

Medicare Wellness Visit Research Study IDI + Survey Findings

For Alliance for Aging Research

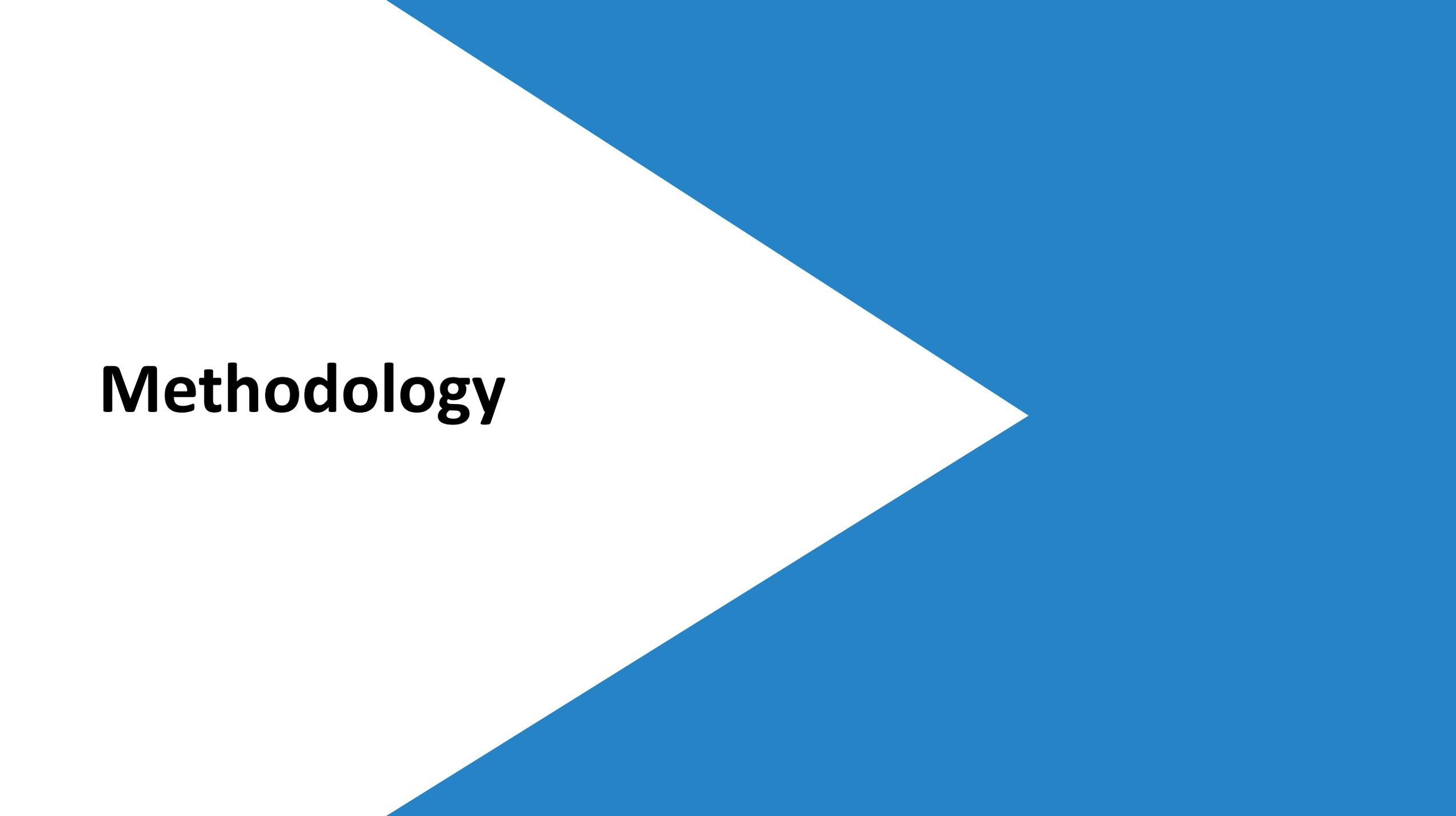


CERTUS INSIGHTS
Research and Analytics

MSL

Influence. Impact.

Certus Insights For MSL

A large white arrow pointing to the right, centered on a blue background. The arrow is a simple, solid white shape with a pointed right end. The word "Methodology" is written in a bold, black, sans-serif font inside the white arrow.

Methodology

Methodology

Purpose	To better understand how the Medicare Annual Wellness Visit is being used to promote, track, and educate about vaccines.
Dates conducted	<i>Qualitative Interviews:</i> March 29, 2019 – April 10, 2019 <i>Quantitative Survey:</i> June 18 th , 2019—June 22 nd , 2019
Sample Size	<i>Qualitative Interviews:</i> 6 Primary Care or Nurse Practitioners who see Medicare beneficiaries and conduct Annual Wellness Visits <i>Quantitative Survey:</i> 200 Primary Care Physicians or Nurse Practitioners who see Medicare beneficiaries and conduct Annual Wellness Visits
Methodology	<i>Qualitative Interviews:</i> Independent in-depth individual interviews via phone (referred to as IDIs throughout) <i>Quantitative Survey:</i> Online Survey
Analysis	Ronald A. Faucheux, Ph.D. Andrew Rugg Natalie Copeland

Definitions

All		Respondents who are Primary Care Physicians or Nurse Practitioners and who see Medicare beneficiaries and conduct Annual Wellness Visits.
Profession	Primary Care Provider	Respondents who are Primary Care Physicians and who see Medicare beneficiaries and conduct Annual Wellness Visits.
	Nurse Practitioner	Respondents who are Nurse Practitioners and who see Medicare beneficiaries and conduct Annual Wellness Visits.
Professional Setting	Clinical	Respondents who currently work in a clinical healthcare facility.
	Hospital	Respondents who currently work in a hospital healthcare facility.

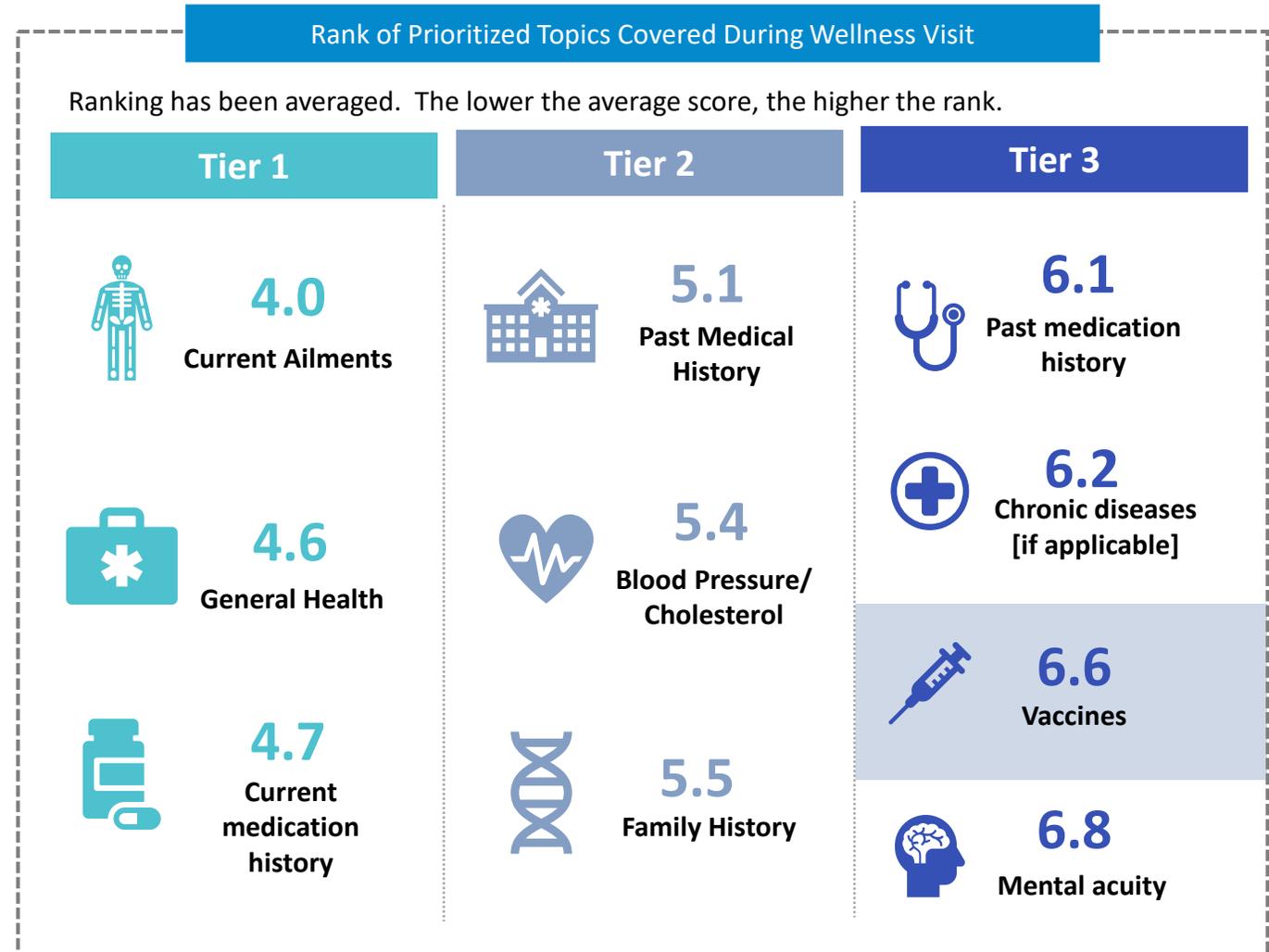
Executive Summary

Top takeaways from the quantitative and qualitative research.

Vaccines are a Low Priority

Primary care practitioners and nurse practitioners ranked 10 different topics based on how they prioritize discussing them during the Medicare Annual Wellness visit. The rank scores have been averaged across all 10 priorities.

Vaccines are in the bottom tier of priorities discussed during the Medicare Annual Wellness visit, with an average score of 6.6. Only 2% of respondents say vaccines are the top priority during the annual wellness visit.

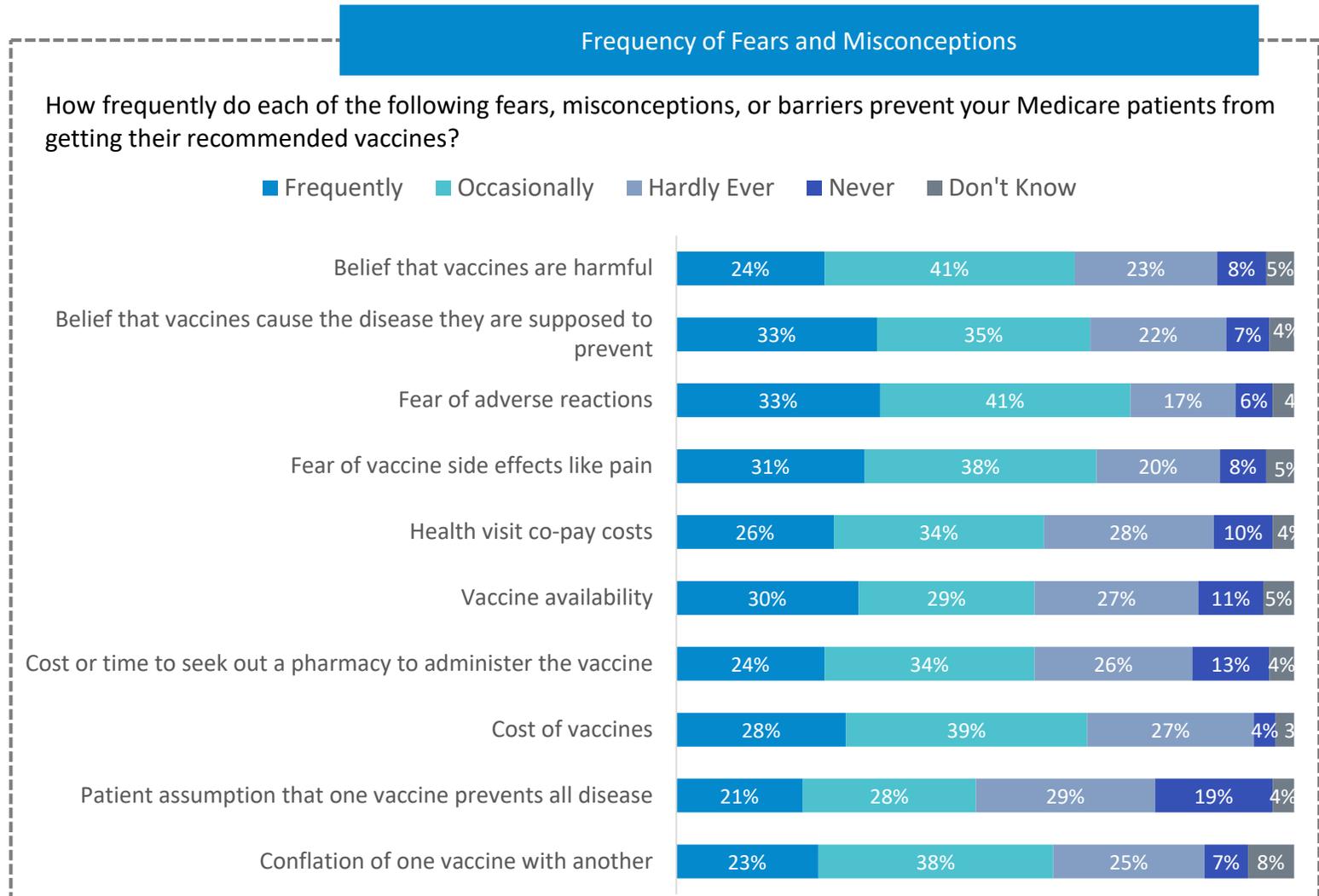


Information Barriers

Survey respondents were asked about their fears, misconceptions, or barriers that prevent Medicare patients from getting their recommended vaccines.

The **top barriers** that frequently or occasionally prevent Medicare patients from getting their recommended vaccines include: fear of adverse reactions (74%), fear of vaccine side effects like pain (69%), belief that the vaccines cause the disease they are supposed to prevent (68%), cost of the vaccines (67%), and belief that vaccines are harmful (65%).

Other **significant barriers** include conflation of one vaccine with another (61%), health visit co-pay costs (60%), vaccine availability (59%), and cost or time to seek out a pharmacy to administer the vaccine (58%).

