6th MVF Vaccination Congress 'Vaccination Pact for Germany'

Brainstorming with all stakeholders involved

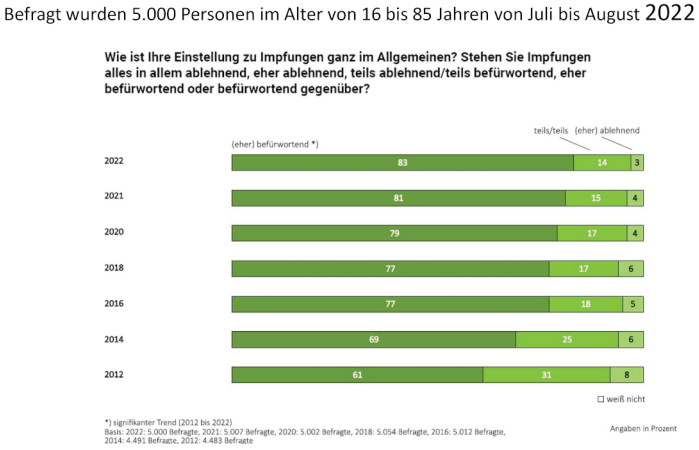
Germany needs to take the next step to achieve the vaccination recommendations of the WHO, STIKO and SIKO. It has become clear at the vaccination congresses organised by 'Monitor Versorgungsforschung' to date that the voluntary participation of stakeholders in the healthcare system has not achieved what was hoped for. Otherwise the actual vaccination rates would be higher. Although they vary from region to region, they have one thing in common: they are far too low. What needs to be done? Who is responsible? Who takes on a coordinating role? How can we do better? This was the topic of the 6th MVF Vaccination Congress entitled 'Vaccination Pact for Germany'.



>> 'Vaccination rates are unsatisfactory for all vaccine-preventable diseases. There is even a national vaccination plan for influenza in Germany, according to which an influenza vaccination rate of at least 75% is to be achieved.' With this statement, Prof Dr. Reinhold Roski, editor of 'Monitor Versorgungsforschung' and moderator of the 6th MVF Vaccination Congress entitled 'Vaccination Pact for Germany', opened the online event, which was once again attended by over 100 participants had registered.

However, Roski went on to say that after coronavirus, too many people have become vaccination fatigued for other immunisations as well.

Fig. 1: From the presentation by Prof. Dr Reinhold Roski, MVF: 'Vaccination from 2021 to 2023 - a synthesis of the MVF vaccination congresses', MVF specialist congress 'Vaccination Pact for Germany' on 24.04.24.



Vaccination targets, vaccination agreements and awareness campaigns would certainly help a little here, but only relatively little. Because, according to Roski: 'The population doesn't want to hear it, switches off and rejects this information. Similar to the information on the harmful effects of smoking and alcohol.'

This is why low-threshold vaccination programmes, as discussed at the last MVF Vaccination Congress in 2023, are a good step.

But now Germany needs to take the next step. Roski: 'Who is responsible for taking this step? Or rather:

Who will take responsibility and also the duty to implement the sensible vaccination recommendations of the WHO, STIKO and SIKO? After all, relying on the voluntary behaviour of those involved in the healthcare system has not yet achieved what was hoped for. Otherwise the actual vaccination rates would be higher.'

Roski himself began the series of presentations by providing an overview of the content of the five vaccination congresses organised by 'Monitor Versorgungsforschung' since 2021 (1). The most important findings:

1. education, knowledge transfer and the personal commitment of healthcare professionals are crucial. There are initial low-threshold vaccination programmes (Covid-19/flu) in pharmacies, businesses, at doctors' surgeries and in the public health service. But there should be more, including for other vaccine-preventable diseases.
2: It takes courageous 'persuasion vaccinators' to implement low-threshold vaccination offers, as there is no obligation.
3: Section 132e (4) has been insufficiently implemented nationwide. Main reason: Differences in budgets between KVs and health insurance funds.
4: If we continue to rely solely on voluntary action and hope that the self-administration or the actors involved will come to an agreement, the recommended vaccination rates will not be achieved in the coming years either.
5: Germany needs a 'vaccination boom' that only politicians can initiate. Example: mandatory measles vaccination since May 2020.

