

Welcome

to the
2025 National Adult and
Influenza Immunization Summit



Check out our website! izsummitpartners.org

Summaries of Break-Out Discussions

May 13-16, 2025



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- Concern that vaccine insurance coverage requirements will be repealed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



Discussion Group

Community-Based Organizations and Sustaining Vaccine Confidence



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



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)

