



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to sub criterion 1b).

Brief Measure Information

NQF #: 0039

Corresponding Measures:

Measure Title: Flu Vaccinations for Adults Ages 18 and Older

Measure Steward: National Committee for Quality Assurance

sp.02. Brief Description of Measure: The percentage of adults 18 years of age and older who self-report receiving an influenza vaccine within the measurement period. This measure is collected via the CAHPS 5.0H adults survey for Medicare, Medicaid, and commercial populations. It is reported as two separate rates stratified by age: 18-64 and 65 years of age and older.

1b.01. Developer Rationale: Influenza (flu) is a common and contagious respiratory illness caused by a set of viruses that can result in serious complications or death. Receiving the flu shot is the most effective way to prevent severe illness or death resulting from influenza (CDC 2010). Flu vaccination was associated with a 71% reduction in flu-related hospitalizations among adults (18 and older) (CDC, 2015). In 2015, only 44 percent of adults reported receiving vaccination flu shot (CDC 2015). Over the course of an average flu season, more than 15,000 lives could be saved if 90 percent vaccination coverage was achieved (Fiscella 2007).

sp.12. Numerator Statement: This measure is reported as two rates:

Flu Vaccination for Adults age 18-64 – Respondents to the Medicaid or commercial CAHPS survey who report having received an influenza vaccination since July of the previous year.

Flu Vaccination for Adults age 65+ - Respondents to the Medicare CAHPS survey who report having received an influenza vaccination since July of the previous year.

sp.14. Denominator Statement: Flu Vaccinations for Adults Ages 18-64 – Medicaid and Commercial CAHPS respondents age 18-64

Flu Vaccination for Adults Age 65 and Older – Medicare CAHPS respondents age 65 and older.

sp.16. Denominator Exclusions: N/A

Measure Type: Process

sp.28. Data Source:

Instrument-Based Data

sp.07. Level of Analysis:

Integrated Delivery System

Health Plan

IF Endorsement Maintenance – Original Endorsement Date: 2009-08-10 12:00 AM

Most Recent Endorsement Date: 1/17/2017 12:00:00 AM

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

sp.03. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?:

1. Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. Measures must be judged to meet all sub criteria to pass this criterion and be evaluated against the remaining criteria

1ma.01. Indicate whether there is new evidence about the measure since the most recent maintenance evaluation. If yes, please briefly summarize the new evidence, and ensure you have updated entries in the Evidence section as needed.

[Response Begins]

[Response Ends]

Please separate added or updated information from the most recent measure evaluation within each question response in the Importance to Measure and Report: Evidence section. For example:

2021 Submission:

Updated evidence information here.

2018 Submission:

Evidence from the previous submission here.

1a.01. Provide a logic model.

Briefly describe the steps between the healthcare structures and processes (e.g., interventions, or services) and the patient's health outcome(s). The relationships in the diagram should be easily understood by general, non-technical audiences. Indicate the structure, process or outcome being measured.

[Response Begins]

[Response Ends]

1a.02. Select the type of source for the systematic review of the body of evidence that supports the performance measure.

A systematic review is a scientific investigation that focuses on a specific question and uses explicit, prespecified scientific methods to identify, select, assess, and summarize the findings of similar but separate studies. It may include a quantitative synthesis (meta-analysis), depending on the available data.

[Response Begins]

[Response Ends]

If the evidence is not based on a systematic review, skip to the end of the section and do not complete the repeatable question group below. If you wish to include more than one systematic review, add additional tables by clicking "Add" after the final question in the group.

Evidence - Systematic Reviews Table (Repeatable)

Group 1 - Evidence - Systematic Reviews Table

1a.03. Provide the title, author, date, citation (including page number) and URL for the systematic review.

[Response Begins]

[Response Ends]

1a.04. Quote the guideline or recommendation verbatim about the process, structure or intermediate outcome being measured. If not a guideline, summarize the conclusions from the systematic review.

[Response Begins]

[Response Ends]

1a.05. Provide the grade assigned to the evidence associated with the recommendation, and include the definition of the grade.

[Response Begins]

[Response Ends]

1a.06. Provide all other grades and definitions from the evidence grading system.

[Response Begins]

[Response Ends]

1a.07. Provide the grade assigned to the recommendation, with definition of the grade.

[Response Begins]

[Response Ends]

1a.08. Provide all other grades and definitions from the recommendation grading system.

[Response Begins]

[Response Ends]

1a.09. Detail the quantity (how many studies) and quality (the type of studies) of the evidence.

[Response Begins]

[Response Ends]

1a.10. Provide the estimates of benefit, and consistency across studies.

[Response Begins]

[Response Ends]

1a.11. Indicate what, if any, harms were identified in the study.

[Response Begins]

[Response Ends]

1a.12. Identify any new studies conducted since the systematic review, and indicate whether the new studies change the conclusions from the systematic review.

[Response Begins]

[Response Ends]

1a.13. If source of evidence is NOT from a clinical practice guideline, USPSTF, or systematic review, describe the evidence on which you are basing the performance measure.

[Response Begins]

[Response Ends]

1a.14. Briefly synthesize the evidence that supports the measure.

[Response Begins]

[Response Ends]

1a.15. Detail the process used to identify the evidence.

[Response Begins]

[Response Ends]

1a.16. Provide the citation(s) for the evidence.

[Response Begins]

[Response Ends]

1b.01. Briefly explain the rationale for this measure.

Explain how the measure will improve the quality of care, and list the benefits or improvements in quality envisioned by use of this measure.

[Response Begins]

Influenza (flu) is a common and contagious respiratory illness caused by a set of viruses that can result in serious complications or death. Receiving the flu shot is the most effective way to prevent severe illness or death resulting from influenza (CDC 2010). Flu vaccination was associated with a 71% reduction in flu-related hospitalizations among adults (18 and older) (CDC, 2015). In 2015, only 44 percent of adults reported receiving vaccination flu shot (CDC 2015). Over the course of an average flu season, more than 15,000 lives could be saved if 90 percent vaccination coverage was achieved (Fiscella 2007).

[Response Ends]

1b.02. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis.

Include mean, std dev, min, max, interquartile range, and scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include. This information also will be used to address the sub-criterion on improvement (4b) under Usability and Use.

[Response Begins]

The following data are extracted from HEDIS data collection reflecting the most recent years of measurement for this measure. Performance data is summarized at the health plan level and summarized by mean, standard deviation, minimum health plan performance, maximum health plan performance and performance at the 10th, 25th, 50th, 75th and 90th percentile. Data is stratified by year and product line (i.e. commercial, Medicare, Medicaid).

