

April 11, 2011

VAC AIWG Report,
c/o Lauren Wu
National Vaccine Program Office
200 Independence Avenue, Room 715-H
Washington, DC 20201

To Whom It May Concern:

As a nonprofit, nonpartisan public health advocacy organization dedicated to making disease prevention a national priority, Trust for America's Health (TFAH) is pleased to comment on the draft report of the Adult Immunization Working Group, "Adult Immunization: Complex Challenges and Recommendations for Improvement." With adult vaccine rates remaining at unacceptably low levels, the report is a timely call for attention, action, and resources.

Overall, we believe that the report reflects the core set of activities that need to be undertaken, across sectors and at every level of government, to improve immunization rates for adults and reduce the burden of vaccine-preventable disease. It echoes many of the recommendations that the Robert Wood Johnson Foundation, TFAH and the Infectious Disease Society of America made in our 2010 report, "Adult Immunization: Shots to Save Lives," as well as reports from other entities.¹ The inclusion of specific timelines for implementation, as well as the division of tasks based on responsible entities, should provide a useful roadmap that increases the likelihood of change actually occurring.

There are several areas where we believe that the report's recommendations could be further developed.

Improving Healthcare Personnel Immunization Rates

First, we believe it is important to place greater emphasis on improving immunization rates among healthcare personnel. The Centers for Disease Control and Prevention (CDC) has specific recommendations for vaccines for healthcare workers for influenza, hepatitis B, measles/mumps/rubella, tetanus/diphtheria/ pertussis, and varicella.² These immunizations serve key purposes. First, vaccines protect healthcare workers who face higher exposure to infection, in turn reducing sickness and absenteeism to themselves and their family members. In addition, these immunizations reduce the rate at which healthcare workers expose their patients, often ill or immunocompromised, to these infections. Finally, they allow health care providers to serve as models to their patients for trusting and receiving this safe and effective public health tool, making them more effective educators. As the draft notes, provider recommendations are a major factor in whether individual adults get vaccinated. Healthcare workers who understand the importance of adult vaccines for both themselves and their patients will reduce their own risk of

¹ The Robert Wood Johnson Foundation, Trust for America's Health, and the Infectious Disease Society of America, "Adult Immunizations: Shots to Save Lives" (Feb. 2010) (online at <http://healthyamericans.org/report/73/adult-immunization-2010>).

² CDC, "For Specific Groups of People: Healthcare Workers" (last modified Feb. 16, 2011) (online at <http://www.cdc.gov/vaccines/spec-grps/hcw.htm>).

infecting patients and their family members and influence their patients' acceptance of needed vaccines.

Despite the importance of healthcare personnel immunization, rates are very low. CDC reports that the 2009-2010 flu season was the first year since 1989 that seasonal vaccination rates exceeded 49 percent of healthcare personnel.³ However, even in that pandemic year, when education and awareness were at a peak, H1N1 vaccination of HCPs was estimated to be only about 37 percent.⁴ These rates are even lower in non-hospital settings.⁵ Studies have identified a number of reasons for this low rate, including provider perceptions that they "did not need it," concern about vaccine side effects, or the perception of belonging to a low-risk group.⁶

Targeting improvement of these vaccination rates is a crucial component of an overall adult immunization effort. The draft report places appropriately high emphasis on educating providers about immunizations for their patients, but should also address the need for education specifically about healthcare workers themselves.

Because the draft report seeks to improve linkages between various HHS agencies working on vaccine administration, the final strategy serves as a perfect opportunity to call for significant improvement of healthcare personnel vaccination rates. We recommend the final report include the following recommendations:

- The Centers for Medicare and Medicaid Services (CMS) should add healthcare personnel vaccination rates to future iterations of both HAI reporting requirements and quality performance metrics tied to payment updates. Currently, CMS has a "pay for reporting" program, which requires participating acute-care hospitals to report certain HAIs to the CDC's National Healthcare Safety Network (NHSN) as part of quality reporting measures that trigger payment incentives. The Affordable Care Act (ACA) will transition this program to include performance-based metrics, meaning hospital will be required to perform well to receive the full payment update. As CMS and CDC expand data collection on HAIs to more hospitals and on more types of HAIs, healthcare worker vaccination rates should be included as a performance metric and an important measure of healthcare quality and safety. This data should be publicly available on a facility-level, rather than aggregate basis.
- To build a culture of influenza vaccine acceptance in the workplace, year-round, tailored, culturally and linguistically sensitive communication about the importance of receiving the annual flu vaccine ought to be encouraged. The U.S. Department of Health and Human Services (HHS) leadership should, at the very least, send a letter to healthcare personnel at the beginning of each flu season on importance of immunizing against influenza.