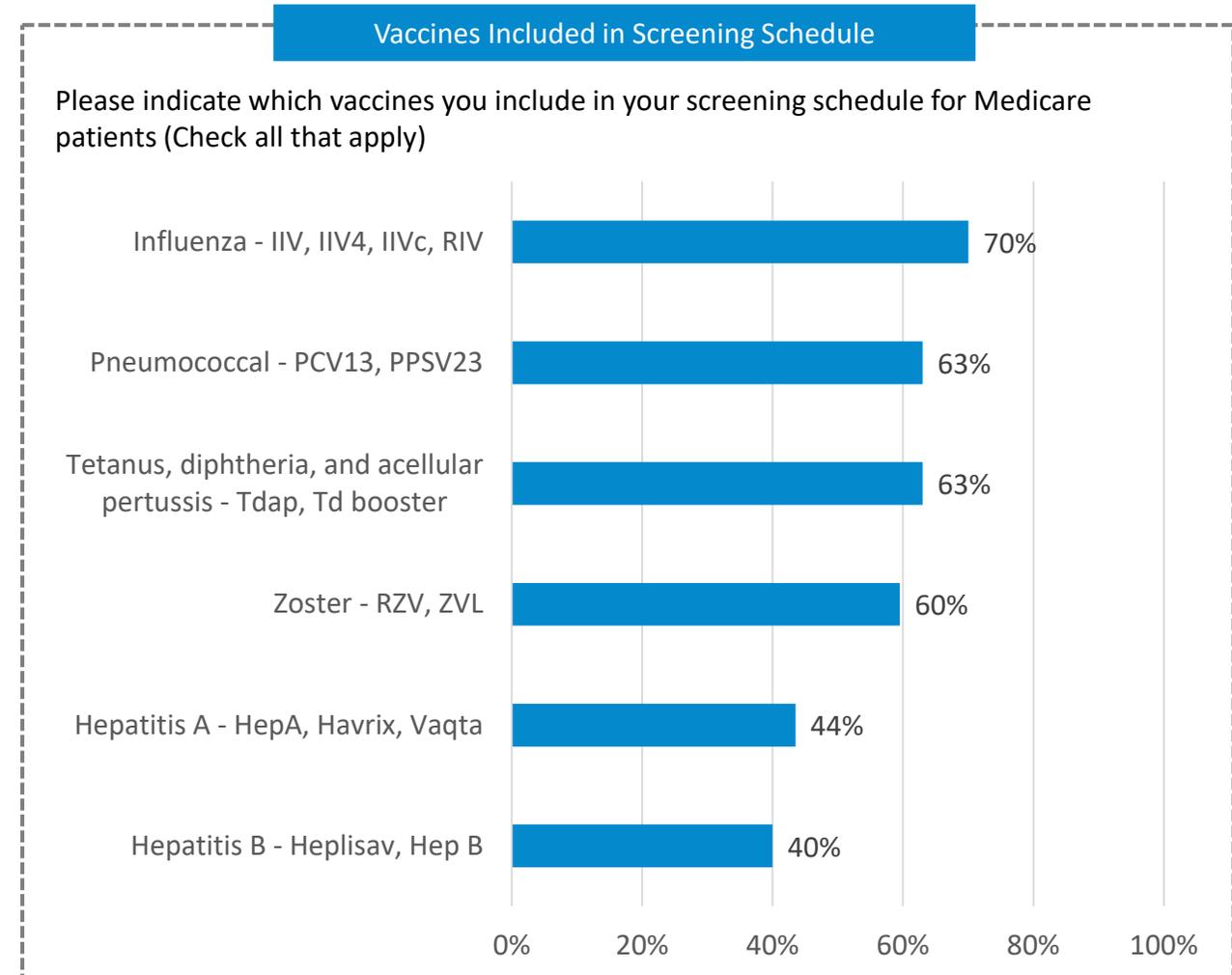


Vaccines Included in Screening Schedule

Primary care practitioners and nurse practitioners were asked which vaccines they include in **their screening schedule for Medicare patients**. Of all survey respondents, 70% include influenza; 63% include pneumococcal; 63% include tetanus, diphtheria, and acellular pertussis; 60% include Zoster; 44% include Hepatitis A; and 40% include Hepatitis B in their screening schedule.

In-depth interviews found that primary care practitioners and nurse practitioners perceive that Medicare patients are more open to receiving the Zoster and shingles vaccine, in part because patients usually know of others who have suffered from shingles.

In-depth interviews also found that many practices do not offer the Measles, Mumps, and Rubella vaccine; Varicella vaccine; Meningococcal vaccine; or Haemophilus Influenzae Type B (HiB) vaccine to Medicare patients during their Annual Wellness visits. Respondents noted that the Medicare population is not the target population for these vaccines.

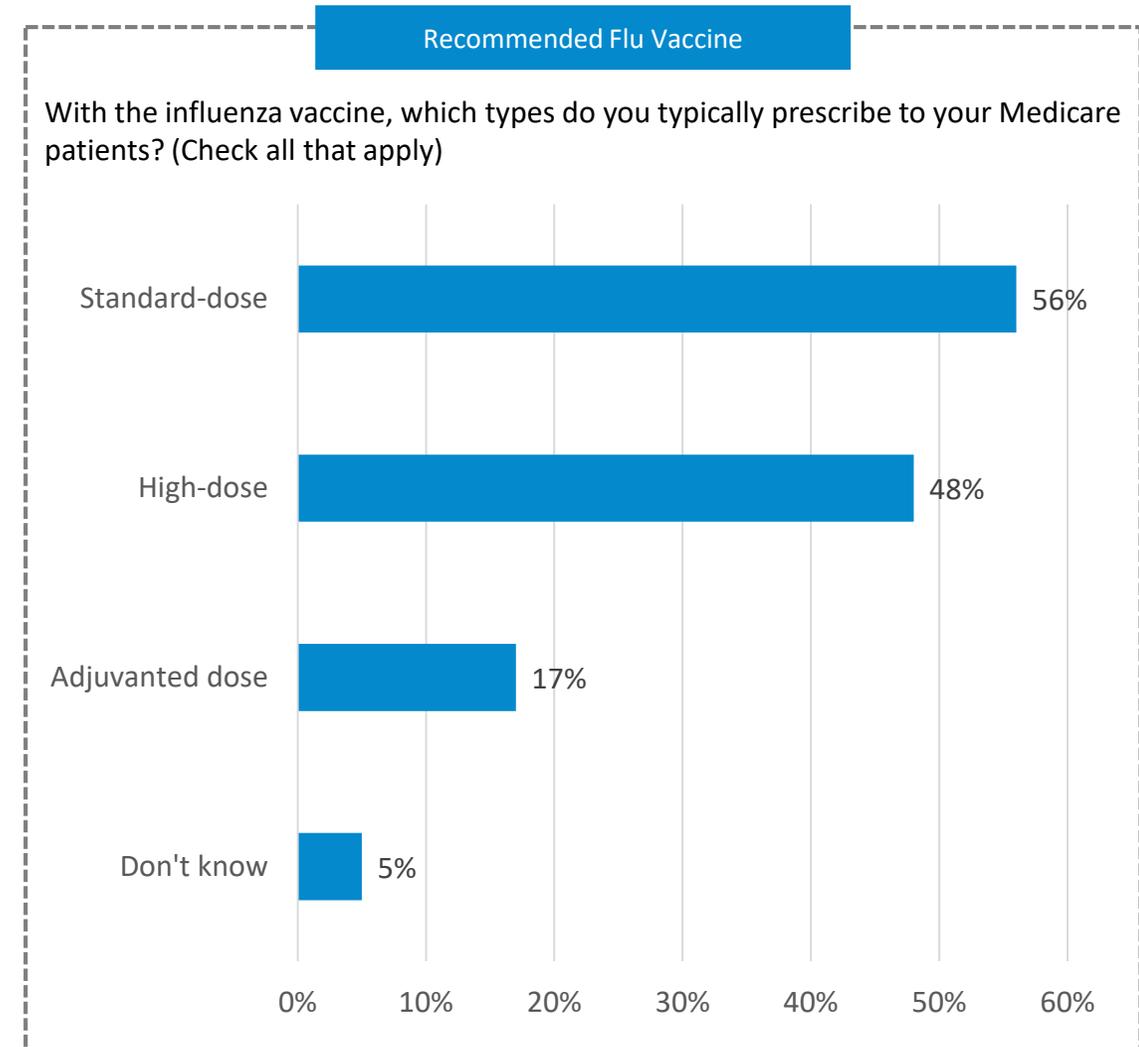


High-Dose Versus Standard-Dose Flu Vaccine

Respondents appear split about when to administer the **high-dose flu vaccine** or the **standard dose flu vaccine**. Both the IDIs and quantitative research found that respondents will recommend the high dose if respondents are of a certain age, have chronic diseases, or meet other risk factors.

In the absence of recommendations from the CDC, a few in-depth interviews show that there is some concern about a default administration of the high-dose flu vaccine to the Medicare population.

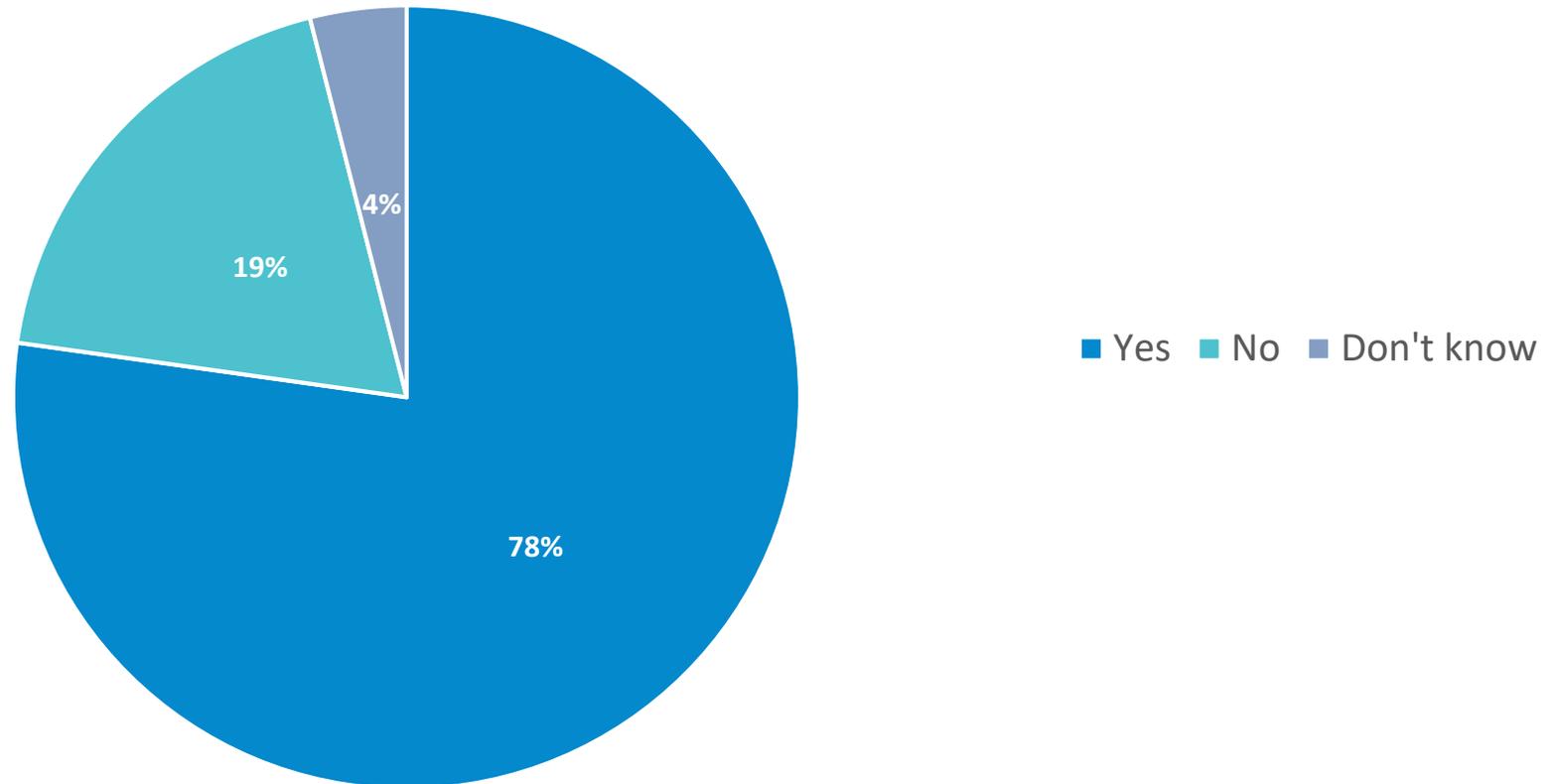
In the survey, 56% of primary care practitioners and nurse practitioners typically report prescribing standard-dose influenza vaccines, while 48% typically report prescribe high-dose. Only 17% typically prescribe adjuvanted dose. Only 5% typically prescribe adjuvanted dose.



Healthcare Worker Vaccination Requirement

Flu Shot Required for Healthcare Workers

Does your office require that all healthcare workers receive the annual influenza vaccine?

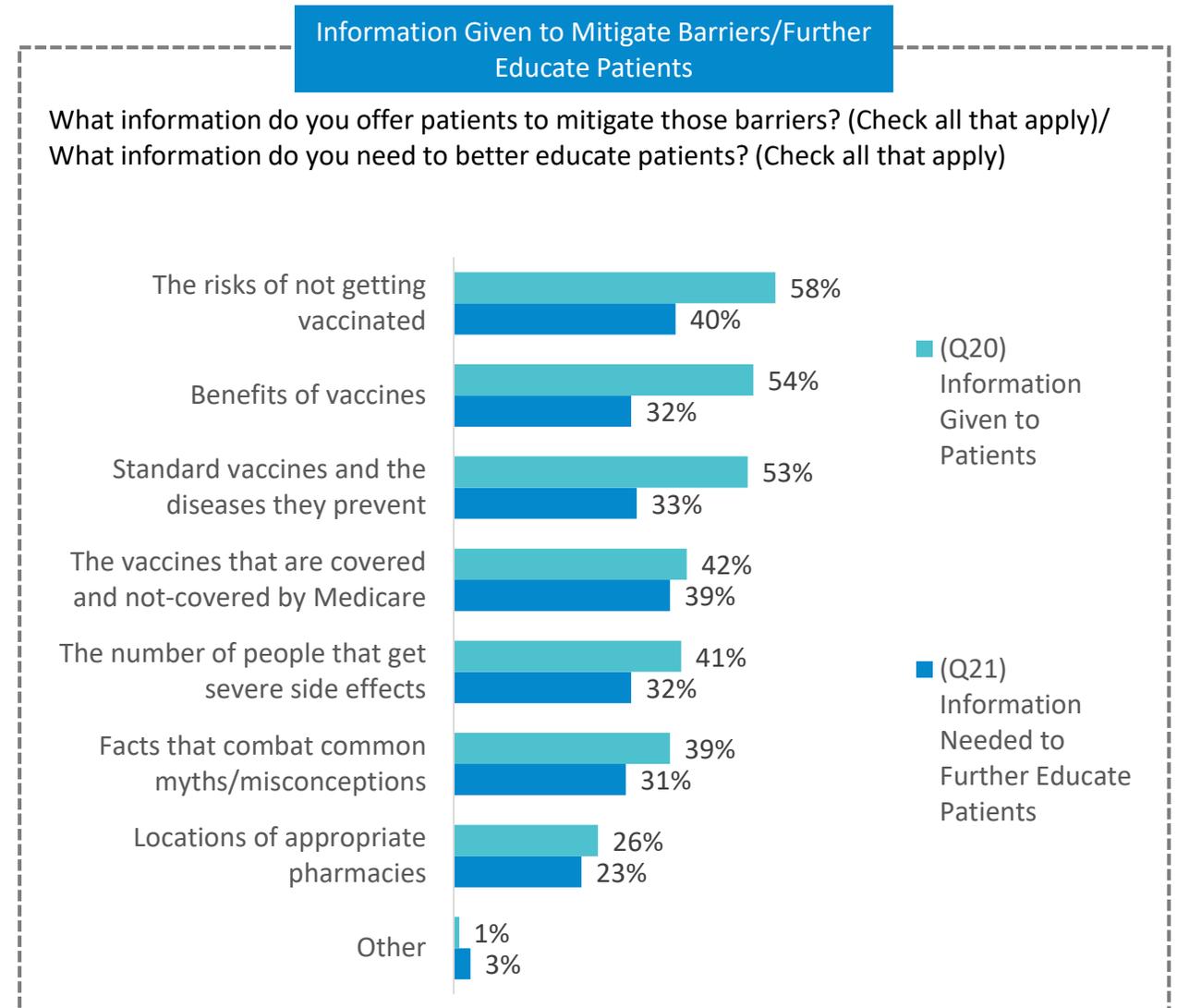


Information Needed to Better Educate on Vaccines

There is a diversity of information that primary care practitioners and nurse practitioners 1) currently offer patients and 2) want to have in order to better educate patients.