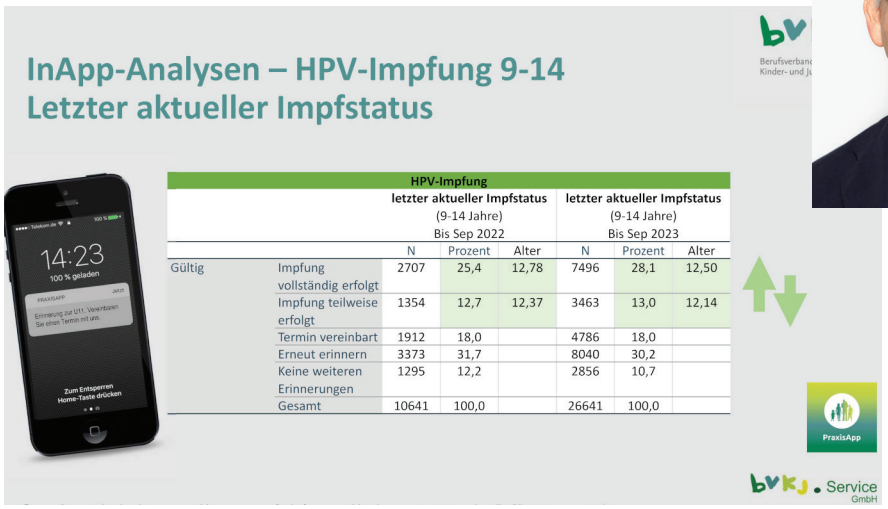
After referring to the current MVF survey on the implementation of vaccination agreements in accordance with Section 132e (2) and an MVF overview of all regional vaccination agreements (3), Roski identified the following points as tried and tested approaches to increasing vaccination rates:

- Education and information campaigns to improve health literacy for insured persons in all forms of media: against vaccination myths and misinformation, learning from the information campaigns on corona vaccinations
- Digital support for patients: electronic patient file, e-vaccination record (reminder, information, monitoring and verification function), digital platforms for making ap-

pointments
- Tracking vaccination status and providing reminders.
- Digital support for doctors: Reminder management through better integration into the doctors' practice management system
- Healthcare system and healthcare policy: development of a vaccination register/vaccination system
- Funding for vaccination counselling must be commensurate with the high level of effort required to adequately address the concerns of insured persons and patients
- Additional opportunities and increased vaccination convenience: low-threshold offers in pharmacies, from company doctors, in the public health service (schools), from mobile vaccination teams and in pop-up clinics; provision of the costs for this by the health insurance funds.
- 'Reaching difficult groups of people' (people interested in vaccination, vaccination opponents, refugees, socially disadvantaged people) better: Collaboration with schools, community centres and other organisations to also reach these target groups with vaccinations
- Monitoring and evaluation: regularly monitor vaccination rates and identify areas with low vaccination rates, evaluate the effectiveness of vaccination measures and make adjustments as needed .

Fig. 2: From the presentation by Dr Michael Hubmann, Berufsverband der Kinder- und Jugendärzt*innen e. V.: 'Raus aus der Impfmüdigkeit - Welche konkrete Lösungsansätze und politische Forderungen bietet die Digitalisierung?', MVF specialist congress 'Impfpakt für Deutschland' on 24.04.24..





HPV-Impfung		letzter aktueller Impfstatus (9-14 Jahre) Bis Sep 2022			letzter aktueller Impfstatus (9-14 Jahre) Bis Sep 2023		
		N	Prozent	Alter	N	Prozent	Alter
Gültig	Impfung vollständig erfolgt	2707	25,4	12,78	7496	28,1	12,50
	Impfung teilweise erfolgt	1354	12,7	12,37	3463	13,0	12,14
	Termin vereinbart	1912	18,0		4786	18,0	
	Erneut erinnern	3373	31,7		8040	30,2	
	Keine weiteren Erinnerungen	1295	12,2		2856	10,7	
	Gesamt	10641	100,0		26641	100,0	

Hubmann: Reminder systems are important and work

'Getting out of vaccination fatigue - What concrete solutions and political demands does digitalisation offer?' This was the title of Dr Michael Hubmann's presentation, President of the Professional Association of Paediatricians and Adolescent Doctors (BVKJ). He began by pointing out that paediatricians are the largest group of doctors who vaccinate. This is due to the fact that basic immunisations before school entry age in particular are closely interlinked with preventive check-ups and are also carried out. According to Hubmann, the immunisation coverage rate is relatively high, particularly for diseases with complicated courses, even if there is still room for improvement. He used the example of the new meningococcal B vaccination recommendation to emphasise how problematic the topic of vaccination still is. Hubmann: 'We doctors can explain to parents that we intend to vaccinate their child three times, and at the same time we have to explain that there is a vaccine that we consider to be useful and that has also received a STIKO recommendation after twelve years, but for which there is still no legal certainty that it is to be used at the expense of the solidarity community.' However, as there are side effects, prophylactic administration of paracetamol should also be explained and ideally administered as a suppository at the same time as the vaccination. Mr Hubmann pointed out to the health insurance fund representatives present the time and education required: 'This is not comparable to a booster vaccination, where the MFA vaccinates against influenza virtually in passing.' In terms of content, the medical profession would very much welcome the vaccination. However, he hopes that it will be included in the standard benefits system before the end of the year.

While the almost complete utilisation of the U3 to U9 examinations (excluding U7a) for children born in Germany ensures high vaccination rates, the situation is different for vaccination against HPV. Significantly lower vaccination rates and gender-specific differences are recognisable here.

From 2011 to 2021, HPV vaccination rates for girls have increased from just under 30% to around 54%, while the vaccination rate for boys in 2021 is around 27%. The WHO has clearly set the target of a 90% vaccination coverage rate in European countries, continued Hubmann. This also makes sense because we need to be aware that the HPV vaccination is the only vaccination that can provide preventative protection against tumours. Hubmann used European HPV vaccination rates of 15-year-old girls with a complete vaccination series in 2021 to show that it can work better than in Germany. All EU countries that had already met the WHO targets in 2021 are relying on vaccination reminder systems.

An intervention study funded by the BMG called 'InveSt HPV' (4), which is being led by the RKI and supported by the BVKJ, shows the possibilities for increasing vaccination rates using the example of HPV. Initial results of the nationwide survey in paediatric practices and among parents of children aged 9 to 14 years show that
- parents would like reminders about vaccinations
- parents state that they would like to be reminded about the HPV vaccination by the doctor's practice providing their care
- it is important or very important to parents that the HPV vaccination reminder is personalised.

Module 1 of the project focussed on the deployment and use of recall systems, which can help to support timely contact with doctors. The effectiveness of recall systems has already been scientifically proven, but such systems are not used across the board in Germany for reasons that remain unclear. Module 2 (5) includes, among other things, training on innovative approaches to dialogue and addresses doctors and medical assistants (MFAs), the groups that play by far the most important role in vaccination decisions. The participating medical practices in the intervention regions of Bremen and (several districts in) Bavaria are randomly assigned to the three intervention arms. While the practices in the first intervention arm receive traditional training on HPV vaccination, the practices in the second intervention arm are trained in motivational interviewing in order to apply this in the context of HPV vaccination education. The practices in the third intervention arm will act as a control group in order to be able to compare possible increases in HPV vaccination rates between the different intervention arms during the intervention period. The first partial results from Module 2 are expected from summer 2024.

At the end of his presentation, Hub-man talked about the practice app 'My paediatric practice', which is currently being used in 1,204 practices by 2,108 paediatricians for 1,039,601 patients. In addition to a practice's own patient information channel with push notifications) and an online appointment system (OTV), the practice app offers, for example, the option of certified video consultations and, since December 2021, a vaccination management & reminder system.

This system started with the 1st and 2nd HPV vaccinations (as well as the 1st and 2nd booster vaccinations for tetanus, diphtheria and whooping cough in combination with poliomyelitis). Vaccination reminders were sent automatically in accordance with STIKO recommendations and on behalf of the treating practice, which can customise them in the practice app administration. With success: Of 285,769 children and adolescents, all were reminded at least once about the four recommended vaccinations. Of these, 69,257 (24.2%) took part in the additional data collection (RWD), so that 86,454 valid cases in 4 vaccination groups could be analysed. With reference to the researchers present at the online congress, Mr Hubmann said: 'Data from almost 70,000 children and adolescents of the relevant vaccination age are the background to this study. That is a figure that has yet to be achieved in healthcare research.' The in-app analysis of the HPV vaccination of 9-14-year-olds revealed that

- 25.4% were fully vaccinated in 2022, rising to 28.1% in 2023 ,
- 12.7% were partially vaccinated in 2022, rising to 13.0% in 2023 ,
- an appointment was made at 18.0% (year 2022), remained the same in 2023
- was reminded of an appointment again at 31.7% (2022) and fell to 30.2% in 2023 .

Hubmann's conclusion: 'Our descriptive data InApp analyses from 2022 and 2023 show a positive trend due to vaccination reminders.' Vaccination readiness (appointment made, vaccination carried out) can be increased through information, reminders and appointment management. Ultimately, however, it can also be seen that although reminder systems are important and work, a legal basis and cooperation with the education system and self-government are needed for vaccination success.

Hösemann: 'It is incomprehensible that we are not being overrun'

At the beginning of her presentation entitled 'Increasing vaccination rates for vaccinations recommended by STIKO and SIKO', Dr Cornelia Hösemann, 3rd Chairwoman of the Professional Association of Gynaecologists and State Chairwoman of Saxony as well as member of the Saxon Vaccination Commission (SIKO), pointed out that many people do not know that 'every doctor should actually vaccinate or advise on vaccination in every situation'. It is right that paediatricians and adolescent doctors accompany, advise and vaccinate children and adolescents for a long period of time. However, it is also important to encourage people to get vaccinated in the years to come. Her credo at the beginning of her presentation: 'Every doctor should acquire vaccination knowledge during their training and further education.' This is particularly important for 18-49-year-old patients at risk, for whom the vaccination rates for influenza or pneumococcus - but also for pregnant women - are below 20%. The WHO recommends a vaccination rate of over 75%

Bericht vom Fachgespräch im BMG am 15.11.23 zu „Maßnahmen zur Steigerung der Impfquoten in Deutschland“

unter 30 impfpräventablen Erkrankungen ist der größte Handlungsbedarf bei HPV, Pneumokokken, Influenza bei über 60-jährigen und Impfungen in der Schwangerschaft (Pertussis, Influenza, Covid-19, RSV)

Meldungen/Abschätzungen zu Impfpräventablen Erkrankungen in Deutschland 2019 (Prä-Pandemie) (I)

ROBERT KOCH INSTITUT

Erkrankung	Fälle 2019	Todesfälle 2019	Anzahl Ausbrüche	Impf-ziel	Ref	Kommentar
Diphtherie	15			-	a	2022: **177 Fälle** (Flucht-assoziiert)
COVID-19	-			-	Epid. Bulletin 01/23	Epidemiologie noch nicht voll etabliert. 2022: >30 Mio. Fall-Meldungen. Impfeffektivität moderat/variabel
FSME	467	2		-	a	Risikogebiete im Süden, Trend steigend
Hib (Alter 0-29)	4			-	a	
Hepatitis B, akut	531			Ja	a	Trend stabil. Zudem: 4.257 chronisch und 4.115 unbekannt
(HPV)– Zervixkarzinom	4.575	1.597		Ja	Krebs-register	Weitere HPV-assoziierte Krebsarten (z.B. Anal-Karzinom mit 2.372 Neuerkrankungen)
Influenza	193.879	995 (Median 78 J)	5.685 Kitas, Alten-pflegeheime	Ja	a AGI-Bericht	3,8 Mio. Influenza-bedingte Arztbesuche Impfeffektivität moderat/variabel

[a] RKI. Infektionsepidemiologisches Jahrbuch https://www.rki.de/DE/Content/Infekt/Jahrbuch/jahrbuch_node.html

3



Fig. 3: From the presentation by Dr Cornelia Hösemann, Saxon Vaccination Commission (SIKO): 'Increasing vaccination rates for vaccinations recommended by STIKO and SIKO', MVF specialist congress 'Vaccination Pact for Germany' on 24.04.24.

for influenza among senior citizens. In November 2023, measures to increase vaccination rates in Germany were presented at an expert discussion at the Federal Ministry of Health, in which she took part. Among the 30 vaccine-preventable diseases, the greatest need for action was identified for HPV, pneumococcal disease, influenza in over-60s and vaccinations during pregnancy (pertussis, influenza, Covid-19, RSV). There is a real opportunity to increase vaccination rates here. To do this, it is necessary for everyone visiting a medical facility to always have not only their health insurance chip card but also their vaccination card with them. According to Hösemann, this should be 'standard practice in every doctor's surgery'.

According to Hösemann, vaccination rates are generally too low, particularly for influenza and pneumococcal vaccinations in people over 60. This leads to an unnecessary burden on the healthcare system because the subsequent costs of possible illnesses are many times higher. Hösemann: 'For this reason, we would actually like to see the health insurance companies show more commitment and spend more money to promote vaccination instead of hoping that there won't be so much expenditure on hospital care in the event of illness.'

For example, separate remuneration for vaccination counselling, as is the case with the KV Nordrhein, would make sense. Here, there is a separate billing code for the sole billing of a vaccination consultation (4 euros). Something similar had already been introduced throughout Germany during the coronavirus pandemic, when a vaccination counselling rate of as much as 10 euros was introduced; however, this was quickly abolished again afterwards.

Hösemann: 'We lack standardised vaccination invoicing in Germany because each of the 17 KV areas invoices differently.' For example, the medical fee for the HPV vaccination ranges between 6.90 and 9 euros for the same vaccination. It is strange, said Hösemann, that there is a uniform catalogue of penalties for 'traffic offenders', but no Germany-wide fee catalogue for vaccinations. There is also no vaccination register that would allow health insurance companies to issue vaccination reminders.

Like Mr Hubmann, Mr Hösemann also addressed the need to improve vaccination rates for HPV. Although the vaccination rate for 15-year-old girls has risen in recent years, it is incomprehensible that 'we are not being overrun' because we have had a vaccination against cancer in our hands for over 15 years now. In fact, many more parents should have their girls and boys vaccinated. The chairman of the STIKO, Prof. Dr Überla, recently spoke out in favour of a stronger role for schools in vaccination education and recommended the implementation of HPV vaccinations in schools.

Hösemann: 'If there was a vaccination against breast cancer, doctors could probably work 48 hours a day in the practice to vaccinate.' Unfortunately, however, many people no longer realise the effectiveness and benefits of vaccination. This also applies to medical staff. In the medical profession, the vaccination rate is 81% and in the care sector only 51%. Hösemann: 'We should all take a good look at ourselves, because doctors and carers are very close to vulnerable groups of people.'

Lämmel: a complexity that should not be underestimated

In her presentation entitled 'Can and do health insurance funds want to take on a coordinator function for vaccination offers?', Dr Julia Lämmel, Head of the Pharmaceuticals Division at AOK PLUS, explicitly addressed the possibilities offered by the new Section 25b SGB V, which, since its inclusion in the Act on the Use of Health Data (so-called Health Data Use Act - GDNG), has given health and long-term care insurance funds the opportunity to carry out data-based analysis to identify individual health risks. 'We want to utilise this paragraph,' explained Lämmel. This is because it states that health insurance and long-term care insurance funds can not only carry out a data-based analysis to protect the health of an insured person, but should also inform them of the results of this expansion.' However, there are a number of challenges for all insurers in this new field. First of all, according to Lämmel, the supervisory authorities of the federal states and the respective administrative board must be informed before such information is provided - these are not trivial steps. Only then do patients need to be informed that a health insurance fund is planning to carry out a corresponding evaluation based on



Fig 4: From the presentation by Dr Julia Lämmel, AOK PLUS: 'Can and do health insurance funds want to take on a coordinator function for vaccination offers?', MVF specialist congress 'Vaccination Pact for Germany' on 24.04.24.

Citation

Stegmaier, P.: 'Brainstorming with all stakeholders involved', in „Monitor Versorgungsforschung“ (03/24), S. 30–34. http://doi.org/10.24945/MVF.03.24.1866-0533.2611

the new Section 25b SGB V. However, the law does not specify how the information must be provided: by post on the website? Or by post to the insured persons in question? The procedure is currently under review, but she is sure that a solution will be found. With this initial information, every insured person must be given the opportunity to object. This could include the level of detail of a data analysis or a general objection to any data analysis. For example, an insured person could declare that they do not wish to be informed about individual cancer risks, but agree to be informed about missing immunisations. There is also a right to information about the data basis to be used. Lämmel: 'This overall situation harbours a complexity that should not be underestimated, which we are approaching and for which we will also find solutions, but the new Section 25b SGB V is not as trivial as it appears at first glance.'

Once the initial information has been sent and the consent has been received by the health insurance fund and entered into the ePA, the evaluation can begin. If the data analysis then produces results, this results in mandatory information on - using the example of vaccination - the relevant vaccination indications and their statuses. According to Lämmel, this information must then be given to the insured person in an understandable way and with a comprehensible explanation of the associated vaccination recommendation in channels appropriate to the target group. For example, the approach for an HPV vaccination must be different to that for an influenza vaccination for over 60-year-olds.

