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Nursing Home Vaccination: Reaching *Healthy People* Goals

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EXECUTIVE SUMMARY

PURPOSE

To identify ways to accelerate fulfillment of the *Healthy People 2010* objective of vaccinating 90 percent of nursing home residents against influenza and pneumococcal disease.

BACKGROUND

Influenza and pneumococcal vaccines are proven to reduce death and hospitalization among nursing home residents. Accordingly, an objective set forth by the Department of Health and Human Services (HHS) in its *Healthy People 2010* public health goals is to increase vaccination rates for influenza and pneumococcal disease in nursing homes to 90 percent. However, despite Medicare coverage of both vaccines, data suggest that nursing homes fall short of this mark. The National Nursing Home Survey from the Centers for Disease Control and Prevention (CDC) indicates that in 1995, 61 percent of nursing home residents received an annual influenza vaccination and only 22 percent have ever received the pneumococcal vaccine. In response, CDC and the Health Care Financing Administration (HCFA) have a number of efforts underway to encourage nursing homes to vaccinate their residents.

This report draws on State initiatives to increase influenza and pneumococcal vaccination coverage in nursing homes. We chose to profile State initiatives because States are taking an increasing role in adult vaccination and their efforts can help illuminate ways to reach *Healthy People* goals. We gathered data for this study through literature reviews, telephone discussions with Federal officials and industry experts, site visits to States and nursing homes, and structured interviews with State officials and nursing home staff.

FINDINGS

Our review of State initiatives suggests that four levers of change can be influential in reaching the *Healthy People 2010* objective for vaccinating nursing home residents.

1. **Making Vaccination a Standard Part of Admission.** Integrating vaccination into the admission process enables nursing homes to address vaccination for every new resident in a routine, systematic manner.

2. **Collecting Uniform Data on Vaccination Coverage.** Uniform data on vaccination coverage allows public health officials, long-term care regulators, and the nursing home industry to identify gaps in coverage and take action to close them.

3. **Facilitating Nursing Homes' Access to Vaccines.** Easier access to vaccines, through improved ordering, distribution, and reimbursement mechanisms, can help ensure that vaccines are readily available to nursing homes.

4. **Enhancing Education About Vaccine Safety and Efficacy.** Better understanding about vaccine safety and efficacy among nursing home residents, staff, physicians, and residents' families can help to increase vaccination in nursing homes.

OPPORTUNITIES FOR IMPROVEMENT

HCFA and CDC conduct a number of activities aimed at increasing nursing home vaccination. Key efforts from HCFA include its simplified roster billing procedures, its nursing home Resident Census, and its outreach through the Medicare PROs. Key CDC efforts include its new handbook on nursing home vaccination, its biannual National Nursing Home Survey, and its vaccination guidelines. In addition, the agencies frequently collaborate to educate nursing homes and others about the importance of vaccination. For example, they host the National Adult Immunization Conference, which provides States, nursing homes, and others with a forum to share effective practices for increasing vaccination rates.

Beyond these efforts, the levers in this report prompt us to identify options for additional action toward fulfillment of *the Healthy People* objective for nursing home vaccination. We direct three options exclusively to HCFA and a fourth jointly to HCFA and CDC. We focus primarily on HCFA because it has responsibility for quality oversight of nursing homes and thus could more directly influence nursing homes' actions. However, we recognize that CDC plays an important role and that its involvement will be vital to progress in each area.

HCFA could require nursing homes to assess residents for vaccinations upon admission. Such a requirement would integrate vaccination into the admission process and ensure that nursing homes offer needed vaccinations in a routine and systematic manner. HCFA could strengthen its existing nursing home regulations on infection control by instructing nursing home surveyors to probe for policies and procedures that follow the latest vaccination guidelines published by CDC. Tools such as standing orders and revolving consent forms could help nursing homes meet the requirement.

HCFA could add vaccination to the Minimum Data Set, which nursing homes collect during routine Resident Assessments. The Minimum Data Set is data that HCFA requires nursing homes to collect during in-depth, recurring evaluations of residents' health status, called Resident Assessments. Adding vaccination to this data set would provide HCFA and CDC with data that are better-suited for focusing improvement efforts than those available from either the National Nursing Home Survey or the

Resident Census.

HCFA could increase the use of the PROs, fiscal intermediaries, and carriers to teach nursing homes about Medicare roster billing. The recent implementation of Medicare's prospective payment system for nursing homes underscores the need for additional education about Medicare roster billing. To make the most effective use of its resources, HCFA could use billing or other data to identify and focus efforts on nursing homes that have the most difficulty billing Medicare.

HCFA and CDC could use the Minimum Data Set to identify and reach out to nursing homes with low vaccination rates. If HCFA chose to use the Minimum Data Set to collect vaccination data, it and CDC could use these data to identify and reach out to lagging nursing homes through their networks of regional and field offices. This approach would leverage the expertise of local HCFA and CDC staff, who are familiar with local nursing homes and the populations they serve, as well as the educational barriers that nursing homes face.

COMMENTS ON THE DRAFT REPORT

We received comments from HCFA, CDC, and the HHS Assistant Secretary for Program Evaluation (ASPE).

The HCFA and ASPE concurred with the opportunities for improvement we identified. In its comments, HCFA outlined its plans for adding vaccination to the MDS, for increasing the use of Medicare contractors and PROs to teach nursing homes about Medicare roster billing, and for using MDS data to target education. Regarding mandating that nursing homes assess residents for vaccinations upon admission, HCFA outlined efforts it and its contractors are taking to persuade nursing homes to integrate vaccination into the admission process. However, it agreed that if these efforts are unsuccessful, it could consider making vaccination a mandatory Condition of Participation for nursing homes. We are pleased that HCFA has agreed to take action in each of the areas we identified.

Based on comments from CDC, we strengthened language related to integrating vaccination into the admission process, referenced ACIP recommendations for vaccination of nursing home staff, and clarified language throughout the report.

TABLE OF CONTENTS

INTRODUCTION

PURPOSE

To identify ways to accelerate fulfillment of the *Healthy People 2010* objective of vaccinating 90 percent of nursing home residents against influenza and pneumococcal disease.

BACKGROUND

Life-Saving Vaccines That Are Covered by Medicare

Influenza and pneumococcal vaccines are proven to reduce death and hospitalization among nursing home residents.[1,2] Vaccination guidelines from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) state that nursing home residents age 65 and over should receive the influenza vaccine annually and the pneumococcal vaccine once in their lifetimes.[3,4] ACIP guidelines also recommend that staff who care for nursing home residents receive annual influenza vaccinations as well.[5] Both vaccines are covered by Medicare.

Accordingly, an objective set forth by the Department of Health and Human Services (HHS) in its *Healthy People 2000* public health goals is to increase vaccination rates for influenza and pneumococcal disease in nursing homes to 80 percent of all residents by the year 2000.[6] The newest objective recently put forth in *Healthy People 2010* aims to increase vaccination coverage even further — to 90 percent by the year 2010.[7]

Usage Lags in Nursing Homes

However, data suggest that vaccination rates in nursing homes lag far behind the objective set forth in *Healthy People*.[8] For example, the CDC National Nursing Home Survey indicates that in 1995, 61 percent of nursing home residents received an annual influenza vaccination and only 22 percent have ever received the pneumococcal vaccine.[9] The survey also indicates that the dual vaccination rate may be as low as 21 percent.[10] These low rates show that nursing homes miss a significant opportunity to reduce death and hospitalization by giving more residents these vaccines.

Many factors help to explain low vaccination rates in nursing homes. Barriers include failure to get physician orders and resident consent to vaccination, poor documentation of vaccination, difficulty with reimbursement and Medicare billing, concerns about the safety and efficacy of vaccines, and low priority of vaccination in the nursing home.

