

National Adult Immunization Summit



THE MICHIGAN PRIMARY CARE CONSORTIUM'S ADULT IMMUNIZATION INITIATIVE (A-I-I)

Joseph A. Fortuna, MD, MPCC Vice Chair
Wednesday, May 16, 2012



Your Next 10+ Minutes:
A Drink From The Proverbial Fire Hose



**GREETINGS
FROM THE
GREAT LAKES
*STATE!***



the gold standard



FOR IMMUNIZATION REGISTRIES

Immunizations



On line

On time!

CAUTION!!

***What you are about
to hear and see
may seem like a
“flash back”
to yesterday but on
a smaller scale!***

***Think Of It As A Sequel
To An Old Movie...***

***You Could Call It
“Honey I Shrunk
The USA”***

The Michigan Primary Care Consortium

- **Established in 2006, MPCC is a partnership to improve the primary care delivery system in Michigan.**
- **We *convene*, *educate* and *advocate* in support of this mission.**
- **In 2011, MPCC transitioned to a 501 (C) 3 structure.**
- **We currently have over 120 industry and geographically diverse members.**

THE ADULT IMMUNIZATION “SITCH” IN MICHIGAN

- *RELATIVELY LOW % OF ADULTS IN MICHIGAN FULLY IMMUNIZED...*
- *PERVASIVE RESOURCE CONSTRAINTS*
- *LOW AWARENESS OF ECONOMIC AND HUMAN IMPACT OF PROBLEM*
- *NEED TO CAPITALIZE ON “MCIR”, THE WORLD CLASS IMMUNIZATION REGISTRY*

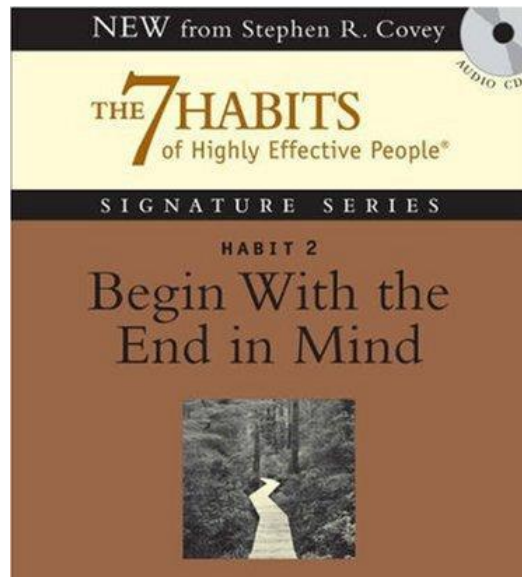
THE CURRENT STATE OF MIND OF MOST FOLKS IN MICHIGAN WORKING ON THE PROBLEM OF LOW ADULT IMMUNIZATION RATES...



**“I Am As Mad As Hell And I’m Not
Going To Take This Anymore”**

**WHAT
WE DID...**

FIRST





***100% OF ALL ADULT
MICHIGANDERS ARE
FULLY IMMUNIZED AND
STAY IMMUNIZED IN
ACCORDANCE WITH
THE CDC GUIDELINES***

AND THEN

***WE CALCULATED THE ECONOMIC
AND HUMAN BURDEN IN MICHIGAN
OF THE FOUR MOST PREVALENT
DISEASES FOR WHICH THERE ARE
AVAILABLE IMMUNIZATIONS***

WHAT IS INCLUDED IN THE FINANCIAL MODEL?

