



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



Sue Peschin,
MHS

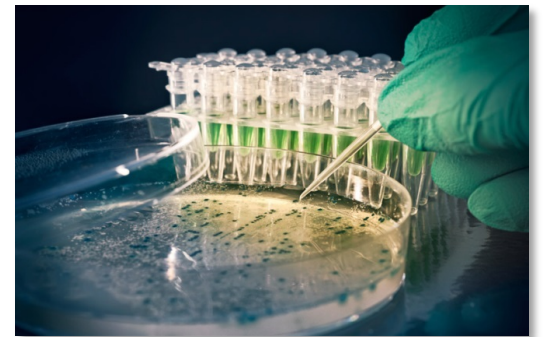
Alliance for Aging Research

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



Our Best Shot: Focusing on Education

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 policies, 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.

Our Best Shot: Expanding Prevention through Vaccination in Older Adults

A White Paper
July 29, 2015



Our Best Shot: Campaign



Leader's Guide
Our Best Shot:
The Importance of
Vaccines for Older Adults

VACCINES

Conducting an Educational Workshop
Featuring everything you need to host an educational event for the basics of vaccination.

Produced in partnership with:
n4a
National Association of Area Agencies on Aging

OUR BEST SHOT:
The importance of vaccines
for older adults

Vaccines are one of our
best defenses
against many preventable infectious diseases

VACCINE-PREVENTABLE DISEASES CAN BE SERIOUS AND DEADLY

OUR BEST SHOT:
The Importance of Vaccines
for Older Adults

QUICK GUIDE TO VACCINATION FOR ADULTS AGES 60+
Vaccines are an important step in protecting your health and the health of your family. They are one of our best defenses against many infectious diseases, and have saved millions of lives. This QUICK GUIDE outlines the symptoms and potential complications of some of the most common infectious diseases, lays out the recommended vaccines for adults ages 60 to 64 and ages 65+, and provides a tear-off vaccine tracker for your wallet to help you organize your vaccine history.

Bacteria / Virus	How It Spreads	Symptoms Can Include	Complications
Influenza (Flu)	Respiratory virus that spreads through droplets — from coughing, sneezing, or talking — that land on other people or objects they then touch	<ul style="list-style-type: none"> Fever/feeling feverish Cough Sore throat Runny or stuffy nose Muscle or body aches Headaches Fatigue Vomiting or diarrhea (mostly in kids) 	<ul style="list-style-type: none"> Most recover in several days to less than 2 weeks Some may develop pneumonia, bronchitis, and sinus & ear infections Can worsen existing diseases Can lead to hospitalization and even death
Tetanus	Bacteria that enters the body through a deep flesh wound	<ul style="list-style-type: none"> Spasms & stiffness of jaw, neck, and stomach muscles Difficulty swallowing Painful body spasms Fever & sweating Raised blood pressure Rapid heart rate Locking of neck & jaw muscles 	<ul style="list-style-type: none"> Bacteria produces a powerful toxin that impairs the nervous system Complications persist until toxins clear — sometimes taking several months Can interfere with ability to breathe and lead to death

Bacteria/Virus continues on next page >

Vaccine Tracker

Name: _____
Birth date: _____
Emergency contact information: _____
Medical information (allergies, health conditions, etc): _____

Vaccine	Vaccine Type	Date	Next Dose Due
Td booster			
Shingles			
Varicella (chicken pox)			
Pneumonia			

Influenza Tracker

Date	Vaccine Type	Next Dose Due

Helpful Resources
Learn more about what vaccines are recommended for older adults, and more at www.agingresearch.org.
Report vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov.
Watch helpful films on vaccinations in older adults 800 or by phone at 800.842.7262.
Access helpful resources on vaccination for all ages at www.agingresearch.org.

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With support from:
gsk GlaxoSmithKline
MERCK Pfizer Seirus

OUR BEST SHOT:
The Importance of
Vaccines for Older Adults

VACCINES

Do you know which vaccines you need?
Attend this workshop to learn the basics of vaccines — how they work, why they are important for older adults, which ones are recommended, and the role they play in protecting your health and the health of your loved ones.

Workshop materials produced in partnership with:
Alliance for Aging Research n4a

DATE: _____
TIME: _____
LOCATION: _____
CONTACT: _____
RSVP TO: _____

www.agingresearch.org © Alliance for Aging Research © @Aging_Research

VACCINE-PREVENTABLE DISEASES AND THEIR COMPLICATIONS ACCOUNT FOR **50,000 to 90,000** ADULT DEATHS IN THE U.S. EACH YEAR

Each year **3,000 - 49,000** people die and **200,000** are hospitalized **BECAUSE OF THE FLU**

Approximately **1 in 5** people who have **shingles** will have **SEVERE AND DEBILITATING PAIN** that lasts months to **years**

PNEUMONIA results in **1.1 million** hospitalizations and **53,000** deaths every year

