

National Adult and Influenza Immunization Summit

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Centers for Disease Control and Prevention

National Center for Immunization and Respiratory Diseases

Background

- **National Influenza Vaccine Summit began in 2000 in response to U.S. influenza vaccine supply shortfall**
- **American Medical Association (AMA) and National Immunization Program/CDC partnership**
- **Goal: bring together wide range of stakeholders to solve issues regarding ordering, distribution, communications, and other issues**

Summit Evolution

- **2011: AMA ended its co-sponsorship**
- **LJ Tan, cofounder of Summit with Walter Orenstein, CDC, moved to Immunization Action Coalition (IAC)**
- **2012: IAC, CDC and NVPO, as lead organizations, developed MOU for National Adult and Influenza Immunization Summit (NAIIS)**
- **Established formal NAIIS Organizing Committee**
 - AAP, AAFP, AAPA, ACP, ACOG, APhA, IDSA, NFID, ANA, IAC, CDC, NVPO
- **First in-person meeting in May 2012**
- **Most recent in-person meeting May 2015**
- **Over 200 different organizations represented**
- **Work done throughout year by working groups with review of past year and input for upcoming year solicited at in-person meeting and post-meeting feedback**

Goals of NAIIS

- Convene adult and influenza immunization stakeholders,
- Facilitate identification of specific actions to be taken by NAIIS members that will lead to improvements in uptake of ACIP recommended vaccines, and
- Develop and sustain working groups within the NAIIS that meet throughout the year whose goals are implementation of specific actions identified by NAIIS that will lead to improvements in awareness and uptake of ACIP-recommended vaccines for adults and influenza vaccine for persons of all ages

www.izsummitpartners.org

NAIIS Working Groups

- **Patient education**

- Co-leads: Erica DeWald (APCO), Erin Kennedy (CDC), Jeff Goad (California Immunization Coalition) and Lisa Randall (MN DOH)

- **Provider education**

- Co-leads: Susan Farrall (CDC), LJ Tan (IAC), Laura Lee Hall (ACP), and Debra Hawks (ACOG)

- **Access and collaboration**

- Co-leads: Carolyn Bridges (CDC), Mitch Rothholz (APhA), Kathy Talkington (ASTHO), and LJ Tan (IAC)

- **Quality Measures**

- Co-leads: David Kim (CDC), Sharon Sprenger (Joint Commission), Ernest Moy (AHRQ), and Amy Groom (IHS)

- **Information for decision makers**

- Leads: Phyllis Arthur and Kelly Cappio (BIO) – no federal participants

NAIIS May 12-14, 2015

- **Opening plenary by Deputy Surgeon General Lushniak and American College of Physicians President-elect Dr. Nitin Damle**
- **Over 300 attendees**
- **Overall theme was improving implementation**
- **Highlighted national adult vaccine plan and innovative work by public and private partners**

Accomplishments

Overall:

- **Active engagement in problem identification and mitigation activities by wide range of partners**
 - Forum for discussion of issues affecting range of healthcare providers, payers, patients/public and healthcare systems
- **Identifies and includes best practices on NAIS website and highlights best practices at annual summit awards**

Patient Education:

- **Developed key messages and social media primer in support of NAIS members and conducted workshop at May meetings – will support National Immunization Awareness Month and other observances**
- **Maintains resource library on IAC website**
 - Business and other tools for healthcare providers
 - Gleaned from many NAIS participating organizations

