

## DRAFT Justification for Prenatal Immunization Measure

**HEDIS name:** PRS (prenatal immunization status)

Categories are from National Quality Forum <https://www.qualityforum.org/Home.aspx>

### 1. Meaningful

- **Pertussis.** Young infants are at the greatest risk of serious pertussis disease, which can result in hospitalization or death. Immunizing pregnant women passes protection to their babies, and is the best way to protect young infants from pertussis. Immunizing mothers during their third trimester protects 9 in 10 babies from pertussis infections serious enough to need treatment in a hospital. <https://www.cdc.gov/pertussis/pregnant/mom/vacc-effectiveness.html>. However, rates of infant pertussis are higher, and prenatal immunization are lower among Medi-Cal members compared to privately insured women.
- **Influenza.** Getting a flu shot reduces a pregnant women's risk of hospitalization by 40%, and helps protect the newborn before he/she is old enough to be vaccinated. <https://www.cdc.gov/flu/prevent/vaccine-benefits.htm> However, prenatal influenza immunization is significantly lower in pregnant women with Medi-Cal insurance compared to private insurance. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/MIHA-FactSheet2016.pdf>

### 2. Improves quality of care

- Department of Health Care Services (DHCS) contracts require Medi-Cal managed care plans to ensure that current guidelines of the American College of Obstetricians and Gynecologists (ACOG) are utilized, and assure that all adults are fully immunized. [https://files.medi-cal.ca.gov/pubsdoco/medsupply/MediCal\\_coverage\\_immunizations\\_faq.asp](https://files.medi-cal.ca.gov/pubsdoco/medsupply/MediCal_coverage_immunizations_faq.asp)
- ACOG and the Centers for Disease Control and Prevention (CDC) recommend prenatal immunization with Tdap to reduce the risk for infants of hospitalization and deaths from pertussis, and prenatal immunization with influenza vaccine to protect mothers and their young infants from severe influenza.

### 3. High population impact

- Pregnant women and their infants comprise a significant segment of Medi-Cal Managed Care patients, and are not adequately protected in California.
- **Pertussis.** Infants born to women in the Medi-Cal program in 2013-14 were 2.5 times more likely to develop pertussis than infants born to privately insured women ([Winter. PIDJ, 2018](#)). During the most recent pertussis epidemic in 2014, more than 500 infants in California were reported with pertussis. Even in lower pertussis incidence years (2015-2018), CA has had about 100 infant pertussis cases/year and 1-2 infant pertussis deaths/year. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/pertussis.aspx#>
- **Influenza.** In CA, flu causes millions of illnesses each year. Pregnant women and young infants are at higher risk of severe influenza.

**4. Known impact of poor quality.** Hospitalization and death for infants and mothers from influenza, and for infants from pertussis.

**5. Performance improvement needed.** Despite the DHCS contract requirements (see criterion # 2 above), Medi-Cal program performance falls short of meeting national standards of care for prenatal immunization.

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/MIHA-FactSheet2016.pdf>

- **Pertussis.** Prenatal Tdap vaccine coverage in 2016 was lower among those insured by Medi-Cal (40%) than among those with private insurance (65%).
- **Influenza.** Similarly, prenatal influenza vaccine coverage that year was lower among those insured by Medi-Cal (53%) than among those with private insurance (66%).

**6. Evidence based practices available.** Yes, see national evidence-based recommendations for how health care providers can increase prenatal immunization levels:

<https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/index.html>

**7. Availability of standardized measures and data**

- During testing by the National Committee on Quality Assurance (NCQA), health plans found it feasible to collect this measure using Electronic Clinical Data Systems (ECDS), including immunization registries, claims, and electronic health records.  
<https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-systemecds-reporting/>
- The California Immunization Registry (CAIR) routinely assists health plans and medical groups in collecting immunization data. <http://cairweb.org/hedis/>

**8. Alignment.** This measure is being considered for the NCQA health plan accreditation data set. Efforts are underway for NQF endorsement, as well as inclusion in the Centers for Medicare and Medicaid (CMS) Core pediatric set. <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>

**9. Healthcare system value.** California Department of Public Health estimated that the net cost of immunizing all pregnant Medi-Cal patients would be approximately \$20,700 per infant case averted. If the infants who died had lived to 80 years of age, the cost to prevent each year of life lost would be \$19,000. This is substantially lower than the often used "threshold" of \$50,000 per quality adjusted life year commonly used to evaluate health care interventions. (Note: this analysis used Office of Statewide Health Planning and Development (OSHPD) data on infant pertussis hospitalization costs paid by Medi-Cal in 2014 and reimbursement of \$31 for Tdap vaccine and \$4.46 per dose administered.)

**10. Avoid negative unintended consequences.** The safety of prenatal vaccination has been confirmed by multiple studies. No unintended consequences have been seen.