

2012 National Adult Immunization Summit

National Vaccine Advisory Committee Adult Immunization Working Group (AIWG) Recommendations

*Adult Immunization: Complex challenges
and recommendations for improvement*

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AIWG Mission

To develop recommendations for establishing a comprehensive, sustainable, national adult immunization program that will lead to vaccine preventable disease reduction by improving adult immunization coverage levels

Process

Organization of Recommendations

- Primary recommendations (3)
 1. National leadership and coordination of an adult immunization program
 2. Resources for adult immunization program
 3. Strategic plan for adult immunization
- Focused Activities
 - Key elements of comprehensive program for consideration in developing strategic plan
 - Address gaps in existing knowledge
 - 5 thematic categories: general infrastructure, expanding access to vaccination, provider- or system-based interventions, increasing community demand, research needs

Primary Recommendations

Recommendation #1: National Leadership

- HHS should develop and adequately resource a coordinated and comprehensive National Adult Immunization Program
 - Administrated by HHS and coordinated by the ASH
 - Operationally led by CDC
 - Supported by Interagency Adult Immunization Working Group with representation across HHS and related gov't agencies
 - Recommended subcommittees: expanding access to vaccination, provider- or systems-based interventions, increasing community demand, research
- Designed to minimally meet National Vaccine Plan and Healthy People 2020 adult immunization goals, while also increasing uptake of all ACIP-recommended adult vaccines

Recommendation #1: National Leadership

(continued)

- Responsible parties
 - Governmental
 - HHS: Interagency Adult IZ WG, CDC, FDA, CMS, HRSA, IHS, NIH, NVPO, ODPHP, OHQ, OMH, ONC
 - DOD, DVA, White House Office of Faith-Based and Neighborhood Partnerships
- Timeframe: 6 months from adoption of these recommendations

Recommendation #2: Resources

- The leadership of the National Adult IZ Program should allocate adequate resources to develop and implement an action plan
- At minimum, this should include staffing for a National Adult Immunization Program office at CDC
- CDC and NVPO should coordinate expert analyses to estimate the costs of implementing operational components
 - Determine costs of immunization grantees existing adult immunization activities

Recommendation #2: Resources

(continued)

- Responsible parties
 - Governmental
 - HHS: Interagency Adult IZ WG, CDC, CMS, FDA, HRSA, IHS, NIH, NVPO, ODPHP, OHQ, OMH, ONC
 - DOD, DVA, White House Office of Faith-Based and Neighborhood Partnerships, Congressional Budget Office
- Timeframe:
 - Interagency Adult IZ WG should assess funding needs for National Adult Immunization Program by start of FY2013
 - Allocation of funds by the start of FY2014

Recommendation #3: Strategic Action Plan

- Develop a national strategic action plan for adult immunization
 - Developed and routinely evaluated by the Interagency Adult IZ WG
 - Designed to meet National Vaccine Plan and Healthy People 2020 goals
 - Continuous consultation with a broad range of stakeholders
 - Routinely evaluate and monitor goals of this action plan
 - The action plan should contain mechanisms to address, at minimum, the focused activities included in these recommendations

Recommendation #3: Strategic Action Plan

(continued)

- Responsible parties
 - Governmental
 - HHS: Interagency Adult IZ WG, CDC, CMS, FDA, HRSA, IHS, NIH, NVPO, ODPHP, OHQ, OMH, ONC, CDC immunization grantees
 - DoD, DVA, state and local government and PH agencies, state Medicaid agencies, White House Office of Faith-Based and Neighborhood Partnerships
 - Non-governmental:
 - The public, vaccine manufacturers, health care providers, HCP organizations, health care payers, PH organizations, employers
- Timeframe: Create a strategic plan within 1-3 years of adoption of these recommendations

Focused Activities

1. General Adult Immunization Infrastructure

1. General Adult IZ Infrastructure

a. Alignment of adult immunization goals across agencies

ACIP, Healthy People 2020, and National Vaccine Plan

b. Adult immunization activities in grant guidance

CDC, HRSA

1. General Adult IZ Infrastructure

c. Infrastructure development and coordination

CDC should work with governmental partners and appropriate private sector and non-governmental organization partners

– To develop and coordinate appropriate infrastructure for delivery of adult vaccines through the expanding network of adult vaccinators

–To coordinate vaccine purchasing contracts that can be utilized by states.

d. Quality measures for adult vaccination

Existing quality measures for adult immunization should be evaluated to develop more standardized and harmonized metrics.

