Disclosure: Session G1

In compliance with continuing education requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters as well as any use of unlabeled product(s) or product(s) under investigational use.

CDC, our planners, content experts, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters with the exception of the following speakers:

Jennifer Tinney of The Arizona Partnership for Immunization wishes to disclose her spouse receives salary and compensation benefits from vaccine manufacturer.

Planning committee discussed conflict of interest with each presenter to ensure there is no bias.

Content will not include any discussion of the unlabeled use of a product or a product under investigational use.

CDC did not accept commercial support for this continuing education activity.
The Arizona Partnership for Immunization

Protect Your Family With HEALTHY HABITS!

GET VACCINATED
- Family members
- Extended family members
- Babysitters, nannies & child care workers

COVER YOUR COUGH
- Sneeze and cough inside our elbow

WASH YOUR HANDS
- Before caring for babies
- Before preparing & eating food
- After changing diapers or going to the bathroom

STAY HOME WHEN SICK
- Stay away from others while sick

WhyImmunize.org
- Visit our website for more information

The Arizona Partnership for Immunization
WhyImmunize.org
Collaborative Partners

• Public
  • State Health Department
  • County Health Departments
  • State Medicaid
  • Community Health Centers
  • Local Fire Departments

• Private
  • Managed Care Organizations
  • Professional Medical Associations
  • Child Advocacy Organizations
  • Private Foundations & Corporations
  • Local Coalitions
Amplify Community Voices

Unified partners matters in goal setting and in addressing policy.

Partners:
How do their needs align with yours?
Will their voices give credibility to your cause?
Can you make their job easier for them?

Is there a win/win/win in your strategies?
Making System Change

Arizona National Immunization Survey Results

Children 19 to 35 Months Old with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, and 1 Varicella

Healthy People 2020 Objective is 90%

Percent of Coverage

Month and Year of NIS Data Release

*Please note: Hib vaccine shortage is reflected in the September 2010 coverage level for 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B and 1 Varicella.

Prepared by Arizona Immunization Program Office, Assessment Unit. Based on National Immunization Survey Data.

Working in partnership = 50% coverage level increase to 75% for babies

2016 Sustaining at 72% for 2 year olds

95% coverage at kindergarten entry
Sustaining the System

Access to care through non-traditional (trusted) partners

Pharmacists entering in ASIIS Legislation to require payment...

...partnering for HPV
Flu and Tdap in Pregnancy

Growing Healthy Babies
Healthy Babies Growing Up

Partnership with March of Dimes, WIC, OBs

- Developed with
  - Community health centers
  - Maternal and Child Health
  - Hard to Reach Populations health agencies
- Draw a roadmap.
- Develop a dynamic action plan. **Update regularly.**
- Measure progress.
- Change happens and you must stay flexible and relevant.
- Ask this question often: Are the right people at the table?
Identifying the Change for Adults

Who we talked with

What we asked them

What surprised us
Gaps Create Missed Opportunities

1. Technology
   - Need bi-directional exchange to screen adults. Not sure what patient received from pharmacy, hospital, PCP or specialist
   - Adult Schedule too complex for standing orders and Standing Orders too hard to update in EHR. (tech request can take 6+ months with competing priorities)
   - No adult immunization focus/reminder in standard EHRs. Costly upgrades
   - Medicare payment for pneumo limited so Standing Orders for pneumo rescinded

2. Payment
   - Medicaid requires script for pharmacy
   - Medicaid payment tied to “medically necessary” requires physician
   - Pharmacy paid low “dispensing fee” not paid admin fee
   - Reimbursement concerns Grandfathered high deductible plans – or denied for complex patients. Plans use age related schedule for claims
   - New providers/specialists tried, but lost on claims. Specialists not contracted as PCP so not able to bill for vaccines. Many adults see specialists.
   - New vaccines given but not covered so previous vaccinators quit offering vaccines

3. Policy and Access to Care
   - Family Practice sending kids to pediatrics because of complex handling and storage requirements – as a result not offering adult vaccines either.
   - VFA not enough to cover all uninsured-limited to a few providers-mixed message in CHCs/LHDs patients referred from place to place
   - Transitioning to adults – University Project
Gaps Create Missed Opportunities

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   - **Transitioning to adults – University requirements inconsistent**
Goal

Universities in Arizona will have the same policies:
- Requirements for living in dorms
- Requirements for school entry
- Consistent messaging

Together, we are working on the pre-conception population and helping young adults make important health decisions (without Mom) for the first time.
Why is this so hard?

