National Adult Immunization Summit

THE MICHIGAN PRIMARY CARE CONSORTIUM’S ADULT IMMUNIZATION INITIATIVE (A-I-I)

Joseph A. Fortuna, MD, MPCC Vice Chair
Wednesday, May 16, 2012

Your Next 10+ Minutes:
A Drink From The Proverbial Fire Hose
GREETINGS
FROM THE
GREAT LAKES
STATE!

MICHIGAN
the gold standard

FOR IMMUNIZATION REGISTRIES

Immunizations

On line

On time!
CAUTION!!
What you are about to hear and see may seem like a “flash back” to yesterday but on a smaller scale!

Think Of It As A Sequel To An Old Movie...

You Could Call It “Honey I Shrunk The USA”
The Michigan Primary Care Consortium (MPCC)
The Michigan Primary Care Consortium

- Established in 2006, MPCC is a partnership to improve the primary care delivery system in Michigan.
- We convene, educate and advocate in support of this mission.
- In 2011, MPCC transitioned to a 501 (C) 3 structure.
- We currently have over 120 industry and geographically diverse members.

THE ADULT IMMUNIZATION “SITCH” IN MICHIGAN
• RELATIVELY LOW % OF ADULTS IN MICHIGAN FULLY IMMUNIZED…
• PERVERSIVE RESOURCE CONSTRAINTS
• LOW AWARENESS OF ECONOMIC AND HUMAN IMPACT OF PROBLEM
• NEED TO CAPITALIZE ON “MCIR”, THE WORLD CLASS IMMUNIZATION REGISTRY

THE CURRENT STATE OF MIND OF MOST FOLKS IN MICHIGAN WORKING ON THE PROBLEM OF LOW ADULT IMMUNIZATION RATES…
“I Am As Mad As Hell And I’m Not Going To Take This Anymore”

WHAT WE DID...
FIRST

NEW from Stephen R. Covey
THE 7 HABITS of Highly Effective People®
SIGNATURE SERIES
HABIT 2
Begin With the End in Mind
100% of all adult Michiganders are fully immunized and stay immunized in accordance with the CDC guidelines.
AND THEN

WE CALCULATED THE ECONOMIC AND HUMAN BURDEN IN MICHIGAN OF THE FOUR Most PREVALENT DISEASES FOR WHICH THERE ARE AVAILABLE IMMUNIZATIONS
What is Included in the Financial Model?

1. Direct Medical Costs

2. Indirect Medical Costs

The Dollar Cost of Four Prevalent Diseases in the State of Michigan (2010 $US) For Which Adult Immunizations Are Recommended

Number of Reported and Estimated Cases and Estimated Direct, Indirect, and Total Societal Costs

<table>
<thead>
<tr>
<th>Disease</th>
<th>Age Group</th>
<th>Rep. Cases</th>
<th>EST. Cases</th>
<th>EST. Direct Cost (Per Case)</th>
<th>EST. Indirect Cost (Per Case)</th>
<th>EST. Tot. Cost (Per Case)</th>
<th>EST. State Total Cost (Rep. Cases)</th>
<th>EST. State Total Cost (Est. Cases)</th>
</tr>
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<tbody>
<tr>
<td>Influenza</td>
<td>≥18</td>
<td>382,726</td>
<td>475,747$^a$</td>
<td>$140^d$</td>
<td>$377^d$</td>
<td>$517$</td>
<td>$196,721,164$</td>
<td>$245,961,196$</td>
</tr>
<tr>
<td>Invasive S. Pneumonia</td>
<td>≥50</td>
<td>732</td>
<td>955$^d$</td>
<td>$20,899^f$</td>
<td>$553^f$</td>
<td>$21,452$</td>
<td>$15,702,884$</td>
<td>$20,486,660$</td>
</tr>
<tr>
<td>NPP (Inpatient)</td>
<td>≥50</td>
<td>N/A</td>
<td>7,092$^a$</td>
<td>$17,197^f$</td>
<td>$287^f$</td>
<td>$17,484$</td>
<td>N/A</td>
<td>$123,996,528$</td>
</tr>
<tr>
<td>NPP (Outpatient)</td>
<td>≥50</td>
<td>N/A</td>
<td>10,930$^a$</td>
<td>$784$^f</td>
<td>$225$^f</td>
<td>$1,009$</td>
<td>N/A</td>
<td>$11,028,370$</td>
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<tr>
<td>Herpes Zoster</td>
<td>≥50</td>
<td>114</td>
<td>21,985$^a$</td>
<td>$1,034$^f</td>
<td>$2,636$^f</td>
<td>$3,670$</td>
<td>$418,380$</td>
<td>$80,684,550$</td>
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<tr>
<td>Pertussis</td>
<td>≥18</td>
<td>577</td>
<td>13,270$^a$</td>
<td>$395$^f</td>
<td>$542$^f</td>
<td>$937$</td>
<td>$540,649$</td>
<td>$12,433,990$</td>
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TOTAL = $494,591,694.00