WHY OLDER ADULTS NEED VACCINES

- Some vaccines wear off and require **boosters**
- Vaccines missed as a child should be given as an **adult**
- The flu virus **constantly changes** and so does the **vaccine**
- Immune systems weaken with age and **increase risk** of certain diseases
- Certain diseases and conditions make it **harder to fight off infection** and make complications more severe

www.agingresearch.org/vaccination/

Senior Army of Truth Tellers

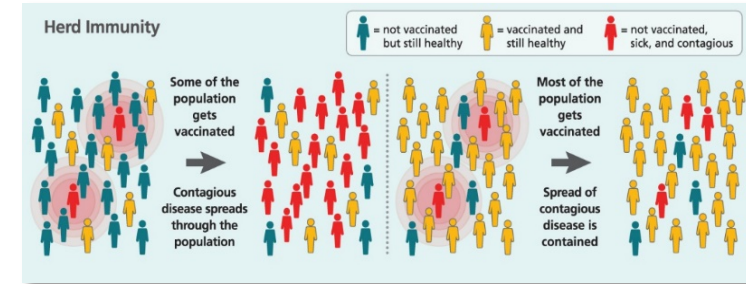
OUR BEST SHOT:
The Truth About Vaccines for You and Your Loved Ones

VACCINES

Produced in partnership with
 National Association of Area Agencies on Aging

1 in 2 infants who get WHOOPING COUGH are **HOSPITALIZED** and can even **DIE**!

(CDC 2017)



VACCINES WILL PREVENT AN ESTIMATED

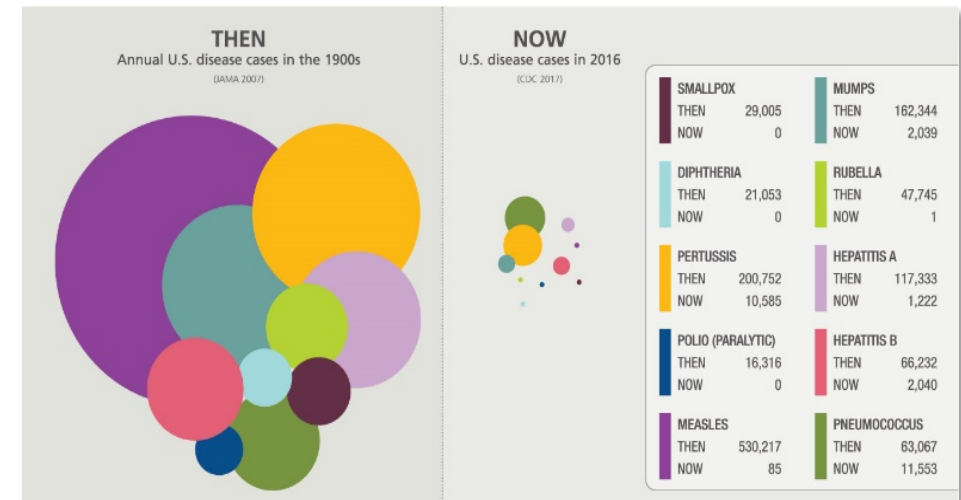
322 MILLION
ILLNESSES

21 MILLION
HOSPITALIZATIONS

732,000
DEATHS

among Americans born 1994-2013, over the course of their lifetimes.

(CDC 2014)



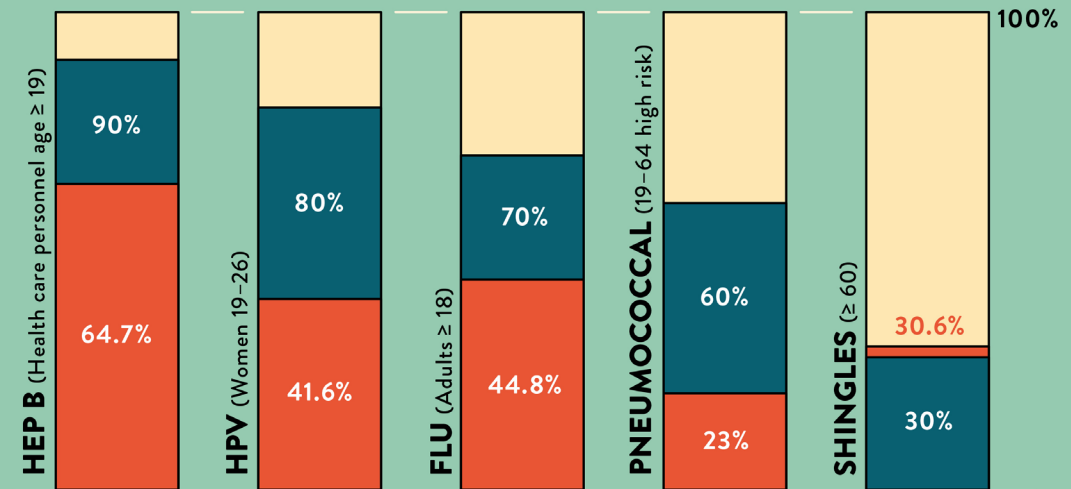
Falling Short of Healthy People 2020 Vaccination Rate Goals

Adult Vaccination Rates Are Low

AVAC
ADULT VACCINE ACCESS COALITION

Adult vaccination rates remain low in the US and far below Healthy People 2020 targets

■ ADULT VACCINATION RATE
■ HEALTHY PEOPLE 2020 TARGET



Source: Adult Vaccine Access Coalition www.adultvaccinesnow.org

Annual Wellness Visit & Utilization



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)



Only 18.8% of eligible Medicare beneficiaries receive an AWV.

