NATIONAL QUALITY FORUM
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Meeting Summary

Prevention and Population Health Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Prevention and Population Health Standing Committee for a web meeting on July 7, 2022, to evaluate six measures for the spring 2022 cycle.

Welcome, Review of Meeting Objectives, Introductions, and Overview of Evaluation and Voting Process

Paula Farrell, NQF director, welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. The Standing Committee members each introduced themselves and disclosed any conflicts of interest. No Standing Committee members disclosed a conflict of interest with any measures under review. Additionally, Oroma Igwe, NQF manager, reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

During the meeting, the quorum required for live voting was not achieved (14 Standing Committee members). Therefore, the Standing Committee discussed all relevant criteria and voted after the meeting using an online voting tool. Voting results are provided below.

Measure Evaluation

During the meeting, the Prevention and Population Health Standing Committee evaluated six measures (four maintenance and two new) for endorsement consideration. A more detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report.

A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of eligible voting members select a passing vote option (Pass, High and Moderate, Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. If a measure does not pass a must-pass criterion, voting during the measure evaluation meeting will cease. The Standing Committee will not revote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider the measure(s) based on submitted comments or a formal reconsideration request from the developer. The Standing Committee has not reached consensus on the measure if between 40 and 60 percent of eligible voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. The Standing Committee will revote on criteria that did not reach consensus and potentially on overall suitability for endorsement during the post-comment web meeting. The Standing Committee was not able to discuss related and competing measures during the meeting and the discussion will occur during the post-comment meeting.

Voting Legend:

- *Evidence (Outcome Measures) and Use:* Pass/No Pass
- *Accepting Scientific Methods Panel (SMP) Rating and Overall Suitability for Endorsement*: Yes/No
- *All Other Criterion:* H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

- *Maintenance Criteria Where Standing Committee Decided Additional Discussion/Vote Was Not Needed (Evidence, Reliability, Validity only):* Accepted Previous Evaluation

NQF #2528 Prevention: Topical Fluoride for Children, Dental Services (American Dental Association [ADA])

Description: Percentage of children aged one through 20 years who received at least two 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. **Measure Type**: Process; **Level of Analysis**: Other, Health Plan, Health Plan; **Setting of Care**: Outpatient Services; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Jill Herndon, PhD
- Craig Amundson, DDS
- Diptee Ojha, B.D.S., PhD
- Erica Colangelo, MPH

Standing Committee Votes

- **Evidence**: Total Votes-14; H-3; M-11; L-0; I-0 (14/14 – 100%, Pass)
- **Performance Gap**: Total Votes-14; H-7; M-7; L-0; I-0 (14/14 – 100%, Pass)
- **Reliability**: Total Votes-14; H-3; M-11; L-0; I-0 (14/14 – 100%, Pass)
- **Validity**: Total Votes-14; H-3; M-11; L-0; I-0 (14/14 – 100%, Pass)
- **Feasibility**: Total Votes-14; H-8; M-6; L-0; I-0 (14/14 – 100%, Pass)
- **Use**: Total Votes-14; Pass-14; No Pass-0 (14/14 – 100%, Pass)
- **Usability**: Total Votes-14; H-6; M-8; L-0; I-0 (14/14 – 100%, Pass)
- Standing Committee Recommendation for Endorsement: Total Votes-14; Yes-14; No-0 (14/14 – 100%, Pass)

The Standing Committee recommended the measure for continued endorsement.

This health plan and program level measure was originally submitted for endorsement in 2014 and retained endorsement in 2017. The measure is paired with two other topical fluoride measures NQF #3701 Prevention: Topical Fluoride for Children, Oral Health Services and NQF #3700 Prevention: Topical Fluoride for Children, Dental or Oral Health Service. The measure can be reported as a standalone measure; however, it is being grouped with these two complementary measures to enable more robust quality improvement efforts. This measure is publicly reported nationally in the Center for Oral Health Systems Integration and Improvement (COHSII) Oral Health Quality Indicators for the Maternal and Child Health Population, adopted for use by CMS for Child Core Health Care Quality Measurement for fiscal year 2022 reporting by state Medicaid and CHIP. The measure is also currently utilized in multiple state Medicaid quality and payment programs.