Accomplishments

Access and Collaboration

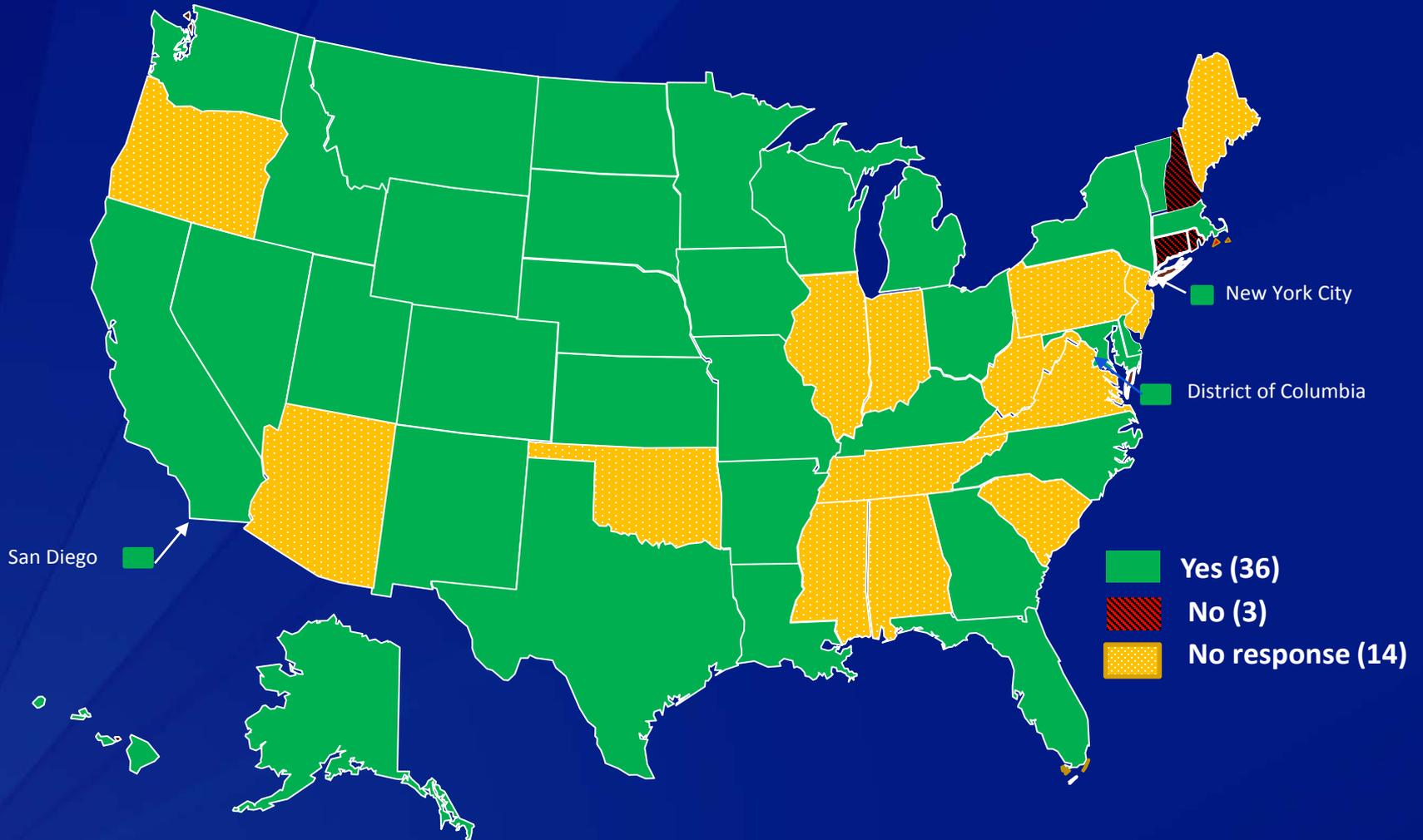
- **Developed and worked with NVAC to publish updated Standards for Adult Immunization Practice in 2014**
- **2014-15 actions by multiple NAIS organizations to encourage and implement Standards**
- **Developed three sets of slides to provide information about adult vaccines and the Standards for**
 - Providers
 - Public
 - Public health
- **9-State pilot survey of state immunization information systems (IIS) leads regarding barriers for adult providers to use IIS in 2014**
- **Follow-up survey in 2015 led by AIRA of all AIRA members regarding IIS capacity to work with adult providers**

