

# Revision and Update of NVAC's Adult Immunization Standards

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# 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

- **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

- 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

- Progress:
  - Reviewed existing standards of adult immunization practices (IDSA-2007, NVAC-2003)
  - Drafts developed and being refined by workgroup established through the Adult Summit
  - NVAC agreed to review draft in June 2013, and potentially approve at September 2013 NVAC meeting
  - Goal: standards should have application to all providers, those who do and do not vaccinate; should be applicable to all adult providers

# Framework

## Adult Immunization Standards

### All Providers

- Include IZ discussion in patient encounters
- Administer needed vaccine or refer
- Stay up-to-date
- Educate patients
- Understand how to access registries

### Non-immunizing Providers

- Assess immunization status of patients
- Establish referral relationships
- Confirm recommended vaccine received

### Immunization Providers

- Ensure professional competencies regarding immunizations
- Assess immunization status assessment and recommendations in every visit
- Document

# Framework

## Adult Immunization Standards

### Professional healthcare related organizations / associations

- Education and training of members and including trainees
- Resources and assistance to implement protocols, immunization practices, 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
- Collect and share best practices
- Advocate policies that support adult immunization standards

### Public Health Departments

- Determine community needs and capacity
- 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

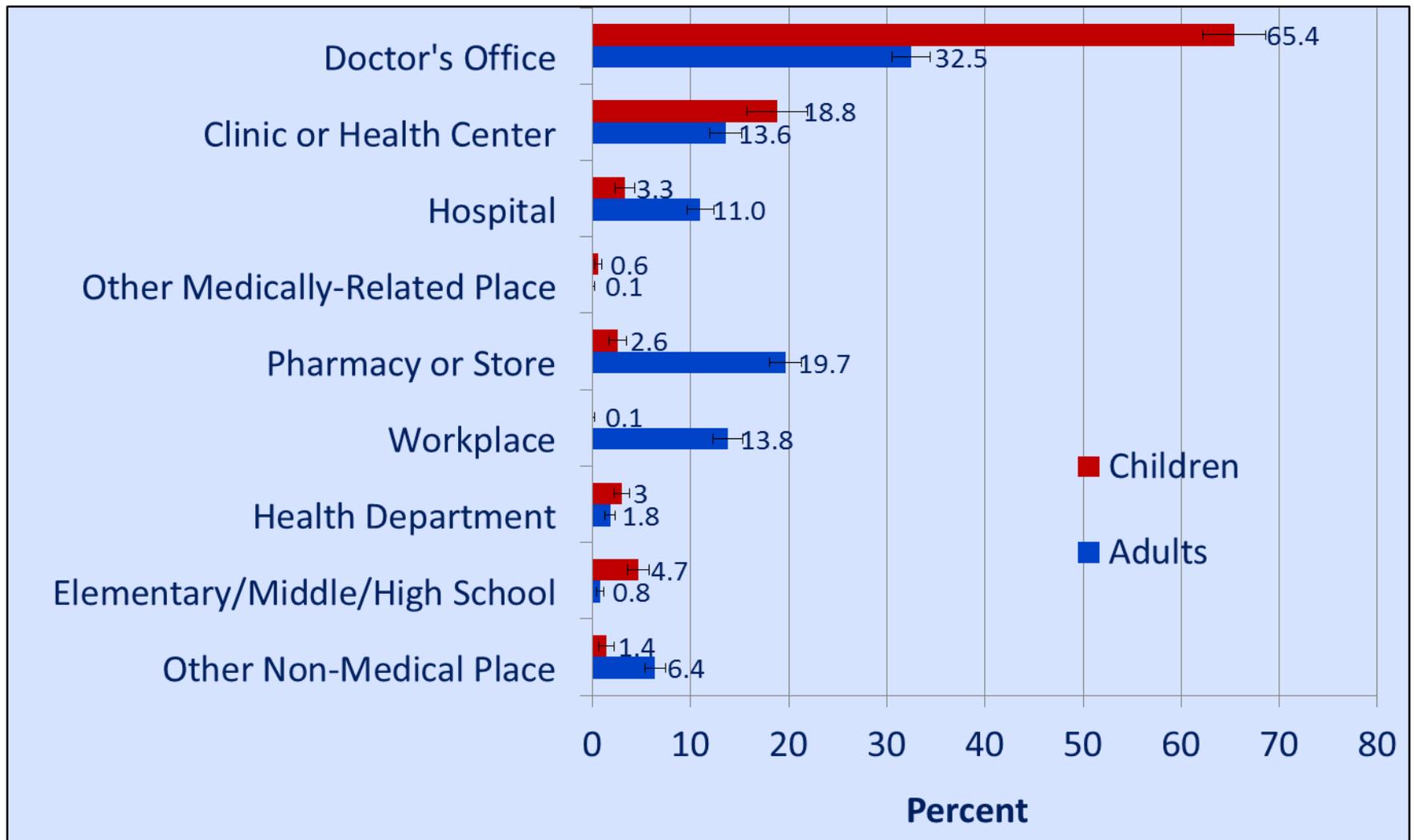
# Ultimate Goal

## “Immunization Neighborhood”

- Purpose:
  - **C**ollaboration, **C**oordination and **C**ommunication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine preventable diseases.



