

**National Vaccine Advisory Committee Adult Immunization Working Group**  
**Implementation Plan for Recommendations for Federal Adult Immunization**  
**Programs regarding Immunization Delivery, Assessment, Research, and Safety**  
**Monitoring**

The draft recommendations below were developed by the National Vaccine Advisory Committee (NVAC) Adult Immunization Working Group. They were subsequently reviewed and approved by the NVAC. The final recommendations were then formally transmitted to the Assistant Secretary for Health, who will review and consider them for potential implementation options. NVAC has suggested some implementation options below.

**1-Assess Adult Immunization Coverage**

- Assess coverage of U.S. adults:
  - NVAC recommends increased resources be made available by HHS for national and state-based adult immunization data collection and dissemination, which include adequate sample sizes in relevant surveys, and permitting analyses by region, demographic, and behavioral characteristics of a variety of populations. This effort should target more complete collection of data, and more timely analysis and dissemination of data.
  
- Assess coverage of U.S. adults served with federal-funding:

- NVAC recommends CMS regularly assess immunization uptake for adults in the Medicare and Medicaid programs through claims and survey data, as supplements to CDC surveys.
- NVAC recommends appropriate HHS agencies (e.g., AHRQ, CDC, HRSA) and the Departments of Defense and Veterans Affairs review how best they can collect data regularly about vaccination rates and practices for adults cared for within their public health care settings to meet or exceed the Healthy People 2010 (and later Healthy People 2020) adult immunization objectives:
  - HRSA could use existing and planned program surveys to collect data about adult immunization rates, starting with the pending Health Center Patient Survey, which is likely to include data on influenza and pneumococcal vaccinations. Using Healthy People 2010, and later 2020, targets, this information will help HRSA to assess how well programs are providing adult immunizations.
  - These agencies and Departments could develop and disseminate standard evaluation clinical assessment tools to clinics funded in whole or in part by them, to evaluate adult immunization programs. CDC's Comprehensive Clinic Assessment Software Application (CoCASA) provides a readily available assessment tool for this purpose.

- Implementation Approach:

- *By July, 2010, the ASH, with NVPO and NVAC, will meet with AHRQ, CDC, CMS, and HRSA, and Departments of Defense and Veterans Affairs staff regarding*
  - *Options for determining better, regular, and more timely national and state-based immunization estimates from a variety of sources, including the National Immunization Survey, the Behavioral Risk Factor Surveillance System, the National Health Interview Survey, the Current Medicare Beneficiary Survey, Health Center Patient Survey and other survey instruments as available;*
  - *Dissemination of standard evaluation clinical assessment tools, and assessment of their use in grantee and client clinical settings, such as CDC's CoCASA.*

**2-Support Health Services Research** to answer key adult immunization related questions:

- NVAC recommends HHS agencies review how they can conduct health services research with the goal of increasing adult immunization rates. Such research should include evaluation of barriers to immunization, particularly for racial and ethnic minority groups and health care personnel. It would also include an assessment of 1) why evidence-based strategies to raise adult immunization coverage have not been more widely adopted, and 2) the appropriate role of policy initiatives, including mandatory vaccination for health care personnel. Agencies should examine settings

under their purview: e.g. CDC – state and local health departments, HRSA – community health centers. Information should be solicited using innovative techniques, such as new social media and the internet.

### **3-Include Adult Immunization in State and selected City Public Health Grantees and other Federal Clinic Sites**

- NVAC recommends CDC and HRSA
  - revise their funding guidance for states, territories, select cities, and community health centers to require adult immunization activities.
  - require all funded entities (e.g., CDC immunization grantees, HRSA Federally qualified health centers) they oversee to adopt and implement the ACIP recommendations for routine adult immunization.
  - devote resources for inclusion of immunization records for adults into Immunization Information Systems (IIS), and in electronic health records.
  - work with the Office of the National Coordinator for Health Information Technology to establish electronic medical record systems' certification include interfaces with IIS.
  - support a full time adult immunization coordinator at each CDC immunization grantee site.
- NVAC recommends the Department of Veterans Affairs Health Care System (VA) enhance its electronic medical records system to provide easy access to a comprehensive IIS functionality for all vaccines delivered to patients in the VA system.

This effort would include compatibility and sharing of information with relevant state IIS.

