



## Complete Summary

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### TITLE

Influenza immunization: percentage of commercial members ages 50-64 who received an influenza vaccination since September 1 of the measurement year.

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 3, Specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 254 p.

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of commercial members ages 50-64 as of September 1 of the measurement year who were continuously enrolled during the measurement year and who received an influenza vaccination between September of the measurement year and the date on which the CAHPS® (Consumer Assessment of Health Plans) 3.0H Adult Survey was completed. Results for this measure are calculated using data collected during the measurement year and the year preceding the measurement year.

### RATIONALE

There is a substantial proportion of persons with chronic diseases that place them at high risk for influenza complications among those 50-64 years of age in the United States. Furthermore, strategies to improve vaccination using age-specific recommendations has been more successful than those based on chronic disease.

### PRIMARY CLINICAL COMPONENT

Influenza; vaccination

### DENOMINATOR DESCRIPTION

The number of members who responded "Yes" or "No" to the question "Have you had a flu shot since September 1, YYYY?"\* and who were age 50 to 64 as of September 1 of the measurement year

\*YYYY = the measurement year (2002 for the survey fielded in 2003)

#### NUMERATOR DESCRIPTION

The number of members in the denominator who responded "Yes" to the question "Have you had a flu shot since September 1, YYYY?"\*

\*YYYY = the measurement year (2002 for the survey fielded in 2003)

### 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

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Use of this measure to improve performance

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Centers for Disease Control and Prevention (CDC). Influenza surveillance report no. 80. Atlanta (GA): U.S. Department of Health Education and Welfare, Public Health Service; 1964. p. 8-11.

Centers for Disease Control and Prevention (CDC). Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices. MMWR Morb Mortal Wkly Rep 2000; 49(RR-3): 1-38.

Recommendations of the Public Health Service Advisory Committee on Immunization Practices. MMWR Morb Mortal Wkly Rep 1974; 23:215.

U.S. Preventive Services Task Force. Guide to clinical preventive services. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Accreditation

Decision-making by consumers about health plan/provider choice

Decision-making by health plans about provider contracting

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Managed Care Plans

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age 50 to 64 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

There are an estimated 41 million persons aged 50-64 years in the United States, and 10 million to 13 million of them have chronic underlying medical conditions that place them at high risk of influenza complications. In addition, there are 6.8 million to 8.6 million persons who have household or occupational contact with persons at high risk of influenza complications.

## EVIDENCE FOR INCIDENCE/PREVALENCE

Centers for Disease Control and Prevention (CDC). Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices. MMWR Morb Mortal Wkly Rep 2000; 49(RR-3): 1-38.

## ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

## BURDEN OF ILLNESS

The burden of influenza-related morbidity and mortality among persons 45-64 years is significant. Hospitalization rates for persons in this age group have varied between 80/100,000 and 400/100,000 for those with high-risk conditions, and from approximately 20/100,000 to 40/100,000 in those without such conditions. About 9% of influenza-associated deaths occur among persons 50-64 years of age.

## EVIDENCE FOR BURDEN OF ILLNESS

Barker WH, Mullooly JP. Impact of epidemic type A influenza in a defined adult population. Am J Epidemiol 1980 Dec; 112(6): 798-811. [121 references] [PubMed](#)

Glezen WP, Decker M, Perrotta DM. Survey of underlying conditions of persons hospitalized with acute respiratory disease during influenza epidemics in Houston, 1978-1981. Am Rev Respir Dis 1987 Sep; 136(3): 550-5. [PubMed](#)

## UTILIZATION

Data from CDC's National Health Interview Survey indicate that self-reported use of vaccine increased between 1989 and 1997 from 33% to 63% in those greater than 65 years, while it only increased from 10% to 28% in all persons 50-64 years of age, and from 16%-24% to 41% in high risk persons in this age group.

## EVIDENCE FOR UTILIZATION

Assessing adult vaccination status at age 50 years. MMWR Morb Mortal Wkly Rep 1995 Jul 28; 44(29): 561-3. [PubMed](#)

## COSTS

Annual economic costs associated with influenza epidemics exceed \$12 billion. Influenza affects millions of Americans each year, keeping them home from work. Influenza causes increased work absenteeism, decreased productivity, and increased health care costs during the flu season. From 1971-1972 through 1977-1978, influenza-associated productivity loss from work absences averaged approximately \$764 million per year.

## EVIDENCE FOR COSTS

Riddiough MA, Sisk JE, Bell JC. Influenza vaccination. JAMA 1983 Jun 17;249(23): 3189-95. [PubMed](#)

Williams WW, Hickson MA, Kane MA, Kendal AP, Spika JS, Hinman AR. Immunization policies and vaccine coverage among adults. The risk for missed opportunities. Ann Intern Med 1988 Apr;108(4):616-25. [122 references] [PubMed](#)

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Both users and nonusers of care

### DESCRIPTION OF CASE FINDING

Commercial members age 50-64 years as of September 1 of the measurement year who were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the measurement year and currently enrolled at the time the survey is completed

### DENOMINATOR (INDEX) EVENT

Patient Characteristic

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

The number of members who responded "Yes" or "No" to the question "Have you had a flu shot since September 1, YYYY?"\* and who were age 50 to 64 as of September 1 of the measurement year

\*YYYY = the measurement year (2002 for the survey fielded in 2003)

#### Exclusions

Unspecified

### NUMERATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

The number of members in the denominator who responded "Yes" to the question "Have you had a flu shot since September 1, YYYY?"\*

\*YYYY = the measurement year (2002 for the survey fielded in 2003)

#### Exclusions

Unspecified

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative data and patient survey

#### 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

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Flu shots for adults age 50-64.

### MEASURE COLLECTION

[HEDIS® 2004: Health Plan Employer Data and Information Set](#)

### DEVELOPER

National Committee for Quality Assurance - Private Nonprofit Organization

### ADAPTATION

This measure is collected using the HEDIS (Health Plan Employer Data and Information Set) version of the CAHPS® (Consumer Assessment of Health Plans) survey (CAHPS® 3.0H Adult Survey).

CAHPS® 3.0 is sponsored by the Agency for Healthcare Research and Quality (AHRQ).

### PARENT MEASURE

CAHPS® (Consumer Assessment of Health Plans) 3.0 (Agency for Healthcare Research and Quality [AHRQ])

### RELEASE DATE

2002 Jan

### MEASURE STATUS

This is the current release of the measure.

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 3, Specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 254 p.

#### MEASURE AVAILABILITY

The individual measure, "Flu Shots for Adults Age 50-64," is published in "HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

#### NQMC STATUS

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

#### COPYRIGHT STATEMENT

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at [www.ncqa.org](http://www.ncqa.org).

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