Source: Ganguli et al.,
Health Affairs, 2018

Wellness Wisdom

- Developed resource in 2018 as part of the *Our Best Shot* workshop kit
- Highlights the preventive visits of Medicare, with an emphasis on the AWW including:
 - What the HCP should cover during the AWW
 - What screenings are included
 - Preparing for the visits
 - Where vaccines fit in
 - Coverage of services



Wellness Wisdom:
Schedule Your Medicare Preventive Visits Every Year

MEDICARE COVERS TWO TYPES OF PREVENTIVE VISITS:
1) The Welcome to Medicare Visit and 2) The Annual Wellness Visit.
These preventive visits are not head-to-toe physicals, but they are a great opportunity to make sure you are up-to-date on important screenings and vaccines, talk with your health care professional about your family history, and make a plan to stay as healthy as possible for as long as possible. These visits are recommended for everyone, whether you already have a chronic condition or are hoping to prevent one.

Welcome to Medicare Visit

Medicare covers a one-time, initial examination known as the "Welcome to Medicare" visit. All people new to Medicare qualify for this preventive visit, so once you enroll in Medicare Part B, schedule your visit right away.

During the visit your health care professional will:

- Evaluate your medical and family history, health conditions, and medications
- Check your height, weight, blood pressure, body mass index, and other routine measurements
- Make sure you are up-to-date with preventive screenings and services, including recommended vaccines that can protect you and your loved ones
- Develop a personalized prevention plan and schedule
- Order further tests or screenings if needed

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 AWWV 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



GlaxoSmithKline



MERCK



Andrew Rugg
President of CERTUS INSIGHTS
Lead survey researcher on
behalf of MSL Group



Andrew
Rugg

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

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.

