# National Adult Immunization Plan Implementation

Lori Uscher-Pines 3 February, 2016



# Implementing the NAIP

• The plan is intended to...

-7 -8 -9 -1 "...facilitate coordinated action by federal and nonfederal partners to protect public health and achieve optimal prevention of infectious diseases and their consequences through vaccination of adults."

- Not possible without carefully designed implementation
- Goal for implementation: stakeholders can use to guide and increase impact of their work

# **Implementation Approach**

- Identify areas of focus/priorities for implementation
  - Gather stakeholder input through survey (completed), focus groups
- Why priorities?
  - Acknowledge that progress happens over time
  - Leverage finite resources for maximum impact
  - Acknowledge path dependency

# **Implementation Approach (Cont)**

- Conduct an inventory of current actions/projects to inform development of implementation activities for the NAIP IP
  - Environmental scan
  - Data call
- Develop implementation plan activities
  - Build on existing actions where possible: what is next? What is missing?
  - List implementation activities in IP, including timeline and participating entities

# **Stakeholder Survey**

Asked range of stakeholders to identify priority strategies Only provided input on strategies relevant to respondent

Results are a starting point for selection of priorities







- Survey is just one input for selection of priorities
- Will feed into discussion with focus group
- Convenience sample (n=61) with all stakeholder groups represented

### **Stakeholder Survey – Results**



# **Top Priorities**

| 1.1.1 | Evaluate the impact of adult vaccination on morbidity and mortality, with special emphasis on vulnerable populations (e.g., older adults and adults with chronic conditions, such as diabetes, heart disease, immune-compromising conditions, and stroke) where feasible . <sup>M, FG</sup>   |
|-------|---|
| 1.2.6 | Encourage greater use of EHRs and IIS to more rapidly identify persons vaccinated with a vaccine or specific vaccine lot when a safety concern has been raised. <sup>HD, HE</sup>   |
| 1.2.7 | Determine the data needs to monitor vaccine safety and effectiveness in pregnant women and newborns and the ability of these systems to capture relevant data. <sup>FG</sup>  |
| 1.3.1 | Review the latest medical and scientific literature for evidence of associations between vaccines and adverse events when reviewing claims.   |
| 1.4.1 | Increase the ability of EHRs to generate a query using nationally accepted standards and accept a standardized immunization history and forecast, consistent with the objectives and measures set forth in rulemaking for the Medicare and Medicaid EHR Incentive Programs. <sup>HE, AO</sup> |
| 1.5.1 | Evaluate impact of current adult vaccination quality measures and the feasibility of future quality measure development projects. <sup>M, HD, FG, HE</sup>  |
| 1.6.2 | Encourage employers to offer and promote adult immunization using evidence on economic impact.  |

<sup>M</sup> indicates a priority for manufacturers.

<sup>FG</sup> indicates a priority for the federal government.

<sup>HE</sup> indicates a priority for healthcare entities.

<sup>AO</sup> indicates a priority for advocacy organizations.

# **Top Priorities (Cont)**

| 2.1.1 | Evaluate the impact of financial barriers, such as co-pays, on adult vaccination uptake. $^{\rm M,}_{\rm FG,HE}$  |
|-------|---|
| 2.2.1 | Research the total costs of providing vaccination services in a provider setting to improve understanding of costs associated with the range of activities that are needed to ensure efficient and effective immunization services (e.g., ordering, handling, storage, administration, patient recall/reminders, and counseling). <sup>HD, FG, HE</sup> |
| 2.3.1 | Encourage in-network coverage of adult vaccinations administered in accessible health care delivery settings (e.g., public health clinics, pharmacies). <sup>M, HD, HE</sup>  |
| 2.3.6 | Identify legal, practical, and policy barriers that may impede expansion of the adult immunization provider network and communicate challenges to policy makers. <sup>M, FG, AO</sup>   |
| 2.4.2 | Develop and evaluate the impact of pilot projects designed to improve supply and innovative inventory management (e.g., the use of 2D bar coding on vaccine units of sale) to improve accuracy and timeliness of vaccine distribution tracking. <sup>M, HD</sup>  |
| 2.4.4 | Encourage manufacturers and public health authorities to work collaboratively to develop contingency plans for the timing and prioritization of vaccine supplies in case of shortages. <sup>FG, HE</sup>  |