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- All costs were adjusted to 2010 U.S. dollars.
- Inv. is an abbreviation for 'invasive.'
- NPP is non-bacteremic pneumococcal pneumonia caused by S. pneumonia.
- NPP inpatient refers to cases of NPP that require hospitalization where as NPP outpatient refers to cases of NPP that do not require hospitalization.
- Reported cases are from the Michigan Disease Surveillance System.
Adults are 100 times more likely than children to die of vaccine-preventable diseases!

AND THEN

KNOWING THE LOW % OF ADULT IMMUNIZATION, ON MARCH 29, WE CONVENED A PROFESSIONALLY FACILITATED SESSION OF OVER 100 PEOPLE REPRESENTING THOSE INTERESTED IN ACHIEVING OUR BHAG
# THE MICHIGAN PRIMARY CARE COALITION’S ADULT IMMUNIZATION INITIATIVE (A-I-I)

## SECOND PLENARY SESSION (SPS)

**LANSING, MICHIGAN  March 29, 2012**

<table>
<thead>
<tr>
<th>Time</th>
<th>Duration</th>
<th>Segments</th>
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<td>7:30</td>
<td>30 min</td>
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| 8:00  | 15 min   | MPCC ADULT IMMUNIZATION INITIATIVE: Welcome, Background, & Keynote Introduction         | Craig Magnatta, DO, Chair, MPCC  
Joe Fortuna, MD, Vice-Chair, MPCC  
Walt Talamonti, MD, Med. Dir. Ford Motor Co. |
| 8:15  | 45 min   | KEYNOTE PRESENTATION: The CDC Perspective on Adult Immunization                       | Carolyn Bridges, MD, Chief, CDC Section on Adult Immunization |
| 9:15  | 45 min   | THE BUSINESS CASE FOR 100% AGE- AND GENDER-APPROPRIATE ADULT IMMUNIZATION IN MICHIGAN | Annette Mercatante, MD, Medical Director, St. Clair County Health Department  
John McLaughlin, PhD, Pfizer Medical Affairs  
Eddy Bresnitz, MD, MSCE, Merck Vaccines |
| 10:00 | 15 min   | BREAK                                                                                |
| 10:15 | 45 min   | KEYNOTE PRESENTATION: The AMA Perspective on Adult Immunization                      | Dr. L.J. Tan, Director, Medicine and Public Health, AMA |
| 11:00 | 60 min   | BARRIER WORKGROUPS: What Are The Issues?                                              | ALL |
| Noon  | 60 min   | LUNCHEON ADDRESS: The State Perspective on Adult Immunization                        | Robert Swanson, MPH, Director, Division of Immunization, MDCH |
| 1:00  | 120 min  | BARRIER WORKGROUPS: What Can / Should Be Done?                                        | ALL |
| 3:00  | 15 min   | BREAK                                                                                |
| 3:15  | 60 min   | BARRIER WORKGROUP REPORT-OUTS: What Will We Be Doing? How Will We Know We Have Succeeded? | ALL |
| 4:15  | 15 min   | WRAP UP AND NEXT STEPS                                                                | Craig Magnatta, DO, Chair, MPCC  
Joe Fortuna, MD, Vice-Chair, MPCC |
| 4:30  |          | ADJOURN                                                                               |
PURPOSE OF THE SPS

ACTION AGAINST BARRIERS
ONE PICTURE IS WORTH A THOUSAND WORDS...
TO DEVELOP “20,000 Foot Level” PLANS FOR ADDRESSING WITH EXISTING RESOURCES (AND/OR AT MINIMAL ADDITIONAL COST) 7 PRIMARY BARRIERS TO FULL ADULT IMMUNIZATION

Second Plenary Session Barrier Work Groups

- Integrated, Networked, Adult Immunization Delivery Platform
- Provider Awareness and Culture in re: Adult Immunization
- Consumer and Community Awareness and Culture in re: Adult Immunization
- Provider Adult Immunization Guidelines
- Provider and Recipient Incentives and Metrics and Financial Barriers to Full Adult Immunization
- Challenges in Communities to Full Adult Immunization
- Access Barriers to Full Adult Immunization
1. Problem (Barrier) Definition – *There is no integrated, networked, adult immunization delivery platform.*

   How do we each define the problem?
   
