

NAIIS Provider Workgroup Report

for 2014-2015

2015 Summit Update
May 13, 2015

Co-leads:
Susan Farrall, CDC
Laura Lee Hall, ACP
Debra Hawks, ACOG
Litjen Tan, IAC



Provider Workgroup

- Activities and accomplishments in 2014-15
- Future activities and plans



Provider Workgroup

- “Voice” of the healthcare provider.
- To channel and champion the concerns of healthcare providers, including physicians, nurses, physician assistants, pharmacists and other licensed providers who give vaccines to adult patients.
- Routine monthly meeting on the first Thursday of the month at 1 pm Eastern Time.
- All are welcome. We maintain a workgroup membership list and a “keep informed” list.

This is how we define our mission

The Provider Workgroup:

- Serves as a forum for discussion and exchange on key adult immunization issues affecting healthcare providers
- Highlights examples of adult immunization success
- Collaboratively develops fact sheets and resource lists
- Gives provider feedback to CDC and others on adult immunization topics

WorkGroup Participants

- Sandy Allen, North Carolina Health Department
- Pamela Allweiss, CDC/Diabetes
- Carolyn Bridges, CDC/Adult Immunization
- Cindy Burman, Pfizer
- Cristi Carlton, Michigan Health Department
- Virginia Caine, Marion County Public Health Department and National Medical Assn
- Pam Carter, American Academy of Family Physicians
- Judith Coates, Sanofi Pasteur
- Tamera Coyne-Beasley, NC Child Health Research Network & University of North Carolina
- Erica DeWald, APCO Worldwide
- Donna Feaster, Chicago Health Department
- Annie Fedorowicz, Minnesota Department of Health
- Columba Fernandez, Washington State Dept of Health
- Rebecca Gehring, American College of Physicians
- Jennifer Heath, Minnesota Department of Health
- Pamela Hirsch, Veterans Administration
- Janet Kauzlarich, Nurse advocate from Washington
- Maria Lanzi, New Jersey Adult Immunization Coalition
- Kristi Lato, CVS
- Marie-Michelle Leger, American Academy of Physician Assistants
- Fran Lessans, Passport Health
- Clem Lewin, Novartis
- Janet Leiker, American Academy of Family Physicians
- Courtnay Londo, Michigan Department of Community Health
- Susan Manganello, Protein Sciences
- Don Nicholson, Texas Department of State Health Services - HSR-1
- Tricia Nowalk, University of Pittsburgh
- Heidi Parker, Immunize Nevada
- Sarah Patterson, American College of Ob/gyns
- Clark Petty, San Antonio Metro Health
- Mary Quirk, Immunization Action Coalition
- Aparna Ramakrishnan, CDC/Immunization Communications
- Susan Rehm, National Foundation for Infectious Diseases
- Mitchel Rothholz, American Pharmacists Association
- Alexandria Shevach, CDC/Communications & Education
- Carlie Shurtliff, Utah Health Department
- Raymond Strikas, CDC/Immunization Training
- Peter Vigliarolo, Cooney Waters
- Laurie Wells, Passport Health
- Deborah Wexler, Immunization Action Coalition
- Barbara Wolicki, Michigan Health Department
- Laurel Wood, Immunization Action Coalition
- LaDora Woods, CDC/Adult Immunization
- Greg Yoder, Merck
- Maggie Zettle, National Vaccine Program Office

Four Co-Chairs:

- Susan Farrall, CDC
- Laura Lee Hall, American College of Physicians
- Debra Hawks, American College of Ob/gyns
- Litjen Tan, Immunization Action Coalition.

Barriers Adult Vaccine Providers Face

Specific Barriers:

- Keeping up-to-date on evidence-based recommendations
- Effectively recommending a vaccine to patients
- Implementing effective strategies for immunizing patients in a practice
- Having a complete immunization history of patients
- Concerns about costs/revenue

General Barriers:

- Administrative burden
- Health disparities



Workgroup Addressed Barriers Adult Vaccine Providers Face

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General Barriers:

- Administrative burden
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Addressing Specific Actions:

- Medscape educational series
- Quality improvement strategies being developed and tested by member professional societies
- Educate group about IIS
- Educate group about business case; commenced development of tool for estimating cost and revenue

Addressing General Actions:

- Link QI to required professional and training performance reporting
- Educate group



Workgroup Accomplishments 2014-15

- Forum for exchange and discussion
- Business tools
- Immunization Information Systems
- Quality improvement
- Adult immunization disparities
- Mechanism for provider feedback

Provider Workgroup webpage on Summit website:

- <http://www.izsummitpartners.org/naiis-workgroups/provider-outreach/>



Forum for exchange and discussion

Hosted discussion sessions in 2014-2015 on these topics:

- Implementation Science
- Immunization Business Tools
- Adult Immunization Disparities
- Costs of Adult Immunization
- Immunization Information Systems



Immunization Business Tools

- December 2014 discussion a tool under development for **Estimating Practice – Based Financial Impact of Adult Immunization**
- Many encouraging signs and indications of increased attention to the business case
- One example: ACOG's Immunization Business Tools Webinar and coding guides.



A Modeling Tool for Estimating Practice – Based Financial Impact of Adult Immunization

Figure 1. Sample Basic Analysis Output

Vaccine	Should the Provider Administer This Vaccine Each Month?	Estimated # Doses Provided to Patients (Per Month)	Estimate Coverage Rate
Influenza	Y/N ^a	#	%
Pneumococcal	Y	#	%
Td/Tdap	Y	#	%
Zoster	Y	#	%
Hepatitis B	Y	#	%
Amount of storage space utilized		S	
Expected fixed costs		\$X	
Expected variable costs		\$Y	
Expected revenue		\$Z	
Expected net revenue		\$Y	

Td/Tdap = tetanus and diphtheria / tetanus, diphtheria, and pertussis.

