



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Prevention and Population Health, Spring 2022 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

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Welcome

Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities
- Please mute your computer when not speaking
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
- We encourage you to keep the video on throughout the event
- We encourage you to use the following features
 - ▣ Chat box: to message NQF staff or the group
 - ▣ Raise hand: to be called upon to speak
- We will conduct a Standing Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at populationhealth@qualityforum.org

Project Team — Prevention and Population Health Committee



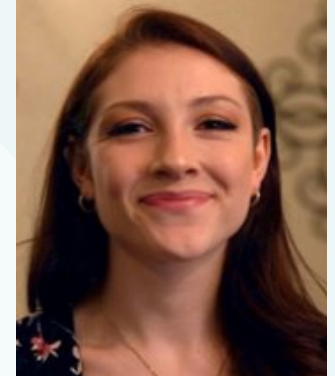
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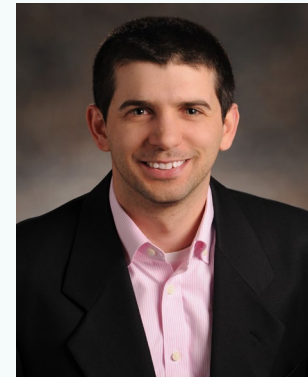
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Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosures of Interest

Prevention and Population Health Spring 2022 Cycle Standing Committee

- Anita Ravi, MD, MPH, MSHP, FAAFP (Co-Chair)
- Amir Qaseem, MD, PhD, MHA, MRCP, FACP (Co-Chair)
- Barry-Lewis Harris, II, MD
- Catherine A. Hill, DNP, APRN, GNP-BC, CMC
- Matt Stiefel, MPA
- Michael A. Stoto, PhD
- Philip Alberti, PhD
- Jayaram Brindala, MD, MBA, MPH, MS
- Gigi Chawla, MD, MHA
- Favio Freyre, MD
- Julia L. Logan, MD, MPH
- Amy N. Nguyen Howell, MD, MBA, FAAFP
- Lisa Nichols, MSW
- Patricia Quigley, PhD, MPH, CRRN, FAAN, FAANP
- Carol Siebert, OTD, OT/L, FAOTA
- Jason Spangler, MD, MPH, FACPM
- Arjun K. Venkatesh, MD, MBA, MHS
- Ruth E. Wetta, RN, PhD, MPH, MSN
- Whitney Bowman-Zatzkin, MPA, MSR
- Larry Curley, MPA
- Ron Bailek, MPP, CQIA

Overview of Evaluation Process and Voting Process

Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Prevention and Population Health measures

Meeting Ground Rules

- Be prepared, having reviewed the measures beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin the Standing Committee discussion **for each criterion by:**
 - ▣ briefly explaining information on the criterion provided by the developer;
 - ▣ providing a brief summary of the pre-meeting evaluation comments;
 - ▣ emphasizing areas of concern or differences of opinion; and
 - ▣ noting, if needed, the preliminary rating by NQF staff.
 - This rating is intended to be used as a guide to facilitate the Standing Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Standing Committee.
- The full Standing Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion.

Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.

Voting on Endorsement Criteria

Votes will be taken after the discussion of each criterion

- **Importance to Measure and Report**
 - ▣ Vote on Evidence (must pass)
 - ▣ Vote on Performance Gap (must pass)
 - ▣ Vote on Rationale - Composite measures only (must pass)
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability
- **Overall Suitability for Endorsement**

Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, discussion continues with the next measure criterion but a vote on overall suitability will not be taken.

Achieving Consensus

- Quorum: 66% of active committee members (14 of 21 members)*.

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- CNR measures move forward to public and NQF member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post-comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

*The quorum denominator will change if any Standing Committee members are recused from discussion for a measure.

Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum unless 50% attendance is not reached.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
 - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.



Evaluation Process Questions?

Voting Test

Measures Under Review

Spring 2022 Cycle Measures

■ 4 Maintenance Measures for Committee Review

- ▣ **0431** Influenza Vaccination Coverage Among Healthcare Personnel (Centers for Disease Control and Prevention (CDC))
- ▣ **0680** Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) (Centers for Medicare & Medicaid Services (CMS))
- ▣ **0041** Preventive Care and Screening: Influenza Immunization (National Committee for Quality Assurance (NCQA))
- ▣ **2528** Prevention: Topical Fluoride for Children, Dental Services (American Dental Association (ADA))

■ 2 New Measures for Committee Review

- ▣ **3700** Prevention: Topical Fluoride for Children, Dental or Oral Health Services (ADA)
- ▣ **3701** Prevention: Topical Fluoride for Children, Oral Health Services (ADA)

NQF Scientific Methods Panel (SMP)

- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.