AIRA Survey: Adult Immunization and IIS

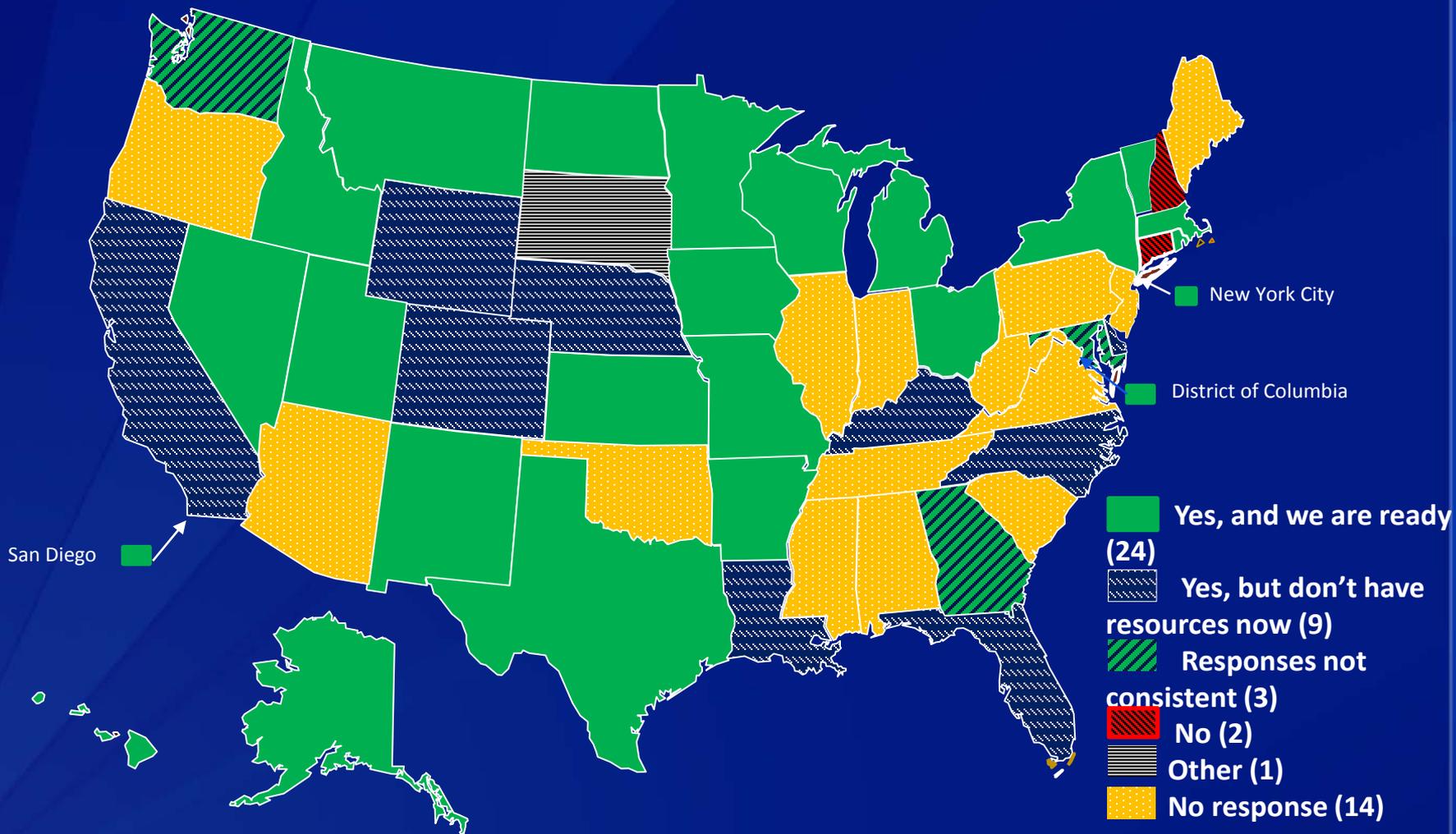
- **Background: 47 of 50 states and DC have lifespan IIS, of which 42 and DC are opt-out IIS for adults***
- **AIRA, CDC, IDSA, NAIS collaborative to determine status adult immunization and IIS**
- **Internet-based survey developed by NAIS Access and Collaborations Working Group**
- **Sent to AIRA members from AIRA in March 2015**
- **Responses from 39 jurisdictions (36 states, NYC, DC, San Diego)**

*IIS: A Decade of Progress in Law and Policy. Accessed at http://journals.lww.com/jphmp/Citation/2015/05000/Immunization_Information_Systems_A_Decade_of.10.aspx

Assuming state/jurisdiction law and policy permit reporting of adult immunizations to the IIS, does your IIS currently accept reporting from adult immunization providers?