Primary care practitioners and nurse practitioners offer a variety of information to mitigate barriers to getting vaccinations –58% say they explain the risks of not getting vaccinated, 54% explain the benefits of vaccines, and 53% explain standard vaccines and the diseases they prevent.

When primary care practitioners were asked what materials they need to better educate patients, 40% say they want more information on the risks of not getting vaccinated; 39% want information on the vaccines that are covered and not-covered by Medicare; 33% want information about the standard vaccines and the diseases they prevent; 32% want the number of people that get severe side effects; 32% want information on the benefits of vaccines; 31% want facts that combat common myths/misconceptions; and 23% want locations of appropriate pharmacies.



Clinical Versus Hospital Setting

There are important differences, some substantial, between vaccination behaviors in Medicare Annual Wellness visits conducted in a **clinical** setting compared to a **hospital** setting.

In the **clinical setting** there is: greater use of the Medicare Annual Wellness Visit checklist, greater use of prompts from Electronic Medical Records systems; vaccinations are more commonly included in the screening schedule; **it is more likely that all vaccines** are offered; more respondents take the patient's word for vaccination compliance; more respondents typically prescribe standard-dose flu vaccines; more respondents are **very** familiar with the National Vaccine Advisory Committee Standards for Adult Immunization Practice recommendations; and more respondents report needing information on the number of people that get severe side effects.

Question + Response	Clinical	Hospital	Diff.
<i>This table aggregates questions and individual responses from questions across the survey. Plain text indicates questions; bolded text indicates response.</i>			
What do you use to ensure you've covered all the topics for the Medicare Annual Wellness Visit? (Check all that apply) ... The Medicare Annual Wellness Visit Checklist	63%	47%	+16
Please indicate which vaccines you include in your screening schedule for Medicare patients (Check all that apply)... Tetanus, diphtheria, and acellular pertussis - Tdap, Td booster	72%	51%	+21
Do you submit the vaccination history records to your state's Immunization Information System (IIS)? ... Yes	71%	88%	-17
How do you track vaccines that patients receive outside of your practice? Please select all that apply... Take their word for it	40%	14%	+26
With the influenza vaccine, which types do you typically prescribe to your Medicare patients? (Check all that apply) ... Typically prescribe the standard-dose flu vaccine	71%	44%	+27
How familiar are you with the National Vaccine Advisory Committee Standards for Adult Immunization Practice recommendations for all healthcare professionals?... Very familiar	58%	43%	+15
What information do you need to better educate patients? (Check all that apply) ... The number of people that get severe side effects	42%	21%	+21

Analysis

In-depth review of the quantitative and qualitative research findings.

Who Conducts Medicare Annual Wellness Visits

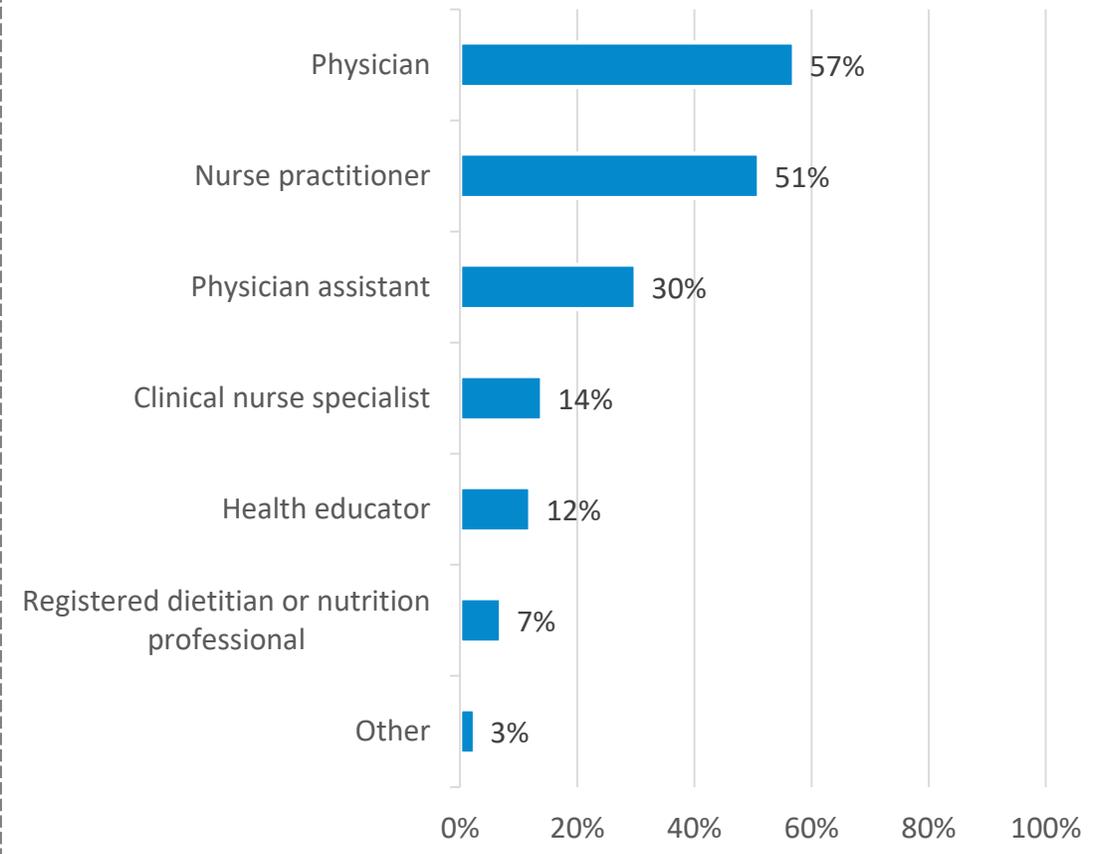
Q1. In addition to you, who else in your practice conducts the Medicare Annual Wellness Visit? (Check all that apply)

Conducting visits (Q1): 57% say that physicians conduct Medicare Annual Wellness visits in their practice, 51% say nurse practitioners conduct them, and 30% say physician assistants conduct them.

- The **IDIs** found that in most practices, nurse practitioners and physicians are both responsible for conducting the Medicare Annual Wellness Visits.

Question 1: Who Conducts Medicare Annual Wellness Visits

Q1. In addition to you, who else in your practice conducts the Medicare Annual Wellness Visit? (Check all that apply)



Ensuring Topics Are Covered During Annual Wellness Visit

Q2. What do you use to ensure you've covered all the topics for the Medicare Annual Wellness Visit? (Check all that apply)

Covering topics (Q2): 53% of survey respondents use the Medicare Annual Wellness Visit checklist to ensure they've covered all the topics. Also, 43% use prompts from their Electronic Medical Records system, 37% use notes from patient files, and 35% use their own checklists.

- Primary care physicians are more likely than nurse practitioners to use the Medicare Annual Wellness Visit checklist (64% vs. 42%).
- There is greater use of the Medicare Annual Wellness Visit checklist in clinical than hospital settings (63% vs. 47%).
- There is also greater use of prompts from an Electronic Medical Records system in clinical than hospital settings (46% vs. 32%).
- The **IDIs** found that both nurse practitioners and physicians take a variety of approaches to prioritizing discussions during their wellness visits. Some first address issues that are top of mind to the patient. Others follow the Medicare-provided checklist verbatim. Others rely on the electronic medical record system to prompt them to bring up specific topics. However, for those that did use a checklist, vaccines are part of the checklist.

From the IDIs:



“ [Asked if they have a checklist on their EMR system for the Annual Wellness Visit] Yeah. EPIC makes it really easy. And I have like a checklist...You know, someone's like older, like an over 65-year-old lady with a lot of risk factors. It goes through cervical/vaginal cancer screenings if they're younger. So it kind of almost auto-populates what is appropriate. Because for example, EPIC is not going to auto-populate abdominal aortic aneurysm screening for a 25-year-old. But it will populate cervical/vaginal cancer screening....And so there are little prompts there. And to be honest, I can't get to all of them in the 15-minute visit. But within that Wellness Visit, it's what I think is important. Flu shots are huge. Or cervical/vaginal cancer screenings are huge. I'll address it at the visit, when I have time. -- Interview 1, Primary Care Physician ”

“ [Asked about the paper checklist they use for the Annual Wellness Visit] Yeah. It's paper. I'm trying to develop a template, but it's pretty hard. My EMR is not that adaptable.It's so much faster, paper, than doing the EMR. -- Interview 3, Primary Care Physician ”



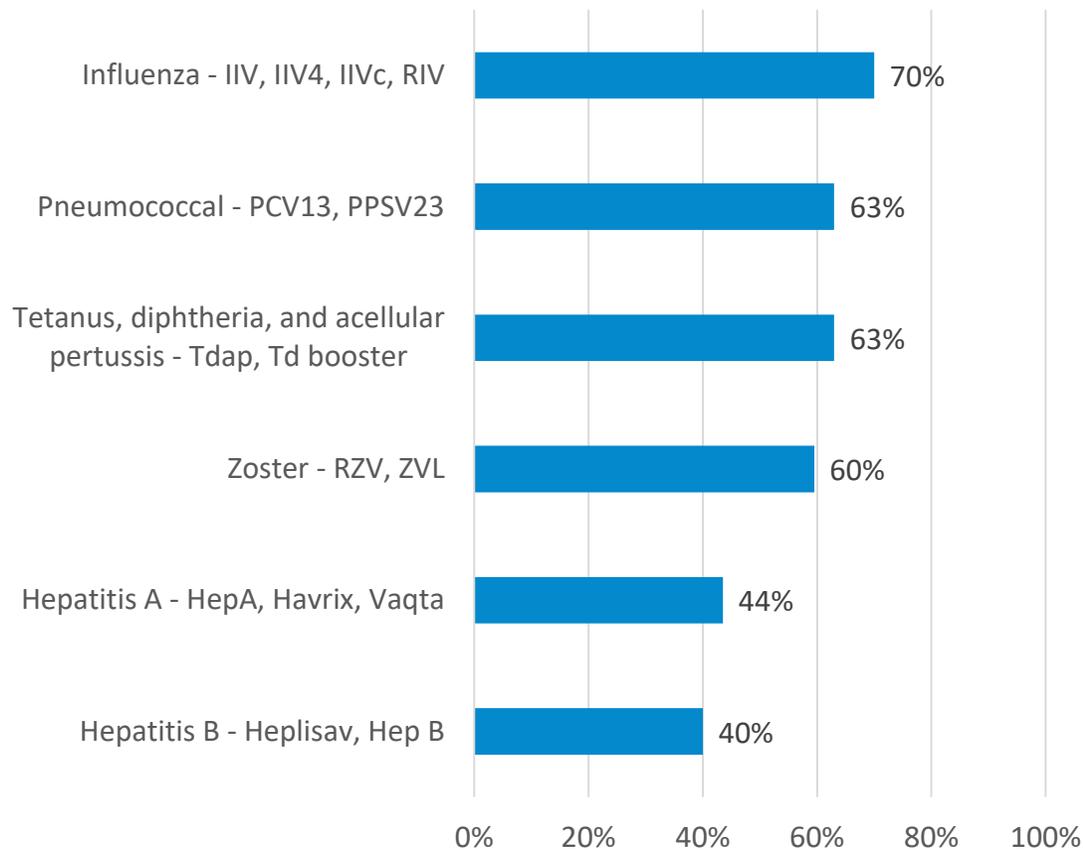
“ [Asked about how much of a priority going through the checklist is] Yeah. I think it, the checklist is there for a reason and ... some of the things in there we go, oh, we usually don't ask... And I think, I think, sometimes, it, it sounds a little silly, but, but it, it should be done and needs to be done. So, so, I think (inaudible) priority is to actually go through things that we usually don't do. And, and to make sure that the patients are aware of some of the issues that, that comes along with, with some things that I guess, you know, Medicare thought of that sometimes we, we, we're more—we are more kind of looking at their diabetes and cholesterol, but sometimes those are like the trees and not the forest. -- Interview 5, Primary Care Physician ”

Vaccines Offered at Medicare Annual Wellness Visit

Q3. Please indicate which vaccines you include in your screening schedule for Medicare patients (Check all that apply):

Question 3: Vaccines Included in Screening Schedule

Q3. Please indicate which vaccines you include in your screening schedule for Medicare patients (Check all that apply)



Vaccines included in screening schedule (Q3): Of all survey respondents, 70% include influenza; 63% include pneumococcal; 63% include tetanus, diphtheria, and acellular pertussis; 60% include Zoster; 44% include Hepatitis A; and 40% include Hepatitis B in their screen scheduled for Medicare patients.

- More primary care physicians include influenza in their screening schedule than do nurse practitioners (74% vs. 66%) and more primary care physicians include Zoster than do nurse practitioners (66% vs. 53%)
- Influenza is included much more in the clinical than hospital setting (83% vs. 53%). Tetanus, diphtheria, and acellular pertussis is included much more in the clinical than hospital setting (72% vs. 51%). Zoster is included much more in the clinical than hospital setting (68% vs. 46%).
- Pneumococcal is included much more in the clinical than hospital setting (76% vs. 46%).
- Hepatitis A and B are also included more in the clinical than hospital setting, but by smaller margins.

Vaccines Offered at Medicare Annual Wellness Visit, cont.

Q3. Please indicate which vaccines you include in your screening schedule for Medicare patients (Check all that apply):

Vaccines included in screening schedule (Continued, Q3):

- The **IDIs** also found Medicare patients are more open to receiving the Zoster and shingles vaccine, in part because patients usually know of others who have suffered from Shingles.
- The **IDIs** found that many practices do not offer the Measles, Mumps, and Rubella vaccine; Varicella vaccine; the Meningococcal vaccine; or the Haemophilus Influenzae Type B (HiB) vaccine to Medicare patients during their Annual Wellness visits. Respondents note that the Medicare population is not the target population for these vaccines.

From the IDIs:



“ [About the Zoster Vaccine] Zoster is something – it’s not new – but newer than the other ones. And usually people are more acceptable. They are willing to get that because a lot of people tell me, “My friend had it and it’s super painful. It’s super uncomfortable. Okay, if it’s covered, then I’ll get it.” Again, a lot of hearing from friends, from the media because it’s really painful once you get a disease. So they are more and more motivated to get the vaccine because they don’t want to be in discomfort or pain. --
Interview 2, Nurse Practitioner ”

Why Some Vaccines Aren't Included in Screening

Q4. [FOLLOW UP FOR ALL THOSE NOT CHECKED] You indicated that you don't include certain vaccines in the screening schedule for Medicare patients. Please explain why.

- The **IDIs** also found respondents vary in their recommendations of Hepatitis A, Tdap and TD Boosters, and occasionally Hepatitis B. They usually only recommend Hep A vaccines to patients if they plan to travel abroad. Similarly, some respondents only offer the Tdap vaccine and TD boosters if the patient's "skin integrity" is compromised. Some do not recommend Hep B if it is not a prevalent issue within their population.

Why certain vaccines are not covered (Q4): Respondents do not offer certain vaccines during the wellness check-ups because: the vaccines are not required, necessary, or not part of the traditional checklist (22%); administering those vaccines are outside their job role or they have other priorities for the visit (13%); they don't want to put patients at risk (8%); they only offer those vaccines by request (8%); or the patient is part of an exposed population or within a target population that needs it more (4%); or patients do not want them (3%).

From the IDIs:



“ [When asked about Hepatitis] *Hepatitis B, with my population, probably low-risk, to be honest. So I usually don't bring that up. If they're in healthcare, they usually get it... Hepatitis A, not so much unless they're travelers. Then I do recommend. But that's probably the only two. If they're travelers, I would then bring it up, regardless of age.* — Primary Care Physician, Interview 3 ”

“ [When asked about TD Boosters] *I mean, this, this year it's not covered. So, I, I'm a mention it, but, but it's one of those things, it's, it's kind of well, you mentioned it, why don't, why don't you give it? You know, as a patient would say, and well, it's not covered, so, do you want it? So, and then, there's a whole ... paperwork and stuff to say that well, Medicare doesn't cover it, so, we're giving it, so, you have to pay. It's, it's true that it didn't get covered. You know, so...* —Interview 5, Primary Care Physician ”



“ [When asked about Tetanus] *Well, the tetanus would usually come up when the patient had a compromise in the skin integrity...* [When asked about Diphtheria and Pertussis] *The same would be true with those two. If they had skin integrity compromise, then we talked through which of those two to vaccinate with.* —Interview 4, Nurse Practitioner ”

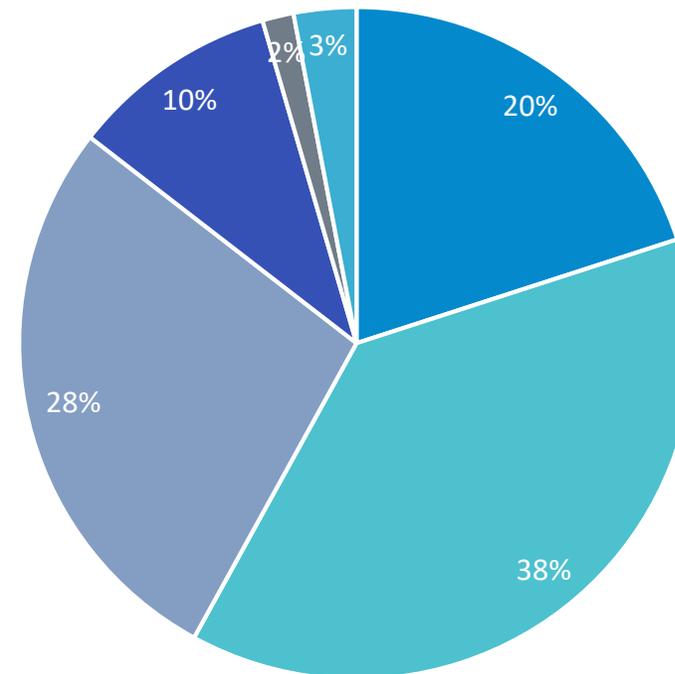
Which Vaccines Covered in Medicare Wellness Visit

Q5. How do you determine which vaccines you will discuss with your patients during their Medicare Annual Wellness visit?

Inclusion of vaccines in discussions (Q5): When asked how they determine which vaccines to discuss with their patients during a checkup, 38% of respondents say they discuss the vaccines their patient requires at the time of their annual visit, regardless of whether it is covered by Medicare; 28% say they discuss the vaccines that patients require, and counsel them on what is and is not covered by Medicare Part B; 20% say they only discuss the vaccines covered by Medicare Part B [flu, pneumonia, Hep B for those at risk]; and 10% say only discuss the vaccines their ERM or checklist prompts them to discuss.

- More primary care physicians say they only discuss the vaccines covered by Medicare Part B [flu, pneumonia, Hep B for those at risk] than do nurse practitioners (26% vs. 14%).
- Nearly twice as many nurse practitioners say they only discuss the vaccines their ERM or checklist prompts them to discuss than do primary care physicians (13% vs. 7%).

Question 5: Determination to Discuss Vaccine with Patients



- I only discuss the vaccines covered by Medicare Part B [flu, pneumonia, Hep B for those at risk]
- I discuss the vaccines my patient requires at the time of their annual visit, regardless of whether it is covered by Medicare
- I discuss the vaccines that my patient requires, and counsel them on what is and is not covered by Medicare Part B
- I only discuss the vaccines my ERM or checklist prompts me to discuss
- None of the above
- Don't know

Submission of Vaccination History to State

Q6. Do you submit the vaccination history records to your state's Immunization Information System (IIS)?

Inclusion of vaccines in discussions (Continued, Q5)

- The IDIs found respondents discuss the ACIP recommended vaccines with their Medicare patients, and usually tailor their recommendations to their patients' needs.

Submission of the vaccination history records (Q6): 75% of respondents say they do submit the vaccination history records to their state's Immunization Information System and 25% say they don't.

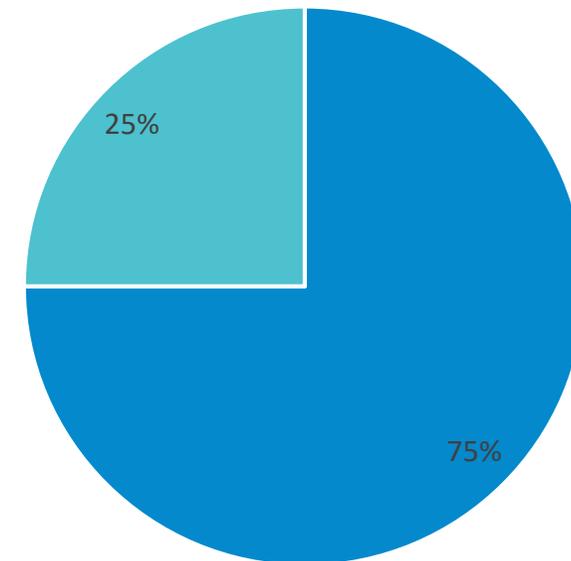
- Submissions are higher in the hospital than in the clinical setting (88% vs. 71%).

From the IDIs:



“ [When asked if they talk about the ACIP Vaccine and practices] Yeah, definitely. In my clinic, our medical assistants are well trained. So a lot of the time, before the visit, the medical assistants actually prep for each patient. So we do have this peer (?) model that one provider is in (?) with a medical assistant. So before each visit, the medical assistants will do their homework. So they will look through the patient's age—not only for Medicare, but for my whole schedule for that day—they usually look and see who is due for what kind of vaccine. So usually we will know ahead of time who needs what vaccines. And we try to offer it Medicare Wellness Visits – Interview 2, Nurse Practitioner ”

Question 6: Submissions of the Vaccination History to State



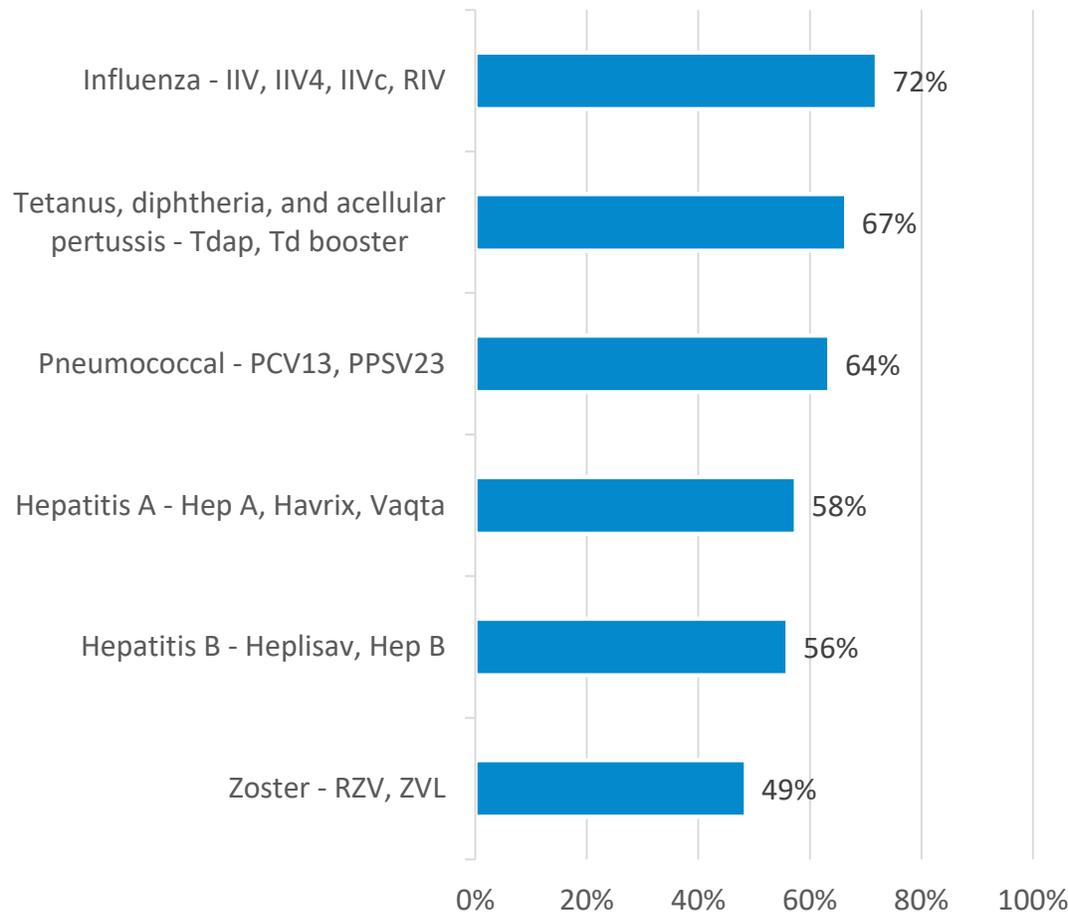
■ Yes, Submit ■ No, Do Not Submit

Vaccines Offered in Office

Q7. Please indicate which vaccines you offer in your office? (Check all that apply)

Question 7: Vaccines Offered in Office

Q7. Please indicate which vaccines you offer in your office? (Check all that apply)



Vaccines offered in office (Q7): 72% of respondents say they offer influenza vaccines in their office. For other vaccines: 67% offer tetanus, diphtheria, and acellular pertussis; 64% offer pneumococcal; 58% offer Hepatitis A; 56% offer Hepatitis B and 49% offer Zoster.

- It is much more likely that all of these vaccines are offered in clinical than hospital settings.
- The **IDIs** found vaccine administration and record keeping depend on the type of practice. Small or solo-practitioners are less likely to keep vaccines on hand, and instead will refer patients to a local pharmacy. Respondents in larger practices note that nurses typically discuss vaccines with the patient during the intake process and administer vaccines when necessary. For those that administer vaccines on site, patient follow-up regarding vaccination is less of a concern.

From the IDIs:



“ When asked about if they keep all the vaccines on hand] *No, if they agree, they get it – oh! Shingles – the shingles vaccine. We recommend and we give them information, but we don’t have that on site. We ask them to go the pharmacy to get it from Walgreen’s or CVS.* -- Interview 5, Primary Care Physician ”

Why Practices Don't Offer Certain Vaccines

Q8. [FOLLOW-UP FOR ALL THOSE NOT CHECKED] For those vaccines that you don't offer in your office, can you provide more information on why you don't offer them?

Vaccines offered in office (Continued, Q7)

- The IDI's found no respondents incentivize patients to get their vaccines. However, some physicians at larger practices note they are incentivized to reach certain KPIs, which can include flu vaccinations. Most respondents insisted that these incentives do not influence how they provide care.

Why certain vaccines are not offered (Q8): Respondents cite cost (23%), and difficulty of stocking and availability of vaccines (21%) as the main reasons they do not offer certain vaccines within their office. Additionally, 10% note that pharmacies will offer the vaccines, or the vaccines are out of scope for their office to provide.

From the IDIs:



“ [When asked about payment and incentives] *That's a good question. Interestingly when I worked in the nursing homes, I was paid a portion of what I billed for. I was not paid a salary or hourly like most physicians, which sometimes worked in my favor, sometimes didn't. So in terms of billing, I would tend to bill for time during those visits because there was a lot of coordination and counseling that went into it. At the primary care practice, payment didn't matter to me. I got paid no matter what. It was my schedule and I just did what I could do with the time that I had.* – Interview 4, Nurse Practitioner ”

“ [When asked about payment and incentives] *No. I would do it anyway. And I do do it anyway. It's been part of my practice. When you mention pay, the MIPS program, pneumococcal and influenza vaccinations are one of the measures I use to get scored on. So based on that, right, I got a little incentive. But it's not a big deal for me. It's just part of my practice. And I think the harder part is in my EMR, recording that it was given. I mean it's really crazy. It just doesn't make any sense. It's more a pain to do all these clicks to record it than I think what I get.* – Interview 3, Primary Care Physician ”



“ [When asked about the electronic medical record system] *They give us a bunch of the metrics that they're looking for. So, diabetes management, flu shots, hepatitis.... That all gets given to us. And we internally choose a battery. We can't hit all of them, but we choose a battery of them to focus on. And then we work with our EPIC people to say; hey, this is what we... This is the algorithms we want when these types of patients come in... There is an administrative committee that gives us... Because I work for an organization. So they tell us; hey, we're trying to get 90% diabetes screening for all of our patients this month. We're trying to get X, you know, whatever metrics that they want.* – Interview 1, Primary Care Physician ”

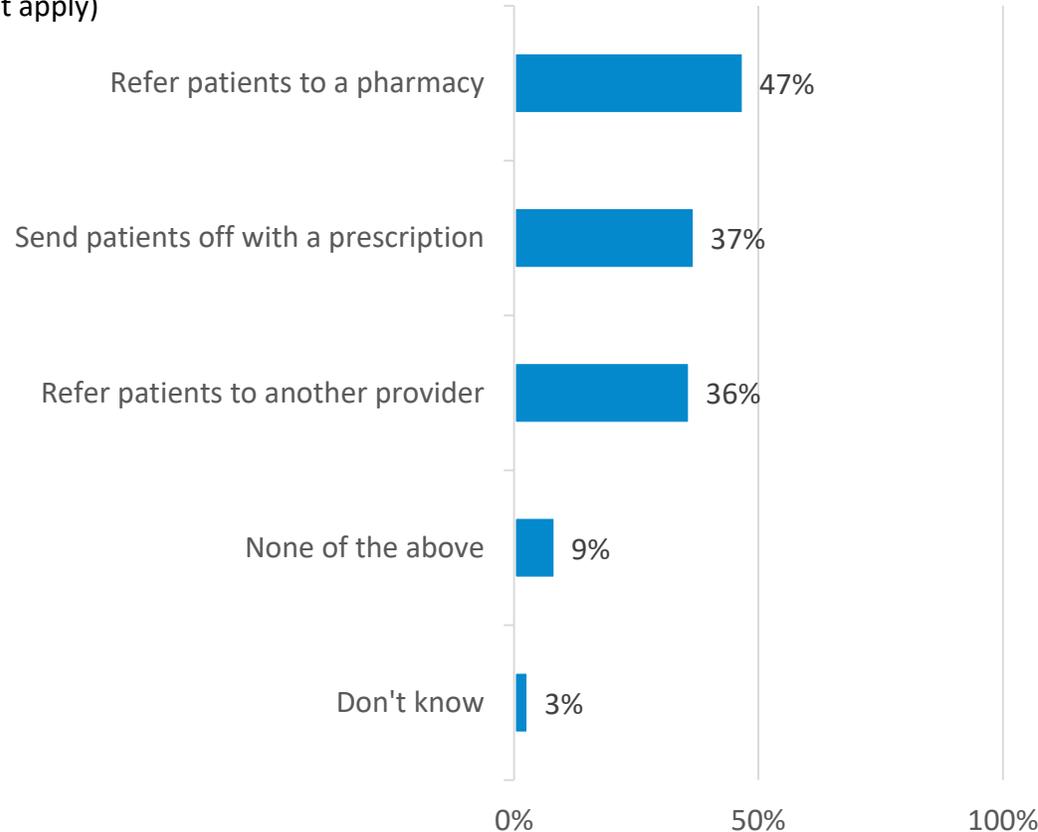
What Do You Do About Non-Offered Vaccines

Q9. What do you normally do about those vaccines that you don't offer? (Check all that apply)

Q10. Generally speaking, if the patient needs a vaccine at the time of their Annual Wellness Visit, what do you do? (Check all that apply)

Question 9: When Vaccines Are Not Offered at Office

Q9. What do you normally do about those vaccines that you don't offer? (Check all that apply)



Vaccines not offered (Q9): When a vaccine is not offered in a respondent's office, 47% refer patients to a pharmacy, 37% send patients off with a prescription, and 36% refer patients to another provider.

Vaccines needed during Annual Wellness visit (Q10): 64% of respondents say they offer the vaccine at the time of the Annual Wellness visit if the patient needs a vaccine. In addition: 30% schedule a future visit, 25% schedule a reminder, and 25% send them off with a prescription.

Prioritization of Topics Covered During Wellness Visit

Q11. [Rank] Please rank the following in order of how your practice prioritizes what you discuss with patients during the Medicare Annual Wellness Visit. Those ranked at the top are the priorities of highest importance. Those at the bottom are the priorities of the lowest importance. Note: Ranking has been averaged. The lower the average score, the higher the rank.

Question 11: Rank of Prioritized Topics Covered During Wellness Visit

Ranking has been averaged. The lower the average score, the higher the rank.

Tier 1			
4.0	4.6	4.7	
Current ailments	General health	Current medication history	
Tier 2			
5.1	5.4	5.5	
Past medical history	Blood pressure/Cholesterol	Family history	
Tier 3			
6.1	6.2	6.6	6.8
Past medication history	Chronic diseases [if applicable]	Vaccines	Mental acuity

Prioritized Topics Covered During Wellness Visit (Q11): Respondents ranked 10 different priorities based on how they prioritize discussing topics during the Medicare Annual Wellness visit. The rank scores have been averaged across all 10 priorities. The lower the average score, the higher the priority. As such, priorities can be broken down into three tiers:

- **Tier 1:** The top three priorities for providers include asking patients about current ailments (4.0), their general health (4.6), and patient’s current medication history (4.7).
- **Tier 2:** The middle three priorities for respondents include asking about past medical history (5.1), blood pressure/cholesterol (5.4), and family history (5.5).
- **Tier 3:** Respondents consider the following less of a priority during the Medicare Wellness Visit: past medication history (6.1), chronic diseases (6.2), **vaccines (6.6)**, and mental acuity (6.8).
- When examined from which topics were listed as the top priority out of the 10 examined, 26% say current ailments is their first priority during a Medicare Wellness Visit, while 23% say general health is their first priority. Few say family history (18%), past medical history (12%), current medication history (9%), past medication history (5%) is their top priority during an Annual Wellness visit. Fewer respondents note past medication history (5%), chronic diseases (3%), blood pressure/cholesterol (3%), **vaccines (2%)**, and mental acuity (1%) is their first priority.

Prioritization of Topics Covered During Wellness Visit, cont.

Prioritized Topics Covered During Wellness Visit (Q11) Continued

- **Note:** When discussing this point, it is accurate to say that vaccines are in the bottom tier of topic priorities during the Medicare Annual Wellness visit. It is also accurate to say that only 2% of primary care physicians and nurse practitioners who conduct Medicare Annual Wellness visits make vaccines a top priority of discussion.
- The **IDIs** found that medical professionals take a variety of approaches when conducting the Annual Wellness visits, depending in part on their relationship with the patient. If the patient is new, respondents spend more time on family history, patient medical history, etc. However, respondents note they can more effectively distribute their time talking to existing patients when assisted by a checklist or addressing key patient concerns. For those respondents that are less reliant on a checklist, or see patients more regularly, the discussion of vaccines in the Annual Wellness visit serves as an additional reminder to follow up with the patient and talk to them about vaccinations.

From the IDIs:



“ [Ask how they prioritize the assessment of the patient] *Depending on how well I know them. If it's a relatively new patient, they usually give us a little more time so we can spend a little more time asking for medical history, background, pdf's, just to get to know the patient a little more. And once we know the patient, for the annual visit, some patients we've been seeing for years – those patients you tend to know them more. I tend to spend a little more time just distributing the time evenly. But if it's a new patient, I tend to spend more time asking them questions – past medical background, past medical history, things like that. And also depending, sometimes during the visit, I usually ask them today you're here for a well[ness] visit, but if there is anything that concerns you that you want to bring up specifically.* – Interview 2, Nurse Practitioner ”

“

[Asked how they prioritize the assessment of the patient] *In a lot of cases what is top of mind is also what is most important to the patient. However, there are a lot of patients as well who fall into the camp of putting things top of mind that actually aren't the most important health matters. I would always try and review the record to the extent that I could before the patient walked into the room... Unfortunately, there [often is] not great adherence to updating the problem list. So I would ask the patient what's important to you, I would bring the problem list to see what seems most important at that time and then go from there, really, as it came up.*– Interview 4, Nurse Practitioner ”



Follow-Up With Patients About Vaccines

Q12. How do you follow-up with patients to make sure they are getting the vaccines you recommend? (Check all that apply)

Q13. How do you track vaccines that patients receive outside of your practice? Please select all that apply.

Vaccine follow-ups (Q12): The most common delivery methods for follow-up reminders to make sure patients get their recommended vaccines include: nurses or medical assistants (48%), electronic reminders (47%), next visit follow-ups (37%), and telephone reminders (36%). Only 20% make vaccination a condition of further service, and 19% request a copy of vaccination receipt.

- The **IDIs** also found that there is little consistency in the follow-up for vaccines. Some respondents and practices have medical assistants call patients, and others use a ERM system to track the appointments. Others ask at the next appointment.

Track vaccination provided outside of practice (Q13): To track vaccines that patients receive outside of a respondent's practice: 46% review patient's EMR, 38% request a follow-up from the patient, 36% follow-up with pharmacies, and 33% check the IIS.

- 29% of respondents take the patient's word for it and only 3% don't do anything.
- Many more respondents in a clinical setting take the patient's word for it than in a hospital setting (40% vs. 14%).

From the IDIs:



“ [Asking how the following up with patients to make sure they are getting vaccinated] *Really didn't at all unless I saw them for a follow up visit and I was able to ask them then. My nursing staff is pretty good, and if they had time, then they would call the patient. But it was kind of above and beyond duty. It was not part of the regular job, so they wouldn't be expected to do that.* – Interview 4, Nurse Practitioner ”

“ [Asking how the following up with patients to make sure they are getting vaccinated] *Unfortunately, no. Usually, it's the, the next year that I will be asking them so, did you get the, you know—I gave you the prescription for it—did you get it done? And if it is done, then I will have to take their word for it, and then have, you know, have that, you know, and marked it in the, in the vaccine section that, you know, on the list that, you know, those are things were, were eventually done. But whether or not they got it, usually the pharmacy will send a not as well. But that's a hit-and-miss thing.* – Interview 5, Primary Care Physician ”



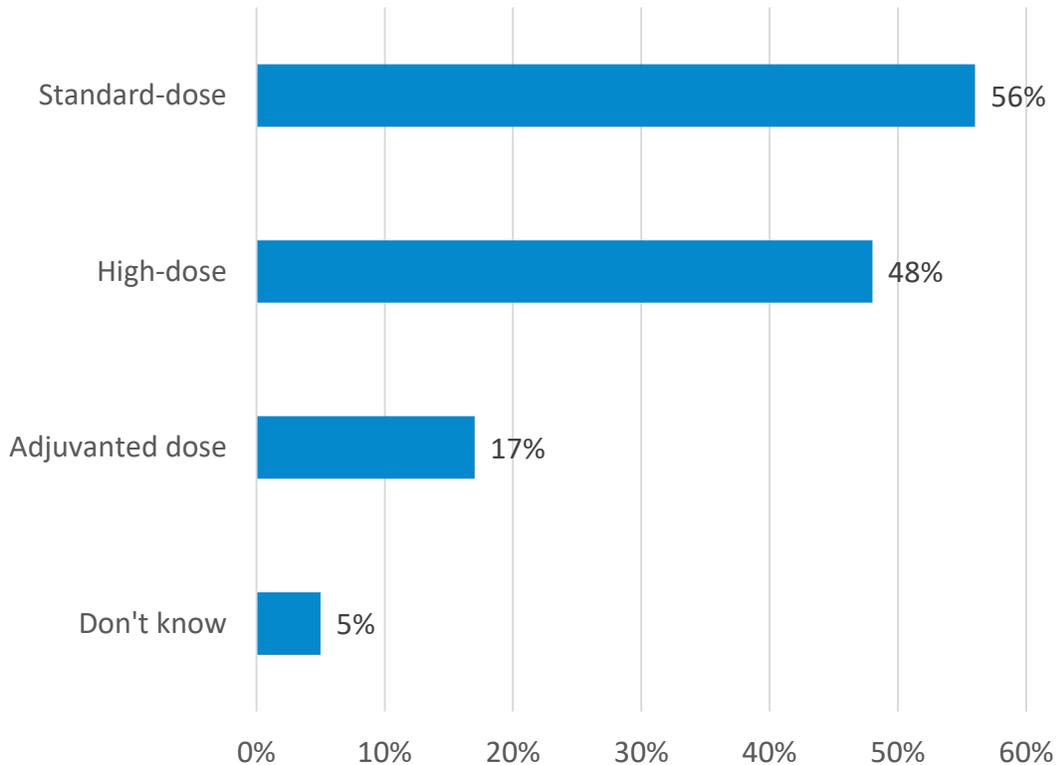
Type of Influenza Vaccine Recommended

Q14. With the influenza vaccine, which types do you typically prescribe to your Medicare patients? (Check all that apply)

Q15. Do you counsel your patients on whether they should receive the standard, high-dose, or adjuvanted dose of the flu vaccine?

Question 14: Recommended Flu Vaccine

Q14. With the influenza vaccine, which types do you typically prescribe to your Medicare patients? (Check all that apply)



Types of influenza vaccines (Q14): 56% of respondents typically prescribe standard-dose influenza vaccines, while 48% typically prescribe high-dose. Only 17% typically prescribe adjuvanted dose.

- Many more respondents in a clinical setting typically prescribe standard-dose than in a hospital setting (71% vs. 44%).

Counseling patients on dosage (Q15): 76% of respondents counsel their patients on whether they should receive the standard, high-dose, or adjuvanted dose of the flu vaccine. Only 20% don't.

- Primary care physicians are more likely than nurse practitioners to counsel their patients on dosage (80% vs. 72%).

Health Factors Leading to High-Dose Flu Vaccine Recommendation

Q16. [If yes, “Counsel Patients on Flu Vaccine”] What health factors would typically lead you to recommend the high-dose flu vaccine?

Q17. Does your office require that all healthcare workers receive the annual influenza vaccine?

Recommending the High-Dose Flu Vaccine (Q16): Respondents who counsel their patients on the high-dosage vaccine were then asked what health factors typically lead them to recommend the high-dose flu vaccine. Of those who do counsel their patients, 38% say they recommend it based on the patient; 27% recommend it based on chronic disease, risk factors, or patient medical history; and 14% recommend it based on the severity of flu season or patients that have a weakened immune system. Few (3%) say they recommend it based on their opinion or the manufacturer’s opinion.

- The **IDIs** found some concern over the administration of standard and high-dose flu vaccines to the Medicare populations. Some respondents are skeptical about why and when patients need the higher dose, to the point they will only recommend it to patients that got the flu in previous years. Others give out high-dose to all patients 60 and older. One respondent was particularly concerned over most pharmacy’s standard use of a high dose flu vaccines for older patients.

Requirement that healthcare workers receive influenza vaccine (Q17): 78% of respondents say their office requires that all healthcare workers receive the annual influenza vaccine and 19% say they don’t.

From the IDIs:



“ We do offer high dose for patients over the age of 65. However, because of the limited quantity, those would not be offered to every single one who comes in for the visit. We offer and give the high dose for patients aged 65, but once we run out of those, we give the regular.
– Interview 2, Nurse Practitioner ”

Familiarity with National Vaccine Advisory Committee Standards; Frequency of Misinformation Preventing Vaccinations

Q18. How familiar are you with the National Vaccine Advisory Committee Standards for Adult Immunization Practice recommendations for all healthcare professionals?

Familiarity with the National Vaccine Advisory Committee Standards for Adult Immunization Practice recommendations (Q18):

88% of respondents are either very or somewhat familiar with the standards. Of them, 49% are **very** familiar. Only 11% are not familiar.

- Primary care physicians are more likely than nurse practitioners to be **very** familiar (54% vs. 44%).
- More respondents in a clinical setting than in a hospital setting are **very** familiar (58% vs. 43%).

Frequency of Misinformation Preventing Vaccinations (Q19): The top barriers that **frequently or occasionally** prevent Medicare patients from getting their recommended vaccines include: fear of adverse reactions (74%), fear of vaccine side effects like pain (69%), belief that the vaccines cause the disease they are supposed to prevent (68%), cost of the vaccines (67%), belief that vaccines are harmful (65%), conflation of one vaccine with another (61%), health visit co-pay costs (60%), vaccine availability (59%), and cost or time to seek out a pharmacy to administer the vaccine (58%). Fewer than half of respondents say patient frequently or occasionally assume that one vaccine prevents all disease (49%).

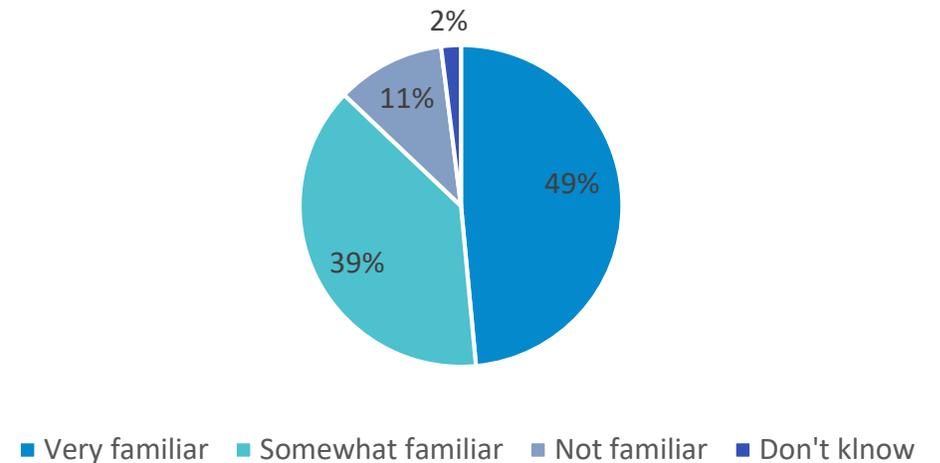
- The **IDIs** found lower income recipients are more averse to getting vaccines due to co-pay costs.



“ [Asked about fears and misconceptions] Yes. I mean especially in the low-income population, and especially if they have to pay for it, like hepatitis B. Sometimes, they don't want to pay the co-pay for it. It's definitely a challenge. – Interview 1 ”

Question 18: Familiarity with National Advisory Committee Standards

Q18. How familiar are you with the National Vaccine Advisory Committee Standards for Adult Immunization Practice recommendations for all healthcare professionals?



Frequency of Misinformation Preventing Vaccinations

Q19. How frequently do each of the following fears, misconceptions, or barriers prevent your Medicare patients from getting their recommended vaccines?

From the IDIs:

Frequency of Misinformation Preventing Vaccinations (Continued, Q19)

- The IDIs found there are mixed receptions to the flu shot. Respondents noted that some patients dislike the fact that they need a flu shot every year. Others mistake a minor cold for the flu after receiving the flu shot. Due to the frequency of the flu shot, interviewed nurse practitioners and medical doctors have the most trouble in convincing some patients to get their flu shot consistently.
- **Recommendation:** It is important that patients continue to receive information that addresses adverse reactions, side effects, and the belief that vaccines cause disease. However, cost and convenience are other important barriers that should be addressed.



“ [Asked about fears and misconceptions] I think the more controversial is the flu vaccine. I've had a few patients come back to me when I encourage them to take it. They say; well, doctor you know efficacy is only at best 60%. And I say; yeah, that's true. And I try to explain to them that's statistical, but my clinical experience is those who do get the vaccine, even if they come down with it, don't seem to get it as bad as those who have not received the vaccine. So that's kind of my counter-argument to those who say it's only 60% effective. And again, I try to tell them; well look, last year 80,000 people died of the flu and flu-related illnesses. And then that opens their eyes. And this is CDC statistics, 80,000. That has helped me convince a lot of people to get it. – Interview 3, Primary Care Physician ”

“ Financial is, has been an issue. You know, ...in at least in this area, the, for some reason, over age sixty-five, I can't, I can't give the shingle vaccines anymore in the office. So, I had to send them out. So, that's a barrier already. They have to go to a, you know, a Walgreen's where they gonna go through their Part D to get the vaccine, for shingle vaccine. So, for both type. ...so, that's a barrier, not being done in the office and, you know, patients worry that, you know, I'm gonna get it at Walgreen's? And then ... the other part, of course, is, is coverage of that vaccines. There has been patients that [says] oh, I paid two bucks. And jump right on it and get it done. There are those that was telling me that the, [a] vaccine would cost them two hundred and fifty dollars, so, they say pfffft, you know, I'll hold off until, until they see somebody who has shingles, then they go I'll pay anything. – Interview 5, Primary Care Physician ”

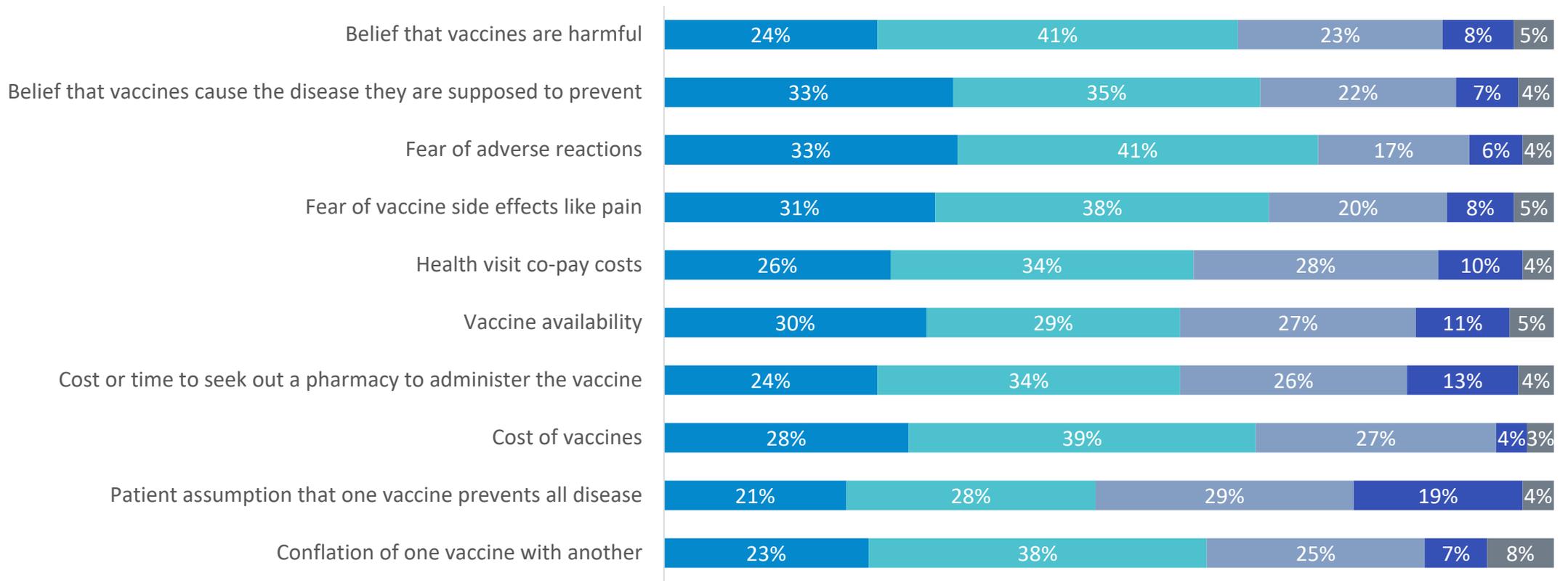


Frequency of Misinformation Preventing Vaccinations, cont.

Question 19: Frequency of Fears and Misconceptions

Q19. How frequently do each of the following fears, misconceptions, or barriers prevent your Medicare patients from getting their recommended vaccines?

■ Frequently ■ Occasionally ■ Hardly Ever ■ Never ■ Don't Know



Information Offered to Mitigate Patient Misinformation

Q20. What information do you offer patients to mitigate those barriers? (Check all that apply)

Information offered patients to mitigate barriers (Q20): To mitigate barriers to getting vaccinations, 58% of respondents say they explain the risks of not getting vaccinated, 54% explain the benefits of vaccines, and 53% explain standard vaccines and the diseases they prevent.

- Fewer than a majority of respondents explain other reasons (such as: the vaccines that are covered and not-covered by Medicare, the number of people that get severe side effects, facts that combat common myths/misconceptions, and locations of appropriate pharmacies)
- Interviews from the **IDIs** found use of educational aid material varies. Some respondents do not have any supplemental educational materials, while others share problem/condition-specific handouts and one-page reference sheets with patients. Others simply discuss the benefits with patients while they're in the room.

From the IDIs:



“ [When asked if they provide educational aids about vaccinations] Yeah, we try to verbally educate them, and we try to show them the VIS. We have VIS in different languages. And even if the patient can read, we have bilingual staff on site. And sometimes if they still have questions, we do actually have health workers on the team who can spend a little more time after the visit to answer the questions if they have any concerns... VIS, yes. The VIS printout from the CDC. – Interview 2, Nurse Practitioner ”

“ [When asked if they provide educational aids about vaccinations] I occasionally... I don't give it to them, to be honest. But I do have the latest CDC recommendations. I don't give it to them. But I have it available if they ask, particularly with vaccinations about the high dose, which is controversial. And I have my own feelings about it, to be honest. – Interview 3, Primary Care Physician ”



“ No. I mean, I wouldn't say I've any—I ... come across any, you know, audio-visual aids to help me convince one way or the other. No, I don't have any of that. – Interview 5, Primary Care Physician ”

Information Offered To Mitigate Patient Misinformation; Necessary Information to Better Education Patients

Q21. What information do you need to better educate patients? (Check all that apply)

Information offered patients to mitigate barriers (Continued, Q20)

- **The IDIs also** find some nurse practitioners and medical doctors would like more time with patients, pre-visit education materials for patients, more accessible side-effect statistics and infographics. In part, it seems that the respondents who desire more time are in larger, more regimented, and ERM-based environments. One interviewee indicated that it would be helpful to have information campaigns on social media to further emphasize why and when doctors ‘promote’ specific vaccines for certain populations.
- Additionally, the **IDIs** found discussions regarding the purpose or legitimacy of vaccines are usually deferred to the doctor.

Information needed to better educate patients (Q21): 40% of respondents want more information to educate patients on the risks of not getting vaccinated; 39% need to know the vaccines that are covered and not-covered by Medicare; 33% need to know about the standard vaccines and the diseases they prevent; 32% need to know the number of people that get severe side effects; 32% need to know the benefits of vaccines; 31% need to know facts that combat common myths/misconceptions; and 23% need to know locations of appropriate pharmacies.

- Twice as many respondents in the clinical setting than in the hospital setting need to know the number of people that get severe side effects (42% vs. 21%).

From the IDIs:



“ [Asked about what is missing to better help educated patients] *If anything I would say time. For those patients who did need more education, it does take time to communicate that with them. And there are a lot of things I need to get done. So in a typical Medicare visit, you would hope there would be only one or two things that you would get hung up on that needed greater attention, whether it’s a medical issue like oh, wow, your kidney function is really different from last time. What’s going on here? Or whether it was some concern about mental decline. If you got tripped up earlier in the visit, then there would be less time to be able to discuss vaccines.* – Interview 4, Nurse Practitioner ”

Necessary Information to Better Education Patients, cont.

Information needed to better educate patients (Continued, Q21)

- Several interviewees from the **IDIs** indicated that it would be helpful to have accessible statistics and facts to give to patients about vaccines, particularly around the dangers of not getting vaccinated. Several also cite the CDC as a trustworthy source of information about vaccines and vaccine administration.

From the IDIs:



“ I think more statistics. I think a lot of people they looked at, and they believe in very specific statistics, like trying to tell them this is one of the side effects. It’s really weird, but they wanted to know how weird, maybe one in a million. You have to give them a number so they can say oh yeah, this is really weird. So most statistics and some graphics; I think some pictures sometimes will be very helpful....They want to look at more graphics and more pictures, and also what to do when side effects happen, who you can call just to let them know it’s really common. If you are one of the unlucky ones who has more side effects, call us back – to let them know we are here for them. It’s not like we’re giving you the shot and I’ll see you in one year. Give them resources, what to do if side effects do happen. – Interview 2, Nurse practitioner

”

“ I think a patient-focused tip sheet on influenza yearly would be helpful, now that you bring it up. I think if I could just hand it to them, just to reinforce. And if they have questions, then they can ask me or they can come back and ask me. I would not be opposed to doing that for every patient, whether they are always annual recipients or not. It just reinforces; okay, don’t forget. – Interview 3, Primary Care Physician

”

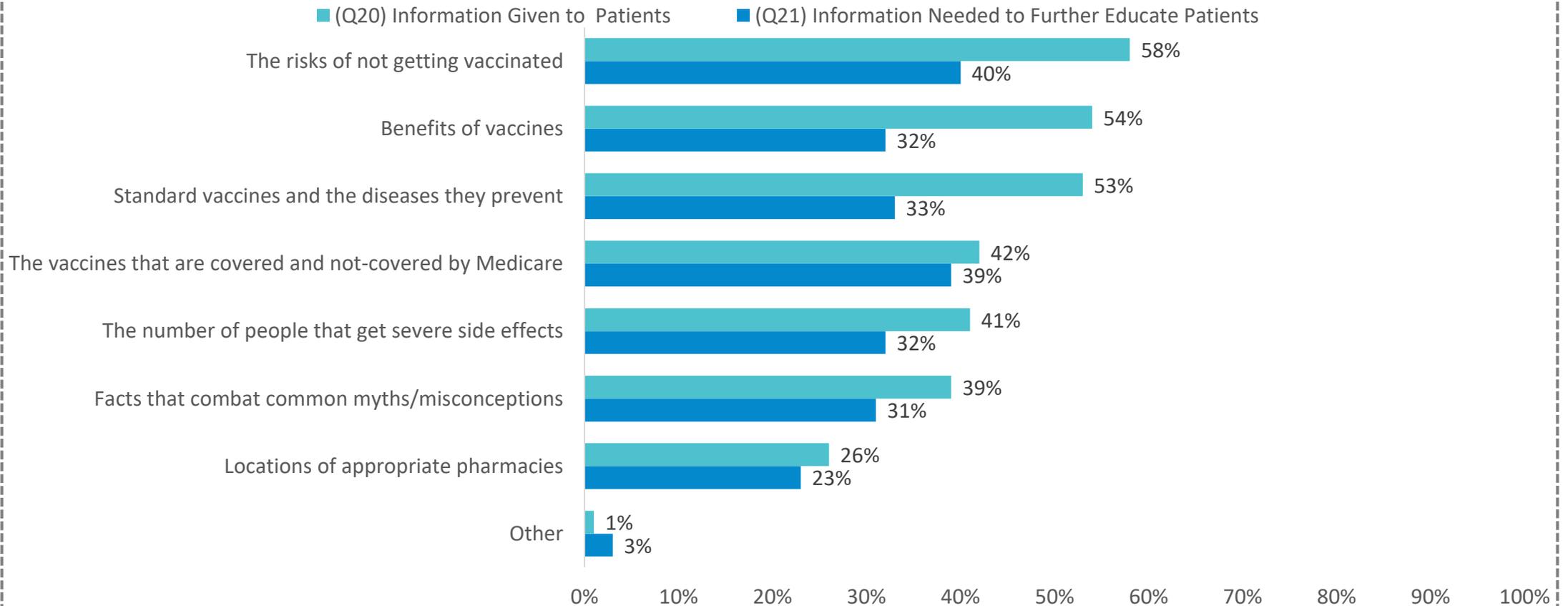


Information Offered To Mitigate Patient Misinformation; Necessary Information to Better Education Patients

Question 20/21: Information Given to Mitigate Barriers/Further Educate Patients

Q20. What information do you offer patients to mitigate those barriers? (Check all that apply)

Q21. What information do you need to better educate patients? (Check all that apply)



Medicare Populations and Patients Regularly Treated

Q22. How responsive do you think your Medicare patients are to your vaccination recommendations compared to your younger patients?

