

NVAC Adult Immunization Working Group Recommendations Draft Implementation Plan

September 15, 2009

Raymond A. Strikas, MD

National Vaccine Program Office

Department of Health and Human Services



NVAC Adult Immunization Working Group Mission Statement

- To assess public health adult immunization activities in HHS programs, identify gaps, and recommend improvements, particularly in program implementation, coordination, evaluation and collaboration across agencies, that will lead to improved vaccination uptake in adults in these programs.



Recommendations' Format

- Once approved by the NVAC, the final recommendations were formally transmitted to the Assistant Secretary for Health, who will determine implementation options and next steps.
- For simplicity, the recommendations are worded as if from NVAC to the relevant agency or Department.



Recommendations: Category 1

- **Assess Adult Immunization Coverage**
 - Increased resources for national and state-based adult immunization data collection and dissemination, ... include adequate sample sizes ... permitting analyses by region, demographic, and behavioral characteristics ...
 - Agencies: CMS, CDC, AHRQ, HRSA, Depts of Defense, Veterans Affairs
 - **Implementation:** 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 ...
 - Dissemination of standard evaluation clinical assessment tools, and assessment of their use in grantee and client clinical settings, such as CDC's CoCASA.



Recommendations: Category 2

- **Support Health Services Research to answer key adult immunization related questions**
 - HHS agencies [should] review how to ... 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....
 - 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.



Recommendations: Category 3

- Include Adult Immunization in State, ... City Public Health Grantees, other Federal Clinic Sites
 - CDC and HRSA [should]
 - revise their funding guidance ... to require adult immunization activities... and implement ACIP recommendations.
 - devote resources for inclusion of... adults into Immunization Information Systems (IIS), and in electronic health records (also includes the VA)
 - 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.
- **Implementation for #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.



Recommendations: Category 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:** NVPO staff have begun revision



Recommendations: Category 5

- **Support Quality Assessment and Quality Improvement of Adult and Health Care Worker Immunization Service Delivery**
 - 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 ...goals ...
 - **Implementation:** 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.



Recommendations: Category 6

- **Identify Meaningful Incentives**

- CMS [should] require as a condition of participation for institutions receiving Medicare payments ... to offer annual influenza vaccination to all health care personnel, report annual vaccination rates, and undertake vigorous promotional campaigns to increase vaccine acceptance...
- CMS [should] 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 ... ,
 - 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 ≥ 65 years.



Recommendations: Category 7

- **Secure Adequate Federal Funding of Adult Immunization**
 - CMS [should] 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 all preventive vaccines be included in Medicare part B.
- **Implementation for #6 and #7:** By January, 2010, the ASH will meet with CMS to discuss these proposed assessment and changes in vaccine financing.



Recommendations: Category 8

- **Outreach to Promote Adult Immunization**
 - All [relevant] HHS agencies [should] ...implement appropriate and regular evaluation of their provider and public outreach campaigns and tools.
 - Appropriate offices and agencies in [HHS should] 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 ...
- **Implementation:** 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.



Recommendations: Category 9

- **Improve Vaccine Safety Monitoring for Adults**
 - CDC and FDA [should] review and implement approaches to improving health care providers' [who primarily see adult patients] awareness of, and reporting to, the Vaccine Adverse Event Reporting System (VAERS) ...
 - HRSA [should] 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:** 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.



Next Steps

- Discuss and refine implementation recommendations with the Committee
- Discussion of broader adult immunization issues, and how to partner with NVAC Financing Working Group

