

**National Vaccine Advisory Committee
Adult Immunization Working Group
(AIWG) Recommendations**

*Adult Immunization: Complex challenges
and recommendations for improvement*
Discussion and Vote

Dr. Julie Morita and Dr. Christine Nevin-Woods
June 14, 2011 • Washington, DC

AIWG Members

NVAC Members

Gus Birkhead*

Rich Clover

Lisa Jackson

Clem Lewin

Julie Morita**

Chris Nevin-Woods**

Laura Riley

L.J. Tan

NVAC Chair

† Assistant to NVAC Chair

** WG Co-chairs Former WG
members: Jon Almquist, AAP and
Sarah Duggan Goldstein, AMA

Liaison Representatives

Richard Beigi, ACOG

Tom Koinis, AAFP

Greg Poland, ACP

Wayne Rawlins, AHIP

Alan Rosenberg, AHIP

Mitch Rothholz, APhA

Ex officio Members

Amy Groom, IHS

Jeff Kelman, CMS

Richard Martinello, VA

Abigail Shefer, CDC

Ray Strikas, CDC

Candace Swartwood, CDC

Other

Bob Bednarczyk†

Mark Grabowsky, NVPO

Lauren Wu, NVPO

AIWG Mission

To develop recommendations for establishing a comprehensive, sustainable, national adult immunization program that will lead to vaccine preventable disease reduction by improving adult immunization coverage levels

White Paper Development

| Date | Activity |
|----------------------------|--|
| Feb, 2010 | WG meeting - developed mission and work plan |
| Mar-Jun, 2010 | Monthly conference calls Literature reviews: (1) barriers to adult immunization, (2) prior recommendations, 1990-2010 |
| Jun , 2010 | WG meeting – reviewed literature reviews |
| Jun-Sep, 2010 Aug, 2010 | Monthly conference calls – developed white paper Presented draft white paper structure to Immunization Congress, Chicago |
| Sep, 2010 | WG meeting - discussed draft white paper NVAC meeting - content and structure of white paper |
| Sep, 2010-Feb, 2011 | Monthly conference calls - continued work on white paper |

White Paper Development

(continued)

| Date | Activity |
|-------------------------------|--|
| Jan-Feb, 2011 Feb 17, 2011 | NVAC comment period on draft white paper v1.0 NVAC discussion of draft white paper v1.0 |
| Feb-Mar, 2011 | Monthly conference calls - White paper v2.0 |
| Mar-Apr, 2011 | Public comment and two stakeholders' meetings on v2.0 (Denver and Chicago) |
| Apr-May, 2011 | Survey of research needs priorities open to stakeholders and AIWG members |
| May-Jun, 2011 | Conference call - Discussed public comment and feedback from stakeholders Revised white paper to v3.0 NVAC comment period on v3.0 Revised white paper to final v4.0 |
| Jun 14, 2011 | Discuss and vote on final white paper v4.0 |

Organization of Recommendations

- Primary recommendations (3)
 1. National leadership and coordination of an adult immunization program
 2. Resources for adult immunization program
 3. Strategic plan for adult immunization
- Focused Activities
 - Key elements of comprehensive program for consideration in developing strategic plan
 - Address gaps in existing knowledge
 - 5 thematic categories: general infrastructure, expanding access to vaccination, provider- or system-based interventions, increasing community demand, research needs

Primary Recommendations

Recommendation #1: National Leadership

- HHS should develop and adequately resource a coordinated and comprehensive National Adult Immunization Program
 - Administrated by HHS and coordinated by the ASH
 - Operationally led by CDC
 - Supported by Interagency Adult Immunization Working Group with representation across HHS and related gov't agencies
 - Recommended subcommittees: expanding access to vaccination, provider- or systems-based interventions, increasing community demand, research
- Designed to minimally meet National Vaccine Plan and Healthy People 2020 adult immunization goals, while also increasing uptake of all ACIP-recommended adult vaccines

Recommendation #1: National Leadership

(continued)