1. DIRECT MEDICAL COSTS

2. INDIRECT MEDICAL COSTS

The Dollar Cost of Four Prevalent Diseases in the State of Michigan (2010 \$US) For Which Adult Immunizations Are Recommended
Number of Reported and Estimated Cases and Estimated Direct, Indirect, and Total Societal


DISEASE	AGE GROUP	REP. CASES	EST. CASES	EST. DIRECT COST (PER CASE)	EST. INDIRECT COST (PER CASE)	EST. TOT. COST (PER CASE)	EST. STATE TOTAL COST (REP. CASES)	EST. STATE TOTAL COST (EST. CASES)
INFLUENZA	≥18	382,726	475,747 ^a	\$140 ^b	\$377 ^b	\$517	\$196,721,164	\$245,961,196
INVASIVE. S. PNEUMONIA	≥50	732	955 ^c	\$20,899 ^d	\$553 ^d	\$21,452	\$15,702,884	\$20,486,660
NPP (INPATIENT)	≥50	N/A	7,092 ^e	\$17,197 ^d	\$287 ^d	\$17,484	N/A	\$123,996,528
NPP (OUTPATIENT)	≥50	N/A	10,930 ^e	\$784 ^d	\$225 ^d	\$1,009	N/A	\$11,028,370
HERPES ZOSTER	≥50	114	21,985 ^f	\$1,034 ^g	\$2,636 ^g	\$3,670	\$418,380	\$80,684,950
PERTUSSIS	≥18	577	13,270 ^h	\$395 ⁱ	\$542 ⁱ	\$937	\$540,649	\$12,433,990

TOTAL = \$494,591,694.00

-All costs were adjusted to 2010 U.S. dollars.
-Inv. is an abbreviation for 'invasive.'
-NPP is non-bacteremic pneumococcal pneumonia caused by *S. pneumonia*.

-NPP inpatient refers to cases of NPP that require hospitalization where as
-NPP outpatient refers to cases of NPP that do not require hospitalization.
-Reported cases are from the Michigan Disease Surveillance System.

PLUS

 The Children's Hospital of Philadelphia®
Hope lives here.

Health Information For Patients and Visitors

***Adults are 100 times
more likely than children
to die of vaccine-
preventable diseases!***

http://www.chop.edu/service/parents-possessing-accessing-communicating-knowledge-about-vaccines/feature-articles/feature-articles.html?utm_source=newsletter&utm_medium=email&utm_term=adult+vaccination+coverage%3butm_content=feature+article&utm_campaign=vecparentsackmar2012

AND THEN

***KNOWING THE LOW % OF ADULT
IMMUNIZATION, ON MARCH 29, WE
CONVENED A PROFESSIONALLY
FACILITATED SESSION OF OVER 100
PEOPLE REPRESENTING THOSE
INTERESTED IN ACHIEVING OUR
BHAG***



THE MICHIGAN PRIMARY CARE COALITION'S ADULT IMMUNIZATION INITIATIVE (A-I-I)

SECOND PLENARY SESSION (SPS)

LANSING, MICHIGAN March 29, 2012

Time	Duration	Segments	Presenter / Facilitator
7:30	30 min	CONTINENTAL BREAKFAST	
8:00	15 min	MPCC ADULT IMMUNIZATION INITIATIVE: <i>Welcome, Background, & Keynote Introduction</i>	Craig Magnatta, DO, Chair, MPCC Joe Fortuna, MD, Vice-Chair, MPCC Walt Talamonti, MD, Med. Dir. Ford Motor Co.
8:15	45 min	KEYNOTE PRESENTATION: <i>The CDC Perspective on Adult Immunization</i>	Carolyn Bridges, MD, Chief, CDC Section on Adult Immunization
9:15	45 min	THE BUSINESS CASE FOR 100% AGE- AND GENDER-APPROPRIATE ADULT IMMUNIZATION IN MICHIGAN	Annette Mercatante, MD, Medical Director, St Clair County Health Department John McLaughlin, PhD, Pfizer Medical Affairs Eddy Bresnitz, MD, MSCE, Merck Vaccines
10:00	15 min	BREAK	
10:15	45 MIN	KEYNOTE PRESENTATION: <i>The AMA Perspective on Adult Immunization</i>	Dr. L.J. Tan, Director, Medicine and Public Health, AMA
11:00	60 min	BARRIER WORKGROUPS: <i>What Are The Issues?</i>	ALL
Noon	60 min	LUNCHEON ADDRESS: <i>The State Perspective on Adult Immunization</i>	Robert Swanson, MPH, Director, Division of Immunization, MDCH
1:00	120 min	BARRIER WORKGROUPS: <i>What Can / Should Be Done?</i>	ALL
3:00	15 min	BREAK	
3:15	60 min	BARRIER WORKGROUP REPORT-OUTS: <i>What Will We Be Doing? How Will We Know We Have Succeeded?</i>	ALL
4:15	15 min	WRAP UP AND NEXT STEPS	Craig Magnatta, DO, Chair, MPCC Joe Fortuna, MD, Vice-Chair, MPCC
4:30		ADJOURN	