Is your state/jurisdiction interested in working with medical associations and other partners to expand the number of providers that report adult immunizations to the IIS?



Accomplishments

Provider Education

- Serves as a forum for educating, discussing and exchanging information on key adult immunization issues affecting healthcare providers
- Reviewed business tools for adult vaccine and identified gaps in knowledge
- Advocate for study to determine true cost of administering adult vaccination in a clinical practice setting
- Collaboratively developed fact sheets and resource lists
 - Fact sheet on disparities



SPOTLIGHT ON
Adult Immunization Disparities

■ Status Check

Childhood Immunization Disparities: Good News

"Eliminating the burden of racial and ethnic health disparities is not easy, but it can be done. For example, 20 years ago the Vaccines for Children (VFC) program was created to provide vaccines at no cost to eligible children. It is now one of our country's most successful public health initiatives. By removing cost barriers associated with vaccines, the VFC program has protected millions of children from diseases – both those who participated directly in the program and others – and has helped to virtually eliminate disparities in childhood vaccination rates."

CDC Director THOMAS R. FRIEDEN in CDC Health Disparities and Inequalities Report, United States, 2013

Significant success has been achieved in reducing disparities in vaccination coverage for young children. The disparities in vaccination coverage have declined for childhood vaccines routinely recommended since 1995. Several vaccination disparities between racial/ethnic minorities and white children have been non-existent since 2007.²

Adult Immunization Disparities: Persisting, May Be Widening

However, disparities persist within adult immunization rates. And in some cases, such as with zoster and pertussis vaccination, new data suggest the differential in vaccination rates may be getting worse.

Racial/ethnic gaps in immunization coverage have been shown for seven major vaccines: Pneumococcal, hepatitis A, hepatitis B, herpes zoster (shingles), influenza, human papillomavirus (HPV) and the tetanus/pertussis/diphtheria vaccines. The recent 2013 data suggests these disparities may be getting worse for Tdap and herpes zoster vaccination.

Beyond racial and ethnic disparities, disparities also exist for other vulnerable populations, such as among persons who lack health insurance and people with disabilities. Regardless of the underlying cause, adult immunization disparities are systemic, avoidable, and unfair.³

This March 2015 fact sheet is an effort of the Provider Workgroup of the National Adult and Influenza Immunization Summit, with thanks to UJ Tan, Sanja Hutubess, Virginia Coine, Tamara Coyne-Brosky, Megan Lindsey, Jennifer Heath, Annie Fedorovic, Lydia Pan and Walter Williams. It does not constitute an endorsement from any of the organizations that participate in the Provider Workgroup or the NAIIIS. For more information, go to www.izsummitpartners.org.

Spotlight on Adult Immunization Disparities

Accomplishments

Provider Education

- **Two Medscape pieces on Standards of Adult Immunization Practice**
 - Assessment
 - Recommendation
- **Developed template to promote use of IIS to adult providers**

Medscape

Medscape Internal Medicine

How to Give a Strong Recommendation to Adult Patients Who Require Vaccination

Mary C. Anderson, MD, Marie T. Brown, MD, Marie-Michele Léger, MPH, PA-C, Aparna Ramakrishnan, MA,

The first step in determining whether you need to discuss vaccines with your patient is assessing his or her vaccination status. Which of the following strategies has demonstrated efficacy for improving vaccine assessment?

	Your Colleagues Responded:
Standing orders	2%
Patient intake questionnaires	2%
Electronic health record prompts or reminders	7%
Immunization registries or information systems	5%
All of the above	Correct Answer 84%

ABC State's Immunization Registry
Benefits for You, and Your Adult Patients

Registries for Adults
The most important step in providing a strong recommendation to adult patients is assessing their vaccination status. This is why it's so important to have a reliable immunization registry in place. The ABC State's Immunization Registry is a secure, online database that allows you to quickly and easily check a patient's vaccination status.

Working for You
Improve healthcare delivery to your adult patients by using the ABC State's Immunization Registry. The registry provides you with a secure, online database that allows you to quickly and easily check a patient's vaccination status. This information can be used to create standing orders, send reminders, and provide personalized recommendations to your patients.