^aInfluenza vaccines will likely not need to be stored or administered during noninfluenza season. However, during influenza season, the amount of vaccine doses administered may be optimized along with the other available vaccines.

IIS Mini-Project in Collaboration with Access Workgroup

- Worked with NAIIS Access Workgroup.
- Mini-project included three sessions to educate ourselves and discuss relevant issues.
- Discussions focused on the ways to promote and/or market IIS to healthcare providers with adult patients. Made an inventory of already-available resources.

IIS Mini-Project in Collaboration with Access Workgroup

- Results: A mock-up of a brochure that aims to explain to these healthcare providers “what’s in it for them.”
- Next Actions: We want Summit feedback on this brochure.
- We want to continue the conversation about how best to promote or market IIS to adult providers.



Quality Improvement Efforts

- Worked to promote the immunization quality improvement project as the project of choice for physicians seeking Maintenance of Certification or for residents who need to meet Q. I. requirements of their residency program.
- Results: <http://www.cdc.gov/vaccines/ed/quality-improvement-proj.htm>




Residency QI Program from American College of Physicians

- A package of quality improvement resources for faculty and their internal medicine residents
- Core slide-sets, facilitators guide, sample QI projects and other resources online. Webinars being planned to train residency program directors in Summer 2015.
- Example of resources to help residents who choose adult immunization as the focus of their QI requirements

Adult Immunization Disparities

- Presentation on April 2, 2015.
- Results: Release of Provider Workgroup's "Adult Immunization Disparities" factsheet



**SPOTLIGHT ON
Adult Immunization Disparities**

■ Status Check

Childhood Immunization Disparities: Good News

"Eliminating the burden of racial and ethnic health disparities is not easy, but it can be done. For example, 20 years ago the Vaccines for Children (VFC) program was created to provide vaccines at no cost to eligible children. It is now one of our country's most successful public health initiatives. By removing cost barriers associated with vaccines, the VFC program has protected millions of children from disease - both those who participated directly in the program and others - and has helped to virtually eliminate disparities in childhood vaccination rates."
CDC Director Thomas R. Frieden. "CDC Health Disparities and Inequities Report." United States, 2012

Significant success has been achieved in reducing disparities in vaccination coverage for young children. One-quarter of vaccination coverage gaps identified for childhood vaccines routinely recommended since 1995, lowest vaccination disparities between racial/ethnic categories and where children have been vaccinated since 2007.

Adult Immunization Disparities: Persisting, May Be Widening

However, disparities persist in adult immunization rates. And in some cases, such as with meningitis, disparities appear to be widening. In addition, new data suggest that disparities in vaccination rates may be getting worse.

Racial/ethnic gaps in immunization coverage have been shown for several major vaccineable diseases: pneumococcal, hepatitis A, hepatitis B, tetanus, meningitis, influenza, hepatitis C, hepatitis B (HBV), and the herpes (pertussis) (pertussis) vaccines. The most recent data suggest these disparities may be getting worse for Hepatitis B and meningitis.

Beyond racial and ethnic disparities, disparities also exist for other vulnerable populations, such as among persons who lack health insurance and people with disabilities. Regardless of the underlying cause, adult immunization disparities are serious, avoidable, and addressable."

The Adult Immunization Disparities Factsheet was developed by the National Adult and Influenza Immunization Summit, April 2, 2015. The Adult Immunization Disparities Factsheet was developed by the National Adult and Influenza Immunization Summit, April 2, 2015. The Adult Immunization Disparities Factsheet was developed by the National Adult and Influenza Immunization Summit, April 2, 2015. For more information, go to www.immunization.org.

Mechanism for provider feedback and identification of best practices

- Provided feedback on the Medscape series
- Prompted comments from provider organizations about the National Adult Immunization Plan
- Elicited provider feedback by way of recruiting pilot testers of CDC immunization app

Medscape Educational Series

Medscape

Medscape Internal Medicine

How to Give a Strong Recommendation to Adult Patients Who Require Vaccination

Mary C. Anderson, MD, Marie T. Brown, MD, Marie-Michele Léger, MPH, PA-C, Aparna Ramakrishnan, MA,

The first step in determining whether you need to discuss vaccines with your patient is assessing his or her vaccination status. Which of the following strategies has demonstrated efficacy for improving vaccine assessment?

	Your Colleagues Responded:
Standing orders	12%
Patient intake questionnaires	12%
Electronic health record prompts or reminders	7%
Immunization registries or information systems	5%
All of the above	Correct Answer 84%

Cost of Adult Vaccination Study

The Provider Workgroup articulated the need for a good scientifically reputable study to determine the true cost of administering adult vaccination in a clinical practice setting

- Should be inclusive of vaccine administration costs and other costs such as overhead.
- A comparable approach was used in a 2011 statement of the American Academy of Pediatrics.
- We did not accomplish this. We continue to advocate for such a study.



Next Steps for 2014-2015

The Provider Workgroup is a forum for generating discussion and ideas.

It takes its priorities, and its energy from members.

Our goals for 2015-16 are open, and depend on the priorities we set today and in upcoming weeks.

Thank you for your ongoing participation.



Among the options ahead, and under consideration.....

- Cost of adult vaccinations
- Documentation of vaccinations
- Quality Improvement
- Adult immunization disparities
- Business tools
- Strengthening the immunization neighborhood
- What does it take to bring about immunization increases in practices?
- Other? For workgroup discussion.



Thank you to all who contribute.