Opportunities for Increasing Immunizations Rates Through Health Reform

³ CDC, *MMWR Weekly*, "Interim Results: Influenza A (H1N1) 2009 Monovalent and Seasonal Influenza Vaccination Coverage Among Health-Care Personnel --- United States, August 2009--January 2010." April 2, 2010 / 59(12);357-362. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5912a1.htm>

⁴ Ibid.

⁵ Ibid.

⁶ "Adult Immunizations: Shots to Save Lives," *supra* note 1, p. 10.

The report appropriately notes the changes that the ACA made in the area of vaccine policy. These changes include the requirement that new health plans cover preventive services without cost sharing, including all ACIP- recommended vaccines; a GAO mandate to study whether Medicare should cover all ACIP-recommended vaccines under Part B, rather than Part D, to improve access; a provision permitting states to purchase adult vaccines at the federal contract price; grant funding for demonstration projects to increase immunization levels; and a study of the impact of Medicaid reimbursement levels on adult immunization rates. The draft report also references the new Community Transformation Grants as a potential source of funding for immunization pilot grant projects and demonstration projects assessing vaccine provision at nontraditional sites.

We believe that development of a national adult vaccine program will require drawing broadly and creatively on opportunities created by the Affordable Care Act, including those that are not vaccine-specific. For example:

- States that develop health insurance “exchanges” will be required to maintain toll-free hotlines and websites that allow people to assess their health insurance options, including whether they are eligible for Medicaid or CHIP. The exchanges will be a primary portal into the healthcare system for many people who were previously uninsured, including a high number of adults who are likely to have particularly low immunization rates. The enrollment process could represent an important opportunity to reach adults with information about the vaccinations they should be getting and what their coverage will be upon enrollment.
- Health plans that participate in state exchanges will be required to include in their networks “essential community providers” who serve predominantly low-income and medically underserved people. While the scope of this requirement has yet to be defined, such safety-net providers represent a trusted source of healthcare for many adults. They should be incorporated as much as possible into adult vaccination outreach and education efforts.
- Exchanges will be required to make grants to entities to act as “Navigators” that will provide public education about qualified health plans in the Exchange, distribute information about enrollment and tax credits, facilitate enrollment, and provide culturally and linguistically appropriate information. Entities that are well situated to perform these tasks – particularly the provision of culturally and linguistically appropriate information – may also be well suited to conduct the culturally-appropriate outreach that the draft report identifies as crucial to reducing racial and ethnic disparities in immunization rates. An adult immunization strategy should leverage this network of funded entities to conduct education and outreach.
- We applaud inclusion of the recommendation to expand the adult vaccine provider network, including linkages with public health. One important consideration, as this recommendation is carried out, is reimbursement of public health departments for vaccines provided to newly-insured individuals. With implementation of ACA, more adults will have insurance coverage, and ACIP-recommended vaccines will be a covered

service. Many adults, however, will continue to access vaccines through health department programs. CDC will be piloting health department reimbursement for vaccines provided to insured individuals.⁷ The final Strategy should build off of these findings and include development of procedures for health departments to seek reimbursement from private or public insurers for vaccine purchase and administration costs.

These are only a few examples of the ways in which non-vaccine-specific provisions of the Affordable Care Act might be useful in the development of an adult immunization system. We believe that the final version of this report should specifically urge all relevant agencies to explore all the ways in which health reform can increase rates of adult immunization.

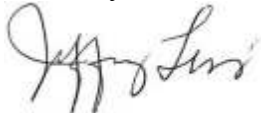
Improve and Expand Immunization Registries for Adult Vaccinations

We are pleased to see an emphasis on leveraging health information technology (HIT) and newly deployed electronic health records (EHRs) as a means to improve vaccine access. We do urge you to include the Office of the National Coordinator (ONC) and CMS in recommendation 3(d), which seeks to expand immunization registries. Linking registries to adults' EHRs would allow for automatic reminders for patients' providers, including updates for seasonal vaccines, newly-recommended vaccines, and vaccines specific to a patient's risk factors. These capabilities should be incorporated into development of EHR technology.

Conclusion

Thank you for the opportunity to comment on this important report. If you have any questions, please feel free to contact Dara Lieberman, Government Relations Manager, at (202) 223-9870 ext. 20 or via email at dlieberman@tfah.org.

Sincerely,



Jeffrey Levi, PhD
Executive Director

⁷ Department of Health and Human Services, Competitive Grant Announcement, "Competitive Program Expansion Supplement for CDC-RFA-HM08-805: Strengthen and Improve the Nation's Capacity through National, Non-profit, Professional Public Health Organizations to Increase Health Protection and Health Equity," March 23, 2011.

Available from:

<http://www.grants.gov/search/synopsis.do;jsessionid=KdNTNjKBFZ1Q3DvbH0BcGyThHTL4cYCLGk2zGw490BxhVyHgTqdp!-145652784>