



## Complete Summary

---

### TITLE

Pneumococcal immunization: percent of applicable patients receiving pneumococcal immunizations (home based primary care [HBPC] cohort).

### SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of home based primary care patients receiving pneumococcal immunizations.

### RATIONALE

Pneumococcal disease is a significant cause of morbidity and mortality in the United States (U.S.). The highest case-fatality rates from invasive pneumococcal infection occur in elderly persons (30-43%) and persons with co-morbid conditions (25-27%). In recent years, drug-resistant strains of *Streptococcus pneumoniae* have emerged; recent estimates suggest that in some locales 15% or more of pneumococcal isolates are drug resistant. The emergence of drug-resistant strains underscores the importance of preventing pneumococcal disease by vaccination. Pneumococcal vaccine is recommended for all immunocompetent individuals who are age 65 years and older or otherwise at increased risk for pneumococcal disease. There is insufficient evidence to recommend for or against pneumococcal vaccine for high-risk immunocompromised individuals, but recommendations for vaccinating these persons may be made on other grounds.

### PRIMARY CLINICAL COMPONENT

Pneumococcal disease; immunization

### DENOMINATOR DESCRIPTION

Patients who are seen at least once during the study interval and have one additional visit within the past 12-month period with any one of a specified list of care providers (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary). Patients must be over 64 years of age or a resident of a

long term care facility, Domiciliary, etc. or have a specified medical condition (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary).

#### NUMERATOR DESCRIPTION

The number of patients from the denominator who received a pneumococcal immunization

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Process

#### SECONDARY MEASURE DOMAIN

Not applicable

#### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Wide variation in quality for the performance measured

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

External oversight/Veterans Health Administration  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Unspecified

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age greater than 64 years (or younger if clinically indicated [see "Denominator Inclusions/Exclusions" field])

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Although pneumococcal infection is not a reportable disease, population-based surveillance studies have reported annual invasive pneumococcal disease rates of at least 15-19/100,000 population and pneumococcal meningitis rates of 0.3-1.2/100,000.

### EVIDENCE FOR INCIDENCE/PREVALENCE

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Adult immunizations including chemoprophylaxis against influenza A. p. 791-814. [202 references]

### ASSOCIATION WITH VULNERABLE POPULATIONS

Significantly higher incidence rates are reported for nursing home residents, alcoholics, and those with underlying chronic medical or immunodeficient conditions.

## EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Adult immunizations including chemoprophylaxis against influenza A. p. 791-814. [202 references]

## BURDEN OF ILLNESS

Pneumococcal disease accounts for about 15% of severe community-acquired pneumonia, which has a case-fatality rate (proportion of cases resulting in death) of 9-26%. Pneumococcal bacteremia and meningitis are also associated with high case-fatality rates. The highest case-fatality rates from invasive pneumococcal infection occur in elderly persons (30-43%) and patients with co-morbid conditions (25-27%).

## EVIDENCE FOR BURDEN OF ILLNESS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Adult immunizations including chemoprophylaxis against influenza A. p. 791-814. [202 references]

## UTILIZATION

Unspecified

## COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

Staying Healthy

## IOM DOMAIN

Effectiveness

Data Collection for the Measure

## CASE FINDING

Users of care only

## DESCRIPTION OF CASE FINDING

A sample of 40 cases for each facility with a Home Based Primary Care (HBPC) program (based on workload, not Joint Commission on Accreditation of Healthcare Organizations [JCAHO] accreditation) per month or 100%, whichever is lower

#### DENOMINATOR (INDEX) EVENT

Encounter

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

All patients who had one visit within the past 12 months in one of the following Decision Support System (DSS) Clinic stop codes:

- Physician
- Registered Nurse (RN)/Registered Nurse Practitioner (RNP)/Physician Assistant (PA)
- Nurse Extender
- Social Worker
- Therapist (prosthetic, body mechanics, safety, etc.)
- Dietitian
- Clinical Pharmacist
- Other (home health aide and other services provided)

All patients older than 64 years of age, or

All patients who are a resident of a long-term care facility, Domiciliary, etc., or

All patients having any one of the following:

- Chronic heart failure, or cardiomyopathies, or past myocardial infarction (MI)
- Diagnosis of diabetes mellitus
- Diagnosis of chronic obstructive pulmonary disease (COPD), emphysema, or chronic pulmonary disease
- Diagnosis of sickle cell disease or splenectomy
- Spinal cord injury, paraplegic or quadriplegic (includes benign tumors of the spinal cord, multiple sclerosis [MS] with paraplegia, or quadriplegia)

##### Exclusions

All patients who have malignant tumors of the spinal cord, multiple sclerosis (MS) without paralysis, amyotrophic lateral sclerosis (ALS), Guillain-Barre Syndrome

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Patients meeting denominator criteria in addition to receiving a pneumococcal immunization once as documented in the medical record

##### Exclusions

Unspecified

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Medical record

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison  
Prescriptive standard

#### PRESCRIPTIVE STANDARD

Fiscal year (FY) 2002 performance measure targets:

- Fully successful: 90%
- Exceptional: 95%

#### EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Immunizations-pneumococcal (home based primary care [HBPC]).

### MEASURE COLLECTION

[Fiscal Year \(FY\) 2002: Veterans Health Administration \(VHA\) Performance Measurement System](#)

### MEASURE SET NAME

[Preventive Care](#)

### DEVELOPER

Veterans Health Administration

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2001 Nov

### REVISION DATE

2002 Mar

### MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

### SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

#### MEASURE AVAILABILITY

The individual measure, "Immunizations-Pneumococcal (Home Based Primary Care [HBPC])," is published in "FY 2002 VHA Performance Measurement System: Technical Manual."

For more information, contact Department of Veterans Affairs, Office of Quality and Performance 10Q, ATTN: Stanlie Daniels, Bonny Collins, and or Lynnette Nilan. E-mail: [stanlie.daniels@hq.med.va.gov](mailto:stanlie.daniels@hq.med.va.gov) or [bonny.collins@hq.med.va.gov](mailto:bonny.collins@hq.med.va.gov) or [lynette.nilan@hq.med.va.gov](mailto:lynette.nilan@hq.med.va.gov)

#### NQMC STATUS

This NQMC summary was completed by ECRI on September 27, 2002. The information was verified by the Veterans Health Administration on October 29, 2002.

#### COPYRIGHT STATEMENT

No copyright restrictions apply.

© 2004 National Quality Measures Clearinghouse

Date Modified: 11/1/2004

**FIRST GOV**

