Summary of First National Adult Immunization Summit And 12th Influenza Vaccine Summit
Carolyn B. Bridges, CDC and Angela Shen, NVPO

June 5, 2012
Summit Summary

- **Two Summits – Adult (1st) and Influenza (2nd)**
  - Adult co-lead by AMA, NVPO and CDC
  - Influenza co-lead by AMA and CDC

- **Atlanta, GA May 15-17, 2012**

- **Summits opened by Dr. Koh**
  - Provided important message of support/commitment from HHS
Summary

- **Attendees:**
  - 288 attended the Adult Summit
  - 295 attended the Flu Summit
  - 239 attended both

- **150 different organizations represented**
  - E.g. Coalitions; Local, state and federal public health; Aging and other advocacy groups; Vaccine manufacturers and distributors; Provider organizations (physician, nursing, pharmacy, physician assistant, nurse mid-wives, community vaccinators); Other federal partners (DOD, VA); Insurance providers and billing organizations; Academic and policy groups
Adult Immunization Summit Summary

- Five working groups
- Feedback generated: 100 verbal comments, 67 feedback forms, 102 “post-it” comments
- Successful, great energy, .... Now to capitalize
Agenda

- Opening session provided background for other discussions
  - Current coverage
  - Public health resources for adult immunization
  - NVAC Adult Immunization Recommendations
  - Immunization provisions in Affordable Care Act
  - USPHS Task Force summary of what interventions work to raise vaccine coverage in adults
Session 2: Empowering Providers

- Information on impact of different interventions on improving vaccine uptake

- Report from working group identified
  - List of resources gathered (will be on Immunization Action Coalition website)
  - List of actionable steps/needs:
    - Searchable list of resources
    - Practical tools to improve and simplify business practices (e.g., vaccine ordering and tracking)
    - Systems and cultural change to integrate immunization and provider offer of vaccination into every healthcare visit
    - Standards/measurements defining quality immunization services
    - Provider training tools leading to behavior changes
    - Outreach plans for special populations and settings
    - Unified messaging to emphasize the importance or value of adult immunizations
Session 3: Existing and potential adult quality and performance measures

- **Reviewed existing quality and performance measures**
- **Noted**
  - Difficulties given dispersed sources of care, difficulty recalling and tracking past vaccinations for adults
  - Many current measures and need to harmonize
  - Overall good strategy for raising awareness
- **Continued deliberation and involvement of CMS and others needed in this working group**
Session 4: Increasing access to immunizations

- Reviewed
  - Medicare B vs D vaccine billing/payment challenges and solutions
  - Barriers to billing for public health
  - Barriers reported by surveyed clinicians
  - Insurance coverage in private insurance market
  - Examples of collaboration between pharmacists and medical providers
Session 4: Increasing access to immunizations

- Working group report identified key gaps and actionable items in three main categories:
  - Collaboration
  - Payment
  - Documentation/communication of vaccine receipt
Actionable Steps

- Collaboration within the “immunization medical neighborhood”
  - **Raise awareness** of the full range of providers (specialists, collaborative referral)
  - Reduce opposition to **expansion of scope of work**
  - **Reduce missed opportunities** to vaccinate adults and give all needed vaccines

- Payment
  - Determine whether current levels of payment for services is a barrier for **providers** (what is the cost of providing immunization services to adults?)
  - Patient and provider understanding of in-network vs. out-of-network
  - Research payment for **counseling & referral** by non-vaccine providers
  - **Reduce out-of-pocket costs for patients**
  - Access for uninsured adults

- Documentation
  - **Lifetime immunization registries** that are opt-out
  - Establish and promote models of “ideal” data exchange, documentation, and communication
  - Promote immunization requirements in **meaningful use** standards

- State laws and policies*
Session 5: Education and promotion of adult immunizations to patients

- **Speakers discussed effective messaging**

- **Themes**
  - Lack of knowledge among public about vaccine needs for adults
  - BUT… a lot of competition for provider and patients’ attention
  - Need to convince people that vaccination is:
    - Important to do (i.e., warrants being a priority)
    - Worth doing – (i.e., brings significant benefit)
    - “Easy to do”
  - Messages should be:
    - Relevant/relatable to person to whom they are directed
    - Memorable
    - Clear/concise
    - Tell a story
Session 5: Education and promotion of adult immunizations to patients

