Indian Health Service
National Pharmacy and Therapeutics Committee

# IHS E3 Vaccine Strategy



# E3 Vaccine Strategy IHS PHN Conference- 2023 August 7, 2023

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Every patient. Every encounter. Every recommended vaccine.

#### August is National Immunization Awareness Month



#### Mission and Goals

#### Mission

No unvaccinated AI/AN person will suffer a poor outcome or die from a vaccine preventable illness.

#### Goals

- 1. Increase vaccine rates in Indian Country to the highest level
- 2. Reduce rates of vaccine-preventable illness in Indian Country
- 3. Save lives in every tribal community & every age group (infants to elders)



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### Objectives

- Examine the rationale for the IHS National E3 Vaccine Strategy
- Identify the elements of E3 to increase vaccine rates in Indian Country to the highest level.
- Utilize innovative strategies to implement the E3 Operational Plan
- Support E3 participation throughout the IHS



#### NPTC & Vaccines- A Brief History

- The Four Pillars of IHS Formulary Management
  - Access, Quality, Value, and Equity
- All ACIP-recommended vaccines are on the IHS NCF
- Vaccine Safety Surveillance
  - Passive: VAERS (CDC/IHS MOU 9/2020) & I-STAR
  - Active: NPTC Emerging Treatments Survey (NETS)
    - COVID and Mpox 5/2020-5/2023
- Development/Implementation of IHS National E3 Vaccine Strategy



# Rationale

# What is the E3 Vaccine Strategy?

Every Patient

Every Encounter

Every Recommended Vaccine Offered, when appropriate



#### Timeline

• Launch: November 17, 2022

• Operationalization: 2023



## **Target Population**

- American Indian and Alaska Native Tribal Communities
- IHS CMO Directive to all IHS federal direct-care facilities
- Encouraged for tribal & Urban Indian Organization facilities



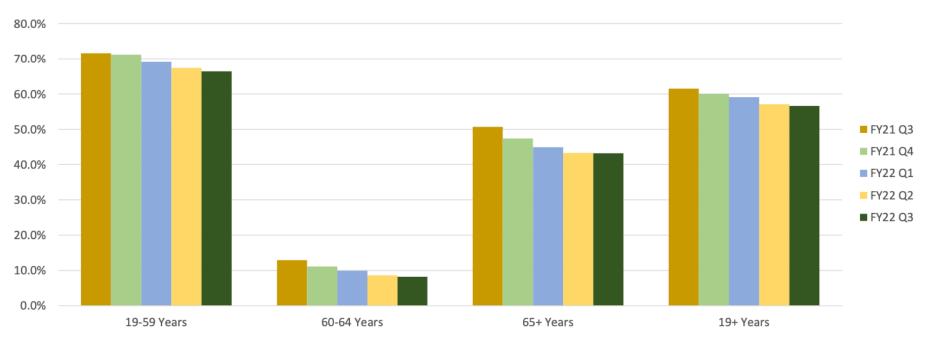
### Background

- Impact of the COVID-19 pandemic
- Vaccine misinformation and "fatigue"
- Nationwide declines in vaccine coverage for all age racial, and ethnic groups
- Health disparities among AI/AN for vaccine preventable illness



#### Vaccine Trends- Adults

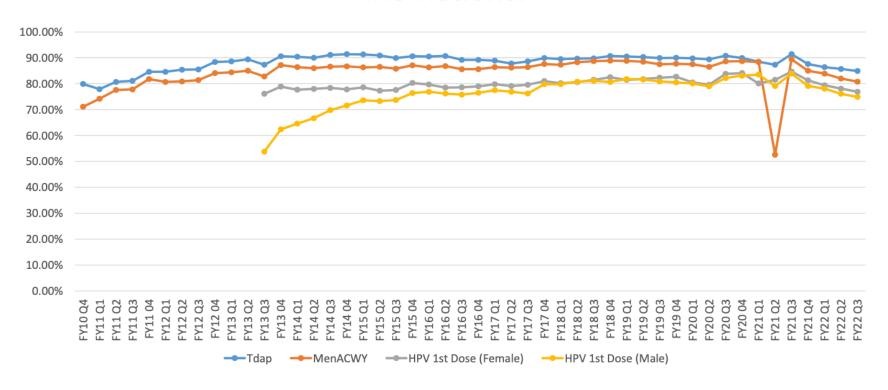
# Adult Immunization Composite Measures \* Appropriately Vaccinated Per Age Recommendations IHS National



