NEHI Network for Excellence in Health Innovation

NEHI's second summit (Looming Challenges of COVID-19 Immunization: Preparing the Immunization Infrastructure), charged into the issues involved in immunizing millions of people with multiple vaccines that carry different dosage, storage and equipment needs. Panelists, including representatives of health plans, retail giants, local pharmacies, academics and community health workers, concluded that, despite this complexity, we have a solid foundation on which to build: We have the capacity to deliver a coherent immunization effort if we solidify existing partnerships and networks, and leverage information system capabilities. This conclusion was not without qualification. Some of the cautions follow:

1. Consistent with what we heard during our first summit, messaging and strategic communications must be prioritized to ensure adequate vaccine uptake. Perfection in distribution and delivery, no matter how effective the vaccines are, will not yield desired herd immunity if the level of current vaccine hesitancy persists.
2. A full complement of qualified immunizers (including physicians, nurses, and pharmacists) needs to be deployed in the community. Community pharmacists play a growing role in immunization, but states need to ensure that varying restrictions on pharmacist practice do not impede rapid immunization at the community level.
3. Community partners need to be linked to the broader immunization infrastructure more deliberately and clearly. Community health workers are needed to serve as trusted local messengers, screen patients for eligibility, and respond to emerging issues in the communities quickly. For these community partners to be most effective, however, there needs to be bidirectional communication between them, medical providers, and state and local public health officials.
4. Current prioritization frameworks need more detailed eligibility criteria for each category so states can accurately determine what proportions of their populations qualify at each stage of vaccine rollout and request the appropriate amount of vaccine to meet their needs equitably.
5. While the vaccines are to be provided at no cost to the general population, government funding seems unlikely to continue when the pandemic emergency is over. In addition, responsibility for reimbursement to providers for administering COVID vaccines (federal government vs. private payers) remains an open issue.
6. The existing immunization information system (IIS) infrastructure is capable of recording and tracking individual vaccinations, as well as identifying population disparities in vaccine immunizations. Coordination and information sharing among providers in real-time, however, will remain challenging given the frequent lack of interoperability of IIS infrastructure. The CDC's need for information from multiple sources will require cooperation from both the states and providers.

Vaccine clinical trials, additional immunization planning, and efforts to increase flu immunization uptake, will undoubtedly accelerate in the next month. Stay tuned for NEHI's third summit, which will continue to examine issues in preparation and coordination for mass release of a COVID vaccine, as well as lessons for achieving the nation's adult immunization goals post pandemic.