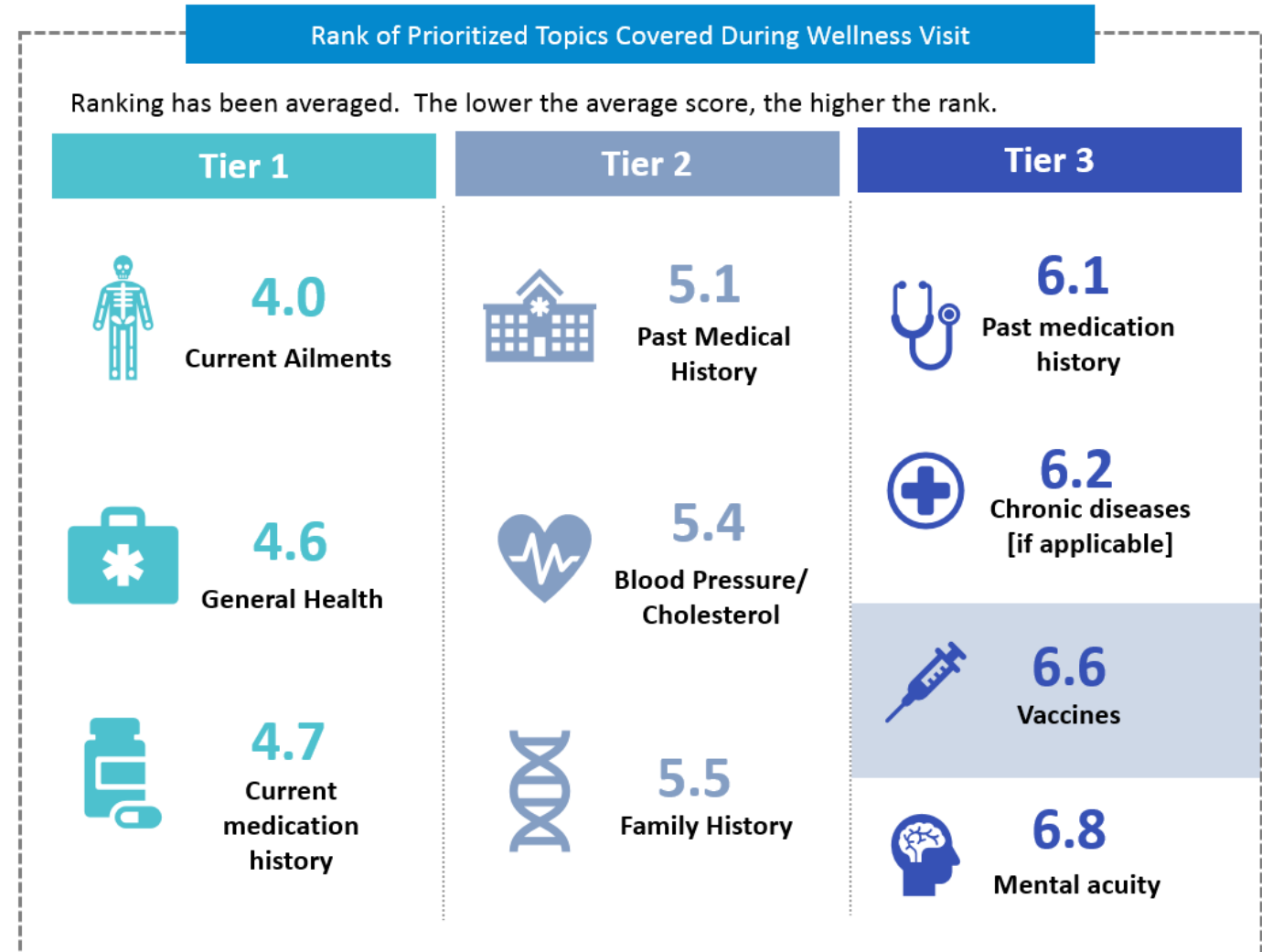
Executive Summary

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.

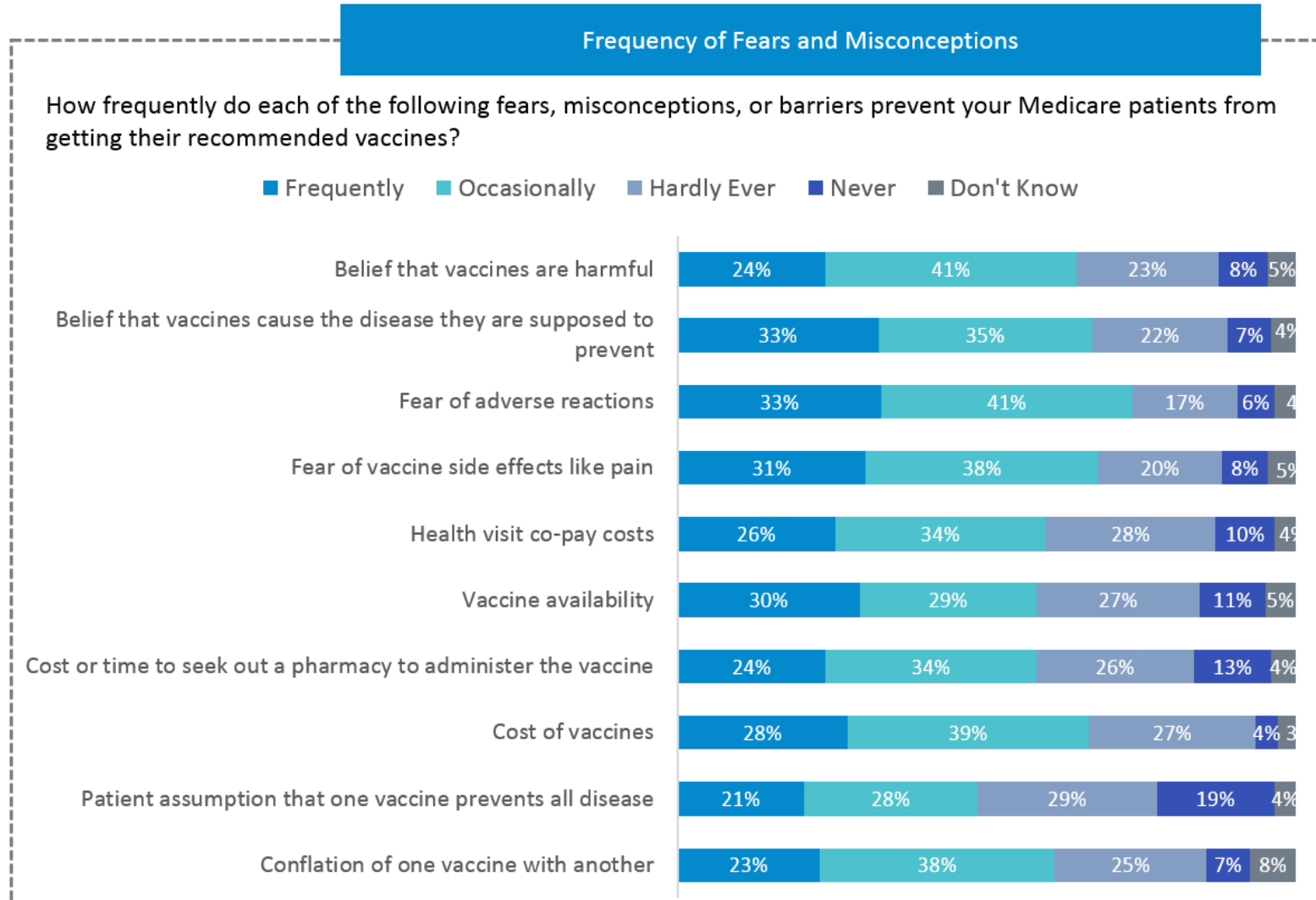


Information Barriers

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%).

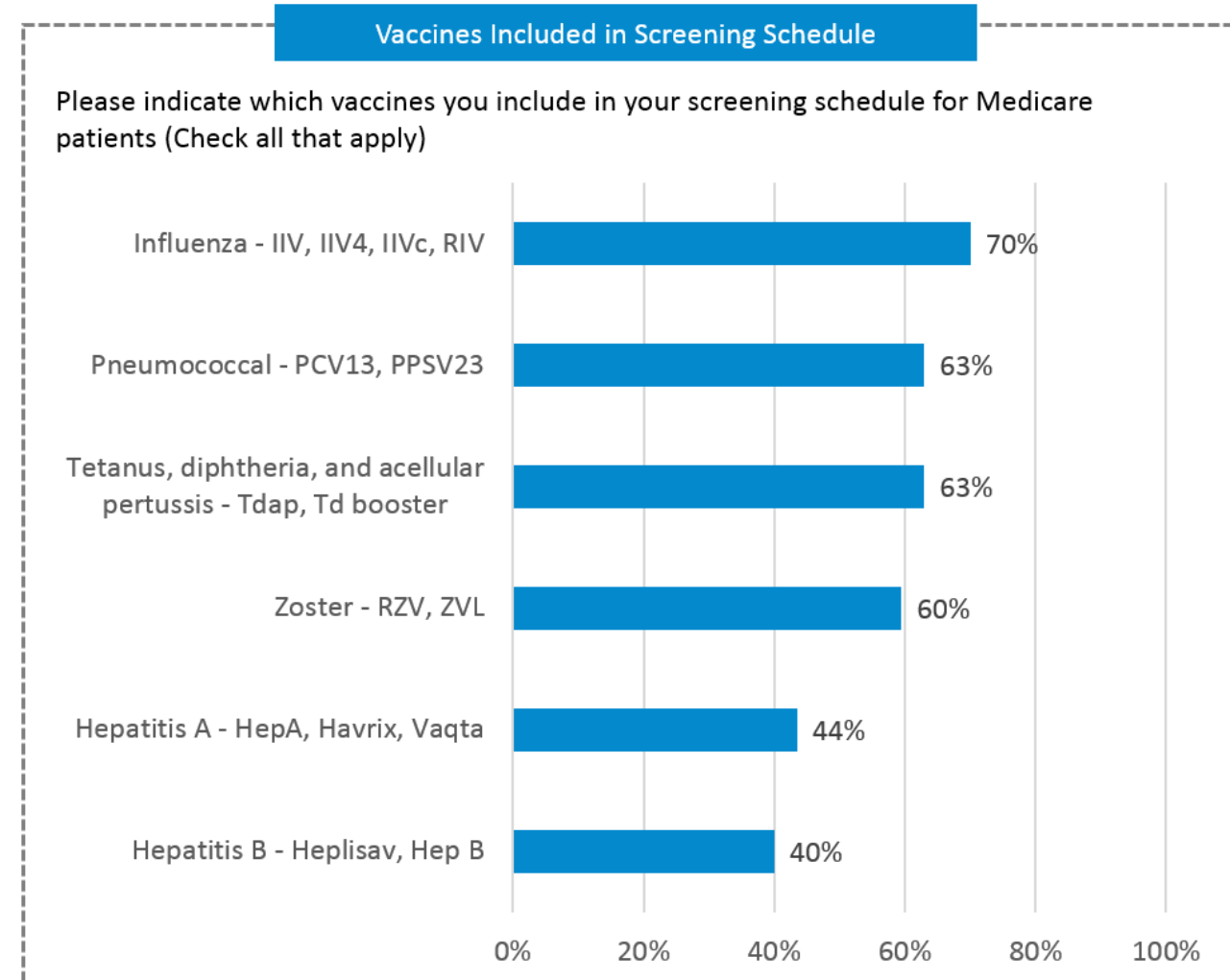


Vaccines Included in Screening Schedule

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.

