

## Pneumonia Vaccination Status for Older Adults (NQF 0043)

<b>EMeasure Name</b>	Pneumonia Vaccination Status for Older Adults	<b>EMeasure Id</b>	Pending
<b>Version Number</b>	1	<b>Set Id</b>	Pending
<b>Available Date</b>	No information	<b>Measurement Period</b>	January 1, 20xx through December 31, 20xx
<b>Measure Steward</b>	National Committee for Quality Assurance		
<b>Endorsed by</b>	National Quality Forum		
<b>Description</b>	The percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.		
<b>Measure scoring</b>	Proportion		
<b>Measure type</b>	Process		
<b>Rationale</b>	This measure monitors the appropriate and timely use of vaccines among age-appropriate older adults. Each year, 20% of Americans contract influenza (flu) (CDC 2009). Rates of infection are highest among children and immunosuppressed patients, while mortality is highest among adults over 64 years, children under 2 years and persons with chronic medical conditions (CDC 2008). More than 200,000 people are hospitalized for flu-related complications each year; 63% are 65 or older (CDC 2009; Thompson et al. 2004). The health impact of influenza on older adults is substantial and flu short vaccines are the most effective way to prevent severe illness complications and death. This measure facilitates efforts toward infectious disease prevention among a vulnerable subgroup of the population.		
<b>Clinical Recommendation Statement</b>	The U.S. Preventive Services Task Force's <i>Guide to Clinical Preventive Services</i> recommends pneumococcal vaccine for all immunocompetent individuals who are 65 and older or otherwise at increased risk for pneumococcal disease. Routine revaccination is not recommended, but may be appropriate in immunocompetent individuals at high risk for morbidity and mortality from pneumococcal disease (e.g., persons $\geq 75$ years of age or with severe chronic disease) who were vaccinated more than five years previously (USPSTF, 1989).		
<b>References</b>	United States Preventive Services Task Force. <i>Guide to Clinical Preventive Services</i> . Baltimore: Williams & Wilkins, 1989. 791-814.		
<b>Definitions</b>			

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

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## Population criteria

- **Initial Patient Population =**
  - AND: “Patient characteristic: birth date” (age)  $\geq$  64 years before the “measurement period” to capture all patients who will reach the age of 65 and older during the “measurement period”;
- **Denominator =**
  - AND: All patients in the initial population;
  - AND: “Encounter: encounter outpt”  $\leq$  1 year before or simultaneously to “measurement end date”;
- **Numerator =**
  - AND: “Medication administered: pneumococcal vaccination”;
- **Exclusions =**
  - AND: None;

## Data criteria (QDS Data Elements)

- **Initial Patient Population =**
  - “Patient characteristic: birth date” using “birth date code list” before the “measurement period”;
- **Denominator =**
  - “Encounter: encounter outpt” using “encounter outpatient code list grouping” before or simultaneously to “measurement end date”;
- **Numerator =**
  - “Medication administered: pneumococcal vaccination” using “pneumococcal vaccination code list” before or simultaneously to “measurement end date”;
- **Exclusions =**
  - None;

## 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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<b>Measure set</b>	CLINICAL QUALITY MEASURE SET 2011-2012
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