

## National Adult Immunization Coordinators' Partnership Quarterly Call Minutes

**January 5, 2016 from 2:00-3:00 p.m. (EST)**

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|-----------|--|--|
| 2:00-2:05 | <p>Welcome and Housekeeping</p> <p>Kindly mute your phones</p>   | Stephanie Borchardt, PhD (Wisconsin)   |
| 2:05-2:30 | <p>2011-2012 Adult Immunization PPHF Awardee Panel Session: Lessons Learned</p> <p>State 1: Minnesota</p> <ul style="list-style-type: none"> <li>• Limited presentation to the pharmacy portion of our adult immunization PPHF work; I am happy to connect NAICP members to the project leads for our other areas: <ul style="list-style-type: none"> <li>○ Workplace settings</li> <li>○ Community health centers; where we enhanced our existing Uninsured and Underinsured Adult Vaccination (UUAV) program</li> <li>○ Health care facilities (hospitals &amp; nursing homes); where we enhanced our existing FluSafe program that focuses on healthcare worker vaccination programming</li> </ul> </li> <li>• We established pharmacy partnerships through convening our Pharmacy Advisory Group of key pharmacy stakeholders throughout the state. The purpose of this group was to advise our Immunization Program on how to better collaborate with pharmacists to provide immunization best practice resources. <ul style="list-style-type: none"> <li>○ The partnerships developed through this advisory group were key to the success of our project and we continue to connect with these stakeholders in our current work.</li> </ul> </li> <li>• Promoting use of our IIS, MIIC, to pharmacists and communicating how the IIS can enhance pharmacy immunization practice was identified as a key goal through our needs assessment and Pharmacy Advisory Group. <ul style="list-style-type: none"> <li>○ Our program, in partnership with pharmacy stakeholders, developed resources that communicate how MIIC is an easy tool that can be used in current pharmacy practice to better coordinate patient immunization care. <ul style="list-style-type: none"> <li>▪ MIIC and Pharmacies Web page and video are examples of these resources found here:<br/><a href="http://www.health.state.mn.us/divs/idepc/immunize/registry/pharmacies.html">http://www.health.state.mn.us/divs/idepc/immunize/registry/pharmacies.html</a></li> </ul> </li> </ul> </li> <li>• The MN Board of Pharmacy, pharmacy professional associations, and the College of pharmacy had representatives on our Pharmacy Advisory Group. Through these connections, MDH frequently engaged these stakeholders in legislative conversations discussing the expansion of MN pharmacists' scope of immunization practice. <ul style="list-style-type: none"> <li>○ Pharmacists scope of immunization practice was expanded and best practice standards were incorporated into our Pharmacy Practice Act, see current statute at: <a href="https://www.revisor.mn.gov/statutes/?id=151.01#stat.151.01.27">https://www.revisor.mn.gov/statutes/?id=151.01#stat.151.01.27</a>.</li> </ul> </li> </ul> <p>State 2: Washington</p> <ul style="list-style-type: none"> <li>• Community guide preventive services – their work was based on the Community Guide. Many of the strategies they used for the Prevention and Public Health Fund Adult Immunization Grant were rooted in the interventions listed in this guide.</li> <li>• They conducted work in five areas. They presented quality improvement information in two</li> </ul> | Annie Fedorowicz, MPH (Minnesota)<br>Marci Getz, MPH (Washington)<br>Carlie Shurtliff, MA (Utah) |

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of those five areas, pharmacy and community health centers.

- Pharmacy work: Building a strong partnership with the Washington State Pharmacy Association (WSPA) was essential to the success of this project. They work closely with the pharmacy association to deliver messages, engage pharmacy leaders, address barriers, demonstrate how using the IIS is a win-win for everybody.
- Lessons learned:
  - Conducted a survey of the members of the pharmacy association to see what was working and what was not:  
For WA, their survey showed that only 49% of those pharmacists certified to provide immunizations knew about the IIS and only 65% knew the IIS was for both adults and children.
  - Engage pharmacy leaders
  - Build strong partnerships
- Community Health Centers
  - They provided minimal funding to help with administrative time to create and implement sustainable changes.
  - Visited the clinics for planning meetings.
  - Involved a variety of clinic staff in the planning.
  - Checked in with clinics to provide technical assistance.  
One of the clinics made adult immunizations part of their clinic's HEDIS quality improvement measures (2 of their chosen 5 measures focus on flu and Tdap). The other one moved adult immunization status update to the screening portion of the visit, including changing the time of prompt in their electronic health record (concentrated on two vaccines, flu and Tdap). Both clinics were successful on reaching their goals.
- Lessons learned:
  - Help clinics find options that are low cost, sustainable, and meet multiple needs (such as HEDIS).
  - Prior to beginning the work, create a comprehensive planning meeting where staff can develop a work plan and a time line. Invite staff members from different areas of the clinic (front desk, nurses, pharmacists, administration, billing, doctors, health promoters, etc.). This will help you create a more comprehensive work plan and will minimize barriers. Remember that clinics are very busy and have multiple demands.
  - Don't underestimate the importance of culturally relevant outreach efforts. Including having health promoters (promotores de salud) as part of your healthcare team.
  - Provide patient information that meets the needs of your target audience.

