WELLNESS WISDOM WEBINAR

New Survey Finds Vaccine Discussions Are a Low Priority at the Medicare Annual Wellness Visit: Experts Discuss Implications and Opportunities

TUESDAY, AUGUST 27

11 A.M. - 12 P.M. ET
Susan Peschin, MHS
President and CEO
Alliance for Aging Research
The Alliance for Aging Research is the leading nonprofit organization dedicated to accelerating the pace of scientific discoveries and their application to vastly improve the universal human experience of aging and health. The Alliance was founded in 1986 in Washington, D.C., and has since become a valued advocacy organization and a respected influential voice with policymakers.

The Alliance believes that advances in research help people live longer, happier, more productive lives and reduce health care costs over the long term and that access to the latest scientific information empowers people to take control of their health.

The Alliance strives to advance science and enhance lives through a variety of activities and initiatives—from policy issues to provider and consumer health programs—that generate knowledge and action on age-related issues. Since 1986, federal support for aging research has more than tripled, private research and development in aging-related health has reached an all-time high, and new discoveries are making a lasting difference to the lives of millions of Americans.

www.agingresearch.org
In July 2015, the Alliance produced a whitepaper, authored by Richard Manning, partner at Bates White Economic Consulting, looking at vaccination rates, trends and targets, incident rates, health insurance coverage polices, cost effectiveness literature, and more.

Federal survey data demonstrates that better education correlates with utilization. The paper therefore called for more general awareness about adult vaccination and specific education to adult patients.
Senior Army of Truth Tellers
Falling Short of Healthy People 2020 Vaccination Rate Goals

Source: Adult Vaccine Access Coalition  www.adultvaccinesnow.org
Medicare Annual Wellness Visit (AWV): A yearly appointment with a primary care provider to create or update a personalized prevention plan. This plan may help prevent illness based on current health and risk factors. The AWV is not a head-to-toe physical. Also, this service is similar but separate from the one-time Welcome to Medicare preventive visit. (www.medicareinteractive.org)
• Developed resource in 2018 as part of the *Our Best Shot* workshop kit
• Highlights the preventive visits of Medicare, with an emphasis on the AWV including:
  • What the HCP should cover during the AWV
  • What screenings are included
  • Preparing for the visits
  • Where vaccines fit in
  • Coverage of services
Survey Goals & Objectives

- Vaccination rates in seniors are still low.
- The Annual Wellness Visit is a great opportunity to change this.
- Claims data only shows whether or not the AWV is completed. We wanted to dig into this with a survey to learn:
  - How providers are implementing prevention and prioritizing vaccination.
  - What information needs they and their patients have.
  - How follow-up on vaccines is implemented since they don’t give them as part of the visit.
Thank You to our Funders
Andrew Rugg
President of CERTUS INSIGHTS
Lead survey researcher on behalf of MSL Group
Medicare Wellness Visit Research Study IDI + Survey Findings

For Alliance for Aging Research

Certus Insights For MSL
# Methodology

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

<table>
<thead>
<tr>
<th>All</th>
<th>Respondents who are Primary Care Physicians or Nurse Practitioners and who see Medicare beneficiaries and conduct Annual Wellness Visits.</th>
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<tbody>
<tr>
<td><strong>Profession</strong></td>
<td><strong>Professional Setting</strong></td>
</tr>
<tr>
<td>Primary Care Provider</td>
<td></td>
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<tr>
<td>Nurse Practitioner</td>
<td>Respondents who are Nurse Practitioners and who see Medicare beneficiaries and conduct Annual Wellness Visits.</td>
</tr>
<tr>
<td>Clinical</td>
<td>Respondents who currently work in a clinical healthcare facility.</td>
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<tr>
<td>Hospital</td>
<td>Respondents who currently work in a hospital healthcare facility.</td>
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</table>
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.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Ailments: 4.0</td>
<td>Past Medical History: 5.1</td>
<td>Past medication history: 6.1</td>
</tr>
<tr>
<td>General Health: 4.6</td>
<td>Blood Pressure/Cholesterol: 5.4</td>
<td>Chronic diseases [if applicable]: 6.2</td>
</tr>
<tr>
<td>Current medication history: 4.7</td>
<td>Family History: 5.5</td>
<td>Vaccines: 6.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental acuity: 6.8</td>
</tr>
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</table>
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.
Healthcare Worker Vaccination Requirement

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

- Yes: 78%
- No: 19%
- Don't know: 4%
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.

