

Immunization Insights: Bridging Gaps, Boosting Protection, and Building Trust



A Closer Look at Addressing Vaccinations in the Long-term Care Setting

| Executive Summary

Vaccination remains essential in long-term care (LTC) settings, safeguarding vulnerable residents from preventable infectious diseases¹. Following the end of the COVID-19 Public Health Emergency (PHE) in May 2023, LTC facilities have faced renewed challenges and barriers including, but not limited to vaccine hesitancy and fatigue, billing complexities, technological limitations, and regulatory barriers. These hinder sustainable, effective immunization programs.

Despite initial success during the COVID-19 emergency, vaccination rates among both residents and staff remain suboptimal², with vaccine fatigue and hesitancy compounding the problem. Addressing these issues requires a coordinated, multi-faceted approach that simplifies administrative processes, enhances IT infrastructure, reforms regulatory policies, and prioritizes education and trust-building for healthcare practitioners, residents, and caregivers.

This white paper examines the critical issues facing LTC vaccination programs and outlines emerging themes, solutions, best practices, and policy recommendations to strengthen outcomes and protect vulnerable populations. Addressing these issues requires streamlined processes, stronger IT systems, regulatory reform, and trust-based education efforts. On April 22, 2025, LTC experts convened in Alexandria, Virginia, to examine these issues and propose actionable strategies.

Roundtable Objectives:

- Highlight lessons learned and best practices to overcome diminished vaccine rates in the LTC setting
- Discuss methods to counter vaccine hesitancy with effective communication strategies
- Identify opportunities to enhance access and uptake of vaccines among LTC residents and staff
- Explore ways to expand collaborations between LTC facilities and pharmacies
- Develop a toolbox to support healthcare practitioners as they strive to improve vaccinations in LTC communities

Every Vaccination Matters, Every Facility Counts | Key Issues and Insights

Long-term care facilities face intricate and systemic barriers that can significantly affect vaccine uptake and overall outcomes, which can profoundly impact resident health, facility operations, and community well-being. Over the course of the Roundtable, several critical insights and areas of consensus emerged frequently throughout the expert discussions, including:

1. **Trusted Communication is Critical:** Trusted healthcare practitioners, including physicians, advanced practice providers, consultant pharmacists, infection preventionists, certified nursing

assistants (CNAs) and medical directors working together in conjunction with frontline staff are more effective than facility leadership in addressing vaccine hesitancy. Success depends on personal engagement, active listening, and culturally competent communication.

"It's not enough to simply distribute educational materials—we need to engage in genuine, face-to-face conversations that validate understanding and build trust with residents, staff, and families." – Jonathan Shaatal, PharmD

2. **Countering Vaccine Fatigue:** The growing complexity of adult immunization schedules (i.e., influenza, COVID, pneumococcal, RSV, and shingles) contributes to confusion and fatigue for residents and staff. It is critical to understand the contributing factors from all sides to provide clear explanations, space doses, and manage expectations around side effects.

"Vaccine fatigue is real. When residents and staff start hearing about RSV, COVID boosters, shingles, and more, they begin to wonder, 'What is this vaccine for?' This constant barrage can undermine their confidence if we don't explain it properly." – Jonathan Shaatal, PharmD

3. **Collaboration is Essential:** LTC immunization programs thrive on coordination between facilities, pharmacies, hospitals, and public health organizations. However, unclear ownership for vaccinations of LTC residents often leads to gaps in vaccine uptake in this setting. Pharmacists must be empowered to lead and participate actively.
4. **Data and Technology Deficiencies:** Significant barriers persist with LTC technology and data systems. Unlike ambulatory care, most LTC EHRs are not well-integrated with state immunization information systems (IIS), and interoperability across state lines remains limited. Data entry is often manual, and report requirements to systems like National Health Safety Network (NHSN) for influenza, COVID, and Respiratory Syncytial Virus (RSV) are often inconsistent, and the data collected is not readily usable for real-time decision making at the facility level, ultimately limiting its value for immediate care planning or outreach. The limited availability of robust EHR vendor systems with flexibility in the LTC setting forces many LTC facilities to rely on costly, modular solutions that hinder seamless documentation, reporting, and querying of vaccination status.

"Interoperability remains a huge challenge. We need the same reliable data exchange between state immunization registries as we see with [Prescription Drug Monitoring Program] PDMPs, so that vaccine histories follow patients regardless of state lines." – Chad Worz, Pharm D, BCGP, FASCP

5. **Systemic Barriers to Data and Billing:** LTC providers face persistent challenges due to complex billing structure and fragmented data reporting requirements. As an example, navigating reimbursement pathways across Medicare Parts A, B, D, and Medicare Advantage often creates administrative confusion and disincentives vaccine delivery. Additionally, policies around immunization reporting vary by state and payer, adding additional operational burden. These system hurdles limit both the uptake of preventive services and the ability to accurately capture vaccination data at the point of care.

“Streamlining billing is key. Right now, vaccines are fragmented across Medicare Part A, Part B, and Part D. A unified electronic platform that integrates these processes would simplify things for everyone involved.”- Jeanne Manzi, PharmD

Tracking Progress Toward Safer, Healthier Communities | Strategic Recommendations

Improving vaccination uptake in LTC facilities requires a comprehensive set of solutions that address systemic, operational, technological, and relational gaps. The following best practices have been shown to strengthen collaboration, streamline workflows, enhance communication, and embed trust at every level of vaccination efforts.

- **Empower Trusted Messengers:** Train and leverage physicians, advanced practice providers, CNAs, pharmacists, and infection preventionists as educators. Use tailored, culturally relevant messages that resonate with staff and residents.
- **Streamline Systems:** Simplify billing across all Medicare components. Improve EHR integration with immunization information systems, develop dashboards, and automate vaccine tracking.
- **Institutionalize Best Practices:** Integrate vaccination into intake and care transitions. Schedule regular vaccine clinics aligned with staffing patterns and minimize fatigue by spacing vaccines. Offer small incentives and foster a supportive culture.
- **Prioritize Continuous Education:** Create culturally relevant and accessible materials to sustain vaccine confidence and informed decision-making to education staff, residents, and families.
- **Identify Funding and Reimbursement Opportunities:** Advocate for LTC-specific immunization policies that drive policy changes to support funding for infrastructure and simplified reimbursement. Push for inclusion of accessible LTC data in public health reporting and quality metrics.

The recommendations above, set the framework for systemic improvements across LTC vaccination programs. For those working on the front lines, the [Toolbox for Implementation](#) provided below, delivers detailed tools, guidelines, and workflows to operationalize these strategies in daily practice.

From Hesitancy to Immunity: Visualizing the Path Forward by Building Trust and Partnership | Conclusion

Long-term care residents represent one of the most vulnerable populations in our healthcare system¹. Protecting these individuals requires more than operational improvements or regulatory reforms; it demands a fundamental commitment to building and sustaining trust at every level of care.

Trust between providers and residents, among staff, across organizations, and within families is the linchpin that determines whether vaccines are embraced or resisted. Staff and residents are more likely to accept vaccination when recommendations come from familiar, trusted individuals and when communication is clear, compassionate, and culturally sensitive^{3,5,6}. Building a culture of trust among staff and residents not only increases vaccination rates but also improves overall care outcomes and staff morale⁴.

Equally critical is the partnership between pharmacists and all stakeholders in the LTC healthcare infrastructure. Together, they form the front line of vaccine delivery and patient education. When pharmacists and other healthcare practitioners work collaboratively, sharing responsibility, respecting expertise, and aligning goals, the system moves beyond siloed efforts to unified action and vaccine advocacy. Collaborative practice agreements and integrated care models have demonstrated that such partnerships streamline clinical workflows, improve communication, and increase immunization rates⁷. These partnerships also enable the sharing of best practices, delivering more effective patient counseling, and providing seamless documentation, all of which help to ensure that no resident falls through the cracks. Stakeholders must recognize that trust is not a static achievement but a continual process, requiring empathy, authenticity, and sustained engagement. Leaders in long-term care must invest in trust-building strategies, listening to staff and residents, addressing concerns transparently, and empowering trusted messengers within the community. In the end, trust remains the strongest tool for vaccination we have. Through partnership and unwavering commitment to those we serve, we can ensure that no resident is left unprotected and that the foundation of our protection is as strong as the communities we strive to safeguard.

✂ Toolbox for Implementation: Actionable Resources for LTC Healthcare Practitioners, Pharmacists, and Caregivers

1. Education & Communication

- Develop resources that are quick to read and/or watch, like single-page summaries, short videos, mini podcast episodes, and brief social media updates, so staff, residents, and families can access and understand the information.
- Utilize facility multimedia channels (e.g., in-house TV, newsletters) to share vaccine information.
- Conduct regular in-services and educational sessions, leveraging consultant pharmacists and infection preventionists.
- Train staff in effective communication techniques, including motivational interviewing (e.g., open-ended questions, reflective listening, summarizing the patient's statement(s), using affirmations, and introduce self-motivational statements)⁸ and active listening to support patient centered conversations, encouraging behavior change, and how this relates to up-to-date vaccine recommendations.
- Address common misconceptions and disinformation directly in educational materials and meetings, such as community meetings and forums, small group sessions or workshops, one-on-one conversations, interactive Q&A, and as a standing agenda item in regular staff or resident meetings.
- Include CNAs, ancillary staff, and all shifts in educational efforts.
- Provide education on the science behind vaccines (e.g., mRNA technology and other vaccine development methods) to build confidence.
- Share best practices and educational resources across facilities and pharmacy networks.
- Develop a library of pre-packaged, non-branded slide kits and talks for use in staff and family meetings.

2. Vaccine Administration & Prioritization

- Establish and disseminate clear prioritization guidelines for vaccine administration based on seasonality vs year around and the burden of preventable infectious disease.
- Develop and implement standard operating procedures (SOPs) for vaccine administration, documentation, and consent.
- Implement vaccine calendars to plan and schedule a cadence of clinics throughout the year, avoiding overlap of major immunization campaigns.
- Consider co-administration of vaccines when recommended by the CDC and provide clear guidance on this practice.
- Introduce multi-vaccine consent forms at admission to streamline the process.
- Assign a dedicated vaccine champion or infection preventionist to coordinate and build trust with residents and families.
- Offer vaccines to staff and residents at multiple times to accommodate schedules and reduce missed opportunities.
- Track and address vaccine fatigue by monitoring resident and staff feedback.

3. Technology, Data & Reporting

- Improve interoperability between facility EHRs and state immunization information systems (IIS).
- Develop and implement dashboards and prompts in EHRs to track vaccination rates and prompt clinicians.

- Promote incentives and technical support to all provider types for reporting vaccinations to state IIS to optimize population health tracking and resource planning.
- Use EHR and IIS data to identify gaps in vaccination coverage and target interventions.
- Share facility-level vaccination rates and trends in regular meetings (e.g., coffee meetings, Quality Assurance and Performance Improvement (QAPI) reports).
- Audit and review documentation of vaccine refusals and reasons to inform future education and outreach.

4. Billing, Reimbursement & Administrative Processes

- Provide ongoing training and resources on vaccine billing, especially for Medicare Parts A, B, D, and Medicare Advantage plans.
- Distribute and update billing guides and algorithms to clarify processes for facilities and pharmacies.
- Encourage facilities to bill for administration fees and ensure they understand the financial benefits.
- Partner with counties to access the Section 317 Program, a discretionary program funded by Congress to support immunization programs providing vaccines to uninsured or underinsured individuals including adults.²
- Pre-register and pre-bill for vaccines to minimize financial risk and ensure coverage.
- Develop and share sample workflows for integrating billing and administration processes.
- Educate facilities and pharmacies on allowable contracting arrangements for vaccine provision and administration.

5. Addressing Vaccine Hesitancy

- Identify and document common reasons for vaccine refusal among residents, staff, and families.
- Tailor educational and communication strategies to address specific concerns (e.g., side effects, efficacy, misinformation).
- Engage trusted staff members as peer champions to facilitate conversations and build trust.
- Conduct regular town hall meetings and family nights to address questions and hesitancy or consider incorporating this topic into already scheduled town hall meetings and family nights.
- Use data from refusals to inform targeted education and follow-up.
- Recognize and address needle phobia and other non-scientific barriers to vaccination.

6. Family, Caregiver & Staff Engagement

- Ensure robust informed consent processes, including education for families and caregivers.
- Involve families in decision-making, especially when residents cannot consent for themselves.
- Provide consistent points of contact for families to build trust and facilitate consent.
- Include all staff (nursing, CNAs, ancillary, administrative) in vaccine education and engagement efforts.
- Recognize and leverage the influence of staff relationships with residents and families.

7. Best Practices, Resource Sharing & Continuous Improvement

- Share successful strategies, workflows, and educational materials across facilities and pharmacy partners.
- Develop and maintain a repository of best practices, case studies, and implementation guides.
- Encourage facilities to participate in quality improvement projects and peer learning networks.

- Regularly review and update SOPs, educational materials, and billing guides based on feedback and new evidence.
- Monitor and report on key metrics such as vaccination rates, refusals, and outbreak-related costs to drive improvement.

This toolbox is your **starting point**. It offers actionable guidance to drive meaningful change, build trust, and optimize vaccine delivery. Use the strategies across education, administration, technology, billing, and engagement to shape a trusted approach that fits your team and the residents you serve.

The path forward starts here, and **YOU are KEY** to driving that change. You are the catalyst. By applying these tools, engaging your staff, and leading with purpose, you are **advancing protection** for those at highest risk while **strengthening public health** in long-term care (LTC) communities.

Together, these strategies form a practical, trust-centered roadmap for improving vaccine uptake in LTC settings. By investing in collaboration, education, and systems that support frontline staff, we can protect our most vulnerable while building a stronger foundation for future public health efforts.

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Figure 1: Presenters, Attendees, Sponsors, and Support Team

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Recognizing Clinical Leaders and Contributors

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