Accomplishments

Provider Education

- Promote immunization project as project of choice for physicians seeking Maintenance of Certification or for residents who need to meet Q. I. requirements
 - New CDC webpage with this information:
<http://www.cdc.gov/vaccines/ed/quality-improvement-proj.htm>.

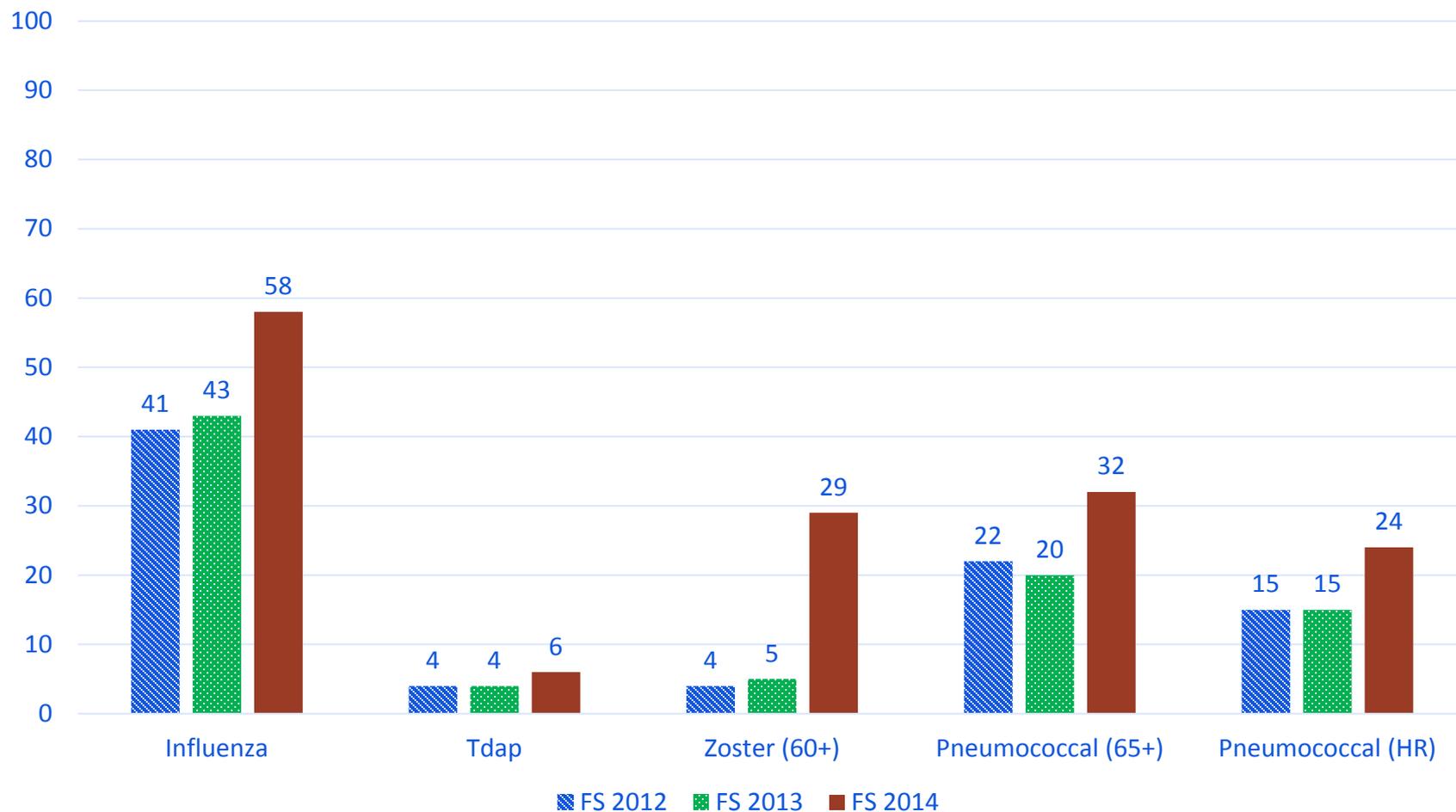
The screenshot shows the CDC website interface. At the top, it says "CDC Home" and "Centers for Disease Control and Prevention". There is a search bar and a navigation menu with "Vaccines and Immunizations" selected. The main heading is "Vaccines and Immunizations". On the left, there is a sidebar menu with "Vaccines and Immunizations Home" highlighted. The main content area features the article title "Quality Improvement Projects Targeting Immunization" with a sub-heading "Education and Training". The article text discusses requirements for "Maintenance of Certification" and lists four CDC-encouraged projects: 1. Implement measurable increases in adult immunization rates, 2. Bring about measurable increases in HPV vaccination rates, 3. Bring about measurable increases in vaccination rates of pregnant women, and 4. Reduce disparities in immunization rates. On the right, there are links for "Print page" and "CDC IZ Learn on Twitter", along with contact information for the CDC.

