ADULT IMMUNIZATION:
SUCCESSFUL PROGRAMS LEADING
THE WAY TO HIGHER RATES

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I. EXECUTIVE SUMMARY
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There are concrete, immediate steps that policymakers, public health officials, and private organizations can take to improve access to and rates of potentially lifesaving immunizations for adults. That was the conclusion reached by a panel of experts convened by The Gerontological Society of America (GSA) on November 7, 2017, which showcased three leading programs from around the country that have found solutions and demonstrated measurable improvement in adult vaccination rates.

In America, more than 40,000 adults die each year from vaccine preventable diseases, according to James C. Appleby, BSPharm, MPH, Executive Director and CEO of GSA, who introduced the discussion. By sharing proven, successful approaches towards increasing adult vaccination rates, the speakers encouraged health systems and policymakers to appreciate the value of investing in local and population-based solutions.

R. Gordon Douglas Jr., M.D., Professor Emeritus of Medicine at Weill Cornell Medical College, and moderator of the event, explained that while vaccines exist to combat many of the most prevalent communicable diseases, there are several evidence-based practices that can be adopted to improve uptake.

Among the highlights of the panel discussion:

• Betty Chewning, Ph.D., Chair in Social & Administrative Sciences at the University of Wisconsin School of Pharmacy, detailed how collaboration between pharmacists and state immunization registries can have a significant impact on immunization rates.

• April Green, Pharm.D., Ambulatory Care Clinical Pharmacist for Population Health at Ochsner Health System, described how a large health system’s renewed commitment to improving adult immunization rates led to a marked increase in vaccinations administered across the system.

• Michael Wofford, Pharm.D., Chief of Pharmacy Policy for the Medi-Cal Pharmacy Benefits Division, explained how California’s Medicaid program has made significant strides by expanding access to all ACIP-recommended adult vaccines in pharmacies.

In discussing the framework for potential solutions, Dr. Douglas stressed the importance of achieving the same level of success for routine adult vaccinations as we expect to achieve for pediatric immunization efforts. One step proposed is to enact the Protecting Seniors Through Immunization Act (H.R. 4297), a newly introduced piece of federal legislation, which was highlighted by Rep. Larry Bucshon (R-IN) in his keynote address. The measure would increase access to the critically important shingles vaccines by authorizing Medicare to cover beneficiaries’ immunizations with no out of pocket costs, which panelists indicated would be vital to reducing barriers to care.
II. FEDERAL LEGISLATION TO INCREASE ADULT VACCINATION RATES
II. FEDERAL LEGISLATION TO INCREASE RATES

Congressman Larry Bucshon (R-IN), a practicing physician and the event’s keynote speaker, highlighted the staggering gap in access to immunizations for adults and outlined a federal legislative solution to increase rates of vaccinations. Fewer than 35 percent of seniors have received the recommended adult vaccines, Dr. Bucshon explained, adding that “unfortunately, vaccine preventable diseases account for over 50,000 deaths a year.”

Shingles, a painful disease that affects nearly one million Americans annually, can be prevented with a shot that is generally not covered by Medicare Part A or B. According to Dr. Bucshon, Congress can take tangible action to increase uptake of adult vaccinations and make them more accessible to Medicare beneficiaries. One out of three Americans will develop shingles during their lifetime, he said, with the risk of developing shingles increasing to a one in two chance for individuals over 80 years of age. Additionally, the Center for Disease Control and Prevention’s Advisory Committee for Immunization Practices recommends that individuals 50 years of age and older get the shingles vaccine, he noted. Despite this apparent need, Medicare does not fully cover older adult’s out-of-pocket cost for immunizations, a key barrier for many patients.

Dr. Bucshon explained that he has introduced legislation, the Protecting Seniors Through Immunization Act (H.R. 4297), “to make it easier for seniors to learn about and get the shingles vaccine, helping prevent needless suffering for millions of American seniors.” Among other things, Dr. Bucshon explained that the bill will ensure that Medicare covers the shingles vaccine with no out of pocket cost, which he hopes will help increase vaccination rates among Medicare beneficiaries.