Current Federal Activity in Nursing Homes

HHS agencies conduct a variety of outreach to encourage nursing homes to vaccinate their residents. For example, as part of its Influenza and Pneumococcal Campaign, the Health Care Financing Administration (HCFA) publishes fact sheets and guides to help nursing homes understand Medicare coverage and reimbursement for vaccines. CDC publishes ACIP guidelines for vaccine usage, provides technical assistance to nursing homes, and surveys them on vaccination coverage rates. Both agencies work with outside groups that wish to increase vaccination coverage in nursing homes. Finally, Medicare Peer Review Organizations (PROs) in several States are leading improvement projects to help nursing homes increase vaccination coverage.

State Vaccination Initiatives Can Be Key

State vaccination initiatives can play a key role in increasing vaccination rates. As part of these initiatives, States assemble resources from broad coalitions to increase vaccination coverage within a given target population. State initiatives may involve Federal, county, and local government, public health networks, provider associations, community organizations, and others. In fact, a variety of State initiatives, ranging from grass-roots education to rule-making, have played large roles in the success of childhood vaccination in the United States.[11] Similarly, State initiatives to improve vaccination coverage among nursing home residents are beginning to play an essential role as adult vaccination continues to increase in priority.

This Inquiry

This report draws on State initiatives to increase influenza and pneumococcal vaccination coverage in nursing homes. It is not an evaluation of State initiatives nor is it a definitive list of all State efforts to increase vaccination coverage in nursing homes. Rather, we use States' experiences to explore the actions necessary to speed attainment of the *Healthy People 2010* objective for nursing home vaccination.

We collected data for this report in two stages. First, we located a pool of State initiatives by conducting literature reviews and holding discussions with officials from CDC, HCFA, State governments, representatives of trade groups, and vaccination coalitions. We then categorized the initiatives according to four broad approaches: measurement of vaccination rates, vaccination mandate, vaccine purchase, and education. We then purposely selected one to three State initiatives from each category, based on their scope, length of time underway, and experience, among other aspects. The States whose initiatives we chose were Massachusetts, Montana, Illinois, New Jersey, Delaware, Oklahoma, Louisiana, and New York.

During the second phase of our data collection, we gathered information to generate a profile of each of the eight State initiatives. During this phase we conducted structured interviews with officials from each State, either over the telephone or on-site; conducted

structured interviews on-site at six nursing homes in three of the States; and held conversations with other stakeholders, including nursing home trade associations and Medicare PROs.

This inquiry describes key levers of change to increase vaccination coverage in nursing homes. Along with each lever, we give a brief summary of corresponding State initiatives (See Appendix A for a full description of each State's initiative). In addition we use these levers to identify options that HHS could take to accelerate fulfillment of *Healthy People* objective for nursing home vaccination.

We conducted this inspection in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

FINDINGS

Our review of State initiatives suggests that four levers of change can be influential in reaching the *Healthy People 2010* objective for vaccinating nursing home residents.

1. **Making Vaccination a Standard Part of Admission.** Integrating vaccination into the admission process enables nursing homes to address vaccination for every new resident in a routine, systematic manner.

   When nursing homes fail to address vaccination during admission, vaccination can become a disjointed and complex process. For example, after admission, obtaining simple, yet critical information about the resident's vaccination history and allergies becomes more difficult. Physicians can forget to assess residents for vaccination and to write orders for vaccines. Getting the resident's or his/her family's consent to vaccination can become a major hurdle after admission. The admission period is optimal because it brings together people and information that are key to the vaccination process — including the resident, his or her family, medical records, and the nursing home staff and physicians who are responsible for the resident's care. In addition, the admission period is ideal for implementing systematic vaccination tools such as revolving consent forms, which require nursing homes to gain consent only once for annual influenza vaccinations, and standing orders, which eliminate the need for physicians to write individual orders for vaccines.[12] When vaccination is a standard part of admission, nursing homes can use this collection of resources to ensure that vaccination is automatically addressed for every new resident.[13] In fact, CDC guidelines from the ACIP recommend that nursing homes use the admission process as part of their influenza vaccination programs.

   ### New Jersey

   New Jersey administrative code mandates that nursing homes offer every resident influenza and pneumococcal vaccines upon admission. To meet State requirements, nursing homes must assess every admission for vaccination and document acceptance or refusal of vaccines in each resident's vaccination record. Nursing home staff we spoke with said they used vaccination protocols to make vaccination a standard part of their admission process. They did not find the procedures to be particulary burdensome to implement. Citing high compliance with the mandate and few disease outbreaks in nursing homes, State officials said their efforts have made a difference in vaccination coverage.

   ### Delaware

   Since 1990, regulations from the Delaware State Board of Health have required nursing homes to vaccinate their residents against influenza and pneumococcal disease according

to the recommendations of the ACIP. To comply with the mandate, nursing homes must maintain evidence on-file of annual influenza vaccination and one-time pneumococcal vaccination for every resident. The Board of Health assesses compliance with the mandate during the infection control portion of its annual licensure surveys of nursing homes. During early enforcement of the mandate, Board of Health surveyors cited about 10 percent of nursing homes with deficiencies for not complying with the mandate — mainly due to problems documenting contraindications to vaccination. State officials said that beyond these isolated problems during the first year of the mandate, they have had no difficulty obtaining full compliance.

2. Collecting Uniform Data on Vaccination Coverage. Uniform data on vaccination coverage allows public health officials, long-term care regulators, and the nursing home industry to identify gaps in vaccination coverage and take action to close them.[14]

Without uniform, reliable data on vaccine use in nursing homes, it is nearly impossible to focus meaningful efforts on increasing vaccination rates. Public health officials are unable to learn where the vaccine delivery system is breaking down. Regulators have no way to scan for nursing homes with lagging vaccination rates. The nursing home industry cannot discover and share best practices of those with exceptional rates. Yet, these activities form an essential ingredient of focused and informed action to increase vaccination rates. In the absence of data from these activities, efforts to increase vaccination rates may amount to little more than grasping at straws. In fact, half of the States we profiled for this report had to conduct a survey of nursing homes as the first step in their initiative to increase vaccination coverage.

Massachusetts

Massachusetts has made progress in collecting uniform data on vaccination in nursing homes. For the past 3 years, the State has conducted a "Pneumonia Survey" to learn about vaccination practices in nursing homes. Using the survey, the State has been able to learn where vaccination rates lag and where to target educational efforts. For example, it learned from its survey that, in 1997, 82 percent of nursing home residents in the State received an influenza vaccination. However, it also learned that pneumococcal vaccination and vaccination of nursing home staff trail far behind that of influenza. Preliminary data from the 1998 survey show that rates are climbing, but still have room for improvement. The State plans to use these data to design educational programs for nursing homes and to challenge those with low vaccination rates to improve.

Montana

To track vaccination in nursing homes, the Montana Immunization Program conducted vaccination surveys in 1991, 1994, 1996, and 1998. The survey collected data on resident and staff vaccination levels as well as data on vaccination policies. Program officials use the survey data to assess progress on reaching the *Healthy People 2000* vaccination goals and to guide educational strategies. For example, 1998 survey data revealed that Montana's nursing homes exceed the *Healthy People 2000* objective for influenza vaccination but lag in pneumococcal vaccination and vaccination of nursing home staff.

To address these and other issues, Program officials are compiling a vaccination training manual for their field nurses to use when they visit nursing homes. They have also shared survey data with nursing homes to highlight the State's progress toward meeting the *Healthy People 2000* goals and to make best practice recommendations.

Illinois

Since 1993, Illinois has surveyed nursing homes to collect vaccination data and to increase nursing homes' awareness of strategies to prevent influenza and pneumococcal disease. The survey collects data on nursing homes' vaccination coverage, policies for staff and resident vaccination, and Medicare billing activity. Although State officials consider self-reported vaccination rates unreliable, they make use of aggregate data by sharing it with other stakeholders in nursing home vaccination. For example, officials share aggregate survey data with the State's survey and certification agency, who use it to bring attention to vaccination during on-site visits to nursing homes. Officials also share data with the Illinois Adult Vaccination Coalition, of which the State is a founding member. The coalition includes the Medicare PRO and Part B carrier, nursing home trade associations, and the HCFA regional office, among others.

3. Facilitating Nursing Homes' Access to Vaccines. Easier access to vaccines, through improved ordering, distribution, and reimbursement mechanisms, can help ensure that vaccines are readily available at nursing homes.

