



## 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 #:** 3620

**Corresponding Measures:**

**De.2. Measure Title:** Adult Immunization Status

**Co.1.1. Measure Steward:** National Committee for Quality Assurance

**De.3. Brief Description of Measure:** The percentage of adults 19 years of age and older who are up-to-date on Advisory Committee on Immunization Practice (ACIP) recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

**1b.1. Developer Rationale:** This measure assesses the provision of critical routine immunizations for adults 19 and older per clinical guidelines. The intent of the measure is to improve primary prevention of vaccine-preventable diseases including influenza, tetanus, diphtheria, pertussis, herpes zoster and pneumococcal disease.

**S.4. Numerator Statement:** Adults age 19 and older who are up-to-date on recommended routine vaccines for influenza, tetanus (Td) or tetanus, diphtheria or acellular pertussis (Tdap), herpes zoster and pneumococcal based on age and recommendations.

**S.6. Denominator Statement:** Adults ages 19 years and older.

**S.8. Denominator Exclusions:** Adults with immunocompromising conditions who are contraindicated for certain vaccines and those who were in hospice during the measurement period.

**De.1. Measure Type:** Process

**S.17. Data Source:** Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Registry Data

**S.20. Level of Analysis:** Health Plan

**IF Endorsement Maintenance – Original Endorsement Date: Most Recent Endorsement Date:**

**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?** N/A

### 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 sub criteria to pass this criterion and be evaluated against the remaining criteria.**

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

[AIS\\_Evidence\\_Form\\_508Compliant.docx](#)

**1a.1 For Maintenance of Endorsement: Is there new evidence about the measure since the last update/submission?**

Do not remove any existing information. If there have been any changes to evidence, the Committee will consider the new evidence. Please use the most current version of the evidence attachment (v7.1). Please use red font to indicate updated evidence.

No

**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., how the measure will improve the quality of care, the benefits or improvements in quality envisioned by use of this measure)

If a COMPOSITE (e.g., combination of component measure scores, all-or-none, any-or-none), SKIP this question and answer the composite questions.

This measure assesses the provision of critical routine immunizations for adults 19 and older per clinical guidelines. The intent of the measure is to improve primary prevention of vaccine-preventable diseases including influenza, tetanus, diphtheria, pertussis, herpes zoster and pneumococcal disease.

**1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis.** (*This is required for maintenance of endorsement. 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 include.*) This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.

The following data are extracted from HEDIS data collection reflecting the most recent year of measurement (2018) for this measure. Performance data is summarized at the health plan level and summarized by mean performance and performance at 10th, 25th, 50th, 75th, and 90th percentile. We also calculated the interquartile range (IQR), which can be interpreted as the difference between the 25th and 75th percentile. Data is stratified by product line (i.e. commercial, Medicaid and Medicare).

The following data demonstrate the variation in the rate of adult immunization across health plans. For the influenza rate, there was a 13 point difference between plans in the 25th percentile and plans in the 75th percentile for Medicare plans, and 6 and 8 points for commercial and Medicaid plans, respectively. For the Td/Tdap rate, there was a 14 point difference between plans in the 25th percentile and plans in the 75th percentile for Medicare plans, and 10 and 11 points for commercial and Medicaid plans, respectively. Similar gaps in performance occurred for the zoster and pneumococcal immunization rates and these gaps in performance underscore the opportunity for improvement.

#### Adult Immunization Status: Influenza

##### Commercial, 2018

Mean | 10th | 25th | 50th | 75th | 90th | Interquartile Range  
18.7 | 11.4 | 14.9 | 18.1 | 20.6 | 26.4 | 5.7

##### Medicaid, 2018

Mean | 10th | 25th | 50th | 75th | 90th | Interquartile Range  
11.6 | 2.8 | 7.8 | 11.7 | 15.3 | 20.7 | 7.5

##### Medicare, 2018

Mean | 10th | 25th | 50th | 75th | 90th | Interquartile Range  
18.3 | 5.3 | 8.3 | 12.5 | 21.7 | 30.1 | 13.4

#### Adult Immunization Status: Td/Tdap

##### Commercial, 2018

Mean | 10th | 25th | 50th | 75th | 90th | Interquartile Range  
29.4 | 18.6 | 20.9 | 25.2 | 30.7 | 46.5 | 9.8

##### Medicaid, 2018

Mean | 10th | 25th | 50th | 75th | 90th | Interquartile Range  
20.9 | 4.9 | 14.1 | 21.1 | 25.0 | 34.4 | 10.9