# **Top Priorities (Cont)**

| 3.1.2 | Conduct research on effective messaging and outreach strategies (e.g., social media) for different adult subpopulations to inform communication efforts. <sup>M, FG</sup>   |
|-------|---|
| 3.2.1 | Encourage all providers, including providers in complementary settings, to implement the NVAC Standards for Adult Immunization Practice, which includes assessing patients' vaccination status at every clinical encounter, strongly recommending needed immunizations, and either administering vaccines (including documentation in an IIS) or referring patients to others who administer vaccinations. <sup>M, HD, FG, HE, AO</sup> |
| 3.3.1 | Engage community leaders in reaching the public with information about the importance of adult vaccination. $^{\rm M}$  |
| 3.3.2 | Encourage the development of adult immunization champions across all sectors . <sup>HD, FG,</sup> $_{\rm HE, \ AO}$   |
| 4.1.1 | Encourage ongoing efforts to develop and license new and improved vaccines, including support for research, development, and licensure of vaccines; improved effectiveness; and longer duration of immunity. Ensure progress in these areas does not compromise the effectiveness of vaccines or the rigorous, scientific standards used to evaluate vaccines during the approval phase. <sup>M, FG, HE, AO</sup>                       |
| 4.2.2 | Improve the storage and handling of vaccines through the application of new technologies. $^{\rm M,\ HD,\ FG,\ HE,\ AO}$  |

# Takeaways

- Further need to prioritize (n=19)
- Many priorities related to research and evaluation
- Several priorities seek to encourage particular stakeholders or sectors to take action
- Large variation in specificity across the priorities

# **Implementation Activities 101**

#### Levers for action

- Guidance: Activities that provide direction and define "goodness."
- Incentives: Activities that use funding or other financial benefits to incentivize movement in the direction of the guidance.
- Services: Activities that involve directly performing a function.
- Capacity-building: Activities that improve institutions, processes, and relationships.



#### Implementation Activity: Best Practice

Specific – target a specific area for improvement

Measurable – include an indicator of progress

 $A_{\text{ssignable}}$  – specify who will do it

 $R_{ealistic}$  – state what can realistically be achieved

Time-related – specify when results will be achieved

# **Example Activities**

| WINS SERVICES. USA                                  | Timing                   | Lead<br>Agency | Activity   |
|---|--------------------------|----------------|--|
| U.S. Department of Health & Human Services          | By the<br>end of<br>2013 | CDC            | CDC will support 28<br>immunization grantees to<br>develop plans and 14<br>grantees to implement<br>plans to enable billing for<br>vaccine services provided by<br>public health clinics |
| National Vaccine Plan<br>Implementation             | By the<br>end of<br>2012 | ONC            | ONC will register 100,000<br>PCPs to receive services<br>from Regional Extension   |
| Protecting the Nation's Health through Immunization |                          |                | Centers and ensure that<br>60% of those have adopted<br>the use of EHRs  |

# **Next Steps**



Conduct an inventory of current activities to inform implementation action development

# Questions?

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### **Additional Slides**

# **Stakeholder Survey – Results**

#### Key:

- **BOLD** indicates a national priority.
- <sup>M</sup> indicates a priority for manufacturers.
- <sup>FG</sup> indicates a priority for the federal government.
- <sup>HE</sup> indicates a priority for healthcare entities.
- <sup>AO</sup> indicates a priority for advocacy organizations.