Hurdles that stand between nursing homes and vaccines place the vaccination of nursing home residents in jeopardy. For example, low reimbursement and burdensome paperwork, such as applying for billing numbers and completing lengthy claims forms, can discourage nursing homes from vaccinating their residents. Another hurdle can be the process for ordering influenza vaccine — which nursing homes must complete months in advance of the flu season. Even when nursing homes are committed to offering influenza vaccine to all residents, failure to order vaccines early enough and the resulting vaccine shortages can create unexpected crises — sometimes dangerously compromising nursing homes' immunity levels during the peak of flu season.[15]

Oklahoma

Since 1991, Oklahoma has enhanced access to vaccines by providing free influenza vaccine to nursing homes and, beginning with the 1999 flu season, it plans to provide free pneumococcal vaccine as well. State officials report that the largest challenge they face is getting enough funding to meet demand for vaccines. For example, in 1998, the State was unable to provide influenza vaccine to 17 percent of facilities due to funding limitations. Additionally, officials project that funding limitations will prevent their pneumococcal vaccine program from meeting demand as well. As a result, Oklahoma officials have started a program to recoup some of their vaccine costs by billing Medicare for doses given to Medicare-eligible nursing home residents. However, they report difficulty getting homes to send in billing information that is required for Medicare reimbursement. To overcome this problem, officials plan to hire a contractor to provide technical assistance to nursing homes and to bill Medicare on the State's behalf.

Louisiana

Louisiana ensures access to influenza vaccine by providing it to nursing homes free of charge. Citing a 90 percent vaccination rate, State officials say that vaccination has become 'standard procedure' at Louisiana's nursing homes over the 15 years that their influenza program has been in place. Recently, the State began working with the local Medicare PRO to teach nursing homes how to bill Medicare for vaccination. This would allow nursing homes to be paid for administering the influenza vaccine and would enable the State to recoup some vaccine costs. However, despite the financial incentive for nursing homes, State officials report problems getting them to provide information that Medicare requires for reimbursement, such as each resident's name, address, Medicare number, date of birth, signature, and the date the vaccination was given. This difficulty with billing for influenza vaccine has prompted State officials to delay expanding their program to include pneumococcal vaccine, which was funded with the stipulation that the cost of the vaccine be recovered by billing Medicare.

4. Enhancing Education About Vaccine Safety and Efficacy. Better understanding about vaccine safety and efficacy among nursing home residents, staff, physicians, and residents' families can help to increase vaccination in nursing homes.

Fear and misperceptions among nursing home residents, staff, physicians, and residents' families about influenza and pneumococcal vaccines remain significant barriers to vaccination. Residents' and their families' fears about catching the flu or pneumonia from vaccines can discourage residents from accepting vaccination. Furthermore, residents' reluctance to accept vaccination grows when their physicians lack confidence that vaccines effectively protect them from illness and death. Staff who refuse vaccination not only compromise the safety of the residents they care for, but also provide little reassurance to residents who are uncertain about vaccination. Even in nursing homes that systematically offer vaccines to every resident and staff member, fear and misperceptions about vaccination can restrain coverage to only marginal levels.[16,17]

New York

Since the 1970s, New York has informed nursing homes about influenza by sending an annual packet of information to all nursing homes in the State. Sent during flu season, the packet contains guidelines on influenza vaccination, model consent forms, instructions on how to order vaccines, and a fact sheet for educating residents, among other things.[18] State officials admit that, due to resource limitations, a weakness of their educational program is their inability to personally follow-up with nursing homes to reinforce the information they send out in their packets. Ironically, it is outbreaks of influenza and pneumococcal disease — which the State's educational program aims to prevent — that provide officials with the best opportunity to educate nursing homes about vaccination, since officials must go on-site to investigate each outbreak. Nursing home officials we spoke with appreciated the State's efforts, but felt that it should do more to target nursing home residents, their families, and the residents' doctors, who can be influential vaccination advocates.

Other States

Officials from States that conduct initiatives to measure vaccination rates, mandate vaccination, and purchase vaccines reinforced the importance of buttressing their efforts with education targeted toward nursing home staff, administrators, residents, and their families. For example, Massachusetts and Montana both use survey data to guide provider education focused on lagging pneumococcal rates. New Jersey officials wish to supplement their vaccination mandate with education focused on residents and families to reduce high vaccine refusal rates. Officials in Oklahoma stress resident and staff education as one of the challenges they face to make the State's vaccine purchase successful.

OPPORTUNITIES FOR IMPROVEMENT

The State initiatives we present in this report represent a core set of efforts focused on four levers to increasing nursing home vaccination. Concerted attention to these levers could speed progress toward attaining the *Healthy People 2010* objective for nursing home vaccination. Undoubtedly, the experiences of the States we profiled can be instructive for States that are considering taking action to increase vaccination coverage in nursing homes. As this report is not a conclusive list of State initiatives, we encourage States and nursing homes to share their experiences and stimulate discussion about effective practices for increasing vaccination rates in nursing homes.

At the Federal level, HCFA, the agency with regulatory authority over nursing homes, and CDC, the agency charged with preventing and controlling disease, each have important roles to play in increasing vaccination coverage in nursing homes. Both agencies have undertaken a variety of initiatives aimed at increasing vaccination among nursing home residents, often in partnership with one another.

In the following discussion, we outline opportunities that the levers we identified present to HCFA and CDC in their efforts to increase nursing home vaccination. We organize our discussion around each lever by first identifying key efforts that HCFA and CDC have taken and then proposing an option for additional action. We direct three options exclusively to HCFA and a fourth jointly to HCFA and CDC. We focus primarily on HCFA because it has responsibility for quality oversight of nursing homes and thus could more directly influence nursing homes' actions. However, we recognize that CDC plays an important role and that its involvement will be vital to progress in each area.

1. Making Vaccination a Standard Part of Admission.

Both HCFA and CDC encourage nursing homes to offer vaccines to nursing home residents upon admission. For example, HCFA, CDC, and the Medicare PROs have begun a new initiative to help nursing homes adopt standing orders to offer vaccination to residents upon admission. Standing orders alleviate the need for physicians to write individual orders for each resident who needs vaccination. Within its recommendations for prevention and control of influenza and pneumococcal disease, CDC's Advisory Committee on Immunization Practices continues to recommend standing orders as an important way of increasing vaccination coverage. These recommendations are widely considered to be the standard of care for vaccinations.

HCFA could require nursing homes to assess residents for vaccinations upon admission.

Such a requirement would integrate vaccination into the admission process and ensure that nursing homes assess new residents for needed vaccinations in a routine and systematic manner. To help nursing homes meet this requirement, HCFA could suggest that they use tools such as standing orders and revolving consent forms, which enable them to address annual flu vaccinations on a one-time basis. HCFA's current regulations for certification of nursing homes state that they must have an infection control program designed to "help prevent the development and transmission of disease and infection" (42 C.F.R. 483.65). Although HCFA mentions vaccination in its guidance for assessing compliance with these regulations, it could give more prominence to vaccination at admission. For example, similar to its guidance for assessing compliance with hand-washing requirements, HCFA could instruct nursing home surveyors to probe for written vaccination policies and protocols that follow the latest published standards, such as those from CDC.

2. Collecting Uniform Data on Vaccination Coverage.

HHS has in place two mechanisms for collecting data on vaccination coverage in nursing homes. The first is the National Nursing Home Survey (NNHS), which CDC conducts every other year. The NNHS gathers vaccination data through a chart review of residents' records at 1,500 nursing homes across the United States. However, the NNHS sample is not designed to generate State- and nursing home-level vaccination rates, which Federal, State, and local stakeholders need to identify gaps in coverage and focus improvement efforts. The second mechanism HHS has in place is the HCFA Resident Census, which nursing home administrators complete prior to annual licensure and certification surveys. This instrument collects data on the numbers of vaccinated residents in each nursing home. However, the data are self-reported by nursing home staff and are not validated.

HCFA could add vaccination to the Minimum Data Set, which nursing homes collect during routine Resident Assessments.