NQF Scientific Methods Panel Review

- No measures were reviewed by the SMP

Consideration of Candidate Measures

2528 Prevention: Topical Fluoride for Children, Dental Services

- **Measure Steward/Developer:** ADA
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental services within the reporting year. The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

3700 Prevention: Topical Fluoride for Children, Dental or Oral Health Services

- **Measure Steward/Developer:** ADA
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental or oral health services within the reporting year. The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

Lunch Break – 30 Minutes

3701 Prevention: Topical Fluoride for Children, Oral Health Services

- **Measure Steward/Developer:** ADA
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as oral health services within the reporting year. The measure is specified for reporting at the program and plan levels for both public and private/commercial reporting.

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

- **Measure Steward/Developer:** CMS
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - The measure reports the percentage of short-stay residents or patients who are assessed and appropriately given the seasonal influenza vaccine during the most recently-completed influenza season. The influenza vaccination season (IVS) is defined as beginning on October 1, or when the vaccine first becomes available*, and ends on March 31 of the following year. This measure is based on the NQF's National Voluntary Standards for Influenza and Pneumococcal Immunizations. The measure denominator consists of short-stay residents. Short-stay residents are identified as those who have had 100 or fewer days of nursing home care. *Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the target period for the quality measure and references to the IVS for the denominator specification is from October 1 to March 31 of the following year. The numerator time window and references to the IVS in the numerator specifications may include residents who were assessed and offered the vaccine before October 1. This is based on how the influenza items were coded by the facility.

Break – 15 Minutes

0041 Preventive Care and Screening: Influenza Immunization

- **Measure Steward/Developer:** NCQA

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

0431 Influenza Vaccination Coverage Among Healthcare Personnel

- **Measure Steward/Developer:** CDC
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Percentage of healthcare personnel (HCP) who receive the influenza vaccination.

Related and Competing Discussion

Related and Competing Measures

- If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

Target Population	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.

Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.

Measure #3700, #3701, #2528 Related Measures

- #2511 Utilization of Services, Dental Services
- #2517 Oral Evaluation, Dental Services
- #2689 Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children
- #2695 Follow-Up after Emergency Department Visits for Dental Caries in Children

Measure #3700 #3701, #2528 Related Measure

Category	#2511 Utilization of Services, Dental Services
Steward/Developer	American Dental Association
Description	Percentage of enrolled children under age 21 years who received at least one dental service within the reporting year.
Numerator	Unduplicated number of children under age 21 years who received at least one dental service
Denominator	Unduplicated number of enrolled children under age 21 years
Target Population	Children, Populations at Risk
Care Setting	Outpatient Services
Level of Analysis	Health Plan, Integrated Delivery System

Measure #3700 #3701, #2528 Related Measure

Category	#2517 Oral Evaluation, Dental Services
Steward/Developer	American Dental Association
Description	Percentage of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation within the reporting year.
Numerator	Unduplicated number of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation as a dental service
Denominator	Unduplicated number of enrolled children under age 21 years
Target Population	Children, Populations at Risk
Care Setting	Outpatient Services
Level of Analysis	Health Plan, Integrated Delivery System

Measure #3700 #3701, #2528 Related Measure

Category	#2689 Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children
Steward/Developer	American Dental Association
Description	Number of emergency department visits for caries-related reasons per 100,000 member months for children
Numerator	Number of ED visits with caries-related diagnosis code among all enrolled children
Denominator	<p>All member months for enrollees 0 through 20 years during the reporting year divided by 100,000.</p> <p>NOTES: 1. Age range is 0 through 20 years (<21 years) to coincide with Medicaid Early and Periodic Screening, Diagnostic, and Treatment eligibility. (https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html). 2. 100,000 member months of enrollment was selected instead of a per population approach due to enrollment variation. This is consistent with the approach that the Centers for Medicare and Medicaid Services has taken for the Medicaid Adult Health Care Quality measures of potentially preventable hospitalizations, which measures rates per 100,000 member months (http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Adult-Health-Care-Quality-Measures.html)</p>
Target Population	Children, Populations at Risk
Care Setting	Emergency Department and Services
Level of Analysis	Integrated Delivery System

