BIO
BIOTECHNOLOGY
INDUSTRY ORGANIZATION

August 9, 2011

Dr. Nancy Wilson
Coordinator of the National Advisory Council Subcommittee
Agency for Healthcare Research and Quality (AHRQ)
540 Gaither Rd
Rockville, MD 20850

Re: August Meeting of the National Advisory Council Subcommittee Identifying Quality Measures for Medicaid Eligible Adults

Dear Dr. Wilson:

The Biotechnology Industry Organization (BIO) appreciates this opportunity to comment on the core set of health quality measures for the Medicaid Quality Measurement Program created by the Affordable Care Act (ACA). BIO represents more than 1,100 biotechnology companies, academic institutions, state biotechnology centers and related organizations across the United States and in more than 30 other nations. BIO members are involved in the research and development of innovative healthcare, agricultural, industrial and environmental biotechnology products. BIO membership includes both current and future vaccine developers and manufacturers who have worked closely with the public health community to support policies that help ensure access to vaccines for all individuals.

As stated in our February letter, BIO supports the development and use of appropriate, evidence-based quality measures throughout the healthcare system, and we feel that adult immunizations should be included in the Medicaid core quality measures. Performance measures are currently in place for all vaccines in the pediatric and adolescent series (with the exception of human papillomavirus vaccine which is under development by the National Committee on Quality Assurance (NCQA)). These measures have had a positive impact on utilization and prevention. Approximately 90% of young children receive the individual vaccines recommended for them by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), demonstrating the success of childhood immunization efforts coupled with performance and quality measures in the United States.[1]

A similar level of success has not been reached in adults. Only 26% to 65% of adults receive ACIP-recommended vaccines, depending on the vaccine and target population.[2] As a result of low vaccination coverage, 40,000 to 50,000 adults die annually from vaccine-preventable diseases in the U.S.[3] The direct annual cost of vaccine-preventable disease in adults in the U.S. is

[1] Infectious Diseases Society of America. Actions to strengthen adult and adolescent immunization coverage in the United States: policy principles of the Infectious Diseases Society of America. *Clin Infect Dis*. 2007;44:e104-e108.
[2] Ibid.
[3] Infectious Diseases Society of America, Robert Wood Johnson Foundation, Trust for America's Health. Adult Immunization: Shots to Save Lives. February 2010. Available at: http://healthyamericans.org/report/73/adult-immunization-2010.

approximately $10 billion.[4] Creating comprehensive quality measures for adult immunizations will help ensure that healthcare providers routinely discuss and offer vaccines to their patients, resulting in higher vaccine uptake among adults, better health outcomes, and cost savings for the Medicaid program.

The health and economic benefits of adult immunization measures are evident following the introduction of performance measures for influenza and pneumococcal vaccinations in the Veterans Health Administration (VHA) in 1995. Among eligible adults, influenza vaccination rates increased from 27% to 70%, and pneumococcal vaccination rates rose from 28% to 85%, with limited variability in performance between networks; pneumonia hospitalization rates decreased by 50%, and it is estimated that the VHA saved $117 for each vaccine administered.[5]

One of the tenets of healthcare reform was a harmonization between public and private insurance programs and an improvement in the quality of care received by patients. For commercial plans, according to the Interim Final Rule that took effect in September 2010, all covered individuals are required to have first dollar coverage for US Preventive Service Task Force (USPSTF) A and B Recommendations as well as all ACIP-recommended vaccines.[6] Presently, 40 out of 45 USPSTF recommendations have either a NCQA/HEDIS measure or a National Quality Forum (NQF) measure to drive the appropriate use of these services; a notable exception is adult immunization. Many key decision-makers in the private sector, therefore, have stated that immunization quality improvement for all adult ACIP-recommended vaccines is becoming a new area of focus, even in the absence of NCQA and NQF quality indicators.

