 Childhood Immunization Status \(NCQA\)](#)

Several commenters agreed with the Steering Committee that the measure is quite complex, with multiple, different rates and suggest that one or two overall or combination rates should be used for public reporting and accountability.

NQF Staff note: The measure description “*Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday*” is represented by the “Combo 10” measure that includes all immunizations. Current performance of Combo 10 reported to NCQA is a range of 0-52% with 15% at the 50th percentile.

ACTION ITEM: After reviewing the comments and the developer’s response(s), does the Committee wish to recommend one or more combination measures as part of the recommendation for endorsement?

[1659 Influenza Immunization \(CMS\)](#)

Comments focused on several questions:

- If these measures apply to “hospitals” why does the denominator population include patients in nursing homes and skilled nursing facilities?
- Has the measure been tested? (NQF Staff note: The [measure submission form](#) provides data on testing of the measure in pneumonia inpatients rather than all inpatients.)
- Lack of electronic data sources or near term path to achieving electronic data.
- APIC guidelines indication that “people who are moderately or severely ill should usually wait until they recover before getting flu vaccine.” Many hospitalized patients may be moderately or severely ill and should not be included in this measure.

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The developer has been asked to respond to the questions/comments.

ACTION ITEM: After reviewing the comments and the developer’s response(s), does the Committee wish to change their recommendation on the measure?

1653 Pneumococcal vaccination (PPV23) (CMS)

Comments raised several questions:

- If these measures apply to “hospitals” why does the denominator population include patients in nursing homes and skilled nursing facilities?
- Has the measure been tested? (NQF Staff note: The [measure submission form](#) provides data on testing of the measure in pneumonia inpatients rather than all inpatients.)
- Lack of electronic data sources or near term path to achieving electronic data.
- Is there substantial overlap with the measure 0617 Pneumococcal immunization?
- What is the feasibility for patients to recall their status for the specific vaccine, 23-valent Pneumococcal Polysaccharide Vaccine (PPV23)?
- What do we know about the use and safety about unnecessary re-vaccination in the case of faulty recall?
- Clarify exclusions - should exclude high-risk patients with evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months.

The developer has been asked to respond to the questions/comments.

ACTION ITEM: After reviewing the comments and the developer’s response(s), does the Committee wish to change their recommendation on the measure?

0614 Steroid use – osteoporosis screening (Active Health)

A commenter asked about the small at-risk population and “value added” proposition. The developer was asked to respond, including data on the number of patients captured by this measure.

ACTION ITEM: After reviewing the comments and the developer’s response(s), does the Committee wish to change their recommendation on the measure?

0629 Male Smokers or Family History of Abdominal Aortic Aneurysm (AAA) - Consider Screening for AAA (Active Health)

Two comments suggested listing the imaging studies which qualify and questioned the feasibility of collecting family history.

ACTION ITEM: After reviewing the comments and the developer’s response(s), does the Committee wish to change their recommendation on the measure?

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TABLE 1: ORGANIZATIONS SUBMITTING COMMENTS

Health Plans:

America's Health Insurance Plans
Highmark Inc.

Professionals:

American Academy of Family Physicians
American Nurses Association
Association for Professionals in Infection Control and Epidemiology
American College of Physicians
American College of Rheumatology
American College of Chest Physicians

Providers:

Federation of American Hospitals
The Health Alliance of Mid America LLC
American Hospital Association

Public and Community Health:

Minnesota Community Measurement

Purchasers:

HealthCare 21 Business Coalition
Pacific Business Group on Health

QMRI:

The Joint Commission
Kidney Care Partners

Supplier and Industry:

GlaxoSmithKline
Pfizer

Non-NQF Members:

Biotechnology Industry Organization