Moving Healthcare Toward Greater Focus on Prevention

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Conflict of Interest

- The presenter has no relationships with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by or used on patients.
What Is ACP?

- American College of Physicians
- Largest medical-specialty organization and second-largest physician group in the United States.
  - 141,000 members including internists, internal medicine subspecialists, and medical students, residents, and fellows
- Internists are physician specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness
Q: What is moving medicine toward a greater focus on prevention, generally, and immunizations, specifically?

Health Care System Innovations promoting Prevention

- The Patient Centered Medical Home (PCMH), a patient centered, team based approach to care
- Electronic Health Records
- Performance measures
- Registries and public reporting
- Primary care focused quality and cost of care.
- Development of reimbursement for PCMH, Meaningful Use, Chronic Care, Wellness and Transitions in Care.
Preventable Diseases in Medicine

- Coronary disease/Stroke/Congestive Heart Failure
- Diabetes
- Obesity
- Hypertension
- COPD and Asthma
- Cancer

- These account for 80% of health care costs

Screening for Diseases

USPSTF

- Depression: All adults
- Obesity: All Adults
- Hypertension: All Adults
- Lipid disorders: All men>35 years and women>45
- Diabetes: All adults with BP> 135/80
- Breast Cancer: Biennial for average risk (50-74)
- Colon Cancer: All adults 50-75 years
Screening Recommendations USPSTF

- Cervical Cancer: Pap smear >21 years at 3 years, 30-65 years every 5 years combined with HPV.
- Osteoporosis: Women >65 years
- Chlamydial infection: All women <24 years sexually active, >24 years for increased risk
- HIV all persons at increased risk
- Hepatitis B All pregnant women at the first prenatal visit.
Percentage of Adults Aged 50–75 Years Who Reported Being Up-to-Date* with Colorectal Test Screening, by State Behavioral Risk Factor Surveillance System, United States, 2010

Women aged 50–74 years who reported having a mammogram within the past 2 years, by race and ethnicity, in 2010
US Adult Immunization Rates

Source: www.cdc.gov/flu/fluvaxview

Figure 1. Seasonal Flu Vaccination Coverage, by Age Group and Season, United States, 2009-2014

Error bars represent 95% confidence intervals around the estimates. The 2009-10 estimates do not include the influenza A (H1N1)pdm09 monovalent vaccine. Starting with the 2011-12 season, adult estimates reflect changes in BRFSS survey methods: the addition of cellular telephone samples and a new weighting method.
CDC’s Advisory Committee on Immunization Practices (ACIP)

- Influenza: All Adults
- Tetanus, diptheria, pertussis: All adults (10 years)
- Varicella: Born after 1980
- Herpes Zoster Adult > 60 years
- Pneumococcal Adults > 65, 19-64 with risk factors
- HPV: Females 11-26, males 11-21
- MMR: Born after 1957, one dose
- Hepatitis A and B

Immunization Rates

<table>
<thead>
<tr>
<th>Promotor’s</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCMH</td>
<td>Cost of Vaccine</td>
</tr>
<tr>
<td>MU</td>
<td>Cost of Administration</td>
</tr>
<tr>
<td>PQRS</td>
<td>Storage</td>
</tr>
<tr>
<td>NQF</td>
<td>Pt knowledge/fear</td>
</tr>
<tr>
<td></td>
<td>Clinician priority</td>
</tr>
<tr>
<td></td>
<td>Health Plan issues</td>
</tr>
</tbody>
</table>
### Vaccines, Cost and Reimbursement