The following data demonstrate the variation in the rate of influenza vaccination across health plans. In 2014, for the 18-64 age group, there was a 22.1-point difference between plans in the 10th percentile and plans in the 90th percentile for Medicaid plans and 21.2 points for commercial plans. In 2014, for the 65+ Medicare group, there was a 17.8-point difference between plans in the 10th percentile and plans in the 90th percentile. The average performance rates for Commercial plans is 9.4% points higher than it is for Medicaid plans (49.2% Commercial vs. 39.8% Medicaid). The lower Medicaid rate may be due to access barriers experienced by Medicaid beneficiaries. These gaps in performance underscore the opportunity for improvement.

Flu Vaccinations for Adults Ages 18 to 64

Medicaid

YEAR | MEAN | ST DEV | 10TH | 25TH | 50TH | 75TH | 90TH | Interquartile Range

2014 | 39.8% | 8.7% | 28.3% | 33.7% | 41% | 45.3% | 50.4% | 11.6

2013 | 39.4% | 7.1% | 29.5% | 35% | 39% | 44.8% | 49% | 9.8

Flu Vaccinations for Adults Ages 18 to 64

Commercial

YEAR | MEAN | ST DEV | 10TH | 25TH | 50TH | 75TH | 90TH | Interquartile Range

2014 | 49.2% | 8.9% | 38.2% | 44.2% | 49.6% | 54.7% | 59.4% | 10.5

*2013 | 49.2% | 8.7% | 38.6% | 44.4% | 49.2% | 54.3% | 59.3% | 9.9

2012 | 54.6% | 7.4% | 44.9% | 50.2% | 54.8% | 59.3% | 63.4% | 9.1

*Due to the age range expansion, results for 2013 cannot be trended to preceding years' results for the Commercial population.

Flu Vaccinations for Adults Ages 65+

Medicare

YEAR | MEAN | ST DEV | 10TH | 25TH | 50TH | 75TH | 90TH | Interquartile Range

2014 | 72.8% | 8.3% | 63.4% | 69.2% | 74.3% | 78.1% | 81.2% | 8.9

2013 | 73.3% | 8.2% | 63.3% | 69.6% | 74.8% | 79.0% | 81.5% | 9.4

2012 | 72.0% | 9.1% | 63.1% | 69.0% | 73.6% | 77.8% | 81.0% | 8.8

The data references are extracted from HEDIS data collection reflecting the most recent years of measurement for this measure. In 2015, HEDIS measures covered 172 million commercial health plan beneficiaries. Below is a description of the denominator for this measure. It includes the number of health plans included in HEDIS data collection and the average eligible population for the measure across health plans.

Flu Vaccinations for Adults Ages 18 to 64

Medicaid

YEAR | N Plans | Mean Denominator Size per plan

2014 | 154 | 371

2013 | 140 | 379

Flu Vaccinations for Adults Ages 18 to 64

Commercial

YEAR | N Plans | Mean Denominator Size per plan

2014 | 403 | 297

*2013 | 413 | 164

2012 | 411 | 345

*Due to the age range expansion, results for 2013 cannot be trended to preceding years' results for the

Commercial population.

Flu Vaccinations for Adults Ages 65+

Medicare

YEAR | N Plans | Mean Denominator Size per plan

2014 | 410 | 313

2013 | 435 | 356

2012 | 444 | 350

[Response Ends]

1b.03. If no or limited performance data on the measure as specified is reported above, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement. Include citations.

[Response Begins]

Influenza is a common and contagious respiratory illness caused by a set of viruses that can result in serious complications or death (CDC 2013). The flu vaccine is recommended for all adults; vaccinations can reduce flu-related hospitalizations by 71 percent (Flu.Gov 2014) (Talbot 2013). In 2010 there were 25 million cases of influenza in the United States (8.1 percent of the total population). The annual economic costs are \$29.12 billion (Mao 2012). About 90 percent of annual, seasonal flu-related deaths occur in people 65 years of age and older (CDC 2013). Although complications from the flu are more likely to take place in the elderly population, adults of all ages are at risk. In 2013, more than 60 percent of hospitalizations occurred in adults between 18 and 64 (Talbot 2013).

1. Centers for Disease Control and Prevention (CDC). 2013. "Seasonal Influenza: Flu Basics." Last modified September 12. <http://www.cdc.gov/flu/about/disease/index.htm>
2. Flu.Gov. "Vaccination and Vaccine Safety." <http://www.flu.gov/prevention-vaccination/vaccination/> (June 19, 2014)
3. Talbot, H.K., Y. Zhu, Q. Chen, J.V. Williams, M.G. Thompson, M.R. Griffin. 2013. "Effectiveness of Influenza Vaccine for Preventing Laboratory Confirmed Influenza Hospitalizations in Adults, 2011–2012 Influenza Season." *Clinical Infectious Diseases* 56(12):1774–7.
4. Mao, L., Y. Yang, Y. Qui, Y. Yang. 2012. "Annual economic impacts of seasonal influenza on US counties: Spatial heterogeneity and patterns." *International Journal of Health Geographics* 11:16. doi:10.1186/1476-072X-11-16
5. CDC. 2013. "What You Should Know and Do this Flu Season if You Are 65 Years and Older." Last modified August 22, 2013. <http://www.cdc.gov/flu/about/disease/65over.htm> (June 19, 2014)

[Response Ends]

1b.04. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability.

Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included. Include mean, std dev, min, max, interquartile range, and scores by decile. For measures that show high levels of performance, i.e., "topped out", disparities data may demonstrate an opportunity for improvement/gap in care for certain sub-populations. This information also will be used to address the sub-criterion on improvement (4b) under Usability and Use.

[Response Begins]

NCQA does not currently report performance data stratified by race, ethnicity. While not specified in the measure, this measure can also be stratified by demographic variables, such as race/ethnicity collected from the survey. However, NCQA collects and reports results by different payer types (Medicaid, Commercial and Medicare) that reflect different SES and sociodemographic status.

[Response Ends]

1b.05. If no or limited data on disparities from the measure as specified is reported above, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations. Not necessary if performance data provided in above.

[Response Begins]

In general, rates of influenza vaccinations vary by race and ethnicity. Coverage among whites aged ≥19 years was higher (46.7%) than that for blacks (36.5%), Hispanics (33.2%) and those reporting other race (38.6%). Influenza coverage was 31.5% among adults aged 19–49 years and 47.7% among adults aged 50–64 years. Coverage among adults aged ≥65 years (71.5%) was higher compared with younger age groups.

Williams WW. Surveillance of Vaccination Coverage Among Adult Populations - United States, 2014. MMWR Surveill Summ. 2016 Feb 5;65(1):1-36. doi: 10.15585/mmwr.ss6501a1.

