



ASSOCIATION OF IMMUNIZATION MANAGERS

Immunization Programs: State of the States on Adult Immunization

Katelyn Wells PhD
AIM Research and Development Director



Objectives

- Status of Immunization Programs (IPs) promoting NVAC Adult Immunization Standards
- Insight into IPs Barriers related to Adult IZ
- Insight into Potential of IPs to Impact Adults IZ

AIM Annual Survey – 2015

Preliminary Results

Purpose: assess and characterize immunization program policy, infrastructure, program activities and priorities and the impact of funding changes (both federal and state) on immunization programs

- AIM Members - 64 state/local/territorial Immunization Program Managers
- Administered April 2015-Ongoing
 - ✓ 2014 Grant Year Funds (does not include categorical PPHF or carryover)
 - ✓ 2014 Calendar Year Activities
 - ✓ Current Policies and Priorities
- Current Response Rate 80% (51 of 64) IPs



IPs are Exploring the World of Adult IZs



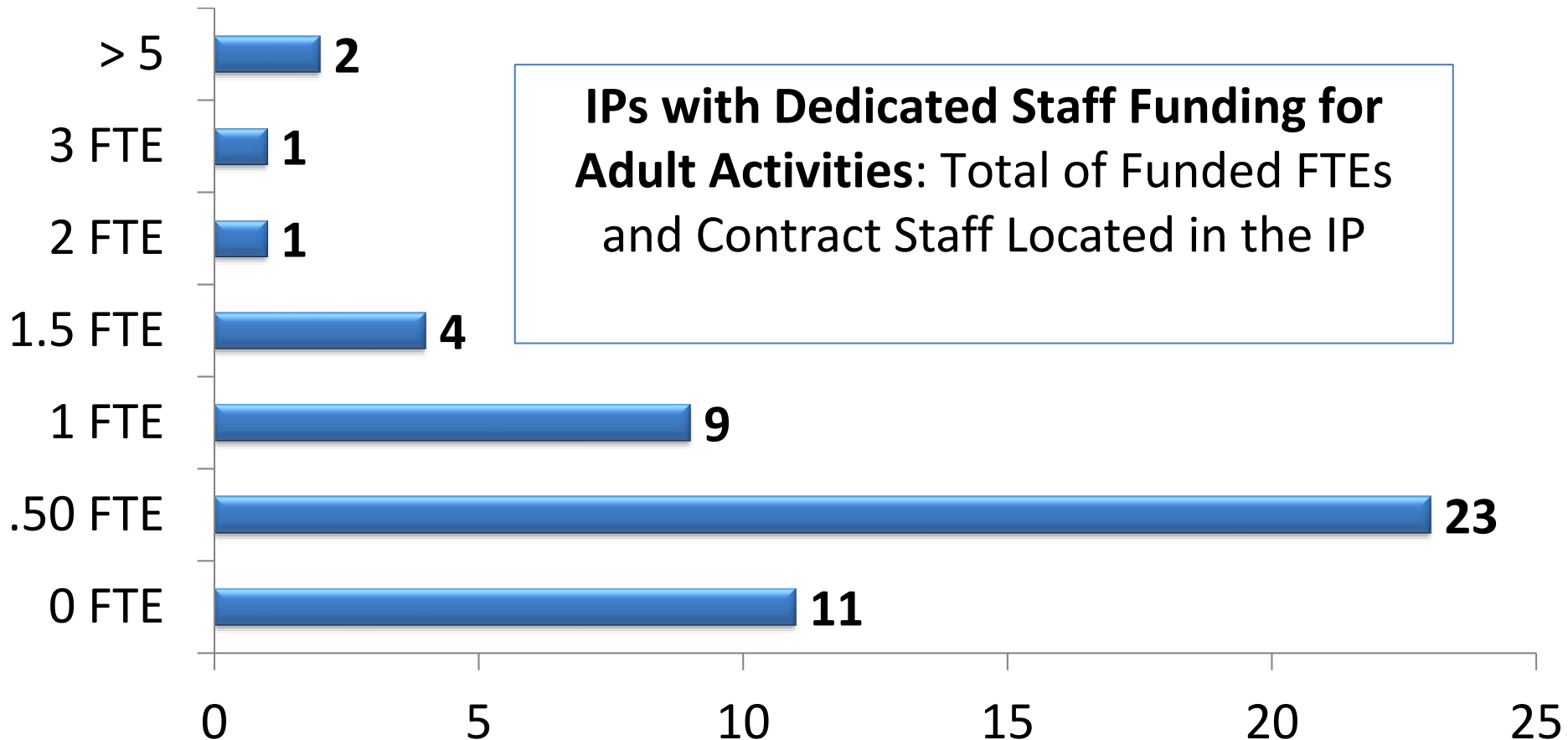
Infrastructure

Policy

Programs

Staff Infrastructure

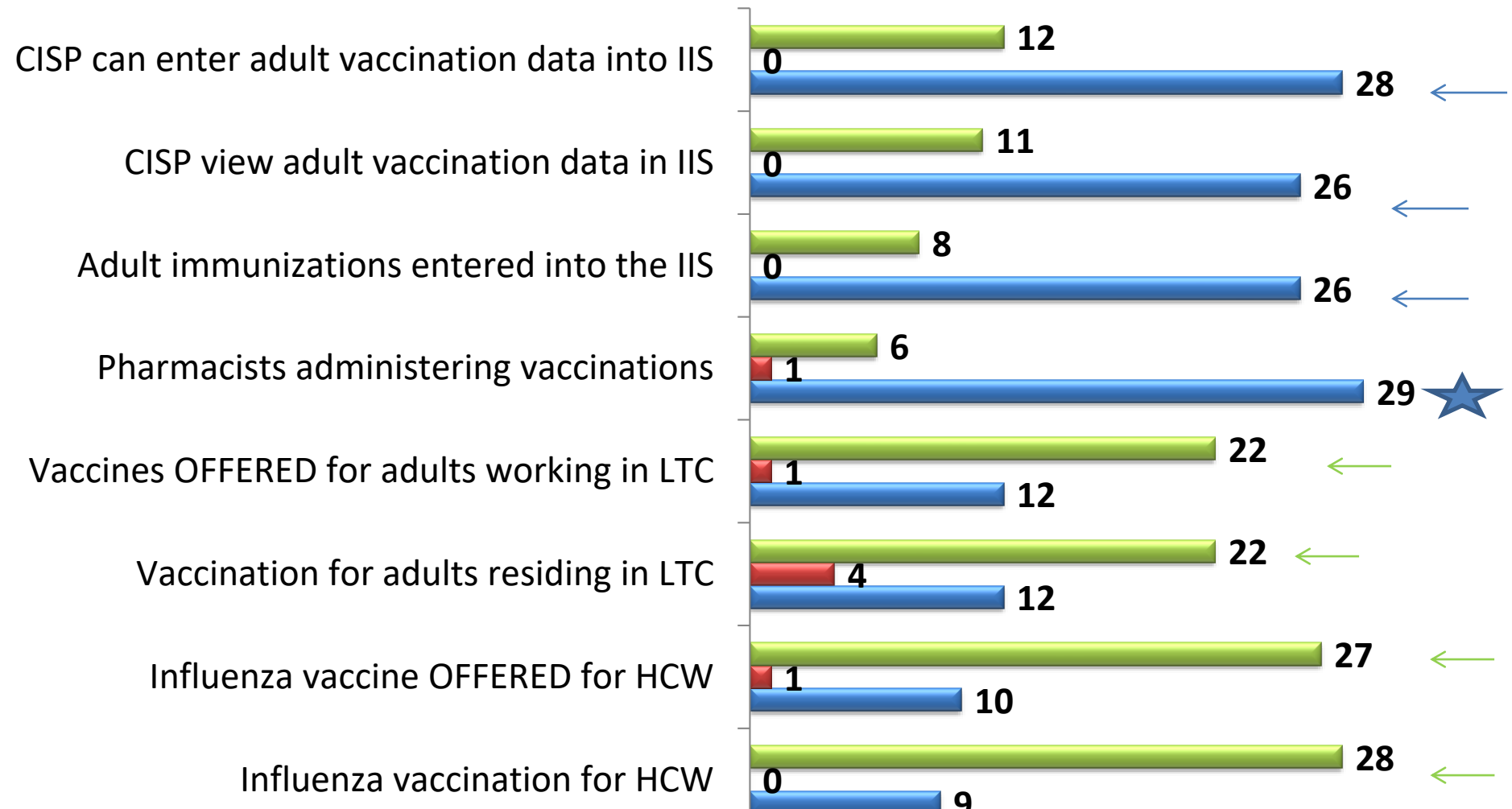
- Adult Coordinator (Part-time to ≥ 1 FTE)
 - 78% (40 of 51) (2015)
 - 71% (43 of 61) (2014)



