2007 National Immunization Congress

Adult and Adolescent Immunization Summary

February 28 – March 1, 2007

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EXECUTIVE SUMMARY

This report represents a *work in progress.* It is a review of the reasons why an Immunization Congress was convened in 2007, what the working groups of the Congress produced during their discussions and how public and private sector adolescent and adult immunization leaders will work together to ensure that these groups are appropriately and adequately immunized against vaccine-preventable disease.

Key to the future that Immunization Congress participants envision is the formation of six problem-solving Task Forces. These Task Forces will be led by adolescent/adult immunization experts and involve knowledgeable people from stakeholder groups. They will be supported by resources and staff of the American Medical Association who will facilitate progress on the targets selected at the Congress. Regular progress updates will be provided by the AMA to all Congress participants. The six Task Forces will address the following issues.

Expand Section 317 Funding to Support Adult Immunization

The rationale for this Task Force is that the infrastructure for providing immunization services to adults is underdeveloped, weak and under-funded. In particular, the infrastructure should include champions at national and state levels to promote adult vaccination, standardized vaccination prompts, vaccination promotion programs, and registries that allow for interstate information sharing. Vaccine purchase may be a component of 317 funding needs, but is not more important than other aspects of infrastructure development.

The Task Force charge is to:

- Develop the outline and a plan to secure an adult 'set aside' or 'earmark' within the 317 Immunization funding program to support the development of an infrastructure for adult vaccination and purchase adult vaccines.
- Assure that the plan allows for flexible state choice in how funds would best be used

Develop Better Data on Public and Private Provider Costs of Immunization

The rationale for this Task Force is that public clinics of many types provide care for adolescents and adults who do not have a medical home, or who seek specialized care within a clinic setting (e.g., HIV/AIDS testing). Immunization services can be added to those already rendered. For adults who seek care in private clinical practices, this is an opportunity for immunization for seasonal influenza, and for non-seasonal adult vaccines. Though costs to develop and manage an adult immunization within public or private clinical practices are largely undocumented, but reimbursements are viewed as being far too low to recoup the costs involved. Insurers have indicated a willingness to reimburse physicians at higher levels if the need can be documented.

The Task Force charge is to:

- Build on the work of AAP, and work with AAFP and ACP to develop and validate a methodology to determine the costs of administering vaccines to adults in public and private sector clinical practices.
- Collect the information to support funding needs from public and private sector payers.

- Assure that higher costs related to promotion of immunization to adolescents and adults are included, and that start-up costs for adult-care providers who do not already administer vaccinations and may wish to do so are considered, as well.
- Develop a plan for meeting with insurers and employers concerning coverage and reimbursement.
- Address with AAP the viability of pediatricians immunizing adult family members when they accompany children on visits, and seek reimbursement for that from insurers.

Solve Adult Immunization System Problems

The rationale for this Task Force is that adult immunization is very different than pediatric immunization and the model that has been successful in pediatrics cannot be applied to adults. For example, at this time immunizations are by-and-large not age based but rather risk based, and immunization services are not currently delivered mainly in physician offices or public clinics but at worksites, emergency departments, pharmacies, senior centers, health fairs, LTC facilities and colleges. Patients span a greater age and have more disease conditions. As a result, there is a need for a good description of adult immunization on a vaccine basis, site basis and patient basis. Conducting this analysis will allow the immunization community to more easily create immunization programs which are efficient, coordinated and non-duplicative.

The Task Force charge is to:

- Develop a simple, clear age-based adult immunization schedule that can be widely published, including with postings in exam rooms in physician offices and clinics.
- Develop simplified messages about who should receive immunizations, and develop a plan for promoting those messages.
- Develop a list of all the possible sites where immunization can be administered to adults and list the changes that would be necessary to optimize immunizations in those settings.
- Develop site-specific immunization protocols.

Develop a ‘Straw Man’ Proposal for a *Vaccines for Uninsured Adults* Program

The rationale for this Task force is that studies have demonstrated that the cost of vaccines is a barrier to uninsured adults receiving them. Adolescents are covered under the Vaccines for Children program, up to age 19, but uninsured adults are not currently covered through any program and even Medicaid considers immunization an optional benefit.

The Task Force charge is to:

- Develop a plan to purchase vaccines and provide immunizations to uninsured adults.
- Vet the plan with stakeholders and determine their willingness to support the required legislative effort to secure a VFUA program.

Improve Adolescent Access.

The rationale for this Task Force is that adolescent care is distinct from both pediatric and adult care, and so requires a different immunization approach. Adolescents are less likely to have a medical home. They are more likely to visit clinics in which parental consent is not required, most states are allow adolescents to seek care for pregnancy and STD conditions without consent and yet the same freedom may not be possible for vaccines.

The Task Force charge is to:

- Define the ways in which care for adolescents differs from care for children or adults.
- Use that description to define the various alternative methods and sites for reaching adolescents with vaccines, and address the issues (such as consent) which may be barriers.

Identify and Implement 'Quick Wins'

The rationale for this Task Force is that there are a variety of short-term, low-cost, simple projects that can improve adult immunization, including:

- Developing vouchers for immunization, provided by payers (including Medicare), and (potentially) coupled with premium adjustments for adults who are vaccinated.
- Developing and publishing case studies of successes, as well as missed opportunities, to draw attention to practices that can be improved or should be changed.
- Soliciting and publishing information concerning tools for securing efficient immunization, coverage and reimbursement.
- Developing office-based protocols and practices to facilitate and simplify immunization.
- Developing a list of current prevention platforms (e.g., the 'age 50' exam and 'fit to work' requirements), and assuring that immunization is added to those platforms.
- Arranging for intra- and inter-professional dialogues among physicians, nurses and pharmacists to address concerns and opportunities about vaccination for themselves and their patients.
- Creating talking points for media to simplify messages and make them common to all who communicate.
- Partnering with state legislative groups to raise immunization awareness.

The Task Force charge is to:

- Develop and publish a list of quick wins to improve adult immunization.
- Contact the relevant stakeholder groups to encourage them to adopt one or more of these approaches.
- Track and publish progress on these items.

ADOLESCENT AND ADULT IMMUNIZATION BACKGROUND

The benefits of immunization are clear: It is one of the top public health interventions of our time, with ever-increasing promise for better and longer life. Immunization has been credited with tremendously reduced mortality and morbidity. Vaccine-preventable deaths (VPD) among children have been dramatically reduced, and some diseases that cause VPDs are close to eradication. Vaccines also save money. This is good news for children.

Yet, the news for adults is not as good. Far too many adults die, or are hospitalized, as a result of VPDs, and at high costs. Influenza alone is estimated to cost $5 billion annually. The inattention

to adults' need for vaccines leaves all adults—and especially the chronically ill—vulnerable to poor preventive care. It also exacerbates health care disparities and creates disincentives for vaccine companies to develop and supply new vaccines for the market. As if that were not bad enough, the nation as a whole is vulnerable in the event of a pandemic, for no nation that fails to address the routine, annual needs of the public is likely to be able to address the even-greater emergency needs of the 250 million citizens who will require preventive vaccines and medicines during an influenza pandemic.

There are a number of reasons for the current inadequate state of adult immunization:

- ***Importance and impact*** of adult vaccine-preventable diseases is underappreciated;
- ***Public knowledge and awareness*** of the need for, and value of, adult immunization is lacking;
- ***Safety and efficacy*** of adult vaccines are not understood by health care workers or the public;
- ***Public-private commitment*** to create a sustained adult vaccine delivery infrastructure is poor;
- ***Liability and compensation*** concerns abound;
- ***Patient access*** to preventive services is limited;
- ***Awareness of immunization disparities*** is low;
- ***Vaccination schedules*** for various subpopulations are confusing;
- ***Universal recommendations*** for all adults are not yet standard-of-care;
- ***Clinicians miss opportunities*** during in-patient encounters and at regularly scheduled clinic visits;
- ***Cultural and language differences*** between patients and physicians inhibit communications;
- ***Clinicians have not been "engaged"*** by public health authorities on adult immunization, as they have been for childhood immunization;
- ***Insufficient quality indicators*** are employed in tracking adult immunization performance;
- ***Poor role-modeling*** by healthcare professionals who themselves are not immunized is an issue; and
- ***Inadequate reimbursement*** is available for the purchase and administration of adult vaccinations.

The consequences of these problems are potentially serious and threaten the health of the nation:

- ***Adult immunization is severely undervalued by public, insurers, and providers.*** Providers and the public have little appreciation of the value of vaccinating adults; employers are unaware of the economic benefits of protecting employees from VPDs; providers do not set good examples for their patients; and racial and ethnic disparities exist. As a result, the public does not demand vaccination, providers do not offer vaccines, and policy-makers are not impressed by requests for funding and resources for adult immunization.
- ***The infrastructure to ensure the adult vaccine pipeline is woefully inadequate.*** Adult vaccines are currently driven by weak market forces. There is little incentive for R&D on new adult vaccines; vaccine supplies are plagued by inconsistency and uncertainty; there is no mechanism to determine and monitor supply and demand for adult vaccines; there is no liability protection or compensation process for adult vaccines; and there is no public or private commitment to establish and maintain such an infrastructure. As a result, health care providers lack confidence in the adult vaccine supply chain, the public does not trust that vaccines will be available, and vaccine companies are uncertain about returns on investments.

- ***Public-private collaboration on adult immunization is weak.*** There is no coordinated support for adults receiving vaccines or for providers administering the immunizations. Providers of care for adults, who are largely unaccustomed to immunizing, have no support resources or effective methods in place to keep track of immunizations, and the performance measurements for adult immunizations are largely inadequate.[i] As a result, interested providers are not nurtured and the fracture between public health and medical care systems further dilutes efforts for achieving the important vaccine coverage.

- ***Reimbursement for procuring and administering adult vaccines is inadequate.*** In fact, providers often lose money administering adult vaccines. The Center for Medicare and Medicaid Services (CMS) has no clear methodology for deciding which vaccines to reimburse, there is no federal financing mechanism for procuring vaccines for uninsured/underinsured adults, and private-sector third-party coverage is shaky. As a result, providers who want to immunize fear losing money by doing so, the public is confused about whether a vaccine will be covered, and any success in addressing the other barriers to immunization will become meaningless if providers choose not to vaccinate because of financial considerations.

- ***Adolescent immunization is underappreciated as the bridge between pediatric and adult care.*** Adolescent care is challenging. Parental consent for care is still required in most states and settings for adolescents, debates rage about the appropriateness and acceptability of school laws requiring immunization for diseases that do not cause outbreaks that impact schools' mission, there is a lack of financial support for administration of expensive vaccines to non-VFC eligible populations and a lack of financial support and infrastructure (generally) for administration of vaccines in alternative settings such as schools. Adolescents use preventive care at lower rates than others and there is little evidence about how to successfully reach them. When they seek care in different sites, immunization records may be scattered and incomplete.

These problems are not without solutions, so why hasn't adult immunization advanced further? Some suggest that we have not been approaching adult immunization systematically, logically, and comprehensively. Others note that there has been no driving, unifying voice or consensus mission for adult immunization. Those who are most critical also suggest that there has been no sustained leadership, saying that it is not clear whether likely leaders will step forward and, if they did, whether others would be willing to work together to advance the cause of adult immunization.

In truth, a variety of solutions had been suggested, but until recently the adult immunization community had not yet had the opportunity to consider them systematically or in any great depth. In prior discussions, the adult immunization community has proposed solutions such as:

- ***Developing a sound public-private infrastructure to consistently deliver adult vaccines.*** This includes assuring incentives for R&D; implementing liability and compensation programs for adult vaccines; tracking and monitoring demand for, and supply of, vaccines; and devising management systems to respond to vaccine supply disruptions.

- ***Facilitating, monitoring, and improving the administration of adult vaccines to the patient.*** This could be accomplished by creating tools to help providers immunize; establishing performance measures; simplifying adult schedules; providing tools to help identify those who should be vaccinated; and creating functional adult immunization registries. Other necessary measures would include advocating that vaccines be fairly priced and fully paid for by government and private third-party payers;

assuring that providers receive adequate remuneration for counseling recipients and administering the vaccines; working to improve financing mechanisms for production and delivery of adult vaccines; and piloting an adult vaccine replacement system in which vaccines are bought for the provider to remove the burdens associated with vaccine inventory.

- ***Establish agreement for a "vision" for adult immunization.*** This could be accomplished by developing unifying common themes, identifying differences of opinion, creating pathways to resolve differences, formulating a vision to address the fundamental problems, agreeing on individual and organizational leadership roles, and avoiding duplication of efforts by not creating new organizations or coalitions but instead working jointly in facilitated discussions.

Though these potential solutions were proposed, there was no clear mechanism to review them, debate their pros and cons, determine their likelihood of success or select from among priorities for moving forward to improve immunization coverage for adults.

2007 NATIONAL IMMUNIZATION CONGRESS OVERVIEW

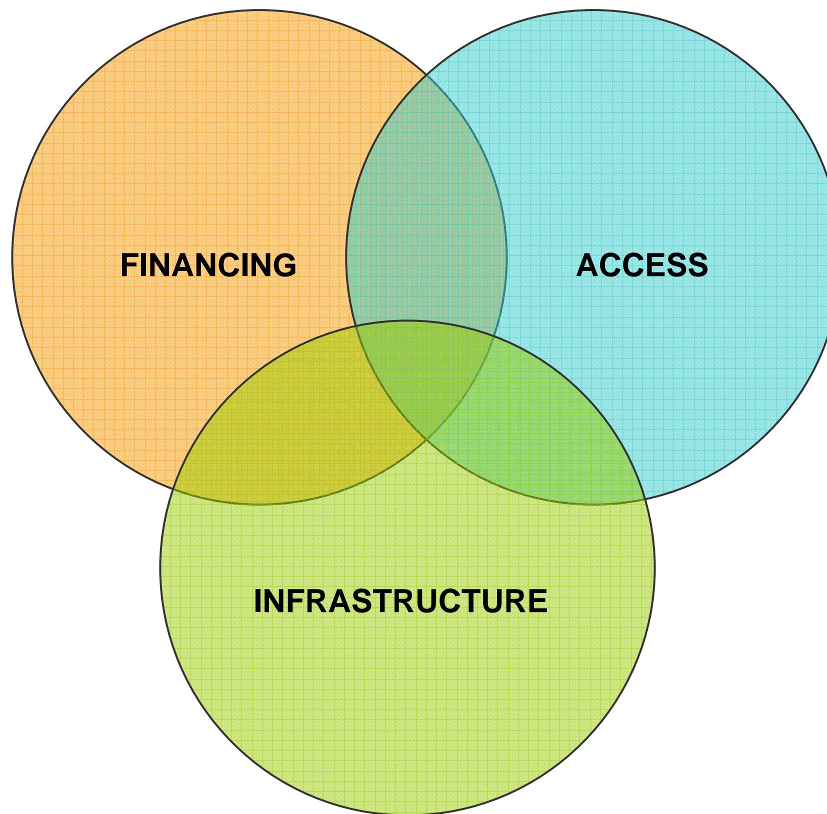
It was for these reasons that the American Medical Association (AMA) offered to convene the first National Immunization Congress in order to engage the adult immunization leadership in conducting the first comprehensive, systematic discussion of solutions to adult immunization problems. The AMA assembled a planning committee[ii] and, believing that the problems had largely been described, crafted a meeting agenda that would not enumerate problems again, but rather would address solutions to those problems.

The Congress met on February 28-March 1, 2007 and drew 150 individuals from the public and private sectors committed to assuring that the value of immunization is recognized and realized, and that vaccines are more widely and appropriately used. It followed a meeting with the American Academy of Pediatrics (AAP) during which problems and solutions in childhood immunization were addressed. Though there are problems and solutions unique to young children, adolescents, and adults, there are common issues as well, and in some instances, as the Congress revealed, joint problem solving may well benefit all parties.

The Congress used various formats: expert presentations, dialogues, and break-out group brainstorming. Following the Congress, 11 different working task forces, based on the solutions proposed in the breakout groups were proposed to participants. Participants subsequently selected six priorities for their initial joint efforts:

- Expansion of Section 317 funding to support adult immunization,
- Development of better data on public and private provider costs of immunization,
- Resolution of problems unique to adult immunization,
- Development of a ‘straw man’ proposal for a Vaccines for Uninsured Adults (VFUA) program,
- Access improvements for adolescents, and
- Quick wins in adult immunization.

The six task forces are currently working to develop a national adult immunization program that will comprehensively address each of the fundamental problems through the solutions generated at the 2007 Congress. None of these efforts will be sufficient in itself; all will be necessary. Working collaboratively and assuring communication among the groups will eliminate redundant efforts, ensure that all stakeholders agree on the pathways to achieve better levels of adult immunization, and support the rise of national and state leadership. AMA will periodically provide progress updates to all 2007 Immunization Congress participants, and will also provide some resources and staff support to the leadership and membership of the working task forces.



FINANCING

- Develop the rationale for increased fees
- Financial relief for providers
- Increase the federal resources for funding vaccines
- Optimize existing resources
- Ease federally-imposed immunization burdens
- Increase resources for funding vaccines
- Create efficiencies in vaccine management
- Increase the resources for funding vaccines
- Improve immunization accountability.
- Assure market stability
- Increase the resources for immunizations

INFRASTRUCTURE

- Develop and support adult immunization advocates
- Capitalize on related immunization investments
- Facilitate traditional provider infrastructures
- Facilitate non-traditional provider infrastructures
- Improve tracking systems
- Improve injury compensation
- Create predictable markets
- Improve awareness

ACCESS

- Demonstrate disease burden
- Demonstrate availability of coverage and coverage gaps
- Identify best practices
- Adopt clearer guidelines
- Promote guidelines
- Improve consumer education
- Improve culturally sensitive education
- Establish a culture of immunization within the HCP community
- Resolve consent issues
- Make care more accessible

2007 NATIONAL IMMUNIZATION CONGRESS RESULTS OVERVIEW

Three important, interrelated problem-solving themes emerged in the discussions:

- Immunization financing,
- Immunization access, and
- Immunization infrastructure.

It may be possible to solve several problems with one solution because these three themes are, in fact, interdependent.

IMMUNIZATION FINANCING

Provider-Related Financing.

At the provider level, vaccine-related costs are not fully accounted for in either vaccine reimbursement or administration fees. Further, it is often difficult to verify the eligibility of patients, leading to denied claims. It is also difficult to predict the volume of vaccines that will be needed, particularly in seasonal vaccines such as influenza. As a result, providers are often left with unused inventory and even in the best of cases, incur high costs for inventory management.

The costs incurred by providers include ordering and maintaining inventory records, managing inventory, insurance, and waste. Costs also include efforts to counsel the recipient; obtain informed consent; keep patient records; supply needles, syringes, alcohol, sterile gloves, and adhesive bandages; and pay for clinic space and furniture. Some of these costs can be recouped through administration fees. Other costs, such as unused or damaged inventory cannot. As the numbers and costs of vaccines increase, there is an increasing burden on providers.

Potential solutions include:

- **Develop the rationale for increased fees.** This can be done by conducting comprehensive assessments of the cost of purchasing, managing, and administering vaccines in various settings, and by presenting that data to public and private sector payers.
- **Financial relief for providers.** This can be done through vaccine company replacement programs and deferred payment terms; funding and insuring vaccine inventory; government buy-back programs for unused inventory; shipping smaller amounts of vaccines; vaccine company funding for physician inventories; and company vaccine patient assistance programs in which vaccines are given to providers at no charge to administer to eligible patients. In the case of free vaccine programs, vaccine companies can also offer financial assistance to providers for the cost of vaccine administration. Providers can also be reimbursed for adolescent and adult well-care visits on a regular basis (e.g., every 3-5 years).

Federal-Related Financing Challenges.

At the federal level, financing priority has focused on vaccines for children. As a result, no specific vaccine financing programs for adults under age 65[iii] exist. Programs such as Section 317, which might provide some financing for vaccines, have not been sufficiently funded to supply vaccines to uninsured and underinsured adults in need. Medicare has traditionally provided coverage for some vaccines for adults over 65 who are covered by the Medicare program; however, the new Part D benefit under the Medicare Modernization Act creates a complex system with unclear coverage that some suspect will create barriers to the use of new vaccines in this population. Given the increasing numbers of new

vaccines anticipated to serve adults and the increased costs of those vaccines, federal solutions should ensure that the current system of financial support for vaccines does not impede appropriate immunization or create state-by-state disparities in immunization coverage.

Potential solutions[iv] include:

- **Increase the federal resources for funding vaccines.** This can be done by increasingly providing universal coverage for adults for all vaccines recommended by ACIP; increasing Section 317 funding for adults and adolescents; expanding VFC eligibility to serve underinsured adolescents; creating a Vaccines for Uninsured Adults Program (VFUA); arranging for the universal purchase of vaccines by the federal government; establishing and funding an adequate universal reimbursement rate for all federal and state immunization programs; expanding the Medicare program to cover immunizations for younger age groups; and capitalizing on bioterrorism and flu pandemic preparedness as a possible source of funding.

- **Optimize existing resources**. This can be done by immunizing as many adolescents as possible before they turn 19 and no longer qualify for VFC.

- **Ease federally-imposed immunization burdens.** This can be done by providing coverage for Medicare-eligible individuals for all vaccines, including new vaccines, under Medicare Part B rather than Part D; and by creating web-based billing mechanisms for physicians to assess coverage of the patient in real time, handle the claim, and simplify the reimbursement process to eliminate payment-related barriers to immunization.

State-Related Financing Challenges.

Administration fees vary from state to state and are inadequate in most states to cover the costs incurred by providers. The Medicaid administration fee, which was last published in the Federal Register in 1994, has not changed and many states do not pay at the published rate in any case.

Potential solutions include:

- **Increase resources for funding vaccines.** This can by done by raising and funding the maximum reimbursement rate for vaccine administration fees; establishing and requiring payment of a minimum reimbursement rate for administration fees; increasing state contributions to vaccination costs; and mandating immunization coverage by third-party payers.

Insurance-Related Financing Challenges.

Insurance companies' lack of knowledge about overhead and administrative costs of vaccine delivery for private providers, and the increasing numbers and costs of vaccines, creates challenges.

Potential solutions include:

- **Create efficiencies in vaccine management.** This can be done by creating model vaccine coverage contracts for purchasers of health insurance; developing simplified rules for eligibility verification, billing, and reimbursement; minimizing coverage denials by providing vouchers to patients to clarify eligibility and coverage for patients and providers; and by assuming that all vaccines are covered (e.g., presumptive coverage) and should be reimbursed pending publication of the recommendations of the Advisory Committee on Immunization Practices (ACIP) in the Mortality and Morbidity Weekly Report (MMWR).

- **Increase the resources for funding vaccines.** This can be done by encouraging first-dollar coverage in all plans offered by employers, and working with federal and state governments to develop prevention plans for small employers.

- **Improve immunization accountability.** This can be done by promoting immunization as a measure of health care quality.

Vaccine Company-Related Financing Challenges.

Vaccine companies are faced with the challenge of maintaining a private market *and* promoting the public good of vaccines. For this reason, universal purchase of vaccines by any one payer may threaten to require long-term, costly R&D investment and increasingly complex and risky clinical trials. Further, companies face legislative, legal and liability challenges from anti-vaccine groups and must also deal with an evolving regulatory environment and varying regulatory requirements across countries. Companies also face increasing resistance from providers unable to bear the cost of purchasing and delivering vaccines, and are, therefore, in danger of losing their alliance with the providers of the vaccines they offer patients.

Potential solutions include:

- **Assure market stability.** This can be done by maintaining a private and public market.
- **Increase the resources for immunization.** This can be done by improving federal, state, and private third-party financing.

IMMUNIZATION ACCESS

The United States seems to find vaccine preventable deaths in adults acceptable. This is unfortunate for those individuals and family members who are affected, and also results in increased economic costs of care and lost income and productivity. Though financing for immunization is one of the barriers, it is also clear that heightened awareness, stronger guidelines, and a greater commitment from health-care providers will be key factors in increasing adult immunization rates.

Value of Vaccines Challenges.

Adult immunization efforts are hampered by the lack of compelling information on the burden of VPDs in adults and the value of vaccines in reducing that burden.

Potential solutions include:

- **Demonstrate disease burden.** This can be done by collecting, analyzing, and publishing information on VPD in adults, including adults in groups experiencing disparities in care and health care outcomes.
- **Demonstrate availability of coverage and coverage gaps.** This can be done by collecting, analyzing, and publishing information about which populations are covered, and by which funding sources. This information should also address the income status of adults who are covered for vaccines.
- **Identify best practices**. This can be done by cataloguing successful plans and programs for adults, by drawing on childhood vaccination programs; and by using HEDIS reports to identify programs in the community that provide superior vaccine coverage.

Guidelines Challenges.

Guidelines for administering vaccines to adults have not always supported widespread immunization. They have been weak, based not on age (as is the case for children) but on risk factors that can be difficult to remember and, at times, uncomfortable for providers to ask about and patients to admit to. Even when some guidelines have been established, they have been modified to address shortages, creating confusion in providers and patients alike.

Potential solutions include:

- **Adopt clearer guidelines.** This can be done by adopting stronger, age-based guidelines generally.
- **Promote guidelines.** This can be done by encouraging media coverage of vaccination needs and local programs that meet those needs; by developing guidelines that make sense to the general public; and by encouraging providers to encourage patients to be immunized.

Consumer and Professional Education Challenges.

It is not only the general public that consumes vaccines; Health Care Professionals (HCPs) are consumers as well. Consumers, including HCPs, frequently lack knowledge about adult vaccine recommendations, lack awareness of the risk of disease, mistrust vaccines, and lack access to preventive and well-care visits. When consumers are members of minority groups, these problems may be even greater.

Potential solutions include:

- **Improve consumer education**. This can be done through broader dissemination (including via the internet) of consumer information about preventable diseases, the importance of adult preventive care visits and vaccinations, and adult vaccine recommendations; and by publishing a list of available sites for immunization.
- **Improve culturally sensitive education.** This can be done by educating providers about vaccination concerns among some ethnic groups, and by developing patient-oriented delivery systems that are empowering, convenient, cost-effective, timely, and trustworthy.
- **Establish a culture of immunization within the HCP community.** This can be done by assessing the reasons that HCPs fail to get immunized; by educating them about value of adult vaccination; by determining why they do not consistently recommend vaccines to patients; and by requiring immunization as a condition for being “fit” to care for patients.

Adolescent Access Challenges.

Adolescents have special needs appropriate to their age that oftentimes are not served in traditional clinical practices. They seek care in non-traditional settings, at times without parental consent. They are eligible for VFC funding and financing is not necessarily a barrier. However, the health care system does not accommodate other access needs.

Potential solutions include:

- **Resolve consent issues.** Parental consent for some types of care is not required in most states. Immunizations and other preventive care services should be added to enabling legislation.
- **Make care more accessible.** Provide care in settings more appropriate to the places and times adolescents can seek care; for example, in STD clinics, schools, detention center and pharmacies during after-school hours.

IMMUNIZATION INFRASTRUCTURE CHALLENGES

The infrastructure for adult vaccines is not as well-developed as that for pediatric vaccines. Adults between the ages of 19-65 have more limited payment mechanisms, no injury compensation program, and few advocates. There are fewer opportunities for preventive care in adult health care visits (which are generally problem-oriented), and opportunities for immunization are more often missed during those visits. Medical records and

prompting systems do not sufficiently note patients' vaccine needs, and providers encounter disincentives to immunize. The size of the adult vaccine market is less predictable, as are supplies and delivery timing of vaccines.

Potential solutions include:

- **Develop and support adult immunization advocates.** This can be done by identifying and supporting a new generation of experts who will champion adult immunization at national and state levels. These advocates should focus strong efforts at state levels, where legislatures have become increasingly involved in debating measures that will create barriers to immunization, largely driven by undocumented fears of vaccine safety.

- **Capitalize on related immunization investments.** This can be done by aligning with newly developing health record information systems to insure the inclusion of immunization support, and by working with pandemic flu and bioterrorism planners to build public health capacity.

- **Facilitate traditional provider infrastructures.** This can be done by establishing a model provider infrastructure for promoting and coordinating adult immunizations. This infrastructure would include simplified vaccine "log-in" procedures; uniform storage requirements; electronic medical records (EMR) software patches for patient notification and reminders; decision support at point of care; uniform EMR/registry entry cross talk; reliable supplies and equitable distribution of vaccines (especially influenza vaccines); monitoring and improving the performance of vaccine delivery and safety monitoring systems; measurement and feedback; quality assurance training; regulation and performance measures to help focus attention; and viewing NTS as partners, not enemies.

- **Facilitate non-traditional provider infrastructures.** This can be done by addressing immunization needs in such nontraditional settings as urgent/quick clinics, STD clinics, health fairs, pharmacies, senior centers, schools, and workplaces, where providers could promote immunization, counsel patients, and handle vaccines. These new providers and new strategies would complement traditional health care. To assure quality patient care in immunization, vaccine experts could work with non-traditional providers to create well-defined, limited scopes of care; evidence-based practice; a team-based approach with medical collaboration/supervision protocols for ensuring continuity of care with practicing physicians in community; appropriate sanitation and hygiene guidelines; and electronic health records.

- **Improve tracking systems**. This can be done by developing adult vaccine registries; assuring that registries can communicate across states; educating providers on how to use registries; and encouraging payer information systems to interface with the provider systems to expedite record keeping and payment.

- **Improve injury compensation**. This can by done by including all vaccines, whether administered to both children and adults, or solely to adults, in the Vaccine Injury Compensation Act.

- **Create predictable markets.** This can be done through better public-private sector planning to address vaccine promotion and uptake, through guaranteed purchase of vaccines and government buy-backs of unused vaccine, and through more transparent allocations during supply shortages.

- **Improve awareness.** This can be done not only with more widespread campaigns, but by using all available media (including the web), and by standardizing messages to avoid the confusion that is all-to-common in vaccine communications.

SUMMARY

The 2007 Immunization Congress has launched the first attempt of this type to address the financing, access and infrastructure barriers to more fully and appropriately immunize adolescents and adults against vaccine preventable disease. Given the potential to save lives and health care costs, addressing these barriers with smart strategies and rigorous tactics is the next step that the immunization community must take.

ENDNOTES

[i] Exceptions include: Centers for Medicare and Medicaid Services (CMS) measures for Long-Term Care facilities; HEDIS influenza immunization measure for adults 50-64; JCAHO standards for influenza.

[ii] The Planning Committee included representatives from the Infectious Disease Society of America (IDSA), the Society for Adolescent Medicine (SAM) the American College Health Association ACHA), the American College of Physicians (ACP), the American Academy of Family Physicians (AAFP) Emory Vaccine Center, the Immunization Action Coalition (IAC) and the American Academy of Pediatrics (AAP).

[iii] Adults over the age of 65 are eligible for vaccines covered by Medicare

[iv] The solutions proposed here are not mutually exclusive, nor are they the consensus of the participants of the Congress.

AGENDA

The 2007 National Immunization Congress

FEBRUARY 27 – MARCH 1, 2007
HYATT REGENCY O'HARE, CHICAGO, IL
INTERNATIONAL ABC – INTERNATIONAL LEVEL

Tuesday, February 27th

7:00 AM **Registration & continental breakfast**

8:00 AM **Welcome, introductions, objectives & process**
Jay Berkelhamer (AAP)
Lance Rodewald (CDC)

Session One: Pediatric Immunization Financing

Goal # 1: Provide access to all ACIP-recommended vaccines for the entire US population.
Goal # 2: Identify and prioritize key problems in the immunization delivery system and begin to find solutions.

8:15 AM **The State of Immunizations: New Vaccines, etc**

The challenges of the current system (10 minutes)
Jon Abramson

The implications on practices and families (15 minutes)
Dave Tayloe

8:40 AM **Inequities in Immunization System: Discussion of Problems/Barriers**

Overview of the Issue
Alan Hinman

Panel Discussion – Response to the Issue

Moderator:
Jon Almquist

Participants:
Jon Temte (AAFP)
Howard Backer (AIM)
Jeanne Santoli (CDC)
Tom James (Humana)

9:40 AM **BREAK**

10:00 AM **Business Costs: Discussion of Problems/Barriers:**

Overview of the Issue
Anne Francis

Panel Discussion – Response to the Issue
Moderator:
Dave Tayloe

Participants:
Alan Rosenberg (Wellpoint)
Elizabeth Greenbaum (NBGH),
Mike Severson (AAP)

11:00 AM **Potential Solutions**
Walt Orenstein

11:30 AM **Comments from the Floor**

12:00 PM **Break Out Sessions: Roundtables (Lunch)**

Goal: Identify a solution to the identified barrier

Multiple tables around business and inequity, 6-7 people/table.

Moderators: Task Force on Immunization members

Break Out Session 1: Paris – International Level
Break Out Session 2: London – International Level
Break Out Session 3: Vienna – International Level
Break Out Session 4: Florence – International Level

2:10 PM *Presentations by inequity roundtable groups and consensus building*

3:30 PM **BREAK**

3:45 PM *Presentations by business roundtable groups and consensus building*

5:00 PM **Adjourn**

Wednesday, February 28th
International ABC – International Level

7:30 AM **Registration & continental breakfast**

Session Two: Beginning a Bridge between Pediatric and Adult Immunization

8:00 AM **Summary of Session One**
AAP IZ Task Force

Open Discussion (30 minutes)
Glenna Crooks
Walt Orenstein

9:00 AM **Objectives of, and desired outcome from, the next sessions**
L.J Tan
Glenna Crooks

1. Understand the barriers to adolescent and adult immunization.
2. Examine proposed solutions to these barriers; Identify new ones.
3. Prioritizing solutions for execution based on importance and feasibility of implementation

9:15 AM **KEYNOTE: General Challenges Facing Pediatric, Adolescent, and Adult Immunization**
Neal Halsey
This speaker will lay out the current arena in pediatric, adolescent, and adult immunization discussing the public health importance of building synergies, and set the stage for more specific discussion on two selected barriers in adolescent and adult immunization for the next two sessions.

9:45 AM **Q and As; Open Discussion**
ALL
Glenna Crooks

10:00 AM **BREAK**

10:30 AM **PLENARY: Survey data on provider and public perceptions on barriers to adult IZ**
David Johnson

10:50 AM **Q and As; Open Discussion**
ALL
Glenna Crooks

Session Three: Financing Adolescent and Adult Immunizations

11:00 AM **Presentations from Expert Panel Members** **(15 minutes each)**
Facilitator: Glenna Crooks

Federal Funding (CDC 317 report, VFC impact on 317, VFA, IOM, others)
Walt Orenstein

Perspectives from the private payer and businesses
Wayne Rawlins

Medical Costs to Vaccinate (e.g., state PH depts., practicing physicians)
Jon Temte

NVAC Vaccine Financing Subcommittee
Gus Birkhead

A Manufacturer Perspective
Mark Feinberg
Laura L. Efros

12:15 noon **Lunch on your Own** **(90 minutes)**

1:45 PM **Open discussion with Expert Panel**
ALL/Glenna Crooks
An opportunity to get answers to questions before breaking out into groups.

2:45 PM **Transition to Breakout Rooms**

Breakout Session 1: Paris – International Level
Breakout Session 2: London – International Level
Breakout Session 3: Vienna – International Level
Breakout Session 4: Florence – International Level

3:00 PM **Breakout Session: Implementable Solutions to Vaccine Financing Barriers**
ALL/Group Moderator

1. Examine proposed solutions to these barriers; Identify new ones.
2. Prioritizing solutions for execution.

BREAK will be served during your discussion

4:45 PM **Transition back to Main Ballroom**

5:00 PM **Breakout Groups' Reports – Identification of top solutions for action**
Glenna Crooks

6:00 PM **Adjourn – Day Two**

Thursday, March 1st

8:00 AM **Registration & continental breakfast**

8:30 AM **<u>Welcome, Summary of action items from breakout reports</u>**
Glenna Crooks

<u>Session Four: Vaccine Access</u>
(from production to administration)

9:00 AM **<u>Presentations from Expert Panel Members</u>** **(15 minutes each)**
Glenna Crooks (Facilitator)

Vaccine Production and Distribution (e.g., inconsistency of supply, free market forces)
Chris Colwell

Recommendations for vaccine use (FDA approval and ACIP)
Roger Baxter

Commitment to establish adolescent/adult vaccination infrastructure (e.g., PH resources, registries)
Alan Hinman

Improving vaccine access in public/private sectors
(e.g., missed opportunities, performance measures, adolescent capacity)
Kristin Nichol

Liability and Compensation Issues
Emily Marcus Levine

10:15 AM **BREAK**

10:45 AM **<u>Open Discussion with Expert Panel</u>**
ALL/Glenna Crooks
An opportunity to get answers to questions before breaking out into groups.

11:45 AM **Lunch on your Own** **(90 minutes)**

1:15 PM **<u>Breakout Session: Implementable Solutions to Vaccine Access Barriers</u>**
ALL/Group Moderator

How do the pediatric issues affect adult financing approaches?

Breakout Session 1: Paris – International Level
Breakout Session 2: London – International Level
Breakout Session 3: Vienna – International Level
Breakout Session 4 Florence – International Level

3:00 PM **Transition back to Main Ballroom**

3:15 PM **<u>Breakout Groups' Reports; Identification of top solutions for action</u>**
Glenna Crooks

4:15 PM **Next Steps**
Glenna Crooks

Review of the top prioritized action items for follow up.
Formation of Task Forces on each action item.
Identifying responsibility for organizational follow up.

4:30 PM **Adjourn**

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Name	Rationale	Task Force Charge
Section 317 Funding to Support Adult Immunization	The infrastructure for providing immunization services to adults is underdeveloped, weak, and under-funded. In particular, the infrastructure should include champions at national and state levels to promote adult vaccination, standardized vaccination prompts, vaccination promotion programs, and registries that allow for interstate information sharing. Vaccine purchase may be a component of 317 funding needs, but is not more important than other aspects of infrastructure development.	▪ Develop the outline and a plan to secure an adult 'set aside' or 'earmark' within the 317 Immunization funding program to support the development of an infrastructure for adult vaccination and purchase adult vaccines. ▪ Assure that the plan allows for flexible state choice in how funds would best be used.
Public and Private Provider Costs of Immunization Data	Public clinics of many types provide care for adolescents and adults who do not have a medical home, or who seek specialized care within a clinic setting (e.g., HIV/AIDS testing). Immunization services can be added to those already rendered. For adults who seek care in private clinical practices, this is an opportunity for immunization for seasonal influenza, and for non-seasonal adult vaccines. Costs to develop and manage an adult immunization within public or private clinical practices are largely undocumented, but reimbursements are viewed as being far too low to recoup the costs involved. Insurers have indicated a willingness to reimburse physicians at higher levels if the need can be documented.	▪ Build on the work of AAP, and work with AAFP and ACP, to develop and validate a methodology to determine the costs of administering vaccines to adults in public and private sector clinical practices. ▪ Collect the information to support funding needs from public and private sector payers. ▪ Assure that higher costs related to promotion of immunization to adolescents and adults are included, and that start-up costs for adult-care providers who do not already administer vaccinations and may wish to do so are considered, as well. ▪ Develop a plan for meeting with insurers and employers concerning coverage and reimbursement. ▪ Address with AAP the viability of pediatricians immunizing adult family members when they accompany children on visits, and seek allowance for that with insurers.
Vaccines for Uninsured Adults	Studies have demonstrated that the cost of vaccines is a barrier to uninsured adults receiving them. Adolescents are covered under the Vaccines for Children program, up to age 19, but uninsured adults are not currently covered through any program and even Medicaid considers immunization an optional benefit.	▪ Develop a plan to purchase vaccines and provide immunizations to uninsured adults. ▪ Vet the plan with stakeholders and determine their willingness to support the required legislative effort to secure a VFUA program.
Funding Search and Secure	Funding that does exist through public and private health care financing programs can be difficult to secure. Verifying eligibility for a patient, determining the principal payer, response time from payers that prevents securing funds from secondary payers are major issues and prevents programs from securing the funds already available for immunizations.	▪ Develop a description of the funding sources for vaccines, catalogue the barriers that delay or prevent securing available funding. ▪ Develop a plan for resolving these barriers.

Name	Rationale	Task Force Charge
Quick Wins	There are a variety of short-term, low-cost, simple projects that can improve adult immunization, including: ▪ Developing vouchers for immunization, provided by payers (including Medicare), and (potentially) coupled with premium adjustments for adults who are vaccinated. ▪ Developing and publishing case studies of successes, as well as missed opportunities, to draw attention to practices that can be improved or should be changed. ▪ Soliciting and publishing information concerning tools for securing efficient immunization, coverage, and reimbursement. ▪ Developing office-based protocols and practices to facilitate and simplify immunization. ▪ Developing a list of current prevention platforms (e.g., the ‘age 50’ exam and ‘fit to work’ requirements), and assuring that immunization is added to those platforms. ▪ Arranging for intra- and inter-professional dialogues among physicians, nurses, and pharmacists to address concerns and opportunities about vaccination for themselves and their patients. ▪ Creating talking points for media to simplify messages and make them common to all who communicate. ▪ Partnering with state legislative groups to raise immunization awareness.	▪ Develop and publish a list of quick wins to improve adult immunization. ▪ Contact the relevant stakeholder groups to encourage them to adopt one or more of these approaches. ▪ Track and publish progress on these items.
Consumer Outreach and Responsibility	Studies have shown that consumers are unaware of their personal need for vaccination, claiming it is because their physicians have not told them. There are a variety of ways that messages from physicians can be enhanced, but messages can also be provided by other sources and can include not only the value of vaccination, but the availability of alternative sites for vaccine delivery.	▪ Develop a plan for better ways to reach individual consumers to promote their acceptance of immunizations and seeking of vaccination services. ▪ This plan should include development of simple messages, incentives such as coupons and vouchers, requirements (e.g., ties to driver’s licenses), and the promotion of alternative vaccination sites such as worksites and pharmacies.

Name	Rationale	Task Force Charge
Information Support	Adolescent and adult immunization is complex. Adult vaccination schedules are difficult to follow, disease burdens are unknown to clinicians, patients and payers, and coverage and reimbursement programs are not uniform in terms of eligibility and payment. No experts in the field appear to understand all of the aspects of adult immunization, operate in silos, and are overwhelmed by the details of the programs they currently manage; yet the field requires considerable additional information and funding resources to improve programs. A solid foundation of information would help to both improve programs and to demonstrate to payers and funders the need for additional resources.	▪ Develop a list of the information needs that will support each of the projects in adult immunization. ▪ Determine if the necessary information is available within the adult immunization community and secure it. ▪ Develop a plan to amass any information that must be gathered. This information will include such items as: ▫ Burden of illness in adolescents and adults from vaccine-preventable disease, including information on all-cause mortality and hospitalization (particularly during influenza season), ▫ Costs of adult immunization currently (as well as projected future costs with the introduction of new vaccines) and savings from preventable disease, ▫ Immunization rates, ▫ Coverage sources, ▫ Attitudes of health care providers and patients towards immunization, and ▫ Funding required to 'close the gap' and fully immunize adults, as well as catch-up costs.
Adolescent Access	Adolescent care is distinct from both pediatric and adult care, and as a result requires a different immunization approach. Adolescents are less likely to have a medical home. They are more likely to visit clinics in which parental consent is not required, and in most states are allowed to seek care for pregnancy and STD conditions without consent. The same freedom may not be possible for vaccines.	▪ Define the ways in which care for adolescents differs from care for children or adults. ▪ Use that description to define the various alternative methods and sites for reaching adolescents with vaccines, and address the issues (such as consent) which may be barriers.
Injury Compensation	Any vaccine administered to a child is included in the Vaccine Injury Compensation Act whether or not the vaccine is administered to a child or an adult. However, vaccines administered solely to adults are not covered.	▪ Develop an injury compensation scheme for adult vaccinations to cover those vaccines which are not administered to children and therefore not covered by the VICP.

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Adult Immunization System Problems	Adult immunization is very different than pediatric immunization and the model that has been successful in pediatrics cannot be applied to adults. For example, at this time immunizations are by-and-large not age based but rather risk based, and immunization services are not currently delivered mainly in physician offices or public clinics but at worksites, emergency departments, pharmacies, senior centers, health fairs, LTC facilities, and colleges. Patients span a greater age and have more disease conditions. As a result, there is a need for a good description of adult immunization on a vaccine basis, site basis, and patient basis. Conducting this analysis will allow the immunization community to more easily create immunization programs which are efficient, coordinated, and non-duplicative.	▪ Develop a simple, clear, age-based adult immunization schedule that can be widely published, including with postings in exam rooms in physician offices and clinics. ▪ Develop simplified messages about who should receive immunizations and develop a plan for promoting those messages. ▪ Develop a list of all the possible sites where immunization can be administered to adults and list the changes that would be necessary to optimize immunizations in those settings. ▪ Develop site-specific immunization protocols.
State Legislative	State legislatures have become increasingly involved in debating measures that would create barriers to immunization, largely driven by fears of parents for side effects that have not been scientifically demonstrated as vaccine related.	▪ Develop the information, network and response capacity to address the increasing number of state legislative initiatives that will create barriers to appropriate immunization.