



National Adult Immunization Coordinators' Partnership
Quarterly Meeting Minutes
October 4, 2016

Welcome – Courtney Londo, MA (Michigan) co-chair of the National Adult Immunization Coordinators' Partnership

Courtney welcomed everyone to the call.

Barriers and Motivators to Immunizations: Chain Community Pharmacy Experiences with State Immunization Information Systems - Sara Roszak, MPH, MA Director, Research National Association of Chain Drug Stores (NACDS)

Here are a few facts on the impact of pharmacist as vaccinators in the U.S.

- 86% of Americans live within five miles of a community pharmacy
- 85% of U.S. community pharmacies gave vaccines in 2015
- Pharmacist vaccinate millions of people every year
- Pharmacists today are educators, facilitators and immunizers
- Pharmacists want to work with states on the IIS reporting to the system even when no mandate is in-place for reporting

A 2014 survey of State, Territory, and Local IIS CDC Grantee Projects revealed the following information:

- 93% of pharmacists are allowed to provide vaccinations
- 80% of these pharmacists report doses administered to their states IIS
- 49% of these pharmacists are required to report doses administered to the state's IIS
- Report available at: http://www.immregistries.org/resources/aira_pharmacy_iis_white_paper.pdf

What are the successes of community pharmacies as immunizers?

- Increases adult immunizations
- Improves quality of immunization data
- Improves patient care

What are the challenges?

- States have limited staff to deal with questions and problems with their IIS
 - Can take 2 weeks to more than 18 months for pharmacies to connect with state IIS
- Some IIS systems have restrictive files
- Some states require consent of patient before placing documentation in the IIS
- Need standardized reporting for pharmacies with multiple locations
- Limited number of health plans offer reimbursement for vaccinations received in the pharmacy

Priorities for the future

- Bi-directionality for data; able to forecast recommended vaccination and better use of immunization data
- Engage patients to receive recommended vaccinations starting at the front of the store all the way to the back
- Work to resolve reimbursement issues

NACDS received a grant CDC which will last through 2017. Several partners across four states (Washington, Nebraska, Iowa and Pennsylvania) will implement demonstration projects.

For more information contact Sara at sroszak@nacds.org

Uberhealth Influenza Vaccination Clinics- Kara Anderson Director, Business Development Passport Health

Passport Health (PPH) has been a vaccination provider for 22 years with a focus on travel vaccines. PPH has 250 clinics in North America their corporate wellness program is a large and growing focus for PPH. A couple of years ago Uber and PPH decided to collaborate to try and increase flu vaccinations with a flu shot on demand mobile app. The idea was for Uber to deliver a nurse and vaccine to the doorstep of the user. Each nurse could administer 10 vaccine doses per stop. The program started in Boston, DC, NYC



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and Chicago in 2014 with 2,057 individuals vaccinated. The program was expanded to 25 cities in 2015 with 250 nurses administering influenza vaccine in one day in an expanded partnership between PPH, HealthMap Vaccine Finder and Uber.

Generally these flu clinics are at the last minute with a last minute media promotion which builds excitement for the users. Some challenges that have risen for hazardous waste disposal and payment but this has been worked out by the nurse and patient but with lots of planning. A survey published in the *Annals of Internal Medicine* in November of 2015 revealed the following data:

- 30% of the flu shot patrons were definitely likely to get a flu vaccine from a traditional provider
- 20% said they were not likely to get a flu vaccine
- 78% said the delivery method played a strong decision on whether or not to get vaccinated

This type of clinic tended to vaccinate a lot of younger, urban workers and this was usually the first flu vaccine they reported receiving. The delivery method generated buzz and that led to more vaccines being administered to their colleagues.

What does this mean toward public health? The goal is to reimagine how we deliver vaccination and to think outside the box of traditional clinics. Public health needs to understand how to generate demand among hard to reach targets. Younger generations like the ease of the app and its use generates conversation on vaccination. Multiple carriers like Uber want to bring medical care directly to the patient. Ideas for partnering: Partner with Meals on Wheels and other community partnerships or programs.

