# National Adult and Influenza Immunization Summit

**April 16, 2019**

Dear Members of the Medicaid and CHIP Child and Adult Core Set Annual Review Workgroup and federal agency liaisons,

The undersigned participants of the Quality Working Group of the National Adult and Influenza Immunization Summit,[1] we are writing to request the Workgroup consider changes in the 2020 Child and Adult Core sets to incorporate two new HEDIS immunization measures:

1. Child Set. Add the new HEDIS **Prenatal Immunization Status**, which measures prenatal immunizations of Tdap and influenza. Retain the other two current immunization measures: Childhood immunization status (CIS) and Immunization of Adolescents (IMA).
2. Adult Set. Add the new HEDIS **Adult Immunization Status (AIS)** measure**,** to replace the current adult influenza vaccine measure based on Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. The new AIS measure is a composite of the age-recommended vaccines for adults, including influenza vaccine.

These changes meet most of the five criteria for measure selection presented at the February 14, 2019 orientation webinar,[2] as described below.

**Actionability.** Both measures will provide useful and actionable results for state Medicaid and CHIP programs, especially if they publicly post results and require reporting by Medicaid managed care plans. Performance assessment and feedback can drive quality improvement efforts to raise immunization levels.[3] There are national evidence-based recommendations for how health care providers can increase prenatal immunization levels[4] and improve adult immunization.[5]

Furthermore, action is needed to address significant performance gaps and disparities in both measures, which results in preventable disease and death as described below.

Prenatal immunization.

- Pertussis. Young infants are at the greatest risk of serious pertussis disease, which can result in hospitalization or death. Nationwide in 2017, there were 1545 cases in infants under 6 months of age and 9 deaths in infants under 1 year of age.[4] Immunizing pregnant women passes protection to their babies, and is the best way to protect young infants from pertussis. Immunizing mothers during their third trimester protects 9 in 10 babies from pertussis infections

[1] https://www.izsummitpartners.org/naiis-workgroups/quality-and-performance-measures/.
[2] Slide 32. https://www.mathematica-mpr.com/-/media/internet/files/additional-documents/coresetreview_slides_feb14.pdf?la=en
[3] For example, see p://www.immunizeca.org/wp-content/uploads/2018/04/Immunization-in-pregnancy-Robert-Moore-PHC.pdf
[4] https://www.cdc.gov/pertussis/surv-reporting.html
[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3904889/

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serious enough to need treatment in a hospital.[6] However, prenatal immunization levels are lower among Medicaid members compared to privately insured women.[7],[8],[9]

- Influenza. Getting a flu shot reduces a pregnant women's risk of hospitalization by 40%, and helps protect the newborn before he/she is old enough to be vaccinated.[10] However, prenatal influenza immunization appears lower in pregnant women with Medicaid insurance compared to private insurance.[11],[12],[13]

Adult immunization

- Despite the clear harm from influenza disease, as witnessed in the 2017-2018 influenza season, influenza immunization coverage rates continue to lag behind all Healthy People 2020 indicators.[14]
- While the benefits of pneumococcal vaccination of adults with certain chronic high-risk conditions are well documented, only about 20% of these persons are vaccinated.[15]
- Elder adults over the age of 65 are especially vulnerable to complication from vaccine preventable diseases and thus are recommended for vaccinations including influenza, pneumococcal, and zoster. Unfortunately, even in this most vulnerable population, vaccination coverage rates are below national goals.[15]
- Very significant racial and ethnic disparities currently exist in adult immunization coverage rates and the failure to improve these rates only exacerbates these disparities.[15]

**Feasibility.** The National Committee for Quality Assurance (NCQA) tested both measures in Medicaid and commercial health plans, concluding the specifications are feasible to implement. The measures draw from Electronic Clinical Data Systems (ECDS), which include immunization information systems (IIS), case management registries, claims, and electronic health records (EHRs).[16]

We understand that while state Medicaid and CHIP programs can access member claims, encounters, and the corresponding state/local Immunization IIS, it may be more of a challenge for many state Medicaid agencies to capture EHR data. Therefore, states may want to assess different models of data capture, such as encouraging providers to report to a community, regional or state-based health information exchange, in order to build capacity for measures that rely on electronic clinical information.

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[6] https://www.cdc.gov/pertussis/pregnant/mom/vacc-effectiveness.html.
[7] https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6602a4.pdf
[8] https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/MIHA-FactSheet2016.pdf
[9] Koepke R et al. Measuring maternal Tdap and influenza vaccination rates. *Vaccine* 2017. http://dx.doi.org/10.1016/j.vaccine.2017.03.024
[10] https://www.cdc.gov/flu/prevent/vaccine-benefits.htm
[11] https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/MIHA-FactSheet2016.pdf
[12] https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6602a4.pdf
[13] Koepke R et al. Measuring maternal Tdap and influenza vaccination rates. *Vaccine* 2017. http://dx.doi.org/10.1016/j.vaccine.2017.03.024
[14] https://www.cdc.gov/flu/fluvaxview/index.htm
[15] Williams, W.W. et al. MMWR Surveillance Summary 2017;66(11):1–28.
[16] https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-systemecds-reporting/

It would be more efficient for states to calculate Adult Immunization Status using these administrative sources and yield more reliable and comprehensive (four vaccines rather than influenza alone) results than patients' self reports collected in periodic CAHPS surveys.

