

RECENT EFFORTS BY CMS TO INCREASE IMMUNIZATION RATES AMONG MEDICARE BENEFICIARIES

 National Immunization Conference
Adult Immunization Plenary Session

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MEDICARE COVERAGE OF ADULT IMMUNIZATIONS

- ◆ 1981 - Coverage of Pneumococcal Immunizations
- ◆ 1993 - Coverage of Influenza Immunizations

CMS GPRA GOAL

- ◆ Increase the Percentage of Medicare Beneficiaries Age 65 and Older Who Receive an Annual Immunization for Influenza and a Lifetime Immunization for Pneumococcal Disease

ELIMINATION OF RACIAL AND ETHNIC HEALTH DISPARITIES

Part of CMS's Contribution to This Effort Is the Elimination of Racial and Ethnic Disparities in Immunization of Medicare Beneficiaries for Influenza and Pneumococcal Disease

QUALITY IMPROVEMENT ORGANIZATION (QIO) PROJECTS

- ◆ QIO Seventh Scope of Work
 - ◆ Reduction of Medicare Beneficiary Mortality Due to Pneumonia

QUALITY IMPROVEMENT ORGANIZATION (QIO) PROJECTS

- ◆ Every Quality Improvement Organization Is Required to Increase Immunization Rates in Its State for Influenza and Pneumococcal Disease



CMS REGIONAL OFFICE IMMUNIZATION COORDINATORS

- ◆ Region - Specific Outreach Activities
- ◆ Projects With Immunization Coalitions
- ◆ Projects With QIOs



OTHER CMS ACTIVITIES

- ◆ Provider Newsletters
- ◆ Medicare Summary Notice Messages
- ◆ National Marketing Materials



SPECIAL PROJECTS

- ◆ Oklahoma Foundation for Medical Quality
 - ◆ Supports CMS by Developing and Implementing Strategies for Systems Changes to Promote Influenza and Pneumococcal Immunizations



SPECIAL PROJECTS

(CONTINUED)

- ◆ Baltimore Good Neighbor Project
 - ◆ Collaboration Between Baltimore City Health Department and CMS Central Office to Increase Awareness Among Providers of the Importance of Immunizing High-Risk Individuals, Especially in Underserved Populations



SPECIAL PROJECTS

(CONTINUED)

- ◆ Good Neighbor Project - Dallas Metroplex
 - ◆ Outreach to African-American and Hispanic Medicare Beneficiaries Through Community Education, Health Departments and Primary Care Physicians



SPECIAL PROJECTS

(CONTINUED)

- ◆ Rio Grande Area Agency On Aging
 - ◆ Design and Implementation of Interventions to Increase Immunization Rates Among Hispanic Medicare Beneficiaries Utilizing Community-Based Organizations and Health Care Providers in El Paso, Texas Area



SPECIAL PROJECTS

(CONTINUED)

- ◆ Faith-Based Outreach Project
- ◆ The Religious, Educational, Charitable & Development Projects, Inc.'s (RED, Inc.) Intergenerational Adult Immunization Project is Designed to Increase Immunization Rates in the African-American Communities of Washington, D.C., Northern Virginia and Maryland.



SPECIAL PROJECTS

(CONTINUED)

- ◆ NE-IA-SHING Clinic Project
- ◆ Designed to Increase Influenza and Pneumococcal Immunization Rates Among the Mille Lacs Band of Ojibwe Tribe of American Indians Through Education and Elimination of Barriers to Immunization



SPECIAL PROJECTS

(CONTINUED)

- ◆ Virginia Commonwealth University Pneumococcal Project
- ◆ Collaborative Effort Among the American Pharmaceutical Association, 18 Pharmacies in Richmond, Virginia and the Pharmacy Chain's Wellness Center
 - ◆ Pharmacist Advocacy and Administration of Pneumococcal Vaccine



SPECIAL PROJECTS

(CONTINUED)

- ◆ Racial and Ethnic Adult Disparities in Immunization Initiative (READII)
- ◆ USDHHS Project (CDC, CMS, OMH)
 - ◆ Rochester, New York
 - ◆ Chicago, Illinois
 - ◆ Milwaukee, Wisconsin
 - ◆ San Antonio, Texas
 - ◆ Rural Counties in Mississippi



IMMUNIZATION IN INSTITUTIONAL SETTINGS: A UNIQUE OPPORTUNITY TO IMPROVE IMMUNIZATION RATES

- ◆ In 1999 There Were Approximately 12.6 Million Hospitalizations for People Age 65 Years and Older. *

*Popovic JR. 1999 National Hospital Discharge Survey: Annual Summary with detailed diagnosis and procedure data. National Center for Health Statistics. Vital Health Stat. 13(151). 2001.



IMMUNIZATION IN INSTITUTIONAL SETTINGS: A UNIQUE OPPORTUNITY TO IMPROVE IMMUNIZATION RATES


- ◆ Approximately 1.5 Million Residents Live in More Than 17,000 Nursing Homes in the United States**

**American Health Care Association



IMMUNIZATION IN INSTITUTIONAL SETTINGS: A UNIQUE OPPORTUNITY TO IMPROVE IMMUNIZATION RATES

- ◆ CMS Data Indicate That There Are Nearly 4 Million Medicare Patients Receiving Home Health Care Services Each Year.



NEW FEDERAL STANDARDS FOR INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS IN HOSPITALS, LONG-TERM CARE FACILITIES AND HOME HEALTH AGENCIES

October 2002



NEW STANDING ORDERS REGULATION

“...The Final Rule Will Remove the Federal Barrier Related to the Requirement for a Physician to Order Influenza and Pneumococcal Immunizations in Medicare and Medicaid Participating Hospitals, Long-term Care Facilities, and Home Health Agencies...”

- Federal Register/Volume 67 No. 191, October 2, 2002



STANDING ORDERS PROGRAMS

Standing Orders Programs Authorize Nurses or Pharmacists, Where Allowed by State Law, to Administer Immunizations According to an Institution- or Physician-Approved Protocol Without the Need for a Physician's Order or Signature.



STANDING ORDERS PROGRAM COMPONENTS

- ◆ Procedures to Identify Eligible Patients
- ◆ Procedures to Provide Information on the Risks and Benefits
- ◆ Proper Recording of Refusals or Contradictions



STANDING ORDERS PROGRAM COMPONENTS

(CONTINUED)

- ◆ Approved Vaccine Delivery Protocol
- ◆ Quality Assurance and Documentation Procedures



WHY CHANGE THE REGULATION?

- Increase Adult Immunization
- Decrease Vaccine-Preventable Disease and Death
- Simplify the Immunization Process
- Standing Orders Programs are Effective



INCREASE IN ADMINISTRATION FEE

- ◆ Effective March 1, 2003, the Administration Fee for Influenza and Pneumococcal Immunizations Increased by an Average of 94%.



THANK YOU