Policy Opportunities for Adult Vaccines: Increasing Access and Decreasing Disparities

NMQF Leadership Summit: Adult Vaccine Disparities Meeting

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Introduction

- Vaccines have had a dramatic impact on the health of all Americans.
  - One of the few forms of clinical primary prevention.
  - Considered one of the best public health interventions of the 20\textsuperscript{th} century

- Collaboration between government, public and private healthcare providers, and vaccine companies has made this success possible.

- Pediatric vaccination has seen the most success.
  - Generally accepted as a normal part of healthcare.
  - Results in high immunization rates (90\% by age 5) for children and adolescents
The Vaccines for Children program was established in 1994 to make vaccines available to uninsured children. VFC has helped prevent disease and save lives...big time!

CDC estimates that vaccination of children born between 1994 and 2013 will:

- prevent **322 million** illnesses
- help avoid **732,000** deaths
- save nearly **$1.4 trillion** in total societal costs (that includes $2.95 trillion in direct costs)

> more than the current population of the entire U.S.A.
> greater than the population of Boston, MA.
> or $4,473 for each American

www.cdc.gov/features/vfcprogram
But adult immunization rates are dramatically lower

Adult vaccination rates remain low in the US and far below Healthy People 2020 targets

- **HEP B** (Health care personnel age ≥ 19): 64%
- **HPV** (Women 19–26): 34.5%
- **FLU** (Adults ≥ 18): 39%
- **PNEUMOCOCCAL** (19–64 High Risk): 60%
- **SHINGLES** (≥ 60): 30%

Source: CDC published data
And these rates are worse when we look at disparities by racial and ethnic grouping.
There are numerous policy issues that present an opportunity for all stakeholders to work together to improve immunizations rates in diverse populations of adults.
What we will discuss today...

Current Healthcare Policy Issues for Adult Vaccines
- Private insurance market
  - In-network providers
  - Use of IIS
  - Federal funding
- Medicaid
- Medicare
- Quality measures

Healthcare Reform Proposals and Vaccines
The Affordable Care Act had specific provisions that were helpful for increasing vaccine access for those with private insurance.

- The first provision (Section 2713) required first dollar coverage for a specific basket of preventive services, including the CDC’s ACIP-recommended vaccines for all ages.

- Other provisions created the Exchange markets and the Essential Health Benefits (EHB) that form the requirements of a Qualified Health Plan.

- Lastly, the ACA required that all persons have health insurance or pay a fine (Individual Mandate).
Policy Opportunities in Private Insurance: Adequacy and Breadth of In-Network Providers

Policy issue:
- Insured persons, especially adults, need to be able to access their vaccines through a variety of healthcare professionals, including pharmacists and public health clinics.
- Many of these alternate HCPs are not automatically included as “in-network” providers thus causing a financial problem for beneficiaries who may face a co-pay.
- This may be especially important for certain urban and rural communities.

Possible solutions:
- Evaluation of healthcare access by geography and demographics to better ascertain actual access to various types of HCPs by age and other criteria
- Evaluation of Medicaid and Exchange health plans based on the breadth of their network for immunization services
Policy Opportunities in Private Insurance: Use and interoperability of Immunization Information Systems (IIS)

_policy issue:_
- IIS systems represent a unique opportunity to better track immunization status, link to EHR systems that identify those with chronic conditions, prompt busy providers, implement standing orders and reminders, implement quality measures, and link community immunizers to Medical Homes.

_possible solutions:_
- Creation of better EHR standards that better connect IIS and leverage Meaningful Use projects.
- Include more states in federal IIS projects.
- Sufficient funding of Section 317 funds to support state investments in IIS.
Policy Opportunities in Private Insurance: Funding of state programs focused on uninsured adults

Policy issue:
- Many states use their federal Section 317 funds to:
  - Maintain their immunization infrastructure;
  - Support and improve their state IIS system;
  - Conduct outbreak, preparedness and response activities; and
  - Purchase limited amounts of vaccines for adults.

Possible solutions:
- Stakeholders should strongly support sufficient funding of Federal Section 317 funds, especially where those funds are allocated to assist states in their adult immunization programs.
The Affordable Care Act had specific provisions that were helpful for increasing vaccine access for adults within and outside state’s existing Medicaid program.

Medicaid expansion was a large part of the ACA.

32 states and D.C. have expanded Medicaid to those at or below 133% of the federal poverty level including childless adults.

The key provision related to vaccines requires first dollar coverage for the expansion population but did not offer the same coverage for the traditional Medicaid populations.
Medicaid policy opportunities: Medicaid expansion was not national and may be two-tiered

Policy issues:
- Adoption of the Medicaid expansion by the states was not uniform thus there are states where many at-risk adults are still without insurance coverage.
- In addition, ACA mandated no cost-sharing for preventive services for the Expansion population but not the Traditional Medicaid populations. Therefore some states may have a two-tiered coverage system.

Possible solution:
- State leaders should be encouraged to leverage the 1% FMAP that is included in ACA if they offer the preventive service basket to the Traditional populations at no cost-sharing.
The Affordable Care Act had specific provisions that were helpful for increasing vaccine access for senior adults.

Vaccines covered under Part B (influenza, pneumococcal, hepatitis B) all must be offered with first dollar coverage.

