AMERICAN ACADEMY OF FAMILY PHYSICIANS

October 24, 2019

Director Tammy R. Beckham, DVM, PhD
Office of Infectious Disease and HIV/ AIDS Policy
U.S. Department of Health and Human Services
330 C St. SW, Rm L001
Washington, D.C. 20024

Dear Director Beckham:

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, I write in response to the request for information from non-federal stakeholders on developing the 2020 National Vaccine Plan as published by the U.S. Department of Health and Human Services in the September 24, 2019 *Federal Register*.

The National Vaccine Plan (NVP) was mandated by Congress to ensure there is an adequate access and supply of vaccines, by guaranteeing the effectiveness and optimal use of vaccines. The AAFP appreciates the opportunity to comment on this important issue since it is the Academy's policy to endorse immunizing all children and adults, regardless of economic and insurance status. Furthermore, the AAFP believes that all public and private insurers should include, as a covered benefit, immunizations recommended by the AAFP without co-payments or deductibles. The AAFP believes that the ultimate goal is to have vaccine manufacturers and distributors deliver adequate, timely, and complete orders of immunizations recommended by the AAFP to family physicians in a prioritized manner to most effectively achieve adequate vaccination of all patients. We offer the following AAFP responses to the questions posed in this request for information.

1. Priorities for the 2020 National Vaccine Plan during 2020–2025. What do you recommend as the top priorities for vaccines and immunizations in the United States? Why are these priorities most important to you?

The AAFP encourages policymakers to enhance personal responsibility for getting vaccinated. The nation must combat vaccine hesitancy by executing a broad and persistent social marketing campaign countering misinformation leading to increases in vaccine hesitancy. HHS should ensure the federal government speaks with one voice about the benefits of vaccines. In addition, HHS must counter the rise in non-medical exemptions for vaccines by funding certain federal health programs contingent on removal of non-medical vaccine exemptions.

A priority for the 2020 plan must be to bridge the gap in getting immunizations to rural America. Increases in children, adolescents, and adults immunization rates in rural areas, as well as urban ones, are the best protection against preventable diseases.

Public and private payers should provide physicians with access to immunization information, education, and reporting of adverse patient events. Patients should be able to easily access their

immunization data in real time using a smart phone or computer. They should be able to share and download a complete record for themselves and share with physicians and other clinicians in real time. This ability is dependent on the existence of a national database and/or national data standards for information sharing as well as the adoption of those standards by all electronic health records (EHRs), regardless of vendor, and state immunization registries.

Furthermore, it must be easier for patients to know when they are due for a vaccine using text messages, email, voice mails, etc. Patient communications such as the Vaccine Information Statement (VIS) must be made simpler and quick to read unlike the current VIS form which is too long and includes language that may be too difficult for patients to understand. Policymakers should print key messages on a postcard or one-pager attached to any lengthier version.

Public and private payers should use geo-mapping to track vaccination rates by zip code or neighborhood and then target identified areas with low immunization rates. Policymakers could establish vaccination locations for every neighborhood and recruit community champions to encourage immunization. HHS and states should offer incentives to champions for high success rates. Communities should be presented with monthly updates of standard immunization rates (weekly for flu) and incentivize community leaders to improve rates. HHS should publish comparative rates nationally so communities can see how they are doing in comparison to themselves and their peers. The administration should also enhance funding to support public health tracking and surveillance efforts.

Physicians are among the most trusted experts who can counsel patients about vaccine hesitance. There are also promising community-based activities that support vaccine confidence. The Administration should also support evidence-based best practices to encourage effective physician-patient conversations and to grow community-based programs to overcome cultural barriers that promote vaccine hesitance.

Furthermore, the AAFP has been working with stakeholders and the Centers for Medicare & Medicaid to reduce administrative burdens. We strongly believe that reducing the administrative burdens for physicians associated with vaccine administration should be a priority.

The AAFP firmly believes that all public and private insurers should include, as a covered benefit, immunizations recommended by the AAFP without co-payments or deductibles regardless of in-network, out of network, or plan. No insurance plan should be exempt from covering immunizations. Prices should be standardized nationwide for all vaccines. **Where medical practices incur a cost for vaccines, the AAFP calls for adequate payment for the vaccine itself and all associated overhead costs (i.e., acquisition, storage, inventory, insurance, spoilage/wastage, etc.) of all immunizations recommended by the AAFP, and their administration, with no patient cost-sharing, as well as covering an evaluation and management (E/M) service during the same visit, when a significant and separately identifiable E/M service is provided and documented.**

Public and private payers should develop and promote patient and clinician centered incentives for vaccine manufacturers. This can be done by incentivizing the production of combination vaccines to

reduce the “shot burden” associated with vaccines and by promoting an emphasis on clinical outcome data in the CDC/ACIPs GRADE framework to reduce the burden of potentially ineffective vaccines.

