



## **ASSOCIATION OF IMMUNIZATION MANAGERS**

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### **Association of Immunization Managers Public Comments on Proposed Healthy People 2030 Objectives**

January 11, 2019

The Association of Immunization Managers (AIM), representing the managers of the 64 federally-funded state, territorial and local public health immunization awardees, submits the following comments on the proposed objectives for Healthy People 2030.

AIM has strong concerns about the overall reduction in Healthy People (HP) objectives from 2020 to 2030 related to increasing and/or maintaining immunization rates in children and adults. Healthy People 2020 included 31 objectives and sub-objectives specifically for immunizations. In the proposed Healthy People 2030 objectives, there are only 7 immunization specific objectives. Understanding that stakeholders seek a more streamlined approach for Healthy People 2030, we believe the proposed reductions put people at risk as immunization objectives are an important way to increase vaccination rates. While it appears that some of the Healthy People 2020 goals have been met, new babies are born every day and children and adolescents become new adults. These adults and children have not reached the Healthy People goals for immunization.

The benchmarks in Healthy People are needed to continue to increase immunization rates and protect people across the lifespan from death and disability caused by vaccine-preventable diseases. For example, in the North Dakota, HP objectives are used to develop priorities for the immunization program (IP). Healthy People goals are used throughout the North Dakota IP strategic plan. Immunization rates from the North Dakota IIS, as well as NIS and BRFSS rates are compared to HP objectives. HP objectives are used during quality improvement visits as goals for Vaccines for Children providers to strive for. They are also used on quarterly vaccination rate report cards that immunization programs send to providers, so they can have a goal to strive for. Providing national goals for immunization rates is an important tool for public health agencies to keep immunization rates high enough to provide herd immunity for the population.

1. AIM suggests that IID-2020-08, measuring the number of infants who have completed the recommended series of vaccine doses, be included in the new objectives for Healthy People 2030. Objective IID-2020-08 was not carried over to Healthy People 2030. This objective measures the percentage of children aged 19 to 35 months who are fully immunized with the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (PCV). AIM suggests that IID-2020-08 be included in the new objectives for Healthy People 2030 but with a revised cohort to be defined *as of age two years*, in order to be consistent with the HEDIS measure (Child Immunization Status, CIS), current National Immunization Survey (NIS) methods, and CDC's mandated program of routine Immunization Quality Improvement of Providers (IQIP). By measuring the immunization rate of this vaccine series, rather than the rate of each of these vaccines separately, this objective captures the overall immunization status of individual children. For example, 91.5% of children 19-35 months had received the MMR vaccine in 2017, but only 70% of children in that age group had received the full vaccine series that IID-8 measures<sup>1</sup>, indicating that while immunization rates for specific vaccines remain high, there are still a significant number of children that are not fully immunized in accordance with ACIP recommendations. Because this objective measures multiple vaccines, it can be expected to help increase rates for each individual vaccine included in the series. Data for this measure can be found in the National Immunization Survey, which is conducted annually, as well as HEDIS data that commercial and Medicaid health plans report to the National Committee on Quality Assurance (NCQA, see last 2 paragraphs of this letter).
2. AIM supports the continued use of the childhood objectives to maintain and/or increase immunization rates for DTaP (IID-2030-09), MMR vaccine in children (IID-2030-10 and IID-2030-16), and HPV (IID 2030-12). Each of these vaccines is important to protecting the health of Americans. However, AIM suggests a change to IID-2030-12 to measure HPV vaccination status *as of age 13 years* rather than "between 13-15 years." This would promote on-time vaccination against HPV and would harmonize with IQIP and HEDIS measures. NIS data, as well as HEDIS data from commercial and Medicaid plans, can be used to evaluate on-time and complete HPV immunization (see last 2 paragraphs of this letter).
3. Additionally, AIM is in strong support of the objective to reduce the number of children who have receive no recommended vaccines (IID-2030-11). IID-2030-11 provides an opportunity to address vaccine hesitancy as well as barriers to accessing vaccines.

