Role of Immunization Neighborhood
Immunization Neighborhood

Collaboration, Coordination, and Communication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine-preventable diseases.

Coined by APhA in 2012

- Patient and community centric
- An entire community can invest in assessing, administering, and/or referring patients to receive appropriate vaccines.
- Supports the sharing and exchanging of immunization data
NEIGHBORHOOD BENEFITS

• Increased access points for patients.
  • Especially for completion of vaccine series
• Consistent patient communications/recommendations.
  • Reinforcement of messages
• Improved documentation.
  • To registries, EHR and to patients
• Framework maintains existing care models.
  • Opportunity for referrals
• Optimizes resource utilization.
• Supported and shared provider effort.
<table>
<thead>
<tr>
<th>The 3 C's</th>
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<tbody>
<tr>
<td><strong>Collaboration</strong></td>
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<tr>
<td>• Agree to work together to achieve goals</td>
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<td>• Define outcomes / focus</td>
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<td>• Identify gaps/needs</td>
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<tr>
<td>• Define roles</td>
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| **Coordination** |
| • Standards and Guidelines |
| • Adult Immunization Standards |
| • Multi-directional data access |

| **Communication** |
| • To registries |
| • Between providers |
| • With patients |
Immunization

Neighborhood—Support & Facilitate

- Scope of Practice
  - Authority
  - Protocols / standing orders
  - Coverage and Access
    - In-network
    - Equity in Advocacy
- Collaboration
  - Quality Metrics
- Coordination
  - Series completion
- Communication / Documentation
  - EHR / IIS
  - Messaging

Attributes of an Immunization Champion

- Patient-focused
- Walk-the-Walk
- Energized
- Team-approach
- Optimize Abilities
• Goal 2: Improve Access to Adult Vaccines
  • Objective 2.3 Expand the adult immunization provider network
Expand the adult immunization provider network

- **(NAIP 2.3.1)** Encourage in-network coverage of adult vaccinations administered in accessible health care delivery settings (e.g. public health clinics, pharmacies)

- **(NAIP 2.3.2)** Identify and promote effective collaborative models, best practices (e.g. among physicians and other immunizers)

- **(NAIP 2.3.3)** Collect more data to evaluate reported in-network adequacy concerns

- **(NAIP 2.3.4)** Strengthen the capacity of public health departments and federally qualified health centers to provide all adult vaccines by sharing effective practices for billing private insurance issuers for vaccination services provided to plan enrollees.

- **(NAIP 2.3.5)** Continue to identify the barriers that prevent or discourage pharmacist and other providers in complementary settings from accessing and entering vaccinations into state IIS and reporting vaccinations to the patients’ primary care providers.

- **(NAIP 2.3.6)** Clearly articulate the legal, practical, and policy barriers that remain so that the challenges are well understood by partners (e.g., legislators, lawyers) necessary to advance solutions.

- **(NAIP 2.3.7)** Assess the impact of providing vaccination services in accessible and complementary settings (e.g., pharmacies and community health centers) on vaccination coverage, cost-effectiveness, and care.

- **(NAIP 2.3.8)** Increase the number of community health centers that routinely administer vaccinations to adults and report vaccinations to immunization information systems and primary care providers.

- **(NAIP 2.3.9)** Encourage on-site, occupational health vaccination clinics and involvement of employers to increase employee vaccination rates.
IZ Measures Pharmacists Could Impact

• **Healthy People 2020**
  • IID 4.2 Reduce new invasive pneumococcal infections among adults 65 years and older
  • IID-13 Increase the percentage of adults who are vaccinated against pneumococcal disease
  • IID-12 Increase the percentage of children and adults who are vaccinated annually against seasonal influenza
  • IID-14 Increase the percentage of adults vaccinated against zoster
  • IID- 15.3 Increase hepatitis B coverage among healthcare personnel.
  • IID- 25.1 Reduce new hepatitis B infections in adults 19+ years
  • IID- 23 Reduce Hepatitis A
• IIS Reporting Measure: The percentage of administered adult vaccinations that are submitted to Immunization Information Systems during the measurement period

• IZ Status Assessment: The percentage of adult health plan members who met eligibility criteria for MTM services and received an immunization status assessment within the eligibility period

• Phase 2 consideration
  • Composite adult immunization rates for patients with diabetes
Collaboration

• Agreement between stakeholders: meet patient needs, protect patients from vaccine-preventable diseases, and increase patient access to recommended vaccinations
  – Depending upon state requirements
    • Scope of vaccine offerings
    • Protocols / standing orders
    • Common messaging
Let’s not repeat history...

Today we have
* good vaccines
* access points

We need collaboration focused on improving public health

From the 1950’s....

Why...Why Didn’t We Listen?

Effective as it is, polio vaccine helps only when used. Polio virus is still widespread. Don’t wait until it’s too late. Arrange now for immunization.

Your pharmacist works for better community health.

American Pharmacists Association
Improving medication use. Advancing patient care.
Components of an Immunization Protocol

- Identify individual who has delegated activity
- Identify who is authorized to administer vaccine
- State types of vaccines practitioner is authorized to administer
- Define procedures, decision criteria or plan provider should follow, including when to refer patient
- Identify procedure for emergency situations
- State record keeping and documentation procedures

**Immunization Neighborhood Protocol / Standing Order Expectations**

Providers within the immunization neighborhood should ensure that vaccine administration information is entered into the immunization information system (IIS) and/or the patient’s medical record if one exists, to ensure tracking towards vaccine series completion and message reinforcement.
Pharmacists and Pharmacies

• Important for the hard-to-reach adult populations.
  – Convenience Factor:
    • more than 300,000 pharmacists have been trained to administer vaccines across the lifespan
    • nearly all Americans (90%) live within five miles of a community pharmacy.
    • All 50 states allow pharmacists to administer influenza, pneumococcal and zoster vaccines and many adults seek these vaccines in the pharmacy setting.
      – Other vaccines can be administered, depending upon the state

Medically underserved areas served by pharmacies (MUAs) – supports Provider Status case

- **Geographic positioning** and **hours of operation** of community pharmacies.
- **One example** from a nationwide community pharmacy corporation
  - over 1/3rd of their influenza vaccines administered were in pharmacies in MUAs;
  - in states with the largest MUAs, they provided up to 77.1% of their influenza vaccines in these areas.
  - of all influenza vaccinations they delivered, 31% were during off-peak times (59% on weekends and 31% in the evenings),

- approximately 31% of patients during off-peak times were age 65 or older, and 36% had underlying medical conditions.
  - efforts to provide immunizations beyond those for influenza were complicated by lack of insurance coverage or recognition as in network providers.
Coordination

• Guided by established standards and recommendations
• Provider access to needed information

• **Assess** patient immunization status
  • Patient history (oral and record cards)
  • Electronic health records / IIS

• **Administer** vaccines or **refer** patient to immunizer

• **Referral** of patients for other services / entry or re-entry into system
NVAC Adult Immunization Standards

• Assessing, Recommending, Administering, and/or Referring patients to receive appropriate vaccines.

• Supports the sharing and exchanging of immunization data among providers
  • can be focused on populations (pediatric, adolescent and adult), and/or
  • preventable diseases (HPV, pertussis, etc.) to meet the needs of patients and the communities served

• All providers, caregivers and community advocates have a role with everyone focused on meeting the needs of the patient.
  • Advocate, Facilitate, Immunize

• Patient education, comfort level, trusted providers, and timely access all can influence vaccine uptake and are areas that stakeholders can impact.