The Minimum Data Set (MDS) is data that HCFA requires nursing homes to collect during in-depth evaluations of residents' health status, called Resident Assessments. Adding vaccination to the MDS would provide HCFA and CDC with data that are better-suited for focusing improvement efforts than those available from either the NNHS or the Resident Census. For example, because nursing homes complete a Resident Assessment for each resident upon admission and at regular intervals thereafter, MDS data could be aggregated to the State- and nursing home-levels, unlike data from the NNHS. Moreover, Resident Assessments are based on documented evidence, including a review of the resident's medical record and conversations with nursing home staff. Thus, vaccination data collected in the MDS would likely be more accurate than self-reported data from the Resident Census. Finally, MDS data offer advantages in terms of timeliness and uniformity because nursing homes use standardized software to capture, edit, and transmit MDS data on an ongoing

basis.

3. Facilitating Nursing Homes' Access to Vaccines.

To lower financial and procedural barriers to vaccination, HCFA allows nursing homes and others to use a simplified billing procedure called roster billing to seek reimbursement for vaccinating Medicare beneficiaries. Roster billing eliminates the need for nursing homes to submit individual bills for vaccinating residents by allowing homes to instead submit a roster of Medicare beneficiaries who received vaccines. Over time, HCFA has continued to facilitate billing procedures by expanding roster billing to include pneumococcal vaccine, dropping daily minimum thresholds for roster billing, and allowing standing orders for vaccinations. Medicare carriers, fiscal intermediaries, and PROs have worked with nursing homes to teach and encourage them to use roster billing. In addition, HCFA has worked with industry partners such as the American Health Care Association and the American Association of Homes and Services for the Aging to publish an annual fact sheet on influenza and pneumococcal billing procedures that is tailored for nursing homes.

HCFA could increase use of the PROs, fiscal intermediaries, and carriers to teach nursing homes about Medicare roster billing.

We recognize the amount of outreach that HCFA and its agents have done to encourage nursing homes to use roster billing. Yet, more work may be required in this area, particularly in light of the recent implementation of Medicare's prospective payment system for nursing homes. Under this system, HCFA may wish to consider increasing its use of PROs, fiscal intermediaries, and carriers to teach nursing homes about roster billing and what impact prospective payment has on their ability to bill Medicare for vaccinations. To make the most effective use of its resources, HCFA could use billing or other data to identify and focus efforts on nursing homes that have the most difficulty billing Medicare.

4. Enhancing Education About Vaccine Safety and Efficacy.

HCFA and CDC have conducted several educational activities focused on increasing influenza and pneumococcal vaccination in nursing homes. For example, in 1997, they jointly published a one-page 'Special Alert for Nursing Homes,' stressing the safety of influenza and pneumococcal vaccines and urging nursing homes to make them available to Medicare beneficiaries. HCFA distributed this bulletin to all nursing homes in the country along with an annual fact sheet on billing Medicare for vaccinations. CDC recently completed work on a comprehensive handbook for nursing home vaccination that will provide nursing homes with information on vaccine guidelines, vaccination programs, and simplified Medicare billing, among other things.. In addition, Medicare PROs are involved in several projects focused on improving vaccination coverage in nursing homes, including their new effort to promote the use of standing orders for vaccination in nursing homes.

HCFA and CDC could use the Minimum Data Set to identify and reach out to nursing homes with low vaccination rates.

Provided HCFA chose to use the MDS to collect vaccination data, it and CDC could use these data to identify and assist nursing homes whose vaccination rates lag behind the *Healthy People* objective. HCFA could distribute nursing home-level data on vaccination coverage to its regional vaccination coordinators and Medicare PROs. CDC could distribute the data to its vast network of field offices and State and local public health offices. This would allow officials in the field to identify nursing homes with low vaccination rates and engage them on an individual, proactive basis. This hands-on approach would complement HCFA and CDC's broader activities by focusing efforts on lagging homes for which passive education may not be enough. In addition, this approach would leverage the expertise of their field staff, who are familiar with local nursing homes and the populations they serve, as well as the educational barriers nursing homes face.

COMMENTS ON THE DRAFT REPORT

We received comments on the draft report from the Health Care Financing Administration (HCFA), the Centers for Disease Control and Prevention (CDC), and the Health and Human Services Assistant Secretary for Program Evaluation (ASPE). We include the complete text of the comments in Appendix B.

Comments from HCFA and ASPE

The HCFA and ASPE concurred with the opportunities for improvement we identified. In its comments, HCFA outlined its plans for adding vaccination to the MDS, for increasing the use of Medicare contractors and PROs to teach nursing homes about Medicare roster billing, and for using MDS data to target education. Regarding mandating that nursing homes assess residents for vaccinations upon admission, HCFA outlined efforts it and its contractors are taking to persuade nursing homes to integrate vaccination into the admission process. However, it agreed that if these efforts are unsuccessful, it could consider making vaccination a mandatory Condition of Participation for nursing homes. We are pleased that HCFA has agreed to take action in each of the areas we identified.

In addition, HCFA and ASPE recommended that we clarify that nursing homes should offer residents the influenza vaccine during the flu season as well as upon admission. In response, we made minor changes to the language in our report. However, we continue to stress the importance of the admission process to vaccination. This is by no means meant to preclude addressing vaccination more frequently. However, admission is the optimal time to get the resident's or family's consent to vaccination, to document vaccination history, and to get physician's orders — regardless of whether it occurs during the flu season. Assessing new residents upon admission can ensure that these items are in place when it is time for nursing homes to carry out their seasonal influenza vaccination programs.

Finally, ASPE recommended that we discuss Medicare coverage rules, how Medicare determines vaccine reimbursement, and the adequacy of reimbursement, among other things. While we agree that these are important issues that warrant further study, they fall outside of the scope of this inquiry.

Comments from CDC

In its comments, CDC recommended that we give more prominence to integrating vaccination into the admission process, vaccination of nursing home staff, and using consultant pharmacists, among other things. Based on these and a separate set of technical comments from CDC, we strengthened language related to integrating vaccination into the admission process, referenced ACIP recommendations for vaccination of nursing home staff, and clarified language throughout the report.

APPENDIX A

Measurement Initiatives

Overview

Measurement initiatives are efforts to measure vaccination rates and learn about vaccination issues in nursing homes. They can tell States which nursing homes are reaching vaccination goals and give insights into barriers and to best practices for vaccination. Public health agencies and nursing home oversight bodies can use this information to guide action aimed at enhancing vaccination rates. For example, States may create educational programs for nursing home staff and residents or focus on vaccination procedures during their annual certification surveys of nursing homes.

Several potential problems may weaken the usefulness of measurement initiatives. Because measurement usually takes the form of a survey, poor survey design or poor response rates can generate unreliable data. Second, even with good data, measurement initiatives have limited impact when States fail to use the data they collect to take action to increase vaccination rates.

Massachusetts

Description

Since 1996, Massachusetts has conducted an annual "Pneumonia Survey" of nursing homes. The State began the initiative after its Division of Health Care Financing and Policy identified pneumonia as the top diagnosis of nursing home residents admitted to hospitals. The State's survey collects data that include the numbers of residents and staff who received pneumococcal and influenza vaccines, reasons for resident refusal of vaccines, and residents who were transferred to the hospital with pneumonia. The purpose of the survey is to collect data that the State can use to target education aimed at increasing vaccination coverage and reducing resident admissions to hospitals due to pneumonia. In addition to its survey, the State also has a vaccine purchase initiative that provides influenza and pneumococcal vaccines to nursing homes.

Experience

After receiving only 31 out of 100 surveys the first year of its initiative, the State held a feedback meeting with respondent nursing homes to redesign its survey. The next year, the State mailed a revised survey to over 500 nursing homes in Massachusetts. It followed up on the survey by sending field nurses to pick up completed surveys in person and do a quality check of the survey responses with nursing home staff.[19] The State implemented this process fairly easily, since it already sent field nurses to nursing homes to perform audits of Medicaid data. Using this method, the State increased its response rate to about 95 percent and enhanced the quality of the responses. In 1998, the State added questions to its survey and

repeated this approach.

