



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 subcriterion 1b).

Brief Measure Information

NQF #: 0043

Corresponding Measures:

De.2. Measure Title: [Pneumococcal Vaccination Status for Older Adults \(PNU\)](#)

Co.1.1. Measure Steward: [National Committee for Quality Assurance](#)

De.3. Brief Description of Measure: [Percentage of patients 65 years of age and older who ever received a pneumococcal vaccination.](#)

1b.1. Developer Rationale: [The disease burden is large for older adults and the potential for prevention is high. Pneumococcal infections result in significant health care expenditures each year, and vaccination is safe and effective. Modest cash outlays for vaccination have been shown to result in substantial cost savings and significantly lower morbidity.](#)

[One of the Healthy People 2010 objectives was to increase pneumococcal immunization levels for the noninstitutionalized, high-risk populations to at least 90 percent \(objective no. 14.29\). While the percent of persons 65 years and older receiving the pneumococcal vaccine has increased, it still remains considerably below the Health People 2010 objective. According to the National Health Interview Survey \(NHIS\), which is used to track performance on year 2010 objectives, in 1998 only 46 percent of adults age 65 years and older report receiving the vaccine \(National Center for Health Statistics, 2005\). In 2007, pneumonia vaccine coverage had grown to 67 percent amongst the American elderly population, up from 15 percent in 1989 \(Plotkin & Jackson, 2008\).](#)

S.4. Numerator Statement: [The number of patients in the denominator who responded "Yes" to the question "Have you ever had a pneumonia shot? This shot is usually given only once or twice in the person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."](#)

S.7. Denominator Statement: [CAHPS respondents age 65 or older as of the last day of the measurement year who responded "Yes" or "No" to the question "Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."](#)

S.10. Denominator Exclusions:

De.1. Measure Type: [Process](#)

S.23. Data Source: [Instrument-Based Data](#)

S.26. Level of Analysis: [Health Plan, Integrated Delivery System](#)

IF Endorsement Maintenance – Original Endorsement Date: [Aug 10, 2009](#) **Most Recent Endorsement Date:** [May 02, 2012](#)

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

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

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?

1. Evidence, Performance Gap, Priority – 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 subcriteria to pass this criterion and be evaluated against the***

remaining criteria.**1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form**

0043_Evidence_MSF5.0_Data.doc

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- disparities in care across population groups.

1b.1. Briefly explain the rationale for this measure (e.g., the benefits or improvements in quality envisioned by use of this measure)

The disease burden is large for older adults and the potential for prevention is high. Pneumococcal infections result in significant health care expenditures each year, and vaccination is safe and effective. Modest cash outlays for vaccination have been shown to result in substantial cost savings and significantly lower morbidity.

One of the Healthy People 2010 objectives was to increase pneumococcal immunization levels for the noninstitutionalized, high-risk populations to at least 90 percent (objective no. 14.29). While the percent of persons 65 years and older receiving the pneumococcal vaccine has increased, it still remains considerably below the Health People 2010 objective. According to the National Health Interview Survey (NHIS), which is used to track performance on year 2010 objectives, in 1998 only 46 percent of adults age 65 years and older report receiving the vaccine (National Center for Health Statistics, 2005). In 2007, pneumonia vaccine coverage had grown to 67 percent amongst the American elderly population, up from 15 percent in 1989 (Plotkin & Jackson, 2008).

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. (This is required for endorsement maintenance. Include mean, std dev, min, max, interquartile range, 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 included). This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.

Pneumonia Rate

Data Element;	2009;	2008;	2007;
N;	295;	279;	241;
MEAN;	65.4;	63.8;	65.1;
STDEV;	14.8;	15.8;	15.8;
STDERR;	0.86;	0.95;	1.02;
MIN;	13.4;	13.5;	16.0;
MAX;	94.2;	87.9;	90.6;
P10;	45.2;	42.7;	42.4;
P25;	58.4;	56.0;	56.9;
P50;	68.2;	67.3;	69.3;
P75;	75.8;	75.8;	75.9;
P90;	81.4;	81.3;	81.4;

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, 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.

Section 1b.2 references data from the most recent three years of measurement for HEDIS. The data in section 1b.2 includes percentiles, mean, min, max, standard deviation and standard error. There were 815 submissions for this measure/rate.

