

TISWG Small Workgroup Responses For Each Group Provider Recruitment – Group #1

Goals:

1. Support from:
 - TMA
 - Pediatrics
 - Family Physicians
 - OB/GYN
 - Internal Med

2. Develop Action Plan (“How To”)
 - Process for Implementation
 - Revenue Stream (Billing/Coding)
 - Acquisition and Storage
 - Educational Information (For Parents)
 - Public vs. Private

3. Engage Specialty Societies
 - To Support Legislative Action to Increase Funding for Vaccine Administration

Current Reality:

- \$\$ Low Reimbursements = Barrier
- “Expectation” but not a “Priority”
- Too Many “Hoops” to Jump Through
- Focus Promotion instead of “Shotgun” Approach
- Gaps in Coverage
- Lack of Provider Education

Actions:

- Develop Legislative Initiative
- Develop Legislative Contacts
- Mobilize TMA and Specialty Societies to Promote Adolescent Immunization
- Increase Medicaid Reimbursement
- Specialty Societies Should Develop “How To”/Action Plan
- Increase Provider Education through Conferences/Meetings and Web-Based Training

Process:

- Legislation Filed
- Specialty Societies Launch Promo/”How To”

TISWG Small Workgroup Responses For Each Group

Provider Education – Group #2

Goals:

1. Reach all Adolescent Health Care Providers and Educate Them on – Current ACIP Recommended Vaccines (Tdap, MCV4, HPV, 2nd Varicella, Hep B, Hep A, Flu)
2. Assess Current State of Knowledge, Attitudes, Practices Among Adolescent Providers
3. Assess Who Are the Providers
 - Pediatricians
 - Family Practice Physicians
 - Internist
 - OB/GYN
 - ED Physician
 - V.C. Providers
 - Pharmacists
 - Mid-Level Providers
 - Hospitals
 - Higher Education Entities
4. Creation of Toolkit to Enable Provision of Adolescent Vaccines – Implementation Best Practices
5. Develop Targeted Message for Specific Providers Types – Positive Incentive, Highlighting Potentials, Risks, and Benefits
6. Establish Methodologies for Reaching and Influencing Providers
7. All Adolescent Health Care Providers Will Be Educated on:
 - Current ACIP Recommendations
 - Best Practices for Implementation
 - Benefits to Providing Vaccines to Adolescents
 - Positives to doing
 - Negatives to not doing
8. Understand Current Reality of Providers, Knowledge, Attitude, and Practices
9. Develop Deliverables to Implement Goals Such As:
 - Tool Kits
 - Incentives
 - Marketing
 - Training

Current Realities:

- Many groups of providers are unaware of ACIP or ACOP Recommendations
- Many groups of providers on not recognize an obligation to follow ACIP recommendations

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- Many providers do not know how to “do” vaccines or do not want to assume risks of being a provider
- Individual liberty trumps public good, public health, or public mandates (in Texas)
- Incentives to Vaccinate are not Aligned
- Vaccine Distribution/Access is Inconsistent for Certain Populations
- Current Systems for Assessing Status of Provider Knowledge, Attitudes, Practices and Outcomes are Limited
- Current Rules Req. Hep B Vaccination Before Entering Health Care Curriculum (limits Workforce)
- Personal Practice Experience of Vaccine – Preventable Diseases is Diminishing
- Adolescent Health Care is Fragmented
- Many Providers do not have Knowledge and Systems to “do” Vaccines
- Limited Adolescent Vaccine education Materials

Action Items:

1. Develop Tool Kit (Training Resources)
 - Current ACIP Recommendations
 - Best Practices
 - Counseling Tips
 - Practice Infrastructure Info
 - Vaccine Business Plan \$
 - Vaccine Info
2. Gather Data That Describes Current Status of Provider Practices, Beliefs, Knowledge
 - Determine Relevant Benefits and Risks to Each Group or Type of Provider
3. Defining Best Practices
4. Methods for Reaching Providers
 - Ethics CME Education Requirements, CEU, CNE
 - Introduce in School Curriculum
 - Provider to Provider Education
 - Tool Kit
 - Individualize
 - Health Plan to Provider
 - Incentive to Immunize at National Level
 - Ensure Public Vaccine Accessibility
 - Establish Healthcare Platforms at 11-12, 14-15, 17-18 (in tool kits)

Public Education – Group #3

Desired Results:

- Parent Education
- School Nurse In-Service
- Increase Awareness of Availability
- Ease/Alleviate Parental and Adolescent Apprehension
- Educate Adolescents Themselves
- Get Adolescent Vaccine Information into School Curriculum
- Produce Tool-Kit

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- Spokesperson (ie: Celebrity/ Adolescent)
- Define Adolescent Age
- Educate Parent Regarding Adolescent Age
- Establish Baseline
- Establish Adolescent Vaccines
- Saturate Age Groups with Education
- Identify Negative Factions-Groups Against Adolescent Vaccination
- Damage Control and Cease the Opportunity to Educate
- Increase Awareness of all Adolescent Vaccination
- Identify Media Venues for Adolescents

Top Two Goals Reported Out:

1. Increase Awareness and Education of Adolescent Vaccinations – All Age Groups (Parents, Adolescents, School Staff, Extended Family Members...)
2. Develop Educational Tools to Inform, Promote, Advocate and Educate.....