Healthy People 2030 contains only one immunization objective specifically aimed at adult immunization rates. Unlike rates for children, adult immunization rates remain unacceptably low for a variety of reasons, year after year. The need for Healthy People objectives for adult immunization is high, as these objectives drive activities to increase rates from a wide range of immunization stakeholders. While AIM supports the 2030 influenza vaccination objective (IID-2030-13), more objectives that support adult immunization are necessary.

4. AIM suggests the inclusion of an objective that mirrors the [new HEDIS 2019 adult composite measure](#) (the percentage of adults 19 years and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or Tdap, herpes zoster and pneumococcal). By including an objective that measures multiple vaccines, it can be expected that rates for each of the vaccines would increase as activities to increase the number of adults that are fully vaccinated according to ACIP recommendations are put into place to meet the Healthy People goal. Data to measure the potential objective can be found in the National Health Interview Survey (NHIS), the Behavioral Risk Factor Surveillance System (BRFSS), as well as HEDIS data that commercial, Medicaid, and Medicare plans report to NCQA (and to Centers for Medicare and Medicaid, CMS, as applicable). See also last 2 paragraphs of this letter.
5. Pneumococcal vaccination for persons aged 18-64 years at high-risk is another area that Healthy People 2030 should consider addressing with an objective. The high-risk population includes those with chronic conditions (heart, liver, kidney, or lung disease, and diabetes) weakened immune systems, and smokers<sup>ii</sup>. CDC estimates that 6 out of 10 Americans have at least one chronic condition, and 4 in 10 have two chronic conditions<sup>iii</sup>. This represents millions of Americans who are at increased risk of pneumococcal disease every day. AIM suggests Healthy People maintain IID-2020-13.2 (Increase the percentage of noninstitutionalized high-risk adults aged 18 to 64 years who are vaccinated against pneumococcal disease) in Healthy People 2030. Healthy People 2020 used NHIS as the data source for this suggested objective, and it could be used again for Healthy People 2030.

Coverage against seasonal influenza is an urgent public health priority. Every year millions of Americans are affected by influenza, and thousands face severe illness, disability and even death due to influenza. Due to the substantial public health burden that the flu causes every year, AIM believes that increasing rates of annual vaccination against flu is a critical public health priority.

6. Healthy People 2030 includes one developmental objective to increase the percentage of pregnant women receiving a Tdap vaccination during pregnancy (IID-2030-D01). AIM is in support of this measure due to the important public health impact of maternal immunization. However, ACIP recommends that pregnant women also receive seasonal influenza vaccination. AIM suggests that Healthy People consider reinstating IID-2020-12.14, increase the percentage of pregnant women who are vaccinated against seasonal influenza, in Healthy People 2030. Only about half of pregnant women received an influenza vaccination for the 2017-2018 influenza season<sup>iv</sup>. Pregnant women and their babies are especially susceptible to flu and its potentially severe side effects. Infants under 6 months cannot receive their own influenza vaccination and are reliant on the antibodies their mother passed to them for immunity from flu. The inclusion of this objective would encourage pregnant women and their providers to make sure they are appropriately immunized. Healthy People 2020 used NHIS as the data source for this

suggested objective, and it could be used again for Healthy People 2030. As the new HEDIS prenatal Tdap and flu vaccination measure is implemented, CDC could obtain commercial and Medicaid health plans performance on this composite measure by accessing data from NCQA or CMS (as applicable). See also last two paragraphs of this letter.

7. AIM strongly supports the seasonal influenza vaccination objective (IID-2030-13). However, AIM suggests that the IID-2030-13 should be expanded to include institutionalized persons in nursing homes and long-term care (LTC) facilities. Due to the close living quarters, influenza outbreaks are more likely in nursing homes and LTC settings<sup>v</sup>. This population is also more likely to have comorbid conditions such as heart disease, chronic lung issues, liver and kidney disease, and diabetes that give them higher risk for complications from influenza<sup>vi</sup>. As of 2016, over a million Americans lived in a certified nursing home<sup>vii</sup>. Healthy People 2020 contained an objective (IID-2020-12.8) to monitor this population, and as of 2015-16, the coverage level was 74.6%, still short of the HP 2020 goal of 90%. CMS collects data on this subject through the Minimum Data Set (MDS) which can be used again for HP2030.

