



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 #: 0635

Corresponding Measures:

De.2. Measure Title: Chronic Liver Disease - Hepatitis A Vaccination

Co.1.1. Measure Steward: ActiveHealth Management

De.3. Brief Description of Measure: The percentage of adult patients with chronic liver disease who have received a hepatitis A vaccine

1b.1. Developer Rationale: This measure is aimed at identifying and optimizing the care of chronic liver disease patients who require hepatitis A vaccination and potentially prevent severe complications that follow acute viral hepatitis. This measure was developed with the goal to help increase the overall immunity to hepatitis A amongst patients with chronic liver disease and thus, decrease the overall public health burden.

S.4. Numerator Statement: Patients with chronic liver disease who have received a hepatitis A vaccine.

S.7. Denominator Statement: All patients, ages 18 and older, diagnosed with chronic liver disease

S.10. Denominator Exclusions: Specific Exclusions: 1. Patients with a previous history of viral hepatitis 2. Patients who report an allergy to Hepatitis A vaccine A. General exclusions: 1. Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; 2. Patients who have been in a skilled nursing facility in the last 3 months (this exclusion is included to avoid holding physicians who care for patients during a transitional period, e.g. temporary SNF placement, for their ongoing care; hence, the time limitation of 3 months).

De.1. Measure Type: Process

S.23. Data Source: Other

S.26. Level of Analysis: Health Plan, Other

IF Endorsement Maintenance – Original Endorsement Date: Dec 04, 2009 **Most Recent Endorsement Date:** Dec 04, 2009

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

[Updated_Hep_A_Evidence_for_NQF_-4--634780544819447853.docx](#)

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)

This measure is aimed at identifying and optimizing the care of chronic liver disease patients who require hepatitis A vaccination and potentially prevent severe complications that follow acute viral hepatitis. This measure was developed with the goal to help increase the overall immunity to hepatitis A amongst patients with chronic liver disease and thus, decrease the overall public health burden.

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.

Hepatitis A vaccination in patients with chronic liver disease has increased during the past few years; however the implementation rate remains low. In a 2011 NHANES study of 24,871 participants, the rate of hepatitis A vaccination among chronic liver disease patients increased from 13.3% (1999-2004) to 23.4% (2005-2008) [1]. Similarly, a low implementation rate was observed in the VA HCV Clinical Case Registry. Among 88,456 patients with chronic hepatitis C, only 20.7% of patients received hepatitis A vaccination [2]. Additionally, only a suboptimal 45.5% of the patients in this registry were tested for hepatitis A immunity or received hepatitis A vaccination.

From a test of this measure done on a sample population of 2.46 million, we found 5907 patients with chronic liver disease. Of these patients, 2129 received hepatitis A vaccination or were tested for hepatitis A during the measurement year. This translates to a performance gap of 64% [3] across the entire test population.

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.

2.46 million lives were included in the sample population, representing a cross-sectional nationwide sample from our client population, 49% male, 51% female, with an average age of 37 years. Test was performed in 2012. From a test of this measure done on a sample population of 2.46 million, we found 5907 patients with chronic liver disease. Of these patients, 2129 received hepatitis A vaccination or were tested for hepatitis A during the measurement year. This translates to a performance gap of 64% [3] across the entire test population, which consists of data from a large, nationwide healthplan, private employer group, and a state employer.

1. ActiveHealth Management, Inc., testing done from June 3rd, 2009 to June 3rd, 2010, includes both commercial and Medicare population.

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.

There are no demographic or socioeconomic factors that are consistently associated with disparities of data from the reviewed literature [1].

We will be able to supply additional disparities data from the measures as implemented in Stage 2.

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.

1. Younossi ZM, Stepanova, M. Changes in hepatitis A and B vaccination rates in adult patients with chronic liver diseases and diabetes in the U.S. population. Hepatology 2011 Oct;54(4):1167-78

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, 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.