1. General Adult IZ Infrastructure

Directed To		a.	b.	c.	d.
Government	Interagency Adult Immunization WG	X			
	CDC	X	X	X	X
	CDC Immunization grantees	X	X	X	
	CMS				X
	HRSA		X		
	HRSA Grantees		X		
	NVPO	X			
	State and local government/ PH agencies			X	
	State Medicaid agencies				X
	Health care providers and organizations			X	X
Non-government	NCQA and NQF				X
	PH Organizations		X		
	Payers			X	X
	Public			X	
	Vaccine manufacturers			X	
	Timeline (years after adoption of recs)	1-3	1-3	3-5	1-3

2. Expanding Access to Adult Vaccines

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a. Assure consistent and adequate supply of adult vaccines for the U.S.

- Barriers to having multiple suppliers for each licensed and routinely recommended adult vaccine
- Stockpile adult vaccines and ancillary supplies
- Track adherence to changes in vaccine recommendations during vaccine shortages with appropriate communication plans.

b. Increased application of Section 317 funds for adult immunization

State and local governments receiving Section 317 grant funding should utilize, to the extent possible, Section 317 funds to address adult immunization gaps.

2. Expanding Access to Adult Vaccines

c. Develop and foster innovative adult immunization partner organization networks;

- Enhance existing partnerships between public health and interested stakeholders

d. Standardize and update Medicaid vaccine administration reimbursement rates and mechanisms

- Establish floor and update ceiling values sufficient to cover all costs of vaccine administration

3. Provider or System-Based Interventions

3. Provider or System-Based Interventions

a. Provider education – Quality improvement/
Quality assurance activities

State and local government agencies and insurers should further develop and refine QI/QA activities

b. Provider education – Standards of care and
resources to support best immunization
practices

Include information on vaccines covered under Medicare Part B and Part D

3. Provider or System-Based Interventions

c. Expand the adult immunization provider network

Include non-traditional immunization providers, particularly when providing services or medications related to co-morbidities that are indications for vaccination.

d. Improve and expand immunization information systems for adult vaccinations

IIS should meet standards for interoperability and data exchange with providers of adult vaccines

3. Provider or System-Based Interventions

e. Educate vaccine providers and partners on health care reform and immunization business practices

- The provisions of ACA that are relevant to adult immunization
- Best business practices related to immunization services (inventory management, billing, addressing denied claims, reduction of barriers related to in- versus out-of-network billing reimbursement)
- Provided to the public, health care providers and related organizations, health care payers, employers, and other key stakeholders

4. Increasing Community Demand for Vaccinations

4. Increasing Community Demand

- a. Develop and implement an ongoing, comprehensive education and outreach campaign on adult vaccines, directed to both patients and providers
 - Widespread, culturally and linguistically appropriate education campaign for the public and providers
 - Developed with input from scientific, medical, health care payer and public health communications, behavioral sciences experts (e.g., cognitive psychology, anthropology, and sociology)
 - Include electronic media; social media; television, national and community print and radio media; information in immunization provider venues and other outlets frequented by the adult population

5. Research Needs

5. Research Needs

- a. Establish costs of administering adults vaccines to guide reimbursement for vaccine administration
- b. Continued collection and evaluation of adult immunization coverage (IIS and NHIS) and vaccine preventable disease surveillance data
- c. Study of economic benefits of adult immunization
 - Model economic evaluation after Zhou et al study on childhood vaccines
 - Include the impact on health care costs and society costs

5. Research Needs

- d. Study of the impact of differing medical care reimbursement systems on vaccine uptake
 - Examine public vs. private insurance reimbursement differences against adult immunization benchmarks (e.g., Healthy People 2020)
- e. Evaluate breadth and depth of health care provider education and related certification tests on VPD, vaccine science, recommended vaccine schedules, and adverse event identification and reporting
- f. Study of adult health care providers' vaccine stocking and administration practices and the relationship to vaccination coverage disparities

