



RIZE Symposium

Meeting Summary

November 9 & 10, 2023





RIZE Symposium

On November 9-10, 2023, AMGA Foundation's Rise to Immunize® (RIZE) campaign hosted a symposium in Arlington, VA. This meeting convened leaders from AMGA member health systems and medical groups nationwide; RIZE advisors and nonprofit partners; and the campaign's founding sponsor and exclusive symposium sponsor, Pfizer, Inc.

John W. Kennedy, MD, chief medical officer of AMGA and president of AMGA Foundation, served as the host of the meeting and clarified the symposium's purpose was "to reflect on your own immunization wins and challenges, and leave with new strategies for improvement."

Through presentations, fireside chats, panels, and breakout sessions, participants explored challenges in the current immunization environment; learned about innovative initiatives to improve adult immunization care; and shared on-the-ground strategies and best practices.

Icebreaker: Recent Immunization Win

Dr. Kennedy kicked off the symposium by encouraging all participants to share their recent immunization wins. Many individuals celebrated meeting organizational goals or milestones for routine adult immunizations. One participant shared, "Four months into the fiscal year, and we're almost halfway to goal for our adult pneumococcal vaccination rate." Another noted, "When our flu campaign launched last year, only 39% of flu clinics were ready when we had the vaccines, so we did a lot to improve the patient experience. This year [2023], we were able to increase that number with 82% ready when our flu campaign launched." Attendees pointed to organizational leadership's focus on immunization care as key to many successes.

Many individuals cited advancements in educating providers and staff, including updating educational offerings, to align with changes in recommendations. A participant at one academic health system shared how residents learned to make strong vaccine recommendations. Having standing orders in place, which allows clinic staff to work at the top of their license, was another win for medical groups. One attendee highlighted that their group has "updated [their] standing order policy to take into account the very restrictive nursing license in upstate New York."

Increasing immunization rates is a team effort, and many groups noted their progress to engage specialists to provide vaccines to patients. One participant shared that they've been able to "improve vaccination rates for adults [experiencing substance use disorder] attending medication assistance therapy." Teamwork also included groups hosting "peer-to-peer" clinics to immunize health system employees. These efforts work to build vaccine health into an organization's culture.

Vaccine success encompasses more than providers and clinic staff; groups acknowledged that driving improvement also relies on IT support. Healthcare organizations shared examples of significant upgrades to electronic health records (EHR) to create documentation efficiencies. One participant noted their organization created an



immunization dashboard, which tracks progress and assists in recognizing care gaps. Point-of-care alerts are another essential tool to communicate to healthcare professionals at the point of care when a patient needs a vaccine. One group observed, “for Tdap, we had over 630,000 [point-of-care alerts] fire in the last year.”

Going beyond the health system and partnering with the community led to many wins. Health systems worked to improve vaccine access for patients at trusted locations, such as faith-based organizations, within their own communities. Additionally, a group partnered with nursing homes and recognized increased immunization rates.

Improving patient education and access to vaccines also contributed to immunization progress. Attendees highlighted the initiation of targeted outreach to patient populations, including messaging in Spanish and other languages, as successes. Additionally, participants pointed to creating accessible points of care via community events and drive-through flu vaccination clinics as major accomplishments. Lastly, participants celebrated their personal vaccination wins, receiving immunizations of their own or facilitating vaccines for loved ones.

“I’m in awe of what groups are doing, so that it inspired me to bring tactics back to my organization.”

Keynote Fireside Chat: Innovative Approaches for Respiratory Season

Robert H. Hopkins Jr., MD, *Medical Director, National Foundation for Infectious Diseases; Chair, National Vaccine Advisory Committee, Department of Health and Human Services; Chief, Division of General Internal Medicine, University of Arkansas for Medical Sciences*

Moderator: Stephanie Copeland, MD, MBA, FAAP, CPHQ, *National Medical Director for Quality and Performance Management/Clinical Performance, OptumCare; Senior Medical Director for Quality, OptumCare Dallas/Fort-Worth Region; Chair AMGA Foundation Board*



Dr. Copeland began the fireside chat by sharing recent vaccine advancements to combat respiratory illnesses. This fall three vaccines are available: influenza, COVID-19, and respiratory syncytial virus (RSV). She asked Dr. Hopkins to share his perspective on these three vaccines given his roles at the Department of Health and Human Services, National Foundation for Infectious Diseases, and University of Arkansas.

Hopkins stated that the advent of new information and data over the last several months has resulted in an evolving view of



what has previously been labeled “respiratory season.” He explained that, anecdotally, patients don’t understand the term “respiratory season.” Hopkins’ suggestion was to simplify and **“try to anchor on influenza season for the seasonal disease.”** He explained that RSV infections don’t necessarily follow the pattern of peaking in late fall/winter, pointing to increased infections in June and July of 2023. Furthermore, he noted that COVID-19 infections have waxed and waned in all seasons. Given these uncertain patterns, which aren’t aligning with the traditional flu season, Hopkins recommended sticking with the seasonality message for what we know is seasonal: influenza.

Hopkins talked in more detail about the newest vaccines to protect adults age 60 and older from RSV, a lower respiratory track disease. He explained that the introduction of the RSV vaccine this season is both an opportunity and a challenge. Hopkins said, “We have an opportunity to help our population at risk for RSV to understand they are at risk and reduce the impact of RSV.” He went on to say, **“We have to seize that opportunity and make the case to the public, our partners, and our teams as to why RSV vaccination is important and how can we make it easy** and break down the barriers of ‘it’s another shot.’”

All three of these vaccines will need to be prioritized at health systems and medical groups, in addition to routine vaccinations. He explained, “the pandemic fell hard on routine processes,” and while great work is being done to get us back to pre-pandemic vaccination levels and reach goals, there is still a lot of progress to achieve. To improve, work must **begin at the micro level to make vaccination decisions easy for patients both physically and mentally.** Hopkins highlighted the importance of alignment, explaining, “All of us have to be on the same page on what our recommendations are, the why behind those recommendations, and the problem-solving piece. If we are going to convince people that have questions, concerns, or even hardened anti-vaxxers, we have to have a conversation.” He explained that patients need “to feel supported in making a decision that brings value to something that matters to them.”