1b.4. 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. (This is required for endorsement maintenance. 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 subcriterion on improvement (4b.1) under Usability and Use.

The measure does not include any stratification other than the two measures have different age groups. Data is not available on performance results on disparities.

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations.

1c. High Priority (previously referred to as High Impact)

The measure addresses:

- a specific national health goal/priority identified by DHHS or the National Priorities Partnership convened by NQF; OR
- a demonstrated high-priority (high-impact) aspect of healthcare (e.g., affects large numbers of patients and/or has a substantial impact for a smaller population; leading cause of morbidity/mortality; high resource use (current and/or future); severity of illness; and severity of patient/societal consequences of poor quality).

1c.1. Demonstrated high priority aspect of healthcare

Affects large numbers, A leading cause of morbidity/mortality, Patient/societal consequences of poor quality, Severity of illness

1c.2. If Other:

1c.3. Provide epidemiologic or resource use data that demonstrates the measure addresses a high priority aspect of healthcare.

List citations in 1c.4.

Pneumonia is a common cause of illness and death in the elderly and persons with certain underlying conditions such as heart failure, diabetes, cystic fibrosis, asthma, sickle cell anemia, or chronic obstructive pulmonary disease (NHLBI, 2011). In 1998, an estimated 3,400 adults aged >65 years died as a result of invasive pneumococcal disease (IPD) (CDC, 2003). Pneumococcal infection accounts for more deaths than any other vaccine-preventable bacterial disease (Pneumococcal Pneumonia, 2004).

Among the 91.5 million US adults aged >50 years, 29,500 cases of IPD, 502,600 cases of nonbacteremic pneumococcal pneumonia and 25,400 pneumococcal-related deaths are estimated to occur yearly; annual direct and indirect costs are estimated to total \$3.7 billion and \$1.8 billion, respectively. Pneumococcal disease remains a substantial burden among older US adults, despite increased coverage with 23-valent pneumococcal polysaccharide vaccine, (PPV23) and indirect benefits afforded by PCV7 vaccination of young children (Weycker, et al., 2011).

The Centers for Disease Control and Prevention (CDC) also analyzed cost-effectiveness of a measure for pneumococcal immunization. Using conservative health impact figures, the study's principal conclusions indicate that a 10 percent absolute increase in immunization among Medicare HMO enrollees would result in cost savings of \$8,471 for an average HMO with 17,000 enrollees, and that deaths due to pneumococcal disease would be reduced. The study only considers the prevention of pneumococcal bacteria; actual savings may be greater, as vaccination is also likely to confer protection against pneumococcal pneumonia (nonbacteremic pneumococcal). Vaccination has been found to be effective against bacteremic cases (OR: 0.34; 95% CI: 0.27–0.66) as well as nonbacteremic cases (OR: 0.58; 95% CI: 0.39–0.86). Vaccine effectiveness was highest against bacteremic infections caused by vaccine types (OR: 0.24; 95% CI: 0.09–0.66) (Vila-Corcoles, et al., 2009).

The Geriatrics Measurement Advisory Panel (GMAP) believes that the reporting of this measure will improve both patient and provider awareness of the importance of receiving this vaccination. Over time, the GMAP expects that this increased awareness should improve the accuracy of self-reported immunization information and encourage health plans to develop automated data systems to track pneumococcal vaccination status.

1c.4. Citations for data demonstrating high priority provided in 1a.3

Akin L, Kaya M, Altinel S, & Durand L. (2011). Cost of Pneumococcal Infections and Cost-Effectiveness Analysis of Pneumococcal Vaccination in At-Risk Adults and Elderly in Turkey. *Human Vaccines*;7(4):441-50.

Centers for Disease Control & Prevention (CDC). (n.d.) Diabetes and Pneumonia: Get the Facts. Retrieved, June 22, 2011 from: http://www.cdc.gov/diabetes/projects/pdfs/eng_facts.pdf

CDC. Public health and aging: influenza vaccination coverage among adults aged >50 years and pneumococcal vaccination coverage among adults aged >65 years—United States, 2002. *MMWR* 2003;(52):987–92.