##### Medicare, 2018

Mean | 10th | 25th | 50th | 75th | 90th | Interquartile Range  
26.5 | 9.5 | 14.8 | 20.7 | 28.7 | 56.4 | 13.9

Adult Immunization Status: Herpes Zoster

Commercial, 2018

Mean | 10th | 25th | 50th | 75th | 90th | Interquartile Range  
6.1 | 2.7 | 4.1 | 5.0 | 6.5 | 9.8 | 2.4

Medicaid, 2018

Mean | 10th | 25th | 50th | 75th | 90th | Interquartile Range  
1.6 | 0.0 | 0.4 | 0.6 | 1.4 | 5.3 | 1.0

Medicare, 2018

Mean | 10th | 25th | 50th | 75th | 90th | Interquartile Range  
12.9 | 0.4 | 0.9 | 5.3 | 14.5 | 39.5 | 13.6

Adult Immunization Status: Pneumococcal

Medicare, 2018

Mean | 10th | 25th | 50th | 75th | 90th | Interquartile Range  
20.3 | 5.4 | 8.1 | 10.8 | 22.5 | 55.5 | 14.4

The HEDIS performance data reflect the most recent year of measurement for this measure. Below is a description of the number of health plans that reported this measure and the median eligible population for the measure (stratified by commercial, Medicaid and Medicare).

Commercial, 2018

N Plans | Median Eligible Population  
71 | 80,330

Medicaid, 2018

N Plans | Median Eligible Population  
21 | 36,250

Medicare, 2018

N Plans | Median Eligible Population  
44 | 11,648

**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.**

Estimates of national vaccination coverage are available through the National Health Interview Survey (NHIS), in which a sample of adult's self-report receipt of vaccines. In 2015, 45 percent of adults 19 and older reported that they received the influenza vaccine during the 2014–2015 flu season, well below the Healthy People 2020 target of 70 percent (Williams et al. 2017). 64 percent of adults 65 and older reported having ever received the PPSV23 vaccine and/or the PCV13 vaccine, which is below the Healthy People 2020 target of 90 percent (Williams et al. 2017). Although there is no corresponding Healthy People 2020 goal for routine Tdap or Td vaccination among adults, only 23 percent of adults 19 and older responding to the 2015 NHIS reported receiving the Tdap vaccine within the past 10 years, and 62 percent reported receiving any tetanus toxoid-containing vaccination during the past 10 years (Williams et al. 2017). In 2015, 31 percent of adults ages 60 and older reported ever receiving the herpes zoster vaccine (Williams et al. 2017). Although zoster vaccination coverage meets the Healthy People 2020 target of 30 percent coverage, 70 percent of adults are not receiving this recommended vaccination due to factors that include vaccine shortages shortly after licensure (Hurley et al. 2010), complications in storing the vaccine and cost to consumers (Hurley et al. 2010). Barriers to adult vaccination in general include provider and patient lack of knowledge and awareness of the importance of vaccines, missed opportunities for vaccination and operational and systemic barriers (e.g., cost, lack of access to immunization records) (Ventola 2016; Tan 2015). Having health insurance coverage and a usual place for health care is associated with higher vaccination coverage (Williams et al. 2017).

Hurley, L.P., M.C. Lindley, R. Harpaz, S. Stokley, M.F. Daley, L.A. Crane, et al. 2010. "Barriers to the Use of Herpes Zoster Vaccine." *Ann Intern Med.* 152:555–60. doi: 10.7326/0003-4819-152-9-201005040-00005.

Ventola, C.L. 2016. "Immunization in the United States: Recommendations, Barriers, and Measures to Improve Compliance: Part 2: Adult Vaccinations." *Pharmacy and Therapeutics*. 41(8), 492–506.

Williams W.W., P. Lu, A. O'Halloran, et al. 2017. "Surveillance of Vaccination Coverage among Adult Populations—United States, 2015." *MMWR Surveill Summ*. 66(No. SS-11):1–28. DOI: <http://dx.doi.org/10.15585/mmwr.ss6611a1>.