- Working group report on “What needs to be in place?”
  - Motivation – increase proportion of adults asking “which vaccines do I need?”
  - Resources – information on vaccines, which ones people need and how to pay for them
  - Convenience – searchable website for information on which vaccines they need, safety concerns, and locations for vaccination
  - Materials – tailored to specific populations and ways to disseminate the information
  - Campaign – national campaign to increase awareness and motivation for seeking adult vaccination

- Bottom line: Culture and behavior change needed
Session 6: Education and promotion of adult immunization to decision-makers

- **No federal participants in this working group**
- **Gaps identified by working group**
  - Leadership or champions needs in each decision-maker category
  - Need to effectively communicate how adult issues differ from childhood
- **What needs to be in place**
  - Include immunizations in national focus on prevention
    - Including ACA implementation that can help improve vaccination
  - Health economics on value of adult vaccine schedule needed
  - Key initiatives should incorporate immunization
    - E.g. meaningful use and Immunization Information Systems
  - Continue work with employers on long-term basis to mobilize champions
Major Themes From Summit

- **Communications**
  - Need to change culture – increase demand for adult immunization
  - Overall unifying promotion/advertising strategy needed to change culture/behavior
    - BUT also need to meet needs of specific groups
  - Need to better convey value of immunizations for adults

- **CMS involvement is key**

- **Improved documentation/communication via IIS/EHRs**

- **Increase engagement with employer and employee groups, including unions**

- **Decrease policy and legal barriers for all vaccine providers, including pharmacists**

- **Evaluate means to increase education of and incentivize providers, e.g. through performance or quality measures**

- **Decrease complexity of ACIP Adult Vaccine Schedule**

- **Engage/encourage adult immunization champions/leadership in key sectors, including among adult provider organizations, first responders, others**
Immediate Follow-up Actions Next Several Weeks

- AMA, CDC, and NVPO will organize and review comments, and share with TF and Summit
- Develop list of key action items
- Review working group composition and welcome new members to working groups
- Reach out to Summit participants who have not yet expressed a working group preference
- Prepare meeting summary of meeting for participants
- Prepare proceedings for submission to peer-reviewed journal
Next Steps (2)
Summit Working Groups to Drive Action

- **Over the course of the next year…**
  - Working groups will identify 2-3 actionable items to accomplish, based upon feedback from Summit
  - Secure commitment from stakeholders to assume leadership roles for specific actions

- **All working groups will be supported and sustained**
  - CDC/NVPO staff will keep Summit working groups informed of HHS Adult Immunization Task Force activities and vice versa

- **Work toward Adult Summit 2013 – report back from the working groups on past year’s accomplishments**
Next Steps (3) Secretariat

- Commitment to maintain adult summit as an annual meeting, co-sponsored by AMA, CDC, NVPO
- Will maintain links with NVAC and other federal agencies within HHS through HHS Task Force
- Summit leadership committee will be developed to provide advice on Adult Summit to:
  - Facilitate working groups, including tracking and coordinating of activities and actions;
  - Maintain communications among Summit participants;
  - Identify and respond to important adult immunization issues with Summit support
National Influenza Vaccine Summit

- Opened with review of preliminary coverage data for 2011-12 season
- Session on preliminary data on the cost effectiveness and impact of the U.S. influenza vaccination program
- Update provided by manufacturers regarding projected doses for 2012-13 estimated total: 146-149 million
  - Compares to 166-173 estimated at 2011 Summit and 132 million reported distributed
Cumulative doses of influenza vaccines distributed by month, by season:
2004-'05 - 2011-'12
Preliminary influenza vaccination coverage estimates by age group and season, March National Immunization Survey and National Flu Survey*

*March 2012 National Immunization Survey (NIS) data for children 6 months through 17 years of age
March 2012 National Flu Survey (NFS) data for adults ≥ 18 years of age
## Preliminary influenza vaccination coverage among children by race and ethnicity, March National Immunization Survey

