

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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## Reply to

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November 25, 2013

Ms. Marilyn Tavenner  
Administrator  
Centers for Medicare and Medicaid Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Room 445-G  
Washington, DC 20201

**ATTN: NQF #: 1659**

Dear Ms. Tavenner:

The American Academy of Pediatrics (AAP), an organization of 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults appreciates this opportunity to comment on the Influenza Immunization Clinical Quality Measure #1659, published on the CMS Quality Measures website on October 23, 2013.

The AAP commends CMS for undertaking the important task of developing clinical quality measures, particularly those involving immunizations. The American Academy of Pediatrics appreciates the efforts that CMS makes to receive information from the public, including medical associations like AAP, to help children receive the quality care that they deserve. We also recognize that immunizing children against seasonal influenza is a life-saving and important task.

While the AAP is very supportive of the effort to screen patients for influenza immunization, and ensure that they leave immunized, we would like to offer some suggestions on the following provisions of the proposed measure:

### In the Performance Measure Description:

The second paragraph of the Performance Measure Description states:

*Influenza (flu) is an acute, contagious, viral infection of the nose, throat and lungs (respiratory illness) caused by influenza viruses. Outbreaks of seasonal influenza occur annually during late autumn and winter months although the timing and severity of outbreaks can vary substantially from year to year and community to community. Influenza activity most often peaks in February, but can peak rarely as early as November and as late as April. In order to protect as many people as possible before influenza activity increases, most flu-vaccine is administered in September through November, but vaccine is recommended to be administered throughout the influenza season as well. Because the flu vaccine usually first becomes available in September, health systems can usually meet public and patient needs for vaccination in advance of widespread influenza circulation*

AAP suggests that the description should state that the measure only refers to patients discharged between October 1<sup>st</sup> and March 31<sup>st</sup>.

Under “Improvement Noted As:”

The measure states the following:

**“Improvement Noted As:** An increase in the rate”

We suggest that you add “of influenza immunization” after, “An increase in the rate.”

Under “Selected References”

We suggest that both the CDC and the AAP yearly influenza immunization articles be included.

These articles can be found at the following links:

<http://pediatrics.aappublications.org/content/early/2013/08/28/peds.2013-2377>

[http://www2.aap.org/immunization/illnesses/flu/implementationguidance\\_flu.pdf](http://www2.aap.org/immunization/illnesses/flu/implementationguidance_flu.pdf)

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s\\_cid=rr6207a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_e)

Regarding the Influenza Immunization Algorithm, IMM-2 Influenza Immunization, and the eMeasure Influenza Immunization documents:

As in the “Selected References” section, AAP again suggests adding both the CDC and the AAP yearly influenza immunization articles.

These articles can be found at the following links:

<http://pediatrics.aappublications.org/content/early/2013/08/28/peds.2013-2377>

[http://www2.aap.org/immunization/illnesses/flu/implementationguidance\\_flu.pdf](http://www2.aap.org/immunization/illnesses/flu/implementationguidance_flu.pdf)

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s\\_cid=rr6207a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_e)

Not Included In The Material:

Although not specifically mentioned in the “NQF-Endorsed Voluntary Consensus Standard for Hospital Care: Measure Information Form,” AAP would like to comment on two issues that we feel should be addressed: second doses of an influenza vaccine and repeated or dual hospitalizations.

Some children need two doses of the flu vaccine in one season. The AAP is concerned that the measure does not address the procedure for when a child is due for a second flu shot, and whether or not this qualifies as a missed opportunity. If it does, the guidelines will need to be clarified in order to accommodate this situation. If not, then it must be explicitly stated in the definition of the measures. Although this latter approach would be simpler, it would mean a lower quality of care. Currently, there are some hospitals that only check for one dose upon admission.

In addition, the AAP did not see a mechanism in place in the measure that would handle a child or adult who is hospitalized with influenza disease during the present hospitalization or earlier in the same flu season. Since influenza immunization is moving forward this year, and some 2013 vaccines are available with four different antigens, re-infection is possible. We are concerned as to whether those individuals should be offered influenza immunization while they are hospitalized.

Thank you for the opportunity to comment on the proposed Clinical Quality Measure on Influenza Immunization. As stated earlier, the AAP commends CMS for seeking comment on this proposed measure, and we are supportive of the opportunity to improve the quality of healthcare through using electronic health records to track influenza immunization status. If the AAP can be of any further assistance, please do not hesitate to contact Patrick Johnson in our Washington, D.C. office at 202/347-8600 or [pjohnson@aap.org](mailto:pjohnson@aap.org).

Sincerely,

A handwritten signature in black ink that reads "Thomas K. McInerney, MD, FAAP". The signature is written in a cursive style with a large initial 'T' and a distinct 'M'.

Thomas K. McInerney, MD, FAAP  
President

TKM/pmj