Improvement at the macro level is also important. To this point, Hopkins discussed the strategic priority of capturing immunization data more holistically. He explained, “We need to have a national conversation about putting all the vaccine data into one system.”

Next, Copeland and Hopkins discussed how medical groups and health systems can evolve to keep pace with recent additions to the adult vaccine schedule. Hopkins said a solution to implementing the increasingly complex immunization schedule is coadministration, underscoring: **“Coadministration is the story that will change adult vaccines in the future.”** Coadministration of vaccines creates efficiencies for the patient and provider and is a pathway to success. Additionally, **he highlighted the importance of using the full calendar year to vaccinate patients.** Hopkins encouraged groups to think about immunization on a rotational basis. To illustrate this point, he provided an example in which the first half of the

Some immediate next steps groups were encouraged to implement to improve immunization rates included:

- Utilizing the state vaccine registry and a bidirectional data feed.
- Communicating care gaps to providers and staff.
- Proactively reaching out and meeting patients where they are.
- Discussing vaccine priorities with C-suite leaders.
- Remembering every patient, every time, every visit.



year focus is placed on patients with cardiovascular disease and other chronic conditions to ensure they are up to date on pneumococcal conjugate vaccines and hepatitis B vaccines. He explained how this process of focusing on one patient population or disease state at a time can help reach more patients and reduce provider and staff burnout.

Hopkins emphasized the importance of **engaging not only primary care settings in these strategies, but also specialty clinics**. He offered approaches for more effectively engaging specialty clinics, including training specialty nurses in vaccine administration and incorporating vaccination measures into specialty quality metrics.

However, these solutions will not come without resistance. Vaccine hesitancy among patients is on the rise, but there are strategies medical groups and health systems can use to reduce this challenge. One strategy Hopkins recommended was to **identify and partner with trusted leaders in the community to serve as messengers**. Potential partners may include pharmacies, nurse associations, local nursing homes, churches, schools, and health departments. Additionally, Hopkins emphasized the **importance of leading with respect and inquiry when having conversations with patients who express vaccine hesitancy**. He also highlighted potential messaging, such as encouraging grandparents to get the Tdap vaccine to protect their newborn grandchildren and relaying that immunizations are a safe and scientifically proven way to build the body's immune response.

Hopkins explained that to see advancement on immunization care and population health, medical groups and health systems need to focus on three main goals: (1) reducing severe disease and mortality (2) reducing incidence, and (3) reducing impacts on our society. Hopkins concluded, **"This RIZE Symposium makes me hopeful. We've got leadership from all over the country, from different settings, with lots of innovative ideas, and lots of wins!"**

Breakout Session: Evolving with an Increasingly Complex Adult Immunization Schedule

Facilitators:

Parag Agnihotri, MD, Chief Medical Officer, Population Health Services, UC San Diego Health

Carrie Regnier, BSN, RN, MPH, Director, COVID-19, Norton Medical Group

Wendy Scheckel, RN-BC, PhD, Chief Information Officer, Olmsted Medical Center

During this breakout session, attendees discussed the complexity of the Centers for Disease Control & Prevention (CDC) adult immunization schedule and how to optimize vaccination opportunities.

Regarding the complexity of the immunization schedule, what's keeping you up at night?

The breakout session discussions started by investigating the challenges of the current immunization schedule. Groups emphasized that primary care is comprehensive and includes a **variety of preventive and wellness care priorities**, from checking blood pressure to examining common ailments to providing vaccinations. Administering



vaccines at a primary care visit is only one priority of many, making it difficult to ensure all patients receive the vaccines they need. One participant commented, “It’s a balancing act of everything that is important for patients, but how do we do it all?”

Participants also noted that it’s a challenge for providers to stay abreast of and implement continually changing vaccine recommendations. Vaccines with shared clinical decision-making can further complicate implementation of the immunization schedule. This difficulty is exasperated by the **quantity of adult vaccines** needed now. One participant said about the campaign’s bundle measure, “it’s hard to get everyone up to date on all needed vaccines.” From the patient’s perspective, there is a lack of messaging and confusion on which vaccines to get and when. In addition, patient hesitancy has been a continual problem that has now begun to extend to provider hesitancy. One participant raised the question, “Are there too many changes happening at once?”

“I enjoyed the networking opportunities, learning about best practices from the experts, and exploring resources available.”

How can organizations operationalize the adult immunization schedule to optimize vaccination opportunities?

Utilizing Technology can assist medical groups in optimizing the adult immunization schedule. Point-of-care alerts are a valuable tool to assist healthcare professionals by alerting them when vaccines are needed. However, groups cautioned that too many alerts can cause fatigue among providers. Participants noted that a digital solution within the health maintenance reminders to support shared clinical decision-making would be beneficial. One participant shared their organization is applying technology solutions by adding an adult immunization bundle to the daily engagement dashboard – helping to **track care gaps** and keep vaccinations top of mind for providers. However, ensuring providers and staff use the dashboards often requires the extra step of implementing accompanying quality incentives.

Insurance coverage limitations can be a common barrier to optimizing the adult vaccine schedule, particularly for patients with Medicare Part D who need to visit a pharmacy to get some vaccines. A handful of medical groups have specific software that facilitates **billing Medicare Part D for vaccinations provided at the clinic**. However, additional software isn’t feasible for all organizations. Recommended solutions included sending a “vaccine prescription” to the pharmacy or colocating pharmacies within clinic sites to provide increased access. Colocation of services increases access to Medicare Part B vaccines (clinic administered) and Medicare Part D vaccines (pharmacy administered). Attendees cited the need for tools or resources to help them navigate insurance coverage and better understand coverage for different vaccines.

Participants also raised the importance of **partnering with pharmacies—both national retail chains and community independent pharmacies**—to move the needle in immunization care as pharmacies often have more touchpoints with patients and can more easily administer and bill for Medicare Part D vaccines. However, for these partnerships to be successful, medical groups need **reliable bidirectional data feeds with their state immunization registries**—ensuring vaccines administered by external organizations like pharmacies are captured in EHRs. Additionally, standing orders are critical to advance the adult immunization schedule as they empower clinic staff to work to the top of their license and create organizational efficiencies.