Stakeholders should encourage a coordinated system of vaccine delivery. This can be achieved by promoting preferential distribution of vaccines to primary care physicians and health departments so they can compete fairly for the administration of vaccines to their patient populations. HHS should require bi-directional interoperability of vaccine registries and EHRs and require universal participation in vaccine registries with opt-out capabilities only – moving toward a national vaccine registry.

HHS should track exemptions and reasons for not being vaccinated. A method to achieve this would be to use Z-codes to accomplish this goal.

2. What changes should be made to the 2010 National Vaccine Plan to make it more current and useful? This could include changes to the goals, objectives, strategies, activities, indicators, and other areas of the plan. Which components of the 2010 National Vaccine Plan worked well and should be maintained?

Policymakers should update the plan to include an objective focused on easing the administrative burden of gathering, managing and reporting immunization information. HHS and EHR vendors should enhance the capabilities of EHRs and other technology to support the management, access to, and reporting of useful immunization information. HHS should work to standardize State Immunization Information Systems and link these systems nationally. Current systems vary in robustness, completeness, accuracy, ease of access, and cost to access. Unfortunately, interstate communication regarding vaccines is rare. We must work to integrate access to immunization data with access to other clinical data and claims data using national data standards for information exchange.

The Administration should also consider adding a more specific objective focused on the dissemination of evidence-based best practices for physicians to overcome vaccine hesitancy.

Currently, the plan includes strategies focused on awareness as part of preventive health. The AAFP recommends adding a strategy for enhancing vaccine awareness as a chronic disease management strategy for doctors and for patients.

The HHS plan should ensure all EHRs vendors do not create a financial burden on their customers on needed immunization functionality. Currently EHR vendors charge high rates to physicians to connect to state immunization registries that are not standardized nor interoperable nationally. The plan should relieve physicians and users of EHRs of the burden of enabling data exchange with immunization registries. HHS must hold vendors of EHR systems and immunization registries accountable for this function with ability to enable automatic feeds to registries with no burden imposed on users of systems.

HHS must hold information technology vendors accountable for creating a national standardized, easily accessible, accurate, robust immunization information system. Furthermore, HHS should

require all entities that administer vaccines to report standard information to their state/national registry.

Finally, HHS should require all public and private payers to share claims data with patients and physicians and contribute to immunization databases to help track longitudinal immunization history.

3. What are the goals, objectives, and strategies for each of your top priority areas? Are there any goals in the current strategy that should be discarded or revised? Which ones and why?

The NVAC's goals of developing new vaccines, enhancing the safety system, supporting communication for informed decision-making, and ensuring a stable supply of and access to vaccines are the most consistent with the AAFP's priorities. The Academy also recognizes the importance of global disease prevention through immunizations.

The current NVAC objectives that align with the AAFP's strategies are Objective 3.1.1 Utilizing communication approaches that are based on ongoing research along with strategies to help individuals, parents, and providers make informed decisions regarding vaccination (3.1.5) and collaborations for communication efforts (3.2)

The plan's objective (3.3) for enhancing vaccine delivery also is consistent with the AAFP's current work. There are numerous strategies that support the Academy's work. Specifically, enhancing communication of new findings regarding vaccine effectiveness (3.3.1); increasing awareness for preventive health (3.4.4.); developing accessible information (3.4.6); and providing program managers; and policy makers with appropriate costs information (3.5.4).

The plan's strategies for ensuring consistent and stable delivery (4.1.3); expanding access (4.2.3); promoting high vaccine coverage across the lifespan (4.2.7); reducing financial barriers (4.3); supporting interoperable health information technology and EHR (4.4.3); supporting health care providers in vaccine counseling and delivery (4.6); and supporting adequate reimbursement for vaccine counseling, administration, storage and handling (4.6.6) are among the top priorities for the AAFP.

4. What indicators can be used to measure your top priorities and goals?

The plan should include a description of how immunization rates will be evaluated and how success is defined. HHS and stakeholders should fund research into effective communication about vaccinations and their safety and effectiveness.

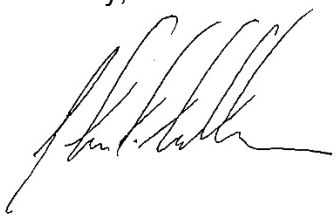
The AAFP encourages the recognition that the target audience for vaccine education will be in constant motion. Those who were not thinking about childhood immunizations last year are new parents this year. Those who were not eligible for an adult vaccine last year have now aged into eligibility.

Additional AAFP recommendation

On the 2010-2015 National Vaccine Plan, we encourage HHS to delete the outdated goals related to Regional Extension Centers (printed page 19, PDF page 21). These have become obsolete.

We appreciate the opportunity to provide these comments. Please contact Robert Bennett, Federal Regulatory Manager, at 202-655-4908 or rbennett@aafp.org with any questions.

Sincerely,



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