[Response Ends]

2. Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. Measures must be judged to meet the sub criteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.

spma.01. Indicate whether there are changes to the specifications since the last updates/submission. If yes, update the specifications in the Measure Specifications section of the Measure Submission Form, and explain your reasoning for the changes below.

[Response Begins]

[Response Ends]

spma.02. Briefly describe any important changes to the measure specifications since the last measure update and provide a rationale.

For annual updates, please explain how the change in specifications affects the measure results. If a material change in specification is identified, data from re-testing of the measure with the new specifications is required for early maintenance review.

For example, specifications may have been updated based on suggestions from a previous NQF CDP review.

[Response Begins]

Changes to measure specifications for both age groups:

- Changed the question wording from “Have you had a flu shot since September 1, YYYY?” to “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”

Changes to measure specifications for the younger age group:

- Expanded the age range from 50-64 to 18-64, to align with ACIP guidelines.
- Added Medicaid product line to the eligible population

These changes were reviewed by numerous stakeholder groups, vetted through our 30 day public comment period, and approved by our Committee on Performance Measurement and Board of Directors.

[Response Ends]

sp.01. Provide the measure title.

Measure titles should be concise yet convey who and what is being measured (see [What Good Looks Like](#)).

[Response Begins]

Flu Vaccinations for Adults Ages 18 and Older

[Response Ends]

sp.02. Provide a brief description of the measure.

Including type of score, measure focus, target population, timeframe, (e.g., Percentage of adult patients aged 18-75 years receiving one or more HbA1c tests per year).

[Response Begins]

The percentage of adults 18 years of age and older who self-report receiving an influenza vaccine within the measurement period. This measure is collected via the CAHPS 5.0H adults survey for Medicare, Medicaid, and commercial populations. It is reported as two separate rates stratified by age: 18-64 and 65 years of age and older.

[Response Ends]

sp.04. Check all the clinical condition/topic areas that apply to your measure, below.

Please refrain from selecting the following answer option(s). We are in the process of phasing out these answer options and request that you instead select one of the other answer options as they apply to your measure.

Please do not select:

- *Surgery: General*

[Response Begins]

Infectious Diseases (ID)

Infectious Diseases (ID): Pneumonia and respiratory infections

[Response Ends]

sp.05. Check all the non-condition specific measure domain areas that apply to your measure, below.

[Response Begins]

Immunization

Primary Prevention

[Response Ends]

sp.06. Select one or more target population categories.

Select only those target populations which can be stratified in the reporting of the measure's result.

Please refrain from selecting the following answer option(s). We are in the process of phasing out these answer options and request that you instead select one of the other answer options as they apply to your measure.

Please do not select:

- *Populations at Risk: Populations at Risk*

[Response Begins]

Elderly (Age >= 65)

[Response Ends]

sp.07. Select the levels of analysis that apply to your measure.

Check ONLY the levels of analysis for which the measure is SPECIFIED and TESTED.

Please refrain from selecting the following answer option(s). We are in the process of phasing out these answer options and request that you instead select one of the other answer options as they apply to your measure.

Please do not select:

- *Clinician: Clinician*
- *Population: Population*

[Response Begins]

Health Plan
Integrated Delivery System

[Response Ends]

sp.08. Indicate the care settings that apply to your measure.

Check ONLY the settings for which the measure is SPECIFIED and TESTED.

[Response Begins]

Home Care
Inpatient/Hospital
Outpatient Services
Post-Acute Care

[Response Ends]

sp.09. Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials.

Do not enter a URL linking to a home page or to general information. If no URL is available, indicate "none available".

[Response Begins]

N/A

[Response Ends]

sp.11. Attach the data dictionary, code table, or value sets (and risk model codes and coefficients when applicable). Excel formats (.xlsx or .csv) are preferred.

Attach an excel or csv file; if this poses an issue, [contact staff](#). Provide descriptors for any codes. Use one file with multiple worksheets, if needed.

[Response Begins]

No data dictionary/code table – all information provided in the submission form

[Response Ends]

sp.12. State the numerator.

Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome).

DO NOT include the rationale for the measure.

[Response Begins]

This measure is reported as two rates:

Flu Vaccination for Adults age 18-64 – Respondents to the Medicaid or commercial CAHPS survey who report having received an influenza vaccination since July of the previous year.

Flu Vaccination for Adults age 65+ - Respondents to the Medicare CAHPS survey who report having received an influenza vaccination since July of the previous year.

[Response Ends]

sp.13. Provide details needed to calculate the numerator.

All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, time period for data collection, specific data collection items/responses, code/value sets.

Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at sp.11.

[Response Begins]

Flu Vaccinations for Adults Ages 18-64 – CAHPS respondents answering “yes” to the question: “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?” where YYYY is the measurement year (e.g. 2014 for the survey fielded in 2015). Response Choices: “Yes, No, Don’t know”

Flu Vaccination for Adults Age 65 and Older – CAHPS respondents answering “yes” to the question: “Have you had a flu shot or flu spray since July 1, YYYY?” where YYYY is the measurement year (e.g. 2014 for the survey fielded in 2015). Response Choices: “Yes, No, Don’t know”

[Response Ends]

sp.14. State the denominator.

Brief, narrative description of the target population being measured.

[Response Begins]

Flu Vaccinations for Adults Ages 18-64 – Medicaid and Commercial CAHPS respondents age 18-64

Flu Vaccination for Adults Age 65 and Older – Medicare CAHPS respondents age 65 and older.

[Response Ends]

sp.15. Provide details needed to calculate the denominator.

All information required to identify and calculate the target population/denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets.

Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at sp.11.

[Response Begins]

Flu Vaccination for Adults Ages 18-64 - The number of patients age 18-64 who responded “Yes” or “No” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”

Flu Vaccination for Adults Age 65 and Older – The number of patients age 65 and older who responded “Yes” or “No” to the question, “Have you had a flu shot or flu spray in the nose since July 1, YYYY?”

[Response Ends]

sp.16. Describe the denominator exclusions.

Brief narrative description of exclusions from the target population.

[Response Begins]

N/A

[Response Ends]

sp.17. Provide details needed to calculate the denominator exclusions.

All information required to identify and calculate exclusions from the denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at sp.11.

[Response Begins]

N/A

[Response Ends]

sp.18. Provide all information required to stratify the measure results, if necessary.

Include the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate. Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format in the Data Dictionary field.

[Response Begins]

N/A

[Response Ends]

sp.19. Select the risk adjustment type.

Select type. Provide specifications for risk stratification and/or risk models in the Scientific Acceptability section.