Engaging and empowering patients is another essential component to optimizing vaccination opportunities. Participants discussed the importance of conducting **proactive outreach** to patients. Many organizations leverage their population health and marketing teams to do this. Patient portal messages are a common mechanism utilized by participants, and many even have a feature allowing patients to self-schedule vaccination-only appointments via the portal. A theme throughout the breakout session was the importance of **making vaccination easy and accessible for patients**. Groups are removing barriers to vaccination through community events like partnering with barbershops, utilizing mobile health units, hosting evening and weekend vaccine clinics, and allowing walk-ins. One participant mentioned they have a nurse-only clinic, which allows walk-ins and has administered a high volume of vaccinations.

Clinician education and training is essential to engaging and empowering patients. A participant shared that their group is providing motivational interview training to providers, specifically to combat vaccine hesitancy. Groups agreed that the best practices and insights discussed all contribute to an **organizational culture that prioritizes immunizations**, which is essential to improve adult immunization rates.

RIZE Data Presentation

Campaign Data Review & Insights

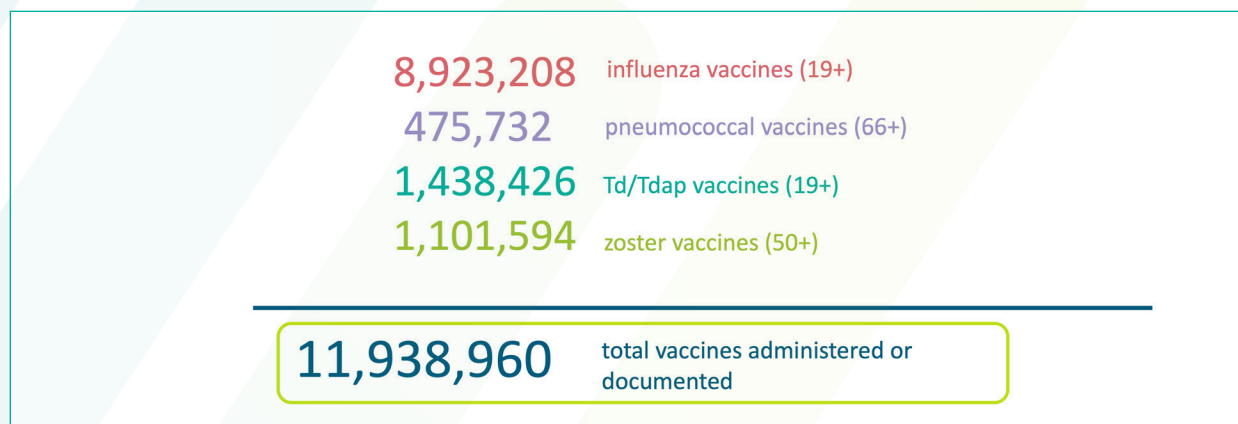
Elizabeth Ciemins, PhD, MPH, MA, *Senior Vice President, AMGA Research and Analytics*

Stephen Shields, MPH, *Lead Population Health Research Analyst, AMGA Research and Analytics*

Impact in Years 1 & 2 (Q3 2021 – Q2 2023)

Measurement and benchmarking are a hallmark of AMGA's national health campaigns. RIZE is measuring the administration or documentation of the following adult vaccines: influenza, pneumococcal, Td/Tdap, zoster, and a bundle measure. In the first year of the campaign, 5,893,148 vaccines were administered or documented by the 60+

Figure 1: Year 1 & 2 (Q3 2021 – Q2 2023) Impact by Vaccine





groups enrolled at that time. During the first year, there were 19,721,540 eligible patients in the active population. In the second year, 6,045,812 vaccines were administered or documented by the 80+ groups enrolled. The active patient population included 21,604,321 eligible patients in the second year.

We are at the halfway point in the campaign, and nearly halfway to meeting the goal of 25 million vaccines administered by 2025, with a total of 11,938,960 vaccines administered or documented.

Year 2 (Q3 2022 – Q2 2023) Data Review

During Year 2, RIZE saw an increase in the average vaccination rate for Td/Tdap, zoster, and the bundle measure. There was a slight drop in the pneumococcal measure, but this can be accounted for with the measure change that went into effect Q2 2022. The drop is much smaller than anticipated and demonstrates the commitment of all groups to administer conjugate vaccines to eligible patients.

Figure 2: Average vaccination rates across all organizations, year over year



Influenza Measure: This measure once again had the largest impact on the campaign’s 25 million goal, with 4,552,674 influenza vaccines administered or documented in Year 2. The average vaccination rate was 35.2% in 2023, which is lower than the previous year (36.7%). However, this decrease in rates was smaller as compared to the previous measurement year (MY). Influenza vaccination continues to be a challenge throughout the nation – but there is compelling claims data that indicate RIZE groups collectively had a smaller decrease in flu rates as compared to nationwide data, depicted in Figure 4.