Using the survey, the State learned where vaccination rates lagged and where to target educational efforts. For example, it learned from its survey that, in 1997, 82 percent of nursing home residents in the State received an influenza vaccination. However, it also learned that pneumococcal vaccination and vaccination of nursing home staff trail far behind that of influenza. Preliminary data from the 1998 survey shows that rates are climbing, but still have room for improvement. The State plans to use these data to design educational programs for nursing homes and to challenge those with low vaccination rates to improve.

Nursing home representatives we spoke with found the survey was effective at raising awareness of the importance of vaccination and fostering collegial relations with the State. They also said that the State's field nurses were helpful because they could provide feedback based on what they had seen in other facilities. In fact, the nursing home representatives we spoke with said that more comparative data would be useful as a benchmark of their performance. However, they also find that the State's survey effort fails to address what they feel remains a major barrier to vaccination — resident and staff misperceptions about the influenza and pneumococcal vaccines.

Montana

Description

To track vaccination in nursing homes, the Immunization Program of Montana Department of Public Health and Human Services conducted a series of vaccination surveys. Officials at the Immunization Program began the initiative in 1991 as a telephone survey of 15 nursing homes. Later, they developed a short written survey, which they mailed to all nursing homes in 1994, 1996, and 1998. The survey collected data on resident and staff vaccination levels as well as data on vaccination policies. Program officials are using the survey data to guide their efforts to increase vaccination coverage in nursing homes.

Experience

Officials at the Immunization Program report that their survey has been successful at gathering useful data on nursing home vaccination. Through persistent telephone follow-up of unresponsive nursing homes, program officials have maintained a response rate of just under 70 percent of the State's nursing homes for the past three surveys. In addition, a recent survey conducted by the local Medicare PRO generated vaccination data that corroborated the results of the Immunization Program's survey.

Immunization Program officials use the survey data to assess progress on reaching the *Healthy People 2000* vaccination objectives and to guide educational strategies. For

example, in 1998, data revealed that nursing homes exceeded the *Healthy People 2000* objective by vaccinating 92 percent of the State's residents against influenza, while pneumococcal vaccination trailed behind at 71 percent. However, the data also revealed that nursing homes with standing orders for pneumococcal vaccine had higher vaccination rates. Armed with this information, program officials now recommend that nursing homes use standing orders for pneumococcal vaccine as a way of increasing their vaccination rates. Program officials are including this and similar expertise in a vaccination training manual for the Immunization Program's field nurses to use when they visit nursing homes. Yet despite these strides, officials report that competing priorities and reduced funding threaten to discontinue their adult immunization program.

Illinois

Description

In 1993, officials at the Illinois Department of Public Health began surveying nursing homes in response to outbreaks of flu-like illness in nursing homes. During follow-up calls to nursing homes where outbreaks occurred, Department officials learned that many nursing homes lacked standard written vaccination policies. In response, they designed a survey to collect vaccination data and to increase nursing homes' awareness of strategies that prevent influenza and pneumococcal disease. The survey collects data on nursing homes' vaccination coverage, policies for staff and resident vaccination, and Medicare billing activity.

Experience

Department officials report mixed success in carrying out their survey initiative. While their 1998 survey achieved a 67 response rate and piqued interest from nursing homes, officials say that vague responses from nursing homes have undermined the usefulness of some survey questions. For example, where the survey asks for the numbers of residents who have received vaccines, many homes answered 'all' or 'most,' thus preventing officials from calculating reliable coverage estimates. Officials would like to follow-up with nursing homes to validate the survey data, but staffing constraints prevent them from doing so.

Despite these problems, Department officials do their best to make use of the survey data by sharing it with stakeholders who can use it to promote vaccination. For example, officials share aggregate survey data with the State's survey and certification agency, who use it to draw attention to the importance of vaccination during on-site visits to nursing homes. The Department also shares data with the Illinois Adult Immunization Coalition, of which it is a founding member. The coalition includes the Medicare PRO and Part B carrier, nursing home trade associations, and the HCFA regional office, among others. Coalition partners frequently reference the Department's survey data in their educational efforts.

APPENDIX A

Mandate Initiatives

Overview

Mandate initiatives are laws or regulations that require nursing homes to offer vaccines to all residents. They offer States the most sweeping and direct way of addressing influenza and pneumococcal vaccination in nursing homes. States can fold vaccination mandates into standards that nursing homes must meet for State licensure, such as those for infection control. They can assess compliance with mandates on an ongoing basis by reviewing nursing home policy, residents' vaccination records, and other information during annual licensure and certification surveys. States can enforce mandates by imposing fines on noncompliant nursing homes or ordering them to submit plans for improving their vaccination programs.

However, vaccination mandates do not guarantee that homes will achieve high vaccination rates. Vaccination mandates can lose effectiveness if States fail to assess nursing homes' compliance or fail to take action against those who are noncompliant. In addition, misperceptions about vaccination among nursing home residents can lead to high refusal rates for vaccines — thus undermining even the most well-enforced mandate.

New Jersey

Description

New Jersey administrative code mandates nursing homes to offer every new resident influenza and pneumococcal vaccines upon admission. In addition, it requires nursing homes to offer influenza vaccine to all existing residents during flu season. The State created its mandate in 1998 as part of a broad vaccination campaign designed to ensure that at least 80 percent of seniors receive the opportunity to get vaccinations.[20] The State's Long Term Care Assessment and Survey unit enforces the vaccination mandate by checking nursing homes' policies, procedures, and vaccination rates during the infection control portion of its annual licensure surveys.

Experience

State officials are pleased with their efforts but believe they must do more than simply mandate that nursing homes offer vaccines to residents. While citing nursing homes' high compliance and low number of disease outbreaks as evidence that their approach to vaccination is working, officials also concede that vaccination rates still fall short of their goals. State officials believe that high numbers of resident refusals of vaccines are holding nursing homes' influenza vaccination rates to between 70 percent and 80 percent and pneumococcal vaccination rates to around 40 percent. They would like to address this problem by supplementing their mandate with a program to educate nursing home residents, their families, and personal physicians about the importance of vaccination.

Nursing home staff we spoke with said their facilities have had little difficulty complying with the State's vaccination mandates. To meet the pneumococcal vaccination requirement, they established a program that uses admission orders to assess every admission for pneumococcal vaccination and document acceptance or refusal of vaccines in each resident's vaccination record. To meet the influenza requirement, they set up a seasonal vaccination program that assesses all existing residents for influenza vaccination by November 30th and every new admission until February 1st.

Delaware

Description

Since 1990, Delaware State Board of Health regulations have required nursing homes to document influenza and pneumococcal vaccination for every resident, as indicated by CDC's Advisory Committee on Immunization Practices (ACIP). Officials at the Board of Health wrote the regulations to supplement their educational efforts on vaccination safety and efficacy. The mandate is enforced through the State's survey and certification process which, until recently, was conducted by the Board of Health's Office of Health Facility Licensing and Certification.[21]

Experience

Citing full compliance with the mandate, officials at the Board of Health believe that the mandate has been successful in large part because of work done early on in the mandate's development. For example, prior to publishing final regulations for the mandate, they held public hearings to seek input and buy-in from the public, nursing homes, and physicians. Perhaps more importantly, they also started a program to provide free influenza and pneumococcal vaccines to nursing homes, which continued until Medicare began paying for influenza vaccine in 1993. Finally, officials also attribute success to detailed enforcement of the mandate after it was enacted, which put nursing homes on notice that the Board of Health took the mandate seriously.

Despite success with their vaccination mandate, officials identified enhancements that would have made for a smoother implementation of the mandate. In-service training for nursing homes would have taught nursing home staff about the importance of vaccination, details of the regulation that established the mandate, and how to set up vaccination programs to aid compliance with the mandate. Training surveyors on how to examine vaccination records and developing standardized vaccination logs for nursing homes would have streamlined the survey process, which was initially slow and awkward.