**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 maintenance of endorsement. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included.) 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 (4b1) under Usability and Use.*

HEDIS data are stratified by type of insurance (e.g. Commercial, Medicaid, Medicare). While not specified in the measure, this measure can also be stratified by demographic variables, such as race/ethnicity or socioeconomic status, in order to assess the presence of health care disparities, if the data are available to a plan. The HEDIS Race/Ethnicity Diversity of Membership and the Language Diversity of Membership measures were designed to promote standardized methods for collecting these data and follow Office of Management and Budget and Institute of Medicine guidelines for collecting and categorizing race/ethnicity and language data. In addition, NCQA's Multicultural Health Care Distinction Program outlines standards for collecting, storing, and using race/ethnicity and language data to assess health care disparities.

**1b.5. If no or limited data on disparities from the measure as specified is reported in 1b.4, 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 1b.4**

There are racial and ethnic disparities in adult vaccination coverage. The 2015 NHIS found that White adults were more likely to have received the influenza vaccine (47 percent) than Blacks (37 percent) and Hispanics (33 percent) (Williams et al. 2017). Tdap and Td booster vaccination coverage was higher for White adults 19 and older than Black, Hispanic and Asian adults (Williams et al. 2017). Similarly, pneumococcal vaccination coverage and zoster vaccination coverage was higher for White older adults than for Black, Hispanic and Asian older adults (Williams et al. 2017). Racial and ethnic disparities in pneumococcal vaccination and herpes zoster vaccination coverage widened from 2014–2015 due to increases in vaccination coverage for older White adults (Williams et al. 2017). Vaccination coverage also varies by age for influenza and Tdap/Td. In the 2015 NHIS survey, older adults were more likely to report receiving the influenza vaccine; 32 percent of adults 19–49 reported receiving the flu vaccine, compared with 49 percent of adults 50–64 and 74 percent of adults 65 and older (Williams et al. 2017); however, adults 65 and older were less likely to report having received the Td or Tdap vaccine than adults 19–64 (Williams et al. 2017).

Williams W.W., P. Lu, A. O'Halloran, et al. 2017. "Surveillance of Vaccination Coverage among Adult Populations—United States, 2015." *MMWR Surveill Summ*. 66(No. SS-11):1–28. DOI: <http://dx.doi.org/10.15585/mmwr.ss6611a1>.

## 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 sub criteria 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):*

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

**De.7. Target Population Category** *(Check all the populations for which the measure is specified and tested if any):*

**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.)

N/A

**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)

Attachment Attachment: 3620\_AIS\_Value\_Sets\_Spring\_2021-637553859832698745.xlsx

**S.2c.** Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

No, this is not an instrument-based measure Attachment:

**S.2d.** Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

Not an instrument-based measure

**S.3.1. For maintenance of endorsement:** Are there changes to the specifications since the last updates/submission. If yes, update the specifications for S1-2 and S4-22 and explain reasons for the changes in S3.2.

No

**S.3.2. For maintenance of endorsement,** please briefly describe any important changes to the measure specifications since last measure update and explain the reasons.

N/A

**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) DO NOT include the rationale for the measure.

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

Adults age 19 and older who are up-to-date on recommended routine vaccines for influenza, tetanus (Td) or tetanus, diphtheria or acellular pertussis (Tdap), herpes zoster and pneumococcal based on age and recommendations.

**S.5. 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, 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 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 (S.14).

The measure calculates a numerator for each vaccine type.

Numerator 1 (influenza): adults 19 and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

Numerator 2 (Td/Tdap): adults 19 and older who received at least one Td or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

Numerator 3 (herpes zoster): adults 50 and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

Numerator 4 (pneumococcal): adults 66 and older who received the 23-valent pneumococcal polysaccharide vaccine on or after the 60th birthday and before or during the Measurement Period, or who had a prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

See attached code value sets.

**S.6. Denominator Statement** (Brief, narrative description of the target population being measured)

Adults ages 19 years and older.

**S.7. Denominator Details** (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 S.2b.)

*IF an OUTCOME MEASURE, describe how the target population is identified. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).*

Adults ages 19 years and older at the start of the measurement period (January 1). The measure calculates a denominator for each vaccine type.

Denominator 1 (influenza): adults 19 and older by the start of the measurement period.

Denominator 2 (Td/Tdap): adults 19 and older by the start of the measurement period.

Denominator 3 (herpes zoster): adults 50 and older by the start of the measurement period.

Denominator 4 (pneumococcal): adults 66 and older by the start of the measurement period.

Note: Commercial and Medicaid plans report denominators for adults 19–65; Medicare plans report denominators for adults 66 and older.

