

Summaries of Break Out Discussions



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Discussion Group

Promoting use of adult and maternal quality measures



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Challenges and Gaps

- Bundling together as a composite
- Tie improvement to payment
- The right time for the right patient
- Historical data reporting
- Shared clinical decision-making and catchup vaccines not included
- Evolving routine vaccination schedule
- Data fatigue/burden of reporting



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Potential Actions/Solutions

- Time and encouraging performance
- Pay to report, for improvement, and for performance
- Communication
 - Understanding the data
 - No one questions the pediatric combo 10
 - Time for people to understand
- Holistic preventative care idea
- IIS – Broader implementation of adult standards to support IIS
 - Leverage health systems to invest in SMART card
- Allow for time to add before implementation
- Streamline data



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Discussion Group

Promoting use of IIS and the standards for adult immunization practice to improve catch-up vaccination – challenges of coadministration



Challenges and Gaps

IIS data quality/completeness

- Lack of mandatory reporting (or only “opt-in” reporting)
- Legal issues of interjurisdictional data sharing
- Adult care facilities (e.g., LTCF) with different EMR systems
- Historical immunization information not included
- Staffing shortages

IIS Use

- Providers (and consumers) unaware of IIS functionality (or IIS at all!)



Challenges and Gaps

Financial issues

- IIS funding
- Provider reimbursement, including for counseling (increased vaccine hesitancy)

Educational needs

- Confusing/fragmented adult immunization recommendations
- HCPs unaware of *Standards for Adult Immunization Practices (2013)* (Assess/Recommend/Administer or Refer/Document)



Potential Actions/Solutions

- Prioritize education initiatives for all staff
 - Update/re-emphasize *Standards*
 - Develop tools (e.g., co-administration, workflow)
- Support all efforts for consolidation of immunization records
 - Leverage COVID reporting partnerships and successes
- Improve incentives for providers/healthcare systems
 - Adequate reimbursement (including for counseling)
 - “What’s in it for me?” (not just financial!)



Potential Actions/Solutions

- Develop strong partnerships (including use of trusted messengers)
- Pass and implement Vaccines for Adults! (*VFC history*)

Secondary

- Improve completeness of historical data in IIS
- Provide individualized quality assessment reports to providers
- Engage with medical boards and others for mandated reporting



Discussion Group

How to sustain community partnerships and collaboration for improving overall vaccination



Challenges and Gaps

FUNDING:

- Future funding: Uneven and unclear

PARTNERSHIPS that are missing the RIGHT PARTNERS:

- People served by a project: Not part of the planning or implementation
- Partnerships with unexpected partners or right mix of partners: Not explored.

RULES AND STRUCTURE OF FUNDING: A barrier.

- Not flexible. Not nimble. Important cost are not allowable. Not meeting needs of target groups

CAPABILITY TO APPLY & MANAGE GRANTS:

- Some of most effective agencies aren't good grant writers.
- Some have trouble starting up, hiring quickly, beginning workplans.

SILOs & "SECTIONS"

- Different sections and departments of government: Who does what?
- Barriers are: Promoting one vaccine instead of many. Promoting vaccines without attention to social determinants of health. Single issue approach to promote just vaccines is not the reality on the ground.

COVID PARTNERSHIP ACCOMPLISHMENTS: Too wonderful to dismantle

- Investments in trusted messengers and now-existing powerful human connections: Will we lose this?
- Breaking trust relationships: Can't get that back, once it's gone.



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Potential Actions/Solutions:

Create more space for diverse partnership members & LISTEN!

- The best representative groups sometimes fall silent in the current scene.

Make the case : Community-based efforts deliver!

- Tell legislators & OMB: Community-based efforts are an essential public health good and they deliver trust, representation & results.

Work with NAIIS Summit to develop the case for the value of community-based organizations & trusted community messengers.

- Join next meeting on November 29.

Partner with aging agencies.

- Take advantage of the Older American Act statutory language that encourages older adult programs to provide information about how to get vaccines

Incorporate partners you never considered before.

- Example: Arts/cultural organizations.

Nurture & value already-existing partnerships/coalitions:

- Consider efforts that sustain coalitions in the long-term. They need nurturing!

Consider using CDC's [Success Framework for Adult Immunization Partner Networks \(cdc.gov\)](https://www.cdc.gov/naais/partner-networks)



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Discussion Group

What do providers need to help better communicate vaccine information with patients?



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Challenges and Gaps

- Patient-provider time: Providers have limited time with patients
- Upstream needs of providers;
 1. Providers need quick access to clear and accurate information
 2. Providers should be able to answer specific questions
 3. Need more time, and training in communications
 4. Address competing priorities of providers
- Mistrust: talking to patients who do not trust their provider has increased
- Motivations for children and adults are different, hence need to be addressed differently
- Access issues: not every provider has vaccines available, patients may think if vaccines are not available at the clinic maybe it's not trustworthy
- If patients do not have advanced notice or opportunity to digest the information they may not be prepared and receptive
- Backlash for providers who use social media platforms to send educational messages
- Increase in vaccine hesitancy and distrust in pregnant people
- Different messages coming from different resources
- Information overload for providers



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Potential Actions/Solutions

- Normalcy: Providers offer the vaccine, and the vaccine is available in the healthcare setting
- Learning communication strategies that work with adults as opposed to parents
- Train ancillary healthcare staff to talk about vaccination with patients;
 1. Staff should be on the same page regarding vaccine messaging
 2. Staff should practice talking strategies that would work with patients
 3. Training and skill building: To ask the right questions conduct motivational interviewing
- Incorporate patient education and preparation: e.g., Pre-visit patient checklist: patients will be prepared when they come in, provide vaccine information resources and guidance before and/or after a visit; set expectations, and have questions prepared to ask the provider, which may make them more receptive
- Incorporate vaccines in practice workflow: Providers should be creative on what works in their specific healthcare setting; incentives for healthcare staff to spark creativity to educate hesitant patients
- Strategies to build trust: Providers need tools to build trust (address mistrust, increase confidence as an advocate): social media influencers, trusted messengers (e.g., faith leaders), bilingual healthcare personnel (especially nurses)



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Potential Actions/Solutions

- Passive education: e.g., through badges regarding having gotten vaccinated
- Specialty care gives vaccinations themselves instead of referring
- Patient care teams: Call patients who have not been vaccinated to get details about vaccination, advise vaccination, and recommend pharmacies/clinics to get vaccinated
- Strategies to build trust: Providers need tools to build trust (address mistrust, increase confidence as an advocate): social media influencers, trusted messengers (e.g. faith leaders), bilingual healthcare personnel (especially nurses)
- Coalitions/Initiatives to help providers push information through social media platforms
 - Coalitions to support physicians who choose to be media influencers (Public Health Goods Project)
 - Partnership with community organizations can provide information to providers that is usable in clinical practice



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Potential Actions/Solutions

- Messaging coming from providers in the form of PSAs
- Providers modify existing resources; send vaccine information aggressively through communication channels (patient-provider reminder)
- Try to unify messaging and make it consistent
- Financial reimbursement: Reimburse providers for educating hesitant patients
- Enroll adult providers to VFA; to promote vaccines
- Vaccine incentives



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Next Steps

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



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