[Response Begins]

No risk adjustment or risk stratification

[Response Ends]

sp.20. Select the most relevant type of score.

Attachment: If available, please provide a sample report.

[Response Begins]

Rate/proportion

[Response Ends]

sp.21. Select the appropriate interpretation of the measure score.

Classifies interpretation of score according to whether better quality or resource use is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score

[Response Begins]

Better quality = Higher score

[Response Ends]

sp.22. Diagram or describe the calculation of the measure score as an ordered sequence of steps.

Identify the target population; exclusions; cases meeting the target process, condition, event, or outcome; time period of data, aggregating data; risk adjustment; etc.

[Response Begins]

Flu Vaccination for Adults Ages 18-64

Step 1) Identify the eligible population of Medicaid and Commercial CAHPS respondents

Step 2) Identify the denominator: Adults age 18-64 as of July 1 of the measurement year who responded “yes” or “no” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?” Respondents who answer “don’t know” or have a missing response are not included in the denominator.

Step 3) Identify the numerator: Adults in the denominator who answer “yes” to the question.

Step 4) Calculate the rate as numerator/denominator

Flu Vaccination for Adults Age 65 and Older

Step 1) Identify the eligible population of Medicare CAHPS respondents

Step 2) Identify the denominator: Adults age 65 as of July 1 of the measurement year who responded “yes” or “no” to the question “Have you had a flu shot or flu spray in the nose since July 1, YYYY?” Respondents who answer “don’t know” or have a missing response are not included in the denominator.

Step 3) Identify the numerator: Adults in the denominator who answer “yes” to the question.

Step 4) Calculate the rate as numerator/denominator

[Response Ends]

sp.23. Attach a copy of the instrument (e.g. survey, tool, questionnaire, scale) used as a data source for your measure, if available.

[Response Begins]

[Response Ends]

sp.24. Indicate the responder for your instrument.

[Response Begins]

[Response Ends]

sp.25. If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.

[Response Begins]

This measure is collected through the CAHPS survey: a mailed survey of health plan beneficiaries. For each HEDIS/CAHPS survey administered, the survey vendor draws a random sample of members, employing the required sample size as indicated in Table S-3. In a health plan with fewer eligible members than the required sample size, the sample includes the health plan's entire eligible population. To reduce respondent burden, the survey vendor deduplicates samples so that only one adult member per household is included in the adult sample.

Table S-3: Survey Sample Sizes
Survey Type Required Sample Size
Adult commercial 1,100
Adult Medicaid 1,350

Proxy Responses: Proxy responses are not permitted for the adult CAHPS survey; the sampled member must complete his or her own survey.

Medicare CAHPS: CMS requires all Medicare Advantage contracts with at least 600 enrollees to contract with approved survey vendors to collect and report CAHPS survey data following a specific timeline and protocols established by CMS. The CAHPS surveys will be conducted at the contract level for Medicare Advantage only (MA), Medicare Advantage Prescription Drug (MA-PD), and Stand-Alone Prescription Drug plans (PDPs). CMS will provide the sample for each contract.

[Response Ends]

sp.26. Identify whether and how proxy responses are allowed.

[Response Begins]

[Response Ends]

sp.27. Survey/Patient-reported data.

Provide instructions for data collection and guidance on minimum response rate. Specify calculation of response rates to be reported with performance measure results.

[Response Begins]

Organizations and survey vendors may select one of the following options for administering the HEDIS/CAHPS survey:

Mail-Only Methodology: A five wave mail protocol with three questionnaire mailings and two reminder postcards.

Mixed Methodology: A four-wave mail protocol (two questionnaires and two reminder postcards) with a telephone follow-up of at least three telephone attempts.

Protocol Enhancement Options: An organization and survey vendor may use enhanced methodology for administering the survey including internet and telephone with approval from NCQA.

NCQA does not allow the organization or survey vendor to use incentives of any kind.

Minimum Response Rate: To ensure reliable comparisons between health plans a minimum sample size of 100 in the measure denominator is required.

[Response Ends]

sp.28. Select only the data sources for which the measure is specified.

[Response Begins]

Instrument-Based Data

[Response Ends]

sp.29. Identify the specific data source or data collection instrument.

For example, provide the name of the database, clinical registry, collection instrument, etc., and describe how data are collected.

[Response Begins]

This survey can be administered by mail, telephone, or internet. It is offered in English and Spanish. Organizations may use their own translation of the survey with approval of NCQA.

[Response Ends]

sp.30. Provide the data collection instrument.

[Response Begins]

[Response Ends]

2ma.01. Indicate whether additional empirical reliability testing at the accountable entity level has been conducted. If yes, please provide results in the following section, Scientific Acceptability: Reliability - Testing. Include information on all testing conducted (prior testing as well as any new testing).

Please separate added or updated information from the most recent measure evaluation within each question response in the Scientific Acceptability sections. For example:

Current Submission:

Updated testing information here.

Previous Submission:

Testing from the previous submission here.

[Response Begins]

[Response Ends]

2ma.02. Indicate whether additional empirical validity testing at the accountable entity level has been conducted. If yes, please provide results in the following section, Scientific Acceptability: Validity - Testing. Include information on all testing conducted (prior testing as well as any new testing).

Please separate added or updated information from the most recent measure evaluation within each question response in the Scientific Acceptability sections. For example:

Current Submission:

Updated testing information here.

Previous Submission:

Testing from the previous submission here.

[Response Begins]

[Response Ends]

2ma.03. For outcome, patient-reported outcome, resource use, cost, and some process measures, risk adjustment/stratification may be conducted. Did you perform a risk adjustment or stratification analysis?

[Response Begins]

[Response Ends]

2ma.04. For maintenance measures in which risk adjustment/stratification has been performed, indicate whether additional risk adjustment testing has been conducted since the most recent maintenance evaluation. This may include updates to the risk adjustment analysis with additional clinical, demographic, and social risk factors.

Please update the Scientific Acceptability: Validity - Other Threats to Validity section.

Note: This section must be updated even if social risk factors are not included in the risk adjustment strategy.

[Response Begins]

[Response Ends]

Measure testing must demonstrate adequate reliability and validity in order to be recommended for endorsement. Testing may be conducted for data elements and/or the computed measure score. Testing information and results should be entered in the appropriate fields in the Scientific Acceptability sections of the Measure Submission Form.