<sup>\* 19-59</sup> years with Tdap ever and Tdap/Td <10 years; 60-64 years with Tdap ever and Tdap/Td <10 years and Zoster and Pneumo; and 19 years and older with appropriately vaccinated per age recommendation

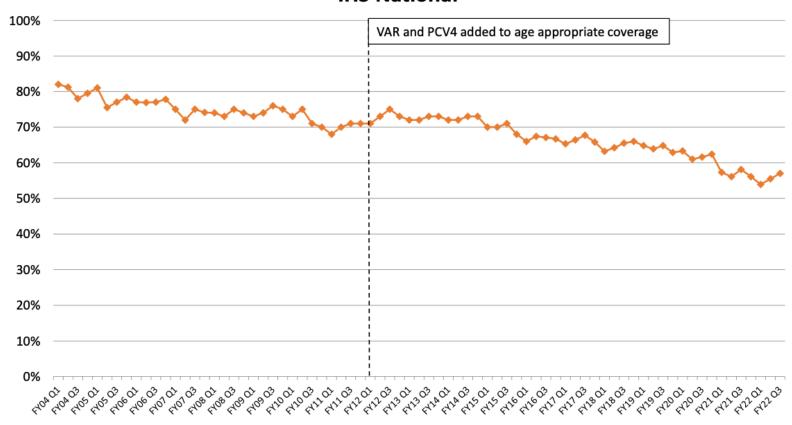
#### Vaccine Trends- Adolescents

#### Adolescent Vaccine Coverage 13 Year Olds IHS National



#### Vaccine Trends-Infants/Children

# Age Appropriate Immunization Coverage 3-27 month olds IHS National



#### A Call to Action

- Comprehensive/Adaptable System of Health Care
- Vaccination is a highly effective prevention effort
- Pro-active approach
- Prioritization of vaccination at every visit
- System-based strategies



E3: Every Patient, Every Encounter, Every Recommended Vaccine

# Elements

## **Every Patient**

- Every season
- All age groups
- Regular and transient patients
- Community members and non-community members



## **Every Encounter**

- Preventive, Chronic, Acute
- Ambulatory, ER/Urgent Care, Inpatient
- Medical, Pharmacy, etc.
- Public Health
  - ❖ PHN/MCH Home Visits
  - Community Events
  - Head Start/School Events
  - Mass Vaccinations Events



# Every Recommended Vaccine Offered

- All ACIP-recommended vaccines
- No distinction between "routine" vaccines and those recommended in response to disease outbreaks
- Patient informed consent and autonomy



### When Appropriate

- Clinical indications for the patient, encounter, and vaccine
- Subject to ACIP-recommended precautions and contraindications: <a href="https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html">https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html</a>
- Safely & Correctly, Every Time
  - Mitigating risk of vaccine administration errors



E3: Every Patient, Every Encounter, Every Recommended Vaccine

# Operational Plan

# Building on Success- Pandemic Response

- Leadership of Tribal Communities
- Collaboration across I/T/U System of Care
- Vaccine and Medication Campaigns
  - COVID-19 Vaccines
  - COVID-19 Medical Countermeasures
    - Antivirals- Remdesivir & IHS Test to Treat Initiative
    - Monoclonal Antibodies



#### Operational Plan

- Bottom Up Approach
- Communications
- Stakeholder Engagement & Collaboration
- Resource Bank
- Cross Pollination
- E3 Champions Challenge & Pilot Program
- Data Trends
- Sustainability



