Background: National Adult and Influenza Immunization Summit

- Multi-sector coalition of organizations working toward increasing uptake of ACIP-recommended adult vaccines and influenza vaccine for all ages
- Started in 2000 in response to influenza vaccine supply issues
- Leadership: CDC, U.S. Department of Health and Human Services' National Vaccine Program, and Immunize.org
- Governed by Memorandum of Understanding
- Summit Organizing Committee provides input on priorities and in-person meeting agendas
- Over 130 public and private organizations
Summit Organizing Committee

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American Association of Nurse Practitioners
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Medical Association
- American Nurses Association
- American Pharmacists Association
- AMGA
- Centers for Disease Control and Prevention
- Gerontological Society of America
- Immunize.org
- Infectious Diseases Society of America
- National Foundation for Infectious Diseases
- The Joint Commission
- U.S. Department of Health and Human Services' National Vaccine Program

Challenges For Adult Immunization Compared to Pediatrics

- Adults see many different providers and some have no primary care provider
  - Challenges with knowing which vaccines someone has had and who is “responsible” for ensuring adults are up-to-date
- Vaccinations less integrated into routine adult care
  - Acute issues take precedence over preventive care
- Complex payment landscape
  - Private insurance covers vaccines on adult schedule
  - Variable coverage and provider payment by vaccine and for vaccine administration by state for Medicaid
  - Some vaccines covered by Medicare Part B vs Part D
    - Part D vaccines more challenging for non-pharmacist providers to bill
  - No “Vaccines for Adults” program to vaccinate uninsured adults
- Few vaccine requirements for adults
  - E.g., school vaccine requirements a facilitator for children
- Complex adult vaccination schedule with many risk-based (vs age-based) recommendations
FIGURE. Estimated proportion of adults aged ≥19 years who received selected vaccines, by age group and risk status — National Health Interview Survey, United States, 2010–2020

Abbreviations: Td = tetanus and diphtheria toxoids; Tdap = tetanus toxoid, reduced diphtheria toxoid,
Recent Progress to Improving Adult Vaccination Implementation

• I.R.A. – Inflation Reduction Act
  • Requires no out-of-pocket costs for patients getting ACIP recommended vaccines for Medicare Part D vaccines and for persons on Medicaid
  • Prior to I.R.A., Affordable Care Act required private insurance to include coverage for all ACIP recommended vaccines on the adult schedule without cost sharing
• Improvements in reporting adult vaccination to immunization information systems due to COVID-19
• Two quality measures
  • Maternal immunization measure
  • Adult composite measure

Strategies for Improving Adult Immunizations Through NAIIS Partner Engagement

• COMMUNICATE (identify issues of concern and possible solutions)
• COORDINATE (identify shared key principles and goals)
  • Opportunities to leverage all partners to respond to national questions about flu and adult vaccination
• MOTIVATE (through showcasing/recognizing successful and innovative practices and programs)
  • NAIIS Immunization Excellence award winners’ information: www.izsummitpartners.org/2022-immunization-excellence-awards/
• SHARE developed tools and modification and use by others
Activities of NAIIS

• Convene adult and influenza immunization stakeholders
  • Typically one in-person meeting annually
  • Working groups meet remotely as needed
  • Weekly webinars
• Facilitate identification of issues facing stakeholders and actions that may lead to improvements in uptake of ACIP recommended vaccines
• Develop tools to help address identified needs to improve vaccine implementation

Standards for Adult Immunization Practice

• Need to update recognized by NAIIS members given low adult vaccine coverage
• Working group formed including state and local public health, professional societies and others
• NAIIS working group draft shared with NVAC which revised and published as NVAC Standards for Adult Immunization Practices in 2014
• NAIIS member organizations promoted to their memberships and signed on as supporting organizations
Standards for Adult Immunization Practice

- **Assess** the vaccination status of patients at all clinical encounters
  
- **Identify** vaccines patients need, then clearly **recommend** needed vaccines.
  
- **Offer** needed vaccines or refer patients to another provider for vaccination.
  
- **Document** vaccinations given.
  
- **Measure** vaccination rates of providers’ patient panels.

Visit CDC’s Adult Immunization Practice: https://www.cdc.gov/vaccines/hcp/adults/practice/increasing-vacc-rates.html

Access the Call to Action – 2021: https://www.izsummitpartners.org/call-to-action-adult-immunizations/
Addressing potential financial and other barriers for patients and providers

Strategies to Address Policy Barriers to Adult Immunizations in Federally Qualified Health Centers

Reasons to Invest in Adult Vaccination Implementation

The National Adult and Influenza Immunization Summit (www.naissummitpartners.org), a national coalition representing over 200 organizations, compiled the information below to inform healthcare organizations and providers about the importance of adult immunization for population health, the financial feasibility of adult vaccination implementation, and implementation strategies.

Top Questions on Coding and Billing for Vaccines: Avoiding Common Errors

The Summit Provider and Access Workgroup surveyed partners and compiled the following Top Questions associated with coding and billing for adult vaccines. Click on each question to view the helpful guidance that has been developed for each of these questions.

Keeping NAIIS organizations informed and developing tools

Quick Guide to Adult Vaccine Messaging

Using Immunization Information Systems (immunization registries)

The Benefits for Pharmacists and their Adult Patients

Hepatitis B

Everyone 19-55 years. Adults who want vaccination or have high-risk indication.

Engel Bio, Tivaro (Porphyrin), Heplite-B

x- or 6-dose series depending on brand

Zoster (shingles)

Everyone 50 years or older, immunocompromised

Shingles

x-dose series

Pneumococcal

Everyone 65 years, 1-65 years immunocompromised or higher risk medical condition.

Pneumovax/PCV13, Pneumovax 15 (PCV15)

Either PCV13 then PPV23 and year later or one dose PCV13

Preferred flu vaccine for adults 65 years

Influenza (flu) vaccine preferred for this age group. If not available, use any age-appropriate flu vaccine.

Fluzone High-Dose (inactivated), or Fluzone (recombinant)

Annual vaccination
Examples of priority issues identified during November 2022 NAIIS in-person meeting

- Continue to support work of community organizations beyond the pandemic and to improve confidence and interest in adult vaccinations
- Encouraging use of maternal and adult composite quality measures
- Continue reporting of adult vaccinations to immunization information systems as a key information needed for vaccine needs assessment and adult vaccination catch-up
- Supporting providers in incorporating new vaccines as the adult vaccine schedule expands

Getting the Most Out Of NAIIS May 2023 Meeting

- Get inspired!
- Please ask questions
- Participate actively in the breakout groups
- Meet other groups that may support your efforts or collaborate
- Provide post-meeting feedback
- Get involved in a priority activity to be determined based on discussions at this meeting
- Join the NAIIS and get notifications about NAIIS Thursday 3 PM meetings and special webinars. https://www.izsummitpartners.org.
Thank you

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