Dominguez A, Izquierdo C, Salleras L, Ruiz L, Sousa D, Bayas JM, Nebot M, Varona W, Celorrio JM, & Carratala J, (2010). Effectiveness of the Pneumococcal Polysaccharide Vaccine in Preventing Pneumonia in the Elderly. *European Respiratory Journal*; 36(3):608-14.

National Heart, Lung and Blood Institute. (2011). Pneumonia. Retrieved, June 22, 2011 from: http://www.nhlbi.nih.gov/health/dci/Diseases/pnu/pnu_what.html

Vila-Corcoles A, Salsench E, Rodriguez-Blanco T, Ochoa-Gondar O, de Diego C, Valdivieso A, Hospital I, Gomez-Bertemeu F, & Raga X.

(2009). Clinical Effectiveness of 23-Valent Pneumococcal Polysaccharide Vaccine Against Pneumonia in Middle-Aged and Older Adults: A Matched Case-Control Study. *Vaccine*;27(10):1504-10.

Weycker D, Strutton D, Edelsberg J, Sato, & Jackson LA. (2011). Clinical and Economic Burden of Pneumococcal Disease in Older US Adults. *Vaccine*; 28(31):4955-60.

1c.5. If a PRO-PM (e.g. HRQoL/functional status, symptom/burden, experience with care, health-related behaviors), provide evidence that the target population values the measured PRO and finds it meaningful. (Describe how and from whom their input was obtained.)

2. Reliability and Validity—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 subcriteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.**

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

[Infectious Diseases \(ID\)](#)

De.6. Non-Condition Specific (check all the areas that apply):

[Primary Prevention](#)

S.1. Measure-specific Web Page (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.)

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

[This is not an eMeasure](#) **Attachment:**

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

[No data dictionary](#) **Attachment:**

S.3. For endorsement maintenance, please briefly describe any changes to the measure specifications since last endorsement date and explain the reasons.

S.4. Numerator Statement (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)

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

[The number of patients in the denominator who responded “Yes” to the question “Have you ever had a pneumonia shot? This shot is usually given only once or twice in the person’s lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.”](#)

S.5. Time Period for Data (What is the time period in which data will be aggregated for the measure, e.g., 12 mo, 3 years, look back to August for flu vaccination? Note if there are different time periods for the numerator and denominator.)

[The measurement year \(12 month period\)](#)

S.6. Numerator Details *(All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, 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 S.2b)*
IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

Medicare CAHPS 5.0H Survey

Question: "Have you ever had a pneumonia shot? This shot is usually given only once or twice in the person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."

Response Choices: "Yes, No, Don't know"

Required Response to meet numerator criteria: "Yes"

S.7. Denominator Statement *(Brief, narrative description of the target population being measured)*

CAHPS respondents age 65 or older as of the last day of the measurement year who responded "Yes" or "No" to the question "Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."

S.8. Target Population Category *(Check all the populations for which the measure is specified and tested if any):*

Elderly, Populations at Risk : Dual eligible beneficiaries

S.9. Denominator Details *(All information required to identify and calculate the target population/denominator such as definitions, 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 S.2b)*

Collected by CMS using the Medicare CAHPS Survey. No codes are used to collect the denominator information.

Question: "Have you ever had a pneumonia shot? This shot is usually given only once or twice in the person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."

Response Choices: "Yes, No, Don't know"

Required Response to meet numerator criteria: "Yes" or "No"

S.10. Denominator Exclusions *(Brief narrative description of exclusions from the target population)*

S.11. Denominator Exclusion Details *(All information required to identify and calculate exclusions from the denominator such as definitions, 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 S.2b)*

S.12. Stratification Details/Variables *(All information required to stratify the measure results including the stratification variables, definitions, 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 with at S.2b)*

S.13. Risk Adjustment Type *(Select type. Provide specifications for risk stratification in S.12 and for statistical model in S.14-15)*

No risk adjustment or risk stratification

If other:

S.14. Identify the statistical risk model method and variables *(Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development and testing should be addressed with measure testing under Scientific Acceptability)*

S.15. Detailed risk model specifications *(must be in attached data dictionary/code list Excel or csv file. Also indicate if available at measure-specific URL identified in S.1.)*

Note: Risk model details (including coefficients, equations, codes with descriptors, definitions), should be provided on a separate

worksheet in the suggested format in the Excel or csv file with data dictionary/code lists at S.2b.