**S.8. Denominator Exclusions** (Brief narrative description of exclusions from the target population)

Adults with immunocompromising conditions who are contraindicated for certain vaccines and those who were in hospice during the measurement period.

**S.9. Denominator Exclusion Details** (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 S.2b.)

Exclude adults with any of the following:

- Active chemotherapy any time during the measurement period.
- Bone marrow transplant any time during the measurement period.
- History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time before or during the measurement period.
- In hospice or using hospice services during the measurement period.

See attached code value sets.

**S.10. Stratification Information** (Provide all information required to stratify the measure results, if necessary, including 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 with at S.2b.)

N/A

**S.11. Risk Adjustment Type** (Select type. Provide specifications for risk stratification in measure testing attachment)

No risk adjustment or risk stratification

If other:

**S.12. Type of score:**

Rate/proportion

If other:

**S.13. 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.14. Calculation Algorithm/Measure Logic** (Diagram or 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; time period for data, aggregating data; risk adjustment; etc.)

Step 1: Determine the eligible population. Identify all adults ages 19 and older at the start of the measurement period.

Step 2: Remove adults with any of the following exclusions from the eligible population: active chemotherapy during the measurement period; bone marrow transplant during the measurement period; history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time before or during the measurement period; in hospice or using hospice services during the measurement period.

Step 3: Determine denominators 1-4 based on the age of the adult at the start of the measurement period:

Commercial and Medicaid plans:

- Denominator 1 (influenza): ages 19-65
- Denominator 2 (Td/Tdap): ages 19-65
- Denominator 3 (herpes zoster): ages 50-65
- Denominator 4 (pneumococcal): N/A

Medicare plans:

- Denominator 1 (influenza): ages 66 and older
- Denominator 2 (Td/Tdap): ages 66 and older
- Denominator 3 (herpes zoster): ages 66 and older
- Denominator 4 (pneumococcal): ages 66 and older

Step 4: Determine numerators 1-4:

Commercial and Medicaid plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).
- Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the 50th birthday and before or during the Measurement Period, or had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.
- Numerator 4 (pneumococcal): N/A

Medicare plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before



or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the 50th birthday and before or during the Measurement Period, or had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): received the 23-valent pneumococcal polysaccharide vaccine on or after the 60th birthday and before or during the Measurement Period, or had prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

Step 5: Calculate the measure rates:

-Numerator 1 / Denominator 1

-Numerator 2 / Denominator 2

-Numerator 3 / Denominator 3

-Numerator 4 / Denominator 4 (N/A for commercial and Medicaid plans)

**S.15. Sampling** (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

IF an instrument-based performance measure (e.g., PRO-PM), identify whether (and how) proxy responses are allowed.

N/A

**S.16. Survey/Patient-reported data** (If measure is based on a survey or instrument, provide instructions for data collection and guidance on minimum response rate.)

Specify calculation of response rates to be reported with performance measure results.

N/A

**S.17. Data Source** (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.18.

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Registry Data

**S.18. Data Source or Collection Instrument** (Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc., and describe how data are collected.)

IF instrument-based, identify the specific instrument(s) and standard methods, modes, and languages of administration.

This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

**S.19. Data Source or Collection Instrument** (available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

No data collection instrument provided

**S.20. Level of Analysis** (Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)

Health Plan

**S.21. Care Setting** (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

Outpatient Services

If other:

**S.22. 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.)

N/A

**2. Validity – See attached Measure Testing Submission Form**

[nqf\\_testing\\_attachment\\_7.1\\_508Compliant.docx](#)

**2.1 For maintenance of endorsement**



*Reliability testing: If testing of reliability of the measure score was not presented in prior submission(s), has reliability testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.*

## **2.2 For maintenance of endorsement**

*Has additional empirical validity testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.*

## **2.3 For maintenance of endorsement**

*Risk adjustment: For outcome, resource use, cost, and some process measures, risk-adjustment that includes social risk factors is not prohibited at present. Please update sections 1.8, 2a2, 2b1,2b4.3 and 2b5 in the Testing attachment and S.140 and S.11 in the online submission form. NOTE: These sections must be updated even if social risk factors are not included in the risk-adjustment strategy. You MUST use the most current version of the Testing Attachment (v7.1) -- older versions of the form will not have all required questions.*

# **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 or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score), Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims), Abstracted from a record by someone other than person obtaining original information (e.g., chart abstraction for quality measure or registry)

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)** Update this field for **maintenance of endorsement**.

