August 10, 2020

Margo Rosenbach
Project Director
Mathematica

Re: Comments on Recommendations for Improving the Core Sets of Health Care Quality Measures for Medicaid and CHIP – Draft Report for Public Comment 2020

The Association of Immunization Managers (AIM)—which represents the 64 federally-funded state, local, and territorial immunization programs—appreciates this opportunity to comment on the draft Recommendations for Improving the Core Sets of Health Care Quality Measures for Medicaid and CHIP: Summary of a Multi-Stakeholder Review of the 2021 Child and Adult Core Sets report. AIM fully supports the 2021 child and adult core set annual review working group’s recommendations to include the prenatal immunization status measure to assess the percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.

AIM joins other organizations, such as the National Quality Forum, the Adult Vaccine Access Coalition, and the American Immunization Registry Association, in fully endorsing the adoption of the prenatal immunization status measure. Young infants are at greatest risk of hospitalization or death from pertussis, and the Tdap vaccine is highly effective at protecting infants when administered to pregnant women during the third trimester of each pregnancy. Prenatal immunization against influenza reduces the mother’s risk of hospitalization by 40% and helps protect infants that are too young to be vaccinated against influenza. ¹ Adding this measure will provide Medicaid providers with clarity on why and how to implement quality improvement strategies to best protect mothers and their newborn babies from a number of serious and potentially life-threatening vaccine-preventable diseases.

Adopting the prenatal immunization measure is currently actionable for well over half of states due to their state-level immunization information systems (IIS), which are confidential, population-based, computerized databases that record all vaccine doses administered by participating providers to persons residing within a given geographical area. The immunization community has taken great strides to advance the use of IIS to collect and report quality immunization data. According to the 2019 AIM Annual Survey and follow-up calls, at least 37 states (74%) share data between IIS and their state Medicaid agency, and/or the state Medicaid agency uses IIS data for Medicaid reporting. ² Three additional states are in the process of implementing data sharing between the IIS and state Medicaid program.

¹ https://www.cdc.gov/vitalsigns/maternal-vaccines/
Adoption of the prenatal measure will further support collaboration between state Medicaid agencies and IIS in order to be functionally connected systems. This will become even more vital during the COVID-19 vaccination campaign as we use IIS to identify high-risk populations, track vaccine uptake, and conduct reminder/recall. Since nearly half of all pregnant women are Medicaid recipients, promoting collaboration and data sharing between state Medicaid and immunization programs including a prenatal measure will not only make an impact on routine vaccine-preventable diseases, but could make a difference in how we protect pregnant women and their newborn babies against COVID-19.

AIM supports the working group’s recommendations and believes they are critical to improving prenatal influenza and Tdap vaccination rates. We should take action now to protect our most vulnerable: pregnant women and their newborn infants.

Thank you again for this opportunity to offer comments on the working group’s draft Recommendations for Improving the Core Sets of Health Care Quality Measures for Medicaid and CHIP: Summary of a Multi-Stakeholder Review of the 2021 Child and Adult Core Sets report.

Sincerely,

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