

# Summaries of Break Out Discussions



## Discussion Group

### **Hepatitis B – integrating vaccination and testing recommendations**



## Key Challenges and Gaps

- Lack of provider awareness of existence of universal adult HepB vaccination and hepatitis B triple-screening recommendations
- Confusion on payor coverage issues
  - Medicare Part B vs Part D
  - Insurance coverage for screening and vaccination
- Lack of information on what adults think about vaccination against HepB and other non-respiratory diseases (what messages resonate?)
- Documenting this vaccine (like other adult vaccines) in the IIS is especially important



## Key Potential Actions/Solutions

- Summit role in provider education
  - Help shape messages (e.g., addressing provider apathy about prevention, ability to prevent liver cancer)
  - Develop 3-5 year focused catch-up adult vaccination plan?
  - Develop/promote addition of HepB in adult composite quality measure
  - Some Summit members may support survey/research on adult attitudes and resonant messages on HepB vaccination (not seasonal or perceived as “urgent”)?
- Payor coverage issues – Summit develop fact sheet?
- Stress importance of IIS for documentation to prevent unnecessary re-vaccination through messages and larger efforts related to IIS for adults



## Discussion Group

### Continuing efforts to address vaccine equity in communities with lower vaccination rates



## Challenges and Gaps

- **Barriers impacting vaccination of low-income or undocumented:** Competing priorities. Lack of time. Transportation obstacles. Sometimes: Religious & cultural belief systems. Many other factors.
- Lack of data **on all racial/ethnic groups, or rural populations, or other populations of focus.**
- **Grant application procedures:** Big challenge for community-based groups because so complicated and “devalue localized knowledge”
- **Grant implementation procedures** don’t allow for flexibility, enough time, and the “lived experience” and leadership of the communities
- **Current program metrics** don’t reflect what success looks like to the programs themselves



## Potential Actions/Solutions

- **Support community-based organizations**
- **Different procedures to apply for grants and to implement them:**  
Need for more flexibility, enough time, and locally-generated solutions
- **Program metrics that matter** to the communities.
- Data collection that tracks **all racial/ethnic groups & other groups of interest**
- Listening! Taking time! Bringing **the “lived experience” of communities early** in the planning process.



## Discussion Group

**Operationalizing adult immunizations and how NAIIS partners can help**



## Challenges and Gaps

- Vaccine access for uninsured
  - Limited 317 funds for uninsured, but increasing costs of vaccines
  - Challenges knowing how to find/access patient assistance programs
- Eliminating continued barriers for providing each vaccine across all payers for all providers (vaccine “billing nightmares”)
  - E.g., making sure a patient can get vaccinated where they are
- Inadequate reimbursements/payments
- Continued challenges with interoperability between different IIS and EHRs and billing and having complete vaccination records
- Need for coordinated messaging to advocate for vaccines, vaccine delivery, and vaccine IT systems
- Need to make providing and getting vaccines appealing and less onerous



## Potential Actions/Solutions

- Improve funding and payment to ensure sustainable vaccination programs
  - Advocate for eliminating vaccination barriers that are payer/provider/location related
  - Continue to advocate for 317 funds to vaccinate uninsured until VFA program available
  - Identify seed money for community organizations serving uninsured to help with vaccine purchase
  - Develop sustainability plans from seed funding
  - Invest in community health workers
- Work with elected officials and train community advocates
  - Develop toolkit to help ensure consistent messaging for advocates
- Identify providers/organizations that have achieved high vaccination rates and build models summarizing common elements for success.
  - Provide compelling success examples/message and linked to cost information that can be used to identify funding
  - Settings: Healthcare systems, pharmacies, community providers and community based organizations
- Identify, catalog, and share successful templates for training medical assistants, community health workers, to be vaccinators
- Advocate for vaccination claims data to be shared with providers so providers know which vaccines their patients have received from other providers – help to ensure complete vaccination records.
- Model insurance billing successes/examples
  - E.g. TAPI, VaxCare, other models
- Consolidate resources for manufacturers' patient assistance programs



## Discussion Group

### **How NAIS partners can support state immunization programs in the current environment**



## Challenges and Gaps

- Lack of approaches for sharing best practices/ templates for state/local adult programs among jurisdictions and partners
- Limited workforce dedicated to adult immunization, and lack of long term funding to support sustained adult immunization efforts
- Navigating pharmacy and primary care relationship with providers
- Poor understanding of training requirements for various vaccinators (e.g. technician, dentists)
- Poor understanding of payor landscape and ability to adjudicate claims



## Potential Actions/Solutions

- Establish mechanisms for connecting immunization program and partners on best practices (e.g. program templates, strategies working with communities, connecting with primary care associations, billing)
  - Meetings of adult coordinators, regional, with similar governance structures
  - AIM supporting NAIICP
  - Promoting, participating in and establishing community of practices in the Learning Community
- Advocating for more 317 and sustained long-term adult specific funds
  - Developing resources for having conversation with state/local policy makers
  - Sign-on letters and other lobbying that government not able to do
- Developing protocol and talking points to improve pharmacy/PCP relationships
- Landscape analysis of various vaccinators across each state
- Landscape analysis of payors (private and public, CMS) for public providers across states
  - Explore options to support centralized billing for public providers



## Discussion Group

### **Social media and how providers can address misinformation at work and with the public**



## Challenges and Gaps

- Fear of being attacked
  - The anti-vaccine mis-informers are proactive and aggressive, and we are always reacting
- You must care enough to respond. And how do you respond? What do you say?
  - No expertise in social media
  - Need consistency across all routine vaccines
  - Some advocates are making pejorative comments
  - Shortages and turnover in staff
- New impact of AI technology and deep fake videos, especially targeting the non-English speaking, etc....
  - Imagery that is being created is racially insensitive and often stereotypical
- Providers who subscribe to misinformation for reasons like politics (e.g. provider who refused to prescribe Paxlovid due to not believing in COVID)



## Potential Actions/Solutions

- Provider educational resources – helping providers learn things like motivational interviewing. Many adult providers (depending on time of training) have no idea. For all providers, including MAs, etc.
- Development of other educational resources on changes in vaccinations – eg Medicare Part D/IRA changes (Medicaid); can we work with TAPI
- Survey to Summit to gather the toolkits/resources and distribute them to registered participants
- Resource repository – put all the resources in one location and simplify the information to make it more palatable/easier to understand
- No jargon





## Potential Actions/Solutions

- Summit work with Healthwise folks to give them expertise (hard to work with)
- Up To Date – any relationship that we can nurture. One stop shop
- Importance of community health workers!
- Personal stories videos/memes



## Next Steps

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