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.** For **maintenance of endorsement**, if this measure is not an eMeasure (eCQM), please describe any efforts to develop an eMeasure (eCQM).

**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. Please also complete and attach the NQF Feasibility Score Card.**

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. Required for maintenance of endorsement.** 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.

**IF instrument-based,** consider implications for both individuals providing data (patients, service recipients, respondents) and those whose performance is being measured.

NCQA conducts an independent audit of all HEDIS collection and reporting processes, as well as an audit of the data which are manipulated by those processes, in order to verify that HEDIS specifications are met. NCQA has developed a precise, standardized methodology for verifying the integrity of HEDIS collection and calculation processes through a two-part program consisting of an overall information systems capabilities assessment followed by an evaluation of the MCO's ability to comply with HEDIS specifications. NCQA-certified auditors using standard audit methodologies will help enable purchasers to make more reliable comparisons between health plans.

The HEDIS Compliance Audit addresses the following functions:

- 1) Information practices and control procedures
- 2) Sampling methods and procedures
- 3) Data integrity
- 4) Compliance with HEDIS specifications
- 5) Analytic file production
- 6) Reporting and documentation

In addition to the HEDIS audit, NCQA provides a system to allow "real-time" feedback from measure users. Our Policy Clarification Support System receives thousands of inquiries each year on over 100 measures. Through this system, NCQA responds immediately to questions and identifies possible errors or inconsistencies in the implementation of the measure. This system informs both annual updates to the measures as well as routine re-evaluation of measures. These processes include updating value sets and clarifying the specifications. Measures are re-evaluated on a periodic basis and when there is a significant change in evidence.

**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).

Broad public use and dissemination of these measures are 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.

## 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.

Specific Plan for Use	Current Use (for current use provide URL)
Public Reporting	Quality Improvement (Internal to the specific organization)

Quality Improvement (external benchmarking to organizations)

Healthcare Effectiveness Data and Information Set (HEDIS)  
<https://www.ncqa.org/hedis/using-hedis-measures/>

**4a1.1 For each CURRENT use, checked above (update for maintenance of endorsement), provide:**

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

HEDIS: The Healthcare Effectiveness Data and Information Set (HEDIS) is one of health care's most widely used performance improvement tools. 190 million people are enrolled in health plans across the nation that report HEDIS results. HEDIS measures are used by health plans and other various levels of the health care system for quality improvement initiatives.

**4a1.2. 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?)

This measure was a new HEDIS measure in 2018. NCQA's standard process is to evaluate data for all new measures prior to use for public reporting, benchmarking and/or other programs.

**4a1.3. 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.)

As part of new measure evaluation, NCQA works with multi-stakeholder advisory panels to assess the number of plans that have shown they can report the measure; whether measure results match what we expect; whether results seem indicative of true performance; and whether performance indicates an opportunity for improvement for the industry overall. Because this measure uses the newer HEDIS Electronic Clinical Data Systems Reporting Method, NCQA's timeline and plan are to assess these issues after each year of the measure's reporting. We anticipate that the measure will be approved for public reporting and eligible for use in programs within the next several years, but this is pending our continued assessment.

**4a2.1.1. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.**

**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.**

Health plans that report HEDIS calculate their rates and know their performance when submitting to NCQA. NCQA publicly reports rates across all plans and also creates benchmarks in order to help plans understand how they perform relative to other plans. Public reporting and benchmarking are effective quality improvement methods.

**4a2.1.2. Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.**

NCQA publishes HEDIS results annually in our Quality Compass tool. NCQA also presents data at various conferences and webinars. For example, at the annual HEDIS Update and Best Practices Conference, NCQA presents results from all new measures' first year of implementation or analyses from measures that have changed significantly. NCQA also regularly provides technical assistance on measures through its Policy Clarification Support System, as described in Section 3c.1.

**4a2.2.1. Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1.**

**Describe how feedback was obtained.**

NCQA measures are evaluated regularly using a consensus-based process to consider input from multiple stakeholders, including but not limited to entities being measured. We use several methods to obtain input, including vetting of the measure with several multi-stakeholder advisory panels, public comment posting, and review of questions submitted to the Policy Clarification Support System. This information enables NCQA to comprehensively assess a measure's adherence to the HEDIS Desirable Attributes of Relevance, Scientific Soundness and Feasibility.

**4a2.2.2. Summarize the feedback obtained from those being measured.**

During a recent public comment posting held during the measure development process, most of the comments from measured entities supported the new measure. In general, respondents found the measures to be relevant and clearly specified.