What information do you offer patients to mitigate those barriers? (Check all that apply)/
What information do you need to better educate patients? (Check all that apply)

- The risks of not getting vaccinated: 58%
- Benefits of vaccines: 54%
- Standard vaccines and the diseases they prevent: 53%
- The vaccines that are covered and not-covered by Medicare: 42%
- The number of people that get severe side effects: 41%
- Facts that combat common myths/misconceptions: 39%
- Locations of appropriate pharmacies: 26%
- Other: 1%
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 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.

<table>
<thead>
<tr>
<th>Question + Response</th>
<th>Clinical</th>
<th>Hospital</th>
<th>Diff.</th>
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<tbody>
<tr>
<td>This table aggregates questions and individual responses from questions across the survey. Plain text indicates questions; bolded text indicates response.</td>
<td></td>
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<tr>
<td>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</td>
<td>63%</td>
<td>47%</td>
<td>+16</td>
</tr>
<tr>
<td>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</td>
<td>72%</td>
<td>51%</td>
<td>+21</td>
</tr>
<tr>
<td>Do you submit the vaccination history records to your state’s Immunization Information System (IIS)? ... Yes</td>
<td>71%</td>
<td>88%</td>
<td>-17</td>
</tr>
<tr>
<td>How do you track vaccines that patients receive outside of your practice? Please select all that apply ... Take their word for it</td>
<td>40%</td>
<td>14%</td>
<td>+26</td>
</tr>
<tr>
<td>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</td>
<td>71%</td>
<td>44%</td>
<td>+27</td>
</tr>
<tr>
<td>How familiar are you with the National Vaccine Advisory Committee Standards for Adult Immunization Practice recommendations for all healthcare professionals? ... Very familiar</td>
<td>58%</td>
<td>43%</td>
<td>+15</td>
</tr>
<tr>
<td>What information do you need to better educate patients? (Check all that apply) ... The number of people that get severe side effects</td>
<td>42%</td>
<td>21%</td>
<td>+21</td>
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William Schaffner, MD,
Medical Director, National Foundation for Infectious Diseases (NFID)
Professor of Preventive Medicine,
Department of Health Policy
Professor of Medicine, Division of Infectious Diseases
Vanderbilt University School of Medicine
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19-21 years</th>
<th>22-25 years</th>
<th>27-49 years</th>
<th>50-64 years</th>
<th>≥65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza inactivated (IV) or Influenza recombinant (RIV)</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
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<tr>
<td>Influenza live attenuated (LAIV)</td>
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<tr>
<td>Tetanus, diphtheria, pertussis (Td or Tdap)</td>
<td>1 dose Tdap, then Td booster every 10 yrs</td>
<td></td>
<td></td>
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<tr>
<td>Zoster recombinant (RZV) (preferred)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 doses</td>
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<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
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</tbody>
</table>

Source: Centers for Disease Control and Prevention
www.cdc.gov/vaccines/schedules/hcp/imz/adult.html
Why Older Adults Need Vaccines &
Key Example: Flu

Source: The Doctor Weighs In
Barriers to Vaccination

Source: Alliance for Aging Research

www.agingresearch.org
Information Given to Mitigate Barriers/Further Educate Patients

What information do you offer patients to mitigate those barriers? (Check all that apply)/
What information do you need to better educate patients? (Check all that apply)

- The risks of not getting vaccinated: 58% (Q20) Information Given to Patients
- Benefits of vaccines: 54%
- Standard vaccines and the diseases they prevent: 53%
- The vaccines that are covered and not-covered by Medicare: 42%
- The number of people that get severe side effects: 41%
- Facts that combat common myths/misconceptions: 39%
- Locations of appropriate pharmacies: 26%
- Other: 1%

Source: Alliance for Aging Research

www.agingresearch.org
The Annual Wellness Visit Opportunity: It’s All About Prevention
What Can Groups Do Together?
Pneumococcal Vaccination Resources
www.adultvaccination.org/professional-resources/pneumo

Shingles Toolkit
www.nfid.org/shingles-awareness-toolkit

Care For Older Adults? Care About Flu! Toolkit
www.nfid.org/flu65

Flu and Chronic Health Conditions Toolkit
nfid.org/flu-chronic-health-conditions

Call to Action: Reinvigorating Influenza Prevention in US Adults Age 65+
www.nfid.org/flu-older-adults

Call to Action: Respiratory Syncytial Virus in Older Adults: A Hidden Annual Epidemic
www.nfid.org/publications/reports/rsv-report.pdf

Webinar: Strategies To Increase Adult Vaccination Rates
nfid.org/webinar-library

Infographic: 14 Adult Vaccine-Preventable Diseases
www.adultvaccination.org/resources/vpd-infographic
Thank you again to our funders for supporting this important work
Thank You

For more information visit www.agingresearch.org/vaccine/