According to the WHO, there are 1.4 million cases of hepatitis A every year globally, with 70% of infected adults and older children develop jaundice. According to the Center for Disease Control and Prevention (CDC), chronic liver disease and cirrhosis is the 12th leading cause of death [1]. Acute hepatitis A in patient with chronic liver disease (CLD) may result in more severe clinical infection with an associated higher rate of fulminant hepatic failure and mortality [2-6]. Studies have been conducted to confirm the safety and immunogenicity of hepatitis A vaccines in patient with chronic liver disease [7-8]. The CDC recommends vaccination in individuals with chronic liver disease. In addition, the American Association for the Study of Liver Disease recommends patients with chronic hepatitis B and C (with or without CLD) for vaccination against hepatitis A [9-11]. There has been a dramatic decline in the incidence of hepatitis A in US since the introduction of vaccine in 1995 (from an estimated 120,000 acute cases in 1980 to approximately 10,000 in 2010).

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

1. Minino, AM, Murphy SL, Xu J, Kochanek, KD. Death: final data for 2008. Natl Vital Stat Rep 2011;59:10
2. Kumar M, Herrera JL. Importance of hepatitis vaccination in patients with chronic liver disease. South Med J. 2010 Dec;103(12):1223-31
3. Keeffe E. Hepatitis A in patients with chronic liver disease – severity of illness and prevention with vaccination. J Viral Hepat. 2000 May;7 Suppl 1: 15-7
4. Cooksley WG. What did we learn from the Shanghai hepatitis A epidemic? J Viral Hepat 2000;7 Suppl 1:1-3
5. Keeffe EB. Is hepatitis A more severe in patients with chronic hepatitis B and other chronic liver diseases? Am J Gastroenterol 1995;90:201-205
6. Fukumoto Y, Okita K, Konishi T, et al. Hepatitis infection in chronic carriers of hepatitis B virus, in Sung J-L, Chen D-S (eds): Viral hepatitis and hepatocellular carcinoma. Amsterdam, Excerpta Medica, 1990, pp43-48
7. Keeffe EB, Iwarson S, McMahon BJ, et al. Safety and immunogenicity of hepatitis A vaccine in patients with chronic liver disease. Hepatology 1998;27:881-886
8. Lee SD, Chan SY, Yu MI, et al. Safety and immunogenicity of hepatitis A vaccine in patients with chronic liver disease. J Med Virol 1997;52:215-218
9. MMWR Recommended Adult Immunization Schedule – United States, 2012
10. Lok ASF. AASLD Practice Guidelines Update: Chronic Hepatitis B: Update 2009. Hepatology. 2009 Sep;50(3):661-2
11. Ghany MG, Strader DB, Thomas DL, Seeff LB; AASLD. Diagnosis, management, and treatment of hepatitis C: an update. Hepatology. 2009 Apr;49(4):1335-74

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):

Gastrointestinal (GI)

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

Immunization

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.)

<http://www.activehealth.com/nqf-docs>

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)

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)

Attachment Attachment: [NQF_635_-_CODE_SET_minus_Hep_A_Ab_Testing.xlsx](#)

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

[At the suggestion of the Concept Review Committee, we have removed Antibody testing from the numerator, and no longer allow testing alone to be sufficient to complete this measure.](#)

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.

[Patients with chronic liver disease who have received a hepatitis A 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.)

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.

NUMERATOR:

One of the following:

1. Presence of at least 1 fill VACCINE-HEP A from claims or HIE anytime in the past
2. Presence of at least 1 VACCINE-HEPATITIS A procedure from claims or HIE anytime in the past
3. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- HEPATITIS A VAC OBS result anytime in the past

(NOTE: Words written in capital letters are element names. Please refer to the code set for description.)

