

National Vaccine Advisory Committee

Immunization Infrastructure Working Group (IIWG) Recommendations

*Protecting the Public's Health -- Critical
Functions of Immunization Programs in the
United States*

Discussion of proposed recommendations

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IIWG Charge

The National Vaccine Advisory Committee (NVAC) will charge a working group with the task of identifying and describing critical functions of immunization programs at the national, state, and local level. The working group should complete its work and make its report to NVAC by the September 2012 meeting. This report should provide recommendations to the Assistant Secretary of Health on methods to develop, maintain, and improve the nation's immunization programs in light of environmental changes forthcoming.

Timeline

- Version 1.0 Today's presentation to NVAC – comments to draft to angela.shen@hhs.gov (20-Jun)
- Version 2.0 Submit to Federal Register – comments due 30 days (July)
- Version 3.0 Revised document from public comment period (August)
- Version 4.0 NVAC vote (Sept)

Draft report

- Working title: Protecting the Public's Health – Critical Functions of Immunization Programs in the United States

Structure

- Introduction
- Informing the development of evidence-based immunization policy
 - The ACIP
 - Assessing disease impact and monitoring coverage
 - Ensuring vaccine safety
 - Other immunization policies
- Assuring access to high quality immunization services
- Fostering multi-sector partnerships to broaden access and awareness
- Responding to public health
- Call to action (workforce and program reductions)

NACCHO

Figure 4: Percentage of LHDs Affected by Cuts to Program Areas and Percentage of Population Living in Jurisdictions of Affected LHDs (2011).

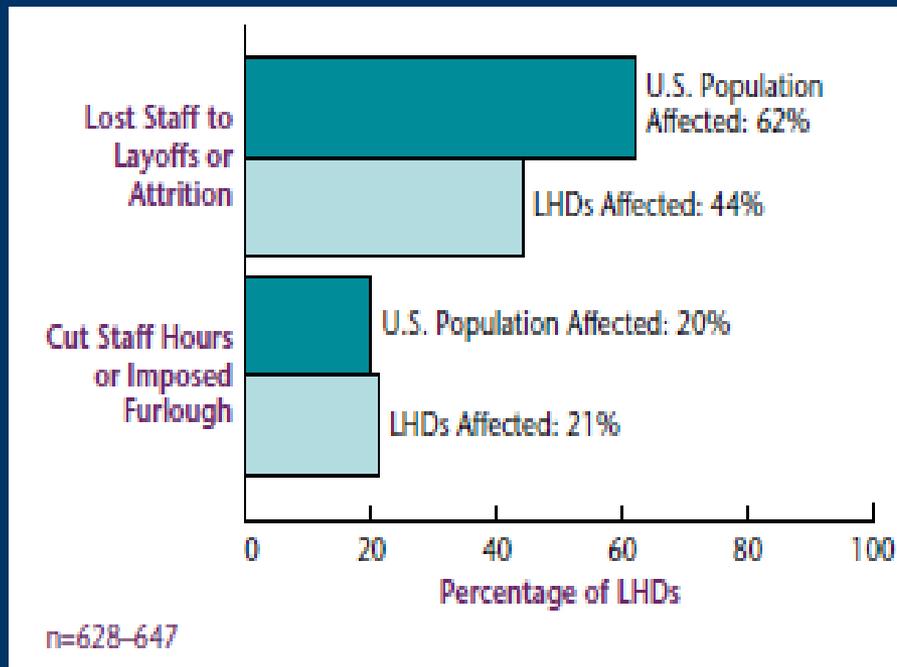
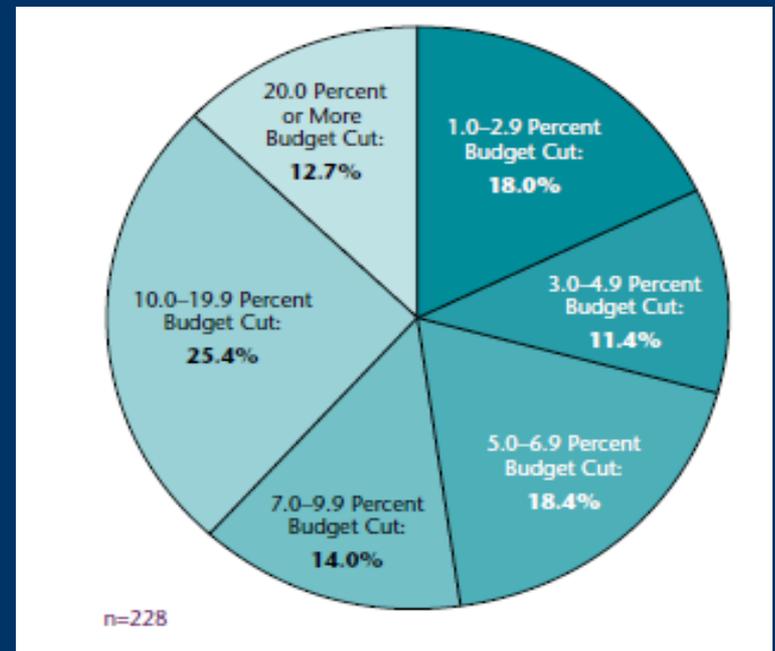


Figure 6: LHD Budget Cut Amounts by Percentage of LHDs that Report Cuts, (Jan 2012)



Recommendations

Recommendation A: Assessment

Recommendation A:

NVAC recommends that HHS assess the funding necessary to support immunization infrastructure at the local, state, and federal levels, including that necessary to develop and sustain a sufficient number and array of trained public health professionals, including but not limited to physicians, nurses, allied health professionals, community health educators, public health practitioners, health services researchers, epidemiologists, public health laboratorians, and public health informatics specialists.