### State 3: Utah

- Pharmacy project – help improve data link to registry.
- Outreach campaign:
  - Mailing, posters, adds on buses and track trains, and community centers.
- Record keeping inside homeless clinics
- Long term care facility project to report immunizations – they conducted site visits and AFIX evaluations to improve those rates in long term care facilities.



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|                  | <ul style="list-style-type: none"> <li>• LHDs project to increase health workers immunization rates.             <ul style="list-style-type: none"> <li>○ The employer outreach team – worked with LHDs to measure their projects. Developed tools and surveys, measurement tables. Be open and created with your projects and allow them to evolve.</li> </ul> </li> </ul>  |  |
| <p>2:30-2:45</p> | <p>Demo of <i>Vaccinate Your Family</i>, A Program of Every Child by Two</p> <p>Founded 25 years ago. Recently expanded their mission to include the entire family. The board accepted this idea. The new website <a href="http://vaccinateyourfamily.org/">http://vaccinateyourfamily.org/</a> was launched in December and it has been a great success. It has information for vaccinating infants/children, preteens/teens, and adults. Their website has many resources on vaccine education, vaccine safety, vaccine policies, and a list of credible websites. Everyone is welcome to share resources with them.</p> <p>They also have news updates and a pregnancy webpage. The adult section is broken down by life style and the ages are 19 to 49 and 50 +. A tool kit is available for grandparents. It focuses on whooping cough and influenza vaccination. The FAQ for grandparents has tips to sooth the baby. Their Facebook page (Facebook.com/VaccinateYourFamily) is very active. They generally write two posts a day to galvanize support for vaccines. They are happy to help states accomplish their immunization goals. E.g. California – follows their news. Vaccinate California legislation work. Prevention blog is expanding. Approximately, 739,000 views annually. Blog posts written in various topics.</p> <p>Every Child By Two Website is changing. Resources for providers and patients are continuously being added.</p> | <p>Amy Pisani,<br/>MS<br/>Executive<br/>Director,<br/>Every Child<br/>by Two</p>   |
| <p>2:45-2:50</p> | <p>CDC Update</p> <p>The 2016 schedule will be coming in February.</p> <p>CDC provided an update about a project that CDC is funding through ASTHO to work with immunization programs to recognize and provide details about efforts to identify and vaccinate uninsured adults. ASTHO contractor for this project is JSI, Inc, Boston, Mass. They will be contacting specific health departments who have known interesting and/or successful programs that would be helpful for other immunization programs to know about. For programs that are willing to participate, they will conduct interviews and ask if there are one or two partners of interested health departments that would also be helpful to interview. The end product will be a tool kit with details about how uninsured vaccination projects are done, forms that can be shared, and other information to help programs that are interested in improving access to and vaccination of uninsured adults. This report will be put on the ASTHO website.</p> <p>CDC asked if immunization programs can let CDC know if they would like to participate and provide information about their programs for uninsured adults.</p> <p>CDC asked if the NAICP would be ok with sending out information to the group to see if any would like to have their program's uninsured adults program included.</p>   | <p>Carolyn<br/>Bridges, MD<br/>Associate<br/>Director for<br/>Adult<br/>Immunization<br/>Centers for<br/>Disease<br/>Control and<br/>Prevention,<br/>National<br/>Center for<br/>Immunization<br/>and<br/>Respiratory<br/>Diseases,<br/>Immunization<br/>Services<br/>Division</p> |
| <p>2:50-2:55</p> | <p>AIM Update</p> <p>Registration for the AIM Leadership in Action Conference is still open. The Adult Immunization Resource Guide work group met on Jan 21 to discuss the content of the guide and review sample</p>  | <p>Anuradha<br/>Bhatt, MPH<br/>Association<br/>of</p>  |



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|           | write ups.  | Immunization Managers                   |
| 2:55-3:00 | Other Business/Adjourn<br>NAICP face-to-face meeting during the NAIIS (May 10-12); specific details on the face-to-face meeting and poster session will be distributed soon. Please consider attending. | Stephanie Borchardt, PhD<br>(Wisconsin) |

### **2016 Quarterly Calls (2:00-3:00 p.m. EST)**

Tuesday, April 5, 2016

In-person meeting during NAIIS scheduled for May 10-12, 2016 in Atlanta, GA

Tuesday, July 5, 2016

Tuesday, October 4, 2016