

Vaccine Access Cooperative Regional Meeting for Adults
West
May 21-23, 2024

MEETING NOTES

PowerPoint Slides: https://www.immunizationmanagers.org/adult-vac-west-presentation_2024/

OHE Article: <https://www.ohe.org/wp-content/uploads/2024/04/Socio-Economic-Value-of-Adult-Immunisation.pdf>

May 22, 2024

Agenda	NOTES
Setting the stage: Adult Vaccine Landscape in our Region Dr. Shelley Fiscus	<p>Level-setting for attendees and sharing back the information that jurisdictions shared with us.</p> <p>For anyone still wondering what VAC is and why we're doing it - came from funding from the CDC to improve COVID rates among children. Bring together agency partners across jurisdictions to sit at the table and work through strategies to increase immunization rates. Last year we convened 63 teams in eight regions; pharmacists, pediatricians, public schools, Medicaid, and many other partners made up the teams. Six months later, more than 60% were still meeting.</p> <p>This year AIM used CDC funding from our cooperative agreement to fund the meetings to bring people together to discuss adult immunizations and increasing rates.</p> <p>Adult Vaccination:</p> <p>The cost of adult vaccine-preventable disease on society (not including COVID) is approximately \$26.5 billion (adults 50+)</p>



Agenda	NOTES
	<p>The UK looked at 14 developed countries including the US and found that they can offset the cost by 19x with a robust vaccine program. These are the kinds of numbers that speak to people (legislators, funders, etc.)</p> <p>Very complicated system in the US and a lot of trust issues around immunizations. Paying for vaccines is very confusing and not easy to navigate, especially Medicare Part B vs. D. When people are unable to get vaccinated at the point of care, they are less likely to go seek vaccination services after.</p> <p>Medicaid non-expansion states have approximately 2 times as many uninsured as expansion states. Approximately 21 million people have lost Medicaid coverage and less than 50% have been re-enrolled. Some will go through the marketplace for insurance, the others will most likely remain uninsured.</p> <p>Medical providers are burned out, storage and handling are complicated, vaccine confidence is super low, and providers tend to think “I don't need to do it, someone else is doing it” but they aren't. Vaccines for pregnant people are becoming more and more complicated and more vaccines are now recommended.</p>
Idaho Immunization Coalition Presentation	Last year brought on another 1,000 organizations after legislation that brought attention to the coalition.



Agenda	NOTES
Karen Sharpnack	<p>Trust is key; how do you become an organization people trust?</p> <ul style="list-style-type: none">• 1:1 meeting; do me a favor I'll do you a favor• Meetings out of the office; coffee, walks, etc. <p>Grant-funded outreach and provided immunizations.</p> <ul style="list-style-type: none">• CDC Foundation, other foundations, other gov agencies, individuals, etc.• Sustainable/diverse funding allows them to be able to keep going year to year regardless of whether a funding source is lost or reduced.• Was part of the Pave program for 3 years; was able to weave money together to get "swag" and provide incentives to people to get vaccinated?• Located in the Southern part of Idaho currently and that has been the focus; next year going to go state-wide.• Challenge is what is going to happen in the future; the coalition fills in the gaps where there are no other partners or supporters.• Adult, especially maternal immunization is a big priority for the coalition.• Whatever the issue is, the coalition brings organizations together that focus on this same issue. Educational lunch or dinner, health fairs, etc.• Coalition does events for the first year or two and then hands it off to the other organizations.• 1/3 of the "job" is legislature; 25 bills this year wanting to stop all things vaccine related• The coalition had to fight a really strong bill for IIS policy, but they were successful.• One-pager for legislature depending on what they need education around• Huge health fair that included a vaccination clinic for all ages and was very successful.• Beyond the baby shower; all women with about 12 different resources/organizations about women's health and immunizations. Served dinner, talked about childhood vaccinations, etc.• Every community is different with its own sets of trusted partners.• Baby crawl; 3-4 different basketball games at the university; at halftime, the babies do a crawl across the floor and get a donation to their college fund; were able to do a lot of