Recommendation #1: Funds

- Recommendation 1 (PROVIDING FEDERAL FUNDS):
NVAC recommends that HHS request federal financial support to assure activities that maintain and strengthen public health infrastructure. Such infrastructure enables current core immunization functions at local, state, and Federal levels:
 - (a) development and dissemination of immunization guidelines and recommendations;
 - (b) vaccine management and immunization delivery;

Recommendation #1 (cont)

- (c) communication to the public and providers about vaccine-preventable diseases and immunization recommendations;
- (d) disease surveillance, epidemiology, laboratory services and research that provides a strong base for immunization; and
- (e) emergency preparedness and outbreak and emergency response.

Funding should be sustained at or above base levels as called for by reports such as the Section 317 Report to Congress and/or the Institute of Medicine report Calling the Shots.

Recommendation B:

NVAC recommends that Section 317 funding be maintained at optimal levels as specified in the Section 317 report to Congress.

Recommendation C:

NVAC recommends that since Section 317 funding currently is inadequate to fully fill the needs of public health, that state and local entities should continue to fund their portion.

Recommendation #2: Policy

NVAC recommends that federal policies should ensure that resources for public health infrastructure are used to execute and improve current core immunization functions. The ASH should assess the needs, priorities and challenges of the federal, state, and local immunization system and assure federal policies and allocation of funds is aligned. Funding to state and local health departments should be flexible enough to allow alignment with local challenges and needs.

Rec #1-2 Crosswalk to National Vaccine Plan

- Objective 3.5: Assure that key decision- and policy-makers (e.g., third-party payers, employers, legislators, community leaders, hospital administrators, health departments) receive accurate and timely information on vaccine benefits and risks; economics; and public and stakeholder knowledge, attitudes, and beliefs.
- Objective 4.1: Ensure consistent and adequate supply of vaccines for the U.S.
- Objective 4.2: Ensure consistent and stable delivery of vaccines for the U.S.
- Objective 3.3: Enhance delivery of timely, accurate, and transparent information to public audiences and key intermediaries (such as media, providers, and public health officials) about what is known and unknown about the benefits and risks of vaccines.
- Objective 4.6: Educate and support health care providers in vaccination counseling and vaccine delivery for their patients and themselves.
- Objective 4.5: Enhance tracking of VPDs and monitoring of the effectiveness of licensed vaccines.
- Objective 4.7: Maintain a strong, science-based, transparent process for developing and evaluating immunization recommendations.

Recommendation #3: Safety Net

NVAC recommends state and local public health clinics provide a critical safety net for immunizations to high priority populations including those individuals – children, adolescents, and adults, without access to a provider or medical home and/or are under- or uninsured or unable to pay for immunizations. The ASH should secure financial support (e.g. adequate Section 317 funding) to ensure these populations receive immunizations.

Rec #3 Crosswalk to National Vaccine Plan

- Objective 4.2: Ensure consistent and stable delivery of vaccines for the U.S.

4.2.2 Enhance public sector infrastructure to support and sustain adult immunization activities, including addressing disparities in vaccination rates among racial and ethnic minorities and unvaccinated refugees resettling to the U.S.

- Objective 4.3: Reduce financial barriers to vaccination.

Strategies:

4.3.1 Identify and regularly monitor financial barriers to receipt of ACIP-recommended and CDC-adopted vaccines.

4.3.2 Ensure that out-of-pocket costs for purchase and administration of ACIP-recommended and CDC-adopted vaccines do not represent a significant financial barrier.

4.3.3 Strengthen the ability of states to purchase, and expand access to, ACIP-recommended and CDC-adopted vaccines for those who qualify for publicly supported vaccinations.

4.3.4 Develop, implement, and evaluate strategies to reduce the financial burden on vaccination providers for purchase of initial and ongoing vaccine inventories.

Recommendation #4: Efficiency and Innovation

Federal, state, and local public health should seek efficiency, and innovation in the current immunization delivery system to achieve Healthy People 2020 targets and ensure high immunization levels across all age spans, particularly adults. Examples of such efficiencies include, but are not limited to improved vaccine ordering, supply management, and storage and handling such as through the use of barcodes. Examples of innovation include, but are not limited to implementation and use of immunization information systems and electronic health records; billing insured people for the receipt of vaccine in public health clinics; and expanding sites of vaccination such as schools, workplaces, and pharmacies.

Rec #4 Crosswalk to National Vaccine Plan

- Objective 4.1: Ensure consistent and adequate supply of vaccines for the U.S.
- Objective 4.2: Ensure consistent and stable delivery of vaccines for the U.S.