“According to the CDC, the number of adults developing shingles is on the rise. The great news is that seniors can protect themselves from shingles simply by receiving a vaccine. The bad news is that too few seniors receive the vaccine or don’t even know that it’s an option.”

— Congressman Larry Bucshon
III. ADULT IMMUNIZATION: WHERE ARE WE?
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Vaccines already exist to combat many of the most prevalent communicable diseases, according to R. Gordon Douglas Jr., M.D., Professor Emeritus of Medicine at the Weill Cornell Medical College, although there are several evidence-based practices that could be adopted to improve uptake. He noted that while many new vaccines had been developed during his distinguished career, the health care system is still failing to get them to those in need.

Dr. Douglas used health care professionals to illustrate his point, explaining that “even doctors working with patients every day — who are more likely than any to pick up and spread diseases — are only vaccinated at a 64 percent rate, according to the CDC.” Dr. Douglas highlighted considerations by various health systems that immunization for health care professionals be mandatory with an opt-out option.

While some success has been demonstrated in increasing immunization rates among children, Dr. Douglas warned that there is no guarantee that those processes can be translated to adult immunization. “We do a good job in pediatrics because we have a normal routine of taking care of a child in this country,” he said, adding that “adults don’t have the same series of healthy doctors’ visits.” Dr. Douglas explained that lack of knowledge about vaccines, lack of knowledge about declines in immunity among patients, patient concerns over safety and efficacy, and patient indifference to the threat of disease have all impacted immunization rates. He also clarified that barriers exist within the health care delivery system, and listed lack of provider recommendation, irregular patient use of the health care system, financing confusion, and the simple lack of the capacity to track adult immunizations, as key factors.

Dr. Douglas suggested using The Community Preventive Services Task Force’s *The Community Guide*, which recommends evidence-based strategies to increase immunization rates: reminder-recall systems, mobile vaccination clinics, and immunization information systems. All strategies fit well with other tools for population health management. Partnership with stakeholders in the community and “immunization neighborhood” — as coined by the American Pharmacists Association — was also stressed as an important strategy to increase adult immunization.

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Strategies that work:

- Standing orders for vaccinations
- Reminder-recall systems
- Mobile vaccination clinics
- Immunization information systems

*From The Community Guide*
IV. WISCONSIN: A PARTNERSHIP BETWEEN COMMUNITY PHARMACISTS AND THE IMMUNIZATION REGISTRY
IV. WISCONSIN: A PARTNERSHIP BETWEEN COMMUNITY PHARMACISTS AND THE IMMUNIZATION REGISTRY

Collaboration between pharmacists and state immunization registries has made a significant impact on adult immunization rates, according to Betty Chewning Ph.D., Chair in Social & Administrative Sciences at the University of Wisconsin School of Pharmacy. Dr. Chewning described the partnership between her department and the Wisconsin Immunization Registry (WIR) and the untapped potential of employing community pharmacists to play a heightened role in driving adult immunizations. The WIR — one of the first in the nation, created in 1999 — is a state-wide, internet-based platform with information from all birth records in Wisconsin.

Dr. Chewning described her project, noting that it was conducted during influenza season at a chain pharmacy that screened patients for all eligible vaccines in order to recruit a diverse group of participants. She explained that the pharmacies first identified eligible patients, who were then cross referenced with WIR to determine immunization eligibility. An immunization history handout for each patient was printed directly from WIR, and included guidance on upcoming immunizations that were due. Patients were counseled when they came into the pharmacy for their next prescription, and pharmacists used the handout to explain the importance of recommended vaccines before asking if they would like to receive them that day. Once pharmacists administered any vaccine, they updated the WIR and submitted a claim as they normally would. As a result, vaccination rates jumped 68 percent for influenza and 81 percent for pneumococcal comparing April through December of 2014 and 2015.