Agenda	NOTES
	<p>educating on vaccines without making it “about vaccines.”</p> <ul style="list-style-type: none">• TV, social media, radio, billboards, etc. that focus on the people in the community; what are the cultural or other barriers/challenges for that community?• Proactive, not reactive on purpose; thinking a year in advance - what are we going to do and how are we going to do it?• Proactively talking about measles and trying to stop it before it gets to Idaho. <p>Q&A:</p> <ul style="list-style-type: none">• Q: Advice for other pave-funded organizations for looking forward but unsure of funding after Pave.<ul style="list-style-type: none">○ Continuing with the Pave work because now that it's there, it's in place and needed. Had one week's notice that the funding was going away.○ Look at what you are doing and what you can keep doing. How can you find funding for those?○ Doing one drive-thru clinic instead of two; no longer offer incentives or a scaled-down incentive.• Q: Where does the funding for the vaccine come from?<ul style="list-style-type: none">○ 317 funded vaccines are requested from the state for the uninsured.○ Bengal pharmacy has standing orders for the coalition and funds the privately purchased vaccine.• Q: If legislators have concerns about vaccines, how about the people who come to the fairs? Are they hesitant, are they anti, etc.?<ul style="list-style-type: none">○ Two-fold, working with people in households \$65k and less; when you hear “no one wants vaccines! - it's on the side of the medical professionals and not the individuals; in the past three years, no one has been negative or anything.○ Community health workers spend a lot of time talking to patients and individuals in those communities and are “part of” the community and are someone who looks and speaks like them.○ Exposure is key so that people are seeing and recognizing them - put fliers up 2 or 3



Agenda	NOTES
	<p>times before the actual event, etc.</p> <ul style="list-style-type: none">• Q: Idaho has low rates, but those are all about what is reported; how do you report the vaccines?<ul style="list-style-type: none">○ The pharmacy and university are required to report any vaccine to the IIS if the clinic is done “by the coalition.”○ 317 doses must be reported to the IIS.
Team report outs on discussions and developing strategies.	<p>Washington</p> <ul style="list-style-type: none">● Challenge: Funding for adult vaccine programs (lack thereof) can’t provide vaccines to providers, funding for the workforce to enroll, etc.● Success: Partnership with long-term care facilities and one WDH staff oversaw QI initiatives to educate, train, provide info, etc. to the facilities. (funded by COVID so looking to sustain)● Strategies: Want to look at the maternal population; Reach out to ACOG, Dulas, etc. to help increase the vaccination rates during pregnancy; Community health workers and developing a community health worker program to provide education, technical assistance, etc. <p>Oregon</p> <ul style="list-style-type: none">● Challenge: Pharmacies need attention to help plug access gaps; aren’t recognized as providers and can’t be reimbursed, etc.● Success: Vaccine access program; enrolled providers can serve ALL people regardless of insurance status (but challenges for enrolling pharmacies)● Idea: Focus on community pharmacies and work with them to see if they are interested. Pharmacy EHR purchases via grants from the state and then connects to IIS. Grants for technician training (OR techs could attend the WA training program remotely) <p>Idaho</p> <ul style="list-style-type: none">● Challenge: Sustainability of strategies put in place during COVID when there was funding● Success: Provided incentives to providers with COVID money and the state was also providing funding to enhance the reimbursement rate and providers were doing great at



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	<p>recommending and administering vaccines.</p> <ul style="list-style-type: none">● Strategy: Mandating reporting to the IIS for all ages/providers <p>California</p> <ul style="list-style-type: none">● Challenge: The overload of vaccine information and then overwhelmed the public and led to confusion and diminished confidence.● Success: All partnerships created or strengthened during the pandemic. Mandatory reporting requirements have been put in place.● Ideas: work on legislation that impedes vaccination in long-term care. Report card from IIS (who is using the system/where is the data coming from). Look at long-term care and assisted living data. Add maternal vaccination to a group looking at prenatal vaccination. <p>Alaska</p> <ul style="list-style-type: none">● Challenge: Reimbursement issues are a challenge; missed opportunities at medical appointments● Success: Assessment state meaning all insured and uninsured adults can be vaccinated in the state.● Strategies: Mobile clinics, immunization coalition, focus on adult vaccines during the fall flu season; one-day summit for healthcare providers.
Affinity Group Report Out	<ul style="list-style-type: none">● LTCF:<ul style="list-style-type: none">○ Critical partners to increase vaccination rates, medical directors being more involved, taking more ownership of the communications.○ Working with pharmacies and using hospitals to continue to advocate.● Uninsured populations: “We could do a lot if we had funding.”<ul style="list-style-type: none">○ Meeting the community where they're at, getting to increase access.○ Uninsured people are hard to find, so getting out into the community would be helpful.○ Wish list: enroll more providers and have more funding to enroll more providers.



