

National Adult & Influenza Vaccination Summit (NAIVS)

Workgroup on
**Increasing Patient
Access and Collaboration**

May 15 2013

Co-leads

- Carolyn Bridges (CDC)
- Mitch Rothholz (APhA)
- Kathy Talkington (ASTHO)
- Litjen (LJ) Tan (IAC)

Working Group Members

- Janice Adkins (BD)
- 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)
- Paul Etkind (NACCHO)
- Victoria Evans (CDC)
- Susan Farrall (CDC)
- Columba Fernandez (WA State Dept. of Health)
- Kimberly Gasuad (McKesson)
- Rebecca Gehring (NACCHO)
- Stefan Gravenstein (Gerontological Society of America)
- Allison Hackbarth (MA Dept. of Health)
- Claire Hannan (AIM)
- Shary Jones (NVPO)
- Kim Martin (ASTHO)
- Marie-Michele Leger (AAPA)
- Trini Mathew (IDSA)
- John McLaughlin (Pfizer)
- Shelly O'Donovan (GSK)*
- 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:

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

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

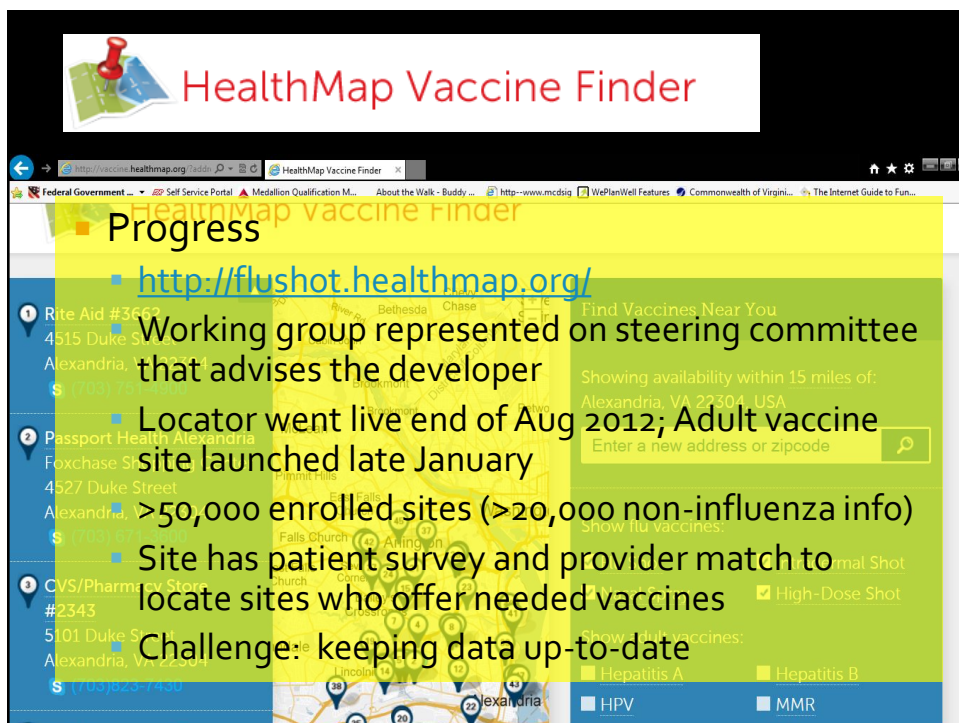
- Progress:
 - Met with AMA CPT leads
 - Two sponsoring organizations (ANA, AAPA) for application.
 - Application withdrawn to be reworked
 - Goal: provide mechanism to providers to bill and be compensated for counseling time related to vaccinations
 - Encourage non-vaccinators to assess vaccine needs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

CPT Coding

- Where are we and how should we proceed?



HealthMap Vaccine Finder

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

The screenshot shows a web browser window displaying the HealthMap Vaccine Finder interface. The browser's address bar shows the URL <http://vaccines.healthmap.org/>. The page features a map of Alexandria, VA, with several vaccine sites marked by pins. A sidebar on the left lists three sites: 1. Rite Aid #3663, 2. Passport Health Alexandria, and 3. CVS/Pharmacy Store #2343. The main content area includes a search bar and a list of vaccine types such as Hepatitis A, Hepatitis B, HPV, and MMR. The text overlay provides context on the project's progress and challenges.

- Insert HealthMap slides

Updating Adult Immunization Standards of Practice

- Progress:
 - Reviewed existing standards of adult immunization practices (IDSA-2007, NVAC-2003)
 - 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

All Providers

- Include IZ discussion in patient encounters
- Administer needed vaccine or refer
- Stay up-to-date
- Educate patients
- Understand how to access registries

Non-immunizing Providers

- Assess immunization status of patients
- Establish referral relationships
- Confirm recommended vaccine received

Immunization Providers

- Ensure professional competencies regarding immunizations
- Assess immunization status assessment and recommendations in every visit
- Document

Framework Adult Immunization Standards

Professional healthcare related organizations / associations

- 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

Public Health Departments

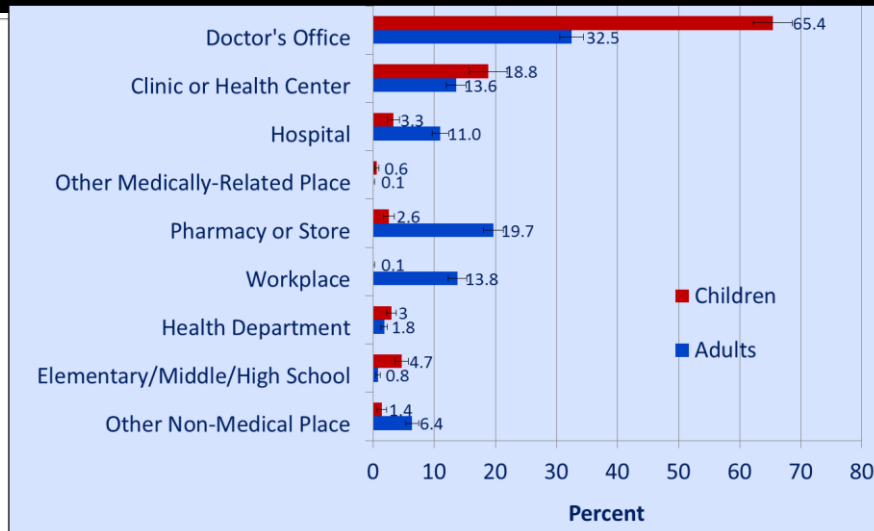
- Determine community needs and capacity
- Support activities and policies to increase vaccination rates and reduce barriers
- Ensure professional competency
- Collect, analyze and disseminate data
- Outreach and education to public and providers
- Work to decrease disparities
- Increase registry access and use
- Develop billing capacities
- Ensure preparedness

Ultimate Goal "Immunization Neighborhood"

- Purpose:
 - **C**ollaboration, **C**oordination and **C**ommunication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine preventable diseases.



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

Let's Discuss....