### Bottom Up Approach

#### **Vision**

- Grass-roots strategy
- "Reverse" hierarchy (Local -> Regional -> National)
- "Shots in arms"
- No Effort Too Small

#### **Local Team**

- Facility
- Unit
- Tribal Community



#### Communications

- Communication "Saturation" System-Wide (I/T/U)
- IHS Blog, Week-in-Review
- Tribal and Urban Leaders
- NPTC Website (E3 Vaccine Strategy Tab)
- IHS All-Call
- NCCMO, NNLC, AVPOCs, Nursing All-Call, NPAIHB ECHO
- National Combined Councils- 2023
  - Theme: Strengthening Collaboration for Safe, Quality, Healthcare Outcomes
- NPTC Summer 2023 Meeting
- Listservs



# Stakeholder Engagement & Collaboration

- Leadership at Every Level (HQ, Area/Region, Facility, Unit)
- Clinical and Public Health Disciplines
  - NIP/AVPOCs, Nursing, Public Health Nursing, Pharmacists, Providers et al.
- Tribal and Urban Indian Organization Partners
- Tribal Communities



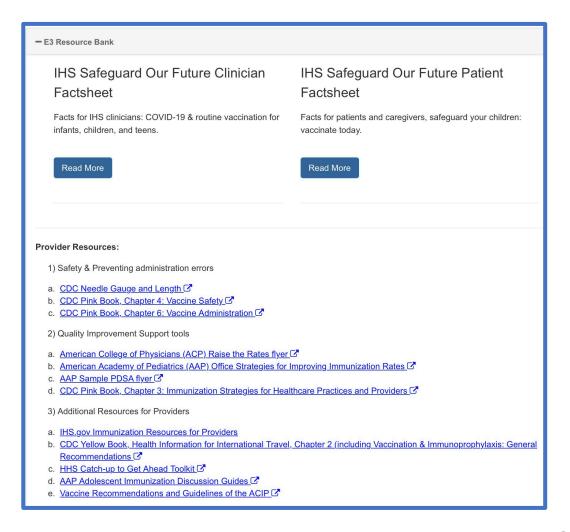
#### Resource Bank- Overview

- Launched March 2023
- One-Touch Access
  - ❖Tools and hyperlinks
  - **❖IHS NPTC** website
    - E3 Vaccine Strategy Tab (<a href="https://www.ihs.gov/nptc/e3-vaccine-strategy/">https://www.ihs.gov/nptc/e3-vaccine-strategy/</a>)
- Clinician and patient/community oriented materials
- Utilize existing expertise (e.g. CDC, ACIP, ACP/AAP)
- Al/AN-specific resources



#### Resource Bank- Materials

- Dynamic updates
- IHS Safeguard our Future Fact Sheets
- Provider Resources
  - Vaccine Safety
  - Quality Improvement
  - Support tools
- Patient Resources



# Quality Improvement Through Cross Pollination

- Steal shamelessly, share seamlessly
- For the good of the whole
- Integrate I/T/U efforts
- Best practices & lessons learned
  - Learning from success AND failure
  - Pro-active outreach
    - Potential I/T/U Pilot Sites
    - Area & Site Communications
    - Key Stakeholders

# E3 Champions Challenge

- A Friendly Competition
- Three Components
  - 1. Encouraging Innovation
  - 2. Incentivizing Effort
  - 3. Recognizing Success
- Federal, Tribal, Urban Programs
- Community, Facility, Unit Level



# E3 Champions Challenge- Criteria & Recognition

#### Criteria

- 1. 2022 baseline
- 2. Any Calendar Year Improvement (ACIP-recommended vaccines): 2023-2025
  - 5% in three or more individual and/or combination vaccine measures -OR-;
  - 20% in any one individual or combination vaccine measure