S.15a. Detailed risk model specifications (if not provided in excel or csv file at S.2b)

S.16. Type of score:

Rate/proportion

If other:

S.17. Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)

Better quality = Higher score

S.18. Calculation Algorithm/Measure Logic (Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.)

Step 1. Determine the eligible population: All patients 66 and older as of the end (e.g., December 31) of the measurement year

Step 2: Identify the denominator: CAHPS respondents in the eligible population who respond “yes” or “no” to the question: “Have you ever had a pneumonia shot? This shot is usually given only once or twice in the person’s lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.” Individuals who respond “don’t know” or do not answer the question are not included in the denominator.

Step 3: Identify the numerator: Individuals in the denominator who respond “yes” to the question.

Step 4: Calculate the rate: Numerator/Denominator

S.19. Calculation Algorithm/Measure Logic Diagram URL or Attachment (You also may provide a diagram of the Calculation Algorithm/Measure Logic described above at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

S.20. Sampling (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

IF a PRO-PM, identify whether (and how) proxy responses are allowed.

Beginning in 2011, CMS will require all MA and PDP 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.

S.21. Survey/Patient-reported data (If measure is based on a survey, provide instructions for conducting the survey and guidance on minimum response rate.)

IF a PRO-PM, specify calculation of response rates to be reported with performance measure results.

S.22. Missing data (specify how missing data are handled, e.g., imputation, delete case.)

Required for Composites and PRO-PMs.

S.23. Data Source (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.24.

Instrument-Based Data

S.24. Data Source or Collection Instrument (Identify the specific data source/data collection instrument e.g. name of database, clinical registry, collection instrument, etc.)

If a PRO-PM, identify the specific PROM(s); and standard methods, modes, and languages of administration.

[Medicare CAHPS](#)

S.25. Data Source or Collection Instrument (available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

[URL](#)

S.26. Level of Analysis (Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)

[Health Plan, Integrated Delivery System](#)

S.27. Care Setting (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

[Home Care, Inpatient/Hospital, Outpatient Services, Post-Acute Care](#)

If other:

S.28. COMPOSITE Performance Measure - Additional Specifications (Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)

2a. Reliability – See attached Measure Testing Submission Form

2b. Validity – See attached Measure Testing Submission Form

[0043_MeasureTesting_MSF5.0_Data.doc](#)

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.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. Data Elements Generated as Byproduct of Care Processes.

[Other](#)

If other: [This measure is collected by CMS using the Medicare CAHPS Survey.](#)

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. To what extent are the specified data elements available electronically in defined fields? (i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields)

[ALL data elements are in defined fields in a combination of electronic sources](#)

3b.2. 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 other than electronic sources.

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL.

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. Describe what you have learned/modified 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.

IF a PRO-PM, consider implications for both individuals providing PROM data (patients, service recipients, respondents) and those whose performance is being measured.

This measure appears in HEDIS and is subject to HEDIS survey administration and related costs. This is a survey measure and found to be logistically feasible as administered through Medicare CAHPS.

3c.2. Describe 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).

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.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

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 performance improvement.

Planned	Current Use (for current use provide URL)
Public Reporting	
Public Health/Disease Surveillance	
Payment Program	
Regulatory and Accreditation Programs	
Quality Improvement (Internal to the specific organization)	

4a.1. For each CURRENT use, checked above, provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included

4a.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

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

4b. Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b.1. Progress on Improvement. (Not required for initial endorsement unless available.)

Performance results on this measure (current and over time) should be provided in 1b.2 and 1b.4. Discuss:

- Progress (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

4b.2. If no improvement was demonstrated, what are the reasons? 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.

4c. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4c.1. Were any unintended negative consequences to individuals or populations identified during testing; OR has evidence of unintended negative consequences to individuals or populations been reported since implementation? If so, identify the negative unintended consequences and describe how benefits outweigh them or actions taken to mitigate them.

This measure has detailed, precise specifications that clearly define the numerator, denominator, data sources, allowable values, methods of measurement and method of reporting. All measures that are used in NCQA programs are audited.