- **Turf & Trust**
  We want to be friends. They don’t want to be friends.

- **Workgroup membership**
  Deans don’t “understand”
  Health staff “understand too much”

- **Competing Priorities**
  There are sexier things on college campuses

- **Reinforcements**
  No incentive

- **Patient-Centered**
  Parents and Students
CHANGE IS HARD.
What do our partners think the problems are?

What's the change our partners want us to work towards?

Who needs to change?
"What if we don’t change at all ... and something magical just happens?"
ProSci ® ADKAR Model

5 building blocks of change

• Awareness
• Desire
• Knowledge
• Ability
• Reinforcement
ProSci ® ADKAR Model

• Researched
• Humans process change *in this order*
• Organizations/ efforts should design change management plans to help individuals move through the process of change
• Not everyone changes at the same pace
• Leadership/ change makers can diagnose where an individual is at on the ADKAR spectrum and intervene as appropriate
ADKAR in ACTION

**Awareness**
Deans and workgroup – why the change is important.
What the surveillance data shows.

**Desire**
Deans – I want to do this with my “non-friends.”
Workgroup (group/ individual) – I want to change my workflows and outreach.

**Knowledge**
Workgroup (group/ individual) – I know everyone else’s policies and how to change.

**Ability**
Workgroup (group/ individual) – Internal marketing processes, etc.

**Reinforcement**
Board of Regent inclusion
Dean support.
Integration to existing campaigns.
OFF TO COLLEGE flyers and posters

OFF TO COLLEGE?:

It is strongly recommended that all incoming students to Arizona universities receive all indicated doses of all vaccines recommended by the Centers for Disease Control and Prevention (CDC).

Most of these vaccines should have been received as part of the recommended childhood vaccinations. If you are unsure, contact your health care provider.

The vaccine for meningitis B, which is newly approved, all students are highly encouraged to be vaccinated with both types of meningitis vaccines.

All Arizona universities require proof of immunity to:

- Mumps, Mumps, and Rubella (either by receiving two doses of MMR vaccine or showing immunity by a blood test)
- Measles vaccines must be updated or administered to students

What are the recommended vaccines?

- Meningitis A, C, W, Y
- Measles
- Meningitis B
- Varicella or MMR-V (chicken pox)
- HPV (human papillomavirus)
- Tetanus, Diphtheria, & Pertussis (TDaP)
- Hepatitis A
- Hepatitis B
- Influenza

What you should know about meningitis:

- Meningococcal disease is a serious illness caused by a bacteria that can infect the bloodstream or areas around the brain and spinal cord.
  - The infection causes a rapid onset of illness and can be life-threatening within hours.
  - Meningococcal disease can lead to brain damage, disability, amputations, and rapid death.
  - Common symptoms include stiff neck, headache, fever, rash, and flu-like symptoms that progress very rapidly.
  - Vaccines can help prevent meningitis.

Students living in dormitories or residence halls are at higher risk of contracting meningitis.

*This information applies to Arizona state universities. ASU, UofA, and UofM. Private universities in Arizona and out of state universities may have different requirements. Please consult each institution for specific information.*
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Meningitis:
- Meningitis A, C, W, Y does not require a booster dose which is newly encouraged for meningitis
- Meningitis B: Two or three doses (by manufacturer)
- Meningococcal disease: 2 doses
- HPV (human papillomavirus): 3 doses
- Tdap (Tetanus, Diphtheria, & Pertussis): One dose
- Varicella or MMR-V (chicken pox): Two doses
- IPV (Polio): At least 3 doses
- Hepatitis B: Three doses
- Hepatitis A: Two doses
- Influenza (flu): One dose every fall

#ASU_VAX

Get your vaccination with Health Services today.

480-965-3349
eoss.asu.edu/health
MENINGITIS FAQs

What is meningitis?
The term meningitis refers to an infection of the outer surface of the brain, and can be caused by a number of different bacteria and viruses. College students who live in residence halls or similar kinds of living arrangements (e.g. a fraternity or sorority house) are slightly more at risk for a particular type of bacterial meningitis known as meningococcal meningitis. Although rare, it can be fatal in a minority of cases. Fortunately, vaccines are available which can further lower your risk.

Does the UA require that I get the “meningitis vaccine”?
The UA is not requiring that you get the vaccine against meningococcal meningitis, but strongly recommending that any student who will be living in university (residence halls) or Greek system (fraternity or sorority) housing seriously consider being vaccinated against meningococcal meningitis.

What you need to know
- Although you may have received the meningitis vaccine that protects against serogroups A, C, W and Y, you may need a booster dose of this vaccine if you last received it between ages 11-12.
- There are separate vaccines that protect against serogroup B meningitis (Men B)*
- Two vaccines are available that protect against Men B and both require multiple doses – choose one of them
- Many health insurance plans cover meningitis vaccines for college-aged students
- You can visit the Campus Health Travel and Immunization Clinic to receive these important vaccine

* Remember: you need two different vaccines to protect against the five types of meningitis.

For more info: Call (520) 621-2292 or visit health.arizona.edu/meningitis
Key Takeaways

Really listen to your partners to identify what you want to change and how they want to change it.
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Key Takeaways

Really listen to your partners to identify what you want to change and how they want to change it.

Remember change happens at the individual level.

Intervene at the right spot of the change management spectrum.

Integrate your mission into their core work.
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Are you up to date?...Maybe

Patients being turned away from primary care and pharmacy
Using the Registry

Q4 How do you use the state immunization registry ASIIS?
Answered: 74  Skipped: 48

- I use ASIIS to look up records...
- I only report to ASIIS...
- I look up records and...
- My pharmacy reports...
- I am not familiar with...
- We currently do not provide...
8,000,000+
Adult Doses Reported

Who Needs the Data:
Pharmacies  Community Health Centers  UDS  Health Plans  HEDIS Colleges  Employers  Medical Home Hospitals  Long Term Care  Patients Health care Workers
OOOOOH....The HIE...
Geek Traits

- Someone with a specific niche interest/lifestyle that they have become the expert on.
- Knowledge can range from mundane to "living encyclopedia" status.
- Can be pretentious and longwinded.
- Wears ironic t-shirts.
- Interests might include gaming, film (both artsy film and anything Will Ferrel stars in), collecting, gadgets/tech, computing, coding, hacking, techno music, screen printing, etc.
- A fan of gadgets.
- An early adopter.

Nerd Traits

- Extreme interest or fascination with academics.
- Introverted.
- Socially inept.
- Diverse and sometimes impractical skills due to broad interests in games, movies, science, computers, etc.
- A PC
- Interests might include Battlestar Galactica (BSG), LARPing, SecondLife, Physics, Chess, Fantasy/Sci-Fi, Computer programming.
Health Information Exchange

- Linked to ASIIS
- Provides bi-directional exchange with 1 connection
- Tests with hospital systems in process
- Partnership between Provider Innovation Project, Health Plans, Hospitals, public health programs and health foundations
The “other body parts”

If only I had a registry...

... If only I could share 20 years of experience with my registry
Who?

- State & county leadership
- Epidemiology
- Local foundations
- Improvement Partnership
- “Body part” organizations
Identified Common Goal

Let’s not create another registry

Integrate public health expertise with the techy expertise

Work towards providers having point of care decision-support for vaccines.

How do we make our mission their work?
ADKAR in ACTION

Awareness
What is public health? How does it overlap with private sector? Why we need our data in your HIE.

Desire
“Sponsorship” – hand-picked the leaders who talked.

Knowledge
Workgroup charter, job descriptions, use cases

Ability
Strong staff leadership

Reinforcement
Board recruitment; Integration in governance structure; Commitment to provide ongoing expertise
Where are We Now?
REINFORCEMENT: PH Workgroup
Thoughts? Questions?

What are you doing with your HIE?
Key Takeaways

Spend the time to really dig apart your problems so that you can develop a vision and pitch a change you want to see.

Be ready for vaccines to take a back seat.

Talk to your HIE!
Thanks, Friends!

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