- Responsible parties
 - Governmental
 - HHS: Interagency Adult IZ WG, CDC, FDA, CMS, HRSA, IHS, NIH, NVPO, ODPHP, OHQ, OMH, ONC
 - DOD, DVA, White House Office of Faith-Based and Neighborhood Partnerships
- Timeframe: 6 months from adoption of these recommendations

Recommendation #2: Resources

- The leadership of the National Adult IZ Program should allocate adequate resources to develop and implement an action plan
- At minimum, this should include staffing for a National Adult Immunization Program office at CDC
- CDC and NVPO should coordinate expert analyses to estimate the costs of implementing operational components
 - Determine costs of immunization grantees existing adult immunization activities

Recommendation #2: Resources

(continued)

- Responsible parties
 - Governmental
 - HHS: Interagency Adult IZ WG, CDC, CMS, FDA, HRSA, IHS, NIH, NVPO, ODPHP, OHQ, OMH, ONC
 - DOD, DVA, White House Office of Faith-Based and Neighborhood Partnerships, Congressional Budget Office
- Timeframe:
 - Interagency Adult IZ WG should assess funding needs for National Adult Immunization Program by start of FY2013
 - Allocation of funds by the start of FY2014

Recommendation #3: Strategic Action Plan

- Develop a national strategic action plan for adult immunization
 - Developed and routinely evaluated by the Interagency Adult IZ WG
 - Designed to meet National Vaccine Plan and Healthy People 2020 goals
 - Continuous consultation with a broad range of stakeholders
 - Routinely evaluate and monitor goals of this action plan
 - The action plan should contain mechanisms to address, at minimum, the focused activities included in these recommendations

Recommendation #3: Strategic Action Plan

(continued)

- **Responsible parties**
 - **Governmental**
 - HHS: Interagency Adult IZ WG, CDC, CMS, FDA, HRSA, IHS, NIH, NVPO, ODPHP, OHQ, OMH, ONC, CDC immunization grantees
 - DoD, DVA, state and local government and PH agencies, state Medicaid agencies, White House Office of Faith-Based and Neighborhood Partnerships
 - **Non-governmental:**
 - The public, vaccine manufacturers, health care providers, HCP organizations, health care payers, PH organizations, employers
- **Timeframe: Create a strategic plan within 1-3 years of adoption of these recommendations**

Focused Activities

1. General Adult Immunization Infrastructure

1. General Adult IZ Infrastructure

a. Alignment of adult immunization goals across agencies

ACIP, Healthy People 2020, and National Vaccine Plan

b. Adult immunization activities in grant guidance

CDC, HRSA

1. General Adult IZ Infrastructure

c. Infrastructure development and coordination

CDC should work with governmental partners and appropriate private sector and non-governmental organization partners

– To develop and coordinate appropriate infrastructure for delivery of adult vaccines through the expanding network of adult vaccinators

–To coordinate vaccine purchasing contracts that can be utilized by states.

d. Quality measures for adult vaccination

Existing quality measures for adult immunization should be evaluated to develop more standardized and harmonized metrics.

1. General Adult IZ Infrastructure

| | Directed To | a. | b. | c. | d. |
|--|---|------------|------------|------------|------------|
| Government | Interagency Adult Immunization WG | X | | | |
| | CDC | X | X | X | X |
| | CDC Immunization grantees | X | X | X | |
| | CMS | | | | X |
| | HRSA | | X | | |
| | HRSA Grantees | | X | | |
| | NVPO | X | | | |
| | State and local government/ PH agencies | | | X | |
| | State Medicaid agencies | | | | X |
| Non-government | Health care providers and organizations | | | X | X |
| | NCQA and NQF | | | | X |
| | PH Organizations | | X | | |
| | Payers | | | X | X |
| | Public | | | X | |
| | Vaccine manufacturers | | | X | |
| Timeline (years after adoption of recs) | | 1-3 | 1-3 | 3-5 | 1-3 |

2. Expanding Access to Adult Vaccines

2. Expanding Access to Adult Vaccines

a. Assure consistent and adequate supply of adult vaccines for the U.S.