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

[All patients, ages 18 and older, diagnosed with chronic liver disease](#)

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

Elderly

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)

DENOMINATOR:

All of the following:

1. Patients aged 18 years and older
2. One of the following:
 - a. Chronic Hepatitis B validation is confirmed (see below)
 - b. Chronic Hepatitis C validation is confirmed (see below)
 - c. Presence of at least 2 LIVER DISEASE CHRONIC (EXCL HEP A) diagnosis from claims or HIE in the past 12 Months

CHRONIC HEPATITIS B VALIDATION

One of the following:

1. Presence of at least 2 HEPATITIS B CHRONIC diagnosis from claims or 1HEPATITIS B CHRONIC diagnosis from HIE in the past 24 Months
2. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- HEPATITIS B result anytime in the past
3. Presence of at least 2 HEPATITIS B SURFACE OR E ANTIGEN OR DNA lab result value > 1 in the past 12 months
4. All of the following:
 - a. Presence of at least 2 HEPATITIS B CHRONIC diagnosis from claims or 1HEPATITIS B CHRONIC diagnosis from HIE anytime in the past
 - b. One of the following
 - i. Presence of at least 1 fill HEPATITIS B Rx from claims or HIE in the past 24 Months
 - ii. Presence of at least 2 INTERFERON (J CODE) procedures from claims or HIE in the past 24 months

CHRONIC HEPATITIS C VALIDATION

One of the following:

1. Presence of at least 1 HEPATITIS C CHRONIC diagnosis from claims in the past 24 Months
2. Presence of at least 2 HEPATITIS C CHRONIC diagnosis from claims or HIE in the past 24 Months
3. Presence of at least 1 HEPATITIS C ANTIBODY OR RNA lab result value > 1 in the past 12 months
4. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- HEPATITIS C result anytime in the past

5. All of the following:

a. Presence of at least 2 HEPATITIS C CHRONIC diagnosis from claims or HIE anytime in the past

b. One of the following:

i. Presence of at least 2 fill HEPATITIS C TREATMENT from claims or HIE in the past 24 Months

ii. Presence of at least 2 HEPATITIS C RX (CPT) procedures from claims or HIE in the past 24 months

(NOTE: Words written in capital letters are element names. Please refer to the code set for description.)

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

Specific Exclusions: 1. Patients with a previous history of viral hepatitis 2. Patients who report an allergy to Hepatitis A vaccine A.

General exclusions: 1. Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; 2. Patients who have been in a skilled nursing facility in the last 3 months (this exclusion is included to avoid holding physicians who care for patients during a transitional period, e.g. temporary SNF placement, for their ongoing care; hence, the time limitation of 3 months).

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)

One of the following:

1. At least 1 diagnosis code for HEPATITIS A INFECTION from claims or HIE anytime in the past

2. Patient self-reported data, via PHR or telephonic nurse assessment in our disease management program, indicating that they are allergic to the Hepatitis A vaccine anytime in the past

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)

None

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)

No risk adjustment necessary

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.

No Attachment

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.)*

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, codes with descriptors, and/or specific data collection items/responses)

NUMERATOR:

One of the following:

1. Presence of at least 1 fill VACCINE-HEP A from claims or HIE anytime in the past
2. Presence of at least 1 VACCINE-HEPATITIS A procedure from claims or HIE anytime in the past
3. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- HEPATITIS A VAC OBS result anytime in the past

(NOTE: Words written in capital letters are element names. Please refer to the code set for description.)

Denominator Details(All information required to identify and calculate the target population/denominator such as definitions, codes with descriptors, and/or specific data collection items/responses)

DENOMINATOR:

All of the following:

1. Patients aged 18 years and older
2. One of the following:
 - a. Chronic Hepatitis B validation is confirmed (see below)
 - b. Chronic Hepatitis C validation is confirmed (see below)
 - c. Presence of at least 2 LIVER DISEASE CHRONIC (EXCL HEP A) diagnosis from claims or HIE in the past 12 Months

CHRONIC HEPATITIS B VALIDATION

One of the following:

1. Presence of at least 1 HEPATITIS B CHRONIC diagnosis from claims or HIE in the past 24 Months
2. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- HEPATITIS B result anytime in the past
3. All of the following:
 - a. Presence of at least 1 HEPATITIS B SURFACE OR E ANTIGEN OR DNA lab result value > 1 in the past 3 months

b. Presence of at least 1 HEPATITIS B SURFACE OR E ANTIGEN OR DNA lab result value > 1 begins in the past 9 months

c. All of the following:

i. Presence of at least 2 HEPATITIS B CHRONIC diagnosis from claims or HIE anytime in the past

ii. Presence of at least 1 fill HEPATITIS B Rx from claims or HIE in the past 24 Months

iii. Presence of at least 2 INTERFERON (J CODE) procedures from claims or HIE in the past 24 months

CHRONIC HEPATITIS C VALIDATION

One of the following:

1. Presence of at least 1 HEPATITIS C CHRONIC diagnosis from claims or HIE in the past 24 Months

2. Presence of at least 2 HEPATITIS C CHRONIC diagnosis from claims or HIE in the past 24 Months

3. Presence of at least 1 HEPATITIS C ANTIBODY OR RNA lab result value > 1 in the past 12 months

4. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- HEPATITIS C result anytime in the past

5. All of the following:

a. Presence of at least 2 HEPATITIS C CHRONIC diagnosis from claims or HIE anytime in the past

b. One of the following:

i. Presence of at least 2 fill HEPATITIS C TREATMENT from claims or HIE in the past 24 Months

ii. Presence of at least 2 HEPATITIS C RX (CPT) procedures from claims or HIE in the past 24 months

(NOTE: Words written in capital letters are element names. Please refer to the code set for description.)

Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, codes with descriptors, and/or specific data collection items/responses)

One of the following:

1. Presence of at least 1 HEPATITIS A INFECTION diagnosis from claims or HIE anytime in the past

2. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- HEPATITIS A VAC ALLERGY result anytime in the past

3. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- HEPATITIS A VAC OBS result anytime in the past

4. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- HEPATITIS A VAC DO NOT KNOW result anytime in the past

(NOTE: Words written in capital letters are element names. Please refer to the code set for description.)

Risk Adjustment Type

No risk adjustment or risk stratification

Statistical risk model and variables

No risk adjustment or risk stratification

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)
NoAttachment

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.

This measure is not based on a sample.

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.

This measure is not based on a survey.

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.

Other

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.

We allow data from several different sources including claims, health information exchanges, provider and patient surveys, our patient health portal, and through feedback given to our nurses via telephonic engagement. All data is processed through ActiveHealth Management's clinical rule engine, CareEngine. Electronic clinical data source for pharmacy, lab, and EHR data is ActiveCareTeam (clinical workflow tool and dashboard) and MyActiveHealth (PHR). Healthcare provider surveys and patient surveys are included as a part of our clinical alerts (aka Care Considerations) feedback section. Patient self-reported data is included as a part of our patient portal (My ActiveHealth) and our disease management program (Active DM).

The individual sources for this measure are not tested separately. We ingest and store all data in a centralized warehouse from multiple sources. All data sources are tested simultaneously

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)

NoAttachment

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

Health Plan, Other

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

Other

If other: We do not differentiate between practice settings when testing the measures. All data is used agnostic of practice set

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

[Chronic_Liver_Disease_Hepatitis_A_Vaccination_Scientific_Acceptability-634935236067420232.docx](#)

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.

[generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition, Coded by someone other than person obtaining original information \(e.g., DRG, ICD-9 codes on claims\)](#)

If other:

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.

[We use a combination of data sources to mitigate the risk of inaccuracies or errors. We recognize that generally, electronic data have inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of the denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data \(laboratory results, medication lists\) to augment the data. In addition, where possible, we corroborate the data. For example, to confirm a patient has diabetes, we not only confirm the presence of an ICD-9 code for diabetes from claims, we also substantiate this finding with the presence of diabetic medications. We have a mechanism in place to solicit feedback from providers via a feedback form, if they detect errors with the measure.](#)

We do not anticipate significant unintended consequences from the implementation of this measure. Our measures are all developed from evidence-based literature or from clinical practice guidelines and are designed to encourage appropriate care of the patient.

