



ADVENTIST HEALTH
POLICY ASSOCIATION

March 23, 2015

Rebecca Fish

National Vaccine Program Office, Office of the Assistant Secretary for Health, Department of Health and Human Services

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RE: National Adult Immunization Plan

I am writing on behalf of the Adventist Health Policy Association (AHPA). We represent 83 hospitals and several hundred affiliated health care facilities (nursing homes, outpatient centers, urgent care centers, and others) across 17 states. One of our AHPA members (Florida Hospital) is the nation's largest Medicare provider.

We would like to thank you for the opportunity to comment on the proposed Plan referenced above. We also thank you for carefully considering and incorporating many of the comments that were submitted on this issue.

Please refer to comments below:

Goal 1: Strengthen the Adult Immunization Infrastructure

Objective 1.4: Increase the use of Electronic Health Records (EHRs) and Immunization Information Systems (IIS) to collect and track adult immunization data

Objective 1.5: Evaluate and advance targeted quality improvement initiatives

The Adventist Health Policy Association (AHPA) agrees that better data exchange and interoperability between EHRs and IIS is critical for the success of the National Adult Immunization Plan (NAIP) and recommend that a strategy supporting adult vaccine providers with limited EHR capacity be added to the Plan. We acknowledge that many providers who serve vulnerable populations cannot afford the upfront and regular fees associated with the adoption of EHR (despite government incentives, reimbursement penalties, and the complexities of ICD-10) and will struggle to meet the data reporting requirements prescribed in this Plan.

Objective 1.6: Generate and disseminate evidence about the health and economic impact of adult immunizations, including potential disease burden averted and cost-effectiveness with the use of current vaccines.

We urge the National Adult Immunization Plan (NAIP) to generate a compelling health and economic assessment that estimates the real affects and true costs of vaccines to engage and motivate providers in the implementation of the NAIP. Cost effectiveness models should incorporate costs of alternative public health measures that contain vaccine preventable diseases in the community, costs related to EHR optimization, booster shots, and auxiliary medical services (e.g., diagnostic costs), side-effects related to vaccination, as well as effects of suboptimal vaccination.

Goal 2: Improve Access to Adult Vaccines

Objective 2.2: Assess and improve understanding of providers' financial barriers to delivering vaccinations, including stocking and administering vaccines.

2.2.1. Research the cost of providing vaccination services in a provider setting to improve understanding of costs associated with the range of activities that are needed to ensure efficient and effective immunization services (e.g., ordering, handling, storage, administration, patient recall/reminders, and counseling)

The Adventist Health Policy Association (AHPA) believes that immunizations are a key element of preventive care and a cornerstone of primary care. We applaud your efforts to research the costs of providing vaccination services in a provider setting and recommend that you include direct and indirect costs associated with the proper coding of vaccines. This may include training staff and checking their work as well as administrative fees to monitor denials. Other costs may include additional office hours to accommodate working adults and time invested to review patient immunization history.

We appreciate the opportunity to submit comments and we hope you find them helpful and useful.

Sincerely,

A handwritten signature in blue ink that reads "Richard E Morrison". The signature is written in a cursive style.

Richard E Morrison

President