PURPOSE OF THE SPS



**ACTION AGAINST
BARRIERS**

**ONE PICTURE IS
WORTH A
THOUSAND
WORDS...**



***TO DEVELOP “20,000 Foot Level”
PLANS FOR ADDRESSING WITH
EXISTING RESOURCES (AND/OR
AT MINIMAL ADDITIONAL COST)
7 PRIMARY BARRIERS TO FULL
ADULT IMMUNIZATION***



Second Plenary Session Barrier Work Groups

- **Integrated, Networked, Adult Immunization Delivery Platform**
- **Provider Awareness and Culture in re: Adult Immunization**
- **Consumer and Community Awareness and Culture in re: Adult Immunization**
- **Provider Adult Immunization Guidelines**
- **Provider and Recipient Incentives and Metrics and Financial Barriers to Full Adult Immunization**
- **Challenges in Communities to Full Adult Immunization**
- **Access Barriers to Full Adult Immunization**

I. Problem (Barrier) Definition – *There is no integrated, networked, adult immunization delivery platform.*

How do we each define the problem?
 The Problem is...

What are root causes of the problem?
 Why is it a problem that there is no integrated, networked, adult immunization delivery platform?

Define and quantify the impact(s) of the barrier on the outcome of “full adult immunization”

Human suffering:
 Direct Costs (How much and to whom?):
 Indirect Costs (How much and to whom?):
 Effects on Michigan's economy (How much and to whom?)

#	Actions	Which stakeholder groups should/could be involved?	Resources needed to complete this action	How can we measure success?	Suggested Champion (1 name)	Projected Date Completed or Operationalized
1.						
2.						
3.						
4.						
5.						
6.						

**ONE IMMEDIATE
RESULT...**

**MORE PUBLIC
ATTENTION ON THE
SUBJECT...**

May 13, 2012
"Healthy" return.
Employers back
worker immunizations;
awareness needs a
booster

By [Jay Greene](#)



Ford Motor Co. Medical Director
Walter Talamonti, M.D., said
immunization programs and coverage
for employees yield a good return on
investment.

***WALT IS THE CO-CHAIR OF THE MPCC
ADULT IMMUNIZATION INITIATIVE!***

***WE ARE NOW
IN PHASE 2...***



**ACTION IN & BY
STAKEHOLDER GROUPS
AFTER SPS**

***MPCC IS CONVENING “GRASS
ROOTS” STAKEHOLDER GROUPS
TO CONSIDER AND IMPLEMENT
THE BARRIER WORK GROUP
RECOMMENDATIONS***

***MPCC WILL SUPPORT AND
CLOSELY MONITOR THE WORK OF
THESE STAKEHOLDER GROUPS***

Stakeholder Group _____

Barrier	Roles and Responsibilities For The Stakeholder Group	Champion	Timeline	Metrics For Success
#1: Integrated, Networked, Adult Immunization Delivery Platform				
#2: Provider Awareness and Culture in re: Adult Immunization				
#3: Consumer and Community Awareness and Culture in re: Adult Immunization				
#4: Provider Adult Immunization Guidelines				
#5: Provider and Recipient Incentives and Metrics and Financial Barriers to Adult Immunization				
#6: Challenges in Communities to Full Adult Immunization				
#7: Access Barriers to Full Adult Immunization				