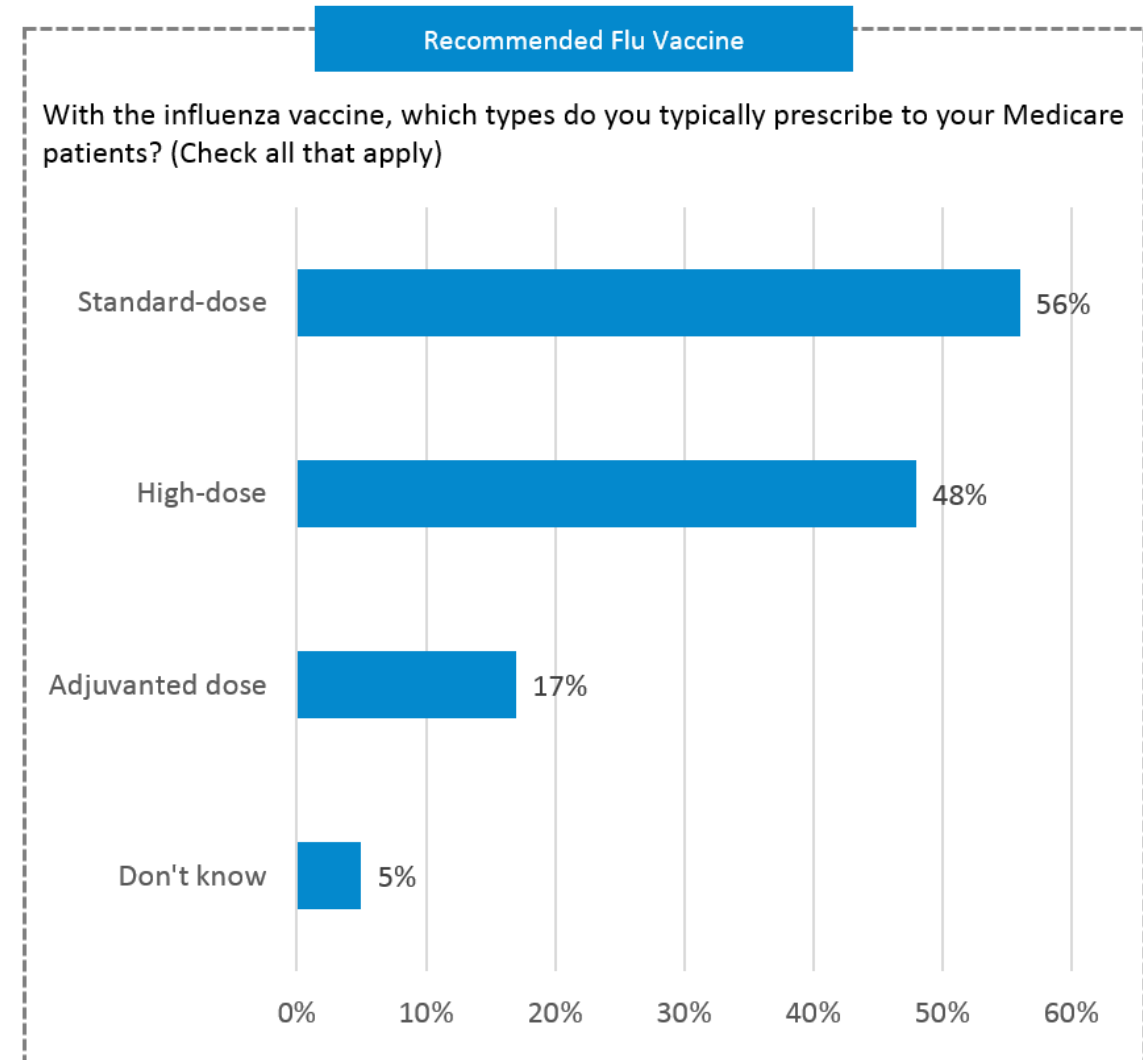


High-Dose Versus Standard-Dose Flu Vaccine

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.