For more information contact Kara.Anderson@flufree.com

Questions for speakers:

Presentation slides and meeting minutes will be posted on the NAICP website listed in the agenda or visit izsubmitpartners.org/naicp

How do the nurses who administer the flu vaccine for UberHealth document in the state's IIS? At this time not all vaccine administered is documented in the IIS but if needed the paper record is kept and available in the office. The goal is to grow the program with the process.

Is there talk about adding Pneumococcal or Tdap vaccine to the Uber program? What else can be done? At this time the program is only for flu.

What about reimbursement for the flu vaccines provided? The program has been run the last two years with a lot of financial support. No insurance information is collected or billed and the shots are free. The vaccine itself is provided at no cost. Sanofi Pasteur provided the flu vaccine for free. There was no cost to the patient at all. There is no ride taking place here, other than the nurse bringing the vaccine to you.

Based on the feedback you received from pharmacists and pharmacies, how could these IIS challenges be resolved? Some of these issues are relationship-based and others are system or policy-based. It is more difficult to partner with states with only one person designated to the registry; if there is a great understanding of the value of the partnership, the outcome achieved can be positive. Moving toward core metrics or values that AIRA and other groups are working on will standardized requirements.

Can Adult Coordinators help facilitate the work that trained pharmacies are doing? Pharmacies and health plan partners have reached out to other partners to coordinate. If any adult coordinators from the



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pilot sites are on the call and you haven't heard from them please reach out to Sara. If you do not have a relationship with pharmacies please reach out to Sara.

CDC Update: David Kim, MD Deputy Associate Director for Adult Immunizations Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Immunizations Services Division

The National Adult Immunization and Influenza Summit (NAIIS) will be held in Atlanta on May 9-11, 2017. The Advisory Committee on Immunization Practices (ACIP) meeting will take place on October 19 and 20; over the two day meeting six votes will be taking place. Two votes will be for the recommended adult and infant/child immunization schedules and four specific votes for hepatitis B, pertussis, policy consideration for HPV vaccination, and a policy consideration for pneumococcal vaccination.

AIM Update: Anuradha Bhatt, MPH Association of Immunization Managers

Adult Immunization Resource Guide is now available at www.immunizationmanagers.org. It is a nine-chapter-long guide with sections on engaging the public and providers, how to use IIS, how to reach hard-to-reach populations, etc. There are three different levels of engagement for each of the chapters for states to participate in.

Executive Committee Elections- Courtney Londo

There are three vacancies on the National Adult Immunization Coordinator's Partnership (NAICP) Executive Committee. Any individual who is serving in the capacity of Adult Immunization Coordinator in a Section 317 grantee jurisdiction is eligible to serve on the Executive Committee. Each Executive Committee term is 2 years, beginning in January. Any former Executive Committee member who has served in the past may serve again after 1 year off the Executive Committee member is eligible to be re-elected.

If you or someone you know is interested, please send a brief bio to Courtney Londo at LondoC1@michigan.gov by Tuesday October 11, 2016. To find out more about the NAICP, visit izsummitpartners.org/naicp.

Other Business/Adjourn- Courtney Londo

MDHHS is in the third year of the College and University Flu Vaccination Challenge. We would like to spice things up a bit next year. Are any Midwest colleagues interested in a Big 10 Challenge? Any non-Midwest colleagues interested in a larger, nationwide challenge? Details haven't been worked out yet, but if interested send an email at LondoC1@michigan.gov.

Mark your calendars with the 2017 NAICP Quarterly Webinar Schedule!

- Tuesday, January 10, 2017
- Tuesday, April 4, 2017
- Face-to-face meeting at the National Adult Immunization and Influenza Summit (NAIIS), Atlanta, GA, May 9-11, 2017 (specific date and time to be determined)
- Tuesday, July 11, 2017
- Tuesday, October 3, 2017

Meeting information and presentation slides can found at www.izsummitpartners.org/naicp/