Measure #3700 #3701, #2528 Related Measure

Category	#2695 Follow-Up after Emergency Department Visits for Dental Caries in Children
Steward/Developer	American Dental Association
Description	Percentage of ambulatory care sensitive Emergency Department (ED) visits for dental caries among children 0 – 20 years in the reporting period for which the member visited a dentist within (a) 7 days and (b) 30 days of the ED visit.
Numerator	Number of ambulatory care sensitive ED visits by children for dental caries for which the member visited a dentist within (a) 7 days (NUM1) and (b) 30 days (NUM2) of the ED visit
Denominator	Number of ambulatory care sensitive ED visits by children 0 through 20 years for dental caries in the reporting period. Note: Age range is 0 through 20 years (<21 years) to coincide with Medicaid Early and Periodic Screening, Diagnostic, and Treatment eligibility. (http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html).
Target Population	Children, Populations at Risk
Care Setting	Outpatient Services, Emergency Department and Services
Level of Analysis	Integrated Delivery System

Measure #3700 #3701, #2528 Related Measures Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?



Measure #0680 Related Measure

- #1659 Influenza Immunization

Measure #0680 Related Measure

Category	#1659 Influenza Immunization
Steward/Developer	Centers for Medicare & Medicaid Services/Telligen
Description	Inpatients age 6 months and older discharged during October, November, December, January, February or March who are screened for influenza vaccine status and vaccinated prior to discharge if indicated.
Numerator	Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated
Denominator	Acute care hospitalized inpatients age 6 months and older discharged during October, November, December, January, February or March.
Target Population	Children, Women, Elderly, Populations and Risk, Dual eligible beneficiaries, Individuals with multiple chronic conditions, Veterans.
Care Setting	Inpatient/Hospital
Level of Analysis	Facility



Measure #0680 Related Measures Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

Measure #0041 Related Measures

- #0038 Childhood Immunization Status (CIS)
- #0226 Influenza Immunization in the ESRD Population (Facility Level)
- #0431 Influenza Vaccination Coverage Among Healthcare Personnel
- #0680 Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)
- #1659 Influenza Immunization
- #3484 Prenatal Immunization Status
- #3620 Adult Immunization Status

Measure #0041 Related Measure

Category	#0038 Childhood Immunization Status (CIS)
Steward/Developer	National Committee for Quality Assurance
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 haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine.
Numerator	Children who received the recommended vaccines by their second birthday.
Denominator	Children who turn 2 years of age during the measurement year.
Target Population	Children Age <18
Care Setting	Outpatient Services
Level of Analysis	Health Plan, Integrated Delivery System

Measure #0041 Related Measure

Category	#0226 Influenza Immunization in the ESRD Population (Facility Level)
Steward/Developer	Kidney Care Quality Alliance
Description	Percentage of end stage renal disease (ESRD) patients aged 6 months and older receiving hemodialysis or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31 who either received, were offered and declined, or were determined to have a medical contraindication to the influenza vaccine.
Numerator	Number of patients from the denominator who: 1. received an influenza vaccination,* documented by the provider or reported receipt from another provider by the patient (computed and reported separately); 2. were assessed and offered an influenza vaccination but declined (computed and reported separately); 3. were assessed and determined to have a medical contraindication(s) of anaphylactic hypersensitivity to eggs or other component(s) of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, and/or bone marrow transplant within the past 6 months (<6 months prior to encounters between October 1 and March 31) (computed and reported separately).
Denominator	All ESRD patients aged 6 months and older receiving hemodialysis and/or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31.
Target Population	Children (Age < 18), Elderly (Age >= 65), Dual eligible beneficiaries, Individuals with multiple chronic conditions, Populations at Risk
Care Setting	Post-Acute Care
Level of Analysis	Facility