Current Adult IZ Related Policy

CISP = Complementary Immunization Service Providers

■ Institutional policy ■ Medicaid payer policy ■ State/local law and/or policy

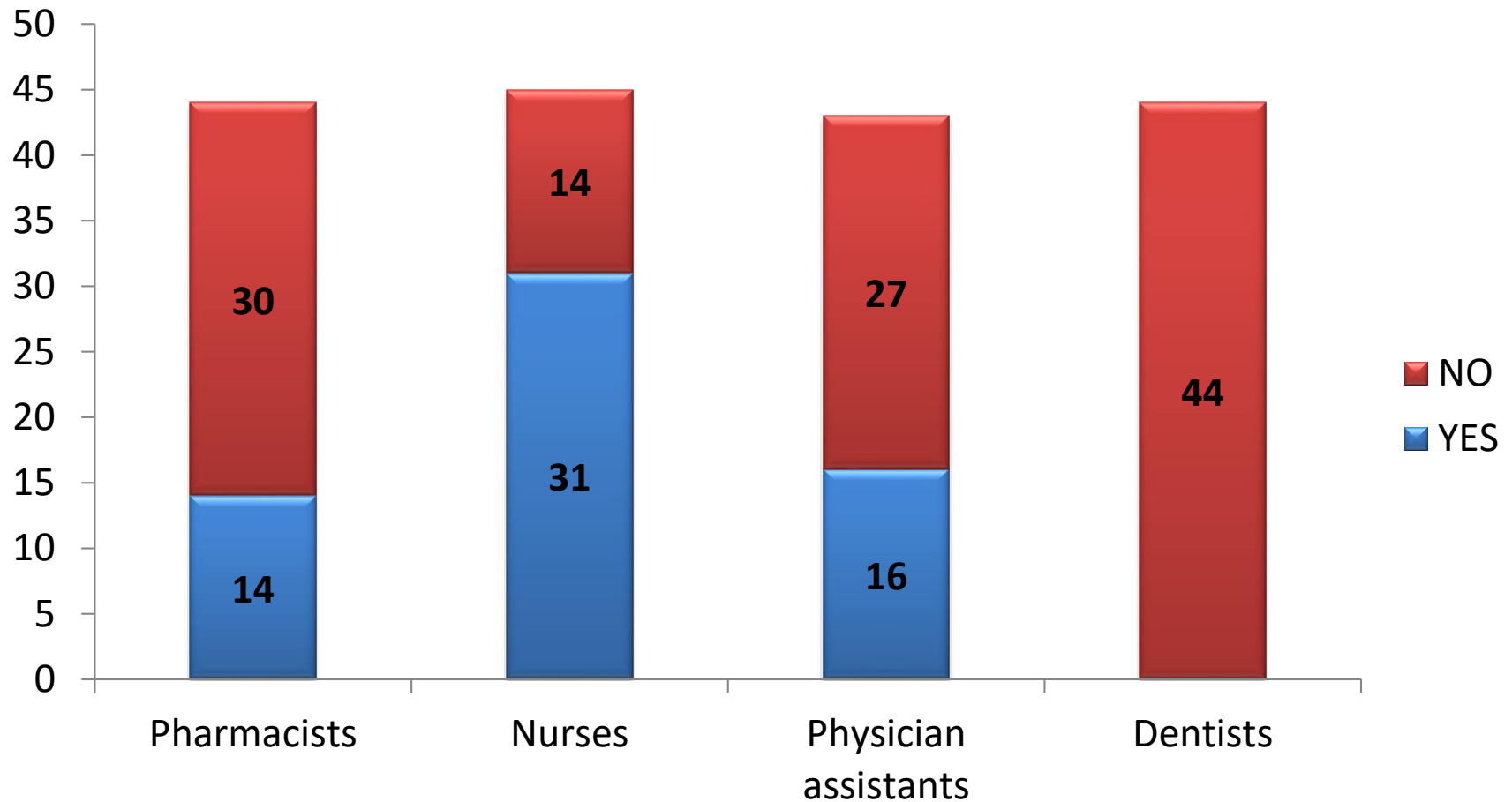


NVAC Standard: (b) Develop policies and/or regulations (legislation) that promote high vaccination rates and reduce immunization barriers for adult patients and their providers.