   The Problem is...

   What are root causes of the problem?

   Why is it a problem that there is no integrated, networked, adult immunization delivery platform?

   Define and quantify the impact(s) of the barrier on the outcome of “full adult immunization”

   Human suffering:

   Direct Costs (How much and to whom?):

   Indirect Costs (How much and to whom?):

   Effects on Michigan’s economy (How much and to whom?)

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<tr>
<th>#</th>
<th>Actions</th>
<th>Which stakeholder groups should/could be involved?</th>
<th>Resources needed to complete this action</th>
<th>How can we measure success?</th>
<th>Suggested Champion (1 name)</th>
<th>Projected Date Completed or Operationalized</th>
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ONE IMMEDIATE RESULT…

MORE PUBLIC ATTENTION ON THE SUBJECT…
May 13, 2012
“Healthy” return. Employers back worker immunizations; awareness needs a booster
By Jay Greene

Ford Motor Co. Medical Director Walter Talamonti, M.D., said immunization programs and coverage for employees yield a good return on investment.

WALT IS THE CO-CHAIR OF THE MPCC ADULT IMMUNIZATION INITIATIVE!

WE ARE NOW IN PHASE 2...
ACTION IN & BY STAKEHOLDER GROUPS AFTER SPS

MPCC IS CONVENING "GRASS ROOTS" STAKEHOLDER GROUPS TO CONSIDER AND IMPLEMENT THE BARRIER WORK GROUP RECOMMENDATIONS

MPCC WILL SUPPORT AND CLOSELY MONITOR THE WORK OF THESE STAKEHOLDER GROUPS
POTENTIAL STAKEHOLDER GROUPS FOR MPCC
ADULT IMMUNIZATION INITIATIVE

- Payers
- Medical providers and their associations
- Large Employers (500 plus)
- Small/Med Employers (up to 499)
- State and Local Health Departments (MI)
- Pharma
- Seniors Agencies and Advocacy Groups
- Faith-based Groups
- Academic Centers (Elem–Univ + Health Professions)
- Ethnic groups and associations
- Hospitals and Health Care Systems
- Long Term Care Facilities and Hospice Organizations
- Home Health and Visiting Nurse Organizations
- Public Officials and Lawmakers
- Retail Pharmacies and Chains
- Community Groups/Agencies
- Health Care Coalitions
- Other
EACH STAKEHOLDER GROUP HAS A STAKEHOLDER CHAMPION

AND THEN
POTENTIAL LOW COST, LOW EFFORT ACTIVITIES AND INITIATIVES FOR ONLY FIVE OF 15+ STAKEHOLDER GROUPS

- Payers: Pushing Incentives and Metrics for Provider Performance Relating to Adult Immunization: PCMH, ACO’s, PGIP, Etc.
- Healthcare Professional Associations: Programs To Motivate Practitioners and their Staffs to Get Immunized. Could even have competition Among Associations
- Motivating the Use of MCIR by ALL Adult Immunization Providers, i.e. Retail Pharmacies, Physician Offices, Hospitals, etc.
- Synchronizing Messaging in re: Adult Immunization Everywhere and To All In Michigan, i.e. “Repetition, Repetition, Repetition”
- Engagement, Empowerment, and Support of Influencer Organizations in Sub-Populations such as Faith-Based Groups, Ethnic Groups, Seniors Groups, Social Gathering Points (Barber Shops and Salons), etc.
AND THEN

STAKEHOLDER GROUPS
FOR CONTINUOUS, SUSTAINABLE CHANGE
SO WE CAN TRUTHFULLY SAY IN THE IMMORTAL WORDS OF COLONEL JOHN “HANNIBAL” SMITH (George Peppard)

I ❤️ IT WHEN A PLAN COMES TOGETHER

AND THEN
THE MICHIGAN PRIMARY CARE COALITION’S ADULT IMMUNIZATION INITIATIVE (A-I-I)

THIRD PLENARY SESSION (TPS)
LANSING, MICHIGAN OCTOBER XX, 2012

SOME THOUGHTS...
CULTURE EATS STRATEGY FOR BREAKFAST

BUT...
Changc Is Hell!

IN THE SPIRIT OF YESTERDAY’S PRESENTATIONS I, TOO, WILL END WITH QUOTES...
“The definition of insanity is doing the same thing over and over again and expecting different results” [Einstein]
OUR PROGRAM
THEME...

"Don’t let the perfect be the enemy of the good."
-Voltaire
AND, FINALLY, IN THE IMMORTAL WORDS OF BUGS BUNNY...