Figure 3: RIZE influenza rates in MY 2, by group

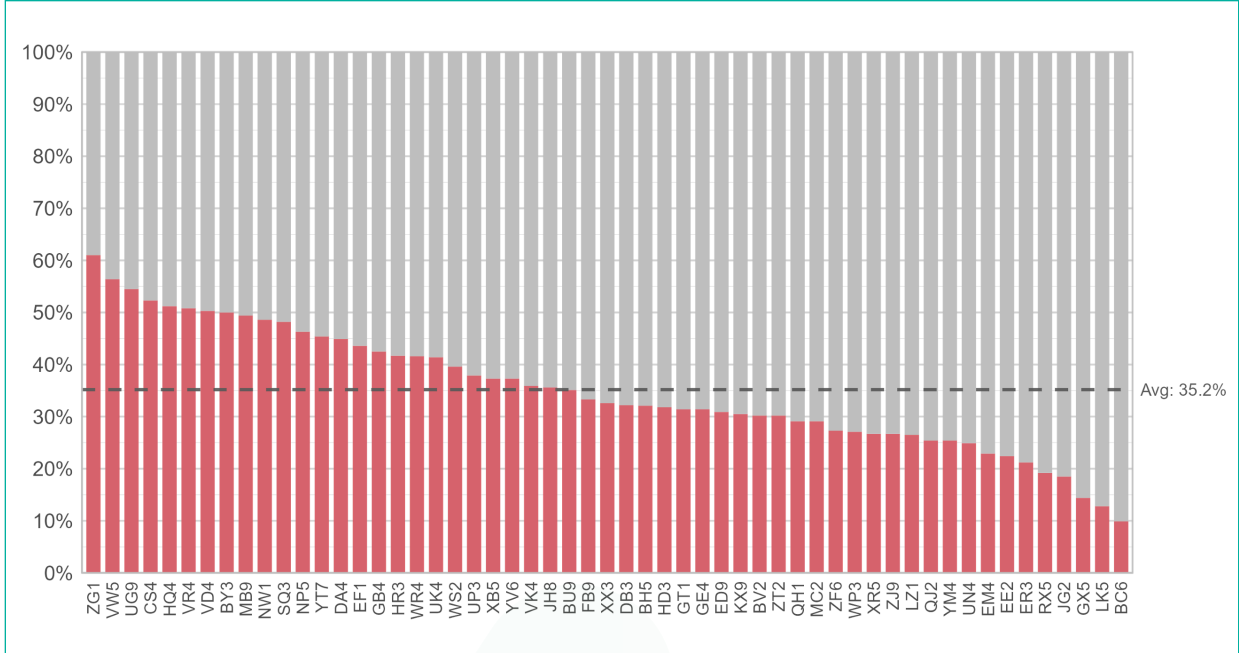
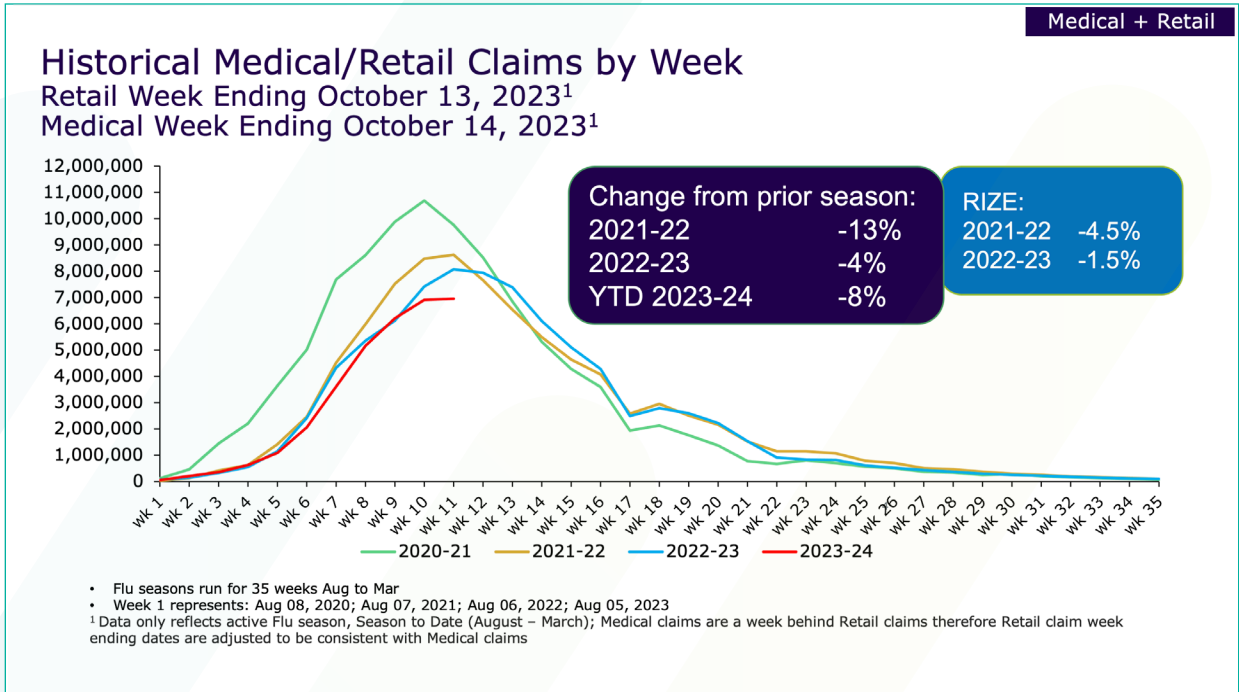


Figure 4: Influenza claims data compared to RIZE data





Pneumococcal Measure: Year 2 was the first full MY with the new pneumococcal measure. The average vaccination rate was 73.2%, which is lower than the previous year (76.8%). However, the measure did recognize improvement each quarter, increasing from 69.0% to 73.2% from Q3 2022 to Q2 2023. Groups should be proud of this steady improvement given the measure change.