Current Reality:

- Negative Reaction to Gov's Executive Order
- HPV Overshadowing Other Adolescent Vaccines
- Not enough Reimbursement for Providers
- Product Release Without Public Education
- Private Insurance Coverage
- Access of Public Schools by Public Health
- Myths and Misconceptions About Adolescent Vaccination
- Infant Immunizations are required for School Entrance – Adolescent Vaccines are Recommended (TDaP, Meningococcal...)
- Availability of Vaccine
- No Good Baseline for Adolescent Rates

#2 Compelling Case and Sense of Urgency:

1. Prevent Disease
2. Immunity Warning
3. Good Opportunity – HPV in the Forefront – Put Adolescent Vaccination in Front
4. Keeping Adolescents Healthy and Aware of Need
5. Missed Opportunities
6. Pertussis on the Rise

Actions:

1. Needs Assessment
 - Establish a Baseline of Immunization Levels
 - What are Other States Doing – What is Working
 - Who is not Getting Vaccinated
2. Define and Establish a Standard for What is an Adolescent
3. Develop a Social Marketing Campaign to Address What Was Identified in #1
 - Develop Education Materials for Identified Target
 - Identify Outlets of Who Should Get the Message
 - Identify Who Should Deliver the Message

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Evaluation:

- [Rates (CASA Assessment)] of Marketing Campaign
- Pilot Test Marketing Strategies
- Pre & Post Surveys
- BRFS – Questions Added
- Hits to Web Pages/Sites
- Increase Phone Calls
- Increase Clinic Traffic

TISWG Small Workgroup Responses For Each Group

Alternative Vaccination Sites – Group #4

Goals:

- Training Providers in Alternative Sites
- Enroll these Providers (Alt. Sites) in VFC Program and ImmTrac
- Educate Health Plans about Adolescent Vaccination Payments Outside Well-Child Visits
- Expand Use of Alternate Site to Include Extended Hours of Operation
- Vaccination Availability Regardless of Ability to Pay
- Improve Adolescent Coverage Rates
- Complete List of Alternative Sites
- Complete List of Opportunities for Non-Comprehensive Visits
- Identify Barriers to Non-Comprehensive Sites
- Expand to “New” Medical Homes for Adolescents
 - OB/GYNs
 - Health Centers
- Communication in Tracking Adolescent Immunization in Alternative Sites
- Educate Parents Regarding VFC Eligibility for Adolescents

Top Three Goals Reported Out:

1. Communication between Alternative Vaccination Sites and Medical Home
2. Education for Providers, Health Plans, Parents, Adolescent Pt.
3. Accessibility to Vaccination Services

Current Reality:

- Medicaid/Drop-Off, CHIP/VFC
- Legal Barriers
 - Tracking
 - Consent (Informed)
 - Providers
- Hard to get “Message” Out to Adolescents
- Health Plan Restrictions
 - Policies
 - Pharmacies Rest. on Vaccination <14, >14
- Developed Protocol/Delegation Orders
- Willingness of Alternative Sites to Participate
- Operation Costs to Alternative Sites

Compelling Case for Change:

New Vaccines

Sense of Urgency:

Vaccinate Before Exposure

Actions to Close Gap:

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- Alternative Sites Infrastructure
- Train/Educate Provider at Alternative Sites
- Product Availability/Storage
- Obtain and Educate About Vaccination Coverage (Payment)
- Publish/Advertise Alternative Sites
- Improve Tracking of Adolescent Vaccination
- Work to Overcome Payor Barriers
- Identify Legal Barriers for Adolescent Vaccination and Implement Actions to Overcome Barriers

Top Three Actions Reported Out:

1. Alternative Site Infrastructure
 - 1.1 Train/Educate Provider
 - 1.2 Product Availability/Storage
 - 1.3 Obtain and Educate Regarding Vaccination Coverage
 - 1.4 Publish/Advertise Alternative Sites
2. Improve Tracking of Adolescent Vaccination
 - 2.1 Improve Tracking (ImmTrac)
 - Expand ImmTrac beyond 17 years
 - Increase Registry Enrollment
3. Overcome Barriers
 - 3.1 Overcome Payor Barriers
 - 3.2 Overcome Legal Barriers