5. Research Needs

- g. Evaluation of 2013-14 Medicaid reimbursement modification
- h. Study public and provider knowledge, attitudes, and practices related to adult vaccination after implementation of these recommendations
- i. Standardized evaluation of adult vaccination in non-traditional immunization venues
 - Examine adult vaccination services provided in settings complementary to the medical home
 - Identify best practice models, including integration with the medical home and accountable care organizations

5. Research Needs

- j. Better understand the impact of health literacy on vaccinations and vaccination disparities
 - Coordinate current efforts of the HHS Office of Minority Health and Office of Disease Promotion and Health Promotion
- k. Examine the use and impact of social networking on education, outreach, and adult vaccination seeking
 - Include the identification and effectiveness of using core transmitters in social networks as a point of dissemination of adult immunization messages

5. Research Needs

- l. Research into state-level policies and practices
 - Examine state-specific policy differences related to adult immunization including use of IIS for adult immunizations
 - Examine policies for vaccine administration by non-traditional vaccinators
- m. Research into developing new and improved vaccines and vaccine delivery systems

5. Research Needs

	Directed To	a.	b.	c.	d.
Government	CDC	X	X	X	X
	CDC Immunization grantees		X		
	CMS	X			X
	HRSA	X			
	NVPO	X			
	State and local government/ PH agencies	X	X		
	State Medicaid agencies	X			X
Non-government	Academia			X	X
	Employers		X		
	Health care providers and organizations	X	X	X	X
	Payers	X	X		X
	Public		X		
Timeline (years after adoption of recs)		1-3	Ongoing	1-3	5+

Research Needs Prioritization Survey

- Stakeholders suggested that the Research Needs be prioritized
- A web-based survey was distributed to stakeholders that participated in the two stakeholders' meetings and the AIWG members from April-May 2011
- Each Research Need was ranked from 1 to 5, with 1 being of highest priority
- 25 stakeholder and 12 AIWG members respondents

* Please note that the Research Needs in the survey were those in v2.0 of the draft report, plus two additional items proposed by stakeholders, and may differ from the Research Needs in the final report

Stakeholder & Public Engagement

NVAC: Recommendations for Adult Immunizations – *Public Health Reports*

<http://www.publichealthreports.org/issueopen.cfm?articleID=2762>

Abbreviations

- ACA Affordable Care Act
- ACIP Advisory Committee on Immunization Practices
- AHRQ Agency for Health Research and Quality (HHS)
- AIM Association of Immunization Managers
- AIRA American Immunization Registry Association
- AIWG NVAC Adult Immunization Working Group
- ASH Assistant Secretary for Health (HHS)
- ASTHO Association of State and Territorial Health Officials
- BARDA Biomedical Advanced Research and Development Authority (HHS)
- CDC Centers for Disease Control and Prevention (HHS)
- CMS Centers for Medicare and Medicaid Services (HHS)
- DOD U.S. Department of Defense
- DVA U.S. Department of Veterans Affairs
- EHRs Electronic health records
- FDA Food and Drug Administration (HHS)
- FY Fiscal Year
- HCPIVS NVAC Health Care Personnel Influenza Vaccination Subgroup
- HHS U.S. Department of Health and Human Services
- HRSA Health Resources and Services Administration (HHS)

Abbreviations

- IHS Indian Health Service
- IIS Immunization information systems
- IZ Immunization
- NACCHO National Association of County and City Health Officials
- NCQA National Committee for Quality Assurance
- NHIS National Health Interview Survey
- NIH National Institutes of Health (HHS)
- NQF National Quality Forum
- NVAC National Vaccine Advisory Committee
- NVPO National Vaccine Program Office (HHS)
- ODPHP Office of Disease Prevention and Health Promotion (HHS)
- OHQ Office of Healthcare Quality (HHS)
- OMH Office of Minority Health (HHS)
- ONC Office of the National Coordinator for Health Information Technology (HHS)
- PH Public health
- QI/QA Quality improvement/ quality assurance
- VPD Vaccine-preventable diseases
- VSWG NVAC Vaccine Safety Working Group