# Place of Vaccination by age group, March 2012 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

# 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 administer immunizations for adults

# Standards for all providers

- All providers should incorporate patient vaccination assessment and recommendation for needed vaccines into routine clinical care through the following practices:
  - a) Emphasize the importance of immunizations during patient encounters and include patient assessment of vaccine needs into routine clinical practice and document vaccination status in patients' medical records
  - b) For patients in need of immunizations, provide all recommended vaccines to the patient at the visit. If the vaccines are not given or, if the provider does not have the vaccine in stock, refer the patient to another vaccine provider. However, vaccine uptake is higher among patients when the vaccine is recommended and offered at the same visit, and thus providers who are able to stock vaccines for their patients are strongly encouraged to do so
  - c) Ensure providers and their practice staff are up-to-date on their own vaccines per ACIP health-care personnel vaccine recommendations<sup>11</sup> and consistent with professional guidelines
    - Report provides examples of practice recommendations from professional societies

# Standards for all providers

- d) Implement systems to:
  - i. incorporate vaccination assessment into routine care for outpatients
  - ii. incorporate appropriate vaccination of hospitalized patients and those in long-term care facilities with recommended vaccines, especially influenza and pneumococcal vaccines, and
  - iii. ensure follow-up for needed vaccinations after hospitalization
- e) Educate patients about vaccines they need using understandable language, including the Vaccine Information Statements (VIS) for those vaccines covered by the Vaccine Injury Compensation Program
- f) Understand how to access the state immunization information system (IIS) or registry as a source to check for vaccines that a patient has already received or should be receiving

# Standards for non-immunizing providers

Non-immunizing providers should discuss vaccine recommendations with patients who may receive their care predominantly at providers, such as medical specialists' offices, who do not routinely provide vaccines for adults

- a) Routinely assess whether their patients are up to date on recommended vaccine and refer patients to vaccine providers for needed vaccines
- b) Establish patient referral relationships with vaccine providers in your area
  - i. Ensure referral location does not create other barriers for the patient
  - ii. Ensure appropriate follow-up of vaccine receipt by the patient at their next visit, and encourage the vaccine provider to document vaccination, e.g., in the IIS and/or the patient's medical record

# Standards for immunizing providers

Standards for providers who immunize include ensuring professional competencies, routine vaccine needs assessment and vaccination, appropriate storage and handling, documentation of vaccination, and communicating information about vaccination to the patient's medical home

- a) Observe professional competencies regarding immunizations
  - i. Ensure vaccine providers
    1. Are up-to-date on current ACIP vaccine recommendations, their administration, and storage and handling guidelines
    2. Have up-to-date, culturally competent materials for patient counseling about the benefits and risks of vaccinations
    3. Are knowledgeable regarding valid contraindications, adverse events, and reporting of adverse events

# Standards for immunizing providers

## i. Ensure vaccine providers

4. Use correct vaccine administration techniques
5. Are knowledgeable about which vaccines may be administered at the same visit to reduce missed opportunities for vaccination
6. Have systems in place and training for appropriate response to adverse event(s) that may occur after vaccination, including severe allergic reactions
7. Ensure that practice staff is educated in appropriate vaccine storage and handling systems and monitoring of vaccines in their practice

## b) Incorporate vaccination assessment and recommendations into every patient care and counseling encounter

- i. Written vaccination assessment protocols are available and implemented after appropriate training of staff
- ii. Protocols or standing orders are used (when appropriate for the setting and patient type) for administration of routinely recommended vaccines and protocols are kept up to date

# Standards for immunizing providers

- iii. Staff competencies in vaccine needs assessment, counseling and vaccine administration as part of standing orders or protocols are periodically assessed
  - iv. Reminder recall systems are in place to remind providers and patients about needed vaccines and to ensure vaccine series are completed to optimize vaccination benefits
- c) Ensure receipt of vaccination is documented
- i. Provide a record of vaccines administered to patients, either written or electronic
  - ii. Record vaccines administered in immunization information systems in states that allow adult vaccination information to be entered into the registry.
  - iii. If the vaccinator is not the patient's primary care provider, then communicate receipt of the vaccine with the patient's primary care provider, if known

