



January 26, 2016

The Honorable Orrin Hatch
Chairman
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Johnny Isakson
Co-Chair Finance Committee
Chronic Care Working Group
131 Russell Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mark Warner
Co-Chair Finance Committee
Chronic Care Working Group
475 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Hatch, Ranking Member Wyden and Senators Isakson and Warner:

As participants in the Adult Vaccine Access Coalition (AVAC), we appreciate the opportunity to comment on the Bipartisan Chronic Care Working Group Policy Options Document.

The Adult Vaccine Access Coalition (AVAC) works to raise awareness, improve access, and increase utilization of vaccines among adults. Near universal access to immunizations for children has been one of the greatest public health accomplishments of the 20th century. AVAC consists of 45 organizational leaders that includes a diverse group of health care providers, vaccine makers, pharmacies, public health organizations, patient and consumer groups. Together, we will strengthen and enhance access to and utilization of adult immunizations. AVAC seeks to achieve the same level of success when it comes to immunizations among adults, including patients with chronic illnesses.

Vaccines protect us from a variety of common diseases that can be serious and even deadly. Vaccines are especially important for those with chronic conditions, who are more likely to develop complications from certain vaccine-preventable diseases. Every year, more than 50,000 adults die from vaccine preventable diseases and thousands more suffer serious health problems that cause them to miss work and leave them unable to care for those who depend on them. Despite Advisory Committee for Immunization Practices (ACIP) recommendations, vaccines have been consistently underutilized in the adult population and lag far behind the Healthy People 2020 goals for the most commonly recommended vaccines (influenza, pneumococcal, Tdap, hepatitis B, herpes zoster, HPV). These disparities are even greater when looking at-risk populations – including seniors, communities of color, limited English proficient persons, and people with chronic illness. Adults seeking access to and coverage for vaccines encounter a confusing health care system that presents multiple barriers, including lack of information about recommended vaccines, financial hurdles, as well as technological and logistical obstacles.

As the Senate Finance Committee working group works to find solutions to improve health outcomes for Medicare beneficiaries, we ask that you consider a focused, concerted approach to adult immunizations as a means of improving the health of patients with chronic conditions. This includes: the establishment and strengthening of additional federal benchmarks and measures to encourage tracking and reporting to achieve increased adult immunization rates; enhancing opportunities for provider assessment and patient and caregiver education and counseling on recommended immunization services; removing provider disincentives to assess, educate and administer recommended vaccines under capitated payment models; and improving adult immunization rates among at-risk populations.

Expanding the Independence at Home Model of Care

The Independence at Home Demonstration under the Center for Medicare and Medicaid Innovation, is conducting important research on the viability of an incentive based service delivery and payment model utilizing home-based primary care teams. The model is designed with the goal of improving health outcomes and reducing expenditures for Medicare beneficiaries with multiple chronic conditions. The home-based primary care teams, directed by physicians and nurse practitioners must demonstrate a reduction in Medicare expenditures

and meet designated quality measures in order to qualify for incentive payment rewards.

First year data for the demonstration has showed promising results in terms of the value and effectiveness of the team-based, coordinated approach to care for Medicare beneficiaries with complex chronic conditions. The IAH demonstration utilizes the hierarchical condition categories (HCC) risk scores to identify beneficiaries for inclusion in the demonstration and tracks the beneficiary's care experience through quality measures. A major focus of the current IAH demonstration incentive payment quality measures is monitoring participating beneficiaries ambulatory care and hospital admissions. Adults with chronic conditions are more likely to develop complications from certain vaccine-preventable diseases, including long-term illness, hospitalization, and even death.

Recommendation

AVAC urges the Finance Committee working group to consider expanding the data collection and quality measure benchmarks to include provider assessment of a beneficiary's immunization health status and determine any appropriate vaccinations based on ACIP recommendations. Ensuring that patients with complex chronic conditions are up-to-date on recommended vaccines is essential to ensuring their overall health and wellbeing. Presently, participating provider teams in the IAH demonstration are only required to provide data on a limited number of screenings and do not include a beneficiary's immunization status. We would also encourage the Finance Committee to explore including the screenings/assessment quality measure among those tied to incentive payments for demonstration participants.

Adapting Benefits to Meet the Needs of Chronically Ill Medicare Advantage Enrollees

AVAC commends the Finance Committee working group for considering policies that would provide MA plans additional flexibility in their benefit structure to better accommodate the needs of individual enrollees with chronic conditions. While the capitated payment structure offers many benefits, for patients with multiple chronic conditions, this payment model can potentially discourage providers from providing preventive services. Specifically, our

coalition was pleased to see that care improvement and/or wellness programs were listed among the services the working group is considering allowing MA plans to offer.

