



TO: Office of Management and Budget, Office of Information and Regulatory Affairs (OIRA)
FROM: The Adult Vaccine Access Coalition (AVAC)
DATE: October 15, 2018
RE: CMS-1695-P and other CMS prospective payment rules treatment of adult immunization quality measures

The Adult Vaccine Access Coalition (AVAC) greatly appreciates the opportunity to meet with you to discuss our concerns relative to the treatment of adult immunization quality measures in *CMS-1695-P Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs*. **We are deeply concerned by recent efforts through the CMS Hospital Outpatient Prospective Payment proposed rule (CMS-1695-P) and other recent prospective payment rules to completely eliminate important adult immunization measures, specifically measures for influenza and pneumococcal.**

Below please find background on the value of immunization quality measures and information regarding several other recent prospective payment proposed rules from the Centers for Medicare and Medicaid Services.

Adult Vaccine Access Coalition

AVAC consists of over 50 organizational leaders in health and public health that are committed to addressing the range of barriers to adult immunization and to raising awareness of the importance of adult immunization. AVAC strongly supports a focused, concerted effort to improve access and utilization of adult immunizations as a means of improving the overall health of Medicare beneficiaries. The AVAC white paper "*The Value and Imperative of Quality Measures for Adult Vaccines*,"¹ highlights the role of vaccine quality measures in preventing illness and death, reducing caregiving demands, avoiding unnecessary healthcare spending, and setting the foundation for healthy aging. Quality measurement through Medicare payment programs play a critical role in promoting improved quality and encouraging adherence to and consistent utilization of recommended adult vaccines.

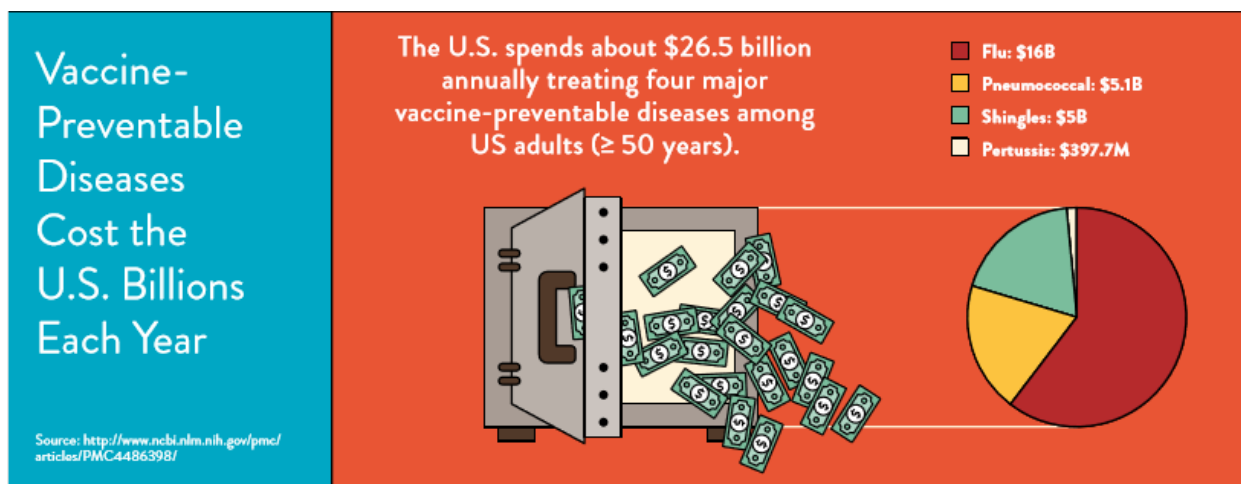
Quality measures ensure that inpatient and outpatient facilities serving frail, vulnerable and chronically ill patients are providing timely and clinically appropriate care. Patients being served in nursing homes, skilled nursing and rehabilitation facilities and patients in mental health settings are particularly susceptible to infectious diseases, yet are the least able to advocate for important prevention interventions such as immunization. At the same time, measures aimed at ensuring health care professional compliance with immunization protocols are designed to protect not only the health care worker from vaccine preventable illnesses but and also the vulnerable patients around them.

