Health Plan Perspectives on Adult Immunization Measures

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Presentation Overview

1. Health Plans’ Commitment to Public Health
2. Nationally Recognized Metrics
3. Strategies for Improving Adult Immunization Rates
4. Challenges and Opportunities

Health Plans Commitment to Public Health
Coverage of ACIP-recommended Adult Vaccines

1. Health plans provide first dollar coverage for all ACIP recommended routine vaccines.

2. Plans often reimburse non-traditional providers such as pharmacies, retail clinics etc. to increase accessibility and vaccination rates.

3. AHIP and its member plans are partnering with CDC and the Association of State and Territorial Health Officials (ASTHO) to educate and build infrastructure for public health departments and pharmacies to get reimbursed for providing vaccines to insured individuals.

4. AHIP continually disseminates and promotes best practices for increasing vaccination rates among its member plans.

Immunizations Are a Highly Effective Prevention Strategy

– Immunizations are considered among the highest-value clinical preventive services.

– High value clinical preventive services are interventions that significantly impact public health and are cost effective.

– Other high-value services include:
  ▪ Aspirin use to prevent CVD.
  ▪ Screening and counseling for tobacco cessation.
  ▪ Screening for colorectal cancer in adults age 50 and older.
Nationally Recognized Metrics

1. **HEDIS®** and **CAHPS®** are the most commonly used measure sets used by health plans.

2. Specific measures are tracked by health plans to obtain and maintain accreditation and for public program contracting: Medicare and Medicaid, Medicare Advantage (MA) star ratings.

3. Plans may incorporate and/or modify additional measures from other nationally recognized sources.
### Examples of Measures Routinely Monitored by Health Plans

<table>
<thead>
<tr>
<th>Influenza Immunization Measures</th>
<th>Pneumococcal Immunization Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu Shots for Adults Ages 50 and Over <em>(HEDIS, CMS and CAHPS)</em></td>
<td>Pneumococcal Vaccination Status for Older Adults- <em>(HEDIS, CMS and CAHPS)</em></td>
</tr>
<tr>
<td>Influenza Vaccination Coverage Among Healthcare Personnel <em>(CDC measure)</em></td>
<td>Pneumococcal Vaccination: Management of People with CAD/CHF/HTN <em>(NCQA Disease Management measure)</em></td>
</tr>
<tr>
<td>Influenza Vaccination: Management of People with CAD/CHF/HTN <em>(NCQA Disease Management measure)</em></td>
<td>Pneumococcal Vaccination: Management of People with ASTHMA/ COPD <em>(NCQA Disease Management measure)</em></td>
</tr>
<tr>
<td>Influenza Vaccination: Management of People with Diabetes <em>(NCQA Disease Management measure)</em></td>
<td>Pneumococcal Vaccination: Management of People with ASTHMA/ COPD <em>(NCQA Disease Management measure)</em></td>
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<tr>
<td>Influenza Vaccination: Management of People with Asthma/COPD <em>(NCQA Disease Management measure)</em></td>
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</tr>
</tbody>
</table>

**Measures were tracked and compiled across health plans.**

### Strategies for Improving Adult Immunization Rates
Identify Measurement Gaps

<table>
<thead>
<tr>
<th>Adult Vaccination**</th>
<th>Existing Measures**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (HEDIS, CMS)</td>
<td>X</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
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<tr>
<td>Human papillomavirus</td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (HEDIS, CMS)</td>
<td>X</td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
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</tbody>
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**Table was compiled using the following resources:

Challenges and Opportunities
Existing Adult Immunization Measures are Limited

1. Lack of immunization measures for all adult vaccines.

2. Issues with existing measure methodology.

3. CAHPS Measures are limited in their use:
   - Survey is self-reported and may not provide accurate recall.
   - Survey questions are too general.
   - Poor tool for real time monitoring and improvement.

Vaccine Financing is Complex

- Many vaccines recommended after 2000 are the most costly.

- Wide variability in vaccine purchase prices, dependant on supply and demand.

- Providers must effectively manage complex aspects of vaccine delivery (i.e. procurement, administration, counseling, and storage) to avoid waste.

- Provider return on investment (ROI) varies.

- Public health departments struggle with third-party billing.
Vaccine Financing is Complex (cont.)

- Interventions that are cost-effective or even cost saving at the societal level do not necessarily yield a positive ROI from the business perspective, although they may provide a better value than other services.

- A practice’s ability to make or lose money can depend upon having someone who knows the basics of buying vaccines at the best price, proper coding protocols and the technological skills necessary to track inventory and bill electronically.


Strengthen Use of Existing Adult Immunization Measures

1. Align measurement activities, especially in local markets.

2. Community-wide efforts to focus on gap areas, resources, energy and common goals.

3. Use of new payment models to emphasize adult vaccination rates.
Strengthen Use of Existing Adult Immunizations Measures

1. Re-examine measure specifications to allow for a hybrid methodology.
   - Include multiple data sources such as registries, immunization rosters, CAHPS (or other member survey) results, claims data, and EHR data.

2. Develop additional measures (other than flu and pneumococcal) for adult immunizations.
   - Other vaccines such as zoster, pertussis
   - Composite measures.

Thank you.

Questions?