Agenda	NOTES
	<ul style="list-style-type: none"> ○ Critical partners: Dept of Corrections, refugee organizations, employer groups/restaurants ● Pregnant People/Special Populations <ul style="list-style-type: none"> ○ Necessary need for data, what vaccines do you need? ○ How to track the vaccines in IIS ○ Different partnerships, utilizing OBs but they are already overstretched, and won't usually push a vaccine conversation, pediatrics interview, or family physicians. Starting the conversation before the pregnancy, pathways for having those educational conversations ○ Schools offer conversation to students and families in the community. ● Medicaid: <ul style="list-style-type: none"> ○ Pharmacies do not bill directly, to bill on a medical claim. ○ Some of the challenges may be that the pharmacies have good intentions but do not have the resources to help them along. ○ Oregon will be working on this, and Washington will implement an incentivizing value-based structure to their groups. ○ Perhaps have a dentist advocate for HPV and other vaccines ○ Universal purchase, Oregon exploring vaccine financing.

May 23, 2024

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<p>Brief team report outs on plans and next steps</p>	<p>Idaho:</p> <ul style="list-style-type: none"> ● Engage with partners/stakeholders. ● Incorporate immunization into DHW strategic plans, department. ● Piggyback on what Karen is doing, getting stakeholders involved to discuss priorities. ● Data, figuring out where we are, sharing between Medicaid and IIS, getting data from the



Agenda	NOTES
	<ul style="list-style-type: none">health system, coordinating with DITA, to see how they can help visualize.● Set the next meeting for June 6th. <p>Alaska:</p> <ul style="list-style-type: none">● Focus on spring immunization programs.● Team up with local organizations to reach providers with whom we aren't normally partnering.● Expanding Pharmacy technician training● Expanding adult program for the state● Connecting with Karen from ID to support with● Next step: June 20th meeting <p>California:</p> <ul style="list-style-type: none">● Creating a greater focus on pregnant people's vaccination● Sharing existing code● Prepared a 1-page proposal on the need for maternal vaccination.● Learning more about opt-in and opt-out practice, and what currently exists.● Expand the invitation CVPH, June 7th to discuss additional guests.● Health Services Group, July 24th discussion about respiratory disease groups● Continuing to strengthen prenatal involvement.● Explore legislature support and see what the temperature is.● Preparing an online seminar with a greater need for respiratory diseases● Continue recruiting birthing hospitals for internal vaccination.● Modify codes for acute hospitals. <p>Oregon:</p> <ul style="list-style-type: none">● Providing financial support to pharmacies around access● Identifying staffing to support● Determine interest with the pharmacies before moving forward, listening sessions, and



Agenda	NOTES
	<p>outreach to pharmacies.</p> <ul style="list-style-type: none">● Regional meetings planned, immunization listening sessions around the state.● Invite pharmacies in the VAC group to attend.● Determine the functional needs to confirm they align and include the components they need for the completion of these functions.● Workaround supporting billing immunizations with pharmacies and what we can do to get their buy-in● Fiscal, logistical process - funding, reimbursement, and finding a quicker process versus going through the state.● Set up 2 follow-up meetings in the next few months. <p>Washington:</p> <ul style="list-style-type: none">● July 24th is the next meeting, waiting for the internal● Identifying partners for the work, ACOG, Washington State Hospital Association, community collaborative● Outreach, developing a detailed message that describes the problem, data, solutions, and recommendations. Including partners to help and how they can get involved.● In office immunization, QI landscape, if we get the right funding, add a focus on maternal vaccine position.● Project, decided as a group of providers, better understanding the providers who are recommending vaccinations and what are the gaps in knowledge. Reach out to the pregnant people demographic to identify their needs and experiences.● Creating a landing page on the Washington DOH website, specifically for the project● Reviewing the results from the project, review and create new/improved messaging



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Lunch and Open Discussion	<ul style="list-style-type: none">● Kelly McDonald - asking AK about vaccine finance reform - how are uninsured adults handled?<ul style="list-style-type: none">○ AK - all insurance plans are required to participate and must pay in for their adults and then clinics can be part of this as a “payor” and it's approx. \$44/adult.○ Last few years have been able to cover flu vaccine for all Alaskans.○ Uninsured adult component: 50 clinics opted in to participate; \$44/adult.● Rob CA: Is there any assessment data to show the impact of this?<ul style="list-style-type: none">○ Not yet (AK had said COVID and Flu almost doubled)● Background behind the fees and the policy<ul style="list-style-type: none">○ It is in statute and had a legislative champion to get it approved and the sunset clause removed.○ Pharma did not object vocally; but doesn't like that a lot of vaccines for adults.○ Not a full-choice state because of the variations on price, brand, etc. and providers were happier just having one option instead of having to decide what to purchase (both RSV and all COVID vaccines available)○ Trying to determine better ways to determine the vaccines available