The Standing Committee acknowledged that the updated evidence was directionally the same, but stronger from the prior review. The Standing Committee noted that evidence led to support an update to the measure denominator and that the denominator now includes all children ages one to 20 years, instead of those at high risk. The Standing Committee requested clarification regarding the prior high-risk definition. The developer advised that the high-risk definition included children who had prior

carries and that many children were missed, thus the denominator was updated. The Standing Committee agreed that the evidence existed to support the measure and passed the measure on evidence. The Standing Committee agreed that there was a variation that indicated a performance gap and that disparities exist and passed the measure on performance gap.

The Standing Committee highlighted the reliability testing and acknowledged that the developer performed testing at the program level, but not at the health plan level. The developer justified this by stating that the program data is transferrable to the plan level. The Standing Committee agreed that the testing at the program level is transferable to the health plan level and passed the measure on reliability. The Standing Committee noted that prior patient/encounter level validity testing was submitted and that this testing remains valid. The Standing Committee noted that the new testing submitted was only performed at the program level, but that is also transferable to the health plan level and passed the measure on validity.

The Standing Committee agreed the measure is feasible and is in use within state Medicaid programs, along with being adopted for use by CMS for Child Core Health Care Quality Measurement. The Standing Committee expressed a concern regarding a potential unintended consequence that the three paired fluoride measures could increase health care costs, as the measures may increase the number of visits that a patient needs, but the Standing Committee ultimately agreed that the there is no evidence that increased number of visits causes harm. The Standing Committee also questioned if health plan performance might appear worse if fluoride services were mostly provided by dentists. The developer advised that the important factor is that children obtain the services and that having the three paired measures together will allow for more robust assessment of the services provided. The Standing Committee accepted this explanation and passed the measure on feasibility, use, usability, and overall suitability for endorsement.

NQF #3700 Prevention: Topical Fluoride for Children, Dental or Oral Health Services (ADA)

Description: Percentage of children aged one through 20 years who received at least two 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. **Measure Type**: Process; **Level of Analysis**: Other, Health Plan; **Setting of Care**: Outpatient Services; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Jill Herndon, PhD
- Craig Amundson, DDS
- Diptee Ojha, B.D.S., PhD
- Erica Colangelo, MPH

Standing Committee Votes

- **Evidence**: Total Votes-14; H-2; M-12; L-0; I-0 (14/14 – 100%, Pass)
- **Performance Gap**: Total Votes-14; H-9; M-5; L-0; I-0 (14/14 – 100%, Pass)
- **Reliability**: Total Votes-14; H-5; M-9; L-0; I-0 (14/14– 100%, Pass)
- **Validity**: Total Votes-14; H-1; M-13; L-0; I-0 (14/14 – 100%, Pass)
- **Feasibility**: Total Votes-14; H-8; M-6; L-0; I-0 (14/14 – 100%, Pass)
- **Use**: Total Votes-14; Pass-14; No Pass-0 (14/14 – 100%, Pass)

- **Usability**: Total Votes-14; H-3; M-9; L-2; I-0 (12/14 – 86%, Pass)
- Standing Committee Recommendation for Endorsement: Total Votes-14; Yes-14; No-0 (14/14 – 100%, Pass)

The Standing Committee recommended the measure for initial endorsement.

This program and health plan-level measure was newly submitted for endorsement. This measure is not yet implemented in a federal program. The Standing Committee agreed that the evidence supported the measure but asked the developer how the measure is applied at the plan level as not every plan is integrated with both medical and dental programs. The developer noted that it depends on the nature of the plan in that if a plan has both dental and medical coverage, they would use this measure which combines dental and oral health services, whereas if the plan only had one or the other, they would likely use one of the other measures (NQF #2528 and NQF #3701) in the group. The Standing Committee passed the measure on evidence.

A Standing Committee member questioned whether there is a concern that the developer is not capturing numerator events given that the performance gap is so high. Other Standing Committee members stated that with a service like topical fluoride that requires two treatments each year, there is often a large gap. The developer noted that 71 percent is an accurate reflection of the gap, further stating that when you evaluate performance of one treatment the numbers are much higher but when you evaluate the recommended two, the performance drops. The Standing Committee agreed there is a gap in care that warrants a national performance metric and passed the measure on performance gap.