Data Collection Strategy (Measure evaluation criterion 4e)

4e.1. Describe what you have learned/modified 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, patient confidentiality, time and cost of data collection, and other feasibility or implementation issues

This is a survey measure and found to be logistically feasible as administered through Medicare CAHPS. This measure does not pose a threat to confidentiality. The eligibility criteria are based solely on age. The usual methods employed to protect confidentiality of data are expected to be appropriate for this measure. Information about individual members cannot be identified by public reporting.

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.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.
Yes

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

0044 : Pneumonia Vaccination

0150 : Pneumococcal vaccination

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

<p>5a. Harmonization The measure specifications are harmonized with related measures; OR The differences in specifications are justified</p> <p>5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s): Are the measure specifications completely harmonized? No</p> <p>5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden. This measure is collected via a survey, rather than through administrative data or medical records.</p>
<p>5b. Competing Measures The measure is superior to competing measures (e.g., is a more valid or efficient way to measure); OR Multiple measures are justified.</p> <p>5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s): Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.) This survey measure can capture health data that administrative claims data or traditional provider records cannot. With the proliferation of locations where people can obtain pneumonia vaccines (e.g. pharmacy, public health facilities, retail clinics), self-reporting of vaccination status is the best source to capture pneumonia vaccinations in all health settings.</p> <p>NCQA realizes there may be competing measures that exist and welcomes the opportunity to explore harmonization, recognizing there are significant differences in data sources.</p>

<p>Appendix</p> <p>A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed. Attachment:</p>
<p>Contact Information</p> <p>Co.1 Measure Steward (Intellectual Property Owner): National Committee for Quality Assurance Co.2 Point of Contact: Bob, Rehm, nqf@ncqa.org, 202-955-1728- Co.3 Measure Developer if different from Measure Steward: National Committee for Quality Assurance Co.4 Point of Contact: Jill Marie, Farrell, farrell@ncqa.org, 202-955-1785-</p>
<p>Additional Information</p> <p>Ad.1 Workgroup/Expert Panel involved in measure development Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development. Geriatric Measurement Advisory Panel</p> <p>The NCQA Geriatric Measurement Advisory Group advised NCQA during measure development. They evaluated the way staff specified measures, assessed the content validity of measures, and reviewed field test results. As you can see from the list, the MAP</p>

consisted of a balanced group of experts, including representatives from health plans, government agencies, universities and health care delivery organizations . Note that, in addition to the MAP, we also vetted these measures with a host of other stakeholders, as is our process. Thus, our measures are the result of consensus from a broad and diverse group of stakeholders, in addition to the MAP.

GMAP Members

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
 Steven Phillips, Sierra Health Services, Inc.
 Scott Sarran, BCBS of Illinois
 Eric G Tangelos, Mayo Clinic
 Joan Weiss, Health Resources and Services Administration
 Neil Wenger, UCLA Division of General Internal Medicine and RAND

CMS/AHRQ Liaisons

Marsha Davenport
 Jeffrey Kelman
 Elizabeth Goldstein
 Morgot Blige Holloway
 Rosemary Lee
 Alice Lee Martin
 Chris Haffer
 Sonya Bowen
 Mary B. Barton

Describe the group's role in measure development.

The NCQA Geriatric Measurement Advisory Group advised NCQA during measure development. They evaluated the way staff specified measures, assessed the content validity of measures, and reviewed field test results. As you can see from the list, the MAP consisted of a balanced group of experts, including representatives from medical research and education, health plans, the federal Medicare program, and older adult associations. Note that, in addition to the MAP, we also vetted these measures with a host of other stakeholders, as is our process. Thus, our measures are the result of consensus from a broad and diverse group of stakeholders, in addition to the MAP.

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2 Year the measure was first released: 1999

Ad.3 Month and Year of most recent revision: 07, 2011

Ad.4 What is your frequency for review/update of this measure? Approximately every 3 years, sooner if the clinical guidelines have changed significantly.

Ad.5 When is the next scheduled review/update for this measure? 07, 2013

Ad.6 Copyright statement: © June 29, 2011 by the National Committee for Quality Assurance

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Ad.7 Disclaimers:

Ad.8 Additional Information/Comments: