

# The Summit Weekly Update

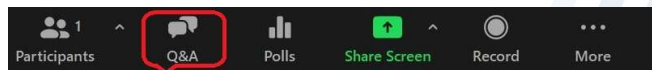
Thursday May 29, 2025 - 3:00 p.m. (ET)

## Audio broadcast available through your computer

- All participants will join the webinar in "listen only" mode. You should be able to hear through your computer audio. Please make sure your speakers are not on mute. You should have received dial in information with our invitation email.

## Want to ask a question?

- Type your question into the "Q&A Box" in the lower area of your screen. Questions will be answered during the Q&A session, as time permits.



- Additional questions may be sent to [info@izsummitpartners.org](mailto:info@izsummitpartners.org).

## Technical difficulties during the webinar?

- For assistance, please call 1-651-647-9009 or Zoom Technical Support at 1-888-799-9666 ext. 2



National  
Adult and  
Influenza  
Immunization  
Summit

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## Adult and Influenza Immunization: Looking Back, Moving Forward

National Adult and Influenza Immunization Summit • MAY 13–15, 2025

# Presentations Posted

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## Agenda

NAIIS Conference Highlights and Breakout Session Action Items

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Director, Association of Immunization Managers (AIM)

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## Summaries of Break-Out Discussions

May 13-16, 2025



## Discussion Group

### Community-Based Organizations and Sustaining Vaccine Confidence



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## Key Challenges and Gaps

- Vaccine communication and community engagement amid resource constraints
  - Outreach is hindered by cuts to funding and staffing for research, community engagement, etc
  - Uncertainty about reliable information sources as CDC websites and information is removed
- Developing effective communication and outreach with fewer resources
  - Rapidly developing responses to emerging and anticipated vaccine issues
  - Messengers (e.g. health care professionals) don't have the capacity or training
- Significant logistical, operational and time demands for
  - Community listening/needs assessment/landscape analyses critical to inform education and messaging needs
  - Identifying and recognizing local partners and experts in communities' needs for improving vaccine equity in their populations
    - Sustainability of partnerships
- Increasing complexity in vaccine schedules, number of doses etc. that make developing messages more difficult



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## Key Challenges and Gaps

- Need for shared messaging at a high level that can be tailored to audiences and communities but creates consistency
- Need to expand, strengthen and incentivize training:
  - For vaccine communicators (e.g. HCPs, CHWs, etc) on applying evidence-based communication strategies including motivational interviewing
  - Conducting community needs assessments on vaccine concerns, reasons for hesitancy and drivers of disparities
- Synthesize and centralize communication and engagement resources



## Potential Actions & Solutions

- Resource coordination
  - Create a central repository of trusted vaccine information sources
  - Develop coordinated messaging approach including for vaccine guidance changes
  - Compile a list of existing free training resources
  - Create a calendar for anticipated CDC communications to identify potential gaps
- Create guidance on effective strategies for vaccine communication in the new information and public health landscapes. Such as:
  - Conducting needs assessments for communication strategy development
  - Identifying organizations/stakeholders and creating partnerships that build connections with communities
  - Getting ahead of emerging issues (e.g. work with autism orgs. ahead of potential HHS announcement in September)



## Discussion Group

### Billing and Coding



## Key Challenges and Gaps

- Remaining issues with who and where to get parts B and D, and patients in part A stays for LTCF residents
- Plan specific issues
- Low margins on vaccine purchases; no room for any errors
- Limited networks (fewer PCP's carrying vaccines, out of network payments)
- Frequent appeals to payers especially for risk-based recommended vaccines
- Lags in payment increase relative to timing of price increases
- In Medicaid, nurse practitioners paid about 80% of physician fee schedule
- Inability to negotiate with Medicaid plans
- PBM systems with lack of transparency and driving payments down in pharmacies. Covered by payers but denied by PBM. Limit pharmacy networks and patient access
- Concern that vaccine insurance coverage requirements will be repealed



## Key Potential Actions/Solutions

- Develop templates for providers to re-submit and justify claims based on ACIP recommendations.
- Encourage providers to keep giving at least some vaccines and referring out for others
- Resources on the no wrong door concept
- Advocate for vaccination payment for Part A stays
- Advocate for payment at level that ensures financial sustainability
- Understand implications of loss of ACA provisions for vaccine coverage
- Advocate for the Medicare rate to be the benchmark for all providers
- Help public health understand how to become a credentialed vaccine provider
  - Including identifying existing resources



## Discussion Group

### **Operationalizing Seasonal Vaccines**



## Seasonal: Key Challenges and Gaps

- Continued to provide support to healthcare providers on fall respiratory viral season
- Self-administered FluMist (launch scheduled for Fall 2025)
  - How to validate when mandatory vaccine requirements are in place
  - Potential for falsifying records
- Coadministration COVID/Flu/RSV
  - Need to identify the best opportunity (overlapping recommended populations for 65+)
- Communications for the fall on respiratory season
  - Plan for CDC absence – cannot leave a void
  - Marketing versus communications challenges
- Continued challenges in LTC setting



## Seasonal: Key Potential Actions/Solutions

- Review and update seasonal vaccination resources
  - Meet after the vote and make foreseeable changes to resources based on June vote – finalize after *MMWR* is published
- Not Summit's "job" to launch self-administered Flumist®
  - Hold off on any planning discussions until an actual recommendation has been made by ACIP
  - Employer and other mandated settings should not use self-administered Flumist®
  - AZ to be invited to another Summit call to review status and potential solutions to challenges associated with the product following ACIP recommendations



## Seasonal: Key Potential Actions/Solutions

- Co-administration challenges
  - Provider recommendation for co-administration needs to be stronger – Summit can help frame that recommendation
  - Overlapping recommendation for COVID and flu vaccination in 65+ presents opportunity
    - Older population is generally accustomed to coadministration of flu/COVID, more compliant?
    - Flu and COVID are covered by Part B, while RSV is Part D
    - BUT stay away from one and done (RSV) because the future is unknown – may recommend a booster
  - Need better understanding of the changing demographics of the 65+ (disco vs. boomer generation; more social media savvy, etc). Seek collaboration with AARP, NCOA
  - Determine what kind of messaging resonates with 50-year-olds versus 65-year-olds



## Seasonal: Key Potential Actions/Solutions

- Communication void should CDC remain silent
  - Need organizational lead to “hold” the messaging front
  - NFID proposed as a natural fit due to their current work
    - NFID has tentatively agreed to start this process
    - Include participation/feedback from provider organizations, community organizations and patient advocacy
    - Not necessarily a harmonized message but rather harmonized themes, recognizing diverse target populations
    - Eg, From Wild to Mild is a good theme
    - Eg, provider and patient population
    - Within patient population
      - Ethnicity/Cultural differences (Mpox shows importance of this)
      - Rural/City/Suburb
- Summit to collect existing resources from federal government
  - Wild to Mild
  - Let's Get Real about Vaccines
- Summit to engage with coalitions to share immediate social media resources
  - Other national orgs, like VYF also have resources that can be shared





## Seasonal: Key Potential Actions/Solutions

- Follow up with PaltMed on their current project in Long Term Care and Skilled Nursing facilities:
  - Medicare A billing challenges
  - For insured, in or out of network status
  - Uninsured HCWs
  - Access to vaccines on location



## Seasonal: Communications discussion points

- Communications is different from Marketing – public health needs to be better at marketing
  - Marketing 101 starts with asking one very important question: What is our goal??
  - Need MBAs not MPHs
  - Start with disease awareness - teach/show the WHY behind the vaccine
  - To be impactful, messages need to sound like your audience
  - Understand what is causing the “hang up?” What is causing refusal of vaccine?
  - Misinformation continues to be spread – by historically credible sources
    - Counter this by being transparent – speak clearly, not in jargon



## Year-Round: Challenges and Gaps

- Continued need to help providers remain aware of ALL ACIP-recommended adult vaccines
- Implementing MPox vaccination for MSM people
- Hepatitis B implementation
- Engage employers on adult immunization activities



## Seasonal: Key Potential Actions/Solutions

- Review and update adult immunization tip sheet
- Summit to look at possible ways to re-energize collaboration between immunization community and sexual health community to implement Mpox vaccination as part of complete preventive wellness program for MSM and other ACIP recommended populations
  - Many resources have already been developed – Summit needs to collect them
  - Remind providers to connect Mpox vaccination with other well-performed care interventions, like PreP
- AMGA to look at their data on Rise to Immunize on hepB implementation
  - What challenges are arising? Successes?
- Summit to engage with AIM, ASTHO, and business groups on health to explore collaborations with small and mid-sized businesses for vaccination of employees and their families
  - As resources dwindle, these businesses present new partnership opportunities



## Q & A

- Please submit questions to the Q&A Box



- If you are only connected to the webinar by phone, you may raise your hand and you will be allowed to ask your question



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# Thanks!

Any questions?

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