One Standing Committee member asked how dual eligibility is factored into the data set to which another Standing Committee member noted that the youngest someone can be to qualify for Medicare is 20, so a dual eligible individual would not be a factor in this case. The Standing Committee did not express any concerns regarding the reliability testing and passed the measure on reliability. The Standing Committee expressed one concern for validity testing, regarding if a parent refuses the service because of unclear recollection on if the child already had fluoride. One Standing Committee member noted that this concern is not unique to this measure. Other Standing Committee members noted that the measure is based on claims data, not parent recollection and that patient/encounter-level validation was done that showed high agreement. Another Standing Committee member noted that while the measure uses claims data, patient recollection could play a factor in if the service is offered and therefore registered in claims data. Despite this concern, the Standing Committee passed the measure on validity.

The Standing Committee noted that while the measure is technically feasible, practically there could be a challenge with a provider not being able to easily identify if a service has been provided because medical and dental records are often not integrated. The developer reminded the Standing Committee that the measure is claims based and specified for reporting at the program and plan level, so, it is not a clinician focused measure. The Standing Committee recognized this but noted that even a measure at the program or plan level will have an impact on the clinicians, so it is important to consider. One Standing Committee member noted that if it is difficult to provide the service in certain circumstances that may mean the proportion who get the treatment is low, but that does not mean that the measure has any issues with its feasibility for data collection. The Standing Committee passed the measure on feasibility.

The Standing Committee noted that the measure is new and not in use but there are planned uses in public reporting programs. The Standing Committee expressed a concern regarding potential overuse of topical fluoride treatment but acknowledged that because the performance gap in treatment is high,

overuse of fluoride would ultimately not be a concern at this time. The Standing Committee passed the measure on use, usability, and overall suitability for endorsement.

NQF #3701 Prevention: Topical Fluoride for Children, Oral Health Services (ADA)

Description: Percentage of children aged one through 20 years who received at least two 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. **Measure Type**: Process; **Level of Analysis**: Health Plan, Other; **Setting of Care**: Outpatient Services; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Jill Herndon, PhD
- Craig Amundson, DDS
- Diptee Ojha, B.D.S., PhD
- Erica Colangelo, MPH

Standing Committee Votes

- **Evidence**: Total Votes-14; H-3; M-11; L-0; I-0 (14/14– 100%, Pass)
- **Performance Gap**: Total Votes-14; H-10; M-4; L-0; I-0 (14/14 – 100%, Pass)
- **Reliability**: Total Votes-14; H-6; M-8; L-0; I-0 (14/14– 100%, Pass)
- **Validity**: Total Votes-14; H-0; M-14; L-0; I-0 (14/14 – 100%, Pass)
- **Feasibility**: Total Votes-14; H-7; M-7; L-0; I-0 (14/14 – 100%, Pass)
- **Use**: Total Votes-14; Pass-14; No Pass-0 (14/14 – 100%, Pass)
- **Usability**: Total Votes-14; H-2; M-12; L-0; I-0 (14/14 – 100%, Pass)
- Standing Committee Recommendation for Endorsement: Total Votes-14; Yes-14; No-0 (14/14 – 100%, Pass)

The Standing Committee recommended the measure for initial endorsement.

This program and health plan-level measure was newly submitted for endorsement. This measure is not yet implemented in a federal program. The Standing Committee noted that the evidence was similar to what was presented for NQF #2728 and NQF #3700, and no further conversation was held. The Standing Committee reviewed the performance gap data that was presented by the developer and did not have any concerns. The Standing Committee acknowledged the importance of the measure and passed it on evidence and performance gap.

The Standing Committee highlighted the reliability and validity testing and did not express any concerns as the testing was largely similar to what was done for NQF #2528 and NQF #3700. One Standing Committee member clarified that CPT code 99188, which is a data element used in the measure, is the topical application of fluoride by dentist or other practitioners. The Standing Committee passed the measure on reliability and validity.