Figure 5: RIZE pneumococcal rates in MY 2, by group

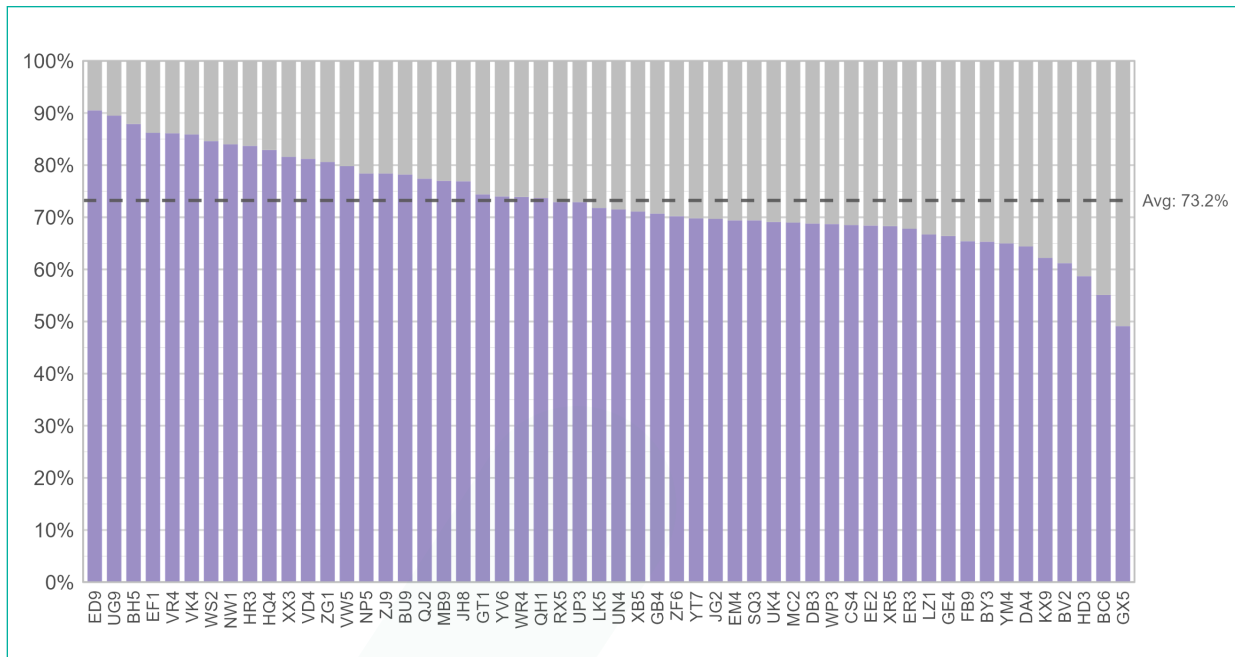
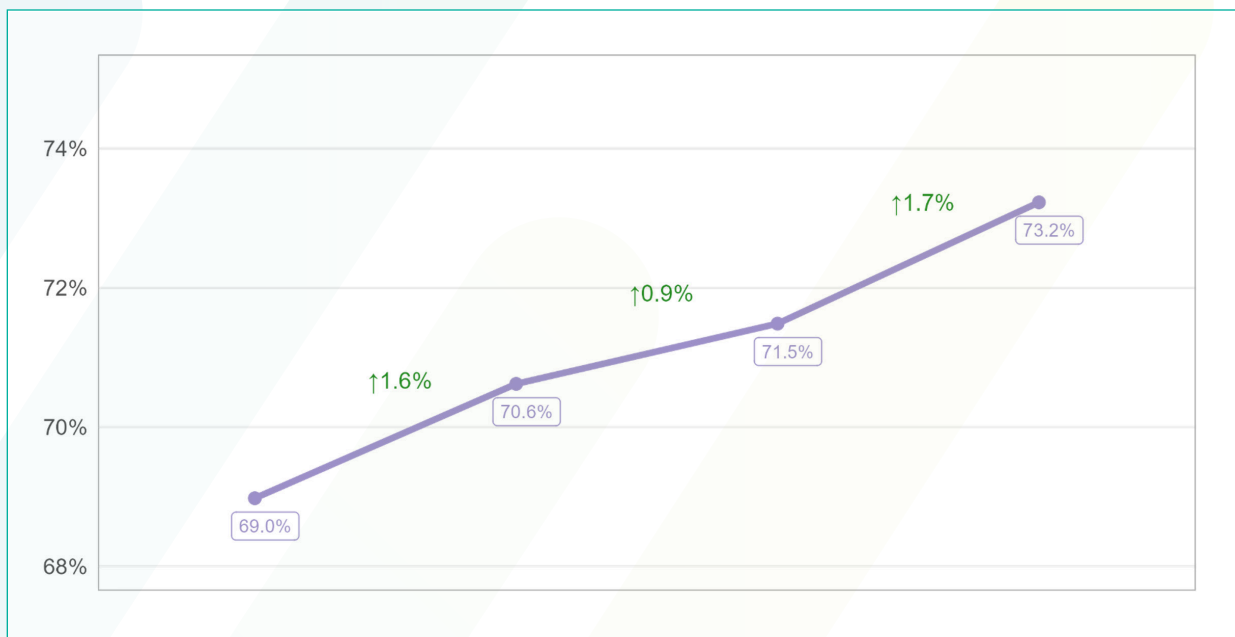


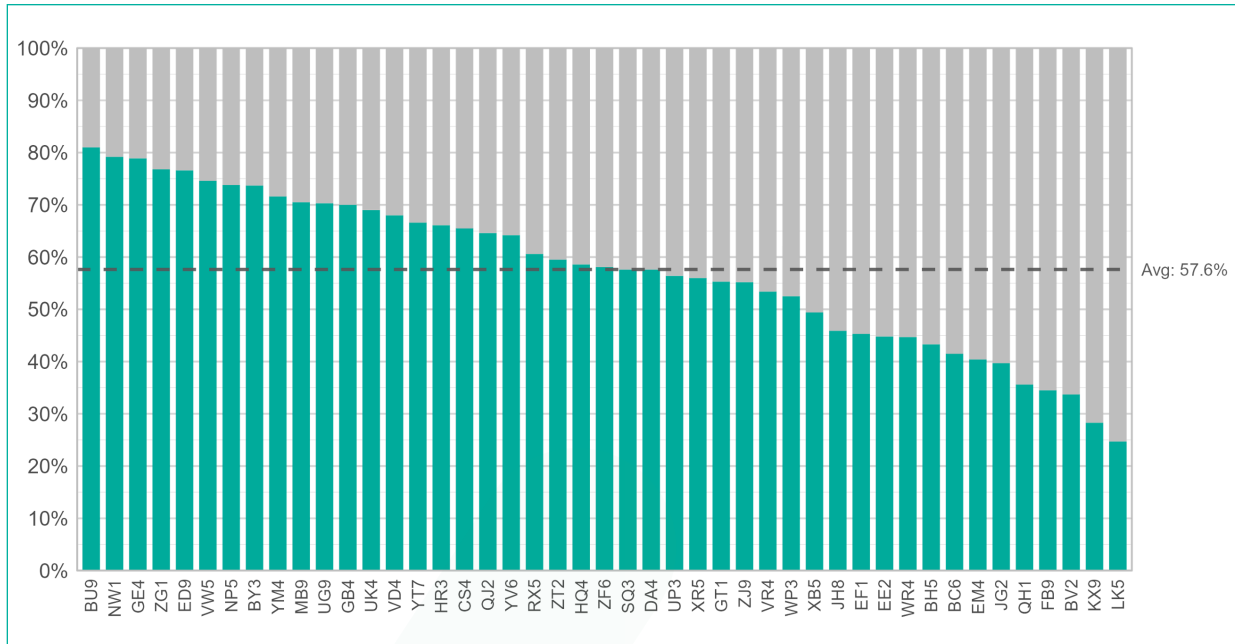
Figure 6: Change in pneumococcal rates by quarter in MY 2





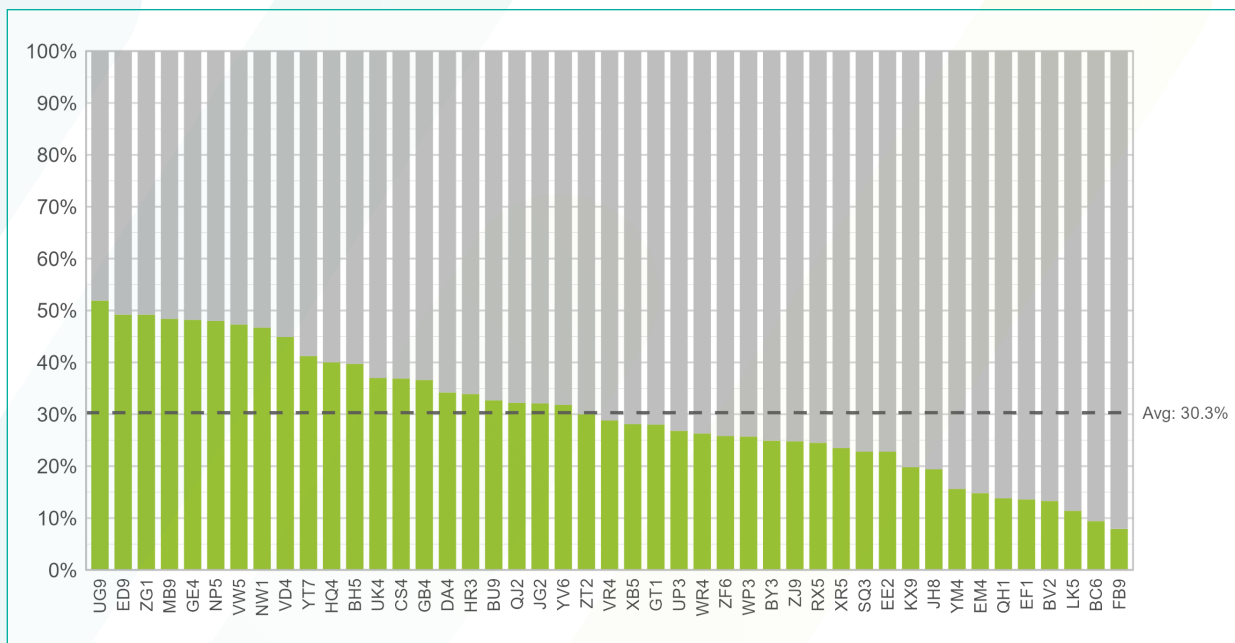
Td/Tdap Measure: This measure continues to have the greatest variation in vaccination rates amongst groups. The average vaccination rate was 57.6%, with a range of ~24% to 81%. The variation emphasizes that there is an achievable opportunity to close gaps in Td/Tdap vaccination rates.

Figure 7: RIZE Td/Tdap rates in MY 2, by group



Zoster Measure: This measure saw a nearly 4% improvement over the course of the second year. The average rate was 30.3%, with a range of 8% to 52%.

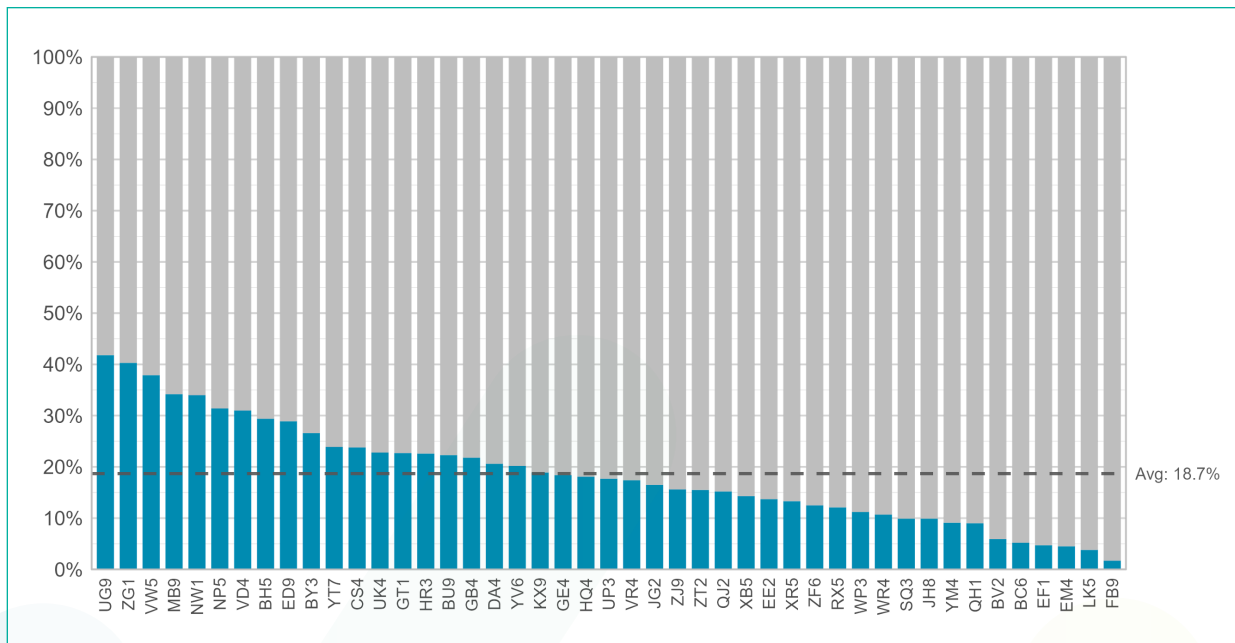
Figure 8: RIZE zoster rates in MY 2, by group





Bundle Measure: The bundle measure is 18.7%, which is 4% higher than baseline. This accounts for 105,777 more patients age 66 or older receiving comprehensive immunization care (at goal for flu, pneumococcal, Td/Tdap, and zoster) in Years 1 & 2. The rise in the bundle measurement is an effective way to communicate the impact of the campaign from a population health perspective. One suggestion to see improvement in the bundle measure is to stratify patients based on number of vaccines needed to complete the bundle (i.e., one, two, or three vaccinations) and target outreach accordingly.