- Barriers to having multiple suppliers for each licensed and routinely recommended adult vaccine
- Stockpile adult vaccines and ancillary supplies
- Track adherence to changes in vaccine recommendations during vaccine shortages with appropriate communication plans.

b. Increased application of Section 317 funds for adult immunization

State and local governments receiving Section 317 grant funding should utilize, to the extent possible, Section 317 funds to address adult immunization gaps.

2. Expanding Access to Adult Vaccines

- c. Develop and foster innovative adult immunization partner organization networks;
 - Enhance existing partnerships between public health and interested stakeholders

- d. Standardize and update Medicaid vaccine administration reimbursement rates and mechanisms
 - Establish floor and update ceiling values sufficient to cover all costs of vaccine administration

2. Expanding Access to Adult Vaccines

| | Directed To | a. | b. | c. | d. |
|--|---|------------|------------|------------|-----------|
| Government | Interagency Adult Immunization WG | | | X | |
| | BARDA | X | | | |
| | CDC | X | X | X | X |
| | CDC Immunization grantees | | X | X | X |
| | CMS | | | | X |
| | FDA | X | | | |
| | NVPO | | | X | X |
| | State and local government/ PH agencies | | | X | X |
| | State Medicaid agencies | | | | X |
| | White House Office of Faith-Based and Neighborhood Partnerships | | | X | |
| Non-government | 317 Coalition | | X | | |
| | Advocacy groups | | | X | |
| | Employers | | | X | |
| | Health care providers and organizations | | | X | X |
| | PH organizations | | | X | |
| | Payers | | | X | X |
| | Vaccine manufacturers | X | | | |
| Timeline (years after adoption of recs) | | 1-3 | 3-5 | 1-3 | 5+ |

3. Provider or System-Based Interventions

3. Provider or System-Based Interventions

a. Provider education – Quality improvement/ Quality assurance activities

State and local government agencies and insurers should further develop and refine QI/QA activities

b. Provider education – Standards of care and resources to support best immunization practices

Include information on vaccines covered under Medicare Part B and Part D

3. Provider or System-Based Interventions

c. Expand the adult immunization provider network

Include non-traditional immunization providers, particularly when providing services or medications related to co-morbidities that are indications for vaccination.

d. Improve and expand immunization information systems for adult vaccinations

IIS should meet standards for interoperability and data exchange with providers of adult vaccines

3. Provider or System-Based Interventions

- e. Educate vaccine providers and partners on health care reform and immunization business practices
 - The provisions of ACA that are relevant to adult immunization
 - Best business practices related to immunization services (inventory management, billing, addressing denied claims, reduction of barriers related to in- versus out-of-network billing reimbursement)
 - Provided to the public, health care providers and related organizations, health care payers, employers, and other key stakeholders

3. Provider or System-Based Interventions

| | Directed To | a. | b. | c. | d. | e. |
|--|---|------------|------------|------------|------------|----------|
| Government | CDC | X | X | X | X | X |
| | CDC Immunization grantees | X | X | X | X | X |
| | CMS | X | X | | X | |
| | HRSA | | X | | | |
| | ODPHP | X | | | | |
| | OMH | X | | | | |
| | ONC | X | | X | X | |
| | State and local government/ PH agencies | X | X | X | X | X |
| Non-government | Advocacy groups | | | | | X |
| | AIM and AIRA | | | | X | |
| | ASTHO and NACCHO | | | X | X | |
| | Community health centers | | | | X | |
| | Community and occup. health immunizers | | | X | | |
| | Employers | | | X | | X |
| | Health care providers and organizations | X | X | X | X | X |
| | Payers | X | X | X | X | X |
| | Pharmacies and Pharmacy organizations | | | X | | |
| | Public | | | | | X |
| Timeline (years after adoption of recs) | | 1-3 | 1-3 | 1-3 | 3-5 | 1 |

4. Increasing Community Demand for Vaccinations

4. Increasing Community Demand

- a. Develop and implement an ongoing, comprehensive education and outreach campaign on adult vaccines, directed to both patients and providers
 - Widespread, culturally and linguistically appropriate education campaign for the public and providers
 - Developed with input from scientific, medical, health care payer and public health communications, behavioral sciences experts (e.g., cognitive psychology, anthropology, and sociology)
 - Include electronic media; social media; television, national and community print and radio media; information in immunization provider venues and other outlets frequented by the adult population