Examples: Adult IZ Related Policy

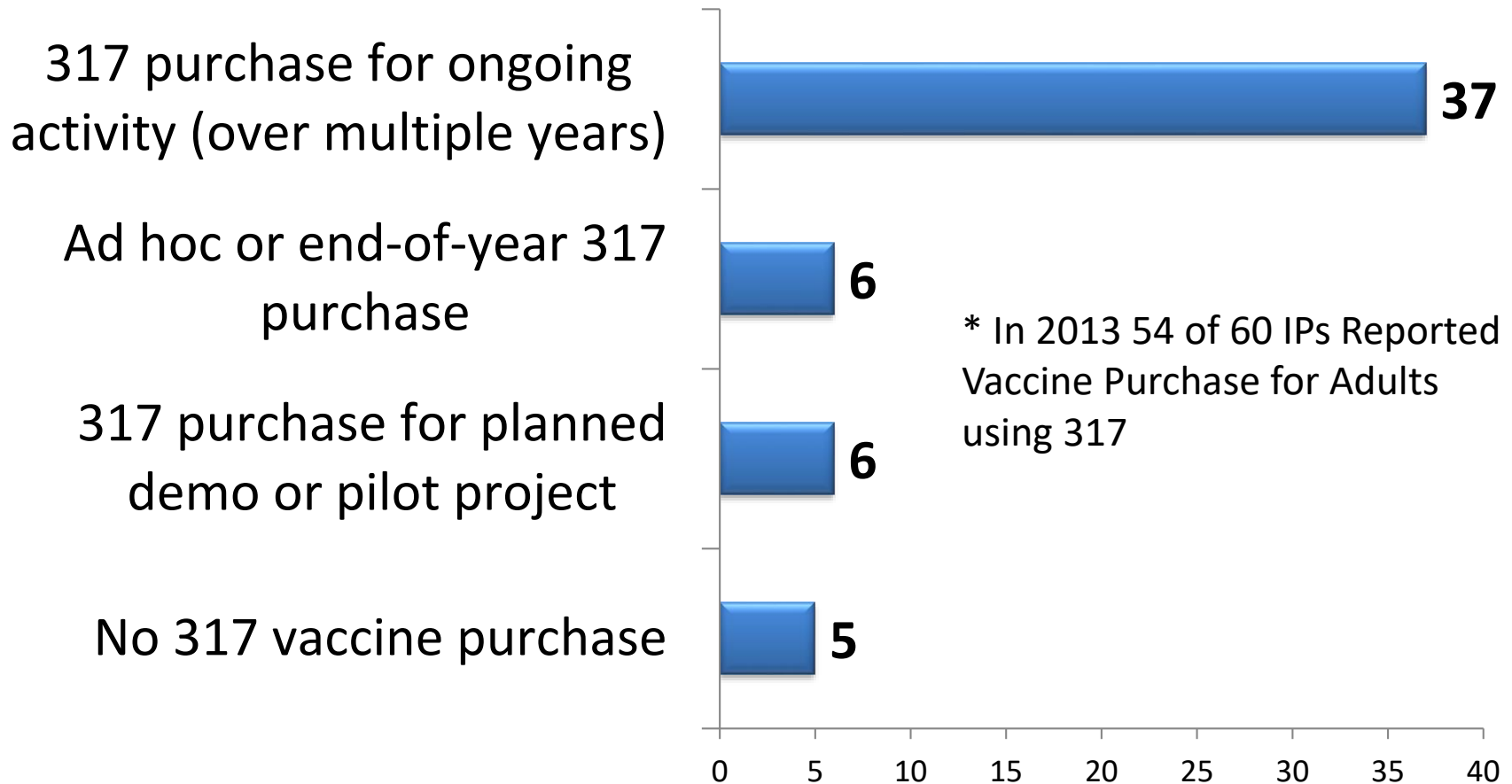
- **Vermont:** State Insurer Mandate (includes Medicaid)
 - State Vaccine for Adults program
 - Provides vaccine at no cost to Family Practitioners and Internists to vaccinate uninsured adults
- **Michigan:** State Medicaid Policy
 - Pharmacies reimbursed from Medicaid
 - Administration of adult vaccines (includes influenza)
- **Colorado:** IIS Reporting Policy
 - Requires health care facilities to report influenza vaccination rates for their staff
 - Reach a 90% threshold

Number of Health Departments that Currently Have Standing Orders Protocols to Allow Other Groups to Vaccinate



NVAC Standard: (g) Provide resources and assistance for vaccine providers to implement protocols or standing orders, where feasible, and other systems changes to improve routine assessment of vaccine needs and vaccination.

Number of IPs Reporting 317 Vaccine Purchase For Adults (2014) $n=47$

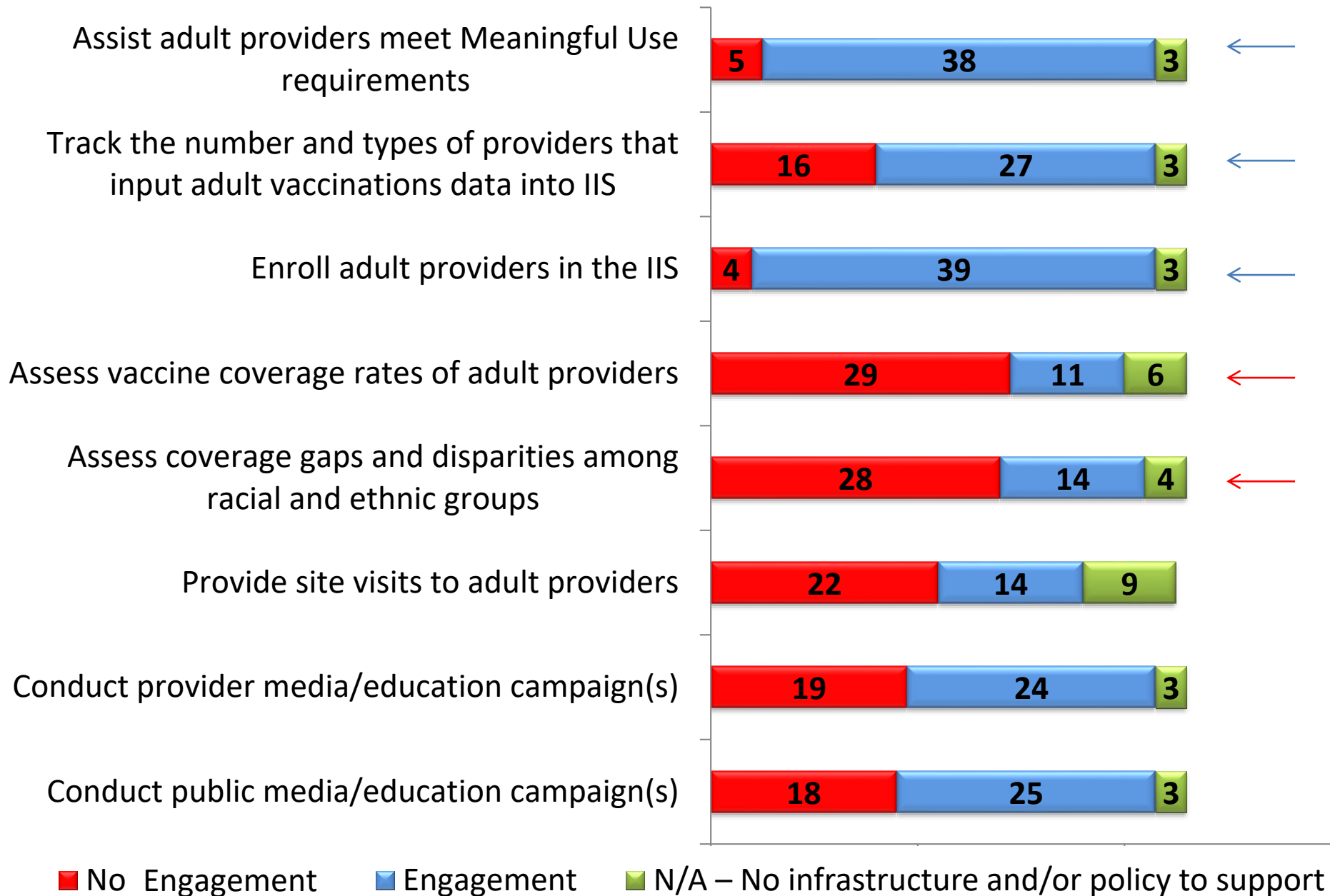


NVAC Standard: (o) Provide access to all ACIP-recommended vaccinations.

NVAC Standards: Engagement

- (m) Work toward including adults in all state IIS, reduce barriers to including adult vaccination records in IIS, and ensure that IIS meet new standards of EHR interoperability to track and maintain adult vaccination records.
- (n) Expand access to and provide training for IIS to all adult healthcare providers.
- (f) Collect, analyze, and disseminate available data on vaccine coverage to the public and healthcare providers in their jurisdiction to identify and address gaps in coverage.
- (q) Demonstrate accountability and good stewardship of public financing for vaccines.
- (t) Promote adherence to applicable laws, regulations and standards among adult immunization stakeholders.
- (d) Ensure professional competency by providing or supporting education to adult healthcare providers on routine adult immunizations.
- (l) Provide outreach and education to the public and providers about vaccines.

