

*The summaries of key challenges/gaps and key potential actions/solutions outlined in this presentation are based on group discussions at the NAIIS in-person meeting on August 15-16, 2024. These summaries do not imply endorsement by NAIIS or its member organizations and partners. The summaries are provided to NAIIS partners and members for their information. NAIIS and its partners organizations may utilize the summaries to consider which, if any, ideas might be feasible and highest priority to implement. No guarantees are made regarding which potential actions or solutions can be implemented by NAIIS or its partner organizations.*

*2024 National Adult and Influenza  
Immunization Summit - 8/16/24*



# Summaries of Break-Out Discussions

August 15-16, 2024



## Discussion Group

### Operationalizing and Implementation of Respiratory Season Vaccination



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## Key Challenges and Gaps

- Tool - Fall 2024 Respiratory Season Vaccination for Adults 60 and older
  - Challenge with RSV as one-dose vaccine with “ideal” months for vaccination
- Maternal RSV vaccination to protect infant
  - Poor infrastructure and coordination of care leading to access challenges; OB-GYN providers not fully engaged, including midwives, etc.
- Providers are seeing significant pushback, especially with COVID vaccines
  - Is the presumptive approach still the best approach?
- Impending concern that pharmacies are being disincentivized from documenting to IISs due to reporting fees
- Co-administration remains a challenge
  - If patient refuses co-administration, which vaccine to give first?
- Long Term Care and Skilled Nursing facilities have considerable challenges vaccinating residents and staff
  - Medicare A billing challenges
  - For insured, in or out of network status
  - Uninsured HCWs
  - Access to vaccines on location



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## Key Potential Actions/Solutions

- Tool - Fall 2024 Respiratory Season Vaccination for Adults 60 and older
  - Will redesign to reflect “ideal” months for RSV vaccination
- Maternal RSV vaccination to protect infant
  - Collaborate with ACOG, American College of Nurse Midwives to increase messaging to providers and patients; engage pharmacists.
  - Provider education should include ALL clinic staff
  - Monitor payment challenges identified from last season
  - Protective knowledge possibilities with patients on maternal immunizations generally
- Providers are seeing significant pushback, especially with COVID vaccines
  - Provide scripts to help start conversations about recommended vaccines. ACP has some and likely other organizations do as well. Summit can help collect and disseminate
  - Is “It’s Your Choice, but as a healthcare provider it is my ethical duty to keep reminding you,” a better provider recommendation?
  - HHS “Less Risk” campaign will have provider tools including scripts.



## Key Potential Actions/Solutions

- Impending concern that pharmacies are being disincentivized from documenting to IISs due to reporting fees
  - APhA has agreed to collaborate with Summit to examine the issue
- Co-administration remains a challenge
  - Per Dr. Jamieson, need tell the truth that there may be additional reactogenicity with co-administration (current Summit tools being finalized does say this)
  - Current tools in development also provide broad concepts on which vaccine to consider first if patient refuses co-administration but much of that will be a case-by-case assessment requiring provider expertise
  - Highlight the availability of tools that reduce anxiety in the vaccination experience
- Long Term Care and Skilled Nursing facilities have considerable challenges vaccinating residents and staff
  - Summit to establish Task Group:
    - To lay out the challenges in a document (some initial work with Palmed and NACHC already in place)
    - Identify short-term and long-term fixes
    - Work with AHIP to examine ways to address out-of-network concerns



## Discussion Group

### **Operationalizing Adult Immunizations and How NAIIS Partners Can Help**



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## Challenges and Gaps

- Limited employer immunization activities
- Non-respiratory season vaccines are a lower priority for health systems and / or lack of resources for implementation
- Lack of clarity over what vaccines are covered by Medicaid in each State
- Missed opportunities to vaccinate particularly outside of wellness visits



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## Potential Actions/Solutions

- **Employers**
  - Ensure employers are aware of the non-respiratory season vaccines and encourage them to educate their employees
    - Develop materials for employers to use with their employees
    - Add immunizations to wellness programs
- **Lack of priority**
  - Develop obstacle handling tools to address obstacles
    - Leverage materials already developed by Summit Partners
- **Lack of clarity on what Medicaid covers**
  - Develop fact sheet with state-level Medicaid coverage
- **Missed opportunities**
  - Take advantage of every opportunity not just wellness visits
    - Presentation to Summit on Indian Health Service E3 program (Every time, Every where, Every vaccine)



## Discussion Group

### **Updates on Billing and Coding Documents for Providers**



## Challenges and Gaps

- Declines in confidence by providers that payments for vaccines and vaccine administration or dispensing fees will cover costs
- May be leading to fewer providers offering vaccines and reducing access
- Lack of transparency regarding costs and payments
- Pharmacy benefits management organizations (PBMs) increasingly lowering payments to pharmacists for vaccines and dispensing
  - Already resulting in decreased hours of operation or closing of some pharmacies
  - No oversight of PBMs
- Administration fees / Dispensing Fees are “all over the place”
  - Do they adequately cover costs?



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## Challenges and Gaps

- Challenges with Medicare Parts B/D depending on vaccination setting
- Neither medical providers or pharmacists can bill for vaccine counseling of adults
- Unreasonable Audits (HRSA or other audits) -
  - Unplanned claw backs/take backs of previous payments
  - HRSA audits of clinics who served un/underinsured during chaotic pandemic times; providers still owed \$
  - Plan audit and \$ recoupment because pharmacy provider administered vaccines outside “practice hours” – pharmacy conducted clinics nights and weekends
- Because of ERISA, employer funded benefit plans may be exempt from service, provider, payment requirements
- What control/influence can state insurance commissioners have?



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## Potential Actions/Solutions

- Media campaign: Erica DeWald volunteered 😊
- Collect information on challenges with payment and payment adequacy relative to costs
  - APhA has collected some reports from pharmacists
  - Consider having NAIS or other provider organizations also collect reimbursement/payment issues
- Invite payers to have smaller group discussions to solve issues, e.g., Humana or OptumRx, PBM (Express Scripts, CVS/Caremark)
- Given time it takes to adjust billing and payment issues and ensure provider payment, inform public and providers that new vaccines may not be available for several months after ACIP approvals. (i.e., build in implementation buffer time)
  - Explore Summit partner conducting/supporting analysis of average time for vaccine claims payments



## Potential Actions/Solutions

- Develop a checklist for employers negotiating contracts with insurers and what to look for regarding vaccine coverage.
- Develop talking points for legislators or others to explain the issues facing providers and that will impact access.
  - Review APhA talking points and adapt to immunizations
- Advocate at state level with insurance commissioners, where possible.
- Consider white paper on billing and payment issues facing adult vaccine providers.
  - Review work already done by AVAC on this issue
- Consider involving Business Group on Health and Health Aware
- Increase awareness of patient assistance programs with manufacturers



## Discussion Group

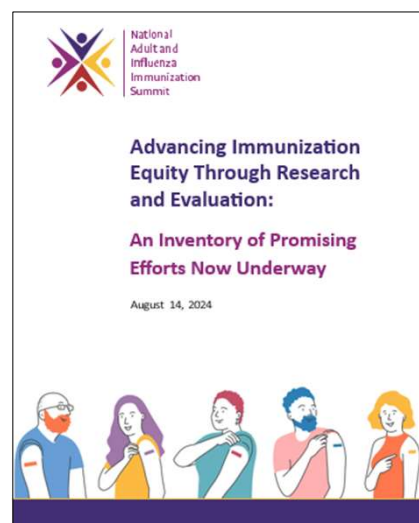
### Continuing Efforts to Address Vaccine Equity and Conduct Evaluations of Those Efforts



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## Challenges and Gaps

Need to establish  
the evidence-base  
for what works to  
increase vaccine  
equity



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## Potential Actions/Solutions

- Talking points/factsheet: Vaccination disparities and inequities.
- Promoting a systematic review of vaccine equity evaluation.
- Learning sessions and/or webinar:
  - “Co-creating Vaccine Equity Research That Pairs Community Members with Researchers”
  - “The Equity Component of ACIP’s Equity Framework”
  - “Vaccines for Adults Program: Its Disparity-Busting Potential”
- Promoting CBO authorship on traditional peer-reviewed articles as well as non-traditional media sources such as Essence Magazine



## Next Steps

- Posting of challenges/gaps and actions/solutions on NAIIIS website
- Discussion by SOC and working groups on potential actions by NAIIIS member organizations