**Strategic Priority.** Maternal and perinatal health has been identified by prior reviews as an area to strengthen in the measure sets.[17] Additionally, many adult patients are not being assessed and offered important ACIP-recommended vaccines resulting in poor adult immunization coverage rates nationally.[18] The development and implementation of two new HEDIS 2019 measures--an adult immunization composite measure comprising influenza, pneumococcal, zoster, and Tdap vaccines and a prenatal (maternal) immunization measure comprising influenza and Tdap vaccines--illustrates the recognition of the importance of adult immunizations in the maintenance of health and the prevention of disease in adults.[19] Unfortunately, as supported by the data above, adult and prenatal immunization coverage levels are not adequate, and the improved utilization of these two measures will likely provide not only morbidity and mortality improvements in the population, but also cost benefits to the healthcare system. However, at this time, immunization is a gap in the Adult Core set and prenatal immunizations are not reflected in the Child Core set. Addition of these two new measures to the Adult and Child Core set is critical to improving the health of adult and prenatal populations

**Alignment.** The measures are part of the HEDIS measure set and apply to commercial and Medicaid health plans. Further, the Adult Immunization Status measure has been preliminarily recommended for use in the Medicare Shared Savings Program. If added to the Medicaid Core Set as specified, there will be alignment across measures that providers are being asked to report.

**Appropriateness for state-level reporting.** The Medicaid Core Set includes several HEDIS measures that function effectively at the state level. Wisconsin annually monitors prenatal immunization levels in its Medicaid program.[20] Minnesota has also looked at maternal immunization coverage by health insurance payment type, which includes medical assistance, and plans to run an updated analysis this year.[21] We request the Workgroup query its members to determine if these measures are currently being used by any other state Medicaid agencies, or have been validated or tested for state level reporting. The Indian Health Service successfully tested then adopted the adult composite measure in its quality improvement program.[22] One Regional Health Improvement Collaborative, Integrated Healthcare Association, is preparing to test the prenatal immunization measure in 2020 and collect data from the participating commercial and Medicaid plans and physician groups across the state.[23]

Thank you for your work on this important committee, and for considering these two requests. Please contact LJ Tan at lj.tan@immunize.org or at (708) 660-9573, if you would like additional information.

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[17] Slide 31. https://www.mathematica-mpr.com/-/media/internet/files/additional-documents/coresetreview_slides_feb14.pdf?la=en

[18] National Vaccine Advisory Committee. 2014. Public Health Rep. 2014 Mar-Apr; 129(2): 115–123.

[19] https://www.ncqa.org/news/ncqa-updates-quality-measures-for-hedis-2019/

[20] https://www.dhs.wisconsin.gov/publications/p01696.pdf; https://www.dhs.wisconsin.gov/publications/p01696.pdf

[21] Barber A, Muscoplat MH, Fedorowicz A. Coverage with Tetanus, Diphtheria, and Acellular Pertussis Vaccine and Influenza Vaccine Among Pregnant Women — Minnesota, March 2013–December 2014. MMWR Morb Mortal Wkly Rep 2017;66: 56–9. https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6602a4.pdf

[22] https://cdn.ymaws.com/www.immunizationmanagers.org/resource/collection/C51290B5-3749-4FC1-8F88-330CF4266E05/SHEN_QPM_Vaccine_Feb2019.pdf. See also https://www.sciencedirect.com/science/article/pii/S0264410X18304754?via%3Dihub

[23] https://www.iha.org/sites/default/files/resources/my_2019_amp_measure_set.pdf

Sincerely,

Organizational signatures
American College of Obstetricians and Gynecologists
American Immunization Registry Association
American Nurses Association
American Pharmacists Association
Asian & Pacific Islander American Health Forum
Association of Immunization Managers
Atlantic Quality Innovation Network
California Immunization Coalition
Central Coast Visiting Nurse Association and Travel Immunization Clinic
Families Fighting Flu
Gerontological Society of America
GlaxoSmithKline
Immunization Action Coalition
Immunize Nevada
Indiana Immunization Coalition
March of Dimes
Maryland Partnership for Prevention, Inc.
Medicago
Merck & Co., Inc.
Minnesota Department of Health, Vaccine Preventable Disease Section
National Alliance of State Pharmacy Associations
National Association of Chain Drug Stores
National Consumers League
National Foundation for Infectious Diseases
Novavax
Sanofi Pasteur
Sioux Falls Area Immunization Coalition
UnitedHealthcare Community and State – Wisconsin
Vaccinate Your Family
Virginia Department of Health Division of Immunization