The Standing Committee noted the measure was feasible as all data elements are defined fields in electronic claims and the measure is designed to avoid using software or other materials that require licensing fees. The Standing Committee noted that the measure was not currently in use but has

planned use in public reporting programs. The Standing Committee passed the measure on feasibility, use, usability, and overall suitability for endorsement.

NQF #0680 Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) (Centers for Medicare & Medicaid Services [CMS])

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. **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Post-Acute Care; **Data Source**: Assessment Data

Measure Steward/Developer Representatives at the Meeting

- Cheng Lin

Standing Committee Votes

- **Evidence**: Total Votes-14; H-0; M-14; L-0; I-0 (14/14 – 100%, Pass)
- **Performance Gap**: Total Votes-14; H-3; M-11; L-0; I-0 (14/14 – 100%, Pass)
- **Reliability**: Total Votes-14; H-5; M-9; L-0; I-0 (14/14 – 100%, Pass)
- **Validity**: Total Votes-14; H-4; M-8; L-2; I-0 (12/14 – 86%, Pass)
- **Feasibility**: Total Votes-14; H-8; M-6; L-0; I-0 (14/14 – 100%, Pass)
- **Use**: Total Votes-14; Pass-14; No Pass-0 (14/14 – 100%, Pass)
- **Usability**: Total Votes-14; H-2; M-10; L-2; I-0 (12/14 – 86%, Pass)
- Standing Committee Recommendation for Endorsement: Total Votes-14; Yes-13; No-1 (13/14 – 93%, Pass)

The Standing Committee recommended the measure for continued endorsement.

This facility-level measure was originally endorsed in 2011 and last retained endorsement in 2017. This measure is publicly reported through the Care Compare website and Provider Data Catalogue.

The Standing Committee highlighted the evidence and noted a decrease in hospitalizations and deaths, in adults aged 65 years and older who received the influenza vaccination. The Standing Committee agreed that the updated evidence was directionally the same and stronger from the prior review. The Standing Committee passed the measure on evidence. The Standing Committee observed a modest increase in the national facility-level vaccination rate mean scores between the 2013-2014 influenza season and the 2018-2019 influenza season. The Standing Committee further observed variation in

performance according to race and socioeconomic status and agreed that the variation presents an opportunity for improvement. The Standing Committee passed the measure on performance gap.

The Standing Committee expressed a concern about the measure specifications and asked if the reported measure scores were inclusive of all the aggregated numerator components (i.e., received vaccination, offered, and declined vaccination, ineligible due to contraindication) or if the measure scores represent only those who received the vaccination. The developer explained that any reference of vaccination rates in the data refers to a complete measure rate that is reflective of the aggregation of all three numerator components. The Standing Committee posited that vaccination refusal does not constitute vaccination performance and advised against aggregation of vaccination declination data in the numerator value. The developer expressed its understanding of the potential room for conflation of the measure's meaning and interpretation of the measure scores. The Standing Committee accepted the developer's acknowledgement and passed the measure on reliability.

The Standing Committee agreed that patient/encounter level data demonstrated high consistency and nearly perfect agreement among nurses completing the assessment and that the accountable entity level data indicated moderate convergent validity. The Standing Committee expressed a desire for disaggregated data that separates the actual vaccination rate and separately reports the validity of that component from the process of assessment. The developer explained that the original intention of the measure's design was to capture provider effort/engagement by calculating the percentage of residents that the providers took actions to assess. The Standing Committee acknowledged the developer's explanation and agreed that if it is examining intention, then the measure as it is currently constructed is adequate. The Standing Committee passed the measure on validity.

The Standing Committee noted that the required data elements are electronically available and generated by healthcare personnel other than the original person collecting the data. The Standing Committee passed the measure on feasibility. The Standing Committee highlighted that the measure is publicly reported in the CMS Care Compare and Provider Data Catalog and is in use in the CMS Certification and Survey Provider Reports (CASPER) program. The Standing Committee passed the measure on use. The Standing Committee noted improvement in performance between 2014 and 2020 and passed the measure on usability. The Standing Committee noted an increase in the mean performance score between the 2013-2014 influenza season and the 2018-2019 influenza season and passed the measure on usability and overall suitability for endorsement.

