Objectives

- Overview of the reason for the NAVP
- Discuss proceedings of the NAVP April 2012 Scientific Summit
  - Process
  - Presentations from the roundtables
- Summary of Key Drivers
- Next Steps
True or False

1. The public understands why they should be vaccinated
2. The public thinks vaccines are safe and effective
3. If vaccines were free, people would get vaccinated
4. A scientific argument is compelling to create a broad-based demand for vaccines
5. In the US, most adults get vaccinated with the recommended vaccines

Introduction

- Adult Healthy People 2020 goals for vaccination set
  - Ambitious
  - Did not meet less ambitious Healthy People 2010 goals
- Convened the NAVP to develop a national approach to meet these goals
The Vaccination Gap

<table>
<thead>
<tr>
<th>Objective</th>
<th>Baseline Data</th>
<th>Healthy People 2020 Goals</th>
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</thead>
<tbody>
<tr>
<td><strong>INFLUENZA</strong></td>
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<tr>
<td>Adults 18 to 64 years</td>
<td>25% in 2008</td>
<td>80%</td>
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<tr>
<td>High-risk adults 18 to 64 years</td>
<td>39% in 2008</td>
<td>90%</td>
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<tr>
<td>High-risk adults 65 years and older</td>
<td>67% in 2008</td>
<td>90%</td>
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<tr>
<td>Institutionalized adults 18 years +</td>
<td>62% in 2006</td>
<td>90%</td>
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<tr>
<td>Health care personnel</td>
<td>45% in 2008</td>
<td>90%</td>
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<tr>
<td><strong>PNEUMOCOCCAL VACCINE</strong></td>
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<tr>
<td>Adults aged 65 years +</td>
<td>60% in 2008</td>
<td>90%</td>
</tr>
<tr>
<td>High risk adults 18 to 64 years</td>
<td>17% in 2008</td>
<td>60%</td>
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<tr>
<td>Institutionalized adults</td>
<td>66% in 2006</td>
<td>90%</td>
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<tr>
<td><strong>HERPES ZOSTER VACCINE</strong></td>
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<td>Adults 60 years +</td>
<td>7% in 2008</td>
<td>30%</td>
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<td>OTHER vaccines: Tdap, HPV, hepatitis, MMR, meningococcal</td>
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Accessed March 2, 2012

GSA National Adult Vaccination Program

- National campaign to address policy, improve adult immunization rates, and deliver sustainable change
  - Pull through essential health benefits of the ACA
  - Link important existing campaigns, initiatives, and relevant legislation and policies
  - Deploy drivers of high pediatric vaccination rates missing for adults
    - No medical home – no clear schedule – <50% of states require tracking
    - Diffuse promising policy practices from states such as Michigan that have implemented successful adult initiatives
- National Adult Vaccination Program Summit
  - April 25-26, 2012
- Supported by GlaxoSmithKline
# NAVP Workgroup Membership

<table>
<thead>
<tr>
<th>Workgroup Member</th>
<th>Affiliation* and Organization† Represented</th>
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<tbody>
<tr>
<td>R. Gordon Douglas, MD, NAVP Workgroup</td>
<td>Weill Cornell Medical College*</td>
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<tr>
<td>Chairperson</td>
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<tr>
<td>Paul Etkind, DrPH, MPH</td>
<td>National Association of County and City Health Officials**†</td>
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<tr>
<td>Stefan Gravenstein, MD, MPH</td>
<td>Warren Alpert Medical School of Brown University*</td>
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<tr>
<td>NAVP Project Director</td>
<td>The Gerontological Society of America†</td>
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<td>Healthcentric Advisors*</td>
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<tr>
<td>Walter A. Orenstein, MD</td>
<td>Emory University School of Medicine*</td>
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<td>Emory Vaccine Center**†</td>
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<tr>
<td>Barbara Resnick, PhD, RN, CRNP</td>
<td>University of Maryland School of Nursing and School of Medicine*</td>
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<td>American Geriatrics Society†</td>
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<td>The Gerontological Society of America†</td>
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<tr>
<td>William Schaffner, MD</td>
<td>Vanderbilt University School of Medicine*</td>
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<td>The Edward Jenner Society†</td>
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# Stakeholder Organizations

![Stakeholder Organizations](image)
NAVP April 2012 Summit Highlights

• Current State of Adult Vaccination Policy
  – Gregory Poland, MD, Director, Vaccine Research Group, Mayo Clinic

• Adult Vaccination Policy Barriers and Evidence-Based Solutions
  – Joseph Fortuna, MD, Vice Chair, Michigan Primary Care Consortium
  – Litjen (LJ) Tan, PhD, Director, Medicine and Public Health, American Medical Association

• Working Roundtables: Delivering Sustainable Change at the System, Insurer/Provider, and Patient Levels Using Brain Maps

• Roundtable Reports and Open Discussion

• Summary and Next Steps

What’s the Problem?