Responsiveness of Medicare Patients Compared to Younger Patients (Q22): 73% of respondents say their Medicare patients are much or somewhat more responsive to their vaccination recommendations, compared to younger patients. 22% say Medicare patients are somewhat or much less responsive than younger patients.

- By intensity: 30% say Medicare patients are much more responsive to their vaccine recommendations, while 43% are only somewhat more responsive, compared to younger patients.
- The **IDIs** found older generations currently using Medicare are less likely to resist when they recommend vaccines, compared to younger generations. When there is resistance, it comes in reactions to certain vaccines and from specific populations. In general, there is less resistance to vaccines that are given less frequently.
- The **IDIs** also found that fewer Wellness Visit patients are opposed to the Shingles vaccine, as they've seen several advertisements and information pieces on how terrible shingles can be.

From the IDIs:



“ I think my population is a little different than the pediatric population where vaccination is, as you know, kind of discouraged by parents due to whatever; misinformation, fear. So my population is, they don't give me that kind of pushback. I'm going to get autistic, or those kinds of things, as the pediatric population, the pediatricians have to deal with. – Interview 3, Primary Care Physician ”

“ [When asked about prioritizing vaccinations in Annual Wellness Visits] I haven't found it that challenging. The age demographic typically, in my experience, has been raised with a sort of don't ask just follow the “doctor” says, even though I'm a Nurse Practitioner. There wouldn't be that much discussion around it. I'd be, ‘Hey, you're due for this vaccine. Is it something that you're interested in getting? Do you want to talk about it more?’ They're usually, “Oh sure, let's do it.” Whereas when I was working with younger populations who were vaccinating their kids, there has been a lot more pushback and [discussion] around it. With that population, I did not find it challenging to fit in, “Here, this is what you need today. Are you going to consent to it?” – Interview 4, Nurse Practitioner ”



Medicare Populations and Patients Regularly Treated, cont.

Q23. Which of the following Medicare populations and patient types do you regularly treat? (Check all that apply)

Types of Populations Regularly Treated (Q23): Half of respondents say they regularly treat patients with multiple chronic conditions (52%), low income patients (51%), or patients who have at least one chronic condition (51%). Less than half say they regularly treat patients who are in a racial or ethnic minority (49%), are high income (47%), have Alzheimer's or dementia (32%), or have suffered a stroke (30%).

- Nurse practitioners are more likely to treat patients that have at least one chronic condition, compared to primary care physicians (59% vs.43%).
- Nurse practitioners are more likely to treat patients that are a racial or ethnic minority compared to primary care physicians (53% vs. 45%).
- The **IDIs** found that immigrant populations are more skeptical of medicine generally. As such, doctors often need to start at the ground level by introducing this population to the purpose and value of vaccines.

From the IDIs:



“ A lot of our patients are immigrants. Some of them have no clue, no medical backgrounds. A lot of them don't even trust Western doctors. So we need to do education as a big part of it. You have to tell them why it is important to get vaccinated, what happens if you don't get vaccinated and you contract a disease – what are the potential complications. – Interview 2, Nurse Practitioner ”

Data Tables

Full Data Tables of all of the Quantitative
Survey Data with Cross Tabulations

How to Read the Data Tables

Q1. In addition to you, who else in your practice conducts the Medicare Annual Wellness Visit? (Check all that apply)

The question text is located at the top of each slide

Boxes across the top of each table/graph identifies different target segments.

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Physician	57%	68%	45%	67%	47%
Physician assistant	30%	36%	24%	32%	32%
Nurse practitioner	51%	33%	69%	61%	39%
Clinical nurse specialist	14%	8%	20%	14%	18%
Registered dietitian or nutrition professional	7%	7%	7%	12%	4%
Health educator	12%	9%	15%	9%	21%
Other-please specify	3%	4%	1%	2%	0%

Who Else Conducts the Medicare Annual Wellness Visits

Q1. In addition to you, who else in your practice conducts the Medicare Annual Wellness Visit? (Check all that apply)

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Physician	57%	68%	45%	67%	47%
Physician assistant	30%	36%	24%	32%	32%
Nurse practitioner	51%	33%	69%	61%	39%
Clinical nurse specialist	14%	8%	20%	14%	18%
Registered dietitian or nutrition professional	7%	7%	7%	12%	4%
Health educator	12%	9%	15%	9%	21%
Other-please specify	3%	4%	1%	2%	0%

Ensuring Topics Are Covered During Annual Wellness Visit

Q2. What do you use to ensure you've covered all the topics for the Medicare Annual Wellness Visit? (Check all that apply)

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
The Medicare Annual Wellness Visit checklist	53%	64%	42%	63%	47%
Prompts from my Electronic Medical Record [EMR] System	43%	45%	41%	46%	32%
Notes from the patient files	37%	36%	37%	43%	36%
My own personal checklist	35%	39%	31%	39%	35%
I don't use anything	3%	1%	4%	3%	0%
Don't know	1%	0%	2%	2%	0%

Vaccines Offered at Medicare Annual Wellness Visit

Q3. Please indicate which vaccines you include in your screening schedule for Medicare patients (Check all that apply):

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Influenza - IIV, IIV4, IIVc, RIV	70%	74%	66%	83%	53%
Tetanus, diphtheria, and acellular pertussis - Tdap, Td booster	63%	68%	58%	72%	51%
Zoster - RZV, ZVL	60%	66%	53%	68%	46%
Pneumococcal - PCV13, PPSV23	63%	64%	62%	76%	46%
Hepatitis A - HepA, Havrix, Vaqta	44%	44%	43%	50%	42%
Hepatitis B - Heplisav, Hep B	40%	41%	39%	48%	35%

Why Some Vaccines Aren't Included in Screening

Q4. [FOLLOW UP FOR ALL THOSE NOT CHECKED] You indicated that you don't include certain vaccines in the screening schedule for Medicare patients. Please explain why.

	Percent	Sample Comments
Not Required/Not Necessary/Not Part of Checklist	22%	<ul style="list-style-type: none"> • <i>"Not required; Doesn't seem necessary"</i> • <i>"Hep a not covered by Medicare in clinic, hep b not triggered to ask"</i> • <i>"Not required only screen if traveling internationally"</i> • <i>"Not indicated for my population in long term care facility."</i>
Patients Don't Want Them	3%	<ul style="list-style-type: none"> • <i>"Not all patients want vaccines so what I do is tell them about it and what it would do for them and after they choose rather they want to get it or not."</i> • <i>"They don't want them"</i>
Don't Want to Put Patients At Risk	8%	<ul style="list-style-type: none"> • <i>"Age concerns"</i> • <i>"Because they are to fragile"</i> • <i>"Some patients have bad sypyoms"</i>
Outside Job Role/Other priorities in visit	13%	<ul style="list-style-type: none"> • <i>"Those are the only ones I'm specialized in"</i> • <i>"I'm women's health only"</i> • <i>"Not on awv flowsheet"</i> • <i>"I only cover a few things. The doctor covers the others"</i>
Patients Must Request	8%	<ul style="list-style-type: none"> • <i>"Only available upon request; Make optional for patient preference"</i> • <i>"Not indicated for all patients"</i> • <i>"Ask if need"</i>
Only if Patients are exposed or a target population	4%	<ul style="list-style-type: none"> • <i>"Hep a and b are only recommend for high risk adults."</i> • <i>"Hepatitis A is indicated only for post exposure or at risk patients, not routinely given"</i>
Don't Offer in Clinic	4%	<ul style="list-style-type: none"> • <i>"Not available in office; Not available in clinic"</i>
Don't Know/Refused/NA	37%	<ul style="list-style-type: none"> • <i>"Not sure; Refused"</i> • <i>"No reason"</i>

Which Vaccines Covered in Medicare Wellness Visit

Q5. How do you determine which vaccines you will discuss with your patients during their Medicare Annual Wellness visit?

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
I only discuss the vaccines covered by Medicare Part B [flu, pneumonia, Hep B for those at risk]	20%	26%	14%	22%	19%
I discuss the vaccines my patient requires at the time of their annual visit, regardless of whether it is covered by Medicare Part B	38%	39%	37%	34%	42%
I discuss the vaccines that my patient requires, and counsel them on what is and is not covered by Medicare Part B	28%	25%	30%	25%	29%
I only discuss the vaccines my ERM or checklist prompts me to discuss	10%	7%	13%	14%	7%
None of the above	2%	1%	2%	2%	0%
Don't know	3%	2%	4%	3%	3%

Submission of Vaccination History to State

Q6. Do you submit the vaccination history records to your state's Immunization Information System (IIS)?

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Yes	75%	77%	73%	71%	88%
No	25%	23%	27%	29%	13%

Vaccines Offered in Office

Q7. Please indicate which vaccines you offer in your office? (Check all that apply)

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Influenza - IIV, IIV4, IIVc, RIV	72%	77%	67%	86%	56%
Tetanus, diphtheria, and acellular pertussis - Tdap, Td booster	67%	68%	65%	74%	50%
Zoster - RZV, ZVL	49%	52%	45%	58%	40%
Pneumococcal - PCV13, PPSV23	64%	62%	65%	74%	49%
Hepatitis A - Hep A, Havrix, Vaqta	58%	60%	55%	66%	46%
Hepatitis B - Heplisav, Hep B	56%	56%	56%	64%	39%

Why Certain Vaccines Aren't Offered

Q8. [FOLLOW-UP FOR ALL THOSE NOT CHECKED] For those vaccines that you don't offer in your office, can you provide more information on why you don't offer them?

	Percent	Sample Comments
Cost	23%	<ul style="list-style-type: none"> • <i>"Too costly, short expiration"</i> • <i>"Reimbursement issues"</i> • <i>"Too much money, not enough reimbursement"</i> • <i>"Patients get zoster vaccine from pharmacy some have a high copay and not enough want it for it to be economically feasible to stock."</i>
Difficult to stock, Out of Stock or Don't Stock	21%	<ul style="list-style-type: none"> • <i>"Very difficult to stock and needs refrigeration"</i> • <i>"There is a national shortage"</i> • <i>"We don't use them because we have less people with those types of sickness"</i> • <i>"Will order hep a vaccine if needed but not routinely given"</i>
Offered outside of office, not in remit of office	10%	<ul style="list-style-type: none"> • <i>"Pharmacies will offer them instead"</i> • <i>"It is a woman's clinic and we don't carry the others"</i>
Patient Reactions/Hazards	4%	<ul style="list-style-type: none"> • <i>"People were reporting that they were becoming sick"</i> • <i>"Need longer rest after vaccine"</i> • <i>"Because I don't want my patients to worry or panic so I try to keep down confusions."</i>
Other	11%	<ul style="list-style-type: none"> • <i>"We are prepping to offer these at the moment"</i> • <i>"I don't offer them because there not important"</i> • <i>"Because they are unnecessary"</i> • <i>"They don't want to"</i>
Don't Know/NA/ Refuse	31%	<ul style="list-style-type: none"> • <i>"I'm not to sure why my office do not offer those vaccines."</i> • <i>"Refused"</i> • <i>"Not sure"</i>

What Do You Do About Non-Offered Vaccines

Q9. What do you normally do about those vaccines that you don't offer? (Check all that apply)

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Refer patients to another provider	36%	34%	38%	43%	36%
Refer patients to a pharmacy	47%	47%	47%	41%	49%
Send patients off with a prescription	37%	38%	36%	38%	38%
None of the above	9%	7%	10%	12%	3%
Don't know	3%	4%	2%	1%	4%

Vaccines Needed at Time of Annual Wellness Visit

Q10. Generally speaking, if the patient needs a vaccine at the time of their Annual Wellness Visit, what do you do? (Check all that apply)

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Offer the vaccine during that visit	64%	66%	62%	76%	46%
Schedule a future visit	30%	32%	28%	28%	42%
Schedule a reminder	25%	24%	25%	30%	24%
Send them off with a prescription	25%	20%	29%	35%	14%
None of the above	3%	3%	3%	2%	3%
Don't know	2%	2%	1%	0%	3%

Prioritization of Topics Covered During Wellness Visit (Average)

Q11. [Rank] Please rank the following in order of how your practice prioritizes what you discuss with patients during the Medicare Annual Wellness Visit. Those ranked at the top are the priorities of highest importance. Those at the bottom are the priorities of the lowest importance. **Note: Ranking has been averaged. The lower the average score, the higher the rank.**

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Current ailments	4.0	4.1	4.3	3.9	4.6
Family history	5.5	5.1	6.0	5.9	4.6
Past medical history	5.1	5.1	4.7	4.9	4.9
Past medication history	6.1	5.8	6.5	6.3	5.3
Current medication history	4.7	5.4	4.3	4.5	5.2
Blood pressure/cholesterol	5.4	5.3	5.2	5.2	5.2
General health	4.6	4.3	4.4	4.4	5.1
Mental acuity	6.8	6.7	6.6	6.9	6.8
Chronic diseases [if applicable]	6.2	6.4	5.8	5.8	6.7
Vaccines	6.6	6.9	7.3	7.1	6.7

Prioritization of Topics Covered During Wellness Visit (Ranked 1st)

Q11. [Rank] Please rank the following in order of how your practice prioritizes what you discuss with patients during the Medicare Annual Wellness Visit. Those ranked at the top are the priorities of highest importance. Those at the bottom are the priorities of the lowest importance.

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Current ailments	26%	29%	22%	30%	19%
Family history	18%	22%	13%	11%	28%
Past medical history	12%	11%	13%	11%	14%
Past medication history	5%	7%	3%	5%	6%
Current medication history	9%	6%	12%	12%	8%
Blood pressure/cholesterol	3%	1%	5%	2%	4%
General health	23%	19%	26%	24%	11%
Mental acuity	1%	1%	0%	0%	1%
Chronic diseases [if applicable]	3%	2%	4%	3%	4%
Vaccines	2%	2%	2%	1%	4%

Prioritization of Topics Covered During Wellness Visit (Ranked 2nd)

Q11. [Rank] Please rank the following in order of how your practice prioritizes what you discuss with patients during the Medicare Annual Wellness Visit. Those ranked at the top are the priorities of highest importance. Those at the bottom are the priorities of the lowest importance.

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Current ailments	19%	18%	20%	20%	17%
Family history	13%	15%	10%	11%	18%
Past medical history	15%	17%	13%	17%	11%
Past medication history	10%	11%	8%	8%	15%
Current medication history	14%	15%	13%	14%	14%
Blood pressure/cholesterol	7%	5%	8%	5%	10%
General health	10%	9%	11%	12%	6%
Mental acuity	4%	2%	6%	2%	1%
Chronic diseases [if applicable]	7%	5%	8%	9%	3%
Vaccines	3%	3%	3%	2%	6%

Prioritization of Topics Covered During Wellness Visit (Ranked 3rd)

Q11. [Rank] Please rank the following in order of how your practice prioritizes what you discuss with patients during the Medicare Annual Wellness Visit. Those ranked at the top are the priorities of highest importance. Those at the bottom are the priorities of the lowest importance.

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Current ailments	9%	11%	7%	9%	10%
Family history	7%	3%	10%	8%	8%
Past medical history	11%	8%	14%	7%	15%
Past medication history	8%	8%	7%	9%	10%
Current medication history	16%	14%	17%	20%	10%
Blood pressure/cholesterol	22%	25%	18%	23%	19%
General health	12%	14%	10%	10%	14%
Mental acuity	6%	9%	3%	7%	6%
Chronic diseases [if applicable]	9%	6%	11%	10%	3%
Vaccines	3%	2%	3%	0%	6%

Follow-Up With Patients About Vaccines

Q12. How do you follow-up with patients to make sure they are getting the vaccines you recommend? (Check all that apply)

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Electronic reminders	47%	47%	46%	52%	44%
Telephone reminders	36%	36%	36%	36%	43%
Have nurses or medical assistants follow up	48%	48%	47%	51%	49%
Make vaccination a condition of further service	20%	22%	18%	20%	26%
Request a copy of vaccine receipt	19%	16%	22%	20%	24%
Follow up with them on their next visit	37%	35%	38%	47%	24%
I don't do anything	3%	3%	3%	3%	1%
Don't know	1%	2%	0%	1%	1%

Tracking Vaccines Patient Receives Outside of Practice

Q13. How do you track vaccines that patients receive outside of your practice? Please select all that apply.

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Take their word for it	29%	30%	27%	40%	14%
Follow up with pharmacies	36%	33%	38%	35%	44%
Request follow up from the patient	38%	41%	34%	37%	36%
Review their EMR	46%	43%	48%	51%	42%
Check the IIS	33%	32%	34%	39%	31%
I don't do anything	3%	3%	3%	4%	1%
This is not an issue we encounter	4%	5%	2%	4%	3%
Don't know	1%	1%	1%	0%	3%

Type of Influenza Vaccine Recommended

Q14. With the influenza vaccine, which types do you typically prescribe to your Medicare patients? (Check all that apply)

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Standard-dose	56%	64%	48%	71%	44%
High-dose	48%	48%	47%	48%	42%
Adjuvanted dose	17%	17%	17%	16%	19%
Don't know	5%	4%	5%	1%	8%

Counseling Patients on Flu Vaccine Dose

Q15. Do you counsel your patients on whether they should receive the standard, high-dose, or adjuvanted dose of the flu vaccine?

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Yes	76%	80%	72%	77%	76%
No	20%	18%	22%	18%	19%
Don't know	4%	2%	6%	4%	4%

Health Factors Leading to High-Dose Flu Vaccine Recommendation

Q16. [If yes, “Counsel Patients on Flu Vaccine”] What health factors would typically lead you to recommend the high-dose flu vaccine?

	Percent	Sample Comments
Chronic Diseases/Risk Factors, Medical History	27%	<ul style="list-style-type: none"> • “Medical conditions the pt has currently, or previous hx of.” • “Respiratory, heart, diabetes, cancer,” • “Comorbid conditions” • “Age and chronic conditions” • “Chronic diseases, medical comorbidities, elderly age or young age”
Severe Flu Season, Weakened Immune System	14%	<ul style="list-style-type: none"> • “Severe symptoms” • “Bad cough, throwing up badly and high fever” • “It’s more powerful because it would work better than the other ones” • “If the patient is in need of a stronger immune response from the vaccine.” • “If the flu was very contagious in the area” • “If it is currently flu season and they have a weak immune system”
Age	38%	<ul style="list-style-type: none"> • “Age alone” • “Age and chronic conditions” • “Age, comorbidities, immunosuppression” • “It depends on current general health, if chronic ailments are well controlled, the age, and risk factor”
Personal Opinion, Manufacturer Recommendation	3%	<ul style="list-style-type: none"> • <u>“If they meet the standards that show that a standard dose won’t help them”</u> • <u>“I feel it is best”</u> • <u>“Age, manufacturer recommendation”</u>
Don’t know, refused, NA	21%	<ul style="list-style-type: none"> • “Not sure” • “I don’t know” • “None; Refused”

Requirement that Healthcare Workers Receive Annual Flu Shot

Q17. Does your office require that all healthcare workers receive the annual influenza vaccine?

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Yes	78%	75%	80%	75%	81%
No	19%	20%	18%	25%	15%
Don't know	4%	5%	2%	0%	4%

Familiarity with National Vaccine Advisory Committee Standards

Q18. How familiar are you with the National Vaccine Advisory Committee Standards for Adult Immunization Practice recommendations for all healthcare professionals?

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Very familiar	49%	54%	44%	58%	43%
Somewhat familiar	39%	34%	44%	33%	46%
Not familiar	11%	11%	10%	10%	8%
Don't know	2%	1%	2%	0%	3%

Frequency of Misinformation Preventing Vaccinations (All)

Q19. How frequently do each of the following fears, misconceptions, or barriers prevent your Medicare patients from getting their recommended vaccines?

	Frequently	Occasionally	Hardly Ever	Never	Don't Know
Conflation of one vaccine with another	23%	38%	25%	7%	8%
Patient assumption that one vaccine prevents all disease	21%	28%	29%	19%	4%
Cost of vaccines	28%	39%	27%	4%	3%
Cost or time to seek out a pharmacy to administer the vaccine	24%	34%	26%	13%	4%
Vaccine availability	30%	29%	27%	11%	5%
Health visit co-pay costs	26%	34%	28%	10%	4%
Fear of vaccine side effects like pain	31%	38%	20%	8%	5%
Fear of adverse reactions	33%	41%	17%	6%	4%
Belief that vaccines cause the disease they are supposed to prevent	33%	35%	22%	7%	4%
Belief that vaccines are harmful	24%	41%	23%	8%	5%

Frequency of Misinformation Preventing Vaccinations (Frequently)

Q19. How frequently do each of the following fears, misconceptions, or barriers prevent your Medicare patients from getting their recommended vaccines?

“Frequently” Responses Only

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Conflation of one vaccine with another	23%	26%	20%	28%	25%
Patient assumption that one vaccine prevents all disease	21%	24%	17%	22%	22%
Cost of vaccines	28%	20%	35%	26%	31%
Cost or time to seek out a pharmacy to administer the vaccine	24%	24%	24%	22%	35%
Vaccine availability	30%	29%	30%	30%	36%
Health visit co-pay costs	26%	26%	25%	26%	29%
Fear of vaccine side effects like pain	31%	31%	30%	29%	32%
Fear of adverse reactions	33%	27%	39%	35%	32%
Belief that vaccines cause the disease they are supposed to prevent	33%	32%	33%	38%	29%
Belief that vaccines are harmful	24%	22%	26%	27%	24%

Frequency of Misinformation Preventing Vaccinations (PCPs)

Q19. How frequently do each of the following fears, misconceptions, or barriers prevent your Medicare patients from getting their recommended vaccines?

Primary Care Physician Responses Only

	Frequently	Occasionally	Hardly Ever	Never	Don't Know
Conflation of one vaccine with another	26%	34%	24%	9%	7%
Patient assumption that one vaccine prevents all disease	24%	26%	27%	19%	4%
Cost of vaccines	20%	43%	29%	5%	3%
Cost or time to seek out a pharmacy to administer the vaccine	24%	33%	29%	10%	4%
Vaccine availability	29%	31%	29%	7%	4%
Health visit co-pay costs	26%	38%	25%	7%	4%
Fear of vaccine side effects like pain	31%	35%	20%	11%	3%
Fear of adverse reactions	27%	47%	18%	6%	2%
Belief that vaccines cause the disease they are supposed to prevent	32%	30%	24%	10%	4%
Belief that vaccines are harmful	22%	42%	23%	8%	5%

Frequency of Misinformation Preventing Vaccinations (NPs)

Q19. How frequently do each of the following fears, misconceptions, or barriers prevent your Medicare patients from getting their recommended vaccines?

Nurse Practitioner Responses Only

	Frequently	Occasionally	Hardly Ever	Never	Don't Know
Conflation of one vaccine with another	20%	42%	25%	5%	8%
Patient assumption that one vaccine prevents all disease	17%	30%	31%	19%	3%
Cost of vaccines	35%	35%	25%	2%	3%
Cost or time to seek out a pharmacy to administer the vaccine	24%	35%	22%	15%	4%
Vaccine availability	30%	26%	24%	14%	6%
Health visit co-pay costs	25%	30%	30%	12%	3%
Fear of vaccine side effects like pain	30%	40%	20%	4%	6%
Fear of adverse reactions	39%	34%	16%	6%	5%
Belief that vaccines cause the disease they are supposed to prevent	33%	39%	20%	4%	4%
Belief that vaccines are harmful	26%	39%	23%	8%	4%

Frequency of Misinformation Preventing Vaccinations (Clinical)

Q19. How frequently do each of the following fears, misconceptions, or barriers prevent your Medicare patients from getting their recommended vaccines?

Clinical Responses Only

	Frequently	Occasionally	Hardly Ever	Never	Don't Know
Conflation of one vaccine with another	28%	36%	24%	3%	9%
Patient assumption that one vaccine prevents all disease	22%	24%	33%	21%	1%
Cost of vaccines	26%	46%	25%	2%	1%
Cost or time to seek out a pharmacy to administer the vaccine	22%	37%	27%	12%	2%
Vaccine availability	30%	27%	30%	9%	3%
Health visit co-pay costs	26%	37%	28%	8%	1%
Fear of vaccine side effects like pain	29%	39%	23%	5%	3%
Fear of adverse reactions	35%	40%	17%	5%	2%
Belief that vaccines cause the disease they are supposed to prevent	38%	35%	17%	9%	1%
Belief that vaccines are harmful	27%	43%	16%	9%	4%

Frequency of Misinformation Preventing Vaccinations (Hospital)

Q19. How frequently do each of the following fears, misconceptions, or barriers prevent your Medicare patients from getting their recommended vaccines?

Hospital Responses Only

	Frequently	Occasionally	Hardly Ever	Never	Don't Know
Conflation of one vaccine with another	25%	36%	19%	14%	6%
Patient assumption that one vaccine prevents all disease	22%	35%	28%	10%	6%
Cost of vaccines	31%	31%	29%	4%	6%
Cost or time to seek out a pharmacy to administer the vaccine	35%	22%	26%	13%	4%
Vaccine availability	36%	21%	24%	14%	6%
Health visit co-pay costs	29%	28%	25%	13%	6%
Fear of vaccine side effects like pain	32%	35%	18%	10%	6%
Fear of adverse reactions	32%	40%	17%	7%	4%
Belief that vaccines cause the disease they are supposed to prevent	29%	35%	24%	4%	8%
Belief that vaccines are harmful	24%	36%	31%	7%	3%

Information Offered To Mitigate Patient Misinformation

Q20. What information do you offer patients to mitigate those barriers? (Check all that apply)

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
The number of people that get severe side effects	41%	44%	37%	47%	31%
The risks of not getting vaccinated	58%	53%	63%	65%	43%
Standard vaccines and the diseases they prevent	53%	50%	56%	58%	49%
The vaccines that are covered and not-covered by Medicare	42%	39%	44%	43%	39%
Locations of appropriate pharmacies	26%	24%	27%	28%	22%
Benefits of vaccines	54%	53%	55%	61%	40%
Facts that combat common myths/misconceptions	39%	38%	40%	47%	22%
Other	1%	1%	0%	0%	0%

Necessary Information to Better Educate Patients

Q21. What information do you need to better educate patients? (Check all that apply)

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
The number of people that get severe side effects	32%	35%	29%	42%	21%
The risks of not getting vaccinated	40%	30%	50%	48%	33%
Standard vaccines and the diseases they prevent	33%	32%	34%	30%	38%
The vaccines that are covered and not-covered by Medicare	39%	34%	44%	45%	36%
Locations of appropriate pharmacies	23%	21%	25%	23%	26%
Benefits of vaccines	32%	29%	34%	33%	25%
Facts that combat common myths/misconceptions	31%	31%	30%	25%	31%
Other	3%	4%	1%	3%	0%

Medicare Patients Responsiveness to Vaccine Recommendations

Q22. How responsive do you think your Medicare patients are to your vaccination recommendations compared to your younger patients?

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Much more responsive	30%	27%	33%	34%	32%
Somewhat more responsive	43%	48%	37%	40%	42%
Somewhat less responsive	17%	16%	18%	18%	14%
Much less responsive	5%	2%	8%	4%	6%
Don't know	4%	5%	3%	2%	6%
Not applicable	2%	2%	1%	1%	1%

Medicare Populations and Patients Regularly Treated

Q23. Which of the following Medicare populations and patient types do you regularly treat? (Check all that apply)

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Low income	51%	48%	54%	62%	33%
Racial/ethnic minority	49%	45%	53%	58%	31%
High income	47%	56%	37%	47%	47%
Have at least one chronic condition	51%	43%	59%	58%	32%
Have multiple chronic conditions	52%	52%	52%	62%	33%
Have Alzheimer's or dementia	32%	34%	29%	38%	19%
Have suffered a stroke	30%	31%	28%	36%	15%
None of these	2%	3%	1%	2%	3%

Demographics

Data tables of the demographic specific questions.

Demographics: Healthcare Facility Type

Q24. What type of healthcare facility do you currently work in?

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Clinical	46%	48%	44%	100%	0%
Hospital	48%	47%	49%	26%	100%
Ambulatory	25%	26%	24%	17%	7%
Nursing home	9%	8%	10%	13%	3%
Other	3%	1%	5%	1%	0%

Demographics: Gender

Q25. Are you ... ?

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
Male	34%	52%	16%	32%	33%
Female	65%	48%	82%	68%	65%
Prefer to say / Non-Binary	1%	0%	2%	0%	1%

Demographics: Age

Q26. What is your age?

	All	Profession		Professional Setting	
		Primary Care Physician	Nurse Practitioner	Clinical	Hospital
<22	14%	12%	16%	4%	26%
23-38	45%	46%	44%	47%	51%
39-54	22%	23%	20%	27%	14%
55-72	20%	19%	20%	22%	8%