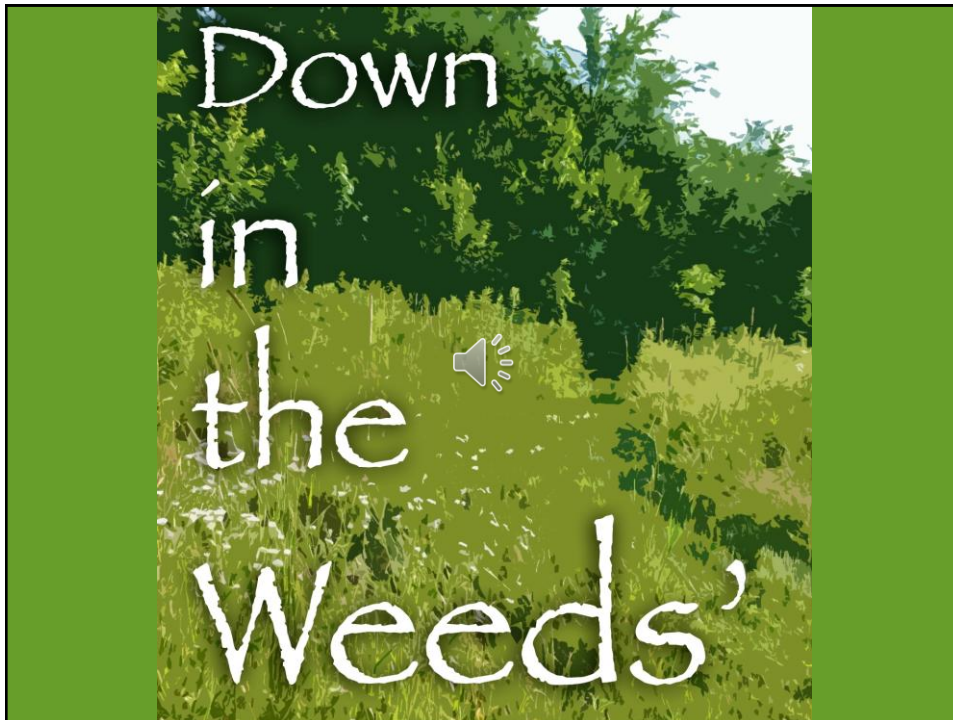
**POTENTIAL STAKEHOLDER GROUPS FOR MPCC
ADULT IMMUNIZATION INITIATIVE**

- Payers
- Medical providers and their associations
- Large Employers (500 plus)
- Small/Med Employers (up to 499)
- State and Local Health Departments (MI)
- Pharma
- Seniors Agencies and Advocacy Groups
- Faith-based Groups
- Academic Centers (Elem–Univ + Health Professions)
- Ethnic groups and associations
- Hospitals and Health Care Systems
- Long Term Care Facilities and Hospice Organizations
- Home Health and Visiting Nurse Organizations
- Public Officials and Lawmakers
- Retail Pharmacies and Chains
- Community Groups/Agencies
- Health Care Coalitions
- Other