- Measures must be tested for all the data sources and levels of analyses that are specified. If there is more than one set of data specifications or more than one level of analysis, contact NQF staff about how to present all the testing information in one form.
- All required sections must be completed.
- For composites with outcome and resource use measures, Questions 2b.23-2b.37 (Risk Adjustment) also must be completed.
- If specified for multiple data sources/sets of specifications (e.g., claims and EHRs), Questions 2b.11-2b.13 also must be completed.
- An appendix for supplemental materials may be submitted (see Question 1 in the Additional section), but there is no guarantee it will be reviewed.
- Contact NQF staff with any questions. Check for resources at the [Submitting Standards webpage](#).
- For information on the most updated guidance on how to address social risk factors variables and testing in this form refer to the release notes for the [2021 Measure Evaluation Criteria and Guidance](#).

Note: The information provided in this form is intended to aid the Standing Committee and other stakeholders in understanding to what degree the testing results for this measure meet NQF's evaluation criteria for testing.

2a. Reliability testing demonstrates the measure data elements are repeatable, producing the same results a high proportion of the time when assessed in the same population in the same time period and/or that the measure score is precise. For instrument-based measures (including PRO-PMs) and composite performance measures, reliability should be demonstrated for the computed performance score.

2b1. Validity testing demonstrates that the measure data elements are correct and/or the measure score correctly reflects the quality of care provided, adequately identifying differences in quality. For instrument based measures (including PRO-PMs) and composite performance measures, validity should be demonstrated for the computed performance score.

2b2. Exclusions are supported by the clinical evidence and are of sufficient frequency to warrant inclusion in the specifications of the measure;

AND

If patient preference (e.g., informed decision-making) is a basis for exclusion, there must be evidence that the exclusion impacts performance on the measure; in such cases, the measure must be specified so that the information about patient preference and the effect on the measure is transparent (e.g., numerator category computed separately, denominator exclusion category computed separately).

2b3. For outcome measures and other measures when indicated (e.g., resource use):

- an evidence-based risk-adjustment strategy (e.g., risk models, risk stratification) is specified; is based on patient factors (including clinical and social risk factors) that influence the measured outcome and are present at start of care; 14,15 and has demonstrated adequate discrimination and calibration

OR

- rationale/data support no risk adjustment/ stratification.

2b4. Data analysis of computed measure scores demonstrates that methods for scoring and analysis of the specified measure allow for identification of statistically significant and practically/clinically meaningful 16 differences in performance;

OR

there is evidence of overall less-than-optimal performance.

2b5. If multiple data sources/methods are specified, there is demonstration they produce comparable results.

2b6. Analyses identify the extent and distribution of missing data (or nonresponse) and demonstrate that performance results are not biased due to systematic missing data (or differences between responders and non-responders) and how the specified handling of missing data minimizes bias.

2c. For composite performance measures, empirical analyses support the composite construction approach and demonstrate that:

2c1. the component measures fit the quality construct and add value to the overall composite while achieving the related objective of parsimony to the extent possible; and

2c2. the aggregation and weighting rules are consistent with the quality construct and rationale while achieving the related objective of simplicity to the extent possible.

(if not conducted or results not adequate, justification must be submitted and accepted)

Definitions

Reliability testing applies to both the data elements and computed measure score. Examples of reliability testing for data elements include, but are not limited to: inter-rater/abstractor or intra-rater/abstractor studies; internal consistency for multi-item scales; test-retest for survey items. Reliability testing of the measure score addresses precision of measurement (e.g., signal-to-noise).

Validity testing applies to both the data elements and computed measure score. Validity testing of data elements typically analyzes agreement with another authoritative source of the same information. Examples of validity testing of the measure score include, but are not limited to: testing hypotheses that the measures scores indicate

quality of care, e.g., measure scores are different for groups known to have differences in quality assessed by another valid quality measure or method; correlation of measure scores with another valid indicator of quality for the specific topic; or relationship to conceptually related measures (e.g., scores on process measures to scores on outcome measures). Face validity of the measure score as a quality indicator may be adequate if accomplished through a systematic and transparent process, by identified experts, and explicitly addresses whether performance scores resulting from the measure as specified can be used to distinguish good from poor quality. The degree of consensus and any areas of disagreement must be provided/discussed.

Examples of evidence that an exclusion distorts measure results include, but are not limited to: frequency of occurrence, variability of exclusions across providers, and sensitivity analyses with and without the exclusion.

Patient preference is not a clinical exception to eligibility and can be influenced by provider interventions.

Risk factors that influence outcomes should not be specified as exclusions.

With large enough sample sizes, small differences that are statistically significant may or may not be practically or clinically meaningful. The substantive question may be, for example, whether a statistically significant difference of one percentage point in the percentage of patients who received smoking cessation counseling (e.g., 74 percent v. 75 percent) is clinically meaningful; or whether a statistically significant difference of \$25 in cost for an episode of care (e.g., \$5,000 v. \$5,025) is practically meaningful. Measures with overall less-than-optimal performance may not demonstrate much variability across providers.

Please separate added or updated information from the most recent measure evaluation within each question response in the Importance to Scientific Acceptability sections. For example:

2021 Submission:

Updated testing information here.

2018 Submission:

Testing from the previous submission here.

2a.01. Select only the data sources for which the measure is tested.

[Response Begins]

[Response Ends]

2a.02. If an existing dataset was used, identify the specific dataset.

The dataset used for testing must be consistent with the measure specifications for target population and healthcare entities being measured; e.g., Medicare Part A claims, Medicaid claims, other commercial insurance, nursing home MDS, home health OASIS, clinical registry).

[Response Begins]

[Response Ends]

2a.03. Provide the dates of the data used in testing.

Use the following format: "MM-DD-YYYY - MM-DD-YYYY"

[Response Begins]

[Response Ends]

2a.04. Select the levels of analysis for which the measure is tested.

Testing must be provided for all the levels specified and intended for measure implementation, e.g., individual clinician, hospital, health plan.

Please refrain from selecting the following answer option(s). We are in the process of phasing out these answer options and request that you instead select one of the other answer options as they apply to your measure.

Please do not select:

- *Clinician: Clinician*
- *Population: Population*

[Response Begins]

[Response Ends]

2a.05. List the measured entities included in the testing and analysis (by level of analysis and data source).

Identify the number and descriptive characteristics of measured entities included in the analysis (e.g., size, location, type); if a sample was used, describe how entities were selected for inclusion in the sample.

[Response Begins]

[Response Ends]

2a.06. Identify the number and descriptive characteristics of patients included in the analysis (e.g., age, sex, race, diagnosis), separated by level of analysis and data source; if a sample was used, describe how patients were selected for inclusion in the sample.

If there is a minimum case count used for testing, that minimum must be reflected in the specifications.

[Response Begins]

[Response Ends]

2a.07. If there are differences in the data or sample used for different aspects of testing (e.g., reliability, validity, exclusions, risk adjustment), identify how the data or sample are different for each aspect of testing.