<table>
<thead>
<tr>
<th>Age Group</th>
<th>March 2011 % (95% CI)*</th>
<th>March 2012 % (95% CI)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>61.2 ± 7.7</td>
<td>60.9 ± 5.5</td>
</tr>
<tr>
<td>Non-Hispanic, White</td>
<td>45.6 ± 3.6</td>
<td>44.9 ± 2.5</td>
</tr>
<tr>
<td>Non-Hispanic, Black</td>
<td>48.3 ± 9.1</td>
<td>48.2 ± 5.8</td>
</tr>
<tr>
<td>Non-Hispanic, Other</td>
<td>49.4 ± 11.1§</td>
<td>53.6 ± 6.5</td>
</tr>
</tbody>
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- Percentages are weighted to the U.S. population; CI-Confidence interval half-width
- §Estimate may not be reliable, confidence interval half-width >10.
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<tr>
<td>Hispanic</td>
<td>29.3 ± 7.9</td>
<td>38.8 ± 4.7</td>
</tr>
<tr>
<td>Non-Hispanic, White</td>
<td>44.9 ± 3.6</td>
<td>49.1 ± 1.7</td>
</tr>
<tr>
<td>Non-Hispanic, Black</td>
<td>38.2 ± 11.3§</td>
<td>35.6 ± 4.6</td>
</tr>
<tr>
<td>Non-Hispanic, Other</td>
<td>28.8 ± 8.6</td>
<td>40.3 ± 5.3</td>
</tr>
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## Preliminary influenza vaccination coverage among adults by high risk status, March National Flu Survey

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<th>March 2011 % (95% CI)*</th>
<th>March 2012 % (95% CI)*</th>
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</thead>
<tbody>
<tr>
<td>Adults (18-64 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Risk</td>
<td>46.9 ± 8.4</td>
<td>50.1 ± 3.3</td>
</tr>
<tr>
<td>Non-High Risk</td>
<td>30.4 ± 3.4</td>
<td>36.3 ± 2.1</td>
</tr>
</tbody>
</table>

Percentages are weighted to the U.S. population; CI-Confidence interval half-width
Place of Vaccination by age group, March 2012 National Immunization Survey and National Flu Survey*

<table>
<thead>
<tr>
<th>Place</th>
<th>Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor's Office</td>
<td>65.4</td>
<td>32.5</td>
</tr>
<tr>
<td>Clinic or Health Center</td>
<td>18.8</td>
<td>13.6</td>
</tr>
<tr>
<td>Hospital</td>
<td>11.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Other Medically-Related Place</td>
<td>0.6</td>
<td>0.1</td>
</tr>
<tr>
<td>Pharmacy or Store</td>
<td>19.7</td>
<td>2.6</td>
</tr>
<tr>
<td>Workplace</td>
<td>13.8</td>
<td>0.1</td>
</tr>
<tr>
<td>Health Department</td>
<td>1.8</td>
<td>3.0</td>
</tr>
<tr>
<td>Elementary/Middle/High School</td>
<td>4.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Other Non-Medical Place</td>
<td>6.4</td>
<td>1.4</td>
</tr>
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*March 2012 National Immunization Survey (NIS) data for children 6 months through 17 years of age
March 2012 National Flu Survey (NFS) data for adults ≥ 18 years of age
Acknowledgements

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Erin Kennedy
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Angela Shen
Ray Strikas
LaDora Woods
Lauren Wu
Extra
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<tr>
<th>Possible Solution/Project</th>
<th>Barrier Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop adult vaccine finder/locator or build upon existing vaccine finders to incorporate all adult vaccine providers</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Develop model protocols for a community that include all types of providers and settings</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Convene regional meetings of leaders from different sectors of adult immunization</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Develop and promote vaccine counseling and referral code</td>
<td>Payment</td>
</tr>
<tr>
<td>Gather systematic data on cost of providing adult vaccination</td>
<td>Payment</td>
</tr>
<tr>
<td>Promote models for smaller providers to acquire vaccines at lower costs</td>
<td>Payment</td>
</tr>
<tr>
<td>Help providers better understand best coding practices</td>
<td>Payment</td>
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<td>Develop and promote models of “ideal” data exchange</td>
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<td>Access &amp; Payment</td>
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