Strategies:

- 4.2.1 Improve vaccine ordering, distribution and tracking systems for routine use, for public health emergencies, and for management of delivery disruptions.
- 4.2.4 Expand access to vaccination in non-health care settings, such as retail outlets, schools, workplaces, and community centers.
- 4.2.6 Develop, implement, and evaluate employer-based immunization programs, which should include free vaccines, convenient access, education, and compliance monitoring, to increase the coverage of employees, including health care workers, with recommended vaccines.

Rec #4 Crosswalk to National Vaccine Plan (continued)

- Objective 4.4: Maintain and enhance the capacity to monitor immunization coverage for vaccines routinely administered to all age groups.

Strategies:

- 4.4.1 Identify, implement, and evaluate cost-effective and rapid methods, such as the use of IIS or internet panel surveys, for assessing vaccination coverage by categories, including age groups, groups at risk of under immunization, by type of vaccine, and type of financing.
- 4.4.2 Improve the completeness of, use of, and communication between, IIS and EHR to monitor vaccination coverage.
- 4.4.3 Support the adoption of national certified, interoperable health information technology and EHR for immunization.

Recommendation #5 (Continuous Monitoring)

NVAC recommends the ASH establish a working group to continually monitor and annually report changes in the immunization infrastructure and delivery system such as shifts in coverage for and access to vaccines between the public and private sector delivery system, trends in vaccine financing, challenges to health reform implementation, and operational research findings on quality improvement strategies to better deliver vaccines. This report should be in the annual State of the National Vaccine Plan report to NVAC.

Rec #5 Crosswalk to National Vaccine Plan

- Objective 4.2 Ensure consistent and stable delivery of vaccines for the U.S.

4.2.2

Enhance public sector infrastructure to support and sustain adult immunization activities, including addressing disparities in vaccination rates among racial and ethnic minorities and unvaccinated refugees resettling to the U.S.

4.2.3

Expand access to vaccination at medical care sites for children, adolescents, and adults, such as by increasing hours of operation and establishing specific vaccination clinics at selected times of the year (e.g., “back to school” campaigns).

#5: Cont.

4.2.4

Expand access to vaccination in non-health care settings, such as retail outlets, schools, workplaces, and community centers.

4.2.6

Develop, implement, and evaluate employer-based immunization programs, which should include free vaccines, convenient access, education, and compliance monitoring, to increase the coverage of employees, including health care workers, with recommended vaccines.

4.2.8

Monitor and evaluate the impact of state immunization laws and regulations on vaccine coverage, including childcare, pre-school, college prematriculation requirements, employer requirements, and the role of exemptions, insurance mandates, and immunization information systems requirements.

#5: Cont.

Objective 4.3 Reduce financial barriers to vaccination

4.3.1

Identify and regularly monitor financial barriers to receipt of ACIP-recommended and CDC-adopted vaccines.

4.3.2

Ensure that out-of-pocket costs for purchase and administration of ACIP-recommended and CDC-adopted vaccines to not represent a significant financial barrier.

4.3.3

Strengthen the ability of states to purchase, and expand access to, ACIP-recommended and CDC-adopted vaccines for those who qualify for publicly supported vaccinations.

4.3.4

Develop, implement, and evaluate strategies to reduce the financial burden on vaccination providers for purchase of initial and ongoing vaccine inventories.

4.6.5

Expand the incorporation of vaccinations and the use of IIS into quality improvement programs such as HEDIS.

Recommendation #6: Studies

NVAC recommends Federal agencies (e.g. CDC, Centers for Medicare and Medicaid Services) increase research to close knowledge gaps on how best to provide vaccine; access hard-to-reach populations; and optimize program operations. Such research can include, but is not limited to designing the most cost-effective measures to improve vaccine coverage, and better understanding the key barriers to full immunization among adolescents and adults, particularly those in underserved communities. Data from such research will provide the evidence base for policy recommendations and programmatic considerations at national, state, and local levels.

Rec #6 Crosswalk to National Vaccine Plan

- Objective 4.1: Ensure consistent and adequate supply of vaccines for the U.S.
 - 4.1.1 Determine barriers to having multiple suppliers for each vaccine licensed and recommended for routine use in the U.S.
- Objective 3.1: Utilize communication approaches that are based on ongoing research.

Strategies:

- 3.1.1 Conduct research regularly to understand the public's knowledge, beliefs, and concerns about vaccines and VPDs.
- 3.1.2 Conduct research on factors that affect decision-making about vaccination for individuals and families, providers, and policy-makers.
- 3.1.3 Identify, develop, and test educational strategies that better enable policy-makers to read, understand, and use information about vaccine benefits and risks.
- Objective 3.5: Assure that key decision- and policy-makers (e.g., third-party payers, employers, legislators, community leaders, hospital administrators, health departments) receive accurate and timely information on vaccine benefits and risks; economics; and public and stakeholder knowledge, attitudes, and beliefs.

NVAC Discussion

Public Comment

NVAC Comments

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*NVAC comments to the draft due to angela.shen@hhs.gov
by 20-Jun*

Supplemental Slides