Figure 9: RIZE bundle rates in MY 2, by group



Note: The last [RIZE blinded comparative report](#) of Year 2, released at the end of August 2023, shares the benchmarking graphs and data insights, which were depicted in Dr. Ciemins' presentation.

Review of the GAO report on routine vaccinations

The 2022 U.S. [Government Accountability Office \(GAO\) report on routine adult vaccinations](#) shares important statistics and insights to consider as groups implement quality improvement strategies.

Five key report recommendations for consideration include:

- 1. Consider cost:** Uninsured adults and some insured adults may need to pay the cost of vaccines in full or part, although the recent implementation of the Inflation Reduction Act, which went into effect January 1, 2023, helps to cover Medicare Part D vaccinations.
- 2. Prioritize provider recommendations:** Studies show that provider recommendations work, but providers must be educated so they can provide a strong recommendation.
- 3. Provide vaccines on site:** If providers recommend a vaccine, but are not able to administer it, patients may not follow up on getting vaccinated elsewhere.



4. **Leverage specialists:** Some adults only see a specialist, making it important to encourage specialists to provide vaccinations.
5. **Explore use of state registries:** Utilizing a state immunization registry can help to capture a more complete immunization status for your patients.

Dr. Ciemins concluded by sharing that health system engagement does increase vaccination rates. Studies show a significant increase in vaccination rates when a patient has an established primary care provider.

“It was a pleasure working with you and your team. I learned a lot from the conversations and hope we can continue to work together to support improved immunization for our patients.”

Panel Discussion Succeeding in the Face of Immunization Challenges

Moderator: L.J. Tan, PhD, MS, Chief Policy and Partnerships Officer, Immunize.org; Co-Chair, National Adult and Influenza Immunization Summit

Panelists:

Madalyn Schaeffgen, MD, FAAFP, Ambulatory Immunization Clinical Lead, Lehigh Valley Physician Group

Curtis Curry, CPHQ, Manager, Quality Improvement Programs, Kelsey-Seybold Clinic

Heidi Rens, PharmD, CPPS, Director, Quality and Patient Safety, Quality and Patient Safety Department, Greater Sacramento and Central Valley Market, Sutter Health

What immunization challenge in your organization is keeping you up at night, and how are you trying to address it?

Like many, Sutter Health is struggling with patient vaccine hesitancy but is working to reframe the patient conversation. It's important to reiterate to clinicians and staff that “no doesn't mean no all the time.” Instead, vaccination conversations should be revisited at each patient visit.



Kelsey-Seybold explained that the amount of primary care responsibilities is large and growing and immunizations must compete with other priorities. However, they are improving vaccine access for patients through creating nurse-only departments where immunizations are provided; allowing patients to self-schedule vaccine appointments; and allowing patients to reconcile vaccinations administered outside of the clinic.



Lehigh Valley is addressing similar challenges by changing internal culture. They are working to ensure providers recognize vaccines as standard work and are addressing immunizations at every visit. Additionally, they are empowering all clinical staff to work at the top of their license and have standing orders in place, so staff like medical assistants can provide vaccinations without needing provider approval.

What are some lessons learned from the introduction of the COVID-19 vaccine and the resulting rise in vaccine hesitancy among patients?

Kelsey-Seybold learned their providers weren't trained to take a presumptive approach to giving vaccine recommendations to adult patients, as they were for pediatric patients. They are now empowering all providers and staff to take this approach and have effective vaccine conversations with patients. Additionally, they have added an "internal flag" for providers to note when a patient refuses a vaccine. This documentation ensures providers and staff are aware of potential vaccine hesitancy and come to the next visit prepared.

Lehigh Valley has also focused on providing strong vaccine recommendations and has found motivational interviewing training has empowered their providers, staff, and front desk personnel. Dr. Schaefer explained this initiative has aligned providers and clinic staff and resulted in more cohesive messaging to patients throughout their visits. Additionally, they have incorporated making a strong recommendation into workflows to reinforce its importance with providers.

Sutter Health recognized the success community events had throughout the initial COVID-19 vaccine push and consequently expanded their community outreach for routine adult vaccines. They are attending and hosting community events to raise awareness and increase vaccine access.

How do you garner the internal buy-in necessary to make those critical strong vaccine recommendations?

The panelists shared a variety of ideas to garner this internal buy-in, including:

- Find a trusted physician champion to lead the way.
- Show providers the science of disease and how a vaccine can protect against it. It's important to remember clinicians respond to science.
- Combat burnout by implementing digital solutions like reducing documentation to include only the essentials, providing direct scheduling for patients, and addressing in-basket overloads.
- Share "joy at work" ideas with providers and staff to encourage a culture of well-being.
- Create healthy competition on immunization performance between providers and/or sites.

Attendees noted that they are also seeing increased provider vaccine hesitancy. To counteract this trend, panelists encouraged identifying a strong infectious disease champion, finding empathy, and continuing to educate providers and staff. Lehigh Valley promotes vaccine awareness and a culture of immunization within the organization by distributing RIZE quarterly benchmarking reports and sharing strategies to move the needle in immunization care.



What are you doing to help engage those outside of primary care (specialty, community partners, etc.) in immunizations?

Vaccines are expensive, and so is the equipment (i.e., refrigerators and freezers) so it's not feasible to expect all specialist offices to provide all vaccines. However, groups are leveraging specialists by reinforcing how vaccines are necessary to protect at-risk populations those specialists treat. For example, pneumococcal vaccines are critical for many pulmonology and endocrinology patients. The panelists emphasized the importance of flu vaccinations for all specialties, given the increased mortality and morbidity risk for populations with multiple underlying health conditions.

RIZE partner group Vaccinate Your Family (VYF) shared their "[Vaccine Community Navigator Training](#)" for Promotores/ Community Health Workers, designed to build capacity to engage communities in vaccine conversations. Interested RIZE groups are encouraged to connect with Amy Pisani (amy@vaccinateyourfamily.org), VYF CEO. Additionally, groups are encouraged to check their state's policies and funding, as many states offer reimbursement for utilizing community health workers.