Dr. Chewning stressed that the coordination of state databases and local pharmacies is an effective way to enhance the continuity of information sharing and increase vaccination access to the adult population. She indicated that the School of Pharmacy was now looking at ways to reduce the burden on pharmacists and simplify the process for greater uptake. She clarified that the program could be streamlined if pharmacists ask the patient first if they are interested in receiving recommended vaccines at the pharmacy, and have all information and supplies ready for their next visit if they agree. She noted that while most states now employ registries, the major barrier is interoperability between the state, providers, and pharmacies.

Strategies that work:

- Provide pharmacists with access to local immunization information systems
- Create a systematic process for assessing and recommending vaccines to adults
- Report vaccines administered into the local immunization information system
V. LOUISIANA: A HEALTH SYSTEM’S QUEST TO INCREASE ITS IMMUNIZATION RATES
A large health system’s renewed commitment to improving adult immunization rates led to a marked increase in vaccinations administered across the system. That was the message conveyed by April Green, Pharm.D, Ambulatory Care Clinical Pharmacist for Population Health at the Louisiana-based Ochsner Health System. As Dr. Green explained, the process to improve adult immunization rates at Ochsner Health began after Healthy People 2020 published immunization goals much higher than the health system’s rate at the time. The health system challenged itself to do better, and targeted the influenza, pneumococcal, shingles, Tetanus/Tdap, and HPV vaccinations for improved uptake.

In launching this initiative, Ochsner began by tasking nurses with serving as champions for vaccines within each ambulatory care site. Ochsner provided support so that they weren’t overwhelmed with the new assignment. Dr. Green highlighted two areas of improvement Ochsner accomplished, including: (1) bidirectional flow of information between their electronic health records system and the Louisiana Immunization Network for Kids Statewide (LINKS); and (2) updated standing orders. Of note, updated standing orders provided nurses with the authority to vaccinate adults who met certain criteria without needing additional physician orders.

To meet their ambitious goals, Dr. Green explained that regular presentations are given under the direction of a system-wide Vaccine Subcommittee to continuously educate nurses and physicians on proper vaccination practices. The health system has also taken steps to ensure every professional within the Ochsner workforce is up to date on their own vaccinations.

As a result, Dr. Green said Ochsner has seen an increase in adult immunizations administered across the system in clinics and pharmacies, especially in immunization rates for the five targeted vaccines. She noted that patients have shown an increased interest in vaccinations — in particular, pneumonia. Additionally, she noted that employee influenza vaccination rates are over 95 percent and rising, and the health system is currently meeting the Healthy People 2020 shingles goal of 30 percent.

**Strategies that work:**

- Working with leaders to create organizational commitment via resources and systematic communication
- Implementing standing orders
- Providing education to all sites both on vaccine specifics and strategies being implemented
- Providing feedback on goals both as a system and to individual providers
VI. CALIFORNIA: A STATE’S APPROACH TO IMPROVE ACCESS TO IMMUNIZATION
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California’s Medicaid program has made significant strides in increasing adult vaccination rates in pharmacies, explained Michael Wofford, Pharm.D, Chief of Pharmacy Policy for the Medi-Cal Pharmacy Benefits Division. After immunization rates began to diminish around 2010, Dr. Wofford said that the State decided to expand adult vaccine benefits in pharmacies for the state’s fee-for-service (FFS) Medicaid program, and required that all managed care plans (MCPs) do the same. Additionally, state legislation (SB 493) passed in 2014 allowing pharmacists to initiate and administer immunizations to patients three years of age and older if certain training, certification, recordkeeping, and reporting requirements are met.

As Dr. Wofford explained, the program has quickly generated success. As of Spring 2017, he noted that all of the State’s 23 managed care plans offer all adult vaccines as a pharmacy benefit, and California remains one of only a few states to cover all routine adult immunizations as a pharmacy benefit for the Medicaid population.