APPENDIX A

Purchase Initiatives

Overview

Purchase initiatives are programs where States provide free vaccines to nursing homes. Because they enable nursing homes to provide influenza and pneumococcal vaccines to all residents regardless of their insurance coverage, vaccine purchase initiatives can dramatically increase access to vaccines. Also, by aggregating the vaccine needs of an entire State's nursing homes into one vaccine order, States remove the burden of ordering vaccines and negotiate stronger, more reliable purchasing agreements with vaccine manufacturers. Finally, although seasonal purchases of influenza vaccine are the centerpiece of purchase initiatives, vaccine purchases may also include pneumococcal and other vaccines on a year-round basis.

States face two problems that may undermine the effectiveness of vaccine purchase initiatives. First, even with free vaccines, nursing homes may elect not to participate in the initiative. Although vaccine purchases remove the burden of purchasing and seeking reimbursement for vaccines, they may do little to ease the workload and financial burden associated with administering vaccines — which in the case of influenza vaccine is nearly as high as the cost of the vaccine itself. Second, resident refusals of vaccination due to concerns about vaccine safety and efficacy can negate the impact of open access to vaccines created by vaccine purchases.

Oklahoma

Description

Since 1991, the Oklahoma Department of Health has worked to increase access to vaccines by providing free influenza vaccine to nursing homes. Department officials initially decided to purchase vaccines for nursing homes because Medicare did not pay for the influenza vaccine. Without free vaccines, officials felt that Oklahoma's nursing homes would not vaccinate their residents. Although Medicare began paying for influenza vaccine in 1993, the Department has continued to purchase vaccines for nursing homes. In fact, it is working to expand its purchase to include pneumococcal vaccine, even though it, too, is covered by Medicare. Department officials say that their program remains a vital source of vaccines because only half of Oklahoma nursing homes bill Medicare for services and, of those, few find that Medicare reimbursement makes it worthwhile to vaccinate their residents.

Experience

Officials at the Department of Health report that their vaccine purchase has made major inroads to protecting nursing home residents from influenza. Yet, they cite continual funding shortages as a major hurdle to further success. For example, in 1998, the State was unable to provide influenza vaccine to about 15 percent of facilities due to funding limitations.

Department officials project that their new pneumococcal vaccine program may fail to meet demand as well. To remedy the situation, they are developing a program to recoup vaccine costs by billing Medicare for doses given to Medicare-eligible nursing home residents. However, Department officials report difficulty getting homes to send in the billing information that is required for Medicare reimbursement. To overcome this problem, officials plan to hire a contractor to provide technical assistance to nursing homes and to bill Medicare on the State's behalf.

Louisiana

Description

The Immunization Program at the Louisiana Department of Health and Hospitals works to remove financial barriers to vaccination by providing free influenza vaccine to nursing homes. The program began in 1984 when the State legislature started setting aside Medicaid funds to purchase influenza vaccines for Medicaid recipients and residents of nursing homes. In 1999, the Immunization Program got funding from the Department of Health and Hospitals to provide pneumococcal vaccine with the stipulation that it recoup the expense of the vaccine by billing Medicare.

Experience

Citing a 90 percent vaccination rate, officials at the Immunization Program say that their influenza initiative is working well. In fact, because their program has consistently provided free influenza vaccine for nearly 15 years, officials say that there are no financial barriers to getting the vaccine, which has led vaccination to become 'standard procedure' at Louisiana's nursing homes. Recently, officials began working with the local Medicare PRO to teach nursing homes how to bill Medicare for vaccination. This would further reduce financial barriers to vaccination by allowing nursing homes to be paid for their effort administering vaccinations. Billing Medicare would also enable the Immunization Program to recoup the cost of vaccines that it provides to Medicare beneficiaries in nursing homes. However, despite the financial incentive for nursing homes, officials report problems getting them to provide information that Medicare requires for reimbursement, such as each resident's name, address, Medicare number, date of birth, signature, and the date the vaccination was given.

This difficulty with billing for influenza vaccine has prompted Immunization Program officials to delay offering pneumococcal vaccine to nursing homes. Officials are concerned that they will be unable to recoup the expense of the vaccine, as directed by the Department of Health and Hospitals. Moreover, officials say that Medicare reimbursement for pneumococcal vaccine was recently reduced and, even if nursing homes did turn in adequate billing information, it may not be enough for them to continue the pneumococcal initiative.

APPENDIX A

Educational Initiatives

Overview

Educational initiatives are programs designed to educate nursing home residents, staff, physicians, residents' families, and others about vaccines and vaccine-preventable illnesses. Through education about the safety and efficacy of vaccines as well as the severity of the illnesses they prevent, educational initiatives seek to increase demand for vaccines. For nursing home staff and physicians, education reinforces the importance of vaccinating nursing home residents and keeps them informed of the latest guidelines for vaccine usage, such as those from the ACIP. For nursing home residents and their families, education addresses common misperceptions and fears that can undermine residents' willingness to accept potentially life-saving vaccines.

There are several potential problems that can limit the effectiveness of educational initiatives. If States do not have an adequate understanding of where the vaccination process is breaking down, they may target education toward the wrong audience. Second, even well-targeted education can be ignored if not presented in an engaging manner and on a level of detail that is appropriate for its intended audience.

New York

Description

Since the late 1970s, officials at the New York State Department of Health have informed nursing homes about vaccination by mailing them an annual influenza information packet. When State officials began their initiative, they decided that, rather than spending the majority of the influenza season investigating outbreaks, they would instead try to prevent them through education. To that end, they developed an information packet to raise awareness of influenza and to help nursing homes in their vaccination efforts. The packet includes information on the benefits and safety of vaccination, vaccine administration guidelines, vaccine ordering, and record-keeping. State officials mailed similar packets about pneumococcal disease in 1993 following a well-publicized pneumococcal outbreak and in 1997 to announce changes in ACIP guidelines for pneumococcal vaccine.

Experience

State officials have accomplished annual mass distribution of their information packet, but face challenges that limit the effectiveness of their efforts. As part of a wider adult vaccination project, they copy and distribute the packet to several health care settings, including about 250 hospitals, 550 assisted living facilities, and 650 nursing homes. State officials, though, are unsure of who at the nursing home receives the packet, if they are using it, or are finding it useful. State officials say they would like to conduct in-person follow-up

with nursing homes, but have other responsibilities that demand their time and resources. Ironically, outbreaks of influenza — which the State's educational program aims to prevent — provide officials with the best opportunity to educate nursing homes about vaccination, since they must go on-site to investigate each outbreak.

Nursing home representatives we spoke with said that the State's informational mailings are useful, but also suggested ways that the educational campaign could be improved. They praised the packet for serving as an annual reminder and technical resource, but also said that the State should do more to target nursing home residents, their families, and the residents' doctors, who can be influential vaccination advocates. Rather than mailing a standardized packet of information to nursing homes, they recommended that the State tailor its education to meet the specific needs and level of understanding of different audiences — for example, an 'eye-catching pamphlet' for low level nursing home staff or public service announcements for residents and their families.

APPENDIX B

Comments on the Draft Report

DEPARTMENT OF HEALTH & HUMAN SERVICES — Health Care Financing Administration

The Administrator
Washington, D.C. 20201

DATE: APR 12 2000

TO: June Gibbs Brown
Inspector General

FROM: Nancy-Ann Min DeParle
Administrator

SUBJECT: Office of Inspector General (OIG) Draft Report: "Nursing Home Vaccinations: Reaching *Healthy People* Goals," (OEI-01-99-00010)

Thank you for the opportunity to review the above-mentioned report. The Health Care Financing Administration (HCFA) is working aggressively to improve the health of all Medicare and Medicaid beneficiaries through its Healthy Aging Project, and has initiated programs specifically developed to dramatically increase vaccination rates among nursing home residents. HCFA has taken steps to identify ways to promote health and prevent functional decline in older populations. New approaches have been brought to beneficiaries and have made beneficiaries more active partners in their own health maintenance. Research indicates that a major portion of the physical decline among the elderly is caused more by the lack of a good strategy for staying healthy than by aging. A growing body of medical literature indicates that chronic disease and functional disability can be measurably reduced or postponed through lifestyle changes, and that healthy behavior is particularly beneficial for the elderly.