**EACH STAKEHOLDER
GROUP HAS A
STAKEHOLDER
CHAMPION**

**AND
THEN**

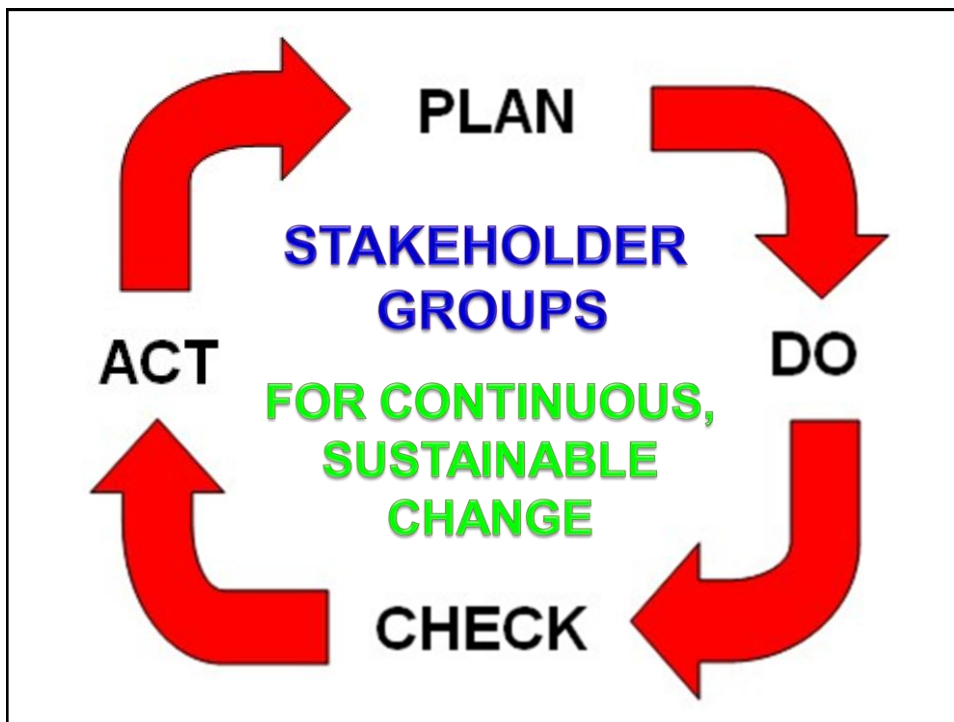


**POTENTIAL LOW COST, LOW EFFORT ACTIVITIES AND INITIATIVES
FOR ONLY FIVE OF 15+ STAKEHOLDER GROUPS**

- Payers: Pushing Incentives and Metrics for Provider Performance Relating to Adult Immunization: PCMH, ACO's, PGIP, Etc.**
- Healthcare Professional Associations: Programs To Motivate Practitioners and their Staffs to Get Immunized. Could even have competition Among Associations**
- Motivating the Use of MCIR by ALL Adult Immunization Providers, i.e. Retail Pharmacies, Physician Offices, Hospitals, etc.**
- Synchronizing Messaging in re: Adult Immunization Everywhere and To All In Michigan, i.e. "Repetition, Repetition, Repetition"**
- Engagement , Empowerment, and Support of Influencer Organizations in Sub-Populations such as Faith-Based Groups, Ethnic Groups, Seniors Groups, Social Gathering Points (Barber Shops and Salons), etc.**

52

AND THEN

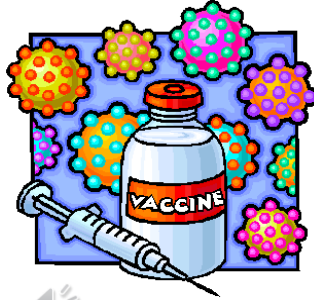


SO WE CAN TRUTHFULLY SAY IN THE IMMORTAL
WORDS OF COLONEL JOHN "HANNIBAL" SMITH
(George Peppard)



AND
THEN

Michigan
Primary Care
Consortium
Adult
Immunization
Initiative



**THE MICHIGAN PRIMARY CARE
COALITION'S ADULT IMMUNIZATION
INITIATIVE (A-I-I)**

THIRD PLENARY SESSION (TPS)

LANSING, MICHIGAN OCTOBER XX, 2012

***SOME
THOUGHTS...***

CULTURE
EATS
STRATEGY
FOR BREAKFAST

BUT...



61

AND...



***IN THE SPIRIT OF YESTERDAY'S
PRESENTATIONS I, TOO, WILL END
WITH QUOTES...***

“The definition of insanity is doing the same thing over and over again and expecting different results” [Einstein]

AND...

OUR PROGRAM THEME...



"Don't let the
perfect be the
enemy of the
good."
-Voltaire

**AND, FINALLY, IN THE IMMORTAL
WORDS OF BUGS BUNNY...**