Accomplishments

Quality Measures

- IHS and VA project to test feasibility of implementing an adult immunization composite measure
 - IHS developing maternal immunization performance indicator
 - Proportion of pregnant women who received influenza, Tdap, and influenza+Tdap vaccines
 - Implementation slated for FY2016
 - Challenges
 - Identifying pregnant women
 - Identifying administration of vaccine(s) during pregnancy
 - Identifying trimester
- Provided Summit Quality WG partners forum to provide updates on ongoing immunization quality efforts, e.g. Pharmacy Quality Alliance
- Prioritized two composite measures for developing working groups
 - Vaccination of pregnant women (influenza and Tdap vaccines)
 - Vaccination of patients with ESRD (influenza, hepatitis B, and pneumococcal vaccines)

In the past year, has this vaccine been recommended to you by a medical professional?



*All percentages are weighted

SOURCE: Porter Novelli. 2012-14. *ConsumerStyles (Fall)*. Unpublished.

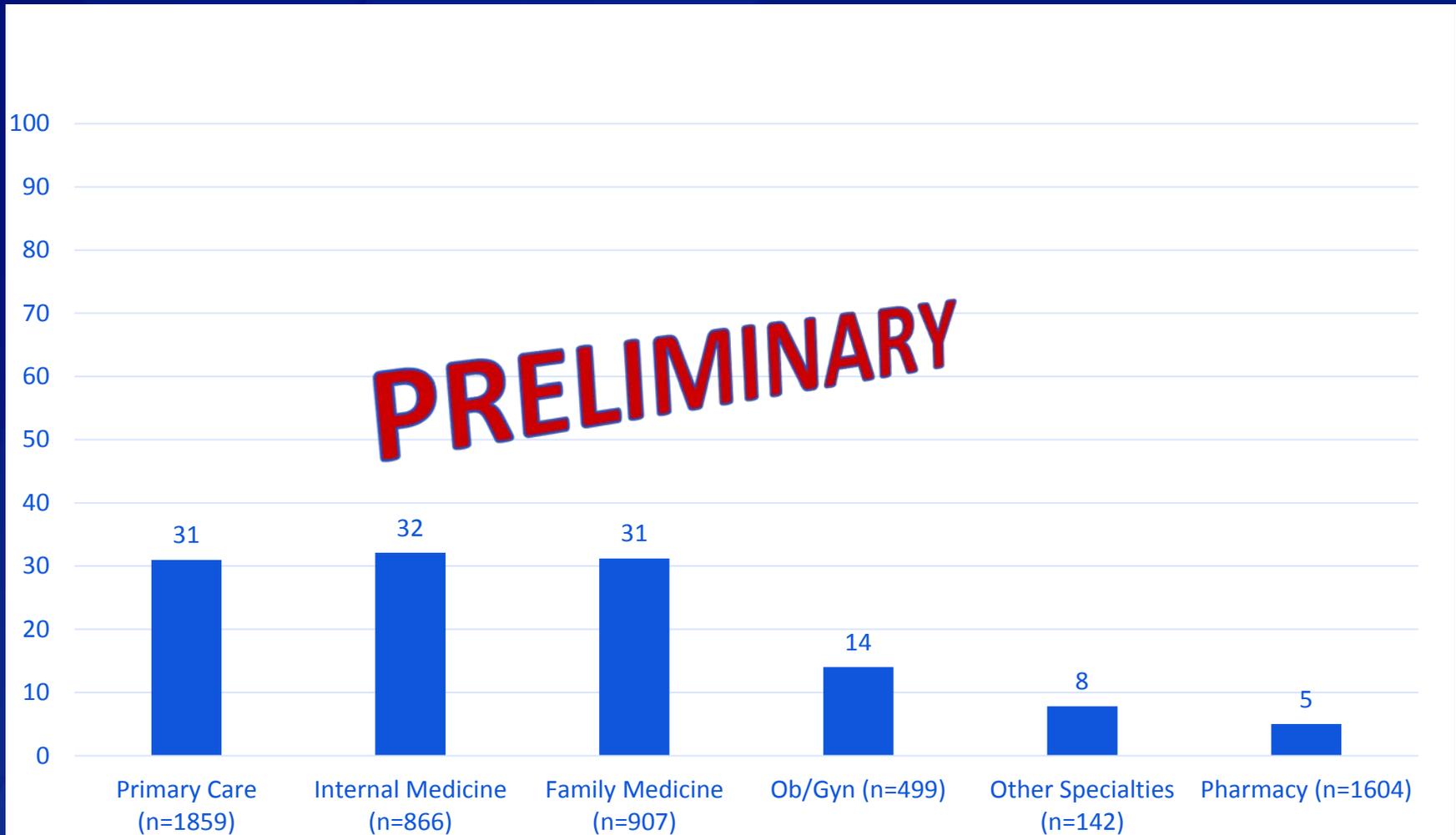
Which, if any, of the following issues have made it difficult or prevented you from getting a vaccination *other than the flu vaccine* as an adult?

