

## HHS releases plan aimed at increasing adult immunizations

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The National Vaccine Program Office (NVPO), a core public health office within the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS), recently released a National Adult Immunization Plan (NAIP) that offers a framework for increasing the number of adults in the United States who receive immunizations against preventable—and potentially deadly—diseases.

NAIP ([www.hhs.gov/nvpo/national-adult-immunization-plan/index.html](http://www.hhs.gov/nvpo/national-adult-immunization-plan/index.html)) lays out four objectives: strengthen the infrastructure involved in adult immunizations; improve access to adult immunizations; increase awareness of, and create demand for, adult immunizations; and continue efforts to develop new vaccines.

Low rates of adult vaccination have long been a concern of public health stakeholders, including HHS, the Agency for Healthcare Research and Quality (AHRQ), Indian Health Service (IHS), CMS, practitioners, hospitals, and others. But current evidence shows that, so far, efforts fall far short of ideal milestones.

Factors that stymie progress include lack of awareness among both patients and providers, reimbursement concerns for providers and financial burdens on patients, racial and ethnic disparities, and inadequate communication among health care providers. NAIP offers strategies to overcome these problems.

"Pharmacists encourage vaccination. This helps to educate patients and increase awareness of, and the demand for, the recommended vaccines contained within the CDC Advisory Committee on Immunization Practice [ACIP] schedule. This, in turn reinforces immunization as a community norm," said Bruce Gellin, MD, MPH, NVPO director, HHS deputy assistant secretary for health, and recipient of this year's APhA Immunization Champion Friend of Pharmacy Award.

### Building awareness

As the most accessible health care providers, pharmacists are in a good

position to advance efforts toward NAIP objectives by encouraging adult patients to get immunized against preventable diseases that lead to health complications, hospitalization, and even death. These include influenza, pneumococcal infections, pertussis, hepatitis B, and herpes zoster, among others. Nearly 95% of Americans live within 5 miles of a pharmacy, and more than 280,000 pharmacists are trained to administer vaccines.

"Pharmacists have the knowledge and abilities to educate, assess, recommend and administer vaccines as well as vaccine information as part of the pharmacist's patient care process," said Mitchel Rothholz, BSPharm, MBA, APhA chief strategy officer.

One of the plan's other goals is to allow more people to receive their vaccines during their initial medical appointment or visit to the pharmacy. In 2013, 85% of states and territories allowed pharmacists to administer routinely recommended vaccines without patient-specific prescriptions or protocols. The new plan aims to raise that number to 100% by 2020.

### Patient access and coverage of services

Gellin said the newly released plan leverages the opportunities made possible by the Affordable Care Act, which has expanded coverage for preventative health services and is anticipated to eliminate some of the financial obstacles that keep patients from obtaining needed vaccines. An estimated 17 million Americans gained access to coverage since open enrollment in 2013, and the law emphasizes

preventive health services.

Those who are still unable to obtain coverage face an uphill battle to afford immunizations. For example, while Medicare Part B covers influenza, pneumococcal, and hepatitis B (for some patients) immunizations without cost sharing, the cost sharing in some Medicare Part D plans puts immunizations for herpes zoster and Tdap (tetanus–diphtheria–acellular pertussis) out of reach. NAIP strategies aim to reduce economic barriers to adult immunization by addressing issues related to copays and other out-of-pocket costs.

Many players within the immunization neighborhood have similar challenges and goals. According to Rothholz, "APhA is pursuing, with other members of the immunization neighborhood, the removal of policy that negatively impacts patient ability to access needed vaccinations and the pharmacist's ability to provide those services."

Health care providers also have financial concerns. Without assurance that they will be reimbursed, providers may not purchase expensive immunizations to keep on hand. NAIP notes that pharmacists could be a crucial part of the delivery system if they are allowed to offer the full scope of recommended vaccines and bill Medicare Part D.

"APhA continues to advocate for pharmacist inclusion as 'in-network' providers and network adequacy," Rothholz said. APhA also works to educate pharmacists and provide resources and information to help them understand the coverage process for immunizations and their administration.

### Health disparities

To reach its ultimate goals, NAIP addresses the need to eliminate health disparities based on race and ethnicity. Dramatic disparities are evident in pneumococcal vaccines for those older than 65 years who have ever been vaccinated. In 2013, more than 63% of whites aged 65 years and older in that population had received pneumococcal immunizations, compared with just 39.2% of Hispanics in that age group.