How are your organizations engaging pharmacies, an often underutilized extension of the care team?

One attendee with a pharmacy background explained the importance of building trust between pharmacists and providers. It's not a pharmacist's job to replace a provider, but rather to serve as an extension of care. That trust begins by making it easy and simple for providers and patients to receive and give vaccines. One way to accomplish this is to have standard processes and written order guidelines that state vaccines will be administered "according to the CDC or shared clinical decision-making as decided by your team." This process prevents the need to continually revise standing orders to align with changing CDC guidelines. Pharmacists are a key partner in the immunization community, and together with providers they can remove care barriers so the next bigger problem can be addressed. The participant explained, "Everybody wants to do the right thing. It's whether they're empowered to do it—and the first step is the written order guidelines."

Groups agreed that pharmacies are a key partner in providing vaccinations, especially for Medicare Part D vaccines. The panelists and participants expressed the challenges Medicare Part D vaccines pose to their patients and clinics. One panelist-suggested solution would be to have a claim reconciliation process embedded into EHR systems. Additionally, groups conveyed the need for improved policy solutions when it comes to covering Medicare Part B and Part D vaccinations.

What is one of the most impactful interventions your group has undertaken to address incomplete immunization data?

One silver lining of COVID-19 is the increased funding provided to state immunization registry development. Having a strong state immunization registry and bidirectional data feed enables many groups to gain a more complete picture of immunization status for their patients. Sutter Health has added an immunization dashboard to track immunization care gaps, which has helped to identify patient populations with the greatest vaccine need.

"I loved being in person. I liked the high-level honest conversations and diverse knowledge (MDs, PharmDs, Quality, HHS, etc.)."



How is your organization promoting health equity in the immunization space?

Sutter Health has a health equity dashboard that examines the combined ten prenatal immunizations, which helps providers and the organization address immunization care gaps. Also, their quality outreach team has a primary focus of closing vaccine care gaps for Black and Hispanic patients. Lastly, the organization does a variety of community health outreach that includes vaccinations.

Kelsey-Seybold completes an annual health needs assessment where they examine vaccination rates by race and ethnicity. The analysis helps them gauge where the greatest need is by population. The organization has also partnered with the National Minority Quality Forum to implement health equity-based immunization programs.

Lehigh Valley has leveraged COVID-19 vaccination heat maps by ZIP code to address inequities, and they plan to expand this approach to include more vaccines. The heat maps have helped them identify where mass vaccination clinics may be needed in the community. They have also focused on financial inequities by offering a program for those underinsured and uninsured to get free or reduced rate care.

Breakout Session

Promoting Equity in Adult Immunizations

Facilitators:

Chris Lillis, MD, FACP, *Senior Medical Director and Quality Director, One Community Health*

Iris Lundy, MHL, RN, BSN, *Vice President, Health Equity, Sentara Healthcare*

Amy Pisani, MS, *Chief Executive Officer, Vaccinate Your Family*

During the breakout session, groups were encouraged to share strategies that integrate health equity to address immunization challenges. The strategies identified included:

1. Meet patients where they are to make it easier to receive vaccinations.

By meeting patients where they are, health systems are removing access barriers and making the decision to get vaccinated easier for patients. Groups have seen success by adding drive-through vaccination clinics in their communities; utilizing mobile health units to administer vaccines within neighborhoods of need; attending festivals/cultural events; and expanding clinic hours to include evening and weekend times, which extends the window during which working people and families can receive vaccines. Additionally, medical groups increased vaccination uptake by offering peer-to-peer immunization clinics internally for employees.

2. Partner with trusted messengers to deliver culturally appropriate messages.

Medical groups have a successful track record of educating trusted leaders in the community on the importance of vaccines and collaborating with them to create and deliver messaging that is relevant to community members. These messengers help build vaccine confidence and have included faith leaders, barbershop owners, business owners/employers, and culturally similar clinics like a Spanish-speaking community health center. Attendees



emphasized the importance of materials and messages that are not only in patients' preferred language, but also culturally appropriate.

Additionally, participants shared that the most effective messages often come from providers and community members who look like their patients. One group shared that they have found success in a parish nurse program. The parish nurses who are a part of the community are responsible for one church and serve as the go-to healthcare person for that community. Another group has partnered with local Native American chiefs, which has helped expand access to care among this population. Another participant shared that they have partnered with a local Historically Black College/University to educate students. These tactics have helped increase message acceptance and expand educational awareness among the populations medical groups are trying to reach.

3. Leverage community partnerships to extend the care community.

Medical groups have created and leveraged innovative partnerships to administer more vaccines to community members. Organizations have gotten creative in where and when they administer vaccines, with sites at NBA and NFL games, jazz concerts, and even Mardi Gras events to make it easier for patients to get vaccinated. Beyond community partnerships, participants discussed the potential of partnering with regional or national organizations like medical associations or specialty groups. Through these partnerships, health systems can utilize those organizations' existing networks, infrastructure, and tools to expand the work they are already doing.

Throughout the breakout session, participants emphasized the importance of a multipronged, cohesive communication approach for immunizations. Consistency and repetition across messengers and channels within and outside of the medical group help reinforce vaccine messaging. Groups underscored the importance of provider and staff training to facilitate consistent immunization messaging.

During the session, participants discussed barriers that are necessary to overcome to achieve equitable vaccine access and care. For example, operational costs can make a program unfeasible or unsustainable. Furthermore, these costs can be challenging for medical groups to justify if programming is aimed at patients outside the population for which a medical group is responsible and can divert funds from existing clinics. Potential recommendations for minimizing cost of these programs included investigating state funding earmarked for expanding vaccination access.



“It was a lot of fun and probably one of the best conferences I have been to in a while, so thanks to you and the team for a great and valuable time!”



RIZE Symposium

Thank you to the Exclusive Sponsor of the RIZE Symposium



Mission:

AMGA Foundation enables medical groups and other organized systems of care to consistently improve health and healthcare.

Vision:

AMGA Foundation serves as a catalyst, connector, and collaborator for translating the evidence of what works best in improving health and healthcare in everyday practice.



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