4. Increasing Community Demand

| | Directed To | a. |
|---|---|------------|
| Government | Interagency Adult Immunization WG | X |
| | CDC | X |
| | CDC Immunization grantees | X |
| | NVPO | X |
| | ODPHP | X |
| | OMH | X |
| | State and local government/ PH agencies | X |
| | White House Office of Faith-Based and Neighborhood Partnerships | X |
| Non-government | Academia | X |
| | Behavioral scientists | X |
| | Community and faith-based organizations | X |
| | Health care providers and organizations | X |
| | Media | X |
| | Payers | X |
| | Vaccine manufacturers | X |
| Timeline (years after adoption of recommendations) | | 1-3 |

5. Research Needs

5. Research Needs

- a. Establish costs of administering adults vaccines to guide reimbursement for vaccine administration
- b. Continued collection and evaluation of adult immunization coverage (IIS and NHIS) and vaccine preventable disease surveillance data
- c. Study of economic benefits of adult immunization
 - Model economic evaluation after Zhou et al study on childhood vaccines
 - Include the impact on health care costs and society costs

5. Research Needs

- d. Study of the impact of differing medical care reimbursement systems on vaccine uptake
 - Examine public vs. private insurance reimbursement differences against adult immunization benchmarks (e.g., Healthy People 2020)
- e. Evaluate breadth and depth of health care provider education and related certification tests on VPD, vaccine science, recommended vaccine schedules, and adverse event identification and reporting
- f. Study of adult health care providers' vaccine stocking and administration practices and the relationship to vaccination coverage disparities

5. Research Needs

- g. Evaluation of 2013-14 Medicaid reimbursement modification
- h. Study public and provider knowledge, attitudes, and practices related to adult vaccination after implementation of these recommendations
- i. Standardized evaluation of adult vaccination in non-traditional immunization venues
 - Examine adult vaccination services provided in settings complementary to the medical home
 - Identify best practice models, including integration with the medical home and accountable care organizations

5. Research Needs

- j. Better understand the impact of health literacy on vaccinations and vaccination disparities
 - Coordinate current efforts of the HHS Office of Minority Health and Office of Disease Promotion and Health Promotion

- k. Examine the use and impact of social networking on education, outreach, and adult vaccination seeking
 - Include the identification and effectiveness of using core transmitters in social networks as a point of dissemination of adult immunization messages

5. Research Needs

I. Research into state-level policies and practices

- Examine state-specific policy differences related to adult immunization including use of IIS for adult immunizations
- Examine policies for vaccine administration by non-traditional vaccinators

m. Research into developing new and improved vaccines and vaccine delivery systems

5. Research Needs

| | Directed To | a. | b. | c. | d. |
|--|---|------------|----------------|------------|-----------|
| Government | CDC | X | X | X | X |
| | CDC Immunization grantees | | X | | |
| | CMS | X | | | X |
| | HRSA | X | | | |
| | NVPO | X | | | |
| | State and local government/ PH agencies | X | X | | |
| | State Medicaid agencies | X | | | X |
| Non-government | Academia | | | X | X |
| | Employers | | X | | |
| | Health care providers and organizations | X | X | X | X |
| | Payers | X | X | | X |
| | Public | | X | | |
| Timeline (years after adoption of recs) | | 1-3 | Ongoing | 1-3 | 5+ |

5. Research Needs

| | Directed To | e. | f. | g. | h. | i. |
|--|---|-----------|------------|------------|------------|------------|
| Government | AHRQ | | | | X | |
| | CDC | X | X | X | X | X |
| | CMS | | | X | X | |
| | HRSA | | | | X | |
| | NVPO | X | | | | |
| Non-government | Academia | | X | X | X | X |
| | Health care providers | | X | X | X | X |
| | HCP Organizations | X* | X | X | X | X |
| | Hospitals | X | | | | |
| | Medical boards | X | | | | |
| | Payers | | | X | | X |
| | Schools of medicine, nursing and other health professions | X | | | | |
| Timeline (years after adoption of recs) | | 5+ | 1-3 | 3-5 | 3-5 | 3-5 |