• We have no overarching metanarrative
  – No tactical plan
  – No reliance on the science of motivation and change
  – No leadership

• We have relied on the science of immunology and virology, but that does not motivate change
  – Misinformation has been more powerful than science

• We do not have political demand, or political understanding of the socioeconomic impact

• Pediatric vaccines have been successful, with mandatory vaccination to enter schools
  – No similar mandate for adult vaccination
Why Is Misinformation So Persuasive?

- Cultural biases
- Untruths misconstrued as fact
- Populist messaging by famous people
  - Sensationalist news
- The movement to vaccinate keeps doing the same thing, and getting the same results
  - Like eating soup with a fork
- The people who don’t get vaccinated have already made up their minds about whether they will accept such an offer even before we offer the vaccine
Goal: Universal Vaccine Coverage for All Ages

- Spend nearly $10,000,000 each year to develop programs for increasing vaccination rates in adults
- Neither innovative nor successful, like eating soup with a fork
- Should be feasible given our technology and knowledge yet they also create barriers
- Adult immunization in US about as good as in developing countries
Childhood Immunization: Why It Works

- Political leaders champion it for funding
- Childhood immunization registries: tracking
- Pharmaceutical industry produces enough
- CDC devotes hundreds of employees to childhood immunization activities
- Childhood advocacy groups
- Vaccines are part of the pediatric culture

NAVP: Highlights of April 2012 Summit

- Keynotes
- Working Roundtables: Delivering Sustainable Change at the System, Insurer, Provider, and Patient Levels: Mind Mapping
- Roundtable Reports and Open Discussion
- Establish a call-to-action framework based on Summit findings
  - A foundation for a 2013 invitational conference on improving vaccination rates for adults to showcase promising and best practices from across the nation
How We Did It: Mind Mapping

- Exercise to identify the highest-priority action needed to impact an outcome, and create an action plan to address that outcome
- NAVP Summit participants worked in groups of roundtables on the following priorities:
  - System / Framework / Process
  - Providers / Insurer
  - Patient / Caregiver
- Used “SMART” goal principles: Specific, Measurable, Attainable, Relevant, Timely

Mind Mapping Activity

- Mind mapping process in each working roundtable:
  - Brainstorm ideas
  - Group similar ideas
  - Create categories
  - Map categories to establish the interrelationships
  - Identify priority recommendation and related action plan
Mind Mapping Activity

- Reconvene for roundtables to report priority and action plan to entirety of NAVP Summit
- Full group discussion of key drivers, priorities, and next steps
- Results useful to inform future work
  - Action plan
  - Meeting agendas
  - White papers

RESULTS: System / Framework / Process Priorities

- Create a culture supportive of adult immunizations
  - Engage social science, anthropology experts, and consumers (Identify intergenerational strategies)
  - Instill desire in and demand by consumers for adult immunizations (Mandate immunizations; understand /address consumer beliefs, perceptions, attitudes; identify and tap into trusted sources)
  - Explore broadening the definition of immunizers (Educate nontraditional providers to deliver vaccines: implement scope of practice policy changes)
RESULTS: System / Framework / Process Priorities

• Create a culture supportive of adult immunizations (continued)
  – Engage providers as advocates (Establish positive and negative incentives; assess/address HCW’s perceptions regarding vaccines; identify champions in each office and all settings; add immunization education into all health professions as education requirement)
  – Develop and communicate positive messaging regarding adult immunization that creates a positive value proposition (Identify a national advocate; identify and communicate stories and storyteller)

RESULTS: Provider / Insurer Priority

• Provide national leadership through education, quality improvement, and wellness visits
  – Increase accountability by payers and providers (Create mechanisms for reporting; identify and empower a coordinating entity for national effort with sustainable support)
  – Build consensus (Convene stakeholders; develop statements/messages; improve payer reimbursement—business case, cost assessment of vaccine delivery, and cost avoidance)
  – Support provider ability to implement adult immunization services (Make tools and resources available and disseminate them)
RESULTS: Patient / Caregiver (Driver 1)

• Expand policies and mandates to promote adult immunizations
  – Advocate for Part D rebate $ paid by adult vaccine manufacturers to subsidize adults to be immunized (through direct payment or tax credits) (Engage, build, and mobilize a coalition to lobby CMS; create and implement a grassroots campaign; engage in 1:1 education with key legislators—call CMS)
  – Any person who receives federal or state services must receive all up-to-date vaccinations

• Expand policies and mandates (continued)
  – Require employers with more than 50 employees to have a vaccination policy (Incorporate immunizations into new employee training; require immunization of all employees working at a facility providing health care services; develop a report card system for employers)
  – Create Healthcare Effectiveness Data and Information Set (HEDIS) measures for all adult immunizations (Have outside audits of immunization records and compare performance of different practices, departments, and facilities)
RESULTS: Patient / Caregiver (Driver 1)

