National Adult & Influenza Vaccination Summit (NAIVS)

Workgroup on Increasing Patient Access and Collaboration

Co-leads

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- Kathy Talkington (ASTHO)
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Working Group Members

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- Anu Bhatt (AIM)
- John Billington (IDSA)
- Joan Bowe (AI Coalition of Central Ohio)
- Katie Brewer (ANA)*
- Angie Bricco (sanofi pasteur)
- Gina Cox (McKesson)
- Bill Darnall (Novartis)
- Shannon Dzubin (GSK)
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- Columba Fernandez (WA State Dept. of Health)
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- Heather Richmond (MedImmune)
- Debbye Rosen (CT Dept. of Health)
- Annette Schmidt (Gerontological Society of America)
- Alex Shevach (CDC – ORISE Fellow)
- Inderjit Singh (Merck)
- Rebecca Sneed (Nat’l Alliance of State Pharm Assoc)
- Roslyn Stone (Corporate Wellness)
- Erin Sweeney (Maxim Wellness)
- Tiffany Tate (MD Partnership for Prevention)
- LaDora Woods (CDC – Contractor)
- Lauren Wu (NVPO)*

* No longer on working group or on extended leave

Current Environment

- Adults access medical care at multiple entry points.
- There are many types of immunization providers and sites. (including, but not limited to, physicians – generalists and specialists, pharmacists, nurses, physician assistants, nurse practitioners, retail stores and clinics, community immunizers, worksites, public health departments, hospitals, travel clinics)
- Many more adults have become aware of annual influenza vaccination, but fewer are aware of other recommended adult vaccines.
- Many missed opportunities occur to assess patient vaccination needs.
- Patients open to vaccination when recommended by their provider.
- Differences in vaccines covered by Medicare B versus D creates challenges for some providers, but not others.
Current Environment

- Vaccine providers are paid different rates by different payers. Not all providers vaccinate. Pay can differ based on in-network status.
- There are opportunities in the Affordable Care Act to reduce the number of uninsured adults (pending action in June).
- There is no federal “Vaccines for Adults” program.
- Manufacturers offer Patient Assistance Programs.
- Challenges remain with adult immunization documentation among providers.
  - Immunization registries and EHRs vary across states and provider networks, respectively.
  - Meaningful Use many provide opportunities to improve documentation and communication about vaccination among different providers.

What Needs to be Put In Place?

Collaboration within the “immunization medical neighborhood”
- Reduce missed opportunities to vaccinate adults and give all needed vaccines
- Improve communication among different providers to reduce opposition to expanding role of different provider types in immunization
- Raise awareness of the full range of providers (specialists, collaborative referral)

Payment
- Determine whether current levels of payment for services is a barrier for providers (what is the cost of providing immunization services to adults?)
- Patient and provider understanding of in-network vs. out-of-network
- Research payment for counseling & referral by non-vaccine providers
- Reduce out-of-pocket costs for patients
- Access for uninsured adults

Documentation
- Lifetime immunization registries that are opt-out
- Establish and promote models of “ideal” data exchange, documentation, and communication
- Promote immunization requirements in meaningful use standards

State laws and policies*

* Project being conducted by ASTHO
### Actionable items identified by the Increasing Access and Collaborations WG and 2012 Summit:

<table>
<thead>
<tr>
<th>Possible Solution/Project</th>
<th>Barrier Addressed</th>
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<tbody>
<tr>
<td>Develop adult vaccine finder/locator or build upon existing vaccine finders to incorporate all adult vaccine providers</td>
<td>Collaboration</td>
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<tr>
<td>Develop model protocols for a community that include all types of providers and settings</td>
<td>Collaboration</td>
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<td>Convene regional meetings of leaders from different sectors of adult immunization</td>
<td>Collaboration</td>
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<td>Develop and promote vaccine counseling and referral code</td>
<td>Payment</td>
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<td>Gather systematic data on cost of providing adult vaccination</td>
<td>Payment</td>
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<td>Promote models for smaller providers to acquire vaccines at lower costs</td>
<td>Payment</td>
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<tr>
<td>Help providers better understand best coding practices</td>
<td>Payment</td>
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<td>Develop and promote models of “ideal” data exchange</td>
<td>Documentation</td>
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<tr>
<td>Promote immunization requirements in meaningful use standards</td>
<td>Documentation</td>
</tr>
<tr>
<td>Access for uninsured adults?</td>
<td>Access &amp; Payment</td>
</tr>
</tbody>
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### 2012-2013 Priorities