	2014	2012
None of these.	51.3	51.0
I'm healthy and I don't need vaccines.	13.1*	11.0
I'm not worried about the diseases.	13.3*	11.6
I was not aware the vaccine was recommended for me.	11.6*	18.6
I didn't know which vaccines to get.	9.2*	14.7
Other issues not listed.	8.0	7.1
I couldn't afford the vaccine(s).	7.0*	10.0
I was not aware adults needed vaccines.	4.7*	7.2
I didn't know where to go to get vaccines.	1.5*	2.7
I wasn't able to take off from work to get to appointment.	1.4	1.9
The diseases are not serious.	1.2	1.6
I didn't have transportation to my vaccine appointment.	0.8	0.8
I could not get an appointment.	0.3*	1.1

*All percentages are weighted & * indicates statistical significance.

SOURCE: Porter Novelli. 2012 and 2014. *ConsumerStyles (Fall)*. Unpublished.

**Percentage of most recent visit(s) to healthcare location or pharmacy* in past 12 months during which adults reported receiving vaccination assessment,
Internet Panel Survey, February–March 2015, United States (N=2,349)**



*Visited pharmacy to fill prescription for themselves.

Challenges to Progress

- **Challenges with implementation of immunization programs overall and reported payment issues for providers**
- **Challenges with communications among providers regarding vaccinations and adult provider access to and reporting to IIS**
- **Limited NAIIS resources**
 - Relies on voluntary efforts of participating organizations and taking on specific projects
- **Additional involvement of large healthcare systems, payers and consumer groups needed to extend impact**

Standards of Adult Immunization Practice Partner Activities

Examples

- **American Academy of Family Physicians (AAFP)** to promote Standards members via *AAFP News Now* articles and social media.
- **American Academy of Pediatrics (AAP)** support for the standards to be published in an issue of *AAP News*.
- **American Academy of Physician Assistants (AAPA)** to promote Standards members via *PA Professional* article, email blasts and social media.
- **American College of Obstetricians and Gynecologists (ACOG)** incorporated Standards into their website materials for members
- **American College of Physicians (ACP)** developed its “I Raise the Rates” project
- **American Pharmacists Association (APhA)** - Standards highlighted in the Special Immunization Section of the *Pharmacy Today* and hosted a webinar on the Standards for APhA members.