If all this has happened and the insured person is also willing to be vaccinated and goes to the medical profession (or pharmacists in the case of influenza), the regional vaccination agreement of the respective KV and the health insurance funds forms the basis, which in turn is based on the recommendations of the STIKO and SIKO as well as the G-BA's vaccination guidelines.

According to Lämmel, the problem here is that although standardised national documentation figures exist, the vaccine to be used in each case is not documented. Furthermore, everyone is faced with the challenge that there is a 6 to 9-month delay between the service provided and the transmission of the billing codes due to the billing systems. Lämmel's conclusion: 'In future, AOK Plus policyholders should and will be informed about the benefits of immunisations on the basis of the new Section 25b SGB V. We want AOK Plus policyholders to take up the offer of full immunisation protection from the healthcare partners.'

Dolfen: Brainstorming with all stakeholders involved

Susanne Dolfen, Head of the Pharmaceuticals Department at AOK Sachsen-Anhalt, took a different stance. She began her keynote speech not from the perspective of a health insurance manager, but from that of an insured person, which she is. 'As a vaccination recipient, it's really important to me that I have low-threshold access to my vaccination,' explained Dolfen. Then it would be just as important to her that there is actually digital documentation of her vaccinations, which she can open at the touch of a button and share with anyone who has been vaccinated.

After this very personal statement, Dolfen went on to discuss Section 132e SGB V para. 4. KVs and health insurance funds are called upon to come together to find means and methods for increasing the vaccination rate, but the 'how' remains to be seen. Dolfen's questions: 'Are we doing ourselves any good as participants in this supply chain if we only ever discuss money?' And: 'Is more money really the solution to the problem?' All vaccination agreements currently in place are based on Section 132e SGB V, but most of them do not contain an agreement relating to paragraph 4. With these words, Dolfen was not questioning the basis of the agreement itself, but merely paragraph 4, especially if implementation only takes place between the vaccinating medical profession and health insurance companies if a cash flow must be associated with it. In particular, a cash flow for counselling without vaccination is not desirable, added Dolfen.

Saxony-Anhalt has long been 'the vaccination champion'. Nevertheless, one cannot rest on the slightly higher vaccination rates. These are the result of hard work that goes back to shortly after reunification, when health targets were formulated for the state of Saxony-Anhalt. Since then, the state of Saxony-Anhalt has maintained a regular dialogue with all stakeholders on the topic of vaccination.



Fig. 5: Keynote speech (without charts) by Susanne Dolfen, AOK Saxony-Anhalt: 'Welche Hemmnisse gibt es bei der Umsetzung des § 132e SGV V', MVF specialist congress 'Impfpakt für Deutschland', on 24/04/24.

In addition, the state has sent a very clear message to the medical profession and health insurance companies to work together intensively on the issue of immunisation rates. Therefore, in her opinion, Saxony-Anhalt does not necessarily need a paragraph 4 in Section 132e SGB V in the vaccination agreement. Dolfen: 'There are other ways to sensitise the population to the topic of vaccination and to seek appropriate advice from doctors.' Her suggestion: 'I don't have a recipe for how to push certain vaccinations. But we should openly brainstorm with the representatives of all stakeholders involved in vaccination, including the pharmaceutical industry, to work out how a vaccination recommendation and 'marketing' should be designed in order to maximise the benefits for the population as early as possible. <<

by: MVF-Chefeditor Peter Stegmaier

Literature

1: https://www.monitor-versorgungsforschung.de/education/impf-kongresse/
2: https://www.monitor-versorgungsforschung.de/wp-content/uploads/2023/03/MVF-UmfrageKV-Impfen_13Antworten.pdf
3: https://www.monitor-versorgungsforschung.de/wp-content/uploads/2024/04/MVF-Uebersicht_Impfvereinbarungen.pdf
4: https://www.rki.de/DE/Content/Infekt/Impfen/Forschungsprojekte/InvestHPV/InvestHPV_Modul1.html
5: https://www.rki.de/DE/Content/Infekt/Impfen/Forschungsprojekte/InvestHPV/InvestHPV_Modul2.html
6: https://www.kvno.de/fileadmin/shared/pdf/online/vertraege/impfungen/impfvertrag.pdf?v=1706084265