

Preventive Care and Screening: Influenza Immunization for Patients \geq 50 Years Old (NQF 0041)

EMeasure Name	Preventive Care and Screening: Influenza Immunization for Patients \geq 50 Years Old	EMeasure Id	Pending
Version Number	1	Set Id	Pending
Available Date	No information	Measurement Period	January 1, 20xx through December 31, 20xx
Measure Steward	American Medical Association – Physician Consortium for Performance Improvement		
Endorser	National Quality Forum		
Description	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).		
Measure scoring	Proportion		
Measure type	Process		
Rationale	Influenza vaccination has shown to decrease hospitalizations for influenza, especially for those with risk factors, however annual influenza vaccination rates remain low.		
Clinical Recommendation Statement	Annual influenza immunization is recommended for all groups who are at increased risk for complications from influenza including persons aged \geq 50 years. (CDC, USPSTF)		
Reference			
Definitions			

Table of Contents

- [Population criteria](#)
- [Data criteria \(QDS Data Elements\)](#)
- [Summary calculation](#)

Please refer to the spreadsheet for this measure for detail regarding data criteria and code lists.

Population criteria

- **Initial Patient Population =**
 - AND: “Patient characteristic: birth date” (age) \geq 50 years;
 - AND:
 - OR: \geq 2 count(s) of “Encounter: encounter outpatient”;
 - OR: \geq 1 count(s) of:
 - OR: “Encounter: encounter preventive medicine 40 and older”;
 - OR: “Encounter: encounter preventive medicine group counseling”;

- OR: “Encounter: encounter preventive medicine individual counseling”;
 - OR: “Encounter: encounter preventive medicine other services”;
 - OR: “Encounter: encounter nursing facility”;
 - OR: “Encounter: encounter nursing discharge”;
- **Denominator =**
 - AND: All patients in the initial population;
 - AND: “Encounter: encounter influenza” after or simultaneous to “measurement period” >=58 days;
 - AND: “Encounter: encounter influenza” before or simultaneous to “measurement period” <=122 days;
- **Numerator =**
 - AND: “Medication administered: influenza vaccine”;
- **Exclusions =**
 - OR: “Medication not done: influenza immunization contraindication”;
 - OR: “Medication not done: influenza immunization declined”;
 - OR: “Medication not done: influenza vaccine for patient reason”;
 - OR: “Medication not done: influenza vaccine for medical reason”;
 - OR: “Medication not done: influenza vaccine for system reason”;

Data criteria (QDS data elements)

- **Initial Patient Population =**
 - “Patient characteristic: birth date” using “birth date code list” before and simultaneously to the “measurement period”;
 - “Encounter: encounter outpatient” using “encounter outpatient code list” before and simultaneously to the “measurement period”;
 - “Encounter: encounter preventive medicine 40 and older” using “encounter preventive medicine 40 and older code list” before and simultaneously to the beginning of the “measurement period”;
 - “Encounter: encounter preventive medicine group counseling” using “encounter preventive medicine group counseling code list” before and simultaneously to the “measurement period”;
 - “Encounter: encounter preventive medicine individual counseling” using “encounter preventive medicine individual counseling code list” before and simultaneously to the “measurement period”;
 - “Encounter: encounter preventive medicine other services” using “encounter preventive medicine other services code list” before and simultaneously to the “measurement period”;
 - “Encounter: encounter nursing facility” using “encounter nursing facility code list” before and simultaneously to the “measurement period”;
 - “Encounter: encounter nursing discharge” using “encounter nursing discharge code list” before and simultaneously to the “measurement period”;

- **Denominator =**
 - All patients in the initial patient population;
 - “Encounter: encounter influenza” using “encounter influenza code list” after or simultaneously to the “measurement period”;

- **Numerator =**
 - “Medication administered: influenza immunization” using “influenza immunization code list grouping” during “encounter: encounter influenza”;

- **Exclusions =**
 - “Substance allergy: allergy to eggs” using “allergy to eggs code list grouping” before or simultaneously to “encounter: encounter influenza”;
 - “Medication allergy: influenza immunization” using “influenza immunization code list” before or simultaneously to “encounter: encounter influenza”;
 - “Medication adverse event: influenza immunization” using “influenza immunization code list” before or simultaneously to “encounter: encounter influenza”;
 - “Medication intolerance: influenza immunization” using “influenza immunization code list” before or simultaneously to “encounter: encounter influenza”;
 - “Medication not done: influenza immunization contraindication” using influenza immunization contraindication code list” before or simultaneously to “encounter: encounter influenza”;
 - “Medication not done: influenza immunization declined” using “influenza immunization declined code list” before or simultaneously to “encounter: encounter influenza”;
 - “Medication not done: patient reason” using “patient reason code list” before or simultaneously to “encounter: encounter influenza”;
 - “Medication not done: medical reason” using “medical reason code list” before or simultaneously to “encounter: encounter influenza”;
 - “Medication not done: system reason” using “patient reason code list” before or simultaneously to “encounter: encounter influenza”;
 - “Diagnosis active: influenza immunization contraindication” before or simultaneously to “encounter: encounter influenza”;

Summary Calculation

Calculation is generic to all measures:

- Calculate the final denominator by adding all that meet denominator criteria.
 - Subtract from the final denominator all that do not meet numerator criteria yet also meet exclusion criteria. Note some measures do not have exclusion criteria.
 - The performance calculation is the number meeting numerator criteria divided by the final denominator.
 - For measures with multiple patient populations, repeat this process for each patient population and report each result separately.
 - For measures with multiple numerators, calculate each numerator separately within each population using the paired exclusion.
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Measure set	CLINICAL QUALITY MEASURE SET 2011-2012
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