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).

None

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	
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?)

The ActiveHealth website has recently undergone a renovation to enhance its appearance and user experience. Our measures are an integral part of the ActiveHealth website and have undergone renovation as well. We have recently launched several of our measures on the quality measures web page and anticipate more robust reporting and other capabilities to be developed over the course of the next one to two years, as we fine tune our recent changes. While the measure specifications will be publicly available, the performance results of individuals or organizations will not be reported due to proprietary reasons.

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.)

Within the next one to two years, performance results for this measure on a year to year basis will be available for public viewing on the ActiveHealth website. Calendar year data from our population of over 20 million lives. will be aggregated, reported, and displayed on our quality measure web page. While the measure specifications will be publicly available, the performance results of individuals or organizations will not be reported due to proprietary reasons.

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

For this measure examining the number of people with chronic liver disease who had the Hepatitis A vaccination, we identified a total of 7605 patients from our entire national book of business, who fulfilled the criteria for the denominator from 2005 to 2008. We found a compliance rate of 6% during this 3 year period. In our 2011 test data alone, we identified 5907 people who met the denominator criteria, 2129 people who met the numerator criteria, and a compliance rate of 36%.

Addendum 1/11/2013: The measure is currently undergoing testing with the new changes included. Results will be available shortly and the measure details and testing results information updated accordingly.

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.

None

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)

0399 : Paired Measure: Hepatitis C: Hepatitis A Vaccination (paired with 0400)

0400 : Paired Measure: Hepatitis C: Hepatitis B Vaccination (paired with 0399)

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

5a. Harmonization

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

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

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

While our measure includes adults with chronic liver disease in the denominator, measure 0399 includes only those with hepatitis C. We feel that the measures may need to remain separated, because they are measuring different populations. To determine the overall rate of hepatitis A vaccine received by those individuals with chronic liver disease, either caused by Hepatitis B or C, our measure would be necessary. To determine how many people with chronic hepatitis C have received either the hepatitis A or B vaccination, measures 399 and 400 are necessary. One idea would be to combine these measures to form a larger composite measure, examining the population with Chronic Hepatitis B, C, or both that has received the Hepatitis A or B vaccine, or both.

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.

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.)

While our measure includes adults with chronic liver disease in the denominator, measure 0399 includes only those with hepatitis C. We feel that our measure is more encompassing of and brings attention to all of those individuals who should receive a hepatitis A vaccine. We have not yet discussed with the developers of measure 0399 to see if the endorsed measures can be combined and expanded.

Appendix

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 **Attachment:** [0635_Chronic_Liver_Disease_Checklist.docx](#)

Contact Information

Co.1 Measure Steward (Intellectual Property Owner): ActiveHealth Management

Co.2 Point of Contact: Bani, Vir, bvir@activehealth.net, 212-651-8200-

Co.3 Measure Developer if different from Measure Steward: Active Health Management

Co.4 Point of Contact: Lindee, Chin, Ichin@activehealth.net, 212-590-2674-

Additional Information

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.

List the workgroup/panel members' names and organizations.

Describe the members' role in measure development.

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ActiveHealth Management measures are developed by our Quality Measures Management Committee, a division of the Clinical Research and Development Department, composed of physicians of varying specialties and pharmacists. This committee evaluates available clinical evidence guidelines, reliability of data from various sources, and the necessity to develop measures to help improve standards of healthcare.

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2 Year the measure was first released: 2005

Ad.3 Month and Year of most recent revision: 12, 2012

Ad.4 What is your frequency for review/update of this measure? Annual

Ad.5 When is the next scheduled review/update for this measure? 09, 2012

Ad.6 Copyright statement: This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of ActiveHealth Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.

Ad.7 Disclaimers:

Ad.8 Additional Information/Comments: