

Massachusetts Adult Immunization Coalition (MAIC) Meeting



March 8, 2016 1:30 – 3:30

**Location: Massachusetts Medical Society
860 Winter Street, Waltham, MA 02451
Commonwealth Room**

Next Meeting: September 28, 2016 1:30-3:30

MAIC Meeting Minutes

ATTENDEES IN PERSON		
Last Name	First Name	Organization
<i>Alie</i>	<i>Robyn</i>	<i>MA Medical Society</i>
<i>Lisinski</i>	<i>Heather</i>	<i>JSI</i>
<i>Vanucci</i>	<i>Rebecca</i>	<i>MDPH</i>
<i>Lett</i>	<i>Susan</i>	<i>MDPH</i>
Reilly	Catherine (Katie)	MDPH Nurse Manager
DiMaio	Leanne	Tufts Health
McKenzie	Mary	American Nurses Association MA (ANA)
Aceto	Rich	GSK
Ahnger-Pier	Kathryn	MDPH Epidemiologist
Layer	Lynda	MA Chapter - American College of Physicians (ACP)
Dutra	Donald	Immunization Healthcare Branch (IHB) Defense Health Agency (DHA)
McReynolds	Cynthia	MCAAP Immunization Initiative
Miller	Dorothy	Merck
Schilb	Sherry	Sanofi Pasteur
Mazzella	Gene	Multicultural Coalition on Aging
Frazier	Diane	Pfizer
Melin	Judy	MA Chapter - American College of Physicians (ACP)
Goldstein	Mike	Merck
Elliott	Deb	Sanofi Pasteur
Shiff	Jeff	GSK

WEBINAR/PHONE		
Naylor	Suzette	Berkshire AHEC
Leydon	Lisa	American Cancer Society
Rom	Ronnie	MDPH Office of Rural Health
DeMaria	Al	MDPH
Hopwood	Chris	Healthcentric Advisors, New England QIN-QIO
Choi	Elisa	MA Chapter - American College of Physicians (ACP)
Demers	Lenny	MedImmune
Belanger	Joanne	Andover Health
Peele	Annette	EOEA
Coblentz	Hollis	Fallon Health
Leary	Mary	MLCHC
Mori	Ruth	Wayland Public Health
Sullivan	Marianne	UMASS Dartmouth

Immunization update (see slides) – Dr. Susan Lett, MDPH

Stay tuned for changes related to egg allergy + flu vaccines (adults & kids)

Adult Immunization data overview – Kathryn Ahnger-Pier, MDPH

- 2 sources – Adult Immunization rates in MA + US and Immunization rates in pregnant women US
- Adult Immunization rates MA (BRFSS)+US (NHIS, CDC)= *no data used from MIIS but that is where health depts. report (adult MIIS is not well-populated yet by providers; registry is not EHR, some missing info like pregnancy risk-factors etc (BRFSS)*
- Considering doing away with BRFSS, would be a challenge for Adult Immunization, Childhood Immunization has many other sources; we can't say a lot about race/ethnicity because the numbers are so small and therefore unstable
- MA doing well compared to rest of country (non-flu vaccines); Zoster ongoing trend of increasing rates, healthy people 2020 is 30% and we are well-above
- Influenza rates doing well for children and adults, we do better for children in US, MA has slipped for elderly rates (we used to be above national rate, now we meet national rate)
- Location of receiving flu vaccine – consistent over past 4 years, some increase in retail sites but not dramatic
- Some data race/ethnicity (limited) 6months + older: state numbers are low so we have wide variability, confidence intervals; overall trend is decreasing rate in all 3 categories since 2009/10
- PREGNANT WOMEN: Tdap rates from 2011 pilot study, 12% did not know (excluded), want to use these numbers as a baseline to see how ACIP recommendations are followed in the future
- Flu increase in Black non-hispanic, but fairly similar across groups
- Susan Lett: Electronic data submission 97%, we have historical data on very large segment of population, when we bring on new users, we do QA; National Imm Survey – self reported & validated but some of the adult data from other sources is not validated (question on reliability of patient recall)

Programs to increase Adult Immunization – *Rebecca Vanucci, MDPH*

National Adult Immunization plan – multiple providers/diverse stakeholders, national in scope, aligned with national priorities; 4 goals -

- #1 strengthen adult immunization infrastructure
- #2 improve access to adult vaccines (ACA)
- #3 increase community demand for adult immunization (engage with community leaders)
- #4 foster innovation in adult vaccine development & vaccine-related techniques

ACOG maternal immunizations – looking for practices to participate 3 year grant:

www.immunizationforwomen.org

TAKE A STAND PROJECT – implement standing orders (evidence based practice to increase I), June 6 Weston Copley (MAIC will promote via emails) www.standingorders.org

ONE AND ONLY CAMPAIGN – injection safety, CDC co-sponsored; one needle - **one syringe - only one time**; outbreaks resulting from unsafe injection practices; a call to action – everyone’s responsibility, should continue to be discussed & reviewed, at the end of the day we are ALL patients; MDPH will incorporate into all of their campaigns/programs this year:

www.oneandonlycampaign.org

Immunization Reports from the Field – *MAIC Members*

- Any word from Commonwealth Medicine regarding Harvard Pilgrim billing/reimbursement? No news yet but has risen to the highest level within Commonwealth Medicine/UMASS Med School; Commonwealth Medicine is processing claims, working on March reimbursements now...affects a lot of cities and towns with how much and what they can purchase for vaccines in the fall; supposed to be 3 payouts a year, March-June-Sept; all of the money lands in the general fund and you can’t get it back
- Sanofi – pre booking right now, good to get your order in by the end of the month, not making the standard dose trivalent this year, making all quadrivalent
- Pfizer – no update, TAKE A STAND campaign
- GSK – prebooking through end of the month, 3rd year of quad flu vaccine only
- MCAAP - Some reports from CHCs that HPV Gardasil 9-valent boys 15-18 covered by DPH vaccine, but males over 18 issue with MassHealth reimbursement, have a policy of pre-authorization (individual consideration unique to MA), missed opportunity to vaccinate because MassHealth needs to weigh in first, want policy change, cannot make bulk claim, has to be individually authorized with an invoice
- MERCK – FQHCs and HC, individual consideration problem for multiple products, issue for 10 years, all boys in MA MassHealth below 9 or above 15, probably licensing issue (now licensed through age 26); not sure we can measure the impact of who is not being vaccinated because of this issue
- Some FQHCs can pay differently, depends how they are set up as a health system
- 47 FQHCs are in MA, receive session 33 gov funds; hospital-licensed FQHCs are different; Immunization metric on the UDS that all CHCs FQ have to report annually
- Ronnie Rom – Rural Hosp Program Coordinator/MDPH Division of Health Access: supporting small hospitals on strengthening access (8 facilities) through quality improvement/billing, 4 ongoing

networks to link staff together; seeking participants for Medicare Beneficiary QI program (rural areas), older demographic, improving care for Medicare beneficiaries, employee flu immunization rates + in-patient flu immunization rates (want to improve reporting & results and that they can sustain 90% rates +); these facilities tend to be technologically challenged and not on MIIS system

2016 Conference - Wednesday, April 27, 2016 – Marlborough MA

Suzette Naylor facilitating break out session that Kim Daly is presenting, implementing program at Salem State, Spread Love Not Warts (HPV)

REGISTRATION IS OPEN! Two weeks earlier than last year, already at 130, spread across workshops

Promotion – registration link in email signature, copy & paste and use ☺, below:

21st Annual Massachusetts Adult Immunization Conference
Every Encounter Counts
Wednesday, April 27, 2016 • Best Western Royal Plaza, Marlborough, MA
[Register Today!](#)

Risk Management credits this year

MIIS repeated workshop AM/PM

Tape workshops for offline viewing? Not this year but will consider

Networking ideas: (*experiment this year?*)

1. Networking tables, different topics? Will only work if established in the morning, will need good signage and something in the packet, promote at registration
2. During exhibiting time, we can use breakout rooms to host these networking discussions by topic – takes away from exhibitors and restricts time
3. Networking topics – physicians, PH nurses, billing, education + health equity, MIIS , PCMH and immunization

MAIC Goals for 2016 and beyond – Robyn Alie, MA Medical Society

- a) Who you are & what do you do on immunization?
 - b) Challenges + opportunities for improving adult immunization?
 - c) What can MAIC do to address the challenges?
- Don Dutra, DHA (formerly Military Vaccine Agency) - located at sub base in Groton CT and covers New England region, visits bases for QI, review immunization processes, 8 standards of military

immunization, follow standards & help where they are lacking, share best practices; “goal to align myself with each state’s coalition, then help military clinics within each state to align with each coalition, work on reporting and registries”

- Dr. Choi, ACP - new member
- Judy Melin, ACP – administer vaccines, QI projects, access to data, accuracy + precision of data, challenges to IHR, robustness of data
- Katie Reilly, MDPH - emergency preparedness background
- Lynda Layer, ACP - support Dr. Melin & Dr. Choi
- Dr. Lett, MDPH – want to duplicate multi-disciplinary approach of the MCAAP, now we have a diverse membership
- Katie A, MDPH – mostly involved in pediatric vaccination and reporting rates/collecting data. QI for registry & provider sites, vaccine handling
- Dorothy Miller, Merck – Health Policy Vaccines, VA to ME, legislation & policy issues
- Mike Goldstein, Merck - QI & implementation science to improve AI rates, we need more providers from deeper inside the delivery groups to be involved in the coalition
- Mary McKenzie – just retired from PH nursing, MAPHN, co-sponsor flu summit, ANA, American Nurses Assoc MA
- Sherry Schlib, Public Health division of Sanofi - covers health depts. and public, a lot of money & materials available, a lot branded & unbranded that help promote vaccination with providers
- Deb Elliot, regional PH division, Sanofi - we have really solid initiatives for pediatrics but not for adults, apathy on the part of providers, they refer and recommend, don’t understand billing, need more education & to understand their role as the source of AI
- Diane Frazier, Pfizer - work on preventative care site for peds + adults, so many pediatric best practices, need them on the adult side, work on the Integrated Delivery Networks (IDNs) and EMR, Patient Centered Medical Homes & Accountable Care Organizations, nice to connect all the dots, immunizations are the way to go
- Rich Aceto, GSK - public acct manager, MA since last July, covering RI for 8 years, their coalition has evolved as well, who should be at the table? Utilize our resources in the adult space
- Jeff Schiff, GSK – sales manager from DE to ME, pediatric coalitions are strong and robust, adult coalitions not as resistant but are coming back, a lot of new vaccine products for adults
- Leanne DiMaio, payer side of Tufts Health Plan – vendor relationships, AI program, great working relationship with Commonwealth Medicine; provider communications, want to make sure as a health plan we are consistent with message coming from state DPH
- Gene Mazzella, MCOA – want successful workshop at conference, important work, no real data on diverse communities, goal for the coalition to do what you need to do to get that real data, there’s a problem but if you can’t describe it, message won’t cross; grass-roots org, need to connect with community leaders, we can assist to some degree but don’t have infrastructure or resources to be the boots on the ground, can really make a change if you connect on local level
- Lenny Demers , MedImmune - two quick items concerning adult vaccinations:
 1. Influenza: the fact that 5/10 adults are not being vaccinated against influenza is a concern.
 2. One solution: offer flu vaccines when people go out to vote in November. With Commonwealth Medicine doing the billing, this should not be that challenging. FluMist can be given to eligible adults 19-49 years of age – and its needle free. Any Public Health nurse can order FM at CDC pricing. They just need to complete the Public Health Entity (PHE) Agreement and return to MedImmune. Then, using CMW, they can get reimbursed for the vaccine and the administration.
- Joanne Belanger, Andover – the Coalition successfully connects groups to providers