

IOM Committee on Review of Priorities in the National Vaccine Plan

Challenges to Access: The Medical Home

- The medical home: Assumptions
 - Access to a medical home = access to primary care = access to immunization services
 - Desire for immunizations drives access to medical home
 - AAP's adolescent platform
 - Works best for infant and child immunizations
 - Not so well for adults and adolescents

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Challenges to Access: The Medical Home

- Many lack a medical home (primary care provider)
- Few young adults see a need to have a primary care provider
- Increasingly difficult for practices to provide immunizations
 - Supply issues, complexity of schedule, storage, wastage; parental concerns
 - Reimbursement for immunization services for VFC eligible children is dismal in most states: The Centers for Medicare and Medicaid Services (CMS) has inadequate administration rates and the vast majority of states reimburse at an even lower level (31 States reimburse \$10.00 or less, including 7 states at \$5 or less)
 - Stress on health care providers may lead them to stop providing immunizations and refer to public health clinics

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Challenges to Access: Financing and Administrative

- The immunization delivery system is fragmented and confusing to both health care providers and the public
 - “The current vaccine financing system has resulted in gaps for underinsured children...many of whom are now unable to receive publicly purchased vaccines in either the private or public sectors.” (Lee. JAMA 2007)
 - The VFC program requires that under-insured must receive VFC vaccine at a FQHC or Rural Health Center: Other than a small number of universal access states, underinsured children cannot reliably receive immunizations in their medical home.

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Challenges to Access: Financing and Administrative

- The immunization delivery system is fragmented and confusing to both health care providers and the public.
 - The current system makes it difficult to provide vaccine in locations where access to children is high (schools, day care centers, community fairs, etc).
 - General lack of public health infrastructure including immunization nurses to do off-site clinics
 - Public health can provide vaccine for uninsured and VFC eligible, but not for those with insurance (public health typically not able to manage billing for a host of insurance plans) or who are underinsured (must be FQHC).

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Challenges to Access: Financing and Administrative

- Access to immunizations limited by lack of, or of adequate, health insurance
 - Co-pays, loss of insurance, limits on which vaccines are covered
 - Example of the tortuous process for Medicare patients to get shingles vaccine covered
- Some insurers do not cover immunizations provided outside the medical home
- Many parents don't know whether they have coverage for immunizations or not, leaving the health care provider in a difficult situation

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Challenges to Access: Financing and Administrative

- *Local Health Officer: “I contacted the administrator of a health plan where a primary care doc did not stock flu vaccine and requested to know if there was another doc participating in the health plan where the patient could receive the immunization. I was told that the patient would have to be under the primary care of another doc who had flu vaccine available in order to receive it, and that the best thing I could do was to advise the patient (who did not want to change doctors) to go to a vaccinating pharmacy, pay for the vaccination, then submit the bill to the health plan for reimbursement.”*

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Challenges to Access: Infrastructure and 317 Funding

- “Increases in 317 funding [between 1997-2003] were significantly and meaningfully associated with higher rates of vaccination coverage” (Rein, AJP 2006)
- 317 Immunization Grant Program funding is intended to support public health programs (infrastructure and vaccine purchase) for:
 - Child, adolescent and adult immunization
 - Immunization infrastructure
 - Provider quality assessment and assurance, training, compliance
 - Immunization registries
 - School-and community-based immunization services
 - Information for the public
 - Perinatal hepatitis B prevention program
 - Vaccine preventable disease surveillance
 - Population needs assessments

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Challenges to Access: Infrastructure and 317 Funding

- 317 Program funding not adequate to provide necessary resources to support child, adolescent and adult immunization programs
 - Increasing vaccine costs threaten sustainability of universal programs and programs providing vaccine to underinsured at public health clinics with 317 funds
 - Increasing numbers of un- and underinsured adults, underinsured children
 - Adolescent and adult immunization programs do not exist
 - Limited resources for school-based health centers

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Challenges to Access: Other

- School-based health centers: “Medical home away from home”
 - SBHCs increase access to immunizations: Adolescents are more likely to receive recommended health maintenance care, including immunizations, in an SBHC setting
 - Challenge” HIPAA-FERPA (Family Educational Rights and Privacy Act) conflict: School district will not share immunization records freely with SBHC staff
- Risk-based recommendations are difficult to implement
 - Influenza
 - Pneumococcal
 - Hepatitis A and B

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Suggestions to Increase Access to Immunizations

- Increase 317 funding to adequately fund child, adolescent and adult programs
 - Purchase vaccines, build infrastructure
 - Recruit immunization providers serving adults and adolescents
- Establish a national adult immunization program
- Assure and standardize insurance coverage for immunizations
 - Public and private payers should cover all ACIP-recommended vaccines for all persons and provide adequate payment for administrative costs
 - Assure ACIP-recommended vaccines are covered under Medicare Part B

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Suggestions to Increase Access to Immunizations

- Provide a core set of national health care benefits including immunizations for all people
- Allow public health clinics to administer VFC vaccine comparable to, or as designated, FQHCs

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Suggestions to Increase Access to Immunizations

- Expand community-based immunization venues
 - Enhanced public health immunization infrastructure would increase immunization service delivery
 - Immunization days, school-, workplace-, and other community-based venues; provide immunization services through family-planning clinics and other categorical services
- Identify best strategies for providing vaccines in community venues
 - Pharmacies, shopping malls, stores, athletic events, airports (?)
- Provide financial incentive for 3rd party vaccinators to provide community-based immunizations

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Suggestions to Increase Access to Immunizations

- Expand immunization services at School Based Health Centers (SBHCs)
- Identify and address legal and administrative barriers to delivery of immunization services outside of the traditional medical home

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Suggestions to Increase Access to Immunizations

- Improve immunization (and health) information systems (registries)
 - Critical, especially if vaccine delivery will be “decentralized”
 - Expand use of registries in non-clinical public health services (WIC, Maternity Support Services/Infant Case Management) to prompt clients to seek needed immunizations and add missed immunizations to registry
 - Categorical funding in non-immunization programs makes it difficult to address immunization issues

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Suggestions to Increase Access to Immunizations

- Promote widespread adoption of standardized immunization performance measures: “*May be the single most important health policy tool for improving health care*” (Haywood, NEJM 2007)
- 2006 IOM report, *Performance Measurement: Accelerating Improvement*
 - The nation lacks a coherent, goal-oriented, consistent, and efficient system for assessing and reporting on the performance of the health care system.
 - Influenza and pneumonia proposed among the starter set of performance measures.
- The [VA] performance measurement program was associated with increases in [influenza and pneumococcal] vaccination rates, reduced variation, and reduced pneumonia admissions. (*Jha, et al 2007 American Journal of Public Health*)

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Suggestions to Increase Access to Immunizations

- Increase support for local immunization coalitions
- Minimize risk-based recommendations