[Response Begins]

[Response Ends]

2a.08. List the social risk factors that were available and analyzed.

For example, patient-reported data (e.g., income, education, language), proxy variables when social risk data are not collected from each patient (e.g. census tract), or patient community characteristics (e.g. percent vacant housing, crime rate) which do not have to be a proxy for patient-level data.

[Response Begins]

[Response Ends]

Note: If accuracy/correctness (validity) of data elements was empirically tested, separate reliability testing of data elements is not required – in 2a.07 check patient or encounter-level data; in 2a.08 enter “see validity testing section of data elements”; and enter “N/A” for 2a.09 and 2a.10.

2a.09. Select the level of reliability testing conducted.

Choose one or both levels.

[Response Begins]

[Response Ends]

2a.10. For each level of reliability testing checked above, describe the method of reliability testing and what it tests.

Describe the steps—do not just name a method; what type of error does it test; what statistical analysis was used.

[Response Begins]

[Response Ends]

2a.11. For each level of reliability testing checked above, what were the statistical results from reliability testing?

For example, provide the percent agreement and kappa for the critical data elements, or distribution of reliability statistics from a signal-to-noise analysis. For score-level reliability testing, when using a signal-to-noise analysis, more than just one overall statistic should be reported (i.e., to demonstrate variation in reliability across providers). If a particular method yields only one statistic, this should be explained. In addition, reporting of results stratified by sample size is preferred (pg. 18, [NQF Measure Evaluation Criteria](#)).

[Response Begins]

[Response Ends]

2a.12. Interpret the results, in terms of how they demonstrate reliability.

(In other words, what do the results mean and what are the norms for the test conducted?)

[Response Begins]

[Response Ends]

2b.01. Select the level of validity testing that was conducted.

[Response Begins]

[Response Ends]

2b.02. For each level of testing checked above, describe the method of validity testing and what it tests.

Describe the steps—do not just name a method; what was tested, e.g., accuracy of data elements compared to authoritative source, relationship to another measure as expected; what statistical analysis was used.

[Response Begins]

[Response Ends]

2b.03. Provide the statistical results from validity testing.

Examples may include correlations or t-test results.

[Response Begins]

[Response Ends]

2b.04. Provide your interpretation of the results in terms of demonstrating validity. (i.e., what do the results mean and what are the norms for the test conducted?)

[Response Begins]

[Response Ends]

2b.05. Describe the method for determining if statistically significant and clinically/practically meaningful differences in performance measure scores among the measured entities can be identified.

Describe the steps—do not just name a method; what statistical analysis was used? Do not just repeat the information provided in Importance to Measure and Report: Gap in Care/Disparities.

[Response Begins]

[Response Ends]

2b.06. Describe the statistical results from testing the ability to identify statistically significant and/or clinically/practically meaningful differences in performance measure scores across measured entities.

Examples may include number and percentage of entities with scores that were statistically significantly different from mean or some benchmark, different from expected; how was meaningful difference defined.

[Response Begins]

[Response Ends]

2b.07. Provide your interpretation of the results in terms of demonstrating the ability to identify statistically significant and/or clinically/practically meaningful differences in performance across measured entities.

In other words, what do the results mean in terms of statistical and meaningful differences?

[Response Begins]

[Response Ends]

2b.08. Describe the method of testing conducted to identify the extent and distribution of missing data (or non-response) and demonstrate that performance results are not biased due to systematic missing data (or differences between responders and non-responders). Include how the specified handling of missing data minimizes bias.

Describe the steps—do not just name a method; what statistical analysis was used.

[Response Begins]

[Response Ends]

2b.09. Provide the overall frequency of missing data, the distribution of missing data across providers, and the results from testing related to missing data.

For example, provide results of sensitivity analysis of the effect of various rules for missing data/non-response. If no empirical sensitivity analysis was conducted, identify the approaches for handling missing data that were considered and benefits and drawbacks of each).

[Response Begins]

[Response Ends]

2b.10. Provide your interpretation of the results, in terms of demonstrating that performance results are not biased due to systematic missing data (or differences between responders and non-responders), and how the specified handling of missing data minimizes bias.

In other words, what do the results mean in terms of supporting the selected approach for missing data and what are the norms for the test conducted; if no empirical analysis was conducted, justify the selected approach for missing data.

[Response Begins]

[Response Ends]

Note: This item is directed to measures that are risk-adjusted (with or without social risk factors) OR to measures with more than one set of specifications/instructions (e.g., one set of specifications for how to identify and compute the measure from medical record abstraction and a different set of specifications for claims or eQMs). It does not apply to measures that use more than one source of data in one set of specifications/instructions (e.g., claims data to identify the denominator and medical record abstraction for the numerator). Comparability is not required when comparing performance scores with and without social risk factors in the risk adjustment model. However, if comparability is not demonstrated for measures with more than one set of specifications/instructions, the different specifications (e.g., for medical records vs. claims) should be submitted as separate measures.

2b.11. Indicate whether there is more than one set of specifications for this measure.

[Response Begins]

[Response Ends]

2b.12. Describe the method of testing conducted to compare performance scores for the same entities across the different data sources/specifications.

Describe the steps—do not just name a method. Indicate what statistical analysis was used.

[Response Begins]

[Response Ends]

2b.13. Provide the statistical results from testing comparability of performance scores for the same entities when using different data sources/specifications.

Examples may include correlation, and/or rank order.

[Response Begins]

[Response Ends]

2b.14. Provide your interpretation of the results in terms of the differences in performance measure scores for the same entities across the different data sources/specifications.

In other words, what do the results mean and what are the norms for the test conducted.

[Response Begins]

[Response Ends]

2b.15. Indicate whether the measure uses exclusions.

[Response Begins]

[Response Ends]

2b.16. Describe the method of testing exclusions and what was tested.

Describe the steps—do not just name a method; what was tested, e.g., whether exclusions affect overall performance scores; what statistical analysis was used?

[Response Begins]

[Response Ends]

2b.17. Provide the statistical results from testing exclusions.

Include overall number and percentage of individuals excluded, frequency distribution of exclusions across measured entities, and impact on performance measure scores.

[Response Begins]

[Response Ends]

2b.18. Provide your interpretation of the results, in terms of demonstrating that exclusions are needed to prevent unfair distortion of performance results.

In other words, the value outweighs the burden of increased data collection and analysis. Note: If patient preference is an exclusion, the measure must be specified so that the effect on the performance score is transparent, e.g., scores with and without exclusion.

[Response Begins]

[Response Ends]

2b.19. Check all methods used to address risk factors.

