



National Adult Immunization Coordinators' Partnership
Quarterly Meeting
July 11, 2017
Meeting Minutes

Welcome – Stephanie Borchardt (Wisconsin) co-chair of the National Adult Immunization Coordinators' Partnership:

Stephanie welcomed everyone to the call.

Quality and Performance Measure Work Group Update – Alice Tsai

- One of three working groups that are part of the National Adult Influenza Immunization Summit
- Works to identify gaps in quality and performance improvement measures for adult immunizations,
- Works with partners to encourage the development of appropriate adult immunization performance measures,
- Promotes the use of such adult immunization measures to increase the overall rates of adult immunization
- Builds Healthcare Effectiveness Data Information Sets (HEDIS)
- Collaborates with the Pharmacy Quality Alliance (PQA) and Centers for Medicaid and Medicare (CMS)
- Compiles composite measures which is a combination of two or more vaccines
- Three subgroups formed to address and measure the following composites
 - Maternal Immunization that measures Tdap and flu vaccines
 - Adult Immunization that measures Tdap,
 - End-stage renal disease that measures flu, pneumococcal and hepatitis B

Medicare Access and CHIP Reauthorization Act (MACRA) and Provider Perspectives – Darryl Drevna, MA Director, Regulatory and Public Policy American Medical Group Association (AMGA)

- MACRA was signed into law on April 2015 and replaced the old payment system
- Provided two types of payment models MIPS and APMs
- Merit-based Incentive Payments (MIPS) providers will be assessed on
 - Quality
 - Cost- best use of resources and how the provider performs relative to other similar providers
 - Advancing care information- electronic health records
 - Quality Improvement activities – 40 patient centered activities to choose from.
- CMS will adjust Medicare Part B payment + or – 4% based on MIPS
- Providers will be evaluated on their 2017 performance with their 2018 payment
- Not all providers are enrolled in MIPS during 2017
- MIPS will be expanded to other professions receiving CMS payment during 2019
- Problems with MIPS are
 - Excluded a number of physicians
 - Payment incentives do not keep up with inflation
 - Outcomes dependent on the number of physicians in similar practices
- Advanced Payment Models (APM)
 - Providers take on quality improvement of population
 - 5% payment bonus on Medicare Part B
 - CMS will determine the model for the provider
 - Provider must have an electronic health record



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- Provider accountable for cost and quality of their patient population
- Provider may not know who the population is until the end of the year
- Physician preference will not have the weight it used to have. Formulary is preferred to keep costs down.
- AMGA feels that the new payments rewards volume of care at the expense of value of care

CDC Update: Andrew Kroger MD, MPH Medical Officer, Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases

- Influenza Update from Advisory Committee on Immunization Practices (ACIP)
 - Flu vaccination recommended for everyone 6 months of age and older
 - This season's strain will contain
 - Hong Kong Strain A H2N3
 - Michigan A H1N1
 - Victoria B
 - Yamagata B (quadravalent only)
 - New license for Afluria Quadravalent for 18 years +
 - Flublok quadravalent for 18+ years
 - No recommendation for Flu Mist Live Attenuated Influenza Vaccine
 - Safety data for Flublok in pregnant patients is good
- ACIP also reviewed data to
 - Expand the use of the Hepatitis A vaccine for post exposures for adults age 40+
 - Routine recommendation for hep A vaccine in adults with chronic liver disease
 - Two Zoster vaccines
 - Zostavax
 - Live vaccine
 - Duration of protection 3-5 years
 - Current recommendation for adults 60+ years of age
 - Shingrix
 - Attenuated vaccine
 - Data suggest longer duration of protection than current zostavax vaccine
 - Recommendation could begin at age 50 for adults
 - Revaccination of Zostavax patients with Shingrix depends on cost effectiveness
 - Yellow Fever vaccine
 - Stamaril used in other countries to prevent yellow fever
 - Used to combat current shortage of current licensed yellow fever vaccine
 - Stamaril is contraindicated in infants 6-8 months of age
 - Stamaril is contraindicated for mothers who are breastfeeding, mothers should not breastfeed for 14 days following vaccination
 - 3rd Dose of Mumps ACIP workgroup
 - Doesn't have sustained boost outside of a year
 - Epi evidence is hard to decipher given that all third dose vaccinations administered during outbreaks occurred later in the outbreak so hard to prove if vaccination was effective or if outbreak was winding down.
 - VAERS 2.0



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Wrap up and adjourn- Stephanie Borchardt