IP Engagement Level in Adult IZ (2014)



Who Lives in the IP Immunization Neighborhood?

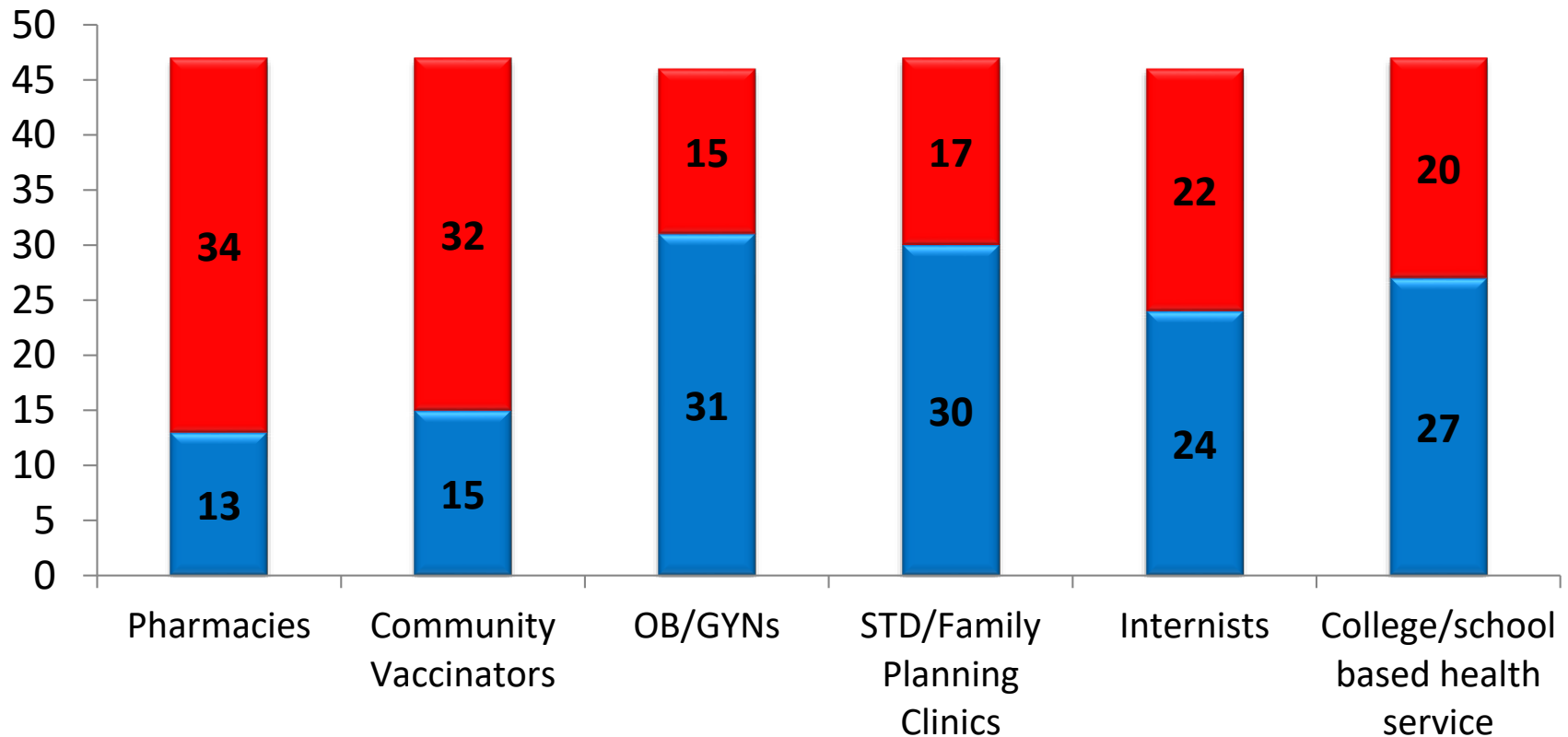


VFC Providers

Complementary
Immunization
Service Providers

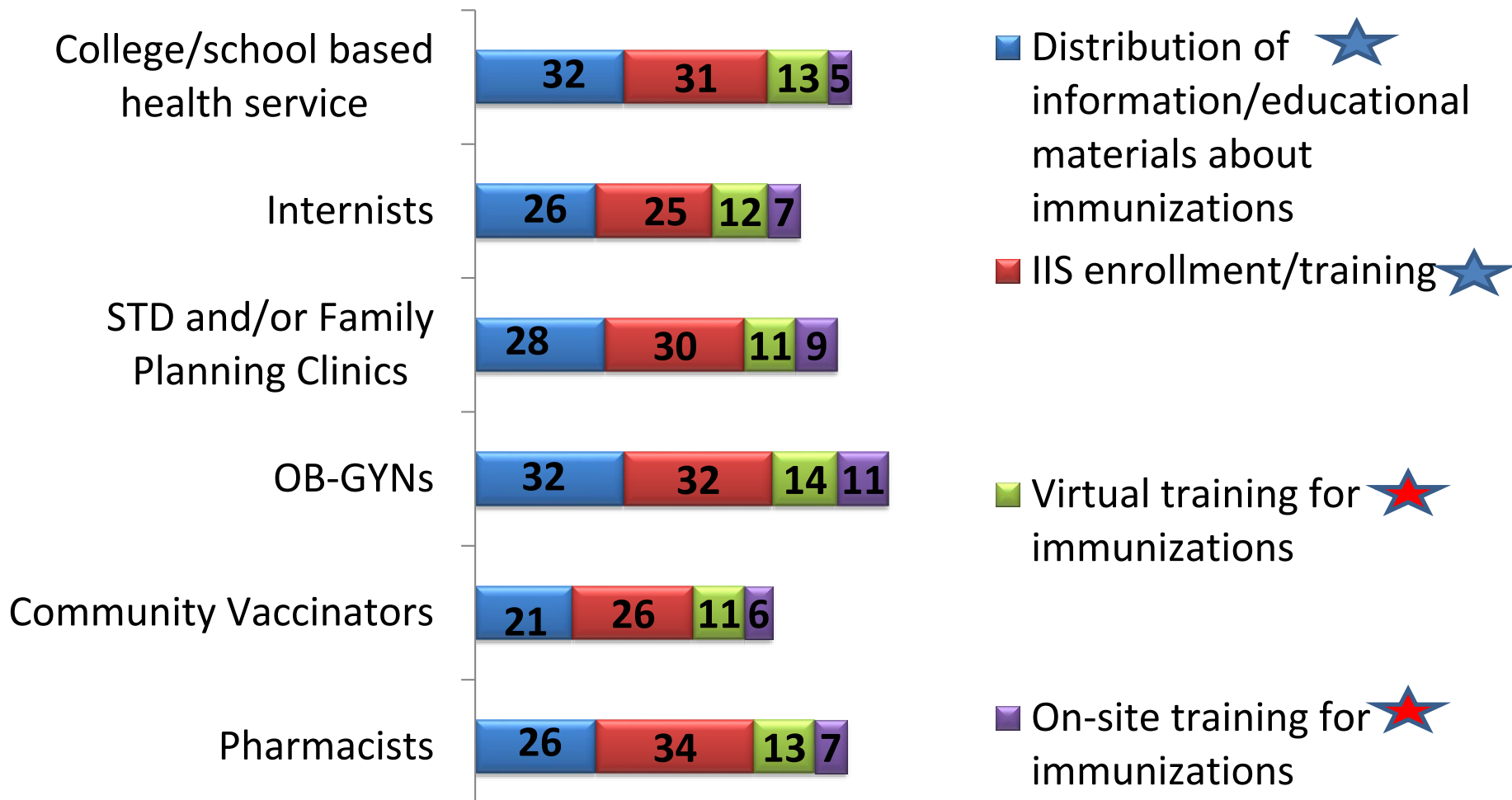
Complementary Immunization Service Providers: Number of IP Currently Allowing Enrollment in VFC Program

■ Yes ■ No



NVAC Standard: (q) Demonstrate accountability and good stewardship of public financing for vaccines.