#### Vetted at local level

- Attestation letter from organization, facility, or unit leader
- Sharing of best practices and lessons learned
- Submission to <a href="mailto:ihsmedsafety@ihs.gov">ihsmedsafety@ihs.gov</a>
- Written recognition at national level
  - Signed Certificate of Recognition as "IHS E3 Vaccine Champion"
  - Virtual "Wall of Champions"

## E3 Champions Challenge- Resources

- E3 Champions Challenge Fact Sheet
- Sample Letter of Attestation
- Coming Soon;
  - E3 Virtual Wall of Champions

# E3 Champions Pilot Program- Overview

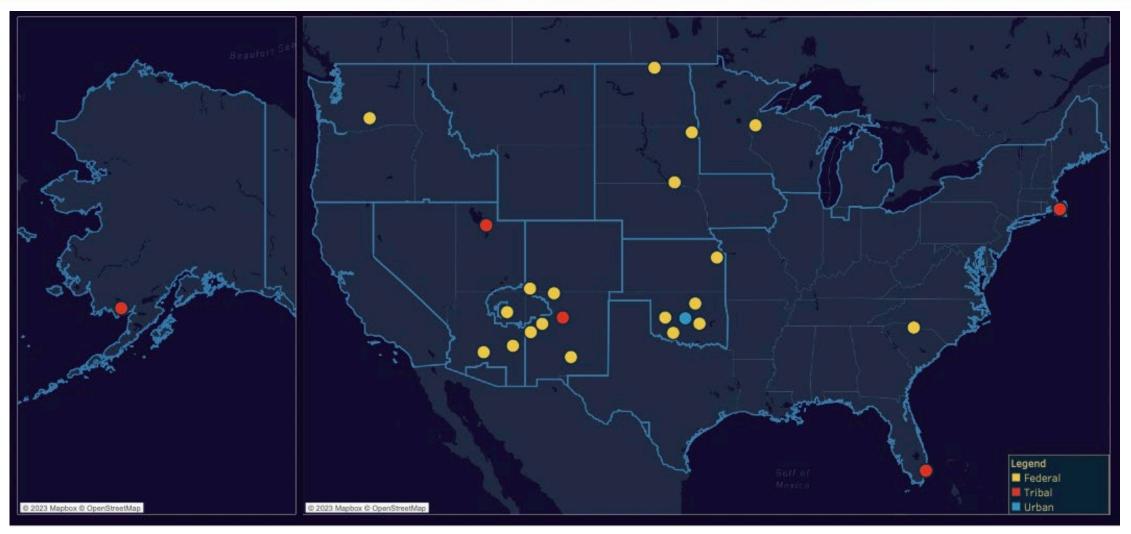
- Launch date- March 1, 2023
- Actively seeking E3 Vaccine Strategy Pilot Teams
- Brief Application
  - Name and location of your team.
  - 2. Tribal community/communities served.
  - 3. Brief narrative (200 words or less) describing your vaccine-related project and objectives.
  - 4. Submission to <a href="mailto:ihsmedsafety@ihs.gov">ihsmedsafety@ihs.gov</a>
- Letter of Designation
- Details: <u>E3 Champions Pilot Program Fact Sheet</u>

# E3 Champions Pilot Program-Intent

- Priorities- Effort and Innovation
  - No Effort is Too Small
- I/T/U Clinical & Public Health Teams (Community, Facility, Unit)
- Failure is an option (Lessons Learned)
- E3 Champions Challenge (Best Practices)
  - Recognition of success
  - Qualification as an E3 Champion is not a pre-requisite



# IHS E3 Vaccine Strategy- Pilot Site Locations



# E3 Champions Pilot Program- Sites

- Designated Pilot Sites/Teams- Onboarding Weekly
- Areas (Alaska, Albuquerque, Bemidji, Great Plains, Nashville, OKC, Phoenix, Portland)
  - As of 8/1/23
- Goals
  - Every Area & Site
  - Federal, Tribal, and Urban Indian Organization sites/teams
  - Maximum Participation
- No Effort Too Small