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>CPT</th>
<th>ICD9</th>
<th>ICD10:</th>
<th>Approx. Cost* (&quot;VCF&quot;)</th>
<th>Est. Private Sector reimb.</th>
<th>MCR (de ) reimb.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (pres. free)</td>
<td>90656</td>
<td>V04.81</td>
<td>Z23</td>
<td>12.49</td>
<td>14-20</td>
<td>14.09</td>
</tr>
<tr>
<td>Influenza (IIV3)</td>
<td>90658</td>
<td>V04.81</td>
<td></td>
<td>10.55-13.63</td>
<td>12-16</td>
<td>12.04</td>
</tr>
<tr>
<td>Influenza (hi dose ag)</td>
<td>90662</td>
<td>V04.81</td>
<td></td>
<td>28-30</td>
<td>32-34</td>
<td>33.37</td>
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<tr>
<td>Influenza quadrivalent</td>
<td>90688</td>
<td>V04.81</td>
<td></td>
<td>16.15</td>
<td></td>
<td>16.84</td>
</tr>
<tr>
<td>PPSV23</td>
<td>90732</td>
<td>V03.82</td>
<td></td>
<td>68.29</td>
<td>69-78</td>
<td>77.84</td>
</tr>
<tr>
<td>Tdap</td>
<td>90715</td>
<td>V06.5</td>
<td></td>
<td>41.06</td>
<td>40-47</td>
<td></td>
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<tr>
<td>Herpes Zoster</td>
<td>90736</td>
<td>V05.9, V04.89</td>
<td></td>
<td>173.96</td>
<td>190-197</td>
<td></td>
</tr>
<tr>
<td>PCV13</td>
<td>97670</td>
<td>V03.82</td>
<td></td>
<td>151-166</td>
<td>148-151</td>
<td>153.96</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>90746</td>
<td>V05.3</td>
<td></td>
<td>52-61</td>
<td>56-59</td>
<td>59.70</td>
</tr>
<tr>
<td>Meningococcal (conj.)</td>
<td>90733</td>
<td>V03.89</td>
<td></td>
<td>112.93</td>
<td>120-123</td>
<td></td>
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### Vaccine Administration

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>MCR (HCPCS)</th>
<th>MCR (DE) PAR</th>
<th>Non-MCR CPT</th>
<th>Private Sector reimburse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>G0008</td>
<td>25.81</td>
<td>90471</td>
<td>10-12.80</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>G0009</td>
<td>25.81</td>
<td>90471</td>
<td>10-12.80</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>G0010</td>
<td>25.81</td>
<td>90471</td>
<td>10-12.80</td>
</tr>
<tr>
<td>Second Vax Admin per day</td>
<td></td>
<td>(use icd9 V06.6 if flu vax and PPSV23 given same day)</td>
<td>12.85</td>
<td>90472</td>
</tr>
<tr>
<td>Administer Vax &lt; age 18, with counselling</td>
<td>90460, 90461</td>
<td></td>
<td></td>
<td>10-12.80</td>
</tr>
</tbody>
</table>
Vaccine Ordering and Discounts

- NDVA: National Discount Vaccine Alliance, Inc.
  http://www.nationaldiscountvaccinealliance.com/
- AHP: Atlantic Health Partners, LLC
  http://www.atlantichealthpartners.com/
- VaxServe.com
  https://www.vaxserve.com/index.cfm?fa=anon.homepage
- AAP: Group Purchasing vs Physician Buying Groups
  http://www2.aap.org/immunization/pediatricians/GPO.html
- ACP Webinar: Efficient Vaccine Ordering
  http://www.acponline.org/multimedia/?bclid=782543304001&bctid=1733749311001

Raising Immunization Rates

In the Office
- Clinician and staff commitment
- Staff training
- Improved cost structure
- Standing orders
- Storage tool kits

National Policy
- National/ACP policy
- CDS in the EMR
- Reimbursement
- State/National Registries
- Access/coordination
- Education
Vaccine Storage

- Warning vaccines will shorten their shelf life.
- Strive for five:
  - 2°C to 8°C is the required range, but aim for 5°C.
- Freezing rules vaccine:
  - Vaccines are frozen, they become ineffective.
  - If your fridge falls below 0°C, contact your supplier immediately.
Standing orders for Vaccines

- Advocated for by ACIP, particularly for influenza, pneumococcal, Tdap and hepatitis B vaccines
- Administration of vaccines by nurses, pharmacists, medical assistants and other qualified personal, under physician established protocol, without examination by physician
- Substantially improves immunization rates
  
  [CDC Website](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4901a2.htm)
  [IAC Website](http://www.immunize.org/standing-orders/)

ACP, Vaccines, and Related Programs

- High Value Care initiative
  - Promotes immunizations
- Care Coordination Toolkit
  - Model for Immunization Neighborhood Toolkit being developed by ACP and APhA
ACP Immunization Portal

- [http://immunization.acponline.org](http://immunization.acponline.org)
- Electronic Access to ACP’s Guide to Adult Immunization, with 4 pdf’s downloadable modules to help with practice-based quality improvement processes, recommended adult vaccines and their dosing/indication, and special circumstances: (immunocompromised, pregnancy)
- Free for ACP Members!
Rate of Nonmedical Vaccine Exemptions By State
Percentage of kindergartners with nonmedical exemptions, 2012-13 school year

Note: Children with exemptions may still be vaccinated.
Source: Centers for Disease Control