The Healthy Aging Project is HCFA's way of trying to help seniors stay healthy. This program is HCFA's first initiative to examine ways to reduce behavioral risks in the elderly, which contribute to 70 percent of the physical decline that occurs with aging. A major program to come out of this project is the standing orders initiative. This was developed following research done for HCFA by RAND, a private research and consulting firm. The 1999 RAND report found that standing orders were more effective than patient reminders in getting people immunized. When there is a standing order in a patient's file, the patient is automatically reminded when it is time to get a flu shot without the need for a physician to write a new order for each shot. Appropriate non-physician health care staff can administer the shot on the basis of the standing order.

The HCFA funded research also determined that this was a ground breaking effort to examine and test strategies that work to keep people healthy. HCFA has worked closely with the Centers for Disease Control and Prevention (CDC) in conducting this initiative.

This project will use peer review organizations (PROs), HCFA's contractors for quality assurance, in 12 states and the District of Columbia to have standing orders for flu shots included in the records of nursing home residents in time for next fall's flu season.

Our specific comments to OIG recommendations are as follows:

OIG Recommendation
Making Vaccinations a Standard Part of Admission - HCFA could require nursing homes to offer vaccines to residents upon admission.

HCFA Response

We concur, and in fact, have already taken significant strides to encourage vaccinations. However, HCFA suggests that the recommendation be renamed "Offering Vaccinations as a Standard Part of Admission to be Offered at Admission and/or at the Start of the Flu Season."

Based on the results of HCFA's Healthy Aging Evidence Report, and the conclusions of the Task Force for Community Preventive Services, HCFA has identified, as a health promotion strategy, provision of both pneumococcal and influenza vaccinations for Medicare beneficiaries at admission to a medical or health services facility. HCFA and CDC have collaborated on methodologies to achieve the goal of increasing vaccination rates in nursing homes, and reached consensus that HCFA's standing orders project is the appropriate vehicle to improved immunization rates among nursing home residents. HCFA is encouraging contractors to develop standing orders projects, which would include protocols for offering vaccinations either at admission or during the flu season. HCFA will employ consistent and rigorous evaluation techniques, to identify the most successful promotional strategies for employing standing orders programs. Projects resulting in successful interventions would be implemented Nationwide.

Finally, HCFA is exploring ways to give prominence to the inclusion of standard vaccination protocols on admission for pneumococcal and during the flu season for influenza (for admissions as well as current residents) under the current nursing home survey protocol for infection control.

If the above efforts do not result in sufficient progress, HCFA could consider a mandatory Condition of Participation.

OIG Recommendation
Collecting Uniform Data on Vaccination Coverage - HCFA could add vaccination to the Minimum Data Set (MDS), which nursing homes collect during routine Resident Assessments.

HCFA Response

We concur. HCFA has already agreed to add influenza and pneumococcal vaccination coverage to HCFA's Minimum Data Set (MDS). Additionally, CDC has agreed to act as a consultant in constructing the vaccination item. Vaccination information will be part of MDS Version 3, which we expect to implement nationally in 2002. The implementation date was selected to allow sufficient time for modification of the data collection systems at all levels. In the meantime, we will continue to collect information on residents who have had influenza and pneumococcal vaccinations through the resident census form which is completed at the time of the facility's annual state survey.

OIG Recommendation

Facilitating Nursing Homes' Access to Vaccines - HCFA could increase use of the PROs, fiscal intermediaries, and carriers to teach nursing homes about Medicare roster billing.

HCFA Response

We concur. HCFA will continue to work with the nursing home industry in increasing the awareness of the special influenza and pneumococcal immunization billing procedures for nursing homes. Specifically, we will consider having the Medicare contractors and PROs increase their outreach efforts with respect to the availability of Medicare roster billing for all Medicare Part B eligibles. In addition, we will work with the State Medicaid agencies to encourage them to consider coverage of these adult immunizations as an optional Medicaid benefit for Medicaid beneficiaries and dual eligibles who do not have Part B coverage.

OIG Recommendation

Enhancing Education about Vaccine Safety and Efficacy - HCFA and CDC could use the Minimum Data Set to identify and reach out to nursing homes with low vaccination rates.

HCFA Response

We concur. MDS will provide data reflective of quality of care, and target areas of concern where providers could benefit from educational efforts. The American Health Quality Association (along with their constituent Peer Review Organizations) and the American Medical Directors Association already have agreed to work with HCFA to determine how this information can be used to provide technical information to nursing home staff.

APPENDIX B

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)

Memorandum

Date MAR 15 2000

From James D. Seligman
Acting Director, Operations Program Support

Subject OIG Draft Report Entitled, "Nursing Home Vaccination: Reaching Healthy People Goals," OEI-01-99-00010

To June Gibbs Brown
Inspector General

Thank you for the opportunity to review the draft report, "Nursing Home Vaccination: Reaching Healthy People Goals (OEI-01-99-00010)." In general, the report is clear, well written and provides useful information. The following general comments are provided on the content of the report with respect to the sample of states contacted, supporting data and identified opportunities to improve vaccination coverage levels. Technical comments were submitted earlier under separate correspondence.

While CDC recognizes the resource constraints that limited the IG/OEI staff from surveying all states, the criteria for selecting the participating states were unclear. For example, South Dakota was not included in the sample, even though the state has had a law mandating offering influenza and pneumococcal vaccines to nursing home residents for a number of years.

In some sections of the report, supporting data are not provided, especially with respect to documentation of good or improved vaccination coverage levels. These data should be incorporated whenever possible. The report would also be strengthened if there was further elaboration on the scope of the collaboration between HCFA, CDC, and ten Peer Review Organizations to effectively implement standing orders programs in nursing homes in advance of the next flu season.

It would be beneficial if, throughout the report, there was more emphasis upon the following factors as opportunities for improving low vaccination coverage levels:

- Integrating vaccinations into the admission process for nursing home residents;
- Expanded role for consultant pharmacists in measuring coverage, issuing reminders for vaccination, and processing claims;
- Improved influenza vaccination levels among nursing home employees;
- Increased reimbursement rates for pneumococcal vaccination, and
- Establishment of a centralized registry for nursing homes.

Page 2 - June Gibbs Brown

Please contact Carolyn Russell, Director, Management Analysis and Services Office, (404) 639-0440, if you have questions regarding these comments.

James D. Seligman

APPENDIX B

DEPARTMENT OF HEALTH & HUMAN SERVICES — Office of the Secretary

The Assistant Secretary for Planning and Evaluation
Washington, D.C. 20201

MAR - 1 2000

TO: June Gibbs Brown
Inspector General

FROM: Margaret A. Hamburg, M.D.
Assistant Secretary for Planning and Evaluation

SUBJECT: OIG Report on Nursing Home Vaccinations -- **Concur with Comment**

We have reviewed the draft OIG report entitled, "Nursing Home Vaccination: Reaching Healthy People Goals" and have the following comments.

The OIG report advances several recommendations designed to promote the administration of influenza and pneumococcal vaccinations to nursing home residents, including requiring these vaccinations as part of the nursing home admission process and improving ordering, distribution, and reimbursement of vaccines. However, the report does not discuss how Medicare pays for vaccinations, particularly for persons in nursing homes. In addition, the report does not clearly discuss providers' and States' concerns about the adequacy of Medicare payment for vaccinations. The report does not completely discuss how ordering and distribution processes could be improved to increase access to vaccinations. Finally, the report recommends vaccination upon nursing home admission rather than more frequently which, in the case of the influenza vaccination, would be clinically indicated. The following develops these comments.

We recommend that the report:

1. Discuss the availability of Medicare Part B payment for vaccinations for nursing home residents, even those who are in a Medicare-covered SNF stay.