Wofford highlighted the multiple challenges faced by Medi-Cal in the implementation of their new initiative. He explained that California has over 6,000 pharmacies, which required considerable coordination. He also reported pushback from MCPs, as many had already budgeted vaccinations into medical benefits for the year. Managed care ‘buy in’ is imperative for widespread success.

Wofford stressed the need for public outreach to all involved stakeholders, as many patients still did not know they could receive vaccinations without a co-pay. He reported that California has faced two outbreaks of viral disease since the policy change, and both have been handled smoothly by communicating directly with pharmacies. He indicated that 60,000 vaccinations had been administered since the policy change, although the Department hoped to push that number closer to 100,000 in 2018.

Dr. Wofford noted that the proper resources at the proper times will make all the difference, and asked that state legislatures work to pass laws that support these efforts.

Strategies that work:
• Finding opportunities to increase access to vaccines
• Removing financial barriers to receiving the vaccine
• Communicating frequently with communities and stakeholders about changes and goals
VII. KEY QUESTIONS AND PANEL DISCUSSION
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Q: How effectively are we reaching lower income patients, including those with cultural or language barriers to receiving vaccines?

A: CDC reports that disparities in adult vaccination rates exist for both income and ethnic and racial disparities. This would suggest that we need to do more to reach lower income patients and those with cultural barriers. Pharmacies are one potential avenue for increasing access. There are efforts to encourage pharmacies to reach out and serve homeless, disabled, and other vulnerable groups.

Q: Is there adequate interoperability between electronic health records (EHR) in different health systems in order to better share patient vaccination information?

A: Additional work is needed to increase the amount of interoperability between local providers, state immunization information systems, and EHRs. Inter-state communication and inter-EHR communication, particularly with pharmacies, would greatly help patients and providers to be able to access their immunization records.

Q: According to the National Minority Quality Forum, there are barriers that prevent minority groups from receiving immunizations, how do we overcome this?

A: While some innovative efforts are underway to address the needs of culturally diverse Americans, tailoring communications to reflect cultural norms takes work. There is much opportunity to refine our approaches to minority groups.
VIII. CONCLUSIONS AND CALL TO ACTION
VIII. CONCLUSIONS AND A CALL TO ACTION

Both presenters and attendees emerged from the briefing with a greater appreciation for both the challenge, and the promise, of efforts currently underway to improve the nation's health through an enhanced commitment to adult vaccinations. The potential for new scientific discovery can only be achieved if it is matched by an equal level of creativity and effectiveness at engaging patients, providers, and the country at-large — from the community level to the national. Moreover, the following consensus take-away's from the panel herald a compelling call to action:

• In addition to educating health care providers on vaccine implementation standards, there is a need to increase vaccination rates among health care providers themselves.
• Developing and implementing systems to track patient information is key to successfully increasing adult vaccination rates.
• An effective means of vaccinating some reluctant older adults is to provide education to caregivers and family members to surround the patient with consistent messaging.
• Pharmacies can play an important role to expand vaccination rates by partnering with registries.
• Government programs that reduce out-of-pocket cost are an important driver of adult vaccine uptake.
IX. KEY TAKEAWAYS AND STRATEGIES THAT WORK

Dr. R. Gordon Douglas Jr.
- Standing orders for vaccinations
- Reminder recalls
- Mobile vaccination clinics
- Creating a framework for approaching patients

Dr. Betty Chewning
- Providing pharmacists with access to local immunization information systems
- Creating a systematic process for assessing and recommending vaccines to adults
- Reporting vaccines administered into local immunization information systems

Dr. April Green
- Working with leaders to create organizational commitment via resources and systematic communication
- Implementing standing orders
- Providing education to all sites both on vaccine specifics and strategies being implemented
- Providing feedback on goals both as a system and to individual providers

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- Communicating frequently with communities and stakeholders about changes and goals