- CPT code for Adult Vaccine Counseling
- HealthMap Influenza / Adult Vaccine Locator
- Updating Adult Immunization Standards of Practice
CPT code for Adult Vaccine Counseling

- Progress:
  - Met with AMA CPT leads
  - Two sponsoring organizations (ANA, AAPA) for application.
    - Application withdrawn to be reworked
  - Goal: provide mechanism to providers to bill and be compensated for counseling time related to vaccinations
    - Encourage non-vaccinators to assess vaccine needs and recommend and refer

CPT Coding

- Qualified health care professionals would be able to use the proposed codes.
- Routine vaccine needs assessment and counseling.
  - Time consuming with no compensation (reviewing existing indications, medical records and registry data, obtaining patients' vaccination histories, and providing information on vaccine safety and effectiveness.
  - Vaccine administration payments do not currently apply to counseling about vaccines by non-vaccinating providers or counseling about needed vaccines for vaccines not offered at a specific location, but where some limited types of vaccines are available.
    - CPT code for vaccine counseling may encourage non-vaccine providers to provide strong recommendations to their patients for needed vaccines.
  - The new proposed codes would be more specific compared to the preventive medicine counseling code (99401) and evaluation of established patient up to 15 minutes (99213).
    - A more specific code allows payers to evaluate if the specific action has been taken.
Where are we and how should we proceed?

- Progress
  - http://flushot.healthmap.org/
  - Working group represented on steering committee that advises the developer
  - Locator went live end of Aug 2012; Adult vaccine site launched late January
  - >50,000 enrolled sites (>20,000 non-influenza info)
  - Site has patient survey and provider match to locate sites who offer needed vaccines
  - Challenge: keeping data up-to-date
Insert HealthMap slides

## Updating Adult Immunization Standards of Practice

**Progress:**
- Drafts developed and being refined by workgroup
- NVAC agreed to review draft in June 2013, and potentially approve at September 2013 NVAC meeting
- Goal: standards to have application to providers who do and do not vaccinate; applies to all adult providers
### Framework
**Adult Immunization Standards**

<table>
<thead>
<tr>
<th>All Providers</th>
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| • Include IZ discussion in patient encounters  
  • Administer needed vaccine or refer  
  • Stay up-to-date  
  • Educate patients  
  • Understand how to access registries |

<table>
<thead>
<tr>
<th>Non-immunizing Providers</th>
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| • Assess immunization status of patients  
  • Establish referral relationships  
  • Confirm recommended vaccine received |

<table>
<thead>
<tr>
<th>Immunization Providers</th>
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</table>
| • Ensure professional competencies regarding immunizations  
  • Assess immunization status assessment and recommendations in every visit  
  • Document |

### Framework
**Adult Immunization Standards**

<table>
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<tr>
<th>Professional healthcare related organizations / associations</th>
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| • Education and training of members and including trainees  
  • Resources and assistance to implement protocols, immunization practices, etc  
  • Encourage members to be up-to-date on own immunizations  
  • Assist members in staying up-to-date on IZ info & recommendations  
  • Partner with others  
  • Collect and share best practices  
  • Advocate policies that support adult immunization standards |

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<th>Public Health Departments</th>
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| • Determine community needs and capacity  
  • Support activities and policies to increase vaccination rates and reduce barriers  
  • Ensure professional competency  
  • Collect, analyze and disseminate data  
  • Outreach and education to public and providers  
  • Work to decrease disparities  
  • Increase registry access and use  
  • Develop billing capacities  
  • Ensure preparedness |
Ultimate Goal “Immunization Neighborhood”

- **Purpose:**
  - Collaboration, Coordination and Communication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine preventable diseases.

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Place of Vaccination by age group, March 2012 National Immunization Survey and National Flu Survey*

*March 2012 National Immunization Survey (NIS) data for children 6 months through 17 years of age
March 2012 National Flu Survey (NFS) data for adults ≥ 18 years of age
Priorities Consideration for 2013-14

- Year of Adult Immunization Standards Implementation
- Improving access to new vaccines/ recommendations
  - Decrease barriers for providers (Part D, Hep B for DM pts, PCV13, Tdap, etc)
  - Meeting demands of preventive services access
- Connectivity / documentation of adult vaccinations between all providers of care to support measurement goals
  - Registries and other systems
- Tools for providers (business and practice models)
  - CMS FAQ on Adult IZ / AHIP FAQ on Adult IZ
- Others?

Answer this question:

To assist my constituents in increasing adult immunization rates / delivery, we need to

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Let’s Discuss....