



Shots
aren't just
for kids.

Vaccines for adults can prevent serious diseases and even death. Ask your doctor about what immunizations you need. Because staying healthy at any age isn't kid stuff.



You can't stop time,
but you can **STOP**
serious diseases before they ever start.

Report on National Adult Immunization Summit

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ACIP Meeting
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National Center for Immunization & Respiratory Diseases
Immunization Services Division



National Adult Immunization Summit

- Atlanta, GA May 15-17, 2012**
- Patterned after the National Influenza Vaccine Summit**
- Co-sponsored by American Medical Association,
National Vaccine Program Office, and CDC**

Adult Immunization Summit Goals

□ Goals:

- Convene adult immunization stakeholder organizations to represent all facets of the adult immunization process, from manufacturers to vaccinators to advocacy groups, public health and policy.
- Facilitate identification of specific actions that can be taken by Summit members that will lead to improvements in vaccine uptake, such as through reducing barriers for payment, increasing access to vaccines and vaccinators, and increasing awareness of adult immunization recommendations.
- Develop and sustain working groups within the Summit whose goals is implementation of specific actions identified.

Working Groups

- **Five working groups**
 - Patient Education
 - Provider Education
 - Access and Collaboration
 - Quality and Performance Measures
 - Education and promotion of adult immunization to decision-makers (no federal participants)
- **Initial groups met pre-summit to identify key issues and potential solutions**
- **At summit, working groups presented and solicited feedback and interest in working group work**
- **After summit, working groups**
 - Reconvened/revised based on feedback and interest
 - Identify key action items for the Summit to work on over the next year and to report back the Summit next year

Summit Opening

- ❑ **Summit opened by Dr. Koh, Assistant Secretary, DHHS**
- ❑ **Provided important message of support/commitment from HHS**
- ❑ **Discussed the alignment of newly initiated HHS Interagency Task Force on Adult Immunization with Adult Summit**
 - Task Force will include the first 4 of the 5 Summit working groups
 - Summit will inform the Task Force and vice versa

Summary of Meeting

- **288 attendees**
- **150 different organizations represented, including:**
 - Coalitions
 - Local, state and federal public health
 - Provider organizations (physician, nursing, pharmacy, physician assistant, nurse midwives, community vaccinators)
 - Aging and other advocacy groups
 - Vaccine manufacturers and distributors
 - Insurance providers and billing organizations
 - Academic and policy groups
 - Other federal partners (other HHS agencies, Department of Defense, Veteran's Affairs)

Agenda

- ❑ **Opening session provided background for other discussions**
 - Current coverage
 - Public health resources for adult immunization
 - NVAC Adult Immunization Recommendations
 - Immunization provisions in Affordable Care Act
 - USPHS Task Force summary of what interventions work to raise vaccine coverage in adults
- ❑ **Subsequent sessions provided background for each working group and working group summaries**
- ❑ **Each session followed by opportunities for discussion and suggestions**

Major Themes From Summit

- **Feedback generated: 100 verbal comments, 67 feedback forms, 102 “post-it” comments**
- **Communications**
 - Need to change culture – increase awareness of and demand for adult immunization
 - Overall unifying promotion/advertising strategy needed to change culture/behavior
 - BUT also need to meet needs of specific groups
 - Need to better convey value of immunizations for adults
 - Central point needed for providers, patients and others to find available materials
 - Increase engagement with employer and employee groups, including unions
 - Promote adult immunizations within the context of other preventive services for adults

Major Themes From Summit (2)

- **Improved documentation/communication via Immunization Information Systems (IIS)and Electronic Health Records (HER)**
 - Ensure EHRs include prompts for immunizations and communicate with IIS
- **Decrease policy and legal barriers for all vaccine providers, including pharmacists**
- **Evaluate means to increase education of and incentivize providers, e.g. through performance or quality measures**
- **Decrease complexity of ACIP Adult Vaccine Schedule**
- **Engage/encourage adult immunization champions/leadership in key sectors, including among adult provider organizations, and other key groups**

Resources

- **Preliminary list of resources for provider and patient education compiled by Immunization Action Coalition (IAC), CDC and patient and provider working groups posted on IAC website**
 - www.immunize.org/adult-vaccination
 - Work-in-progress, will be updated as necessary
- **Slides from 2012 Influenza Vaccine Summit and Adult Immunization Summits at:**
 - www.preventinfluenza.org

Follow-up Steps Over Next Several Weeks

- ❑ AMA, CDC, and NVPO in the process of reviewing and organizing comments, and share with HHS TF and Summit
- ❑ Develop initial list of key action items
- ❑ Review working group composition and welcome new members to working groups
- ❑ Prepare meeting summary for participants
- ❑ Prepare proceedings for submission to peer-reviewed journal

Next Steps (2)

Summit Working Groups to Drive Action

- Over the course of the next year...**
 - Working groups will identify 2-3 actionable items to accomplish, based upon feedback from Summit
 - Secure commitment from stakeholders to assume leadership roles for specific actions
- All working groups will be supported and sustained**
 - CDC/NVPO staff will keep Summit working groups informed of HHS Adult Immunization Task Force activities and vice versa
- Work toward Adult Summit 2013 – report back from the working groups on past year's accomplishments**

Acknowledgements



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 - **Litjen Tan, AMA**
 - **Angela Shen, NVPO**
- **Working group leads**
- **CDC, AMA and NVPO staff who supported the meeting**
- **Summit participants**