**4a2.2.3. Summarize the feedback obtained from other users**

This measure has been deemed a priority measure by NCQA and other entities such as the Centers for Disease Control and Prevention, the federal National Vaccine Program Office and the American Immunization Registry Association. During a recent public comment posting conducted during the measure development process, commenters were supportive of the measure and specifically highlighted the need for measures assessing routine adult immunizations. Commenters noted that many adults still do not receive these important vaccines, despite Advisory Committee on Immunization Practices recommendations and national efforts to improve adult immunization rates in the US.

**4a2.3. Describe how the feedback described in 4a2.2.1 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.**

During measure development, feedback obtained through the mechanisms described in 4a2.2.1 informed how we specified the measure to align with immunization guidelines from the Advisory Committee on Immunization Practices.

**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.

**4b1. Refer to data provided in 1b 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, 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.

This is a new measure; therefore, we do not yet have data on improvement over time. Adoption of this measure has the potential to improve the immunization rates for adults.

**4b2. 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).

**4b2.1. Please explain any unexpected findings (positive or negative) during implementation of this measure including unintended impacts on patients.**

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

**4b2.2. Please explain any unexpected benefits from implementation of this measure.**

There were no identified unexpected benefits for this measure during testing or since implementation.

## 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)**

0039 : Flu Vaccinations for Adults Ages 18 and Older

0041 : Preventive Care and Screening: Influenza Immunization  
0043 : Pneumococcal Vaccination Status for Older Adults (PNU)  
0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL  
0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)  
0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)  
0682 : Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)  
0683 : Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)  
1653 : Pneumococcal Immunization  
1659 : Influenza Immunization

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

**5a. Harmonization of Related Measures**

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 harmonized to the extent possible?**

No

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

This measure assesses influenza, Td/Tdap, herpes zoster and pneumococcal vaccination for a general adult population. It is a population-based measure that assesses vaccines provided in the outpatient setting at the health plan level. Most of the other NQF-endorsed vaccination measures focus only on either pneumococcal or influenza vaccination. These measures specifically apply to inpatient populations, residents in long-term care/skilled nursing facilities or healthcare personnel or are specified at the provider-level. Moreover, our proposed measure is specified to use electronic clinical data, while other related measures (e.g., NQF 0039) are specified to use survey data in which patients must recall whether they had received a vaccine.

**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.)**

Our proposed measure is more specific than several of the other adult vaccination measures because it assesses whether health plan members received the appropriate type and doses of vaccines at the right time according to clinical guidelines. Other vaccine measures that require the use of survey data are less specific because they rely on patient recall of whether they had received a vaccine. In addition, our proposed measure includes four separate rates for each recommended routine adult vaccine, which provides a more complete picture of adult vaccinations at the health plan level.

## 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.

No appendix Attachment:

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**Co.3 Measure Developer if different from Measure Steward:** National Committee for Quality Assurance  
**Co.4 Point of Contact:** Bob, Rehm, [rehm@ncqa.org](mailto:rehm@ncqa.org), 202-955-1728-

**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.**

**ADULT IMMUNIZATION MEASUREMENT ADVISORY PANEL**

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 Sarah Royce, California Department of Health  
 Krista Ventrone, Excellus Blue Cross/Blue Shield  
 Kimberly Wildes, ThedaCare Physicians  
 Walter Williams, Centers for Disease Control and Prevention  
 Jane Zucker, New York City Department of Health and Mental Hygiene

**TECHNICAL MEASUREMENT ADVISORY PANEL?**

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 JoAnn Volk, MA, Georgetown University

The NCQA Adult Immunizations Measurement Advisory Panel advised NCQA during measure development. They evaluated the way staff specified the measure, reviewed field test results, and assessed NCQA's overall desirable attributes of Relevance, Scientific

Soundness, and Feasibility. The advisory panel consisted of a balanced group of experts, including representatives from pediatric care. In addition to this advisory panel, we vetted the measure 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.

**Measure Developer/Steward Updates and Ongoing Maintenance**

**Ad.2 Year the measure was first released:** 2018

**Ad.3 Month and Year of most recent revision:** 08, 2020

**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?** 12, 2022

**Ad.6 Copyright statement:** © 2021 by the National Committee for Quality Assurance

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**Ad.7 Disclaimers:** 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 MEASURE AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.

**Ad.8 Additional Information/Comments:** 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.

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