Can be found on AI Resource Page at: http://www.amga.org/docs/Quality/Adult%20Immunizations/Provider%20Self-Assessment%20for%20Immunization%20Recommendations.pdf
Referral Tools – examples

are there components within these you can use in your system?
Communication (documentation)

• Documentation to electronic health record and IIS
  • Completeness of health records
  • Reporting for quality measures
• Provision of documentation to patient
• Patient reminders and recall
  • Completion of series (HPV, Hep B, etc)
• Billing for vaccinations

Future:
• Seamless Two-way Access, including to registries
• One-entry
Adult Data Capture

Source: AIRA, Feb 2017
Policies That Affect Adult Data Capture/Use

- State/jurisdictional laws on opt-in/opt-out/mandated reporting
  - 47 of 50 states plus Washington DC are opt-out IIS for children
  - 42 of 50 states plus Washington DC are opt-out IIS for adults
  - Reporting mandates often focus only on childhood reporting (age 0-18)

- State/jurisdictional laws on cross jurisdictional data exchange
  - Some states have limitations on sharing across state lines

- Be aware of provider reporting requirements
  - May require, but lack of enforcement (which leads to incomplete records)

Source: AIRA, Feb 2017
Policies That Affect Adult Data Capture/Use

• Meaningful Use for Medicaid Providers
  
  • MU Stages 1 and 2 have increased provider participation greatly
  
  • MU Stage 3 begins officially in 2018 (*note that 2017 is an optional year*)
  
  • Significant changes in MU3 include EHR use of 2015 Certified EHR Technology (CEHRT), query functionality to query and display IIS record and forecast, use of National Drug Codes (NDC) for reporting administered doses, and use of acknowledgement messaging
  
  • MU has challenged the IIS capacity to onboard all interested providers

Source: AIRA, Feb 2017
Policies That Affect Adult Data Capture/Use

- MACRA/MIPS for Medicare Providers:
  - MACRA – Medicare Access and CHIP Reauthorization Act of 2015
  - MIPS - Merit-Based Incentive Payment System
    - Part of the Quality Payment Program (QPP) that streamlines multiple quality reporting programs
  - MIPS eligible clinicians (ECs) include Physicians, Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists
  - MIPS includes an optional measure for IIS reporting
Policies That Affect Adult Data Capture/Use

Meeting the measure (i.e., submitting or being in active engagement with an IIS) earns an additional **10% bonus score** towards an Eligible Clinician’s overall Advancing Care Information (ACI) score.

- Meeting the IIS measure also makes the EC eligible for an additional **5% bonus for other PH reporting measures**.

*Source: AIRA, Feb 2017*
Increase public understanding
Communication / Documentation
engagement of providers and patients

- Update
- Report
- Carry
- Share
Engagement within the “______________ Neighborhood”

**What is Your Role?**

Meeting specific needs of targeted populations and communities

**Strategy to address Pediatric, Adolescent, and Adult Immunization Needs**

Supporting the Neighborhood
- HIT
- Documentation
- Standards / Guidelines
- Consistent Messaging
- Scope of Authority
- Referral mechanisms
Rx to our nation’s immunization initiative

- Every patient encounter provides an opportunity to educate and advance immunization status...
### 3 Cs

<table>
<thead>
<tr>
<th>Breakouts</th>
<th>Time</th>
<th>Details</th>
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<tbody>
<tr>
<td>The 3 Cs</td>
<td>1:30pm-1:45pm</td>
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<td>1:45pm-2:10pm</td>
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<td>2:10pm-2:25pm</td>
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**Collaboration**
- Barriers / Opportunities
- Strategies / Solutions
- Concerns or Ahas!

**Coordination**
- Barriers / Opportunities
- Strategies / Solutions
- Concerns or Ahas!

**Communication / Documentation**
- Barriers / Opportunities
- Strategies / Solutions
- Concerns or Ahas!
### Breakout: ____________________

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**Immunization Neighborhood Plan**

Our immunization neighborhood vision: __________________________

*Stakeholders within our immunization neighborhood understand, embrace and contribute to achievement of our vaccination rates and public health improvement.*

What is/ are the focus (gaps to address)?: __________________________

Who are the members of the immunization neighborhood we need to engage?

______________________________________________________________

Who is our immunization neighborhood lead? _________________________

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<thead>
<tr>
<th>Gap / Focus</th>
<th>Collaboration</th>
<th>Coordination</th>
<th>Communication</th>
<th>Documentation</th>
<th>Comments</th>
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*Include in YOUR Action Plan!*