Many chronically ill and immunocompromised individuals see physicians on a regular basis, but immunization education and counseling is often overlooked as more acute problems are addressed and chronic disease management takes priority. ACIP recommendations for adults are based on a variety of factors, including age, overall health status and medical history. Education about immunization should be incorporated into patient care services for those with diabetes, asthma, and other chronic conditions. All efforts to improve adult immunizations among chronically ill patients should place strong emphasis on communication activities that are strategic, evidence-based, culturally-appropriate and reflect the health literacy, language proficiency and functional and access needs of specific target populations.

It is also worthwhile to note that another common barrier to immunization access for chronically ill beneficiaries can be variable cost sharing for vaccines covered under Medicare Part D. Medicare coverage for immunizations is divided between Medicare Part B and Medicare Part D, which enables beneficiaries to access influenza, pneumonia, Hepatitis B vaccinations with no cost-sharing under Part B but may experience varying out-of-pocket costs for vaccines covered under Medicare Part D. Removing financial barriers from Medicare Part D will go a long way toward improving levels of care for beneficiaries living with chronic diseases while also contributing toward reducing growth in Medicare spending by avoiding serious health problems, missed work, and expensive medical bills.

Recommendation

AVAC urges the Finance Committee working group to ensure that any efforts to expand care improvement and/or wellness programs include beneficiary education on recommended immunizations. We would also encourage the working group to ensure MA plans benefits and provider incentives are properly aligned to enable them to properly assess a patient's immunization status, provide immunization education and counseling and enable providers to administer the full complement of recommended vaccines or ensure that beneficiaries are able to access recommended vaccines from other community

immunizers (eg. pharmacies). Removing unintended disincentives that discourage education and access to essential preventive services such as immunizations will have a positive impact on beneficiaries' health.

Developing Quality Measures for Chronic Conditions

Quality measures are an increasingly important tool to track progress and desired outcomes. In terms of preventive services benchmarks, especially with regard to adult vaccines, immunization has demonstrated “effective prevention” in reducing rates of morbidity and mortality from a growing number of preventable conditions and has been proven to improve overall health in a cost efficient manner. Developing, testing, and integrating additional ACIP-recommended adult immunizations as quality measures and incentive benchmarks under Medicare would help drive utilization and improve patient access to these low-cost preventive services.

Recommendation

AVAC fully supports the alignment of reporting mechanisms and believes doing so will strengthen and enhance the development and implementation of adult immunization quality measures. Specifically, we encourage the Finance Committee working group to direct CMS to include in its quality measures plan work with relevant stakeholders and quality measure organizations to develop, evaluate and disseminate measures and metrics targeting ACIP-recommend vaccines for chronically ill patients.

Immunization quality measures reflecting the health status of chronically ill patients will ensure more consistent integration and coordination of immunization services as a part of a patient's overall care. Individuals with diabetes, heart disease, chronic respiratory conditions such as COPD, and other chronic conditions are at significantly higher risk of complications and death from vaccine preventable conditions, such as influenza and pneumonia. According to the American Diabetes Association, people with diabetes are three times more likely to die with flu and pneumonia, yet only a third of people with diabetes receive a pneumococcal vaccination.

Prioritizing immunization related quality measures would help identify coverage gaps, improve immunization rates and create greater health outcomes across adult populations and would provide tremendous benefit to chronically ill

populations. At the same time, monitoring and reporting of offered and administered immunizations helps to ensure that the range of available immunizations remain a priority and in the forefront of clinical care standards.

Reducing the number of missed immunization opportunities is imperative to improving health and reducing the burden of vaccine preventable disease among the chronic care populations. Thank you for the opportunity to offer our perspective on the Bipartisan Chronic Care Working Group Policy Options Document. Please contact the AVAC Coalition Manager at (202) 540-1070 or info@adultvaccinesnow.org if you wish to discuss our comments or adult immunization issues.

Sincerely,

American Association of Occupational Health Nurses (AAOHN)
American College of Preventive Medicine (ACPM)
Asian and Pacific Islander American Health Forum (APIAHF)
Biotechnology Industry Organization (BIO)
GSK
Hepatitis B Foundation
Immunization Action Coalition (IAC)
MedImmune
National Association of Chain Drug Stores (NACDS)
National Association of County and City Health Officials (NACCHO)
National Black Nurses Association (NBNA)
National Foundation for Infectious Diseases (NFID)
National Viral Hepatitis Roundtable (NVHR)
Novavax
Pfizer
Sanofi
Scientific Technologies Corporation (STC)
Takeda Vaccines
The Gerontological Society of America (GSA)
Trust for America's Health (TFAH)