

Provider Support is Key to Adult Vaccine Access

Vaccines are one of the most effective methods of preventing diseases and helping people live long, healthy lives. Every person no matter who they are or where they live should have access to free vaccines - especially those most vulnerable to serious risks from preventable disease such as older adults and those with chronic conditions. Although immunization rates for children are consistently high, adult vaccination rates remain low and below federal targets. Three out of four adults are missing one or more of four critical vaccines to protect against flu, pneumococcal disease, shingles and tetanus/diphtheria. Improving adult vaccination rates is critical to our nation's health and economic prosperity: Every year, our country spends \$26.5 billion treating adults for diseases that could have easily been prevented through vaccination.

CLOSING GAPS IN ACCESS BY SUPPORTING PROVIDERS

The United States has made great strides toward closing longstanding gaps in vaccination coverage. While 9 out of 10 Americans now have access to free vaccines, other challenges remain to improving vaccination rates, including issues specific to providers who wish to immunize. To increase vaccine access and utilization, we must strengthen the policy and payment environment for vaccines, including supporting providers through educational resources and addressing the unique challenges that come with stocking, carrying and administering vaccines in various health care settings.

National Vaccine Advisory Committee Standards for Adult Immunization Practice emphasize that all providers who care for adults are responsible for assessing immunization needs at every clinical encounter, strongly recommending needed vaccines, administering recommended vaccines, and documenting receipt in a state immunization information system. The standards, which have been endorsed by the U.S. Department of Health and Human Services (HHS), also instruct providers who do not vaccinate to refer adult patients to providers who are able to administer vaccinations.

VACCINATING PROVIDER CHALLENGES

Offering immunization services in provider settings takes several steps to effectively establish immunization services as part of a provider's workflow. The upfront cost of procuring vaccines can be a financial impediment and additional administrative requirements, such as education and training around proper vaccine handling, storage, managing, administering, and reporting can further discourage providers from stocking and carrying recommended vaccines. Reimbursement delays and denials add to providers' uncertainty and impact decisions about whether to continue stocking and administering vaccines.

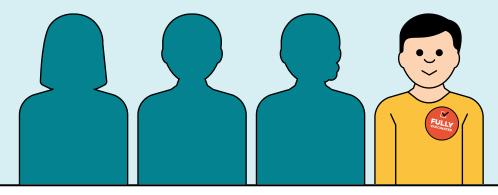
Additionally, payment rates vary across federal and commercial payer types (private insurance, Medicare, Medicaid) and sites of care (doctor office, pharmacy, community health center, public health clinic).







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WHAT POLICYMAKERS CAN DO

Policymakers help boost vaccination rates – saving lives and money. Consider provider-focused policy reforms, including:

- Establish a payment benchmark for vaccine products and administration in Medicaid. Unlike Medicare, Medicaid payment policies for vaccine purchase and administration vary significantly across states. Using an established and transparent payment benchmark for Medicaid would provide a consistent baseline that is sufficient and accurately reflects the costs for a provider to stock, carry, and support vaccination.
- Compensate providers for vaccine counseling. Providers serving adult patients should be able to bill for immunization counseling in the same way that pediatric providers do, through an administration code that captures provide time spent counseling a patient on vaccines. Counseling should be reimbursed even when a provider discusses a vaccine but does not vaccinate.
- Ensure the full network of providers that can vaccinate. Ensure the full health care provider landscape, including physicians, nurses, nurse practitioners, physician assistants, pharmacists, medical and pharmacy technicians at various locations, can provide vaccinations to their patients and receive adequate compensation for doing so.
- Support Federal Qualified Health Centers as vaccination sites. Make nurse/ pharmacist immunization-only visits "billable visits" under Federal Qualified Health Centers through Medicaid.
- Eliminate provider payment disparities. Establish federal grants to Medicaid providers to help to cover costs associated with stocking and carrying vaccines in at risk communities.



About AVAC

The Adult Vaccine Access Coalition (AVAC) is a diverse group of health care providers, vaccine innovators, pharmacies, public health organizations and patient and consumer groups. AVAC's mission is 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 seeks to achieve the same level of success for adult immunization.

www.adultvaccinesnow.org

Provider Journey to Vaccinate an Adult Patient

Before Vaccination



Provider seeks to offer vaccines to their adult patient population



Provider establishes vaccination infrastructure and supplies; may require purchase of specialized equipment



Provider completes training for vaccinating patients, integrates inventory management into workflow



Provider estimates demand; typically uses upfront funds to acquire doses

During Vaccination



Patient vaccine encounter may happen organically or due to proactive provider outreach, leveraging IIS* and/or patient medical records



Provider may counsel patient on vaccines (review ACIP* recommendations, answer questions, discuss concerns)



Provider shares information about the product and the Vaccine Information Sheet

Patient accepts vaccination V

Patient declines vaccination X

*ACIP: Advisory Committee on Immunization Practices; IIS: Immunization Information Systems

After Vaccination



Patient provider submits claim to patient's insurance for payment

Source: Avalere



Patient is typically paid for vaccine product and administration; payment varies significantly depending on the patient's insurance and the state



No payment for vaccination; provider may not be paid for time spent discussing vaccination

In many cases, providers are relying on payment to recoup the upfront investments they made to vaccinate, including the initial costs or establishing vaccination infrastructure and the cost of acquiring the products.