[Response Begins]

[Response Ends]

2b.20. If using statistical risk models, provide detailed risk model specifications, including the risk model method, risk factors, risk factor data sources, coefficients, equations, codes with descriptors, and definitions.

[Response Begins]

[Response Ends]

2b.21. If an outcome or resource use measure is not risk-adjusted or stratified, provide rationale and analyses to demonstrate that controlling for differences in patient characteristics (i.e., case mix) is not needed to achieve fair comparisons across measured entities.

[Response Begins]

[Response Ends]

2b.22. Select all applicable resources and methods used to develop the conceptual model of how social risk impacts this outcome.

[Response Begins]

[Response Ends]

2b.23. Describe the conceptual and statistical methods and criteria used to test and select patient-level risk factors (e.g., clinical factors, social risk factors) used in the statistical risk model or for stratification by risk.

Please be sure to address the following: potential factors identified in the literature and/or expert panel; regression analysis; statistical significance of $p < 0.10$ or other statistical tests; correlation of x or higher. Patient factors should be present at the start of care, if applicable. Also discuss any "ordering" of risk factor inclusion; note whether social risk factors are added after all clinical factors. Discuss any considerations regarding data sources (e.g., availability, specificity).

[Response Begins]

[Response Ends]

2b.24. Detail the statistical results of the analyses used to test and select risk factors for inclusion in or exclusion from the risk model/stratification.

[Response Begins]

[Response Ends]

2b.25. Describe the analyses and interpretation resulting in the decision to select or not select social risk factors.

Examples may include prevalence of the factor across measured entities, availability of the data source, empirical association with the outcome, contribution of unique variation in the outcome, or assessment of between-unit effects and within-unit effects. Also describe the impact of adjusting for risk (or making no adjustment) on providers at high or low extremes of risk.

[Response Begins]

[Response Ends]

2b.26. Describe the method of testing/analysis used to develop and validate the adequacy of the statistical model or stratification approach (describe the steps—do not just name a method; what statistical analysis was used). Provide the statistical results from testing the approach to control for differences in patient characteristics (i.e., case mix) below. If stratified ONLY, enter “N/A” for questions about the statistical risk model discrimination and calibration statistics.

Validation testing should be conducted in a data set that is separate from the one used to develop the model.

[Response Begins]

[Response Ends]

2b.27. Provide risk model discrimination statistics.

For example, provide c-statistics or R-squared values.

[Response Begins]

[Response Ends]

2b.28. Provide the statistical risk model calibration statistics (e.g., Hosmer-Lemeshow statistic).

[Response Begins]

[Response Ends]

2b.29. Provide the risk decile plots or calibration curves used in calibrating the statistical risk model.

The preferred file format is .png, but most image formats are acceptable.

[Response Begins]

[Response Ends]

2b.30. Provide the results of the risk stratification analysis.

[Response Begins]

[Response Ends]

2b.31. Provide your interpretation of the results, in terms of demonstrating adequacy of controlling for differences in patient characteristics (i.e., case mix).

In other words, what do the results mean and what are the norms for the test conducted?

[Response Begins]

[Response Ends]

2b.32. Describe any additional testing conducted to justify the risk adjustment approach used in specifying the measure.

Not required but would provide additional support of adequacy of the risk model, e.g., testing of risk model in another data set; sensitivity analysis for missing data; other methods that were assessed.

[Response Begins]

[Response Ends]

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3.01. Check all methods below that are used to generate the data elements needed to compute the measure score.

[Response Begins]

[Response Ends]

3.02. Detail to what extent the specified data elements are available electronically in defined fields.

In other words, indicate whether data elements that are needed to compute the performance measure score are in defined, computer-readable fields.

[Response Begins]

Some data elements are in defined fields in electronic sources

[Response Ends]

3.03. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using data elements not from electronic sources.

[Response Begins]

The CAHPS survey is conducted by third-party vendors via telephone, mail, email, or mixed protocols. There is concern that many Medicare beneficiaries do not have access to a computer or internet to complete the survey in electronic format. There is also a concern that moving to an internet based mode of administration will bias results, as older more frail adults may be less likely to complete the survey using an internet mode.

[Response Ends]

3.04. Describe any efforts to develop an eCQM.

[Response Begins]

[Response Ends]

3.06. Describe difficulties (as a result of testing and/or operational use of the measure) regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

[Response Begins]

[Response Ends]

Consider implications for both individuals providing data (patients, service recipients, respondents) and those whose performance is being measured.

3.07. Detail any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm),

Attach the fee schedule here, if applicable.

[Response Begins]

Broad public use and dissemination of these measures is encouraged and NCQA has agreed with NQF that noncommercial uses do not require the consent of the measure developer. Use by health care physicians in connection with their own practices is not commercial use. Commercial use of a measure requires the prior written consent of NCQA. As used herein, “commercial use” refers to any sale, license or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed or distributed for commercial gain, even if there is no actual charge for inclusion of the measure.

[Response Ends]

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making.

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement, in addition to demonstrating performance improvement.

4a.01. Check all current uses. For each current use checked, please provide:

Name of program and sponsor

URL

Purpose

Geographic area and number and percentage of accountable entities and patients included

Level of measurement and setting

[Response Begins]

Public Reporting

Payment Program

Regulatory and Accreditation Programs

Professional Certification or Recognition Program

Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Quality Improvement (Internal to the specific organization)

[Response Ends]

4a.02. Check all planned uses.

[Response Begins]

Public Health/Disease Surveillance

Professional Certification or Recognition Program

Quality Improvement (internal to the specific organization)

[Response Ends]

4a.03. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing), explain why the measure is not in use.

For example, do policies or actions of the developer/steward or accountable entities restrict access to performance results or block implementation?

[Response Begins]

N/A

[Response Ends]

4a.04. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes: used in any accountability application within 3 years, and publicly reported within 6 years of initial endorsement.

A credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.

[Response Begins]

N/A

[Response Ends]

4a.05. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.

Detail how many and which types of measured entities and/or others were included. If only a sample of measured entities were included, describe the full population and how the sample was selected.

[Response Begins]

[Response Ends]

4a.06. Describe the process for providing measure results, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.

[Response Begins]

[Response Ends]

4a.07. Summarize the feedback on measure performance and implementation from the measured entities and others. Describe how feedback was obtained.

[Response Begins]

[Response Ends]

4a.08. Summarize the feedback obtained from those being measured.

[Response Begins]

[Response Ends]

4a.09. Summarize the feedback obtained from other users.

[Response Begins]

[Response Ends]

4a.10. Describe how the feedback described has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.