¹ <http://www.adultvaccinesnow.org/wp-content/uploads/2016/07/AVN-White-Paper-FINAL.pdf>

Immunizations keep people healthy and reduce avoidable health care costs.

In its Strategic Plan FY 2018 –2022, the Department of Health and Human Services (HHS) acknowledges that “infectious diseases are a major health and economic burden for the United States.”² Additionally, strategic objective 2.1 makes a commitment to “support access to preventive services including immunizations and screenings, especially for high-risk, high-need populations.”² Unfortunately, access to vaccines is not equal across a person’s lifespan. Despite the well-known benefits of immunizations, more than 50,000 adults die from vaccine preventable diseases while adult coverage lag behind Healthy People 2020 targets for most commonly recommended vaccines: influenza, pneumococcal, tetanus, hepatitis B, herpes zoster, and HPV.^{5,6}

A study analyzing the economic burden attributable to vaccine-preventable diseases among US adults examined ten vaccines recommended for adults 19 and older. The study estimated the total economic burden at approximately \$9 billion (2015) across all ages with nearly 80 percent (\$7.1 billion) of those costs attributable to treating unvaccinated persons.³ Another study found the estimated annual cost of four major vaccine-preventable disease among US adults 65 years and older to be more than \$15 billion annually (2013) with pneumococcal disease, herpes zoster and pertussis costing \$3.8 billion (25%), \$3 billion (20%) and \$200 million (1%), respectively.⁴



Strengthening and Enhancing Immunization Quality Measures

NQF-endorsed measures provide the foundation for Medicare quality reporting programs and reflect the National Quality Strategy (NQS) "triple aim" of better care, affordable care, and healthy people/communities and serves as an overarching framework for guiding and aligning public and private efforts to improve quality healthcare while the National Prevention Strategy (NPS) serves as the overarching framework for improving quality of life by shifting the focus from sickness and disease to prevention and wellness. **AVAC fully supports the goals and mission of the NQS and NPS and believes doing so will strengthen and enhance the development and implementation of adult immunization quality measures.**

² <https://www.hhs.gov/about/strategic-plan/index.html>

³ Ozawa, Sachiko, Portnoy, Allison, et. al., "Modeling the Economic Burden of Adult Vaccine-Preventable Diseases in the United States." *Health Affairs*, 35, No. 11 (2016): p. 2124-2132. <http://content.healthaffairs.org/content/early/2016/10/07/hlthaff.2016.0462>

⁴ McLaughlin, John M., Tan, Litjen, et. al., "Estimated Human and Economic Burden of Four Major Adult Vaccine-Preventable Diseases in the United States." *J. Primary Prevent* (2015) 36: 259-273, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4486398/pdf/10935_2015_Article_394.pdf

CMS Hospital Outpatient Prospective Payment proposed rule

We share the view of CMS, providers and other immunization stakeholders that there should be greater measure harmonization whenever possible. In this vein, AVAC strongly supports efforts to develop and test reliable measurement tools that will streamline the patchwork of existing adult immunization measures, reduce the reporting burden on providers, and provide meaningful data to the Medicare program on access to this important preventive service. **We are deeply concerned, however, by recent efforts through the CMS Hospital Outpatient Prospective Payment proposed rule (CMS-1695-P) and other recent prospective payment rules to completely eliminate important adult immunization measures, specifically measures for influenza and pneumococcal.**

Eliminating these measures entirely is not the solution to concerns about cost or reporting burden.