Vaccines covered under Part D (pharmacy benefit), including shingles, pertussis and any newly approved vaccines, are still offered by the Part D health plans with cost-sharing. This amount varies a great deal.
The impact of cost-sharing for vaccines in Medicare Part D has affected immunization rates.

Immunization rates for vaccines covered under Medicare Part B are often much higher than vaccines covered under Medicare Part D.

- **Flu (≥ 65 years)**: 71.5%
- **Pneumococcal (≥ 65 years)**: 61.3%
- **Shingles (≥ 60 years)**: 27.9%
- **Tetanus** (≥ 65 years): 14%

**Sources:**
- [CDC Vaccine Coverage](http://www.cdc.gov/mmwr/volumes/65/suppl/s6501s1.htm)
- [AVAC Adult Vaccine Access Coalition](http://go avalere.com/action/attachment/12909/11-0297/1/1/-/-/-/20160217_Medicare%20Vaccines%20Coverage%20Paper.pdf)

*Including Pertussis*
Medicare policy opportunities: Disparity of coverage between Medicare Part B and Part D

Policy issue:
- The cost-sharing disparity between Medicare Part B and Part D coverage has led to financial challenges for beneficiaries and reimbursement challenges for physician offices.
- One study showed that, compared to those with no co-pay, beneficiaries with co-pays between $26-50, $51-75 or $76-100 were respectively 1.39, 1.66 and 2.07 times more likely to cancel their shingles vaccination.

Possible solutions: identify ways to improve access to Part D vaccines
- Encourage all Medicare Part D plans to put ACIP-recommended vaccines in the lowest co-pay tier
- Improve and simplify the physician portal and allows provider offices to be recognized as in-network Part D providers
- Incorporate adult immunization measures into Star Ratings for Medicare Advantage-PD and PDP
- Work towards inclusion of all recommended vaccines in Medicare Part B
Overarching policy opportunities: Support development of adult immunization quality measures

Policy issue:
- There is clear evidence of the impact of quality measures on vaccination rates, but many adult ACIP-recommended vaccines may not appear in quality metrics.
- This may lead to missed opportunities for vaccination, especially for those with chronic diseases, since the HCP is not incentivized or prompted to discuss a specific vaccination with his or her patient.

Possible solutions:
- Support development of adult immunization measures for the private sector through NQF and other organizations, including adding them to specific chronic disease measures.
- Incorporate adult immunization measures into Star Ratings for Medicare Advantage-PD and PDP
- Encourage state Medicaid programs to select immunization measures as part of their reporting for the Adult Health Care Quality Measures program.
Potential implications for vaccines:
- Thus far, Section 2713, the provision for first dollar coverage for preventive services has not been implicated.
- The Essential Health Benefits (EHBs) provision has, however, been implicated with some proposed language that could remove the EHB.
- There is a great deal of discussion about changes to Medicaid which would come into effect over a multi-year period, specifically block grants or per capita caps.
- Some proposals may impact the Medicaid eligibility for childless adults (expansion populations) and perhaps some children.
- Some proposals would reduce eligibility for Medicaid children ages 6-19 from 133% of Federal Poverty Level (FPL) to 100% which could reduce the number of children eligible for the Vaccines for Children (VFC) program.

After this reconciliation process, we anticipate a set of activities to continue to stabilize, reform, and replace the healthcare system.
Vaccine Stakeholders Have 3 Policy Areas of Focus within Healthcare Reform

- Defend Section 2713 Preventative Services First Dollar Coverage
- Protect vaccines within state Medicaid programs
- Advocate for improved vaccine coverage under Medicare
Defend 2713 Coverage of Preventative Health Services

- The next versions of ACA repeal and replace legislation must protect the current status of vaccines within Section 2713.

- Stakeholders are working to:
  - Leverage recent published data on health economics to illustrate the societal value of vaccines.
  - Identify data that demonstrate the importance of vaccines for individuals, insurers and general public health while demonstrating their low impact on insurance premiums and.
Medicaid expansion may be rolled back or changed, with some level of federal support or replaced by block grants or per capita caps.
- Reforms may lower or remove financial support for state Medicaid coverage of childless adults.
- Block grants or per capita caps could affect state’s willingness to continue to cover adult vaccines, especially without no co-pays.

Stakeholders are working to:
- Given the uncertainty for Medicaid, stakeholders are preparing for state by state advocacy that best supports full coverage and minimizes vaccine coverage and reimbursement challenges
- Share data on the importance of immunizations in persons with chronic diseases and the importance of offering broad access to vaccines for adults in the Medicaid program.
- Protect the VFC program within Medicaid
**Improve Vaccine Coverage in Medicare**

- Differences in vaccine coverage between Medicare Part B and Part D create vaccine access disparities for beneficiaries.
  - With Medicare reform a future priority by the administration and Congress, there may be an opportunity to address this.

- Stakeholders are working to:
  - Educate policy makers and share data supporting the idea that shifting to no cost sharing for vaccines in Part D could result in important savings in Part A (e.g. hospitalization costs) via better immunization rates.
  - Encourage Medicare Part D plans to put vaccines in their lowest cost-sharing tiers to facilitate access.
Questions?