2. Discuss the method used by Medicare to determine the vaccination payment amount. Specifically, we recommend the report identify the two components of the payment rate (i.e., the administration fee and the vaccine fee) and discuss how recent changes in how Medicare pays for vaccines (i.e., previously paid reasonable costs and now pays 95 percent of the average wholesale price) has resulted in a reduction in payment for at least some providers. Further, if possible, it would be very informative if the OIG could provide some information on the frequency and amount by which Medicare vaccine payment rates are less than the costs providers must pay for the vaccine. If, as suggested by the OIG report and appendices, Medicare vaccine payment rates are below vaccine prices, the OIG may want to consider as an additional recommendation modifying the Medicare payment method to pay reasonable costs for vaccines.

3. Discuss how providers could bill Medicaid for the difference between what Medicare pays and the actual costs of the vaccine if beneficiaries are dually eligible and such Medicaid coverage is available. On a technical note, we recommend the appendices which discuss the availability of State funding in certain States (e.g., OK, p.22) clarify whether these funds are Medicaid or some other funding source.

4. Discuss how Medicare could publicize vaccination prices charged by vaccine suppliers so that nursing homes could order vaccines from the least costly supplier.

5. Lastly, we recommend the report either also include a recommendation to require annual flu vaccinations or discuss why the recommendation is limited to requiring vaccinations only upon nursing home admission.

If you have any questions about these comments, please contact Jennie Harvell, Senior Policy Analyst, Office of Disability, Aging and Long-Term Care Policy, at 202-690-6443.

APPENDIX C

Endnotes

1. J. Pekka Nuotari et al., "An Outbreak of Multidrug Resistant Pneumococcal Pneumonia and Bacteremia Among Unvaccinated Nursing Home Residents," *New England Journal of Medicine* 338 (June 25, 1998) 26: 1861-1868.

2. Alan P. Kendal and Peter A. Patriarca (eds.), *Options for the Control of Influenza* (New York: Alan R. Liss, Inc., 1986), 155-168.

3. Centers for Disease Prevention and Control, "Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP)," *MMWR* 48 (April 30, 1999) RR-04: 1-28.

4. Centers for Disease Prevention and Control, "Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP)," *MMWR* 46 (April 4, 1997) RR-8: 17.

5. Centers for Disease Prevention and Control, "Immunization of Health Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC)," *MMWR* 46 (December 26, 1997) RR-18: 1-42.

6. U.S. Department of Health and Human Services, *Healthy People 2000 - National Health Promotion and Disease Prevention Objectives*, PHS 91-50212, September, 1990.

7. U.S. Department of Health and Human Services. Healthy People 2010 (Conference Edition, in Two Volumes). Washington, DC: January 2000.

8. Please see: Centers for Disease Prevention and Control, "Outbreaks of Pneumococcal Pneumonia Among Unvaccinated Residents in Chronic-Care Facilities -- Massachusetts, October 1995, Oklahoma, February 1996, and Maryland, May-June 1996," *MMWR* 46 (January 24, 1997) 3: 60-62; J. Pekka Nuotari et al., "An Outbreak of Multidrug Resistant Pneumococcal Pneumonia and Bacteremia Among Unvaccinated Nursing Home Residents," *New England Journal of Medicine* 338 (June 25, 1998) 26: 1861-1868; Kristin L. Nichol, "Revaccination of High Risk Adults with Pneumococcal Polysaccharide Vaccine," *Journal of the American Medical Association* 281 (January 20, 1999) 3: 280-181.

9. S.M. Greby, et al, "Influenza and Pneumococcal Vaccination Coverage in Nursing Homes, United States, 1995" (abstract). In: Abstracts from the 32nd National Immunization Conference, Atlanta, GA; 32nd National Immunization Conference, 1998.

10. Ibid.

11. Please see: Centers for Disease Prevention and Control, "Recommendations of the Advisory Committee on Immunization Practices: Programmatic Strategies to Increase Vaccination Rates — Assessment and Feedback of Provider-Based Vaccination Coverage Information," *MMWR* 45 (March 15, 1996) 10: 219-220; Centers for Disease Prevention and Control, "Measles, Mumps, and Rubella — Vaccine Use and Strategies for Elimination of Measles, Mumps, and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the Advisory Committee on Immunization Practices (ACIP)," *MMWR* 47 (May 22, 1998) RR-8: 1-57; National Vaccine Program Office, "The Measles Epidemic - The Problems, Barriers, and Recommendations," *Journal of the American Medical Association* 266 (September 18, 1991) 11: 1547-1552.

11. Standing orders can play an important role in increasing vaccination. In fact, CDC's Advisory Committee on Immunization Practices recently voted to update its pneumococcal vaccine guidelines to include a recommendation that providers use standing orders as a way to increase vaccination coverage for pneumococcal disease. Charles Marwick, "New Recommendation for Adult Immunization" *Journal of the American Medical Association*, 282 (December 15, 1999) 23: 2199. One journal article advises that vaccination should be "organized, automatic, and planned with physician input, but not necessarily dependent on physicians for implementation." Lance C. Peterson and David S. Fedson, "Prevention, Management, and Control of Influenza in the Institutional Setting," *The American Journal of Medicine* 82 (June 19,1987) suppl. 6A: 58-60.

13. For more information on organized vaccination programs and vaccination during the admission process, please see: Centers for Disease Prevention and Control, Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1999;48 (April 30, 1999) RR-4; American Society of Consultant Pharmacists, *100% Immunization Campaign Resource Manual*, January 1999; Peter A. Patriarca, et. al., "Prevention and Control of Type A Influenza Infections in Nursing Homes," *Annals of Internal Medicine* 107 (November 1987) 5: 732-740; Robert J. Buynak and Jonathan M. Evans, "Influenza in the Nursing Home: Prevention and Treatment," *Nursing Home Medicine* 4 (November 1996) 11: 319-324; Kristin L. Nichol et al., "Immunizations in Long-Term Care Facilities: Policies and Practice," *Journal of the American Geriatrics Society* 4 (April 1996) 44: 349 - 355.

14. For more information on the need for uniform data on vaccination, please see: David S. Fedson, "Summary of the National Vaccine Advisory Committee Report," *Journal of the American Medical Association*, 272 (October 12, 1994) 14: 1133 - 1137.

15. For more information on access to vaccines, please see: Fedson, "Summary of the National Vaccine Advisory Committee Report,": 1133 - 1137; Nichol et al., "Immunizations in Long-Term Care Facilities,": 349 - 355.

16. For more information on education about influenza and pneumococcal vaccines, please see: Centers for Disease Prevention and Control, "Recommendations of the Advisory Committee on Immunization Practices (ACIP),": RR-8; National Coalition on Adult Immunization, *Improving Influenza and Pneumococcal Immunization Rates Among High Risk Adults*, May 1998; Nuotari et al., "An Outbreak of Multidrug Resistant Pneumococcal Pneumonia and Bacteremia,": 1861-1868.

17. In fact, fear and misperceptions about vaccination may be on the rise, as evidenced by recent controversy about the safety of childhood vaccination. For more information, please see Stephanie Stapleton, "Vaccines Not Immune to Criticism," *American Medical News* 2 August 1999, In a Glance section, 1; "Vaccine Benefits Far Outweigh Any Risk," *Newspage*, 4 August 1999; Statement of David Satcher, Assistant Secretary for Health and Surgeon General, Department of Health and Human Services, before the Committee on Government Reform, U.S. House of Representatives (3 August 1999).

18. In addition to information about nursing home resident vaccination, the New York also sends information about the potential impact of influenza on residents, the need for vaccination of health care workers, information on how to diagnose influenza outbreaks early and institute control measures, and how to contact the health department with questions regarding influenza prevention and control.

19. Massachusetts' Division of Medical Assistance has a staff of field nurses who visit nursing homes quarterly to collect data for its prospective payment system.

20. New Jersey Department of Health and Senior Services (DHSS) may soon make this goal more ambitious by raising its target numbers and changing its focus from ensuring that residents are offered vaccines to ensuring that residents are vaccinated. In October, 1999, DHSS released for comment a set of public health goals called, "Healthy New Jersey 2010 - A Health Agenda for the First Decade of the New Millennium," which, among other things, aims to increase influenza and pneumococcal vaccine coverage in nursing homes to 90 percent.

21. In March of 1999, the Board of Health transferred responsibility for survey and certification of nursing homes to a new division called Long Term Care Residents Protection.