Composite Measure

The HHS National Vaccine Program Office (NVPO) and the Centers for Disease Control and Prevention (CDC) in collaboration with the National Adult Immunization and Influenza Summit Quality Working group have been spearheading the development and testing of a new generation of measures for adult immunization, including a composite (Tdap, pneumococcal, influenza and zoster), along with measures for maternal immunization (Tdap and influenza) and end stage renal disease (Influenza, pneumococcal and hepatitis B) patients. These measures will provide a more sound, reliable and comprehensive means to assess the receipt of routine adult vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP). **AVAC strongly supports an adult immunization composite measure that incorporates multiple ACIP-recommended vaccines and we look forward to working with CMS to support their widespread adoption.**

Conclusion

The recent proposed elimination of immunization quality measures in CMS-1695-P and other CMS prospective payment rules treatment of adult immunization quality measures are of great concern. They are contrary to HHS Strategic Plan and the triple aim" of better care, affordable care, and healthy people/communities. Attached we have provided an addendum, including a summary of commonly used adult immunization measures and changes to those metrics in several recent CMS proposed rules. **We encourage OIRA, CMS, NQF and others to work together to lead efforts necessary to close gaps and to drive toward improved age and composite measures for the range of vaccine preventable conditions affecting adults.**

Better measures, along with greater utilization of available databases (e.g., CROWNWeb, immunization information systems (IIS, also called registries), and the National Healthcare Safety Network (NHSN)) as sources for immunization metrics will greatly improve and support data-sharing at significantly lower cost as well as reduce the reporting burden on providers.

We look forward to working with OIRA, CMS and others during this comment cycle and future comment cycles to achieve a successful transition to reliable and meaningful quality measures that reflect immunization access and provide an accurate representation of Medicare provider performance in the least burdensome manner possible.

Addendum: Commonly Used Adult Immunization Measures by CMS Payment Programs

I. Influenza

- ☐ Preventive Care and Screening: Influenza Immunization (NQF#0041)
- ☐ Influenza Vaccination Coverage Among Healthcare Personnel (NQF#0431)
- ☐ Influenza Immunization Received for Current Flu Season (NQF#0522)
- ☐ Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)
- ☐ Influenza Immunization measure (NQF #1659)
- ☐ Influenza Immunization for the ESRD Population

II. Pneumococcal

- ☐ *Pneumococcal Vaccination Status* (NQF #0043)
- ☐ Pneumococcal Polysaccharide Vaccine Ever Received (NQF#0525 – outdated measure)
- ☐ Pneumococcal Vaccination for Older Adults measure (NCQA)

III. Herpes Zoster

- ☐ Herpes Zoster (Shingles) Vaccination: Has the Patient Ever Received the Shingles Vaccination?

CMS-1695-P Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

- Removes *Influenza Vaccination Coverage Among Healthcare Personnel* (OP-27/ASC-8) from the Hospital Outpatient Quality Reporting Program (HOQR) and the Ambulatory Surgical Center Quality Reporting Program (ASCQR) measure set for the FY2020 payment year and beyond. (*Factor 8: Costs associated with measure outweigh benefit.*)
- Urge CMS to include of the *Pneumococcal Vaccination for Older Adults* measure (NCQA) in the Hospital OQR and ASCQR.

CMS-1694-P Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2019 Rates

- Removes the *Influenza Immunization measure* (NQF #1659) (IMM-2) and maintains *Influenza Vaccination Coverage Among Healthcare Personnel* (NQF#0431) in the Hospital Inpatient Quality Reporting (IQR) Program. (*Factor 1 & 8: Topped-out measure and costs associated with measure outweigh benefit.*)
- Removes *Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)* (NQF #0680) and maintains the *Influenza Vaccination Coverage Among Healthcare Personnel* (NQF#0431) in the Long-Term Care Hospital QRP. (*Factor 8: Costs associated with measure outweigh benefit.*)
- Maintains the *Influenza Vaccination Coverage Among Healthcare Personnel* (NQF#0431) in the PPS-exempt Cancer Hospital Quality Reporting Program (PCHQR).
- Urge CMS to include of the *Pneumococcal Vaccination for Older Adults* measure (NCQA) in the Hospital Inpatient Quality Programs.