### Sample Approaches

- Vaccine Ambassadors,
- Medical Provider Vaccine Standardization
- Medical Reminders
- Provider Recommendation
- Motivational Interviewing
- Incentives

- School-Located Vaccination Programs
- Home-Delivered Vaccination
- Workplace Vaccination
- Effective Messages Delivered by Trusted Messengers
- Combating Misinformation

Source: cdc.gov



# E3 Champion Pilots- Best Practices

- Leadership
- Clinic
- Nursing
- Public Health Nursing
- Information Technology
- Pharmacy
- Community

### E3 Pilot Best Practices- Leadership

- Development of an E3 vaccination culture
- Identification of vaccine ambassadors to implement vaccine clinics in the community and remote locations/villages.
- Establishment of baseline immunization training modules for clinical staff (pharmacy, nursing, providers) with a section on addressing vaccine hesitancy.
- Establishment of a chart review process focused on vaccines will require training of staff due to forecaster concerns and reconciliation with state vaccine records.

### E3 Pilot Best Practices- Clinic

- Integration of vaccines into the primary care clinic and urgent care clinics.
- Posting E3 posters/graphics in all departments and a QR code is visible in each department for VIS on all CDC vaccines.
- Monthly meetings of the local E3 team to track progress and support the E3 efforts throughout the clinic.
- Putting into place standing orders for vaccine administration.
- Utilizing reminder letters and telephone calls to notify those that are delinquent and to encourage vaccination.

### E3 Pilot Best Practices- Nursing

- Implementation of a patient screening tool to track and assess patient vaccination status at each visit.
- Optimizing transportation/storage of vaccines to remote sites/villages.
- Printing vaccine due letters for patients for handout during screening
- Development of a team to educate patients about vaccine preventable illness.
- Utilization of school nurses to include vaccine status review as part of patient visits.
- Nurse review the immunization needs (during the morning huddle) for appointed patients prior to their arrival.

### E3 Pilot Best Practices- Nursing

- Creating a text message reminder for our patients that are due for immunizations.
- Providing immunization training for key stakeholders.
- Expanding vaccine services (late clinics/weekend clinics/mobile health unit) to increase immunization rates.
- Collaboration with Women Infants & Children (WIC) program within the facility to offer/recommend vaccine updates with each appointment to increase immunization rates.
- Scheduling nurse-only immunization clinics, after hour immunization drive-thru clinics, end of school and back to school vaccine campaigns.

### E3 Pilot Best Practices- Public Health Nursing

- Daily PHN Department vaccination walk-in clinics.
- In depth vaccination education for nursing staff.
- Vaccine education at community events.
- Vaccination home visits for vulnerable individuals.
- Collaboration with state health department at community events.
- In-house PHN referrals for overdue vaccinations.
- Monthly letter/phone contacts of individuals for vaccination.
- Nursing scripts for each vaccine to reduce vaccine barriers.

### E3 Pilot Best Practices- Public Health Nursing

- Collaboration with local and surrounding schools to update vaccination status of students and staff.
- Public Health Nursing attendance of community events and activities to update vaccination status of community members.
- Running an I-Care panel and sending letters or call patients due for a vaccine.

### E3 Pilot Best Practices- Pharmacy

- Routinely sending out e-blast reminders to tribal community throughout the year regarding availability of vaccines.
- Vaccine clinics staffed by both medical and pharmacy teams.
- Running a monthly report in the State Health Online Tracking System to see which patients are due for immunizations and follow up with calling and scheduling an appointment.
- Establishing an automated calling program to alert patients of missing vaccines.
- Improving pharmacy-related billing and documentation to streamline pharmacy-administered vaccines.