Additionally, several federal advisory bodies and strategic plans have called for the development of adult immunization quality measures. The National Vaccine Advisory Committee (NVAC) has directed the Centers for Medicare and Medicaid Services (CMS) and state Medicaid agencies to develop more standardized and harmonized adult immunization metrics, with established goals, targets and appropriate incentives.[7] Also, the National Prevention Strategy, released in 2011, states that, "the provision of evidence-based clinical and community preventive services and the integration of these activities are central to improving and enhancing physical and mental health," and that, "the federal government should improve monitoring capacity for quality and performance of recommended clinical preventive services."[8] Having quality measures developed and published will further enhance and incentivize adult immunization improvement, and Medicaid should parallel the efforts already underway in the private sector. BIO recommends that any adopted performance measures be as inclusive and comprehensive as possible.

Recommendations

The current proposed set of Medicaid quality measures for adults includes only a limited measure related to influenza vaccination. While BIO certainly agrees with the importance of increasing influenza vaccination rates, we also feel that other vaccine measures are important for the

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[4] Ibid.
[5] Jha A, Wright S, Perlin J. Performance measures, vaccinations, and pneumonia rates among high-risk patients in Veterans Administration Health Care. *Am J Public Health*. 2007;97(12):2167-2172.
[6] 75 FR 41726 (2010-07-19).
[7] National Vaccine Advisory Committee. Adult Immunization: Complex Challenges and Recommendations for Improvement. Adult Immunization Working Group Report. February 25, 2011. p.38. Available at: http://www.hhs.gov/nvpo/nvac/subgroups/wg_report_v2_25feb2011.pdf.
[8] National Prevention Council. National Prevention Strategy: America's Plan for Better Health and Wellness. June 2011; p.11, 20. Available at: http://www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf.

Medicaid adult population. Many adult Medicaid recipients have chronic conditions, such as diabetes, cardiovascular diseases, and respiratory ailments. These conditions are associated with increased risk for severe complications from infectious diseases that could potentially be prevented through immunization.

BIO's first recommendation is that the following validated immunization quality measures be immediately included in the core set to address the needs of the adult Medicaid population and to synchronize Medicaid's quality measures with existing measures being used in the healthcare system:

- *Percentage of patients 19-64 who received an influenza immunization during the flu season.*
- *Percentage of patients ≥ 50 years of age who received an influenza immunization during the flu season.*
- *Percentage of patients ≥ 65 years who have ever received a pneumococcal vaccine.*
- *Percentage of patients ≥ 18 years with a diagnosis of hepatitis C who received at least one dose of hepatitis B vaccine, or who have documented immunity to hepatitis B*
- *Percentage of patients ≥ 18 years with a diagnosis of hepatitis C who received at least one dose of hepatitis A vaccine, or who have documented immunity to hepatitis A.*

According to the ACA, the U.S. Secretary of Health and Human Services can award contracts and grants for the development, testing, and validation of emerging and innovative evidence-based measures.[9] BIO recommends that CMS, AHRQ, and the Subcommittee conduct a rigorous gap analysis to assess areas where ACIP recommendations exist but quality measures do not. New adult immunization quality measures should then be elevated to the highest priority for development, testing, and validation, as immunizations have a proven history of providing quality outcomes. For example, the ACIP recommends universal influenza vaccination for all persons 6 months or older; however, the Subcommittee has adopted a measure for a small subset of the adult population. A new universal measure that addresses the entire adult population should be researched, as should measures related to tetanus-diphtheria-acellular pertussis (Tdap), varicella, human papillomavirus (HPV), zoster, measles-mumps-rubella (MMR), and meningococcal vaccination.

Conclusion

The inclusion of additional immunization measures in the core set would help decrease potential missed opportunities for disease prevention when Medicaid adults are interacting with the healthcare system. This, in turn, could improve the quality of care received by Medicaid beneficiaries and the overall health of the Medicaid adult population. It could also reduce some of the disparities in vaccination coverage that currently exist in the adult population for ethnic and minority groups.

BIO appreciates the opportunity to comment on the core quality measures for the Medicaid Quality Measurement Program. We look forward to continuing to work with AHRQ and CMS to address these critical issues in the future. Please contact me if you have any questions or if we can be of further assistance. Thank you for your attention to this very important matter.

[9] 42 U.S.C § 2701(b)(5)(A).

With Sincerest Regards,

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