CMS-1693-P Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Reporting Program; and Medicaid Promoting Interoperability Program

- Removes *Pneumonia Vaccination Status for Older Adults* measure (ACO #15) and maintains *Influenza Vaccination* (ACO #14) in the Medicare Shared Savings Program (MSSP's) – No rationale for removal provided.
- Maintains *Influenza Immunization for the ESRD Population* and *Pneumococcal Vaccination Status* (NQF #0043) in the Comprehensive ESRD Care Alternative Payment Model (APM)

- Maintains *Preventive Care and Screening: Influenza Immunization* (NQF#0041) and *Pneumonia Vaccination Status for Older Adults* in the Comprehensive Primary Care Plus (CPC+) APM
- Maintains *Preventive Care and Screening: Influenza Immunization* (NQF#0041) and *Pneumonia Vaccination Status for Older Adults* in the Maryland Total Cost of Care APM
- Includes zoster, pneumococcal and influenza measures in several Alternative Payment Models (APMs) as well as several specialty provider measure sets (Family Medicine, Internal Medicine, Obstetrics/Gynecology, Otolaryngology, Pediatrics, Preventive Medicine, Nephrology, Oncology, Infectious Disease, Rheumatology, Geriatrics, Skilled Nursing Facility [pneumococcal NOT included])
- Adult Immunization measures NOT included in the following specialty measure sets – Endocrinology, Cardiology, General Surgery

CMS-1691-P Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program

- Would remove the *Influenza Vaccination Coverage Among Healthcare Personnel* (NQF#0431) from the ESRD Quality Incentive Program (QIP) for PY2021 (*Factor 1: Measure performance so high and unvarying that meaningful distinctions in performance can no longer be made.*)
- Does NOT include new composite measure for end-stage renal disease, covering influenza, pneumococcal and hepatitis B vaccines.

CMS-1690-P Medicare Program; FY 2019 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2018 (FY 2019)

- Removes *Influenza Vaccination Coverage Among Healthcare Personnel* (NQF#0431) and maintains *Influenza Immunization IMM-2* (NQF #1659) from the Inpatient Psychiatric Facilities (IPF) Quality Reporting Program. (*Factor 8: Costs associated with measure outweigh benefit.*)
- Urge CMS to include of the *Pneumococcal Vaccination for Older Adults* measure (NCQA) in the IPF Quality Reporting Program.

CMS-1689-P Medicare and Medicaid Programs; CY 2019 Home Health Prospective Payment System Rate Update and CY 2020 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; Home Infusion Therapy Requirements

- Removes *Influenza Immunization Received for Current Flu Season* (NQF#0522) and *Pneumococcal Polysaccharide Vaccine Ever Received* (NQF#0525) from the Home Health Value Based Purchasing Program. (*Rationale - Influenza measure doesn't exclude patients who offered and refused vaccine; pneumococcal measure out-of-date.*)
- Urge CMS to include of the *Pneumococcal Vaccination for Older Adults* measure (NCQA) as an alternative to NQF #0525.
- Maintains *Influenza Vaccination Coverage among Healthcare Personnel* (NQF #0431) and *Herpes Zoster (Shingles) Vaccination: Has the Patient Ever Received the Shingles Vaccination?* Home Health Value Based Purchasing Program.
- Removes *Pneumococcal Polysaccharide Vaccine Ever Received* (NQF#0525) and maintains *Influenza Immunization Received for Current Flu Season* (NQF#0522) in the Home Health Quality Reporting Program (HHQRP).

CMS-1688-P Medicare Program: Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2019

- Removes the *Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)* (NQF #0680) and maintains *Influenza Vaccination Coverage Among Healthcare Personnel* (NQF#0431) for the FY2020 payment year from the

Inpatient Rehabilitation Facility Quality Reporting Program for fiscal year 2021 (Factor 1: Measure performance so high and unvarying that meaningful distinctions in performance can no longer be made.)

- Urge CMS to include of the *Pneumococcal Vaccination for Older Adults* measure (NCQA).