* Including continuing medical education, continuing nursing education, and continuing professional education sources

5. Research Needs

| | Directed To | j. | k. | l. | m. |
|--|---|------------|------------|------------|----------------------|
| Government | Interagency Adult Immunization WG | X | | | |
| | BARDA | | | | X |
| | CDC | X | X | X | X |
| | CDC Immunization grantees | | | X | |
| | FDA | | | | X |
| | NIH | | | | X |
| | NIH Instit. on Minority Health & Health Disparities | X | | | |
| | ODPHP | X | X | | |
| | OMH | X | X | | |
| | ONC | | | X | |
| | State and local government/ PH agencies | | | X | |
| | White House Office of Faith-Based and Neighborhood Partnerships | X | X | | |
| | Non-government | Academia | X | X | X |
| AIM and AIRA | | | | X | |
| Health care providers and organizations | | X | X | X | |
| Vaccine manufacturers | | | | | X |
| Timeline (years after adoption of recs) | | 3-5 | 3-5 | 3-5 | Not specified |

Research Needs Prioritization Survey

- Stakeholders suggested that the Research Needs be prioritized
 - A web-based survey was distributed to stakeholders that participated in the two stakeholders' meetings and the AIWG members from April-May 2011
 - Each Research Need was ranked from 1 to 5, with 1 being of highest priority
 - 25 stakeholder and 12 AIWG members respondents
- * Please note that the Research Needs in the survey were those in v2.0 of the draft report, plus two additional items proposed by stakeholders, and may differ from the Research Needs in the final report

Research Needs Prioritization Survey

Stakeholder Groups Only (n=25)

| Research Need | Total* |
|--|--------|
| a. Establish costs of administering adult vaccines and base reimbursement of vaccine administration on these costs. | 46 |
| Proposed new #2. Evaluate state-specific differences in immunization systems or policies and their impact on adult vaccine coverage rates. For full text, please reference the Appendix of the report. | 49 |
| e. Provider education - Health care professional training. | 52 |
| Proposed new #1. Identify and evaluate methods for disseminating adult immunization messages. For full text, please reference the Appendix of the report. | 52 |
| c. Study of economic benefits of adult immunization. | 55 |
| b. Continued collection and evaluation of adult immunization data. | 59 |
| i. Standardized evaluation of adult vaccination in complementary immunization venues. | 59 |
| h. Study public and provider, knowledge, attitudes and practices related to adult vaccination after implementation of recommendations (in this draft report). | 60 |
| l. Research into developing new and improved vaccines. | 61 |
| j. Better understand the impact of health literacy on vaccinations and vaccination disparities. | 62 |
| d. Study of the impact of differing medical care reimbursement rates on vaccine uptake | 66 |
| f. Study of adult health care providers to quantify the proportion of providers routinely stocking and administering vaccines. | 67 |
| g. Evaluation of 2013-14 Medicaid reimbursement modification. | 67 |

* Lower total ranking = higher priority

RESEARCH NEEDS PRIORITIZATION SURVEY

AIWG ONLY (N=12)

| Research Need | Total* |
|--|--------|
| c. Study of economic benefits of adult immunization. | 22 |
| l. Research into developing new and improved vaccines. | 24 |
| a. Establish costs of administering adult vaccines and base reimbursement of vaccine administration on these costs. | 26 |
| b. Continued collection and evaluation of adult immunization data. | 28 |
| h. Study public and provider, knowledge, attitudes and practices related to adult vaccination after implementation of recommendations (in this draft report). | 28 |
| e. Provider education - Health care professional training. | 31 |
| f. Study of adult health care providers to quantify the proportion of providers routinely stocking and administering vaccines. | 31 |
| Proposed new #1. Identify and evaluate methods for disseminating adult immunization messages. For full text, please reference the Appendix of the report. | 32 |
| g. Evaluation of 2013-14 Medicaid reimbursement modification. | 33 |
| i. Standardized evaluation of adult vaccination in complementary immunization venues. | 33 |
| d. Study of the impact of differing medical care reimbursement rates on vaccine uptake | 34 |
| Proposed new #2. Evaluate state-specific differences in immunization systems or policies and their impact on adult vaccine coverage rates. For full text, please reference the Appendix of the report. | 35 |
| j. Better understand the impact of health literacy on vaccinations and vaccination disparities. | 39 |