Measure #0041 Related Measure

Category	#0431 Influenza Vaccination Coverage Among Healthcare Personnel
Steward/Developer	Centers for Disease Control and Prevention
Description	Percentage of healthcare personnel (HCP) who receive the influenza vaccination.
Numerator	<p>HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:</p> <p>(a) received an influenza vaccination administered at the healthcare facility or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or (b) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or (c) declined influenza vaccination. Each of the three submeasure numerators described above will be calculated and reported separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.</p>
Denominator	<p>Number of HCP in groups(a)-(c) below who are working in the healthcare facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact. Denominator is reported in the aggregate; rates for each HCP group may be calculated separately for facility-level quality improvement purposes:</p> <p>a) Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).</p> <p>b) Licensed independent practitioners: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.</p> <p>c) Adult students/trainees and volunteers: include all students/trainees and volunteers aged 18 or over who do not receive a direct paycheck from the reporting facility.</p>
Target Population	Adults (Age \geq 18)
Care Setting	Inpatient/Hospital, Outpatient services, Post-Acute Care
Level of Analysis	Facility

Measure #0041 Related Measure

Category	#0680 Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)
Steward/Developer	Centers for Medicare & Medicaid Services
Description	This measure captures the percentage of short-stay nursing home residents who were assessed and appropriately given the influenza vaccine during the most recent influenza season. The influenza vaccination season (IVS) is defined as beginning on October 1, or when the vaccine first becomes available, and ends on March 31 of the following year. * This measure is based on the NQF's National Voluntary Standards for Influenza and Pneumococcal Immunizations. The measure denominator consists of short-stay residents. Short-stay residents are identified as those who have had 100 or fewer days of nursing home care. *Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the target period for the quality measure and references to the IVS for the denominator specification is from October 1 to March 31 of the following year. The numerator time window and references to the IVS in the numerator specifications may include residents who were assessed and offered the vaccine before October 1. This is based on how the influenza items were coded by the facility.
Numerator	The numerator is the number of residents in the denominator sample who, during the numerator time window, meet any one of the following criteria: Resident received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility; or Resident was offered and declined the influenza vaccine; or Resident was ineligible due to medical contraindication(s). The numerator time window coincides with the most recently-completed seasonal IVS which begins on October 1 and ends on March 31 of the following year. However, the measure selection period uses a June 30 end date to ensure residents who do not have an assessment completed until after March 31 but were vaccinated between October 1 and March 31 are captured in the sample.
Denominator	The denominator consists of residents 180 days of age and older on the target date of the assessment who were in the facility for at least one day during the most recently completed IVS, from October 1 to March 31 of the following year. If a nursing home resident has more than one episode during this time window, only the more recent episode is included in this measure.
Target Population	Elderly (Age >= 65)
Care Setting	Post-Acute Care
Level of Analysis	Facility

Measure #0041 Related Measure

Category	#1659 Influenza Immunization
Steward/Developer	Centers for Medicare & Medicaid Services/Telligen
Description	Inpatients age 6 months and older discharged during October, November, December, January, February or March who are screened for influenza vaccine status and vaccinated prior to discharge if indicated
Numerator	Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated
Denominator	Acute care hospitalized inpatients age 6 months and older discharged during October, November, December, January, February or March.
Target Population	Children, Women, Elderly, Populations at Risk, Dual eligible beneficiaries, Individuals with multiple chronic conditions, Veterans
Care Setting	Inpatient/Hospital
Level of Analysis	Facility

Measure #0041 Related Measure

Category	#3484 Prenatal Immunization Status
Steward/Developer	National Committee for Quality Assurance
Description	Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
Numerator	Deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
Denominator	Deliveries that occurred during the measurement period.
Target Population	Pregnant Women
Care Setting	Outpatient Services
Level of Analysis	Health Plan

Measure #0041 Related Measure

Category	#3620 Adult Immunization Status
Steward/Developer	National Committee for Quality Assurance
Description	The percentage of adults 19 years of age and older who are up-to-date on Advisory Committee on Immunization Practice (ACIP) recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.
Numerator	Adults age 19 and older who are up-to-date on recommended routine vaccines for influenza, tetanus (Td) or tetanus, diphtheria or acellular pertussis (Tdap), herpes zoster and pneumococcal based on age and recommendations.
Denominator	Adults ages 19 years and older.
Target Population	Adults (Age >= 19)
Care Setting	Outpatient Services
Level of Analysis	Health Plan



Measure #0041 Related Measures Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

Measure #0431 Related Measures

- #0041 Influenza Immunization in the ESRD Population (Facility Level)
- #0226 Influenza Immunization in the ESRD Population (Facility Level)
- #0680 Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)
- #1659 Influenza Immunization