AIM would also like to encourage continued harmonization of healthcare quality measures such as HEDIS with national goal setting efforts such as Healthy People. Alignment would help enlist the health system in attaining Healthy People objectives. By ensuring that similar benchmarks are set for health plans, programmatic efforts can have more of an impact, and will reduce the burden of reporting on providers. For example, a number of states have Regional Health Improvement Collaboratives. In at least one of these states,<sup>viii</sup> commercial health plans select and publicly report on a common set of quality measures, creating greater transparency and aligned incentives for health plans, health systems, and providers. Harmonizing with healthcare quality measures will allow Healthy People to harness these significant quality improvement efforts in the health system.

In addition, quality measurement and reporting in these commercial, Medicare, and Medicaid programs yields a much larger patient sample than NIS or NHIS, and can be stratified and reported by state and health plan, making these data actionable by (and help hold accountable) particular payers, health plans, and providers toward achieving Healthy People Objectives. Data on healthcare quality measures can be collected in several ways. At the national level, CDC could access CMS data (for Medicaid and Medicare); of note, the CMS Core Child Set will become mandatory for state Medicaid managed care plans to report in 2024.<sup>ix</sup> CDC could obtain and report quality measure results from National Committee on Quality Assurance (NCQA) for participating commercial, Medicaid and Medicare plans. NCQA-accredited health plans are required to report on a specified list of measures.<sup>x</sup> At the state and local levels, public health agencies can also obtain and act on these data in partnership with their state and local Medicaid and commercial health plans and health systems. Aligning with healthcare quality measures would provide an important tool for health system/public health partnerships to make progress toward meeting Healthy People 2030 objectives.

Thank you again for this opportunity to offer our thoughts and recommendations on the proposed HP2030 objectives. Please contact Claire Hannan, AIM Executive Director, at [channan@immunizationmanagers.org](mailto:channan@immunizationmanagers.org) or (301) 424-6080 to further discuss these comments. More information about the Association of Immunization Managers can be found at [www.immunizationmanagers.org](http://www.immunizationmanagers.org).

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<sup>i</sup> Centers for Disease Control and Prevention. ChildVaxView. Accessed January 5, 2019.

<https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/index.html>

<sup>ii</sup> Centers for Disease Control and Prevention. Pneumococcal Disease Transmission and Risk. Accessed January 8, 2019. <https://www.cdc.gov/pneumococcal/about/risk-transmission.html>.

<sup>iii</sup> Centers for Disease Control and Prevention. Chronic Diseases in American. Accessed January 8, 2019 <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>

<sup>iv</sup> Kahn KE, Black CL, Ding H, et al. Influenza and Tdap Vaccination Coverage Among Pregnant Women — United States, April 2018. *MMWR Morb Mortal Wkly Rep* 2018;67:1055–1059. DOI:

<http://dx.doi.org/10.15585/mmwr.mm6738a3>

<sup>v</sup> Lansbury L, Brown C, Nguyen-Van-Tam JS. Influenza in long-term care facilities. *Influenza Other Respir Viruses*. 2017 Sep; 11(5): 356–366.

<sup>vi</sup> Lansbury L, Brown C, Nguyen-Van-Tam JS. Influenza in long-term care facilities. *Influenza Other Respir Viruses*. 2017 Sep; 11(5): 356–366.

<sup>vii</sup> National Center for Health Statistics. Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2016. Accessed Jan 10, 2019.

[https://www.cdc.gov/nchs/hus/contents2017.htm?search=Nursing\\_homes](https://www.cdc.gov/nchs/hus/contents2017.htm?search=Nursing_homes)

<sup>viii</sup> [https://www.ihc.org/sites/default/files/resources/fs\\_amp\\_commercial\\_hmo.pdf](https://www.ihc.org/sites/default/files/resources/fs_amp_commercial_hmo.pdf)

<sup>ix</sup> <https://www.medicare.gov/federal-policy-guidance/downloads/sho18010.pdf>;

<https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>

<sup>x</sup> [The 2018-2019 Health Insurance Plan Ratings](#)