

Improving Adult Immunization Rates of Today and Preventing the Pandemic of Tomorrow

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Disclosures

- This presenter has no financial relationships with a commercial entity producing vaccine-related products and/or services

AMA Policy

- The American Medical Association supports the development of a strong adult immunization program in the United States
- The AMA will work with its partners in immunization and other appropriate stakeholders...to develop recommendations on the best methods for achieving a strong adult and adolescent immunization program in the United States



Four Fundamental Problems With Adult Immunization

- Adult immunization is severely undervalued by public, insurers, and providers
- The infrastructure to ensure the adult vaccine pipeline is woefully inadequate
- There is very limited public-private collaboration to support adults receiving vaccines and providers immunizing
- **Payment for procuring and administering adult vaccines is unsatisfactory**

From the front lines...2008

“I have noticed that in administering vaccines, I am carrying a financial loss. ...

Because of this I am seriously considering not updating my patients' vaccine after I am done with my current supply. I will just send my patients to the County Health Department to get their vaccines...

in reality how many of these patients even have time to call the health department and fall in line to get their vaccine?”

Unsatisfactory Reimbursement For Adult Vaccination

- Providers often lose money administering adult vaccines
 - Payment for administering vaccines often inadequate
- No clear methodology by which CMS decides which vaccines to reimburse
 - Pediatrics: ACIP → VFC → reimbursed
- No federal financing mechanism for procuring vaccines for uninsured-underinsured adults
- Third party coverage shaky



Unsatisfactory Reimbursement For Adult Vaccination

- RESULT?
 - Providers want to immunize but fear losing money by doing so
 - Success addressing the first three issues will be meaningless if providers choose not to vaccinate
 - Public often confused about whether a vaccine will be paid for by insurance
 - May be deciding factor as to whether vaccine is sought
- Payment for adult vaccination must be adequate and fair to all stakeholders

Recommendations – Provider Related

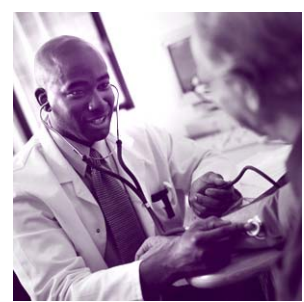
- Develop rationale for increased fees
 - Gather data on actual cost of providing adult immunizations
- Financial Relief
 - Vaccine company replacement systems/deferred payment/funding for physician inventories
 - Buyback for unused inventory – influenza?
 - Patient assistance programs plus admin fee

Recommendations – Provider Related

- Encourage adult immunization at all appropriate points of patient contact, eg, hospitals, visitors to LTC facilities, etc
- Encourage immunization counseling of adults
 - Facilitate vaccine counseling even by physicians/healthcare professionals who do not vaccinate but can refer.

Recommendations - Federal

- Increase federal resources for adult IZ
 - Fully Fund and Use Section 317 to improve adult vaccines
 - Is an earmark necessary? What about sustainability?
 - Section 317 funding should increase proportionate to each new adult vaccine
 - Provide universal coverage for adult vaccines, minimally for uninsured
 - Fund an adequate universal reimbursement rate for all federal and state immunization programs



Recommendations - Federal

- Federally Related
 - Optimize existing resources
 - Vaccinate eligible adolescents before 19 – VFC
 - Capitalize on existing bioterrorism funding
 - States need to strengthen support for adult vaccination and appropriate budgets accordingly

Recommendations - Federal

- Ease federally-imposed immunization burdens
 - Providing coverage for Medicare-eligible individuals for all vaccines, including new vaccines, under Medicare Part B
 - MIPPA 101 provides opportunity for CMS to cover adult vaccines as preventive services in Part B?
 - Expanding web-based billing mechanisms for physicians to assess coverage of the patient in real time, handle the claim
 - Simplify the reimbursement process to eliminate payment related barriers to immunization



Recommendations - Federal

- Medicaid should raise and fund the maximum reimbursement rate for vaccine administration fees
 - All Medicaid patients should be fully covered for all ACIP-recommended vaccines
 - Admin fees should be increased consistent with increasing cost of providing vaccines
 - Provide first dollar coverage for all ACIP-recommended vaccines

Recommendations - Insurers

- Create efficiencies in vaccine management
 - Provide model vaccine coverage contracts for purchasers of health insurance
 - Simplified rules for eligibility verification, billing, and reimbursement
 - Provide vouchers to patients to clarify eligibility and coverage for patients and providers
 - Cover all ACIP-recommended vaccines

Recommendations - Insurers

- Increase resources for funding vaccines
 - Provide first-dollar coverage – private sector and public
- Improve accountability
 - Performance measurements
- Work with businesses who purchase private insurance to include all ACIP-recommended immunizations as part of the health plan
 - Federal Employees Health Benefits Program should lead the way!



Recommendations - Insurers

- Provide incentives to encourage providers to begin immunizing
 - Start up costs – freezer, back up alarms/power supply, reminder-recall systems, etc.
 - Simplify payment to, and incentivize immunization by, non-traditional providers
 - Facilitate coverage of vaccines administered in complementary locations, eg, relatives visiting a LTC resident.

Electronic Health Records

- Any standard for electronic health records must include plans to integrate Immunization Information Systems (registries).



Prevention is Critical Component of Healthcare Reform

- Prevent chronic illness reduces medical costs
- Preventing disease improves the Nation's health
- Under use of effective preventive care results in:
 - Lost lives
 - Poor health and lower quality of life
 - Inefficient use of health-care dollars
 - Exacerbated chronic and acute health-care problems
- Prevention efforts should focus on the leading interventions that reduce disease and mortality:
 - **Immunizations**
 - Preventive screenings - Hypertension, colorectal, cholesterol, cervical, etc.
 - Aspirin chemoprophylaxis (daily use)
 - Tobacco-use screening and intervention



Prevention is Critical Component of Healthcare Reform

- Adult immunization is one high value preventive intervention
- Full coverage for a core set of age- and risk-appropriate, evidence-based clinical preventive services should include all ACIP-recommended vaccines.



- Thank you!
- Questions?
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