Measure #0431 Related Measure

Category	#0041 Preventive Care and Screening: Influenza Immunization
Steward/Developer	National Committee for Quality Assurance
Description	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
Numerator	Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization.
Denominator	All patients aged 6 months and older seen for a visit between October 1 and March 31.
Target Population	Adults (Age ≥ 18), Children (Age < 18), Elderly (Age ≥ 65)
Care Setting	Other
Level of Analysis	Clinician: Individual

Measure #0431 Related Measure

Category	#0226 Influenza Immunization in the ESRD Population (Facility Level)
Steward/Developer	Kidney Care Quality Alliance
Description	Percentage of end stage renal disease (ESRD) patients aged 6 months and older receiving hemodialysis or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31 who either received, were offered and declined, or were determined to have a medical contraindication to the influenza vaccine.
Numerator	Number of patients from the denominator who: 1. received an influenza vaccination,* documented by the provider or reported receipt from another provider by the patient (computed and reported separately); 2. were assessed and offered an influenza vaccination but declined (computed and reported separately); 3. were assessed and determined to have a medical contraindication(s) of anaphylactic hypersensitivity to eggs or other component(s) of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, and/or bone marrow transplant within the past 6 months (<6 months prior to encounters between October 1 and March 31) (computed and reported separately).
Denominator	All ESRD patients aged 6 months and older receiving hemodialysis and/or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31.
Target Population	Children (Age < 18), Elderly (Age >= 65)
Care Setting	Post-Acute Care
Level of Analysis	Facility

Measure #0431 Related Measure

Category	#0680 Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)
Steward/Developer	Centers for Medicare & Medicaid Services
Description	This measure captures the percentage of short-stay nursing home residents who were assessed and appropriately given the influenza vaccine during the most recent influenza season. The influenza vaccination season (IVS) is defined as beginning on October 1, or when the vaccine first becomes available, and ends on March 31 of the following year.* This measure is based on the NQF's National Voluntary Standards for Influenza and Pneumococcal Immunizations. The measure denominator consists of short-stay residents. Short-stay residents are identified as those who have had 100 or fewer days of nursing home care.
Numerator	The numerator is the number of residents in the denominator sample who, during the numerator time window, meet any one of the following criteria: Resident received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility; or Resident was offered and declined the influenza vaccine; or Resident was ineligible due to medical contraindication(s).
Denominator	The denominator consists of residents 180 days of age and older on the target date of the assessment who were in the facility for at least one day during the most recently completed IVS, from October 1 to March 31 of the following year. If a nursing home resident has more than one episode during this time window, only the more recent episode is included in this measure.
Target Population	Elderly (Age >= 65)
Care Setting	Post-Acute Care
Level of Analysis	Facility

Measure #0431 Related Measure

Category	#1659 Influenza Immunization (Maintenance)
Steward/Developer	Centers for Medicare & Medicaid Services/Telligen
Description	Inpatients age 6 months and older discharged during October, November, December, January, February or March who are screened for influenza vaccine status and vaccinated prior to discharge if indicated.
Numerator	Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated
Denominator	Acute care hospitalized inpatients age 6 months and older discharged during October, November, December, January, February or March.
Target Population	Children, Women, Elderly, Populations and Risk, Dual eligible beneficiaries, Individuals with multiple chronic conditions, Veterans.
Care Setting	Inpatient/Hospital
Level of Analysis	Facility



Measure #0431 Related Measures Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

NQF Member and Public Comment

Next Steps



Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Committee's discussion and recommendations
 - ▣ This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment table which is shared with developers and Committee members
- Post-comment call: The Committee will reconvene for a post-comment call to discuss comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision



Activities and Timeline – Spring 2022 Cycle

*All times ET

Meeting	Date, Time*
Measure Evaluation Follow-up Web Meeting	July 8, 2022 11am-2pm
Draft Report Comment Period	August 12-September 12, 2022
Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD



Project Contact Info

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- Project
page: [https://www.qualityforum.org/Prevention and Population Health.aspx](https://www.qualityforum.org/Prevention_and_Population_Health.aspx)
- SharePoint
site: [https://share.qualityforum.org/portfolio/PreventionPopulation Health/SitePages/Home.aspx](https://share.qualityforum.org/portfolio/PreventionPopulationHealth/SitePages/Home.aspx)

Questions?

THANK YOU.

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