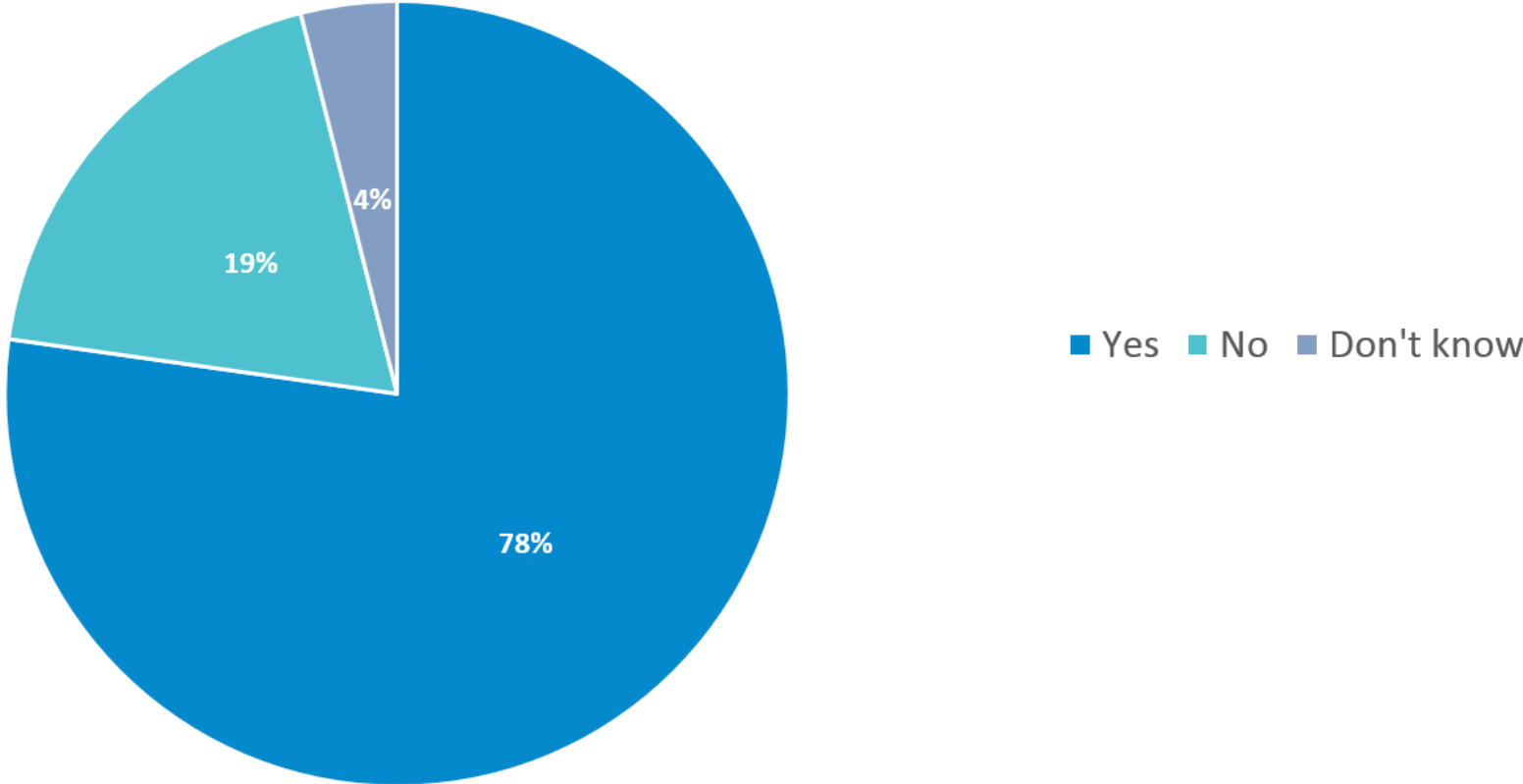
In the survey, 56% of primary care practitioners and nurse practitioners typically report prescribing standard-dose influenza vaccines, while 48% typically report prescribe high-dose. Only 17% typically prescribe adjuvanted dose. Only 5% typically prescribe adjuvanted dose.