IPs Current Activities for NON-VFC Enrolled

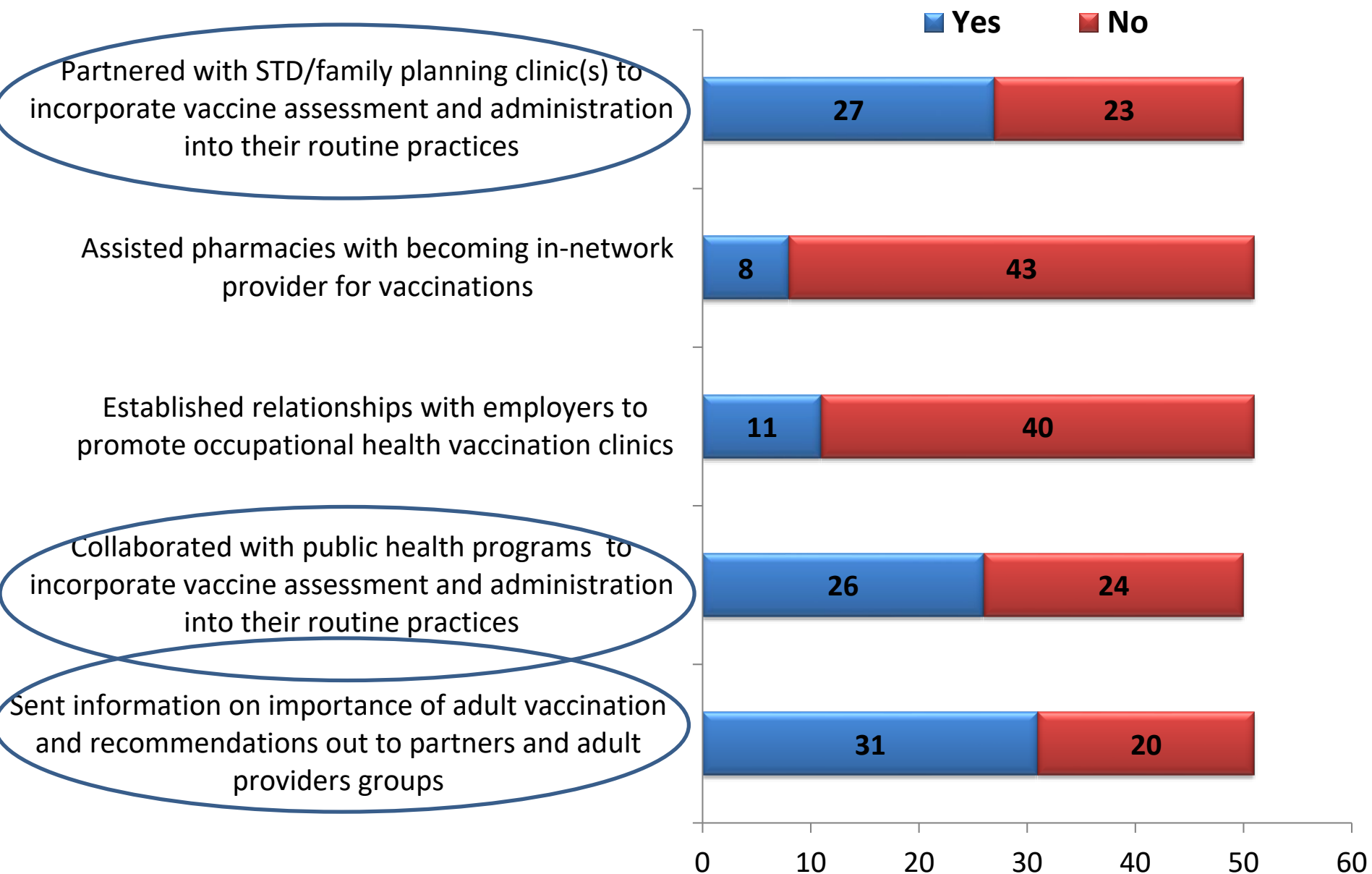


NVAC Standard: (d) Ensure professional competency by providing or supporting education to adult healthcare providers on routine adult immunizations. (t) Promote adherence to applicable laws, regulations and standards among adult immunization stakeholders.

NVAC Standard: Partner Engagement

- (C). Immunization programs should collaborate with existing public health programs that provide clinical services, such as sexually transmitted disease control programs, substance abuse treatment services, and tuberculosis control programs to incorporate vaccine administration and recordkeeping.
- (K; i) Partner and collaborate with professional medical, pharmacy, nursing and other provider organizations, healthcare networks, community organizations, and advocacy groups (e.g., mental health services, diabetes educators, asthma educators, corrections facilities, substance abuse providers)
- *(O.ii) Work toward becoming an in-network provider for immunization services for insured adults.*

IP Activities to Engage Partners (2014)



Examples: Partner Engagement

- **Kentucky:** Healthcare Acquired Infections Branch
 - Promote vaccines to patients and healthcare workers and using List serve to send information to providers and encourage educational offerings
- **South Carolina:** Department of Corrections
 - Adult Vaccine Initiative providing Twinrix & Tdap
 - Free clinics for uninsured & underinsured adults
- **Oregon:** Adult vaccine providers and mass vaccination partners
 - Mass vaccination clinics for underserved populations
 - Provision of 317-funded adult vaccines to all public clinics (LHDs, FQHCs, etc.)
- **Guam:** Public school nurses
 - Vaccinations for parents and students during Parent-Teacher Conferences or school sponsored health fairs.
- **Nevada:** Statewide immunization coalition
 - Immunize Nevada - Adult Immunization Coordinator