#### Objective 1.1:

Monitor and report trends in adult vaccine-preventable disease levels and vaccination coverage data for all ACIP/CDC-recommended vaccines. In cases where there are associated Healthy People 2020 goals, measure progress toward established targets.

- 1.1.1 Evaluate the impact of adult vaccination on morbidity and mortality, with special emphasis on vulnerable populations (e.g., older adults and adults with chronic conditions, such as diabetes, heart disease, immune-compromising conditions, and stroke) where feasible.<sup>M, FG</sup>
- 1.1.2 Identify coverage gaps and disparities among racial and ethnic minorities and develop targeted strategies to reduce disparities.<sup>AO</sup>
- 1.1.3 Improve methods to verify vaccination coverage status.
- 1.1.4 Identify efficiencies to improve adult immunization delivery by encouraging greater use and increased functionality of existing systems (e.g., state and local IIS). <sup>HD, HE</sup>

#### Objective 1.2:

Enhance current vaccine safety monitoring systems and develop new methods to accurately and more rapidly assess vaccine safety and effectiveness in adult subpopulations (e.g., pregnant women).

- 1.2.1 Increase awareness of the federal vaccine safety systems among adult health care providers who vaccinate the public.<sup>AO</sup>
- 1.2.2 Increase the percentage of adult vaccination providers and patients that report adverse events into VAERS.<sup>HE, AO</sup>
- 1.2.4 Improve the timeliness and precision of vaccine effectiveness assessments.<sup>M</sup>
- 1.2.5 Encourage use of clinical research and population-based epidemiologic studies for vaccine safety and effectiveness monitoring among vaccinated adults.<sup>M</sup>
- 1.2.6 Encourage greater use of EHRs and IIS to more rapidly identify persons vaccinated with a vaccine or specific vaccine lot when a safety concern has been raised.<sup>HD, HE</sup>
- 1.2.7 Determine the data needs to monitor vaccine safety and effectiveness in pregnant women and newborns and the ability of these systems to capture relevant data.<sup>FG</sup>

Objective 1.3: Continue to analyze claims filed as part of the National Vaccine Injury Compensation Program (VICP) to assess whether there was an association between vaccines that a claimant received and adverse events experienced.

1.3.1 Review the latest medical and scientific literature for evidence of associations between vaccines and adverse events when reviewing claims.

#### Objective 1.4:

Increase the use of electronic health records (EHRs) and immunization information systems (IIS) to collect and track adult immunization data.

- 1.4.1 Increase the ability of EHRs to generate a query using nationally accepted standards and accept a standardized immunization history and forecast, consistent with the objectives and measures set forth in rulemaking for the Medicare and Medicaid EHR Incentive Programs.<sup>HE, AO</sup>
- 1.4.2 Increase the ability of IIS to accept a query using nationally accepted standards and respond with a standardized immunization history and forecast to inform providers of needed vaccinations, consistent with the objectives and measures set forth in rulemaking for the Medicare and Medicaid EHR Incentive Programs.<sup>HD</sup>
- 1.4.3 Expand IIS and EHR functionality to facilitate interstate immunization data exchange through a centralized hub.<sup>FG</sup>

Objective 1.4 (cont.):

Increase the use of electronic health records (EHRs) and immunization information systems (IIS) to collect and track adult immunization data.

- 1.4.1 Expand consumers' access to their own vaccination data through secure IIS and EHR consumer portals.
- 1.4.2 Develop and encourage adoption of standardized clinical decision support tools for adult vaccination.<sup>AO</sup>
- 1.4.3 Promote automation strategies for documenting adult vaccinations, such as the inclusion of 2D barcode data from vials and syringes, and by building IIS and EHR capacity to accept barcode data.<sup>M</sup>
- 1.4.4 Promote the use of Clinical Decision Support for Immunizations (CDSi) resources by IIS and EHRs to standardize vaccine recommendations for adult populations.<sup>HE</sup>

Objective 1.5: Evaluate and advance targeted quality improvement initiatives.