* Lower total ranking = higher priority

Stakeholder & Public
Engagement:
Key Comments and AIWG
Disposition

Key General Comments

(see report for all comments and disposition)

The three recommendations are very general, and the additional “focused activities” are more specific and have a confusing title. Are they recommendations?

The decision was made to have three broad, overarching recommendations that address the largest component of an adult immunization program (establishing a national program, identifying resources, developing a strategic plan).

The additional focused activities are recommended activities, but it was felt to be better to have a limited number of recommendations to target, with the identification of specific activities pulled into a separate section.

The large number of focused activities related to research should be prioritized

A prioritization assessment was conducted among Adult Immunization Working Group members and attendees of the stakeholder engagement meetings, and the results are included as an appendix to help inform those developing an implementation plan.

Key Financing Comments

(see report for all comments and disposition)

There is not enough focus on payment, and where there is a focus, it is related primarily to Medicaid. There should be a simple recommendation that Medicare follow the same policy as VFC, where they reimburse for all ACIP-recommended immunizations.

There is no inclusion of Medicare Part D in the recommendations.

There should be no difference in the Medicaid vaccine administration reimbursement rate across states. Medicaid vaccine administration reimbursement should be at least the same as Medicare reimbursement. [We] fully support a reimbursement rate that covers all costs of vaccine administration, based on appropriate cost studies

Because of the large number of prior recommendations to modify Medicare payment systems for immunizations that proved to be non-starters as well as the uncertainty around the ACA, the decision was made to target specific areas of reimbursement where either more direct action could be taken or where additional research would provide the evidence base for future changes.

The comparison between Medicaid and Medicare rates will be evaluated in the evaluation of the 2013-14 Medicaid modification, and other research being called for in this report can be used to establish an evidence base for these types of changes. However, at this time, it was not felt there was a strong enough evidence base for these changes.

Other Perceived Omissions

(see report for all comments and disposition)

There is no mention of vaccine safety in the recommendations.

The NVAC Safety Working Group (VSWG) is currently conducting a review of the vaccine safety system, and the decision was made to defer any discussion of vaccine safety to the VSWG.

Additional focus is needed on health care worker immunization.

Increasing health care worker immunization may lead to a greater level of recommendation to patient

The NVAC Health Care Personnel Influenza Vaccination Subgroup (HCPIVS) is currently conducting a review of ways to increase health care worker influenza vaccination to the Healthy People 2020 goal of 90% coverage, and the decision was made to defer any discussion to the HCPIVS.

Proposed New Items (see report for all comments and disposition)

| | |
|--|---|
| Research into developing new and more accurate tools to assess performance of adult vaccines more rapidly and inexpensively, including laboratory tools to assess immunogenicity, and unbiased methodological tools to assess the field effectiveness of adult vaccines in observational studies | Incorporated into Activity 5.m. as development of these tools would aid in development of new vaccines. |
| Research to better understand from both patient and health care professional perspectives, which health care professionals are perceived or perceive themselves as being responsible for patient vaccination, and which health care providers do, in fact, conduct adult vaccination | Incorporated into Activity 5.h. |
| Identify barriers to widespread adoption of evidence-based interventions into practice | Given the structure of these recommendations and activities, the evaluation proposed in 5.h. should identify remaining barriers to implementation |