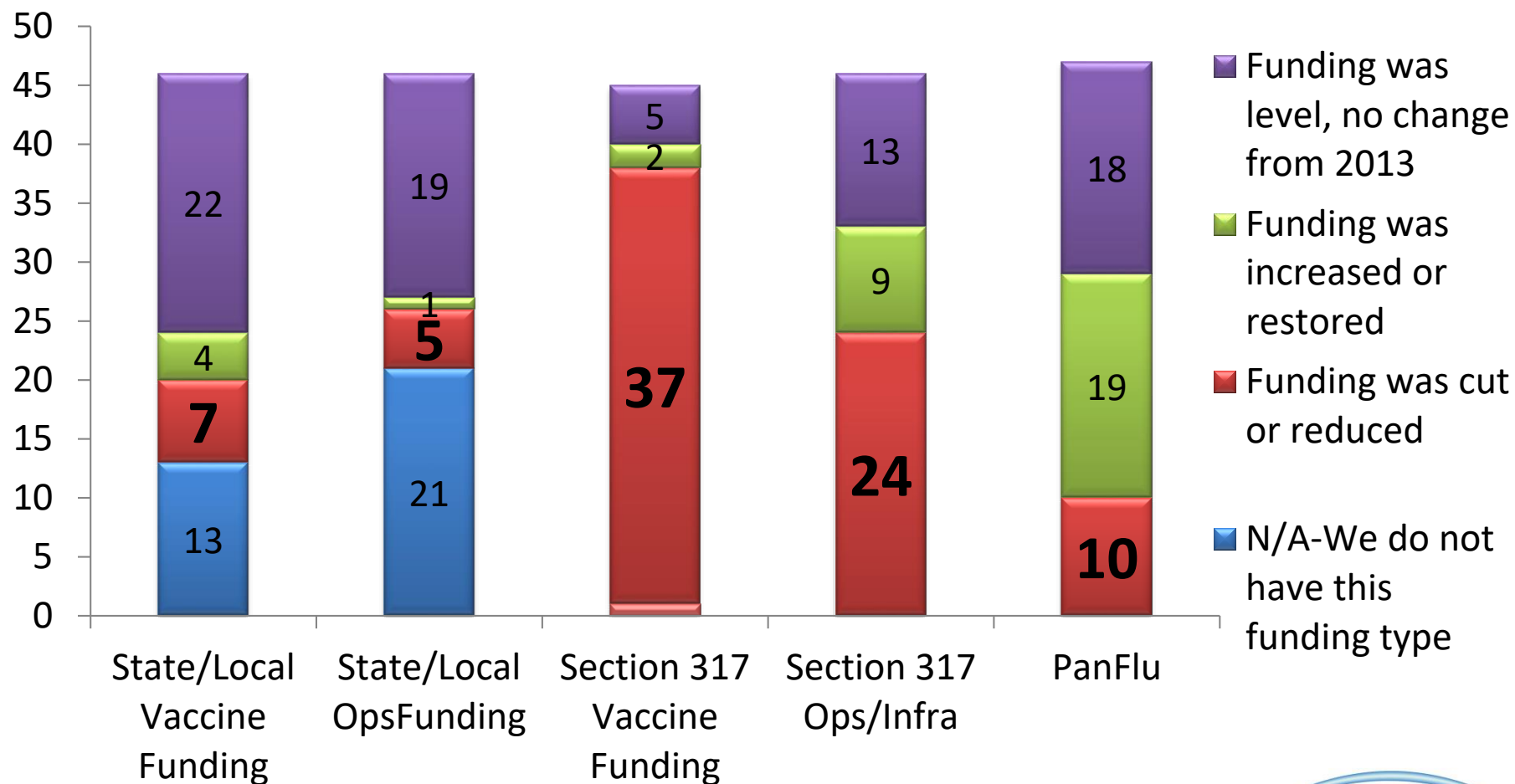
IPs are Working to Overcome Barriers



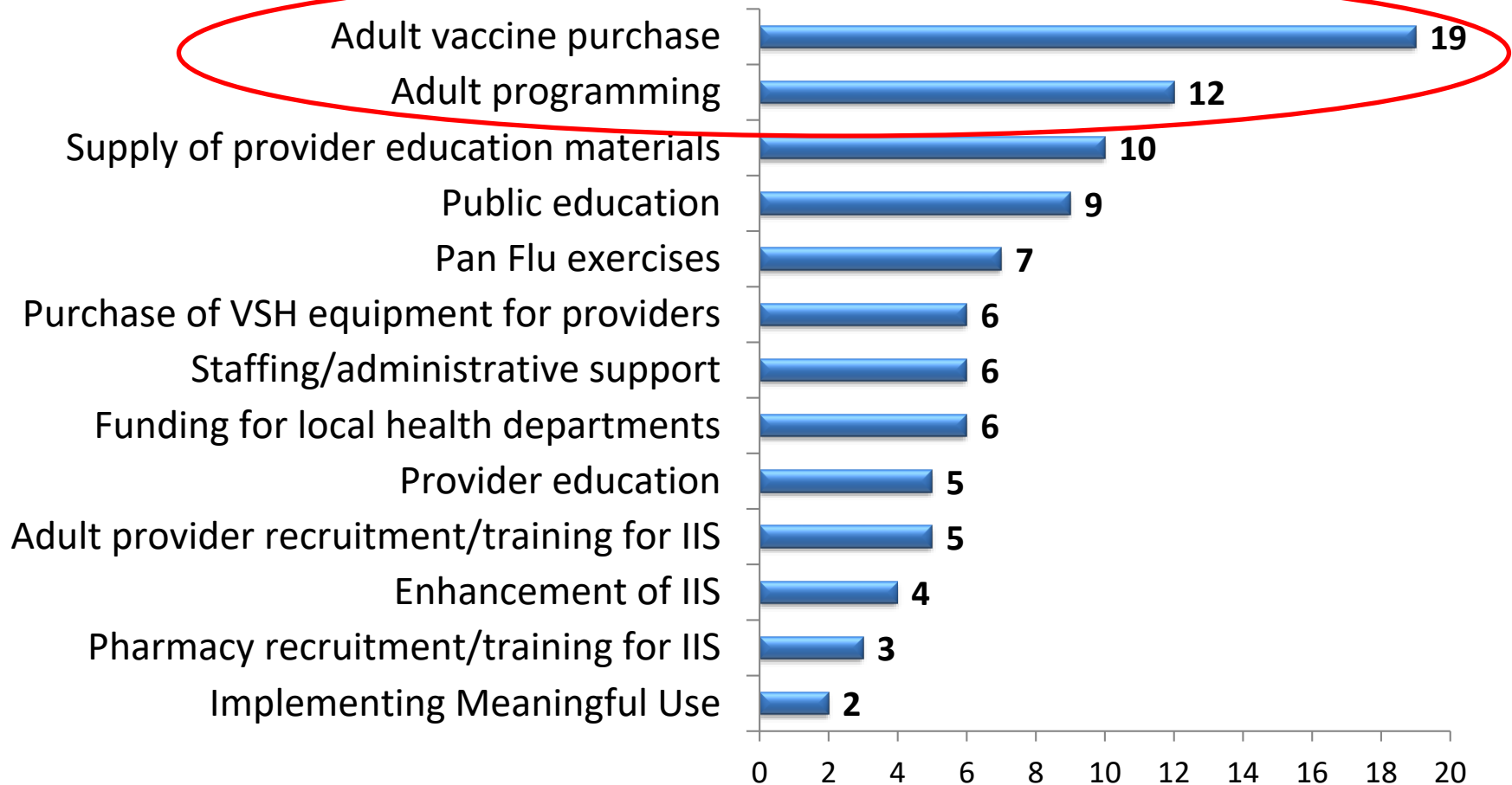
Funding

Staff

Barriers: IP Reported Funding Cuts (2014)



IP with Reduction/Cut in Specific Activities (2014)



* In 2013, 23 of 57 IPs cut Adult Vaccine Purchase
and 13 of 57 cut Adult Programming

Louisiana

Impact of Funding Cuts on Staff Capacity

State Run High Risk Influenza Public Health Unit Clinics

- Historically 317 Funded, no state funds
- Historically walk-in clinics
- State and 317 Budget Reductions over 5 yrs.
 - 40% reduction in overall State Workforce
 - 30% reduction in clinical staff at Public Health Units
 - Now appointment only
 - 3-4 week wait

Rhode Island

Impact of Funding Cuts on Uninsured/Underinsured Patient Assistance Programs (PAP's) and Influenza