NQF #0041 Preventive Care and Screening: Influenza Immunization (National Committee for Quality Assurance [NCQA])

Description: Percentage of patients aged six 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. **Measure Type**: Process; **Level of Analysis**: Clinician: Individual; **Setting of Care**: Other; **Data Source**: Claims, Registry Data

Measure Steward/Developer Representatives at the Meeting

- Fern McCree, MPH

Standing Committee Votes

- **Evidence**: Total Votes-14; H-0; M-14; L-0; I-0 (14/14 – 100%, Pass)
- **Performance Gap**: Total Votes-14; H-4; M-10; L-0; I-0 (14/14 – 100%, Pass)
- **Reliability**: Total Votes-14; H-8; M-6; L-0; I-0 (14/14 – 100%, Pass)

- **Validity**: Total Votes-14; H-2; M-12; L-0; I-0 (14/14 – 100%, Pass)
- **Feasibility**: Total Votes-14; H-7; M-7; L-0; I-0 (14/14 – 100%, Pass)
- **Use**: Total Votes-14; Pass-14; No Pass-0 (14/14 – 100%, Pass)
- **Usability**: Total Votes-14; H-1; M-13; L-0; I-0 (14/14 – 100%, Pass)
- Standing Committee Recommendation for Endorsement: Total Votes-14; Yes-14; No-0 (14/14 – 100%, Pass)

The Standing Committee recommended the measure for continued endorsement.

This individual clinician level measure was originally endorsed in 2009 and last retained endorsement in 2017. This measure is currently in use in the Centers for Medicare & Medicaid Services (CMS) Quality Payment Program (QPP), and the measure performance results and scores, which are publicly available and identifiable by clinician and group on the Physician Compare website annually, are published by CMS.

The Standing Committee considered the evidence, which included updated recommendations from the Advisory Committee on Immunization Practices (ACIP) and updated studies that indicate vaccination provides important protection from influenza illness and its potential complications. The Standing Committee agreed that the updated evidence was directionally the same but stronger from the prior review and passed the measure on evidence. The Standing Committee noted regional differences in vaccination rates and differences in flu vaccination by age, gender, and race/ethnicity. The Standing Committee agreed that the noted variation was indicative of a gap and passed the measure on performance gap.

The Standing Committee expressed concern with the lack of requirement for documentation, but it ultimately agreed that most measures generally have imperfect specification dynamics and are still suitable for quality improvement purposes. The Standing Committee inquired whether patients who report receiving vaccination outside of the reporting timeframe, October 1 through March 31, are counted in the numerator. The developer confirmed that patients who report previous receipt of vaccination, outside of the October 1–March 1 influenza season would still apply in the numerator and to that respective flu season. The Standing Committee had no further questions on the measure specifications or reliability testing and passed the measure on reliability.

The Standing Committee understood that no exclusions were identified in the submission, but it sought clarification from the developer on the denominator exception which states that vaccine declinations due to medical or patient reasons should be removed from the denominator. The Standing Committee expressed concern with this exception, sharing that this may present potential misrepresentation in performance score and a potential threat to validity. The developer explained that removing patients who do not receive a vaccine due to an allergy, medical reasons, refusal, declination, availability of vaccination, etc. does not distort the performance score but instead actually enhances the integrity of the calculation. Furthermore, the developer stated that the exception is slightly different from an exclusion in that it accounts for any of those conditions that remove a patient from the denominator if the numerator is not met. The Standing Committee advised separation of vaccination declination from immunization rates in future measure development and ultimately accepted the developer's clarifications and passed the measure on validity.

The Standing Committee noted that the required data elements are available in electronic form and are generated by healthcare personnel other than the original data collector. The Standing Committee

passed the measure on feasibility. The Standing Committee noted that the measure is in use in the CMS Quality Payment Program (QPP) and the measure scores are available the Physician Compare website. The Standing Committee passed the measure on use. The Standing Committee acknowledged improvement in performance between 2014 and 2020 and passed the measure on usability and overall suitability for endorsement.

NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel (Centers for Disease Control and Prevention [CDC])

Description: Percentage of healthcare personnel (HCP) who receive the influenza vaccination. **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Post-Acute Care, Outpatient Services, Inpatient/Hospital; **Data Source**: Other, Electronic Health Records, Paper Medical Records, Management Data, Instrument-Based Data

Measure Steward/Developer Representatives at the Meeting

- Megan Lindley, MPH

Standing Committee Votes

- **Evidence**: Total Votes-14; H-2; M-12; L-0; I-0 (14/14 – 100%, Pass)
- **Performance Gap**: Total Votes-14; H-1; M-13; L-0; I-0 (14/14 – 100%, Pass)
- **Reliability**: Total Votes-14; H-0; M-14; L-0; I-0 (14/14 – 100%, Pass)
- **Validity**: Total Votes-14; H-1; M-12; L-1; I-0 (13/14 – 93%, Pass)
- **Feasibility**: Total Votes-14; H-1; M-13; L-0; I-0 (14/14 – 100%, Pass)
- **Use**: Total Votes-14; Pass-14; No Pass-0 (14/14 – 100%, Pass)
- **Usability**: Total Votes-14; H-3; M-10; L-1; I-0 (13/14 – 93%, Pass)
- Standing Committee Recommendation for Endorsement: Total Votes-14; Yes-14; No-0 (14/14 – 100%, Pass)

The Standing Committee recommended the measure for continued endorsement.

This facility level measure was originally submitted for endorsement in 2008 and last retained endorsement in 2015. This measure is publicly reported nationally in the CMS Hospital Inpatient Quality Reporting Program, CMS Inpatient Rehabilitation Facility Quality Reporting Program, and CMS Long Term Care Hospital Quality Reporting Program.

The Standing Committee acknowledged that the evidence was directionally the same, but stronger from the prior review, and passed the measure on evidence. The Standing Committee highlighted the performance data submitted for acute care hospitals, ambulatory surgery centers, and long-term care facilities and discussed that performance rates went down three to four percent overall in all the facilities, probably due to the pandemic. The Standing Committee also noted that the performance rate gaps are smaller in all the facilities, but there is variation between the different facilities and thus an argument for measurement. The Standing Committee highlighted that the disparities data is not captured through this measure as sociodemographic variables are not captured. The Standing

Committee agreed that there was a variation that indicated a gap and passed the measure on performance gap.

The Standing Committee acknowledged that the reliability testing and measure specifications have not been updated since the last review. The Standing Committee questioned if remote workers are included in the measure. The developer advised that the measure only captures employees that work in the facility at least one day a week and that completely remote employees are excluded. The Standing Committee passed the measure on reliability. The Standing Committee acknowledged that the validity testing has not been updated since the last review but discussed threats to validity including facilities that utilize non-employee staff such as contract personal. The developer advised that non-employees are not included, but that this is a primary weakness of the measure. The developer advised that when the measure was being developed, reliability and validity data captured on non-employees was poor, thus they were excluded. The Standing Committee also questioned how staff turnover affects the denominator. The developer said that if an employee worked only one day, they would be included in the measure. The Standing Committee had no further questions and passed the measure on validity.

The Standing Committee agreed the measure is feasible and is publicly reported via CMS Hospital Inpatient Quality Reporting Program, CMS Inpatient Rehabilitation Facility Quality Reporting Program, and CMS Long Term Care Hospital Quality Reporting Program. The Standing Committee noted that acute care hospitals and ambulatory surgery centers had decreased rates of vaccinations from the 2019-2020 season to the 2020-2021 season. The developer advised that this was due to a CMS data exception to data submission that was provided during the pandemic. Additionally, the Standing Committee questioned why the number of ambulatory surgery centers reporting data from the 2015 to the 2021 season dropped from 4,278 to 461 facilities. The developer advised that the decrease in ambulatory surgery centers reporting is due to the measure now being optional and not required for CMS ambulatory surgery center reporting. The Standing Committee accepted this explanation and passed the measure on feasibility, use, usability, and overall suitability for endorsement.

Public Comment

Ms. Farrell opened the lines for NQF member and public comments. No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

Ms. Igwe provided an overview of next steps. NQF will post the draft technical report containing the Standing Committee's discussion and recommendations on August 15, 2022, for public comment for 30 calendar days. The continuous public commenting period with member support will close on September 13, 2022. NQF will reconvene the Standing Committee for the post-comment web meeting in the fall of 2022.