

Influenza Vaccine Task Force Meeting Minutes

November 4, 2010, 2:00 - 4:00 PM

Location: Law Office of Ellis, Li & McKinstry

- I. **Attendance** The following individuals participated in all or part of the meeting. Participants attended in person unless telephone participation is indicated by (T).

Present:

Tammy Blair (T)
Jan Hicks-Thomson (T)
Margaret Lane
Laura McKenna (T)
Ed Marcuse
Anthony Marfin
Chad Murphy
Heidi Prillwitz

II. **Summary of Actions Recommended:**

1. Jan Hicks-Thomson will build flow chart of the assessment model.
2. Chad Murphy and Margaret Lane will complete filling in the Vaccine Committee presentation outline prior to the next meeting.
3. Provider survey will be posted early in the week of November 8th and early data provided at the Task Force meeting on November 11th.

III. **Minutes:**

At 3:05 PM, the Influenza Vaccine Committee Formation Task Force ("Task Force") Meeting was called to order.

Provider and Payer Surveys

The meeting began with an update on the payer and provider surveys. Chad Murphy reported on the payer data that was received from Aetna, Group Health and Premera. Data from United Healthcare, Regence and CIGNA have yet to turn in their data. Two types of data were collected over two time periods: CPT codes billed with \$0.00, \$0.01, 52/SL modifiers and \$15.60 and those billed at \$6.00 and under, for the periods 8/1/09 – 4/30/10 and 8/1/10 - current. Aetna and Group Health had similar data to report for both data sets. The influenza vaccine claims these two companies saw were 55-60% state-supplied and 40-45% privately purchased. Premera's data was not similar to the first two. Their split was closer to 30% State-supplied and 70% private purchased. Chad reported that if a claim was billed at \$2, this was assumed to be a handling fee imposed by the provider and then classified as state-supplied. The difference in data sets is hypothesized as a result of plan variability. Premera serves different populations than Aetna and Group Health. Overall there was a higher private reimbursement than expected from the Task Force.

Jan Hicks-Thomson reported on the provider survey. It has passed the initial stages of approval and is projected to be posted on the web on November 8th or 9th. Corresponding with the web

posting will be a blast fax informing provider offices of the survey availability. Jan was hopeful that enough data would be collected by the November 18th meeting to make a recommendation to the Vaccine Committee. The data that is available will be shared at the November 11th meeting.

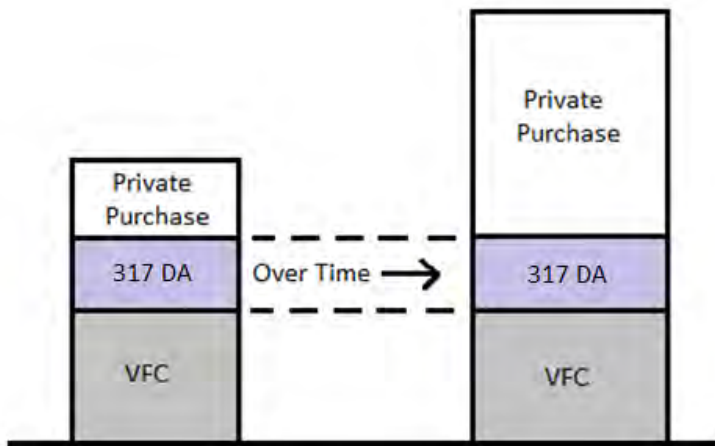
Proposed Funding Model

Jan also reported on the proposed funding model for the influenza vaccine projection and assessment methodology. The Task Force looked at a number of alternative scenarios due to a various factors and the possibility of 317 DA funds decreasing which would increase the gap between influenza vaccine needed and influenza vaccine available through the State. The DOH will decide the ordering amount for influenza vaccine for the 2011-2012 influenza season and the amount will be based on the provider survey, population data and trend data from the previous season. The funding will be through VFC and 317 DA funds. These will be used to pre-book as much vaccine as possible. Providers will be able to privately purchase to cover any gap that may exist. Those doses received from the state, could be assessed and payment submitted to the WVA, like escrow, for the 2012-2013 influenza season pre-booking. Jan shared that the assessment amount will be set at the CDC contract cost during the 2011-2012 season.

Ordering amount for the 2012-2013 influenza season would be based on the same criteria on which the 2011-2012 season was based. The VFC and 317 DA funds will still be used to pre-book to cover as much of the need as possible. The non-federal portion of vaccine will be funded through the assessments held in escrow from the 2011-2012 influenza season. Private purchase will still be reimbursed per health plan policy. All state supplied vaccine administered to privately insured children will be assessed and payment submitted to the WVA for the 2013-2014 influenza season pre-booking.

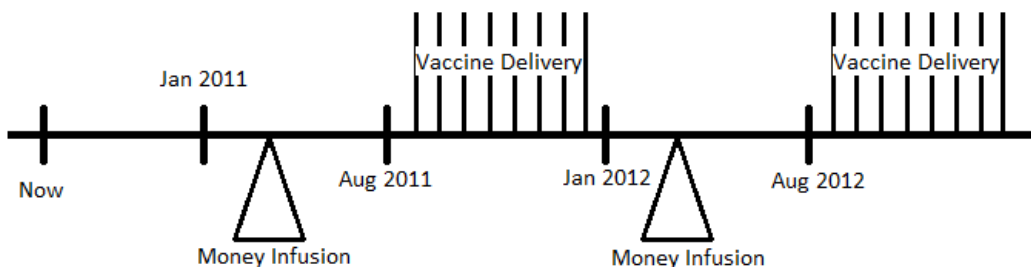
The annual survey of providers will continue and guide the purchasing for the pre-book.