- “Seed” vaccine to start the PAP program at the Health Centers
 - non – PAP Health Centers receive 317
- Health centers rely on the manufacturer to replace used doses
 - PAP's delay in reply can be a barrier and results in missed opportunity.
 - Each PAP has a different application.
 - Difficult to keep track of what is needed for individual applications.
- Approximately 60% of the 317 funds used for influenza
- Further cuts = less influenza 317 purchase and funding for non – PAP Health Centers

Potential of IPs to Impact Adult IZ



Experience with
VFC Program

Current Relationships

Current Infrastructure

Examples: Potential of IPs to Impact Adult IZ

- **Ohio**

- Adult AFIX visits in provider offices
- Office based CEU-training for adult providers

- **Washington**

- Centralized IIS reminder recall for adults
- Expansion of current HPV reminder recall efforts

- **Minnesota**

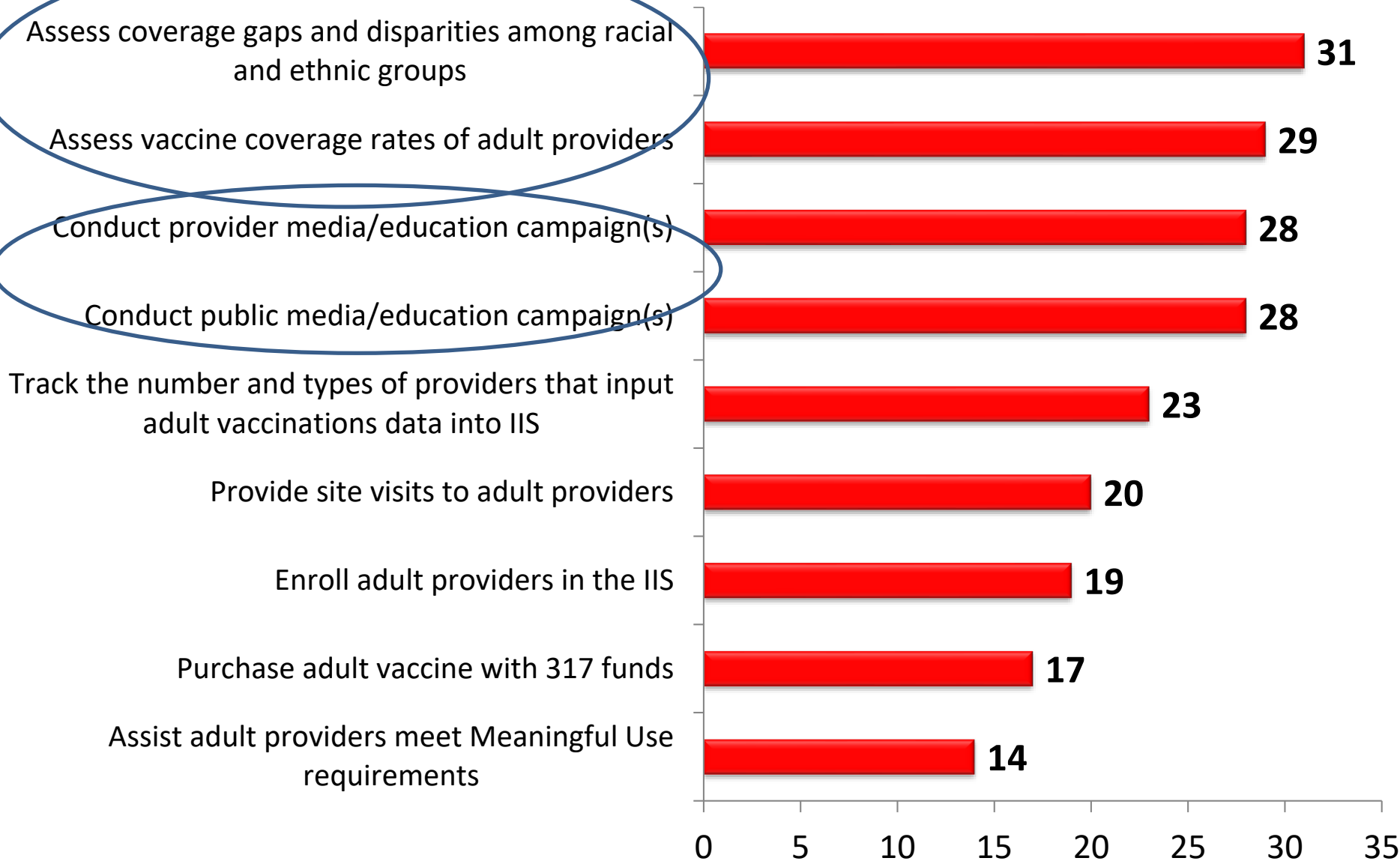
- Quality improvement project with pharmacies
- New IIS functionality for an adult assessment report and adult forecasting in IIS – expand Adult AFIX.

- **Georgia**

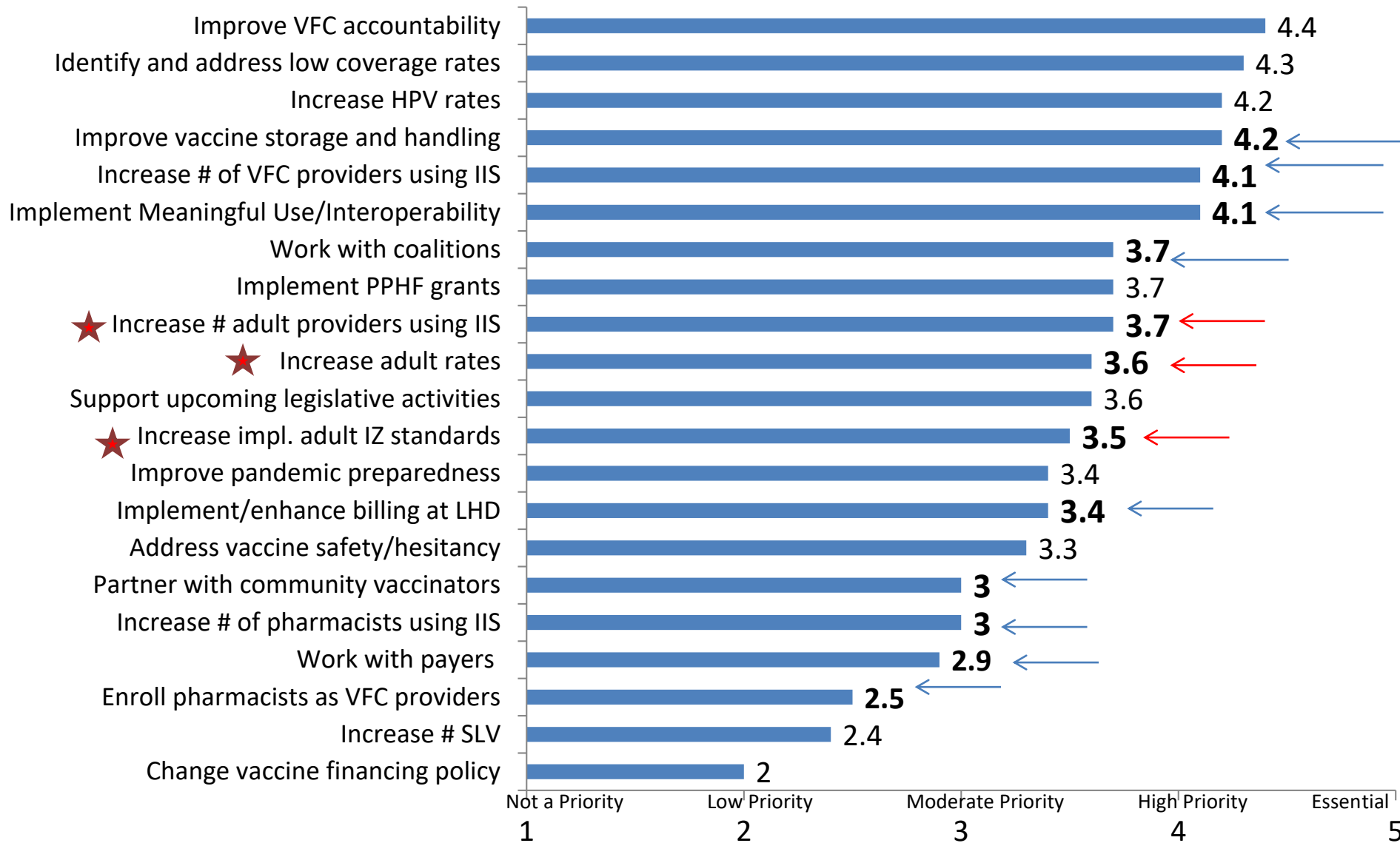
- Reminder recall activity (via phone calls and text messages) for adults