# Standards for professional healthcare related organizations/associations

These organizations include medical, physician assistant, nursing, pharmacy, and related health-care organizations

- a. Integrating immunizations educational information in professional training, including training of students in under-graduate and post-graduate training programs
- b. Providing resources and assistance for providers to implement protocols or standing orders, where feasible, and other systems changes to improve routine assessment of vaccine needs and vaccination
- c. Encouraging their members, trainees and students to ensure their own vaccinations are up to date as a standard of the profession

# Standards for professional healthcare related organizations/associations

- d. Assist their members in remaining up-to-date regarding ACIP immunization recommendations by providing updates through routine communications and through continuing education
- e. Making educational materials for patients regarding vaccine recommendations available to their memberships
- f. Partnering with community organizations, such as immunization coalitions or vaccine advocacy groups, to improve public awareness of adult immunizations
- g. Participating with other members of the immunization community (including public health, public and private medical, nursing and pharmacy services providers, patient advocacy, health systems, and other entities).

# Standards for professional healthcare related organizations/associations

- h. Offering modules to help providers assess and improve vaccination coverage of their patients as a measure of quality improvement within clinical practices such as for board recertification.
- i. Providing resources to assist providers in implementing and operationalizing immunization services within their practices, including tools to assist in meeting quality standards
- j. Providing resources (forms and other tools) for collecting and sharing of best practices among adult immunization stakeholders
- k. Advocating public policies that support these adult immunization standards

# Standards for public health departments

Public health departments may provide vaccination services and in that role, public health professionals should adhere to the standards of their profession and other vaccine providers. Additionally, the professional associations that represent public health professionals and public health departments (such as ASTHO, NACCHO, AIM) should promote adherence to the standards of the public health profession, particularly as they relate to adult immunizations. Public health has additional roles in assessing immunization program needs and the impact of vaccination programs, including educating the public and providers about immunizations. These additional roles include the following:

# Standards for public health departments

- a. Determine community needs and capacity for adult immunization administration and barriers for patient access
- b. Develop policies and or regulations (legislation) that support high vaccination rates and reduce barriers for adult patients and their providers. Immunization programs should collaborate with existing public health programs that provide clinical services, such as Sexually Transmitted Diseases and Tuberculosis control programs to incorporate vaccine administration and recordkeeping
- c. Ensure professional competency by providing education to the providers in public health clinics on routine adult immunizations
  - i. Maintain surveillance for vaccine preventable diseases to recognize potential disease outbreaks or problems with vaccines and to assist in the control of preventable diseases, in the event of outbreaks

# Standards for public health departments

- ii. Collect, analyze, and disseminate available data on vaccine coverage to the public and health care providers in their jurisdiction
- iii. Provide resources and assistance for vaccine providers to implement protocols or standing orders, where feasible, and other systems changes to improve routine assessment of vaccine needs and vaccination
- iv. Provide best practice examples to health care providers and collaborate with providers in implementing these best practices
- v. Provide subject matter expertise to train and educate vaccine providers and their staff on vaccine recommendations, proper storage and handling, and proper vaccine administration

# Standards for public health departments

- vi. Collaborate with providers to assist in implementing and operationalizing immunization services within their practices
- d. Provide outreach and education to the public and providers about vaccines
  - i. Partner with professional medical, pharmacy, nursing and other provider organizations, community organizations, and advocacy groups (e.g. mental health services, diabetes educators, asthma educators, corrections facilities, substance abuse providers) to:
    1. increase public awareness and knowledge of adult immunizations and to reach recommended target populations for immunization and
    2. educate their members and trainees regarding immunizations

# Standards for public health departments

- ii. Provide culturally competent public education through appropriate venues, including the use of social media and ethnic media
- e. Work toward decreasing disparities in immunization access based on factors such as race or ethnicity, insurance status, poverty, and location such as rural areas or medically underserved areas
- f. Work toward including adults in all state IIS registries and ensure IIS meets new standards of EHR interoperability to track and maintain adult vaccination records
- g. Expand access to, and provide training for, IIS to all adult healthcare providers

# Standards for public health departments

- h. Develop billing capacity in public health clinics to provide immunizations to insured adults.
- i. Ensure preparedness for and investigate and work to control outbreaks of vaccine preventable diseases when they occur. This includes creating, maintaining, and practicing emergency preparedness plans for vaccine response outbreaks like pandemic flu.
- j. Demonstrate accountability and good stewardship of public financing for vaccines
- k. Communicate information about vaccine shortages, when they occur, to providers and the public