- 1.5.1 Evaluate impact of current adult vaccination quality measures and the feasibility of future quality measure development projects.<sup>M, HD, FG, HE</sup>
- 1.5.2 Disseminate best practices and lessons learned from successful and unsuccessful adult quality measure and adult quality improvement pilot projects.<sup>HD, AO</sup>
- 1.5.3 Develop and validate new metrics to track progress on NAIP objectives.

Objective 1.6:

Generate and disseminate evidence about the health and economic impact of adult immunization, including potential diseases averted and cost-effectiveness with the use of current vaccines.

- **1.6.1** Encourage the development and evaluation of models to estimate the costeffectiveness of adult immunization programs.<sup>M, HD, FG, HE, AO</sup>
- 1.6.2 Encourage employers to offer and promote adult immunization using evidence on economic impact.

Objective 2.1:

Reduce financial barriers for individuals who receive recommended adult vaccines.

- 2.1.1 Evaluate the impact of financial barriers, such as co-pays, on adult vaccination uptake.<sup>M, FG, HE</sup>
- 2.1.2 Advance efforts to have consistency in the individual state Medicaid benefit for ACIP/CDC-recommended vaccines for adults.<sup>HD, AO</sup>
- 2.1.3 Evaluate the impact of state Medicaid program approaches to cost sharing for recommended adult vaccines on vaccination rates (e.g., compare programs that elect to offer the same benefits for traditional and expansion populations and those that maintain different benefits for these populations.)
- 2.1.4 Evaluate the advantages and disadvantages of novel state vaccine financing pilot programs that provide vaccines to adults, including health, economic, and innovation impacts.

#### Objective 2.2:

Assess and improve understanding of providers' financial barriers to delivering vaccinations, including stocking and administering vaccines.

- 2.2.1 Research the total costs of providing vaccination services in a provider setting to improve understanding of costs associated with the range of activities that are needed to ensure efficient and effective immunization services (e.g., ordering, handling, storage, administration, patient recall/reminders, and counseling).<sup>HD, FG, HE</sup>
- 2.2.2 Encourage the development of tools to improve immunization provider business practices and work flow (e.g., practice efficiency and inventory management), and assess the impact of these tools on adult vaccination rates at the practice level.<sup>HE</sup>
- 2.2.3 Encourage vaccine manufacturers and third-party vaccine distributors to build on existing work with providers to reduce the financial burden of maintaining vaccine inventories (e.g., permitting providers to purchase small quantities of vaccines).<sup>M</sup>
- 2.2.4 Evaluate the impact of various methods to encourage and incentivize provider recommendations for, provision of, and recordkeeping related to adult vaccination (e.g., standing orders, IIS).<sup>AO</sup>

Objective 2.3: Expand the adult immunization provider network.

- 2.3.1 Encourage in-network coverage of adult vaccinations administered in accessible health care delivery settings (e.g., public health clinics, pharmacies).<sup>M, HD, HE</sup>
- 2.3.2 Identify and promote best practices related to collaborative models among physicians and complementary settings (e.g., streamlined referrals and information sharing).<sup>A0</sup>
- 2.3.3 Identify, promote, and disseminate effective practices for billing private health insurers (e.g., among health departments and others).<sup>AO</sup>
- 2.3.4 Identify legal, practical, and policy barriers that may impede expansion of the adult immunization provider network and communicate challenges to policy makers.<sup>M, FG, AO</sup>

Objective 2.4:

Ensure a reliable supply of vaccines and the ability to track vaccine inventories, including during public health emergencies.

