

Reasons to Invest in Adult Vaccination Implementation

The National Adult and Influenza Immunization Summit (www.izsummitpartners.org), a national coalition representing over 130 organizations, compiled the information below to inform healthcare organizations and providers about the importance of adult immunization for population health, the financial feasibility of adult vaccination implementation, and implementation strategies.

Benefits and utilization of vaccines in adults

The cost of vaccine preventable diseases among adults has been estimated to exceed \$8 billion in the U.S. in one year.ⁱ But sadly, only 1 in 4 adults are up-to-date on the four most commonly recommended vaccines for adults (influenza, pneumococcal, Td/Tdap, and shingles [i.e., zoster]). Many adults also are not up-to-date for other recommended vaccines, such as hepatitis A and B.ⁱⁱ

Vaccines are safe, effective, evidence-based, and cost-effective ways to reduce medical visits, hospitalizations, and deaths.ⁱⁱⁱ So why are so many adults not getting recommended vaccines? Contributors to low vaccination rates include:

- Vaccine performance often is not measured. Organizations that do assess their vaccination rates are surprised to find their rates are much lower than they thought.^{iv}
- Financial concerns among providers, including vaccine and vaccine administration payment adequacy, may be a disincentive to providing vaccinations for adults.^v However, recent studies find that many financial concerns can be readily addressed.^{vi vii viii}
- Most adults believe vaccines are important for their health, but many also report not receiving recommendations for routine adult vaccinations.^{ix}

Why invest in improving vaccination of adults?

Vaccines are critical to keeping adults healthy, but most adults lack one or more vaccines

- Vaccines prevent illnesses, medical visits, hospitalizations, disability, and deaths. Providing vaccination services can contribute to the quadruple aims in healthcare – better outcomes, lower costs, improved patient experiences, and improved clinical experiences for providers.
- Most vaccine-preventable diseases occur among adults. Leaving adults out of efforts to improve vaccination rates misses a major opportunity for prevention.
- Vaccinations are an integral part of chronic disease management for adults. For example, influenza vaccination
 of patients with cardiovascular disease substantially reduces their risk of major cardiac events.
- People with chronic medical conditions (e.g., diabetes, asthma, immunosuppression, and renal failure) are at higher risk of severe illness from vaccine preventable infections.
- Since about 80% of adults are missing one or more vaccines, efforts to routinely assess patients' vaccination histories will find many adults in need of vaccines.
- Most adults are very receptive to receiving vaccines recommended by their providers. But patients often don't know which vaccines they need; they count on their providers to let them know.

Vaccines for adults are covered by private and public insurance

- Private insurance plans are required to include vaccines that CDC routinely recommends for adults without co-pay as part of the Affordable Care Act. In most cases, payment levels for vaccinations from private insurers are sufficient to cover providers' costs and can be profitable.
- Medicare Part B pays for influenza and PPSV23 and PCV13 pneumococcal vaccines (and hepatitis B vaccine for high risk patients) plus vaccine administration without patient copayments. Payment levels from Medicare Part B are adequate to cover the costs of providing these vaccines to patients.
- Vaccines covered by Medicare Part D, e.g., Td/Tdap and zoster ("shingles") vaccines, may require significant co-pays from the patient. Strategies for providing these vaccines include:
 - Administer vaccines before age 65 years when appropriate (e.g., Shingrix zoster vaccine is recommended at age 50 years);
- Develop capabilities to bill Medicare Part D (i.e., through Transact Rx);
- Develop referral arrangements with providers who can bill Part D.
 - Medicaid payments for vaccines and vaccine administration vary by state.
 - In some states, payments are low and do not cover providers' costs. Check with your state's Medicaid program to verify which vaccines are covered and to understand provider payments for vaccines and vaccination.

Multiple approaches are available to reduce costs

- Avoiding errors in coding and billing is key to ensuring adequate payment. Claims rejections are uncommon when vaccination services are billed and coded properly. (See the Summit's "Coding and Billing for Adult Vaccinations" for helpful guidance.)
 - Work with your billing staff to identify reasons for vaccine claims rejection(s).
 - Remember to bill for both the vaccine and vaccine administration.
 - Review billing and coding guides to help reduce errors. These are available from multiple sources, including professional societies and vaccine manufacturers.
 - Consider 2021 E&M Codes for information on billing for vaccine counseling.
- Routinely updating drop-down menus and other electronic health record tools can reduce the risk of giving the wrong vaccine or making mistakes in coding. Preventing errors improves patient care and reduces claims rejections. Examples of coding or vaccination errors include:
 - High dose inactivated influenza vaccine, recommended for adults 65 years and older, is given to an adult less than 65 years.
 - PPSV23 pneumococcal vaccine is recommended for adults younger than 65 years with diabetes, but PCV13 pneumococcal vaccine is coded instead.



- Improving efficiency of vaccination implementation and vaccine delivery can reduce the fixed costs (e.g., labor costs to order, stock, and monitor vaccine supplies) per vaccine administered.
- Group purchasing of vaccines can help lower costs paid per vaccine dose purchased.
- Many vaccine manufacturers offer vaccine return programs to decrease the risk of losing money from expired vaccines.
- Quality measures can be tied to insurance payment. Several immunization-related quality measures are available that also can be utilized for provider maintenance of certification.
 - HEDIS measures include:
 - Prenatal vaccination measure for Tdap and influenza vaccination during each pregnancy, and
 - Adult composite measure (i.e., adults are up-to-date on influenza, pneumococcal, Td/Tdap, and zoster vaccines.)
 - Influenza vaccination is a Medicare Star measure.

Resources to assist providers with vaccination of adult patients

Immunization Action Coalition (IAC) www.immunize.org/adult-vaccination

National Adult and Influenza Immunization Summit (NAIIS) www.izsummitpartners.org

Centers for Disease Control and Prevention (CDC) www.cdc.gov/vaccines/hcp/adults/index.html

American Academy of Family Physicians (AAFP) www.aafp.org/patient-care/public-health/immunizations.html

American Pharmacists Association (APhA) www.pharmacist.com/immunization-center

American College of Physicians (ACP) www.acponline.org/clinical-information/clinical-resources-products/ adult-immunization

American College of Obstetricians and Gynecologists (ACOG) www.immunizationforwomen.org/providers/resources/acog-resources/ projects.php

American Medical Group Association (AMGA) www.amga.org/performance-improvement/best-practices/ collaboratives/adult-immunization/

Check with your state or local immunization program for adult vaccination resources that may be specific to your area.

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