Abbreviations

- ACA Affordable Care Act
- ACIP Advisory Committee on Immunization Practices
- AHRQ Agency for Health Research and Quality (HHS)
- AIM Association of Immunization Managers
- AIRA American Immunization Registry Association
- AIWG NVAC Adult Immunization Working Group
- ASH Assistant Secretary for Health (HHS)
- ASTHO Association of State and Territorial Health Officials
- BARDA Biomedical Advanced Research and Development Authority (HHS)
- CDC Centers for Disease Control and Prevention (HHS)
- CMS Centers for Medicare and Medicaid Services (HHS)
- DOD U.S. Department of Defense
- DVA U.S. Department of Veterans Affairs
- EHRs Electronic health records
- FDA Food and Drug Administration (HHS)
- FY Fiscal Year
- HCPIVS NVAC Health Care Personnel Influenza Vaccination Subgroup
- HHS U.S. Department of Health and Human Services
- HRSA Health Resources and Services Administration (HHS)

Abbreviations

- IHS Indian Health Service
- IIS Immunization information systems
- IZ Immunization
- NACCHO National Association of County and City Health Officials
- NCQA National Committee for Quality Assurance
- NHIS National Health Interview Survey
- NIH National Institutes of Health (HHS)
- NQF National Quality Forum
- NVAC National Vaccine Advisory Committee
- NVPO National Vaccine Program Office (HHS)
- ODPHP Office of Disease Prevention and Health Promotion (HHS)
- OHQ Office of Healthcare Quality (HHS)
- OMH Office of Minority Health (HHS)
- ONC Office of the National Coordinator for Health Information Technology (HHS)
- PH Public health
- QI/QA Quality improvement/ quality assurance
- VPD Vaccine-preventable diseases
- VSWG NVAC Vaccine Safety Working Group

NVAC Discussion

Public Comment

NVAC Document Vote

Adult Immunization: Complex challenges and recommendations for improvement

The edits discussed today will be reflected in the final version transmitted to the ASH.

Supplemental Slides

RESEARCH NEEDS PRIORITIZATION SURVEY STAKEHOLDER GROUPS ONLY (N=25)

| Research Need | Number of Indiv. Ranking | | | | | Total |
|--|--------------------------|----|----|---|---|-------|
| | 1 | 2 | 3 | 4 | 5 | |
| a. Establish costs of administering adult vaccines and base reimbursement of vaccine administration on these costs. | 12 | 6 | 6 | 1 | 0 | 46 |
| Proposed new #2. Evaluate state-specific differences in immunization systems or policies and their impact on adult vaccine coverage rates. For full text, please reference the Appendix of the report. | 11 | 7 | 5 | 1 | 1 | 49 |
| e. Provider education - Health care professional training. | 12 | 4 | 4 | 5 | 0 | 52 |
| Proposed new #1. Identify and evaluate methods for disseminating adult immunization messages. For full text, please reference the Appendix of the report. | 10 | 8 | 4 | 1 | 2 | 52 |
| c. Study of economic benefits of adult immunization. | 10 | 6 | 5 | 2 | 2 | 55 |
| b. Continued collection and evaluation of adult immunization data. | 7 | 10 | 3 | 2 | 3 | 59 |
| i. Standardized evaluation of adult vaccination in complementary immunization venues. | 7 | 8 | 4 | 6 | 0 | 59 |
| h. Study public and provider, knowledge, attitudes and practices related to adult vaccination after implementation of recommendations (in this draft report). | 6 | 8 | 7 | 3 | 1 | 60 |
| l. Research into developing new and improved vaccines. | 9 | 6 | 4 | 2 | 4 | 61 |
| j. Better understand the impact of health literacy on vaccinations and vaccination disparities. | 7 | 5 | 7 | 6 | 0 | 62 |
| d. Study of the impact of differing medical care reimbursement rates on vaccine uptake | 5 | 8 | 6 | 3 | 3 | 66 |
| f. Study of adult health care providers to quantify the proportion of providers routinely stocking and administering vaccines. | 5 | 6 | 9 | 2 | 3 | 67 |
| g. Evaluation of 2013-14 Medicaid reimbursement modification. | 4 | 6 | 10 | 4 | 1 | 67 |

