

October 18, 2002

CMS Influenza and Pneumonia Activities

Immunization (Standing Orders Regulation): This new regulation was published in the *Federal Register* on October 2, 2002. The regulation allows hospitals, nursing homes and home health agencies to use Standing Orders to immunize their patients.

Attached are two press releases (consumer and professional versions) from the Oklahoma Foundation for Medical Quality on the new Immunization Regulation.

CMS/CDC Standing Orders Project

Standing orders programs authorize nurses or pharmacists to administer vaccination according to an institution- or physician-approved protocol without a physician's examination.

To date, the Standing Orders Project reveals that, after a review of 22,000 nursing home residents in 14 states, vaccine coverage rates fall far below the *Healthy People 2010* goal of 90%. Baseline data indicates only 58% and 33% of nursing home residents received the flu and pneumonia vaccines, respectively. Preliminary data also shows that standing orders are associated with the highest coverage rates in nursing homes for flu and pneumonia. Currently, less than 10% of nursing homes are using standing orders. However, the coverage rate for flu using standing orders is 71% vs. 56% for usual care. The coverage rate for pneumonia using standing orders is 75% vs. 4% for usual care. Standing orders have been proven more effective and are less costly. The cost of implementing a standing order is \$7.00 per resident as compared to alternative interventions, which is \$14.00 per resident (twice as expensive).

Office of Clinical Standards and Quality – Quality Improvement Organizations

Every QIO is required to work on immunization (influenza and pneumococcal) projects: The projects include working with:

- Immunization coalitions in their states to promote immunizations in ambulatory and institutional settings.
- Hospitals to promote standing orders.
- Physician on public health campaign messages and sending them directly to physician offices showing the percentage of patients being immunized.
- Flu clinics, senior centers and health fairs. Some QIOs provide direct beneficiary education at these sites.
- The Disparities project which focuses on increasing flu and pneumonia vaccination rates among diverse populations (African-American Hispanics and Native American Indians).
- Historically Black Colleges and Universities.

- Physicians. Some QIOs are providing direct mail and information to primary care physicians and encouraging them to vaccinate their population of patients.
- Cable networks and producing public service announcements, and speaking on radio talk shows about the importance of being immunized against influenza and pneumococcal diseases.

CMS National Influenza and Pneumococcal Campaign*: Funds are used to evaluate innovative health promotion campaigns and improve immunization rates among minority and other vulnerable populations (African-American, Hispanic and Native American Indians): In FY 02, CMS is contracting with the following organizations:

- National Medical Association
- CDC National Immunization Conference
- National Conference on Immunization Coalitions
- CMS Region-Specific Outreach Efforts
- National Foundation for Infectious Diseases
- Oklahoma Foundation for Medical Quality
- Baltimore City Health Department
- Dallas Area Agency on Aging
- Rio Grande Area Agency on Aging in El Paso
- Religious, Educational, Charitable & Development Projects, Inc.
- Mille Lacs Band of Ojibwe Indians – Ne-Ia-Shing Clinic (Native American Indians)
- Virginia Commonwealth University

In FY 03, CMS will contract with organizations to improve the rate of immunizations among Asian-Pacific Islanders.

Vaccine Supply Update (As of September 30, 2002): No delays are expected in the availability of influenza vaccine or shortages of vaccine supply.

- Manufacturers now project 94.9 million doses to be produced this year, which greatly exceeds last year's production of 87.7 million.
- CMS, CDC and other groups represented must work to increase demand for the vaccine to make sure that all produced is used.
- If all companies continue to proceed as planned, the bulk of the vaccine should be distributed by the end of October.

Flu & Pneumonia Reimbursement Rates: Medicare pays:

- \$8.02 for influenza vaccine
- \$13.10 for pneumococcal vaccine.
- \$3.00 to \$6.00 for administration costs which varies in accordance with geographic location.

*QIO support monies fund the CMS Influenza and Pneumococcal Campaign.