- 2.4.1 Increase the transparency of vaccine distribution strategies to public and private entities to facilitate equitable distribution of vaccines in times of shortage.<sup>HE</sup>
- 2.4.2 Develop and evaluate the impact of pilot projects designed to improve supply and innovative inventory management (e.g., the use of 2D bar coding on vaccine units of sale) to improve accuracy and timeliness of vaccine distribution tracking.<sup>M, HD</sup>
- 2.4.3 Evaluate strategies that encourage multiple suppliers of vaccines for adults.
- 2.4.4 Encourage manufacturers and public health authorities to work collaboratively to develop contingency plans for the timing and prioritization of vaccine supplies in case of shortages.<sup>FG, HE</sup>

### Goal 3: Increase Community Demand for Adult Immunizations

Objective 3.1:

Educate and encourage *individuals* to be aware of and receive recommended adult immunizations.

- 3.1.1 Conduct research on public awareness and acceptance of adult vaccines (including vaccine financing, vaccine effectiveness, and vaccine safety concerns) among the public, with a focus on racial, ethnic, and economic disparities.<sup>HD, AO</sup>
- 3.1.2 Conduct research on effective messaging and outreach strategies (e.g., social media) for different adult subpopulations to inform communication efforts.<sup>M,</sup>
- 3.1.3 Develop and implement accessible and culturally and linguistically appropriate communications and outreach strategies in multiple formats for people with disabilities including those who are deaf or hard of hearing, people with limited English proficiency, people with cognitive limitations, and people who do not use traditional media.
- 3.1.4 Increase the public's understanding of the presence and role of vaccine safety monitoring systems and the meaning of reported data and how it is used to assess vaccine safety.<sup>HD, HE</sup>

### Goal 3: Increase Community Demand for Adult Immunizations

Objective 3.2:

Educate and encourage *health care providers* to recommend and/or deliver adult vaccinations.

- 3.2.1 Encourage all providers, including providers in complementary settings, to implement the NVAC Standards for Adult Immunization Practice, which includes assessing patients' vaccination status at every clinical encounter, strongly recommending needed immunizations, and either administering vaccines (including documentation in an IIS) or referring patients to others who administer vaccinations.<sup>M, HD, FG, HE, AO</sup>
- 3.2.2 Encourage health care providers to request immunization records from patients to support vaccination status assessment and recommendations.
- 3.2.3 Encourage the incorporation of adult vaccine education into the training of health care providers (e.g., medical, nursing, and pharmacist education curricula; postgraduate training, certification, and board examinations; and required continuing education credits).
- 3.2.4 Encourage integration of vaccination into the provision of other adult preventive services and chronic disease management.

### Goal 3: Increase Community Demand for Adult Immunizations

Objective 3.3:

Educate and encourage *other groups* (e.g., community and faith-based groups) to promote the importance of adult immunization.

- 3.3.1 Engage community leaders in reaching the public with information about the importance of adult vaccination.<sup>M</sup>
- 3.3.2 Encourage the development of adult immunization champions across all sectors.<sup>HD, FG, HE, AO</sup>

#### Goal 4: Foster Innovation in Adult Vaccine Development and Vaccination-Related Technologies

Objective 4.1:

Develop new vaccines and improve the effectiveness of existing vaccines for adults.

- 4.1.1 Encourage ongoing efforts to develop and license new and improved vaccines, including support for research, development, and licensure of vaccines; improved effectiveness; and longer duration of immunity. Ensure progress in these areas does not compromise the effectiveness of vaccines or the rigorous, scientific standards used to evaluate vaccines during the approval phase.<sup>M, FG, HE, AO</sup>
- 4.1.6 Evaluate existing and identify new incentives to accelerate vaccine development.<sup>HE</sup>

#### Goal 4: Foster Innovation in Adult Vaccine Development and Vaccination-Related Technologies

Objective 4.2:

Encourage new technologies to improve the distribution, storage, and delivery of adult vaccines.

- 4.2.1 Apply new distribution tools and methods to strengthen the supply chain.<sup>M</sup>
- 4.2.2 Improve the storage and handling of vaccines through the application of new technologies.<sup>M, HD, FG, HE, AO</sup>
- 4.2.3 Support and promote new technologies that improve the administration of vaccines.