Quality ID #474: Zoster (Shingles) Vaccination

- National Quality Strategy Domain: Community/Population Health
- Meaningful Measure Area: Preventive Care

2019 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

The percentage of patients aged 50 years and older who have had the Shingrix zoster (shingles) vaccination

INSTRUCTIONS:

This measure is to be submitted a minimum of <u>once per performance period</u> for patients seen during the performance period. There is no diagnosis associated with this measure. This measure may be submitted by Meritbased Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided may submit this measure.

NOTE: This measure is appropriate for use in ambulatory/office-based settings. For each of these settings, there should be documentation in the medical record(s) that the Shingrix zoster vaccination was ever administered.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients aged 50 years and older

Denominator Criteria (Eligible Cases):

Patients aged 50 years and older on date of encounter

AND

Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99495, 99496, G0402, G0438, G0439

WITHOUT:

Telehealth Modifier: GQ, GT, 95, POS 02

AND NOT

<u>DENOMINATOR EXCLUSION:</u> Patient pregnancy: M1061

OR

Patient immunocompromised: M1062

<u>UK</u>

Patients receiving high doses of immunosuppressive therapy: M1063

NUMERATOR:

Patients who have had a full course of the Shingrix zoster (shingles) vaccination ever documented in the medical record

NUMERATOR NOTE: The numerator is determined by examining immunization data recorded in the electronic health record, either in the immunization record, the procedures list of immunization administration/injection, and in the medication record of the vaccine. The quality action for this measure is not limited to the performance period since this vaccination may occur once within a patient's lifetime. It is appropriate to review the patient medical history to determine if this vaccination was administered. Vaccinations administered on the denominator eligible encounter would also meet performance.

In order to meet performance for this measure, Shingrix must be administered according to the clinical guidelines which consists of 2 documented doses, administered intramuscularly, 2-6 months apart. If the clinician assesses the patient in October thru December of the current measurement year and is unable to administer 2 doses, then it would be appropriate to submit the denominator exception **M1065**.

Numerator Options:

Performance Met: Shingrix vaccine documented as administered or

previously received (M1064)

<u>OR</u>

Denominator Exception: Shingrix vaccine was not administered for reasons

documented by clinician (e.g. patient administered vaccine other than Shingrix, patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system

reasons) (M1065)

OR

Performance Not Met: Shingrix vaccine not documented as administered,

reason not given (M1066)

RATIONALE:

Shingles, also known as zoster or herpes zoster, is a painful skin rash caused by the varicella zoster virus, the same virus that causes chickenpox. Anyone who had chickenpox is at risk of getting shingles. Approximately one in three persons will develop zoster during their lifetime, resulting in an estimated 1 million episodes in the United States annually. One out of six people older than 60 years who get shingles will experience a common complication of zoster, postherpetic neuralgia (PHN), a chronic, often debilitating pain condition that can last months or even years. The risk for PHN in patients with zoster is 10%–18%. Shingles may also lead to serious complications involving the eye, which occurs in 10%–25% of zoster episodes and can result in prolonged or permanent pain, facial scarring, and loss of vision. Approximately 3% of patients with zoster are hospitalized; many of these episodes occur in patients with an immunocompromising condition. Shingles can also lead to pneumonia, hearing problems, blindness, brain inflammation (encephalitis), or death. It is essential to work with communities to promote wide use of best practices to enable healthy living, which includes the varicella-zoster immune globulin vaccination for patients aged 50 years and older.

CLINICAL RECOMMENDATION STATEMENTS:

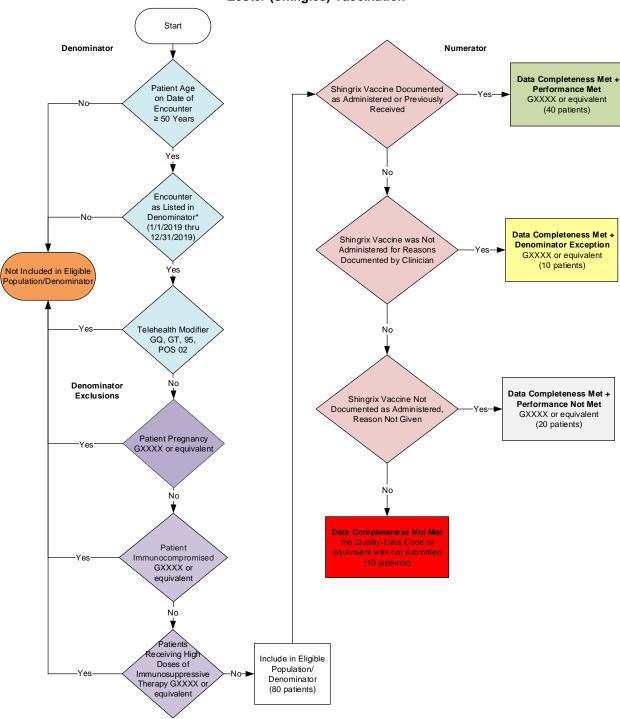
The Advisory Committee on Immunization Practices (ACIP) of the CDC recommends Zoster (shingles) vaccine for adults aged 50 years and older. The measure is not currently endorsed by the NQF, however, the NQF deems zoster vaccine as a priority. Vaccination can reduce the incidence of infection of herpes zoster (shingles) and/ or its complications of chronic pain due to postherpetic neuralgia (PHN), and prolonged or permanent pain, facial scarring, and loss of vision due to eye involvement of the infection, and hospitalizations due to its complications. The CDC ACIP first recommended the Zostavax vaccine in 2008. Zoster Vaccine Recombinant, Adjuvanted (Shingrix) was approved on October 20, 2017 by the Food and Drug Administration for the prevention of herpes zoster in adults

aged >=50 years. The vaccine consists of 2 doses, administered intramuscularly, 2-6 months apart. The ACIP (Advisory Committee on Immunization Practices) recommends use of the Shingrix vaccine over the Zoster Vaccine Live (Zostavax) vaccine for the prevention of herpes zoster and related complications. Shingrix is also recommended for patients preciously vaccinated with Zostavax.

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2019 Clinical Quality Measure Flow for Quality ID #475: Zoster (Shingles) Vaccination



 * See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-intermediate

2019 Clinical Quality Measure Flow for Quality ID #475: **Zoster (Shingles) Vaccination**

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) = .70 patients = 87.50% Eligible Population / Denominator (d=80 patients) = .80 patients = .80 patients

Performance Met (a=40 patients) = 40 patients = 66.67%

Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

2019 Clinical Quality Measure Flow Narrative for Quality ID #475: Zoster (Shingles) Vaccination

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

- 1. Start with Denominator
- 2. Check Patient Age:
 - a. If Patient Age is greater than or equal to 50 Years on Date of Encounter equals No during the performance period, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age is greater than or equal to 50 Years on Date of Encounter equals Yes during the performance period, proceed to check Encounter Performed.
- 3. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
- 4. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Telehealth Modifier equals No, proceed to check Patient Pregnancy.
- 5. Check Patient Pregnancy:
 - a. If Patient Pregnancy equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Patient Pregnancy equals No, proceed to check Patient Immunocompromised.
- 6. Check Patient Immunocompromised:
 - a. If Patient Immunocompromised equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Patient Immunocompromised equals No, proceed to check Patients Receiving High Doses of Immunosuppressive Therapy.
- 7. Check Patients Receiving High Doses of Immunosuppressive Therapy:
 - a. If Patients Receiving High Doses of Immunosuppressive Therapy equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Patients Receiving High Doses of Immunosuppressive Therapy equals No, include in Eligible Population.
- 8. Denominator Population:

a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.

9. Start Numerator

- 10. Check Shingrix Vaccine Documented as Administered or Previously Received:
 - a. If Shingrix Vaccine Documented as Administered or Previously Received equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.
 - c. If Shingrix Vaccine Documented as Administered or Previously Received equals No, proceed to check Shingrix Vaccine was Not Administered for Reasons Documented by Clinician.
- 11. Check Shingrix Vaccine was Not Administered for Reasons Documented by Clinician:
 - a. If Shingrix Vaccine was Not Administered for Reasons Documented by Clinician equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
 - c. If Shingrix Vaccine was Not Administered for Reasons Documented by Clinician equals No, proceed to check Shingrix Vaccine Not Documented as Administered, Reason Not Given.
- 12. Check Shingrix Vaccine Not Documented as Administered, Reason Not Given:
 - a. If Shingrix Vaccine Not Documented as Administered, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.
 - Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.
 - c. If Shingrix Vaccine Not Documented as Administered, Reason Not Given equals No, proceed to check Data Completeness Not Met.

13. Check Data Completeness Not Met:

a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) = 70 patients = 87.50%

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=
Performance Met (a=40 patients) = 40 patients = 66.67%
Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients