



National Adult and Influenza Immunization Summit

NAIIS WORKSHOP:


Operationalizing Adult Immunizations in the 2023 Fall Season and Beyond

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Willard Intercontinental Hotel
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Executive Summary



The National Adult and Influenza Immunization Summit convened member partners to explore educational products the Summit could develop to support vaccine providers and consumers this fall, in light of cocirculating respiratory viruses and new respiratory syncytial virus (RSV) vaccine recommendations, and for the near future to improve adult vaccine awareness and uptake.

Centers for Disease Control and Prevention (CDC) leaders described efforts underway to develop provider and consumer guidance for fall 2023 about preventing COVID-19, RSV, and influenza. CDC has surveillance mechanisms in place to gather data on each of the three diseases individually and collectively. CDC is considering a communication approach and a quality metric that address vaccine-preventable respiratory viruses as a group. CDC is also looking closely at the issues around vaccinating pregnant people.

In response to participants' questions, CDC said it will continue to partner with pharmacists, community health workers, community-based organizations (CBOs), and others around vaccination. For example, CDC's Partnering for Vaccine Equity consortium will continue to engage CBOs in underserved communities. Combating misinformation about vaccines poses a significant challenge, but trusted health care providers and messengers remain a reliable conduit for increasing vaccine uptake. CDC recognizes the need to make information about vaccines easier for the public to access and understand. Vaccine access and cost remain persistent barriers to vaccination. CDC's Bridge Access Program will (1) get COVID-19 vaccine to uninsured adults and (2) serve as a model for an adult vaccination program that mirrors Vaccines for Children. CDC is particularly focused on vaccine program equity in light of the transition from federally funded to commercially produced COVID vaccine.

In light of the availability of three respiratory virus vaccines this fall, there is no clear consensus about how health care providers should approach vaccinations in their clinical practice for the coming season. However, CDC said it is reasonable for providers to administer the vaccines they have on hand that are appropriate to the consumer and the season. Most providers are comfortable with coadministering COVID-19 and influenza vaccine. Administering three vaccines at once could exacerbate reactogenicity and contribute to a poor vaccine experience for consumers. Because the recommendations were just published, CDC is promoting RSV vaccination this fall, but it is anticipated that RSV vaccine could be offered year-round. When and where all three vaccines are available, clinicians will have to determine which to administer when.



Although providers are no longer required to report vaccinations to their state immunization information systems (IIS') following the end of the COVID-19 Public Health Emergency, CDC is working with states to capture more routine vaccine data. The American Immunization Registry Association reported that, as a result of the pandemic, providers have become accustomed to using IIS for adults. The IIS infrastructure is in place and ready to accommodate widespread use. CDC noted that building vaccine confidence is a slow process, and vaccine coverage is a poor measure of confidence.

Workshop participants expressed interest in engaging more partners to assist with promoting vaccination more broadly, including large employers, community health workers, and home health care providers. Participants agreed that the Summit should develop three educational products in the coming months to assist providers and consumers:

- A personalized immunization action plan, completed jointly by the provider and patient, to help patients plan when and where they will get recommended vaccines for the coming year, ideally in conjunction with other routine or planned care
- A flyer about operationalizing adult immunizations specifically for fall 2023 that includes education about billing and presumptive vaccine recommendations and highlights the following suggestions:
 - If RSV vaccine is on hand, give it now.
 - Give influenza and COVID vaccines when available.
 - Remind patients about other vaccines (eg, pneumococcal vaccine).
- A one-page document that offers education on making presumptive vaccine recommendations and key information for providers about COVID-19, RSV, and influenza, with links to authoritative sources of information.

Other products for the Summit to consider include information about good vaccine practices that emerged during the pandemic (such as using IIS'), education about billing for vaccine counseling and administration, guidance on making the business case for immunization, and a compilation of promising immunization practices from different types of clinical practices. A Summit task force will meet the week of August 7 to determine a work plan for product development.



Meeting Summary

INTRODUCTION

Litjen (LJ) Tan, Summit co-chair, explained that the workshop aimed to explore whether vaccine providers and the immunization infrastructure are adequately prepared for this fall. The goal of the workshop was to generate ideas for deliverables that the Summit could produce to assist providers and consumers and to promote vaccine uptake this fall and beyond.

DISCUSSION WITH CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Melinda Wharton, MD, MPH, executive secretary of CDC's Advisory Committee on Immunization Practices (ACIP) and associate director for vaccine policy and clinical partnerships at CDC's National Center for Immunization and Respiratory Diseases (NCIRD), pointed out that in summer 2022, the United States faced three concurrent outbreaks of infectious disease (coronavirus infectious disease 2019 [COVID-19], Mpox, and respiratory syncytial virus [RSV]), taxing the public health system. CDC has been planning intensely in anticipation of the circulation of COVID-19, RSV, and influenza this fall. CDC is taking advantage of the availability of a new RSV vaccine to raise awareness about adult vaccines in general.

Manisha Patel, MD, MS, MBA, NCIRD chief medical officer and associate director of CDC's Office of Strategy and Innovation, said guidance for the upcoming season will reflect that COVID-19 has changed since the initial outbreak in 2020 and that population immunity has increased. CDC anticipates new guidance to come in the next few months on prevention of COVID-19, RSV, and influenza based on updated data (including, for example, guidance on social distancing and other preventive measures). Patel said CDC's new director, Mandy K. Cohen, MD, MPH, is prioritizing information sharing. CDC is committed to providing more information more frequently, including more granular and more preliminary data. It is hoped these data will inform providers and their communities working together on strategies around disease prevention.

Sarah Meyer, MD, MPH, chief medical officer in NCIRD's Division of Bacterial Diseases, pointed out that this fall offers an opportunity to launch a more comprehensive vaccination approach that makes information about multiple vaccines more easily accessible, so people do not have to search various websites and sources. CDC aims to emphasize preventive health through vaccination.

Questions and Answers

Communicating Vaccine Recommendations

Karyne Jones of the National Caucus and Center on Black Aging urged CDC to provide updated immunization information as soon as possible to accommodate the push to vaccinate older adults that begins in August. Wharton clarified that the adult vaccine recommendations for RSV are already published. Later in August, CDC will publish updated recommendations for influenza and COVID-19. Tan added that the Summit partners will disseminate CDC guidance when it is available. Meyer noted that CDC is working to streamline information and to ensure that information is shared regularly to avoid surprises.

Mitch Rothholz of Three-C Consulting asked whether CDC is moving toward communication and education about vaccinating for respiratory diseases as a group, rather than focusing on influenza alone. He also asked whether CDC is taking a different approach to publicizing surveillance data. Wharton said CDC aims to



speak with one voice and offer clear direction. She noted that CDC is working on a combined metric for influenza, COVID-19, and RSV, but the data collection systems for each are different. However, where it makes sense to communicate about all three in combination, CDC will do so. Meyer said CDC plans comprehensive education on all three diseases but will also have individual campaigns for each. The emphasis may change depending on the season and other factors.

Vaccinations For Pregnant And Lactating Women

Irene Aninye of the Society for Women's Health Research requested more information on upcoming vaccine recommendations for pregnant and lactating women. Wharton outlined the current recommendations, and Meyer said CDC is planning clinical outreach and communication activity (COCA) calls for providers on vaccinating pregnant women. Current recommendations for lactating women are the same as those for the general public. CDC materials emphasize the safety of vaccines for lactating women.

Tan asked how CDC is integrating recommendations for vaccinating pregnant women into the broader communication about adult immunization. Wharton responded that the issues around pregnancy are complicated not only by scientific questions but also by providers' perspectives about safety and patients' acceptance of vaccination during pregnancy. CDC looks forward to the availability of more vaccines to protect the health of pregnant people, fetuses, and infants. Meyer added that there is much discussion among CDC and other partners about the concept of a maternal immunization platform, and CDC is developing a white paper on issues around vaccine acceptance among pregnant people.

Alternative Vaccine Delivery Channels

Marcus Plescia of the Association of State and Territorial Health Officials asked what CDC saw as the strengths and weaknesses of alternative vaccination channels used during the peak of the COVID-19 pandemic, such as mass vaccination

clinics, increased reliance on pharmacists, and more cooperation with community health workers (CHWs) and community-based organizations (CBOs) to promote and administer vaccines. Meyer said that the country is making the transition from a federal COVID-19 vaccine program to a commercial market, so some bumps in the road should be anticipated. She recognized that most adult COVID-19 vaccines are delivered through a pharmacy network. CDC has strengthened its relationship with pharmacies as a result of the pandemic, and it is considering the role of pharmacies in adolescent vaccination, for example. Pharmacies will be critical this fall to disseminating influenza, COVID, and RSV vaccines.

Meyer did not foresee using mass vaccination clinics as a routine strategy, although communities should respond to local conditions as they see fit. CDC has expanded its partnerships with CBOs. Through its Partnering for Vaccine Equity (P4VE) consortium, CDC has reached thousands of CBOs, especially in underserved communities. The work of CBOs has amplified CDC's efforts in ways that cannot be measured, Meyer observed.

Meyer said the pandemic also exposed the gaps in reaching uninsured adults. CDC launched the Bridge Access Program to provide COVID-19 vaccine to uninsured people through local health care providers, clinics, and pharmacies. CDC sees the Bridge program as a stepping stone toward an adult vaccine program that mirrors the Vaccines for Children (VFC) program.

Provider and Patient Awareness and Education

Troy Knighton of the Department of Veterans Affairs expressed that providers feel overwhelmed by the demands of educating and communicating about vaccines for disease prevention and spread, given the public's hesitancy around vaccines and fatigue with vaccine messaging. While education can help combat misinformation and hesitancy, much more education is needed, particularly with more vaccines becoming available.

Knighton urged industry partners and the federal Biomedical Advanced Research and Development



Agency to consider developing a combination respiratory disease vaccine, which would ease the burden on providers and consumers. Wharton said industry is working on a combination vaccine, but it will take time. At present, it does not appear that the RSV vaccine will be recommended annually, and it is not clear whether COVID vaccine will be recommended annually in the long term.

Wharton acknowledged that combating misinformation is a significant challenge. The most effective communication continues to be a health care provider's recommendation to a patient. People will often accept a vaccine recommended by their trusted health care provider, even if they have reservations about vaccines in general.

Patel added that CDC is working on clinician and patient education about prevention and mitigation. Collaboration with CBOs is crucial to increasing trust and vaccine uptake, especially in rural America. Patel suggested that the Summit partner with businesses, such as Amazon and Walmart, to disseminate reliable information more broadly. Meyer noted that CDC is reflecting on how to restore the public's trust in federal agencies.

Meyer said that CDC is preparing guidance for providers about the RSV vaccine and the process of shared decision making but does not plan to send specific guidance to pharmacists. Because consumers may be talking about vaccines with a nurse or other provider, CDC aims to make clinical decision tools available that are relevant for all types of clinicians. Rothholz noted that pharmacists engage in shared decision making with consumers every day. However, CDC and the Summit could help educate payers about the benefits of shared decision making.

Combating Misinformation and Improving Vaccine Messaging

Selam Wubu of the American College of Physicians pointed out that false information spreads faster, more broadly, and more efficiently than accurate information. A one-on-one conversation cannot defeat technology-driven misinformation. Wubu proposed engaging social

media and technology companies in the effort to combat misinformation. Meyer noted that some organizations have already established mechanisms for identifying misinformation, but it is not yet clear what CDC can and should do once such information is identified.

Ann Aikin of the Department of Health and Human Services' (HHS') Office of Infectious Disease and HIV/AIDS Policy (OIDP) asked whether CDC has looked at messaging in the field to determine potential barriers to newly recommended vaccines and whether CDC has advice on building awareness about new and revised recommendations. Meyer said CDC relies on research and monthly surveys to adapt messaging rapidly in response to public perceptions. The COVID-19 pandemic gave rise to a lot of confusion, and CDC aims to make recommendations and information easier for the public to understand. Among adults, there is a lack of awareness of RSV and a perception that it only affects infants. Patel added that CDC has a communications research agenda, which she offered to share with the Summit partners.

Meyer pointed out that the biggest barriers to widespread adult immunization are the inability to find and pay for vaccines. Wharton noted that pediatric vaccinations are recognized as a critical component of well-child care and are coordinated with well-child visits. Eventually, vaccines for adults might be promoted by linking them to age, but there are many concerns to address, such as the risk of compromising effectiveness by giving a vaccine too early. Tan suggested more work to frame vaccines as part of routine wellness, which includes age-based screening tests.

Provider Guidance for Fall 2023

John Kennedy of the American Medical Group Association (AMGA) asked whether RSV is a concern seasonally or year-round. Wharton clarified that because the recommendations were just published, CDC is promoting RSV vaccination this fall, in conjunction with COVID-19 and influenza vaccination. However, RSV vaccination might not be needed annually. Wharton believed



that RSV vaccination could be offered year-round. This fall might pose an opportunity to talk with consumers about the need for various respiratory disease vaccines.

Wharton continued that there is no clear approach for clinicians who want to offer respiratory disease vaccines this fall. Many providers are comfortable coadministering COVID-19 and influenza vaccine, and they may also give RSV vaccine at the same time. However, providers might not want to administer and consumers might not want to receive three vaccines at once, given concerns about reactogenicity and the potential for consumers to have a bad experience with vaccination.

Wharton suggested that providers administer vaccines according to availability, as appropriate to the consumer and the season. For example, it is too early to give influenza vaccine now (in August), but it is recommended later in the fall. RSV vaccine is recommended any time. Providers might want to wait until updated COVID-19 vaccines are available rather than administer the current COVID-19 vaccine now.

Kelly Moore of Immunize.org asked how clinicians should prioritize vaccine recommendations for this fall and beyond. Wharton said all three vaccines are important, and CDC does not direct clinicians'

behavior. When and where all three vaccines are available, clinicians will have to determine which to administer. Some clinicians will choose to give influenza and COVID-19 vaccines together and hold off on RSV vaccine until later. On the other hand, Wharton noted, if clinicians have RSV vaccine on hand, they should consider administering it to eligible patients. Meyer reiterated that CDC is not likely to advise on how to prioritize vaccines, but on the basis of research and survey responses, CDC might offer guidance to help with clinical decision making.

Role of Pharmacists

Nandini Selvam of IQVIA pointed out that nearly half of vaccines for influenza and COVID-19 were administered by pharmacies. Communications could emphasize that getting vaccinated at a pharmacy might be easier than doing so at a clinician's office.

Vaccines and Holistic Health Care

Karen Tracy of the Gerontological Society of America called for more focus on how vaccines benefit the whole person, especially those with comorbid conditions, and promotion of the financial and social benefits of vaccination. She also called for adding a geriatrician to the ACIP, and Wharton responded that CDC hopes to do so.

HOT TOPICS FOR FALL 2023

Tan offered some insights for consideration later in the day about Summit products:

- The Summit could develop a flyer for consumers to guide them in starting a conversation about vaccines with their providers.
- The Summit could create a product for large employers to help them raise awareness about vaccines.
- Partners should discuss whether states have unique guidance that merits tailored products.

CDC Surveillance Update

Meyer said CDC is preparing for the possibility that the United States will face influenza, COVID-19, and RSV outbreaks this fall. She outlined CDC's surveillance data sources. CDC continues to collect and disseminate COVID data, but with the end of the Public Health Emergency (PHE), CDC does not have the same authorities. The [COVID Data Tracker](#) will not be as granular nor as frequently updated as it was at the peak of the pandemic.



[FluView](#) gathers information from partners down to the local level and presents the data weekly along with interpretation of the data. The [interactive version](#) enables users to view data by selected indicators. The RSV-Associated Hospitalization Surveillance Network ([RSV-Net](#)) is an interactive dashboard that gathers information from a population-based survey of children and adults. It represents about 8% of the US population. The Respiratory Virus Hospitalization Network ([RESPNET](#)) gathers data on hospitalizations for influenza, RSV, and COVID, enabling users to compare the three. The Respiratory Virus Laboratory Emergency Department Network Surveillance ([RESP-LENS](#)) gathers data on laboratory-confirmed cases of influenza, RSV, and COVID in emergency departments.

CDC also tracks vaccine coverage rates in various populations. The agency is particularly focused on understanding the barriers to vaccine uptake among pregnant people, Meyer noted. The P4VE initiative aims to increase vaccine awareness and uptake in racial and ethnic minority populations by identifying effective strategies and interventions, such as engaging trusted messengers and partnering with a broad range of organizations.

CDC is launching the Bridge Access Program to provide no-cost COVID-19 vaccination and treatment to uninsured people after COVID vaccines become commercialized. The program was proposed by the Biden administration to provide adult vaccines to approximately 30 million uninsured or underinsured people. The Bridge program is envisioned as a temporary program that could pave the way for an adult vaccines program, proposed by the Biden administration but not yet authorized by Congress. A so-called Vaccines for Adults program would create a crucial link to overcome structural and social barriers to immunization across the lifespan. It would build on programs already established under Section 317 of the Public Health Services Act (which allows the HHS Secretary to assist states with funding preventive health services), complement the VFC program, reduce disparities, and create an infrastructure for responding to future pandemics.

Meyer concluded that the key objectives of CDC's respiratory virus vaccine program for this fall are to protect the public against influenza, RSV, and COVID-19; promote vaccine uptake among those at high risk; communicate rapidly; and implement vaccine programs equitably, especially in light of the transition from federally funded to commercially produced COVID vaccine.

Discussion

Meyer said that despite budget cutbacks, CDC will continue to fund and work with P4VE partners, who are key to the Bridge program. The Bridge program has funding and support from all levels of government. Meyer pointed out that vaccine coverage rates are not always a good measure of the impact of vaccines; the Bridge program could better demonstrate reach and impact, while building support for all types of vaccines.

Meyer explained that during the PHE, providers were required to report vaccinations to their state immunization information systems (IIS'), so CDC had accurate and granular data on COVID vaccine doses. With the end of the PHE, that requirement has been eliminated, but CDC is working on data use agreements to capture more routine vaccine data. Meyer believes that more providers have gotten accustomed to using their state IIS', which could translate to more regular use in the future. Moore urged Summit partners to advocate for voluntary IIS reporting, which can help providers and consumers ensure that vaccines remain up to date.

Rebecca Coyle of the American Immunization Registry Association said that the biggest hurdle to IIS use is setting up providers' connections, and many providers established such connections as a result of the COVID-19 pandemic. Before 2020, the proportion of adults captured by an IIS hovered around 62%, and now it is 89%—higher than the proportion of adolescents. Coyle added that updating the IIS to include new vaccines is relatively simple. Already, 13 registries can effectively report RSV vaccinations. Also, there is now capacity to monitor IIS use in real time.



Meyer noted that building vaccine confidence is a slow process, and it is difficult to demonstrate progress. She agreed with participants that CDC researchers should consider the role of trusted messengers in building vaccine confidence. Susan Farrall of HHS' ODP stated that engaging trusted messengers—and paying them for their time—is an effective way to end disparities in vaccination, but Congress needs concrete proof to that effect.

Rothholz suggested incorporating Medicare and Medicaid system data into IIS'. Coyle said that in states where the Centers for Medicare and Medicaid Services (CMS) collaborates closely with state departments of health, there are robust and helpful connections between Medicaid and the state IIS. Medicare data come from claims, which are not as accurate as clinical data, she noted. Moore suggested creating incentives for providers to report to IIS.

Health Care Provider Readiness

Tan invited participants to discuss what providers need immediately to facilitate adult vaccinations this fall and over the long term.

Barriers and Facilitators to Vaccination

Participants pointed out that clinicians are more focused on treating illness than preventing disease, especially in adults. More work is needed to ensure all providers recognize the value of vaccines for every patient. The National Vaccine Advisory Committee's [Standards for Adult Vaccination Practice](#) emphasizes that all providers should assess the immunization status of all of their patients at every clinical encounter. (See the box, Tools to Promoting Adult Immunization.)

Providers can do more to let patients know that ACIP-recommended vaccines are available at no cost for many people. For example, Medicare enrollees are eligible for annual wellness examinations that include vaccinations, and CMS will expand its vaccine coverage beginning October 1, 2023.

Tools for Promoting Adult Immunization

- CDC's [Adult Vaccine Assessment Tool](#)
- Immunize.org's [tools](#) for improving the vaccine experience
- Autism Society of [America's Vaccine Education Initiative](#)
- [Vaccines.gov](#) for finding vaccines outside of a provider's office (CDC will maintain this tool, but reporting will be voluntary, not required. CDC is discussing adding other adult vaccines to Vaccines.gov.)
- AMGA's [Rise to Immunize](#) campaign
- National Council of Negro Women's [Good Health Women's Immunization Networks](#) campaign
- Johns Hopkins University online personalized childhood vaccine recommendations
- CDC's [cooperative agreement](#) with the Council on Medical Specialty Societies to improve adult immunization rates

Providers should work closely with their patients to customize messages and recommendations around vaccination. All clinical office staff should participate in education about vaccination, such as CDC COCA calls. Others in the health care field—such as home health care providers, CHWs, promotoras, and CBOs—can help raise awareness and combat misinformation about vaccines. Adult immunization efforts should look to the VFC program for novel methods to promote immunization.

Providers need more information that gives guidance on how to educate patients about vaccines and vaccine-preventable diseases.



Specifically, providers should understand how to make strong and effective recommendations. The language of any guidance matters; recommendations should be as clear as possible. Providers would also benefit from increased awareness of the vaccination needs of people with disabilities or special needs. Providers should avoid ageism in communications about wellness.

Vaccine coverage could likely be expanded by:

- incentivizing providers to give vaccines;
- ensuring community-based vaccine providers are adequately paid; and
- considering patient convenience as well as access.

Individualizing Risk Assessment

Clinicians need more information about:

- vaccine-preventable respiratory diseases;
- whom to vaccinate, particularly who is at high risk;
- how to individualize risk assessment; and
- how to prioritize vaccinations.

Adult immunizations involve more considerations than childhood vaccines, so it might not be appropriate to focus on creating an age-based adult schedule. It was noted that individual patient concerns about vaccines vary; clinicians should not assume they know why a patient is hesitant. In addition, the conversation with a patient about vaccination does not need to be lengthy, and the provider need not push for vaccine acceptance at the current visit. Once introduced, the topic can be tabled and revisited later if there are other pressing matters.

Billing and Payment Issues

Providers would benefit from more practical education about how to use existing billing codes for immunization counseling (<https://www.izsummitpartners.org/content/uploads/2020/11/naiis-cpt-code-scenarios.pdf>). Providers should use the billing codes, and payers should pay for

them. Providers who use value-based quality measures can get credit for counseling patients even if they do not vaccinate those patients.

Participants pointed out that the billing codes should be simplified. Some providers do not see reimbursement for up to a year, which is not sustainable. A participant noted that the proposed changes to the [CMS physician fee schedule](#) for calendar year 2024 would extend the add-on payment for in-home COVID vaccinations to other vaccines. (Public comment on the proposed rule is open through September 11, 2023.)

Proposed Recommendations for Fall 2023

Participants agreed that the following guidance should be disseminated for the upcoming season:

- Providers should give influenza and COVID vaccines—simultaneously, if available—and consider RSV vaccine in a future visit (eg, in a month).
- RSV vaccination can be given any time of the year, but if providers have it available, they should give it now.

Participants said providers also need guidance on how to counsel pregnant people about RSV vaccination versus treating infected infants with monoclonal antibodies. The current RSV vaccine is not approved for maternal use.

Potential Deliverables

Participants suggested creating an individualized annual vaccination plan, or “prescription,” that indicates which vaccines are needed and when on the basis of shared decision making. Ideally, the vaccine plan would be explicitly linked to other planned or routine clinical care. For patients with comorbidities or chronic conditions who see multiple providers, the plan could help providers determine who should counsel patients, who should make the recommendation about vaccines, and who will vaccinate the patient. Another option is to create a document for consumers to use to help them start the conversation about vaccines with their providers.



BRAINSTORMING SESSION ON SUMMIT DELIVERABLES

Participants offered suggestions about products that the Summit could create to 1) increase providers' comfort with vaccinating adults this fall and 2) aid providers in year-round vaccination efforts.

Personalized Vaccination Action Plan

Participants called for a document that lays out an individualized plan for routine, age-appropriate vaccines and vaccines for those at high risk (eg, people with chronic health conditions). The document would be completed by the provider and patient, following shared decision making, resulting in tailored recommendations that are linked to other routine preventive care, eg, mammography, colonoscopy, or hemoglobin A1c assessment. The document should allow for providers and patients to map out a concrete schedule of care for the year.

The document should encourage providers to discuss vaccination at every opportunity and reference the NVAC Standards. It would help promote immunization as part of routine preventive care and wellness. The document could also explain that patients can save money on copays by combining vaccinations with other care in one visit.

Participants suggested using a paper form, which facilitates memory and is also an important option for people who do not have internet access. The form should have blank spaces that can be filled in with scheduled or recommended dates for vaccinations and other care. In the long term, the Summit should add a digital version, perhaps by adapting an online immunization questionnaire that generates personalized vaccine recommendations.

Vaccine Prioritization Recommendation for Fall 2023

Participants proposed creating a one-page flyer that is relevant and useful to all types of providers

and that highlights the following suggestions:

- If RSV vaccine is on hand, give it now.
- Give influenza and COVID vaccines when available.
- Remind patients about other vaccines (eg, pneumococcal vaccine).

The flyer could include a flow chart to aid with decision making. It should also list the billing codes for vaccine counseling and administration. The flyer should describe how to make a strong and effective presumptive recommendation for vaccination. It could educate providers about how to increase patient awareness about no-cost vaccine coverage for insured patients (eg, explaining the differences in vaccine coverage between Medicare Part B and Part D) and how to refer uninsured or underinsured patients to CDC's Bridge Access Program. The flyer should also encourage providers to use reminder and recall systems and to advise patients to schedule their next visit before they leave the office or clinic.

Provider Education: Talking Points

Participants proposed another document to help providers become more comfortable talking about vaccines and the conditions they prevent, especially for patients with more questions. It should include:

- information on how to make presumptive recommendations, keeping the vaccine conversation short and simple; and
- talking points on RSV, influenza, and COVID-19, with links to key CDC resources.*

The document should use language that providers can use when talking to patients. It should give good examples and analogies to use in patient interactions. A video may be helpful for educating providers on how to talk to patients about vaccines.

*Note that American Medical Association is working on frequently asked questions with links to resources about RSV and other topics.



COVID Habits to Keep

The Summit could disseminate information about good practices around vaccination that emerged as a result of the COVID-19 pandemic. The information could include the following:

- Clinicians should continue reporting vaccinations to their state IIS and participating in Vaccines.gov. Having vaccination records in an IIS saves providers time and minimizes unnecessary vaccinations.
- Providers should be encouraged to advocate for and support state legislation to mandate vaccine reporting.
- Providers should consider using standard order sets from Immunize.org when appropriate.

Billing Issues and the Business Case for Immunization

Participants suggested developing information about the following:

- How to code properly for vaccines to ensure reimbursement and avoid claims denials
- How providers benefit from vaccinating patients
- Changes to billing as the COVID-19 vaccine transitions to a commercial product
- Raising patient awareness about no-cost vaccine coverage
- Effective payer engagement strategies
- How to evaluate the impact of using an IIS on provider practice
- How to demonstrate the return on investment of immunization and use it to encourage all payers to pay for vaccine counseling

Tan said some of these items could be addressed by the Summit's Coding and Billing Task Group.

Promising Practices for Immunization

Participants proposed gathering examples of effective practices into one source that could be

disseminated via Summit partners. AMGA offered to contribute case studies from large medical groups. The American Medical Association might be able to contribute case studies from small medical groups. The National Association of County and City Health Officials can provide a case study from a local health department.

The Summit should call for best practices, highlight them at the next annual Summit meeting, and make the meeting presentations available online. It should create a published version that is navigable online.

Other Issues

The following general suggestions arose during discussion:

- Look for novel ways to capture providers' attention and motivate them to action.
- Consider how to craft messages for strong social media impact.
- Start a conversation with electronic medical records (EMR) manufacturers about including vaccine prompts. The American Immunization Registry Association, CDC, the Healthcare Information and Management Systems Society, and others are working on a process for incorporating vaccines into EMRs.
- To evaluate immunization efforts, the Summit should work with health care systems on including vaccination in EMRs to better track uptake and gather evidence on the utility of vaccines. Advocates need data they can take to legislators and policymakers.
- Consider a financial incentive for health care systems to implement a feasibility assessment of incorporating vaccines into EMRs.
- Engage new partners to promote immunization, such as home health care workers, CHWs, and employers.



CONCLUSION

Tan concluded that the Summit would immediately pursue the top three items of interest: the personalized roadmap, provider recommendations for fall 2023, and provider talking points about RSV, influenza, and COVID. He invited participants to join the Summit task forces that will evaluate the proposed deliverables and determine the next steps. The task forces will meet the week of August 7.