The first season of pre-book has a few options for funding. The first option is for the WVA to use funding from assessments already collected to cover the cost of the pre-book. This would be at the discretion of the WVA Board. The second option is for the State to pre-book the influenza vaccine with the funding for VFC and allow providers to private purchase. It was noted that this method will be challenging to providers. Using trend data, the State should have an estimate of what the gap will be in January and February. The diagram below illustrates the gap increase over time if the VFC and discretionary 317 D funds continue to be steady.



A concern of the Task Force is that if private purchase is not encouraged and the amount of influenza vaccine is not sufficient to cover the need in the State, this could undermine the relationship of the WVA and providers. Jan assured the Task Force that if the influenza vaccine manufacturing continues as it has been for the past few years the State will be able to purchase enough vaccine in the middle of the season to last the rest of the season. The contingency plan in case of the gap being larger than expected is that the DOH would be responsible for acquiring additional vaccines for the providers and the WVA would be responsible for figuring out the funding.

The timeline below illustrates the flow of remitting influenza vaccine funds to the state and the delivery of the vaccine to providers.



Presentation

It was recommended to add to the purpose of presentation slide is to determine whether or not an assessment of the influenza vaccine is recommended.

On the “Assumptions” slide, Ed recommended using “Private Purchase” as the main heading or the second bullet and using two sub-point bullets that explain that private purchase should continue because of provider systems may already be set up to purchase adult and childhood influenza vaccines and some providers may be distrusting when it comes to delivery and supply of the vaccine. Sub-bullets are to be added under the ACIP point regarding the statutory requirement that all ACIP recommended vaccines be part of the WVA program. The third bullet on slide 8 should be changed to say that private purchase cost of influenza vaccine is somewhat higher than the CDC cost. It was also noted that the first point on slide nine should be changed to say “In the future, federal discretionary funds available under the 317 DA may not be sufficient to fund influenza vaccine for privately insured children under nineteen.

Slide ten should be cut from the presentation as slide eleven is the modified version. Slide eleven needs rewording under the Pharmacy Environment bullet.

The payer survey data should be placed in the appendix as the provider survey will be more informative for the recommendation. Ed suggested it may be best to go straight into conclusions and leave the data for appendices.

Ed recommended adding to the recommendation of type and quantity rationale behind the recommendations and those being: past use, to maintain confidence in the WVA, possibility of contingency and so as to not turn back too much influenza vaccine at the end of the year. This could instead be added before the recommendation. Following the recommendation, the presentation will move into the funding/financial segment. The alternatives are:

1. WVA should fund the influenza vaccine through the Dosage Based Assessment (DBA)
2. WVA should not provide funds through the DBA

3. WVA should advance additional funds from payers through prepayments to the state to purchase influenza vaccine.

These alternatives are not mutually exclusive (if 1 happens, 2 had to happen, but 3 could), so the recommendation is promoting creation of this escrow account. The summary slides will follow the assumptions and market assessment slides. Ed suggests putting alternatives in but leaving out pros and cons on this slide and adding them to an additional slide in the case of questions. Flow of presentation will go as follows in regards to the funding segment: high level alternatives, bury pros and cons in additional slides, recommendation for amount, then rationale with pros and cons.

After discussing these changes, the conversation was brought back to the purpose of the presentation and what the Task Force is looking for from the Vaccine Committee. The first purpose is validation of this approach this group has taken. The second is their preliminary endorsement of recommendation pending completion of financial data. If the data, when it is fully received from the providers, is unexpected, then the group can reconvene as continue with next steps.

The presentation will close with next steps and open up for questions. It was suggested to ask the Committee what is missing from this presentation.

The Vaccine Committee and WVA Board will be the decision makers for assessment amount. For January, all that is needed is how much vaccine and what kind.

Next Steps

Chad and Margaret will edit the presentation. Jan will develop a flow of assessment chart.

Upcoming meeting schedule:

Nov. 11, 12-2pm [new meeting]	Task Force meeting at WVA office – Review Provider & Payer data & confirm recommendation
[Nov. 18 listen in]	Vaccine Committee meets, Influenza Task Force members invited to

What: Influenza Vaccine Task Force Meeting
 Date and Time: November 4, 2010 / 2:00 – 4:00 PM
 Place of Meeting: Law office of Ellis, Li & McKinstry, PLLC, Market Place Tower, PH-A, 2025 First Avenue, Seattle
 Call in Numbers: (local) 206.925.3583; (long distance/toll-free) 877.826.6967; Part code: 1981457183#

AGENDA for Influenza Vaccine Task Force

<u>Approximate Time</u>	<u>Topic/Anticipated Action</u>	<u>Presented by</u>
2:00 – 2:10	1. Welcome / Introduction <ul style="list-style-type: none"> a. Meeting purpose and agenda b. Review of minutes from Oct. 20, 2010 meeting 	M. Lane
2:10 – 2:30	2. Vaccine Data Requests <ul style="list-style-type: none"> a. Payers' claims data survey – discuss results b. Provider survey update 	C. Murphy J. Hicks-Thomson
2:30 – 3:30	3. Develop Initial Recommendations for Vaccine Committee <ul style="list-style-type: none"> a. Review draft presentation <ul style="list-style-type: none"> i. Incorporate payer survey results ii. Analyze impacts of recommendations b. Consider recommendations in light of Task Force principles 	C. Murphy
3:30 – 3:40	4. Communication Issues <ul style="list-style-type: none"> a. What is our current message to providers about 2011-12 b. Timing for announcing WVA position 	M. Lane
3:40 - 3:55	5. Next Steps <ul style="list-style-type: none"> a. Survey of other matters from Committee members and interested parties b. Review deliverables for next Task Force meeting and alignment with WVA Vaccine Committee, including presenters at Vaccine Committee on Nov. 18 c. Meeting close 	M. Lane