

Revision and Update of NVAC's Adult Immunization Standards

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The NVAC Adult Standards Review Subcommittee

- Many thanks to:
 - Julie Morita
 - Mitch Rothholz
 - Tom Stenvig
 - L.J Tan
 - Catherine Torres
- And to NVPO liaison – Shary Jones
- And especially to the CDC authors – Carolyn Bridges and LaDora Woods.

Current Adult Immunization Environment

- Adults access medical care at **multiple entry points**
- There are **many types of immunization providers** and sites. (including, but not limited to, physicians – generalists and specialists, pharmacists, nurses, physician assistants, nurse practitioners, retail stores and clinics, community immunizers, worksites, public health departments, hospitals, travel clinics)
- Many more adults have become aware of annual influenza vaccination, but **fewer are aware of other recommended adult vaccines**

Current Adult Immunization Environment (continue 1)

- **Many missed opportunities occur to assess patient vaccination needs**
 - Patients open to vaccination when recommended by their provider.
- **Differences in vaccines covered by Medicare B versus D creates challenges for some providers, but not others**
- **Vaccine providers are paid different rates by different payers. Not all providers vaccinate. Pay can differ based on in-network status**
- There are opportunities in the **Affordable Care Act** to reduce the number of uninsured adults

Current Adult Immunization Environment (continue 2)

- There is **no federal “Vaccines for Adults” program**
- Manufacturers offer **Patient Assistance Programs**
- **Challenges remain with adult immunization documentation among providers**
 - **Immunization registries and EHRs vary** across states and provider networks, respectively
- Meaningful Use many provide opportunities to improve documentation and communication about vaccination among different providers
- All this is happening in the context of, and in support of, the **NVAC recommendations** to improve adult immunization

Updating the NVAC Adult Immunization Standards of Practice

- Summit Access and Collaboration WG established a writing subcommittee
- Subcommittee reviewed existing standards of adult immunization practices (eg. IDSA-2007, NVAC-2003) and developed and refined multiple drafts
- NVAC agreed to review draft in June 2013, and potentially approve at September 2013 NVAC meeting
- NVAC Adult Standards Subcommittee established to review and finalized final NVAC report
 - Subcommittee met three times via conference call
 - Final call was after Federal Register public comment period was closed to consider all the public comments
- Ultimate Goal: Adult standards should be applied to all adult providers, those who do and do not vaccinate

Framework

Adult Immunization Standards

All Providers

- Emphasize IZ in all patient encounters and incorporate IZ needs assessment into every clinical encounter.
- Recommend, administer needed vaccine or refer to a provider who can immunize.
- Stay up-to-date and educate patients.
- Implement systems to incorporate vaccine assessment into routine clinical care.
- Understand how to access registries.

Non-immunizing Providers

- Routinely assess immunization status of patients, recommend needed vaccines and refer patient to an immunizing provider.
- Establish referral relationships with immunizing providers.
- Follow up to confirm patient receipt of recommended vaccine(s).

Immunization Providers

- Observe and adhere to professional competencies regarding immunizations.
- Assess immunization status in every patient care and counseling encounter and strongly recommend needed vaccines.
- Ensure receipt of vaccination is documented.

Framework

Adult Immunization Standards (continue)

Professional healthcare
related organizations /
associations/healthcare
systems

- Education and training of members, including trainees
- Resources and assistance to implement protocols, immunization practices, immunization assessment, etc
- Encourage members to be up-to-date on own immunizations
- Assist members in staying up-to-date on IZ info & recommendations
- Partner with others immunization stakeholders to educate the public
- Seek out collaboration opportunities with other immunization stakeholders
- Collect and share best practices
- Advocate policies that support adult immunization standards

Public Health
Departments

- Determine community needs and capacity and community barriers to adult IZ
- Support activities and policies to increase vaccination rates and reduce barriers
- Ensure professional competency
- Collect, analyze and disseminate data
- Outreach and education to public and providers
- Work to decrease disparities
- Increase registry access and use
- Develop billing capacities
- Ensure preparedness, communicate vaccine information to providers and to the public
- Promote adherence to laws and regulations pertaining to immunizations

The NVAC recommendation to the ASH

- The National Vaccine Advisory Committee (NVAC) recommends that the Assistant Secretary of Health promote the use of the 2013 updated NVAC Standards for Adult Immunization Practice by all healthcare professionals and payers in the public and private sectors who provide care for adults.

Public Comments and Actions taken (reflected in the final draft received by NVAC)

- Concern that by providing a standard for non-immunizing providers, we are promoting a “way out” for providers to not immunize
 - Review subcommittee discussed this in great length.
 - Believed that having a standard calling for non-immunizing providers to assess, counsel, and recommend vaccine is important
 - Reflects the changing landscape for adult IZ
 - Current language strongly says that all adult care providers should immunize, but...

Public Comments and Actions taken (reflected in the final draft received by NVAC) (continue 1)

- The standards are too long
 - Review subcommittee also discussed this.
 - Added a summary table but open to improvements to the table
 - Perhaps we can use the language in the preceding slides?

Public Comments and Actions taken (reflected in the final draft received by NVAC) (continue 2)

- Many comments confused the purpose of a Standards document with implementation. Implementation issues brought included:
 - Lack of access to IIS for non-immunizing providers
 - Likelihood that a non-immunizing provider will refer patient
 - Outline a strategy to reduce high costs of vaccine under Medicare Part D; other financing concerns
- Standards should drive and influence policy change and discussion to address these concerns

Public Comments and Actions taken (reflected in the final draft received by NVAC) (continue 3)

- Many editorial comments were also received that were accepted and changes made to the document
- Some comments were received that pointed inaccuracies and/or confusing language in the report and these were also addressed by the review subcommittee

Additional clarification from NACCHO (not reflected in the final draft received by NVAC) (continue 4)

- Section V, bullet (o) should read:
 - Health departments that provide immunization services to insured persons should seek to become in-network providers.
 - Role of HDs as safety net for uninsured and insured adults
- Section V, bullet (u) will be deleted as it not a public health standard of performance.

Additional internal comments received after comment period (not reflected in the final draft received by NVAC)

- Section IV will be edited to start in active tense (that is, provide instead of providing) to be consistent with Sections I, II, III, and V.
- Some editorial errors were also discovered so a copy editor will go through final document to check for typos that might have been missed.

ACIP language in introduction

The ACIP makes recommendations for routine vaccination of adults in the United States (URL). Standards for implementing the ACIP recommendations for adults have been published....

Section IV

Insurers/payers/entities that cover adult immunization services should assure their network is adequate to provide *timely* immunization access and augment with additional providers if necessary (eg. public health departments, pharmacist, work sites)

Section V

- Provide access to all ACIP-recommended vaccinations
 - Ensure capacity to provide all ACIP-recommended vaccines and immunization services for insured and uninsured adults
 - Work toward becoming an in-network provider for immunization services for insured adults.

Section V (continue)

- In bullet (t), reword to:
 - Promote adherence to applicable laws, regulations, and standards among adult immunization stakeholders.