[Response Begins]

[Response Ends]

4b.01. You may refer to data provided in Importance to Measure and Report: Gap in Care/Disparities, but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high-quality healthcare; Geographic area and number and percentage of accountable entities and patients included). If no improvement was demonstrated, provide an explanation. If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

[Response Begins]

Incremental change is common with population health survey measures but there is hope that with increasing attention to measures in programs such as the Medicare Advantage Plan Rating program, rates on this measure will begin to show improvement.

[Response Ends]

4b.02. Explain any unexpected findings (positive or negative) during implementation of this measure, including unintended impacts on patients.

[Response Begins]

There were no identified unintended consequences for this measure during testing or since implementation.

[Response Ends]

4b.03. Explain any unexpected benefits realized from implementation of this measure.

[Response Begins]

[Response Ends]

5. Comparison to Related or Competing Measures

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

If you are updating a maintenance measure submission for the first time in MIMS, please note that the previous related and competing data appearing in question 5.03 may need to be entered in to 5.01 and 5.02, if the measures are NQF endorsed. Please review and update questions 5.01, 5.02, and 5.03 accordingly.

5.01. Search and select all NQF-endorsed related measures (conceptually, either same measure focus or target population).

(Can search and select measures.)

[Response Begins]

[Response Ends]

5.02. Search and select all NQF-endorsed competing measures (conceptually, the measures have both the same measure focus or target population).

(Can search and select measures.)

[Response Begins]

[Response Ends]

5.03. If there are related or competing measures to this measure, but they are not NQF-endorsed, please indicate the measure title and steward.

[Response Begins]

[Response Ends]

5.04. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s), indicate whether the measure specifications are harmonized to the extent possible.

[Response Begins]

No

[Response Ends]

5.05. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

[Response Begins]

Measure 0039 is the only measure collected through patient survey. This measure is collected through the CAHPS 5.0 Adult Survey. We specify collecting this measure through a survey because many adult flu vaccinations are given outside of the traditional medical setting (e.g. at work or in retail flu clinics) and are therefore less likely to be documented in a medical record or claim.

[Response Ends]

5.06. Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality). Alternatively, justify endorsing an additional measure.

Provide analyses when possible.

[Response Begins]

NCQA views these measures as complementary to each other; each supporting the goal of protecting the individual and the population from active influenza viruses.

[Response Ends]

Appendix

Supplemental materials may be provided in an appendix.:

Contact Information

Measure Steward (Intellectual Property Owner): National Committee for Quality Assurance

Measure Steward Point of Contact: Rehm, Bob, nqf@ncqa.org

Measure Developer if different from Measure Steward: National Committee for Quality Assurance

Measure Developer Point(s) of Contact: Rehm, Bob, nqf@ncqa.org

Additional Information

1. Provide any supplemental materials, if needed, as an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be collated one file with a table of contents or bookmarks. If material pertains to a specific criterion, that should be indicated.

[Response Begins]

[Response Ends]

2. List the workgroup/panel members' names and organizations.

Describe the members' role in measure development.

[Response Begins]

Geriatric Measurement Advisory Panel (GMAP)
Wade Aubry, BCBS Association
Arlene Bierman, University of Toronto and St. Michael's Hospital
Joyce Dubow, AARP
Peter Hollmann, BCBS of Rhode Island
Jerry Johnson, University of Pennsylvania
David Martin, Ovations
Adrienne Mims, Alliant Health Solutions and Georgia Medical Care Foundation
Steven Phillips, Sierra Health Services, Inc.
Scott Sarran, BCBS of Illinois
Eric G Tangalos, Mayo Clinic
Joan Weiss, Health Resources and Services Administration
Neil Wenger, UCLA Division of General Internal Medicine and RAND

Committee on Performance Measurement (CPM)
Bruce Bagley, MD, American Academy of Family Physicians
Andrew Baskin, MD, Aetna
Patrick Conway, MD, MSC, Center for Medicare & Medicaid Services
Jonathan D. Darer, MD, Geisinger Health System
Helen Darling, National Business Group on Health
Rebekah Gee, MD, MPH, FACOG, LSU School of Medicine and Public Health
Foster Gesten, MD, NYSDOH Office of Managed Care
David Grossman, MD, MPH, Group Health Physicians
Christine Hunter, MD (Co-Chair), US Office of Personnel Management
Jeffrey Kelman, MMSc, MD, Centers for Medicare & Medicaid Services
Bernadette Loftus, MD, The Permanente Medical Group
J. Brent Pawlecki, MD MMM, The Goodyear Tire & Rubber Company
Susan Reinhard, RN, PhD, AARP
Eric C. Schneider, MD, MSc (Co-Chair), RAND Corporation
Marcus Thygeson, MD, MPH Blue Shield of California

[Response Ends]

3. Indicate the year the measure was first released.

[Response Begins]

[Response Ends]

4. Indicate the month and year of the most recent revision.

[Response Begins]

[Response Ends]

5. Indicate the frequency of review, or an update schedule, for this measure.

[Response Begins]

Approximately every 3 years, sooner if the clinical guidelines have changed significantly.

[Response Ends]

6. Indicate the next scheduled update or review of this measure.

[Response Begins]

[Response Ends]

7. Provide a copyright statement, if applicable. Otherwise, indicate "N/A".

[Response Begins]

© 1998 by the National Committee for Quality Assurance
1100 13th Street, NW, Suite 1000
Washington, DC 20005

[Response Ends]

8. State any disclaimers, if applicable. Otherwise, indicate "N/A".

[Response Begins]

These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

[Response Ends]

9. Provide any additional information or comments, if applicable. Otherwise, indicate "N/A".

[Response Begins]

NCQA Notice of Use. Broad public use and dissemination of these measures is encouraged and NCQA has agreed with NQF that noncommercial uses do not require the consent of the measure developer. Use by health care physicians in connection with their own practices is not commercial use. Commercial use of a measure requires the prior written consent of NCQA. As used herein, "commercial use" refers to any sale, license or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed or distributed for commercial gain, even if there is no actual charge for inclusion of the measure.

These performance measures were developed and are owned by NCQA. They are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties or endorsement about the quality of any organization or physician that uses or reports performance measures, and NCQA has no liability to anyone who relies on such measures. NCQA holds a copyright in these measures and can rescind or alter these measures at any time. Users of the measures shall not have the right to alter, enhance or otherwise modify the measures, and shall not disassemble, recompile or reverse engineer the source code or object code relating to the measures. Anyone desiring to use or reproduce the measures without modification for a noncommercial purpose may do so without obtaining approval from NCQA. All commercial uses must be approved by NCQA and are subject to a license at the discretion of NCQA. © 2012 by the National Committee for Quality Assurance

[Response Ends]