



National Adult Immunization Coordinators' Partnership
Adult Immunization Conference Ad-hoc Meeting Notes
May 15, 2012

Introductions

State/Territory NAICP Executive Committee Members & Officers:

Sandy Allen - NC
Laura Baus - MT
Karen Donoghue - NH (*Recorder*)
Donna Lazorik - MA (*Back-up Chair*)
Courtney Londo - MI
Carlie Shurtliff - UT (*Chair*)
Edward Wake - NY (*Back-up Recorder*)

CDC Members:

LaDora Woods

Attendees: Sandy Allen (NC), Carolyn Bridges (CDC), Cristi Carlton (MI), Karen Donoghue (NH), Nicholas Dorich (Pharm Asso), Columba Fernandez (WA), Marci Getz (WA), Jennifer Heath (MN), Davis Hesse (MN), Erin Kennedy (CDC), Donna Lazorik (MA), Miriam Musceplut (MN), Debbye Rosen (CT), Lisa Randall (MN), Mitch Rothholz (Pharm Asso), Lorraine Schoenstadt (Chicago), Carlie Shurtliff (UT), Luis Valenzuela (TX), Barbara Wolicki (MI), LaDora Woods (CDC)

Full Group Discussions:

Private Practice & System Based Outreach/Improvement - Carlie Shurtliff

Fully featured EHR, reminded to turn on prompts

Advocate to sync EMR with state immunization registry

State office checked on EMR entity (to see if it works with registry) then purchased it.

Check with Community Health Centers to see if their system is compatible.

System changes

- TX - PP reluctant to buy box of vaccines for adult because they won't use it.
- Chicago - Pharmacy rep came to their office and explained the billing and buying vaccine process.
- MI - Health systems buy # of practices (might offer hope)

Registry links to adult providers, automatic information downloads, active input and look-up capabilities

Health systems are getting larger and that makes it tougher to connect with "contact" person - one has to climb up the ladder.

Need to get high level person in health systems (HMOs, etc...) on state coalition and involved in adult immunization projects so that they will advocate for change inside their system and throughout the community.

Helpful to have a vaccination advocate who is recognizable in the community to encourage media attention

State's Insurance Commissioner changed law in state to ensure immunizations and vaccine reimbursement.

ACOG tells us that OBGyns need help becoming immunizers. ACOG's toolkit has help OBGyns extend/begin immunizing. ACOG is highly motivated and sets the standard of practice - putting doctors on work groups (they are also potentially liable).

Pharmacy Collaboration: Vaccination & Registry Participation - Karen Donoghue

Chicago - Voucher program with Walgreens. They had 100 walk-in flu clinics even with the reduction in nursing staff (staff was concerned) it worked well. They are starting to set up a project in Chicago Public Schools where pharmacists will go into the schools to vaccinate. The Chicago program is handling the roster billing so the vaccines will be administered at no cost. This requires political support.

WA - Have a strong pharmacy program and want to put adults into the registry. Their focus is billing and education. The barriers are that there will be larger claims, multi-state reluctance to working with WA because of it being WA state. WA encountered some issues with working with large pharmacy chains.

Mitch Rothholz echoes that states should try to work with state pharmacists organizations and chain pharmacies. There is a need to get on the priority list for pharmacies. Mitch suggests that the states/HDs use the ASTHO Operational Framework for Partnering with Pharmacies from 2009 as a model for partnering with pharmacies (<http://www.astho.org/Display/AssetDisplay.aspx?id=2613>).

Carolyn Bridges - individual pharmacies can also be partners aside from chain pharmacies.

MI - Registry may require too much data input which deters participation in registries. Make pharmacies and chains as partners, this aids in making partners believe and act.

MN - Pharmacies are "shy" of immunization policies and requirements. MN also had an issue with Medicaid.

UT - Working on a zoster project with pharmacies. It is important for the programs to include pharmacies and have them as members of state coalitions.

Mitch suggests that the programs ask pharmacy associations to offer break-out sessions at annual meetings or vice versa. When partnering with pharmacies, the smaller chains may be easier to work with and responses to questions may be simpler.

Chicago - HD needs to build up their coalition with stakeholders, including pharmacists and allowing pharmacies to sit at the table and be involved.

Mitch - Connect with other pharmacy programs and call pharmacies to see if they will collaborate with your program/HD. Programs should also do some outreach to colleges/universities and schools of pharmacy

Please Join our Upcoming Quarterly 2012 NAICP Conference Calls:

Call-In Number: 1-866-893-6258; Code: 6258038#

Dates: July 10, October 2