- Expand policies and mandates (continued)
  - Require providers to report all adult vaccinations into their state registry (Rebates for looking at patient registry and vaccination on time; ensure immunization registries include adult vaccines; make immunization query part of health recommendations; develop reimbursement code to ask patients about vaccinations as required by their registry)
  - Develop a national standard for college entry vaccination requirements (Enforce a full adult schedule as a requirement for entry; work with Council of State and Territorial Epidemiologists to develop standard)

- Expand policies and mandates (continued)
  - Expand the scope of practice for practitioners able to order and administer immunizations (Change state regulations on practice; lobby professional societies to get buy-in; have practitioners lobby their boards to change licensure requirements to administer; enlist other providers such as dentists, podiatrists, mental health workers, EMS workers, etc.)
  - Seek policy input periodically from patients, caregivers, and providers (Community advisory boards/focus groups; engage Google; ask patients what stops them from getting immunized to help craft messaging)
RESULTS: Patient / Caregiver (Driver 2)

- Incentivize providers to immunize
  - Implement financial incentives (P4P; increase payment; subsidize immunization information system—IIS)
  - Implement educational incentives (Create QI module for maintenance certification on professional boards; free CE and peer2peer detailing via professional associations, foundations, pharma, educational institutions)
  - Implement intangible incentives via better efficiency and recognition (Highlight vaccine info on patient medical record; maximize use of IIS; recognition programs; awards from respected sources including media; free best practices toolkit from setting and institution experts)

Outcomes and Next Steps

- Summit findings published in a peer-reviewed journal
- Presentation today
- National Academy on an Aging Society Public Policy & Aging Report
- Expand efforts to collaborate and connect with other national projects/initiatives such as NAIS
1. People will feel compelled to get vaccinated if good science says it is best for them.

2. If vaccine is mandated for adults (or health care workers) as it is for children, adults would be vaccinated.

3. A well-known vaccination champion can help develop a national message that can improve adult vaccination.

4. Presently, developing countries’ adult vaccination programs are as successful as that of the US.

5. Increasing the types of providers who can vaccinate will improve vaccine uptake.
Summary

• The US has a long way to go to meet the Healthy People 2020 goals
• A national strategy is emerging that could unify the approach to improving vaccine uptake
  – Broadening the types of training and certification permitting vaccination (dentists, podiatrists, pharmacists)
  – Mandating vaccines (such as for health care workers, college entry)
  – Developing a unifying message
  – Identifying a champion (social and political) to increase awareness and develop a culture supportive of adult vaccination
  – Improving payment and recognition for good performance in adult vaccination
  – Developing IIS infrastructure to document and track vaccine uptake

Role of Local Health Departments in Adult Vaccination

Rebecca Gehring, MPH
National Association of County and City Health Officials (NACCHO)
GSA National Conference, San Diego
November 16, 2012
Role of Local Health Departments

- Clarify the medical home and medical neighborhood concepts with community and medical leaders
- Contract with insurance companies to receive reimbursement for adult vaccinations not covered by 317
- Partner with community organizations to reduce racial and health disparities
- Promote vaccinations through community leaders and provide education to the community
- Provide advice and guidance for healthcare practices and institutions about adult vaccination policies and procedures
- Work with community partners such as faith-based and grassroots organizations to help dispel vaccine myths

Stories from the Field

- **Grant County Health District, WA:** Multiple clinics have started to offer free Tdap vaccines for uninsured adults in the county who have close contact with young children and infants
- **Thurston County Public Health, WA:** Over the last two years, the LHD relied 100% on their Medical Reserve Corps volunteers to staff vaccination clinics. Due to limited staff, the same LHD members are responsible for running the clinics
- **Jefferson County Public Health Department, CO:** The LHD used signs to repeat messages with referral information to help lower the public’s expectations of the clinic compared to it before
- **Homer and Soldotna Public Health, AK:** Dispelling rumors about vaccines related to a chickenpox outbreak
Local Health Department Barriers

- 317 Restrictions
- Budget Cuts Affecting Programs and Staff
- Health Inequity within Communities
- Shifting Landscape due to ACA Implementation
- Vaccine Misconceptions and Mistrust
- Varying Billing Capacity

NACCHO Resources

- [www.NACCHO.org](http://www.NACCHO.org)
- NACCHO Model Practices
- NACCHO Policy Statements
- NACCHO Toolbox
  - Immunization Toolkit
  - Billing Toolkit
  - Influenza Toolkit
  - Infectious Disease Prevention and Control Toolkit
- NACCHO’s Adult Hepatitis B Virus (HBV) Vaccination: An Implementation Guide for Local Public Health
OPEN DISCUSSION