Standards of Adult Immunization Practice Partner Activities

Examples

- **Association of Immunization Managers (AIM)** prepared a sample letter for programs to share information about the Standards and their importance with providers.
- **Association of Occupational Health Professionals in Healthcare (AOHP)** encourages its members and their organizations to adopt the Standards for Adult Immunization Practice
- **Association of State & Territorial Health Officials (ASTHO)** announced the Standards in their weekly newsletter to more than 1,066 state health officials, state public information officers, deputies, and other state health or affiliate members.
- **Centers for Disease Control and Prevention (CDC)** has developed tools to assist with promotion and implementation of the Standards and working on Medscape modules to highlight the main points of the Standards (assess, recommend, administer or refer, and document) as a result of the Access and Provider WG collaboration.

Standards of Adult Immunization Practice Partner Activities

Examples

- **Centers for Medicare and Medicaid Services (CMS)** involved in project for quality improvement organizations to implement the Standards.
- **Immunization Action Coalition (IAC)** announced its support via IAC's various communication avenues: weekly e-newsletter IAC Express, listservs (e.g., IZCoalitions and Vacsafety), and social media accounts.
- **Infectious Diseases Society of America (IDSA)** announced support of the standards through their communications channels as recommended by NAIIS/NVPO and created and distributed a unique document to the full IDSA membership explaining what the standards mean for the infectious disease specialist.
- **Merck Vaccines** presented about the Standards at several advisory boards and scientific presentations to help make vaccine experts around the world aware of the publication of the Standards and about how to improve adult immunization rates globally.

Standards of Adult Immunization Practice Partner Activities

Examples

- **National Adult Immunization Coordinators' Partnership (NAICP)** developed a document highlighting the strategies for increasing adult immunizations in health departments using the Standards as a model.
- **National Association of County & City Health Officials (NACCHO)** promoted Standards for Adult Immunization Standards at national meeting and communication with members
- **National Foundation for Infectious Diseases (NFID)** to include notifications of Standards support in their quarterly e-newsletter as well as websites and other social media channels.
- **Sanofi Pasteur** provided educational materials to public and health care providers on importance of adult immunization, including the Standards, and educational content that was easily shareable within social networks and targeted specific adult groups (NCOA, AHA and AADE).

Implementation of Standards of Adult Immunization Practice

- **Presentation by Dr. Brian Mittman, Dept Veterans Affairs, Southern California Kaiser, and UCLA**
 - Improving Adult Immunization Performance: Insights and Guidance from Implementation Science
 - “General insights and principles regarding clinical practice:
 - Highly stable and slow to change; clinical inertia, conservatism
 - With notable exceptions (CT scans, robotic surgery)
 - Variable and heterogeneous (across time, place, problem)
 - Multi-faceted, multi-level
 - Not responsive to simple practice change strategies”

Selected barriers to implementation

- Insufficient information, knowledge, skill, time
- Too much information
- Evidence is not accepted as legitimate
- Implementation gaps not recognized
- Misaligned financial incentives
- Insufficient staff or systems support
- Lack of external pressure, expectations

Levels of influence on clinical practice

- Point of care (MD knowledge, patient demand)
- Microsystem, team (norms, culture)
- Clinic, hospital (policies, leadership)
- Delivery system (organizational/fiscal policies, leadership, resources)
- Professional norms (local, regional, national)
- Patients, businesses, other stakeholders (community, region, province/state, nation)
- Local, regional, national regulations
- *Contrast with “1950s medicine”*

A short history of quality improvement in health care

- Most QI initiatives address no more than 2-3 causes of quality gaps at 1-2 levels
- The result: considerable effort, occasional impact – typically on mediating factors – but limited change in practices
- The classic case: “intervention physicians displayed improved knowledge and attitudes but no change in clinical practices”

Requirements for practice change

1. Valid, legitimate, accepted evidence
2. Clinician/staff knowledge, skill
3. Supportive professional norms
4. External expectations, monitoring, pressure/incentives
5. Patient acceptance
6. Evidence of quality gaps
7. Etiology of practices, quality gaps
8. Feasible methods/systems

Priority Activities for 2015-16

- Working groups in process of discussing priority activities for the coming year with additional input pending from NAIS members
- Will continue to work with partners to
 - Improve implementation of Standards for Adult Immunization Practice, including use of IIS and identifying ways in which barriers can be reduced
 - Identify ways to make adult immunizations a winning proposition for providers
 - Promote adult immunizations during National Immunization Awareness Month and during other opportunities

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Thank you

Questions