For blacks and Asians in that age group, the numbers were 48.7% and 49.3%, respectively. Fewer than 55% of those categorized as “race not specified” had been immunized.

Another striking disparity is the percentage of people older than 65 years who had ever been immunized against shingles: while 27% of whites had been immunized, just 10.7% of blacks and 9.5% of Hispanics had.

The HHS Office of Minority Health (OMH) is named as one of the partners in the pursuit of increased adult immunizations. OMH oversees an agreement between HHS and Walgreens that provides \$15 million per year to provide free influenza immunizations to those who are uninsured. OMH also has established relationships with local and faith-based organizations that have resulted in more than 800,000 vaccinations among minority communities.

### Health information technology

The plan also encourages further development of interoperable electronic health records and immunization information systems so health care providers across the spectrum can share, and have access to, immunization data. Health information technology also can be used to monitor safety and evaluate the effectiveness of NVPO’s plan, a key aspect of its objectives.

Collaboration among health care providers will be an important part of implementing strategies outlined in NAIP. Interoperable systems would allow multidirectional sharing and use of immunization data to support provider ability to implement the NVAC Standards for Adult Immunization Practice (assess status, recommend, administer/refer, and document) no matter where the services are provided (workplaces, colleges, hospitals, pharmacies, etc).

### Immunization neighborhood

Stakeholders agree that to make significant progress on this issue, pharmacists must be recognized as part of the “immunization neighborhood.” Coined by APhA, the term refers to collaboration, coordination, and communication among those who work

toward increasing adult immunization rates and protecting their communities from vaccine-preventable disease.

“By routinizing the provision of immunization services at pharmacies,” Gellin said, “pharmacists are contributing to building immunization system infrastructure, increasing touch points

for patients, and decreasing missed opportunities for vaccine administration and immunization counseling and education.”

Visit [www.vaccines.gov](http://www.vaccines.gov) for more information.

Rachel Balick, Assistant Editor

## National Adult Immunization Plan: Suggestions from USPHS pharmacists

Early this year, the National Vaccine Program Office released the National Adult Immunization Plan at [www.hhs.gov/nvpo/national-adult-immunization-plan/index.html](http://www.hhs.gov/nvpo/national-adult-immunization-plan/index.html).

It is definitely worth reading and an opportunity for all pharmacists to improve vaccination rates in the United States. Health and productivity costs of influenza alone are estimated to be as high as \$87 billion per year. According to CDC, among U.S. adults each year, there are roughly 40,000 cases and 4,000 deaths attributable to invasive pneumococcal disease and between 3,000 and 49,000 deaths due to seasonal influenza.

The National Adult Immunization Plan establishes four key goals, each of which is supported by objectives and strategies to guide implementation through 2020, including 1) strengthening the adult immunization infrastructure, 2) improving access to adult vaccines, 3) increasing community demand for adult immunizations, and 4) fostering innovation in adult vaccine development and vaccination-related technologies. (See main article.)

CDC and its Advisory Committee on Immunization Practices (ACIP) currently recommend 13 different vaccines for adults aged 18 and older to prevent a host of diseases. They include vaccines that are:

- Universally recommended (e.g., influenza)
- Recommended for certain age groups (e.g., human papillomavirus [HPV])
- Targeted to individuals with specific risk factors (e.g., hepatitis A and B)
- Catch-up vaccinations for adults who never initiated or did not complete a multidose series when vaccination was first recommended during childhood



Here are some suggestions that U.S. Public Health Service (USPHS) pharmacists use in their practice sites:

- Pharmacy can schedule a day(s) to go to the community and faith-based groups and/or health care staff versus having them come to the pharmacy. This can be done monthly or seasonally. Many people are not aware they are supposed to receive vaccines, other than the influenza vaccine.
- Have walk-in clinics in the pharmacy, including evening and weekend hours (if open).
- Every visit is an opportunity for vaccination! Offer immunizations at every encounter. Sometimes patients’ refusal is due to another reason, such as lack of time.
- Have pharmacy technicians pre-screen patients who are due for refills. Patients due for an immunization can be contacted before picking up their refill.
- Post signage for immunizations in waiting areas or where people congregate (community centers, waiting rooms).
- Understand your local population needs, and partner with as many providers in the area as possible. The providers and their office staff should know the immunizations your pharmacy provides.
- Use motivational interviewing techniques. In every community, pharmacists have an important role to play to improve public health. With all of us working together, we can make a difference!

—RADM Pamela Schweitzer, PharmD, BCACP, U.S. Assistant Surgeon General and Chief Pharmacy Officer, USPHS