* Lower total ranking = higher priority

Research Needs Prioritization Survey

AIWG Only (n=12)

| Research Need | Number of Indiv. Ranking | | | | | Total* |
|--|--------------------------|---|---|---|---|--------|
| | 1 | 2 | 3 | 4 | 5 | |
| c. Study of economic benefits of adult immunization. | 6 | 4 | 1 | 0 | 1 | 22 |
| l. Research into developing new and improved vaccines. | 5 | 4 | 2 | 0 | 1 | 24 |
| a. Establish costs of administering adult vaccines and base reimbursement of vaccine administration on these costs. | 5 | 2 | 4 | 0 | 1 | 26 |
| b. Continued collection and evaluation of adult immunization data. | 3 | 4 | 4 | 0 | 1 | 28 |
| h. Study public and provider, knowledge, attitudes and practices related to adult vaccination after implementation of recommendations (in this draft report). | 2 | 7 | 1 | 1 | 1 | 28 |
| e. Provider education - Health care professional training. | 2 | 5 | 1 | 4 | 0 | 31 |
| f. Study of adult health care providers to quantify the proportion of providers routinely stocking and administering vaccines. | 1 | 5 | 4 | 2 | 0 | 31 |
| Proposed new #1. Identify and evaluate methods for disseminating adult immunization messages. For full text, please reference the Appendix of the report. | 1 | 5 | 3 | 3 | 0 | 32 |
| g. Evaluation of 2013-14 Medicaid reimbursement modification. | 3 | 1 | 4 | 4 | 0 | 33 |
| i. Standardized evaluation of adult vaccination in complementary immunization venues. | 0 | 5 | 6 | 0 | 1 | 33 |
| d. Study of the impact of differing medical care reimbursement rates on vaccine uptake | 1 | 5 | 2 | 3 | 1 | 34 |
| Proposed new #2. Evaluate state-specific differences in immunization systems or policies and their impact on adult vaccine coverage rates. For full text, please reference the Appendix of the report. | 2 | 3 | 2 | 4 | 1 | 35 |
| j. Better understand the impact of health literacy on vaccinations and vaccination disparities. | 1 | 1 | 5 | 4 | 1 | 39 |

* Lower total ranking = higher priority

Research Needs Prioritization Survey

All Respondents (n=37)

| Research Need | Number of Indiv. Ranking | | | | | Total* |
|--|--------------------------|----|----|----|---|--------|
| | 1 | 2 | 3 | 4 | 5 | |
| a. Establish costs of administering adult vaccines and base reimbursement of vaccine administration on these costs. | 17 | 8 | 10 | 1 | 1 | 72 |
| c. Study of economic benefits of adult immunization. | 16 | 10 | 6 | 2 | 3 | 77 |
| e. Provider education - Health care professional training. | 14 | 9 | 5 | 9 | 0 | 83 |
| Proposed new #1. Identify and evaluate methods for disseminating adult immunization messages. For full text, please reference the Appendix of the report. | 11 | 13 | 7 | 4 | 2 | 84 |
| Proposed new #2. Evaluate state-specific differences in immunization systems or policies and their impact on adult vaccine coverage rates. For full text, please reference the Appendix of the report. | 13 | 10 | 7 | 5 | 2 | 84 |
| l. Research into developing new and improved vaccines. | 14 | 10 | 6 | 2 | 5 | 85 |
| b. Continued collection and evaluation of adult immunization data. | 10 | 14 | 7 | 2 | 4 | 87 |
| h. Study public and provider, knowledge, attitudes and practices related to adult vaccination after implementation of recommendations (in this draft report). | 8 | 15 | 8 | 4 | 2 | 88 |
| i. Standardized evaluation of adult vaccination in complementary immunization venues. | 7 | 13 | 10 | 6 | 1 | 92 |
| f. Study of adult health care providers to quantify the proportion of providers routinely stocking and administering vaccines. | 6 | 11 | 13 | 4 | 3 | 98 |
| d. Study of the impact of differing medical care reimbursement rates on vaccine uptake | 6 | 13 | 8 | 6 | 4 | 100 |
| g. Evaluation of 2013-14 Medicaid reimbursement modification. | 7 | 7 | 14 | 8 | 1 | 100 |
| j. Better understand the impact of health literacy on vaccinations and vaccination disparities. | 8 | 6 | 12 | 10 | 1 | 101 |

* Lower total ranking = higher priority