- Implementation Approach for Items 2 and 3:

- *By January, 2010, the ASH will write to CDC, HRSA, and the VA, and suggest options for requiring their relevant constituents to*
  - *Implement adult immunization program and outreach activities, using proven strategies*
  - *Assess barriers to implementing such strategies*
  - *Implement integration of local and clinic electronic medical record and immunization information systems with state systems.*

#### **4-Update Federal Guidance on Adult Immunization**

- NVAC recommends NVPO revise the guidance from 2000 on use of alternative vaccination sites. New areas of emphasis will include use of IIS for recordkeeping. Travel medicine clinics will be included as alternative sites for routine adult immunization.
- Implementation Approach:
  - *NVPO staff has begun this revision, which will be completed by December, 2009.*

#### **5-Support Quality Assessment and Quality Improvement of Adult and Health Care Worker Immunization Service Delivery**

- NVAC recommends HHS agencies and the VA Health Care System review approaches to implement:
  - Embarking on system-wide quality improvement initiatives to meet or exceed the Healthy People 2010 (and later Healthy People 2020) goals for adult immunizations in all of their funded agencies and sites. These initiatives should include
    - promulgating clinical guidance for all ACIP-recommended vaccines for adults as a standard of practice in all appropriate settings, and using the pending Healthy People 2020 targets and/or the National Vaccine Plan targets as program goals;
    - recommending uniform and routine use of evidence-based strategies to raise vaccination rates such as standing orders, reminder-recall, expanding access, assessment-feedback, pay for performance, and combination strategies including education of providers and patients.
- Implementation Approach:
  - *By January, 2010 (if the HealthyPeople 2020 objectives are available before then), the ASH will write to the relevant agencies recommending activities as listed above, as well as incremental targets to reach the HealthyPeople 2020 immunization and vaccine-preventable disease reduction objectives.*

## **6-Identify Meaningful Incentives**

- NVAC recommends CMS require institutions receiving Medicare payments to follow the Joint Commission on Accreditation of Healthcare Organizations performance standards which include offering annual influenza vaccination to all health care personnel, reporting annual vaccination rates, and conducting vigorous promotional campaigns to increase vaccine acceptance. The annual vaccination rates should be posted at the Nursing Home Compare Medicare website.
- NVAC recommends CMS work with groups that develop performance measures to enhance its Physician Quality Reporting Improvement measures, such as adding measures for
  - pneumococcal and hepatitis B vaccination for end state renal disease patients,
  - Zoster vaccination for all Medicare-eligible persons 60 years and older, without contraindications to vaccination,
  - Tetanus-diphtheria toxoids at ten year intervals for all Medicare patients, including administration of a single Tdap for those <65 years, and Td for those  $\geq 65$  years.

## **7-Secure Adequate Federal Funding of Adult Immunization**

- NVAC recommends CMS survey Medicaid programs to
  - Assess if all ACIP-recommended vaccines for adults are included in each state Medicaid Program's formulary of covered vaccines;

- Inform future work of the NVAC Financing Working Group regarding reimbursement for vaccine and vaccine administration.
- NVAC recommends that all preventive vaccines be included in Medicare part B.
- Implementation Approach:
  - *By January, 2010, the ASH will meet with CMS to discuss these proposed assessment and changes in vaccine financing.*

### **8-Outreach to Promote Adult Immunization**

- NVAC recommends all HHS agencies, particularly CDC, CMS, and FDA, implement appropriate and regular evaluation of their provider and public outreach campaigns and tools.
- NVAC recommends appropriate offices and agencies in the Department develop a comprehensive website for adult immunization, including disease burden information, vaccination coverage data, evidence-based strategies to improve adult vaccination rates in a variety of settings, promotional materials, all of which could be packaged as a “toolkit” to assist providers in improving adult vaccination rates.
- Implementation Approach:
  - *By February, 2010, the ASH, and/or NVPO and NVAC, will discuss initially with ASPA and CDC their current outreach evaluation activities, and how these can be enhanced, as well as approaches to a common website.*

*Discussions will include provider and public outreach, separately or together*

*as agreed upon. Other HHS agencies will join discussion after initial approaches identified.*

### **9- Improve Vaccine Safety Monitoring for Adults**

- NVAC recommends CDC and FDA review and implement approaches to improving health care providers' awareness of, and reporting to, the Vaccine Adverse Event Reporting System (VAERS), including health care providers who primarily see adult patients.
- NVAC recommends HRSA review and implement approaches for improving the awareness of, and information to, health care providers who primarily see adult patients about the National Vaccine Injury Compensation Program.
- Implementation Approach:
  - *These activities are part of the draft strategic National Vaccine Plan. By March, 2010, the ASH, with NVPO and NVAC, will review these activities in the context of the influenza A/H1N1 vaccine safety activities already planned or underway, with CDC, FDA, and HRSA to assess what more can be done.*