IIS and Data Sharing Talking Points

This comprehensive list of talking points is broken out by category about the value of sharing data with the IIS. Use these talking points with the other communications tools when talking to stakeholders.

Specific benefits to public health that may result from expanded IIS and Medicaid data exchange include enhanced public health reporting, more accurate coverage rate assessments, improved data quality and completeness, and enhanced data visualization and analytics to support response to current and future health threats.

IIS Functions

- **Consolidated immunization records**

  Immunization Information Systems – referred to as IISs or, at times, Immunization Registries – offer individuals and healthcare providers consolidated immunization records. These records can be used to identify appropriate immunizations needed at the time of care or in the future.

- **Disease surveillance**

  IISs provide public health officials with aggregate information to support public health decision-making, including assessments of immunization coverage rates that can be used to identify areas of low vaccination coverage vulnerable to vaccine-preventable disease outbreaks.

- **Vaccine reminders for individuals**

  IISs can automatically generate reminders to healthcare providers and patients about upcoming or overdue vaccinations, similar to reminders you may receive from a veterinarian or dentist.

Benefits of IIS

- IIS is used by medical home clinicians, pharmacists, specialty care providers, and others throughout the medical community who need **access to complete, accurate immunization records and forecasts of needed vaccines for people of all ages**.

- At least three out of every four adults are missing one or more recommended vaccines. IIS can help **identify which vaccines patients are missing**.

- IIS supports high-quality care of children and adults for routine vaccines, as well as those recommended during public health emergencies. Help ensure that you have **access to the most accurate and complete immunization information to protect your adult Medicaid population from vaccine-preventable diseases**.

- Accessing a patient's consolidated record and forecast of vaccines due is increasingly the **standard of care** and helps **ensure your Medicaid population will receive the right vaccine at the right time**.

- Using IIS data to supplement other immunization histories can **prevent costly vaccine waste and claims payments** by avoiding unnecessary immunizations.

- **IIS support collaboration, coordination, communication, and documentation** among members of the immunization neighborhood and care delivery teams.

Value Proposition of IIS-Medicaid Partnership and Data Exchange

- **Enhanced public health reporting**

  Combined data sets provide a more accurate view of disparities based on geography, social determinants of health, race or ethnicity, and others. This allows public health and community leaders to make better-informed decisions and tailor outreach to under-resourced communities.

- **More accurate coverage rate assessments**

  Public health data and medical claims data differ regarding patient-level data completeness. Combined data allows immunization programs and Medicaid agencies to analyze immunization coverage and uptake by demographics such as race and ethnicity with greater accuracy and confidence.

- **Improved data quality and completeness**

  Cross-jurisdictional IIS data exchange has grown significantly since the beginning of COVID. Additionally, more IISs are now connected to the CDC's Immunization Gateway (IZ Gateway), which includes federal partners such as the Veterans Health Administration, the Department of Defense, and large health systems spanning multiple states and jurisdictions. These connections provide more complete and accurate immunization histories for individuals in the jurisdiction that Medicaid and other stakeholders may otherwise not have access to.

- **Enhanced data visualization and analytics to support response to current and future health threats**

  COVID-19 highlighted the interest and necessity of public-facing data reports and dashboards to display health outcomes within communities, including specific populations such as Medicaid recipients. When data sets are combined and used to report this information clearly and consistently, it builds trust in the data and immunization programs.

IIS-Medicaid Data Sharing for Sustainability

- **Workforce and training**

  Public health often struggles to compete with the private sector in recruiting and retaining employees with the skills necessary to maintain and operate data systems. Strong relationships between immunization programs (IPs) and Medicaid facilitate sharing the data and informatics workforce needed to analyze, cleanse, and improve the data in both systems. This collaboration allows data analytics and reporting to become a shared service, creating centralized public dashboards within one location instead of being traditionally siloed.

- **Data resiliency and contingency planning**

  Data contingency planning is critical. Capturing and storing data multiple systems can alleviate data loss or reduce the downtime necessary for data retrieval and system re-population.

  The COVID-19 pandemic pushed the public health data infrastructure and information systems to their limits. Strengthening and expanding partnerships between IIS and Medicaid is a great solution to address the increased demand for IIS and Medicaid systems and provide data contingencies.