### E3 Pilot Best Practices- Pharmacy

- Attaching vaccine inserts with all medication bags to be given to patients at pick-up.
- Providing promotional material and in-services to outpatient departments to direct patients who choose not to receive a vaccine during their primary clinic visits.
- Chart reviews and outreach calls to patients who are due to receive vaccines performed on a daily basis by pharmacists in an attempt to improve immunization rates.

### E3 Pilot Best Practices-Information Technology

- Implementation of all RPMS/EHR Immunization related patch installs – specifically those related to ICE forecaster, within 30 days of release.
- Expanding access to and integrating the use of state Immunization Information System for patient screening.
- Verifying immunization data is submitted to IIS systems by VA for dual-eligible patients.
- Monitoring vaccinations through GPRA reportable measures.

### E3 Pilot Best Practices- Community

- Working with local university to establish on-campus vaccination fairs located in central campus and potentially available in dorms.
- Collaborating with tribal programs to expand vaccination opportunities or incentive programs.
- Initiating community adult immunization campaigns.
- Offering drive thru mass vaccination clinics and participation in Health Fairs to create weekend opportunities for patients to be vaccinated.
- Visiting established tribal events/meals with the capability to perform chart reviews for immunization records to determine due vaccines in an outreach modality.

### Data Trends- Embedded Metrics

- Process and Outcome Measures
- Utilize/Maximize Existing Metrics
- National Immunization Reporting System & NDW/Datamart
- All Federal Programs (Areas and Direct-Care Sites)
  - GPRA Immunization Panel
  - I-Care
- Participating Tribal and Urban Indian Organizations
  - Tribal/THO Regional/Local Systems- Vaccination rates



### Data Trends- NIRS

- Intermediate and Long-Term National-level Vaccination Trend Data
  - Historical and contemporary data
- Unique to the IHS Service Population
- Site participation in the National Immunization Reporting System
  - NIRS training materials & support
  - Designated site contacts & manual data entry (quarterly)
  - Fully automated process- Coming Soon!



### Data Capture Project

- Collaboration
  - E3 Operations
  - DEDP/NIP
  - NIPRS
- OIT Funding- Timeline Summer 2023
- Current Platform- RPMS
- Fully Automated- Trending Vaccine Coverage
  - AI/AN served by IHS
- Historical, Contemporary, and Future Trends
- National Immunization Reporting System
  - Obviates manual data entry

### Sustainability

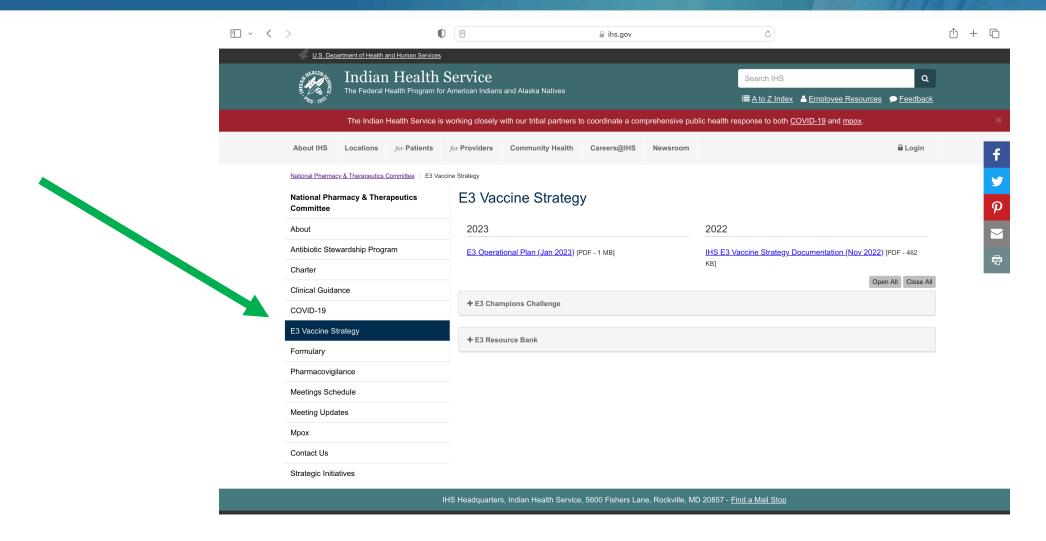
- Vaccination as the Agency Clinical and Public Health Prevention Priority!
- Leadership support at every level
- Multi-disciplinary engagement
- Integration into routine operations (Every Facility, Every Day)
- Consistent messaging
- Long-term commitment