Adult IZ Resource Needs of IPs (2014)

Did not conduct or could not expand because lack of resources

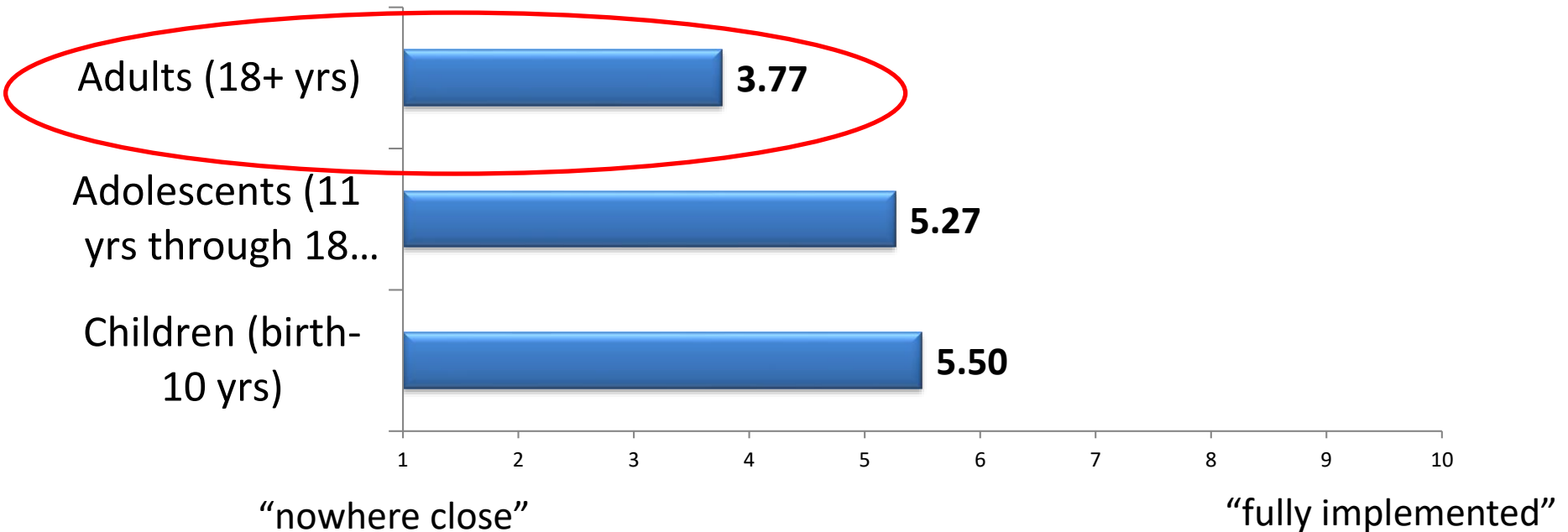


IP Reported Priorities (2015)



Immunization Neighborhood 2015

On a scale of 1 to 10, where 1 is “nowhere close” and 10 is “fully implemented”, what is your opinion regarding your jurisdiction’s status in implementing the “Immunization Neighborhood”



“Immunization Neighborhood” goal is for many diverse stakeholders to collaborate, coordinate and communicate in order to meet the immunization needs of the patient and protect the community from vaccine preventable diseases. This includes collaboration among stakeholders such as: public health, physicians, physician assistants, hospitals and institutions, payers, community leaders and influencers, pharmacists, nurses, etc.

Won't You be Our Neighbor

Collaborate, Coordinate and Communicate

Pharmacists

Payers

Community
Leaders



Public Health

Physicians

Physician
Assistants

Hospitals and Institutions

AIM Adult IZ Activities

Summer 2015 **Update of Adult IZ Information:**

The Vaccine Facts and Policy Website catalogues immunization policy and programs in the 64 State, Local, & Territorial Immunization Programs



Spring 2016 **IP Adult Resource Guide:**

Collection of Lessons Learned and Resources of the 64 State, Local, & Territorial Immunization Programs



ASSOCIATION OF IMMUNIZATION MANAGERS

[Home](#)[About AIM](#)[Awards & Activities](#)[Policy, Communication & Resources](#)[Research](#)[Corporate Alliance](#)[Members Only](#)[Sign In](#)

Working with partners nationwide to
eradicate vaccine preventable disease
throughout the lifespan

[FIND YOUR IMMUNIZATION PROGRAM MANAGER](#)

The Association of Immunization Managers (AIM) was created in 1999 to enable immunization managers to work together to effectively prevent and control vaccine-preventable diseases and improve immunization coverage in the United States and its territories. AIM membership includes representatives from all 64 state, territorial and local National Center for Immunization and Respiratory Diseases (NCIRD) awardees. [Click here to read more.](#)

NEWS

[Submit 2015 AIM Membership Dues](#)

[Update from the Director: AIM
Leadership Development Conference](#)

[HPV: 1.1 Million More Women Started
Vaccine After ACA Passed](#)

[AIM Welcomes New Program Manager
in Louisiana](#)

[AIM Welcomes New Program Manager
for California](#)

[Nomination Period for AIM Awards
Now Open!](#)

 [Follow us on Twitter!](#)

[> LEARN MORE](#)

RESOURCES

[April 2015 AIM Leadership Development
Conference Presentations](#)

[2014 Immunization Program Characteristic
Maps](#)

[AIM PPHF Fact Sheet and Awardee Chart
on Investment in Immunizations](#)

[AIM Position Statement on Personal Belief
Exemptions from State Vaccination
Mandates](#)



[Vaccine Facts
and Policy.org](#)

[> LEARN MORE](#)

CALENDAR

[AIM Influenza and Preparedness
Committee Call](#)

[May 11, 2015 12:00 pm](#)

[National Adult and Influenza
Immunization Summit](#)

[May 12, 2015 12:00 am](#)

[AIM Executive Committee Meeting](#)

[May 14, 2015 12:00 am](#)

[AIM New Member Call](#)

[June 3, 2015 2:00 pm](#)

[> LEARN MORE](#)

THANK YOU!

Katelyn Wells PhD

kwells@immunizationmanagers.org

615-469-5486