Financial Benefits of IIS-Medicaid Data Sharing

- **Performance-based payments**

  Collaborating with IIS to obtain accurate and timely immunization data can help Quality Improvement Organizations (QIOs) receive performance-based payments for achieving specific quality improvement targets related to immunization. These targets may include increasing immunization rates, reducing vaccine-preventable diseases, enhancing data accuracy and completeness, and improving overall immunization outcomes. QIOs that demonstrate exceptional performance in these areas can earn financial incentives tied to their success.

- **HEDIS reporting**

  Most managed care plans must report immunization-related Healthcare Effectiveness Data and Information Set (HEDIS) metrics to the state Medicaid agency. One often-used metric is immunization status. Managed Care Organizations (MCOs) often obtain data from the IIS to supplement or validate their patient immunization data. Connecting the IIS to the main Medicaid data and technology ecosystem can ease the burden of data sharing.

- **Evidence-based strategies**

  These types of strategies can be used for improving vaccine coverage and can help alleviate the costly burden of disease that could otherwise be prevented through timely immunizations.

- **Quality measures**

  Shared IIS performance measures enable Medicaid agencies to compare outcomes across health plans, aiming toward better patient care and lower costs.

Reducing the Burden of Disease

- **Enhanced vaccination reminder and recall systems**

  Data sharing between Medicaid and IIS enables **the development of robust vaccination reminder and recall systems**. These systems can automatically generate reminders to healthcare providers and patients about upcoming or overdue vaccinations.

  By leveraging the comprehensive data available through IIS, Medicaid programs **can implement proactive outreach strategies,** sending reminders via mail, phone calls, text messages, or electronic notifications. This helps to ensure that individuals stay on schedule with their immunizations, thereby reducing the likelihood of outbreaks and minimizing the burden of vaccine-preventable diseases.

- **Tailored public health interventions**

  Analyzing shared data helps public health agencies and Medicaid **identify geographic areas or communities at higher risk for vaccine-preventable disease outbreaks due to low immunization rates**. This **allows for tailored interventions**, including educational campaigns, immunization clinics, and outreach programs. By focusing resources where they are needed most, **data sharing can help mitigate the burden of disease** by improving immunization rates in these communities.

Examples of Public Health Data to Support Medicaid Operations, Programs and Populations

For Medicaid Enterprise Systems (MES) enhanced match through Federal Financial Participation (FFP), they must identify outcomes-based measures demonstrating improvement. A short list of examples is noted below specific to immunization data:

- **Identify Medicaid CHIP beneficiary immunization schedule gaps** and send data sets/files to Medicaid on a monthly or quarterly basis to improve awareness, outreach, and tracking of CHIP immunization rates. CHIP carries immunization coverage requirements from CMS.
  - **Resource:** State Health Official Letter (May 11, 1998) link
  - **Resource**: Commonwealth Fund (March 3, 2021) [Using Medicaid Managed Care to Boost Immunization Rates](link)
  - **Resource:** MACPAC (March 24, 2022) [Vaccine Access for Adults Enrolled in Medicaid](link)
- **Identify the Medicaid adult population immunization gaps** required by the Advisory Committee on Immunization Practices (ACIP) – 1) influenza; 2) tetanus, diphtheria, and acellular pertussis (Tdap); 3)human papillomavirus (HPV); 4) pneumococcal polysaccharide vaccine (PPSV23); and (5) pneumococcal conjugate vaccine (PCV13). Send report monthly for outreach MCOs or PCPs and to close the immunization gaps. *AK Medicaid may be changing Medicaid coverage policies to cover these vaccines.
  - **Resource**: NAACHO (January 17, 2023) [Inflation Reduction Act: Improving Adults Enrolled in Medicaid and Medicare Access to Recommended Vaccines](link)
  - **Resource:** Avalere health (December 2022) [Adult Vaccine Coverage in Medicaid: Assessing the Existing Gaps and Looking Ahead to Implementation of the Inflation Reduction Act](link)
- **Support Medicaid immunization metrics and rates (California Example) –** 1) Providing a comprehensive immunization record that can adapt to changes in the medical home or health insurance; 2) Calculating which shots children need and minimizing under- or over-immunization; 3) Issuing reminders of upcoming visits; and 4) Identifying individuals and populations with low immunization rates.
  - **Resource:** NASHP (September 9, 2019) [State Medicaid Levers to Promote Immunizations: California's Experience](link)