### IHS E3 Vaccine Strategy- Web Content

- IHS National Pharmacy & Therapeutics Committee website
- E3 Vaccine Strategy Tab
  - https://www.ihs.gov/nptc/e3-vaccine-strategy/
  - Operational Plan (Jan 2023)
  - E3 Champions Challenge & Pilot Program (March 2023)
  - E3 Resource Bank (March 2023)
  - Coming Soon…
    - Virtual IHS E3 Wall of Champions
    - Best Practices & Lessons Learned



### IHS E3 Vaccine Strategy- Web Content



E3: Every Patient, Every Encounter, Every Recommended Vaccine

# Conclusions

### Agency-Wide Effort

- HQ Senior Leadership & Staff
- IHS National Pharmacy and Therapeutics Committee
- IHS National Immunization Program
- Area Leadership & Staff
- Tribal, Urban Indian Organization, and Federal Partners
- Local Facilities
- Multidisciplinary (Clinical, Public Health)
  - ...most importantly, Tribal Communities!



### The Measure of Success

- A marathon, not a sprint
- Sustainability requires commitment and a system-based approach
- Making Vaccination Our Preventive Clinical and Public Health Priority
- Staff Engagement
  - Encourage Innovation and Effort
  - Recognize and Share Successes and Lessons Learned



### IHS National-Level Leadership

- IHS CMO Blog (November 2022)
- Associated Press (November 2022)
- CDC/ACIP Presentation (November 2022 and February 2023)
- HHS National Vaccine Advisory Committee (February 2023)
- CMS Spotlight (March 2023)

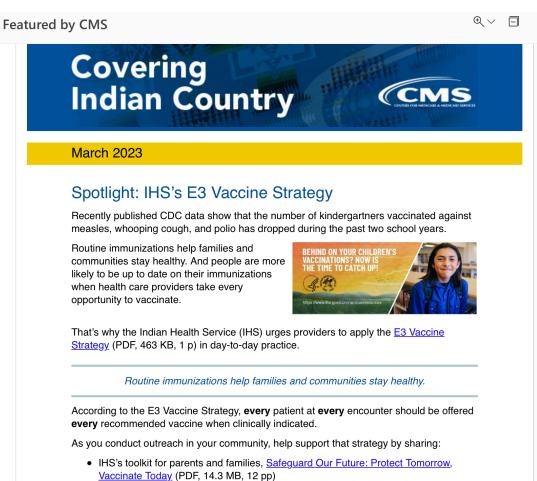


### Messaging-Internal



### Messaging-External





### Awareness- Spread the Word

# IHS Signature Block



### Academic Detailing

- Funding from OCPS- in collaboration with HOPE Committee
- Contractor- Alosa
- Immunization Module
- E3 Branding and Optimization
- Training- 2-3 days (E3 Ambassadors)
- Outreach to Federal, Tribal, and Urban Programs

### Mission and Goals

#### Mission

No unvaccinated AI/AN person will suffer a poor outcome or die from a vaccine preventable illness.

#### Goals

- 1. Increase vaccine rates in Indian Country to the highest level
- 2. Reduce rates of vaccine-preventable illness in Indian Country
- 3. Save lives in every tribal community & every age group (infants to elders)



# E3 Operations Team- NPTC

- Dr. Matthew Clark
- CAPT Ryan Schupbach
- CAPT Chris Lamer
- LCDR Brett Whitehead
- Mr. Harrison Guy

# Questions?



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