

HAWAII IMMUNIZATION CONGRESS

Immunization Conversation Notes

Wednesday, September 17, 2008

Access & Barriers to Immunizations

Opportunities to improve access and barriers to immunizations in Hawaii

- Getting data back to the medical home (e.g., flu data)
- Child refusal to be immunized has to be communicated
- Work in schools with students
- Replicate successful community outreach programs
- Provide immunization “incentives” to providers through EPSDT screening
- Pharmacists able to administer adult vaccinations (and can maintain supplies)
 - Vaccinations can be done in stores with pharmacies
- Sensitivity of Medicare to the needs of the underinsured
- Address community misperceptions or myths about immunization/disease
- Be proactive, target specific communities, use VIPs to deliver message
- Identify the “why” of the statistics we have
- Explore non-traditional sites (to provide immunization/vaccination)
- Outreach to the entire life span (i.e., all age levels, ethnicities, rural – urban, religious communities, etc.)
- Cultural diversity

Proposed Actions to improve access and barriers to immunizations in Hawaii in the next 3-5 years

1st Priority: Outreach and Education (ranked #1 in two of three conversations)

- Provide information in different languages, print forms in different languages
- Educate primary physicians to provide /prescribe immunizations – No missed opportunities
- Cognizant of “stigma:” associated with Hepatitis B in some communities. Must either get them into the clinic or take the clinic to them.
- Go into the community, use vans like the cancer or red cross vans. Go out on weekends and evenings, to where the people are
- Develop a media campaign with one message (unified, consistent)

2nd Priority: Collaboration (ranked #2 in two of three conversations)

- Explore/Increase partnerships with DOE, DOH, School of Nursing, etc.

3rd Priority: Increase reimbursement fees (ranked # 3 in two of three conversations)

4th Priority: Replicate successful models and expand outreach (ranked #1 in one of three conversations)

- Timely transfer of data to providers, including documentation of children's refusal and flagging of un-immunized individuals
- Add parent's consent to Form 14 to allow sharing of data

5th Priority: Address the needs of the underinsured (ranked #3 by one of three conversations)

- Increase the amount of Hepatitis A vaccine available to high risk populations, Adults, homeless, and underwrite the cost

Organizations critical to successfully addressing the priority actions for access and barriers to immunization

- DOE
- DOH
- Health plans
- Community health centers
- AAP, AAFP
- Employers
- School of Nursing – all nurses, advanced, public health, Association, etc.
- Pharmaceutical Association
- Pharmaceutical companies
- School of Medicine
- Medical Reserve Corp.
- Medicaid
- Offices of Aging/Elderly
- Hawaii Primary Care Association
- Military
- Churches
- Communities

How HIC can best contribute to advancing these priorities

- Facilitate the development of a plan
- Find common goals, generate interest
- Advocacy
- Exploring funding opportunities & making that information available
- Ongoing support for research
- Create media messages, public service announcements, etc.
- Bring people to the table
- Leverage expertise
- Education & Marketing (taking a leadership role versus being totally responsible for this)
- A forum for disseminating information

Adult & Adolescent Immunizations

Opportunities to improve adult and adolescent immunizations in Hawaii

- Use Vaccinations for Children (VFC) program to increase awareness and immunizing by providers
- Expand the partnership with HPU to include 7th and 8th grades
- Increase provider willingness to immunize
- Increase public knowledge of all vaccines (like the task force for flu and pneumonia is doing)
- Reach out to pharmacists; include them in the conversation
- Use the media to dispel myths about vaccinations
- Expand school-based flu program to include K – 12
- Use health fairs to increase immunizations
- Resolve issues vis-a-vis reimbursement
- Reach out to the homeless population
- Engage other organizations (like AARP, nursing and care homes) who deal with seniors
- Get non-vaccinators to refer to vaccinators
- Bring vaccinations to the people
- Change legislation to allow 14 – 17 year-olds to consent to vaccines

Proposed Actions to improve adult and adolescent immunizations in Hawaii in the next 3-5 years

1st Priority: Education

- Use media to inform public
- Educate providers to see the benefits of immunization
- Initiate partnerships with DOE both to inform high schoolers about benefits of adult vaccinations and talk about career potential in the field

2nd Priority: Advocacy

- Enact legislation
- Resolve reimbursement among interested parties
- Prevent legislation that can have a negative impact on immunization legislation
- Make vaccination an entry requirement for long-term care facilities

3rd Priority: Collaboration & Outreach

- Expand school-based flu program
- Explore partnerships with all nursing programs in the State
- Get large organizations/companies involved in offering/educating about all vaccines
- Encourage collaborations across all disease-specific providers to maximize resources

- Identify venues to go to (including homes) for reaching specific populations
- Merge software
- Create outreach activities to deal with stigmas among certain populations
- Identify and train health educators who work within communities

Organizations critical to successfully addressing the priority actions for adult and adolescent immunization

1st Priority: Education

- DOE
- DOH
- HAAP
- HMA
- Health insurers
- Industries (manufacturing, etc)
- Chamber of Commerce
- Media
- Homeless coalition
- Professional medical organizations (like AAFP)
- Educational institutions, both public and private Other non-profits
- Large companies
- Unions
- CHCs
- Churches

2nd Priority: Advocacy

- DOH
- Insurers
- DOE and private schools
- Professional associations
- Legislative aides
- Pharmaceutical companies
- Media
- Religious groups
- Healthcare providers

3rd Priority: Collaboration & Outreach

- HPHA
- Medical schools

How HIC can best contribute to advancing these priorities

1st Priority: Education

- Create standardized information
- Provide information to different organizations
- Serve as a clearinghouse of information on trends, events, data, news
- Take a stand on the issues and inform people of it
- Identify contacts within each of the organizations listed
- Train peer-to-peer educators
- Create and implement a media plan

2nd Priority: Advocacy

- Facilitate all groups

- Be the conduit
- Provide information to organizations
- Find an immunization-friendly legislator
- Offer workshops
- Bring groups together
- Invite influencers to change policies (and provide talking points)
- Provide in-service within organizations
- Invite legislators and aides to HIC events
- Provide legislative briefings
- Go directly to HMOs and DOH

3rd Priority: Collaboration & Outreach

- Collaborate with administrators and non-profits to cover vaccine insurance
- Collaborate with pharmacies to administer vaccines
- Develop a newsletter
- Coordinate/participate in health fairs to represent immunization and be visible
- Serve as brokers to help members do outreach

Insurance & Reimbursements

Opportunities to improve insurance and reimbursements for immunizations in Hawaii

- New vaccines being covered
- Adult vaccines being covered
- Insurance coverages/benefits (Med. Part B & D)
- How much is it and who is going to pay for it is a critical question (co-pay, etc.)
- Any physician can order vaccine without Primary Care Physician's approval (but may not get paid for it) – this would decrease the missed opportunities
- Have adult immunization schedule as recommended by the CDC
- Create a vaccine for adult program like VFC program for children
 - Right now there's a front-end investment by VFC program providers
- Universal purchase – the state purchases vaccines that providers can then purchase from the state – this is an opportunity to partner with other states since Hawaii is small
- Do a better job of marketing the value of immunizations to everyone – providers and patients
- Know what insurers cover – have transparency upfront; currently there is a disconnect between what consumers might want but won't be covered for
- Fair and equitable reimbursement
- Universal “cost” for ordering vaccines, for example, Universal Purchase States
- Partnership between insurance companies in order to address issues of cost of vaccines (scale issues) and buying in bulk

Proposed Actions to improve insurance and reimbursements for immunizations in Hawaii in the next 3-5 years

1st Priority: Insurance Reimbursement

- Payment for administration of vaccine (service)
- Health plans are reimbursing adequately for cost of vaccine (AWP)
- Improve timely reimbursement
- Decrease labor and paperwork involved in reimbursement, within the confines of the law
- Managed care organizations and contracted providers have a clear understanding of billing requirements
- Get everything online – no more paper; policies and step-by-step processes outlined on websites
- Pay higher administration fees for giving vaccines in combination versus separately – incentivize this
- Provider billing education – health plans, provider offices, pharmaceutical companies could help fund this

2nd Priority: Deregulate Adult Vaccines, e.g. flu

- Get insurance companies to allow any physician to give adult vaccines without pre-approval, like with the flu vaccine – allow for “standing orders” (make it neutral)
- Take State-funded vaccines for private patients
- Take state Hepatitis B vaccines and give to uninsured or underinsured and order vaccine after the fact to replace the used vaccine. Create a policy at the state-level to avoid a missed opportunity

Other Priority: Registry System

- Get physicians on board for IIS

Other Priority: Vaccine Inventory Controls

- Take State-funded vaccines for private patients
- Take state Hepatitis B vaccines and give to uninsured or underinsured and order vaccine after the fact to replace the used vaccine. Create a policy at the state-level to avoid a missed opportunity

Other Priority: Universal Purchase State

- Become a Universal Purchase State, but this will take longer than 3-5 years

Organizations critical to successfully addressing the priority actions for insurance and reimbursements for immunization

- HMSA
- Health plans
- Medicare, Part D
- CMS – Medicaid
- Pharmacies
- Health care providers
- Insurance Commission
- Provider professional organizations, e.g., AAP, etc.
- Department of Health
- Employers
- National Account Executives from manufacturers
- Media

How HIC can best contribute to advancing these priorities

- Advocate for increased funding for adult vaccines
- Facilitate meetings with partner organizations – non-biased community organizer
- One-stop data access point; HIC would create and monitor a clearinghouse that has updated data summaries linked with the Registry on its website
 - Password access to protect the data
 - Links to contact people for insurers
 - Look at the Idaho model
- Information source for all of the immunization community
- Be the primary source for the media, the “go to” organization
 - Provide accurate messages
 - Improve public awareness

- New vaccines, indications, initiatives, etc
- Help provide reimbursement rates to the State
 - Acquiring information and disseminating it
 - Less threatening body to do so

Immunization Registry

Opportunities to improve the Immunization Registry in Hawaii

- Partnering with the 12 birthing hospitals.
- Partnering with existing EMR systems.
- Mandating participation in the Registry.
- Connecting with the military DEERS registry.
- Identifying contacts for other existing database systems.
- Patient access to own records.
- For patients with no consent, can the doctor enter the data into the registry as Dr.'s own records (not patient's) to get around consent for each individual.
- School influenza immunization program – get these into the Registry.
- Need for trained data entry personnel.
- Need single data record that can be recorded in all places it needs to be (not entering same information multiple times). Go where? – patient, school, VFC.
- Make it easy – eliminate redundancy.

Proposed Actions to improve the Immunization Registry in Hawaii in the next 3-5 years

Priority: Legislation

- Mandate and allow immunization information to go on Registry without consent (“opt out” not “opt in”).
- Must bring to forefront of legislative agenda in next few years.

Priority: Partnering

- HIC to hire a person whose specific job it is to recruit partners for the Registry.
- Working group/Task force created (include IT personnel) to work with Registry on implementation.
- Partner with schools, clinics, military, EMRs, colleges, homeless shelters.

Priority: Data/System Connectivity

- DOE should put form 14 into Registry.
- Stamp Form 14 with Registry validation upon graduation.
- Connect Hawaii Registry with other existing registries including those in other Pacific Islands.
- Systems should communicate with each other – provide mutual access.
- Creation of a data warehouse where all systems talk to each other.
- Inter-operability of EMRs with the Registry. (Round 2)

Priority: Data Entry Efficiency

- Make data entry very easy.

- Develop a center with a pool of employees who can do data entry for providers.
- Standardize school health forms.
- Dept. of Health train some folks with DragonSpeak to do data entry for providers.
- Add EPSDT data to Registry – it is already digital.
- Reduce/eliminate redundancy.
- Single entry for multiple records/forms needed.
- Get involvement of pharmacies that are vaccinating to add data to registry.
- Shot givers input the data.
- Get historical immunization records from insurance companies.
- Child's data is inputted when they get birth certificate.
- Also, link the system to death certificates.

Priority: Community Education

- Build community awareness.

Note: no order of importance was chosen by the participants:

- Legislation & Community Education
- Partnering
- System Connectivity & Data Entry Efficiency

Organizations critical to successfully addressing the priority actions for the Immunization Registry

Legislation & Community Education

- | | |
|--------|----------------------|
| • DOH | • Private Schools |
| • DOE | • Birthing Hospitals |
| • AAP | • Military |
| • HAFP | |

Partnering

- | | |
|--------------------------|--|
| • DOH | • Parent/Teacher associations |
| • DOE | • Insurers |
| • AAP | • ACP and other professional organizations |
| • HAFP | • Elderly Affairs Division |
| • Primary care providers | • Public and private universities |

System Connectivity & Data Entry Efficiency

- | | |
|----------------------------|---|
| • DOD Health Affairs Dept. | • High school and medical assistant school students could be used to do data entry. |
| • Vendors of EMR | |

How HIC can best contribute to advancing these priorities

Legislation & Community Education

- Educate legislators
- Educate parents and providers
- Get support and testimony
- Media/PR campaign

Partnering

- Hold forum for partners to come together
- Speak at AAP and other professional association meetings
- Speak at annual meeting of National Association of Nurse Practitioners
- Explore incentives for provider participation
- Use website to educate and build partnerships

System Connectivity

- Bring together database technicians to explore connectivity.

Data Entry Efficiency: No items were generated due to time constraints.

Partnerships & Collaborations

Opportunities to improve partnerships and collaborations for immunizations in Hawaii

- Utilize nursing students (HPU/UH)
- Intermediaries partnering with providers for education and advocacy efforts, especially addressing those exempting and providing them with complete information
- Create unified and consistent message across partnership and collaborative efforts—one consistent PR and messaging effort
- Central fund and effort for media/public education campaign that all partners can contribute to
- Health care worker campaigns, including incorporating site-based vaccinations into policies and procedures
- Private and non-traditional funding for media/communications efforts for all partners
- Design incentive structure for both providers and clients to increase the number of immunizations
- Partner with service providers to immigrant populations such as churches, immigration liaison offices, and design demonstration projects that include pharmaceutical companies and graduate students
- HIC grantwriter/grant researcher to apply for funding for all collaborative immunization efforts
- Include those who would find value in immunization registry into the partnerships and collaboration work
- Include legislators in convenings
- Include all schools (public, private, post-secondary, and early education)

Proposed Actions to improve partnerships and collaborations for immunizations in Hawaii in the next 3-5 years

1st Priority: Outreach, Advocacy and Communication for providers

An organized outreach, education and communications plan targeted to the priority audiences of **providers** (including health plans that can influence customers and providers) and **new partners**, such as employers and churches.

- Advocacy and Education campaigns around annual events like National Immunization Week and flu season
- Strong media plan and strategy to deliver consistent message throughout the year to the public (including bus posters, movie theater advertisements, community events and fairs)
- Outreach and continuing education for providers (e.g. anyone who interfaces with community about health in general) on benefits of immunization and dispelling myths about vaccinations
- Get health insurance companies and employers involved, expand “partners” to businesses and employers via proactive education
- Outreach specifically to anti-immunization population

- Forum to convene service providers to immigrant populations

2nd Priority: Expand and Maintain partnerships

Expand and maintain partnerships by holding forums to involve new partners such as immigrant service providers, EMR vendors, neighbor island health/community providers, legislators, and all public/private schools, and convene all partners regularly.

- Get health insurance companies and employers involved, expand “partners” to businesses and employers via proactive education
- Increasing and maintaining partnerships by convening partners on a regular basis and ensure that neighbor islands participate, as well as service providers to immigrants
- Involve vendors (EMR vendors) in the coalition
- Identify areas of need/opportunity and resources for partnerships/collaborations, and approach universities to mobilize student work in these areas

3rd Priority: Fundraising

Identify funding and resources for partnerships, collaborative efforts and infrastructure (including media and public awareness), either via an HIC grant researcher/grant writer or joint efforts by partner organizations.

- Hire grantwriter/ grant researcher to apply for funding for all collaborative immunization efforts and public/private partnerships and infrastructure building

Organizations critical to successfully addressing the priority actions for partnerships and collaborations for immunizations

1st Priority: Outreach, Advocacy and Communication for providers

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| • Professional Organizations: ASIM, AAP, ACOG, AAFP, NAPNAP | • Federal Agencies |
| • Major Health Plan Providers: HMSA, Kaiser, Blue Cross/Blue Shield, QUEST (3) HMHB, Aloha Care | • Schools of Nursing & Medicine: HPU, UH |
| | • Nonprofits/Intermediaries |
| | • State Agencies: DOE, DOH |

2nd Priority: Expand and Maintain partnerships

- | | |
|-------------------------------|--|
| • Community centers | • Military |
| • Schools | • Chambers of commerce and other business associations |
| • Legislators | • OHA |
| • Immigrant service providers | • Media Organizations |
| • Professional associations | • Homeless Service Providers |
| • Neighbor Islands | • Consulate Offices |
| • Churches | |
| • Long-term care association | |

3rd Priority: Fundraising

- DOH
- DOE
- Universities
- Elder affairs
- Health Plans
- March of Dimes
- University schools of medicine and public health

How HIC can best contribute to advancing these priorities

1st Priority: Outreach, Advocacy and Communication for providers

- Education
- Resources
- Coordination
- Liaison between community and providers
- Role modeling—focus and unified message
- Leadership

2nd Priority: Expand and Maintain partnerships

- Convene and organize

3rd Priority: Fundraising

- Convene working group to identify potential collaborative funding opportunities
- Facilitate the process and set priorities
- Hire a grant researcher/grant writer specifically responsible for finding funding for partnerships, collaborations and infrastructure
- OR
- Identify current resources of members and opportunities to coordinate efforts