Healthcare Worker Vaccination Requirement

Flu Shot Required for Healthcare Workers

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

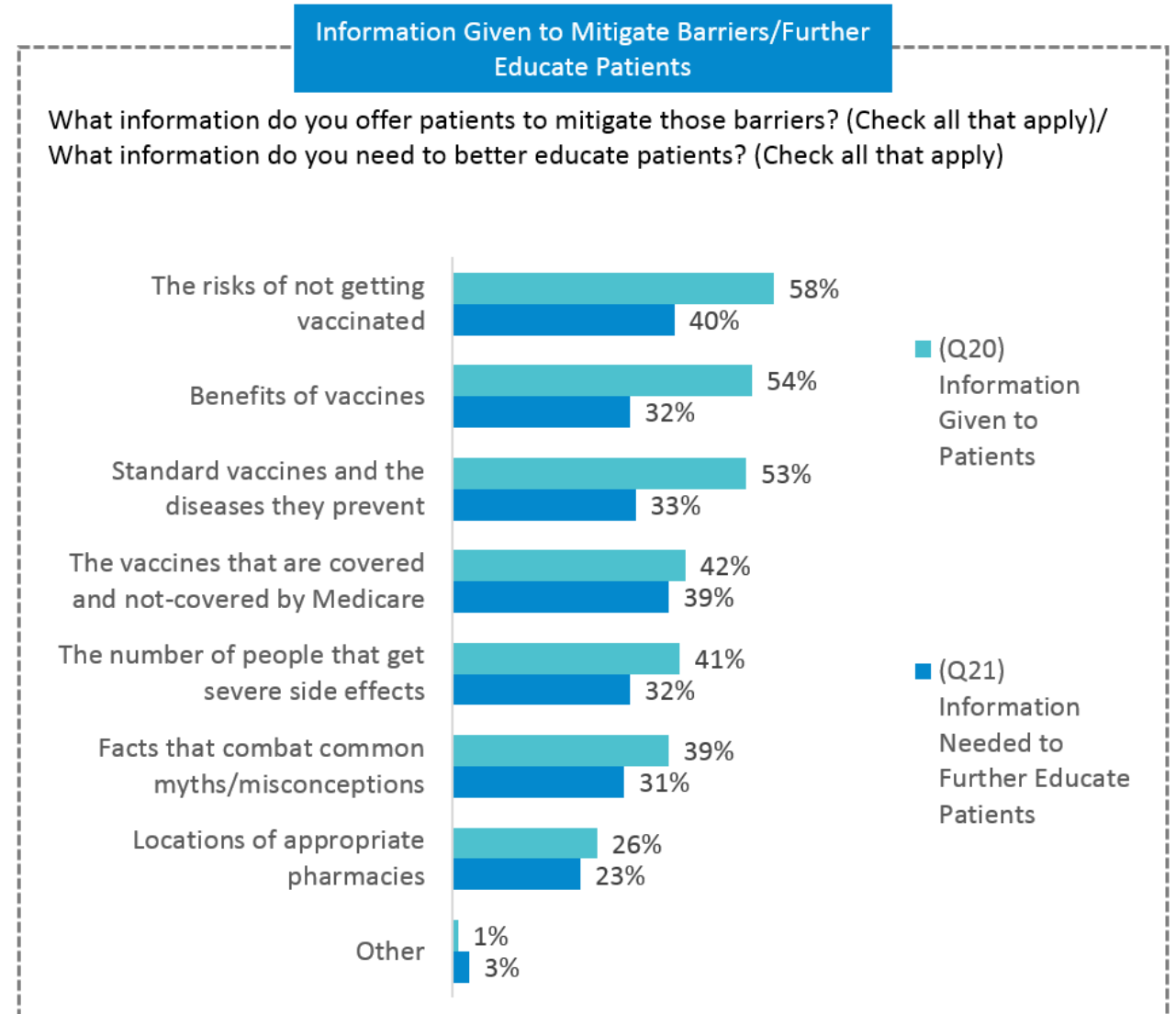


Information Needed to Better Educate on Vaccines

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

William
Schaffner,
MD

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



CDC Vaccine Schedule Ages ≥65

Vaccine	19-21 years	22-26 years	27-49 years	50-64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV)	1 dose annually				
or Influenza live attenuated (LAIV)	1 dose annually				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Zoster recombinant (RZV) (preferred)				2 doses	
Pneumococcal conjugate (PCV13)					1 dose
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication				1 dose

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

No recommendation

Source: Centers for Disease Control and Prevention
www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

Why Older Adults Need Vaccines & Key Example: Flu



Immune systems decline as adults age. Certain vaccines are available to help boost immune response, specifically in adults 65+:



High-dose vaccines contain **4X more antigen** than standard-dose vaccines



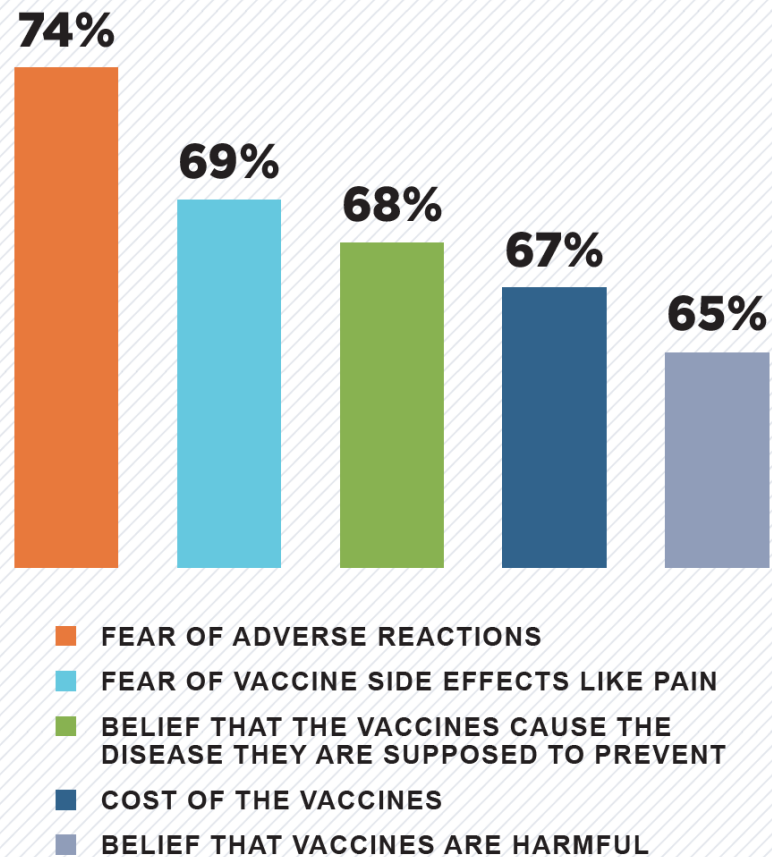
Adjuvanted flu vaccines contain an ingredient that **helps create a stronger immune response**

If a specific flu vaccine is not available in your area, **don't delay!** Vaccination with any available influenza vaccine is recommended and will still provide protection.

Source: The Doctor Weighs In

Barriers to Vaccination

PROVIDERS BELIEVE A NUMBER OF BARRIERS KEEP MEDICARE PATIENTS FROM GETTING VACCINATED

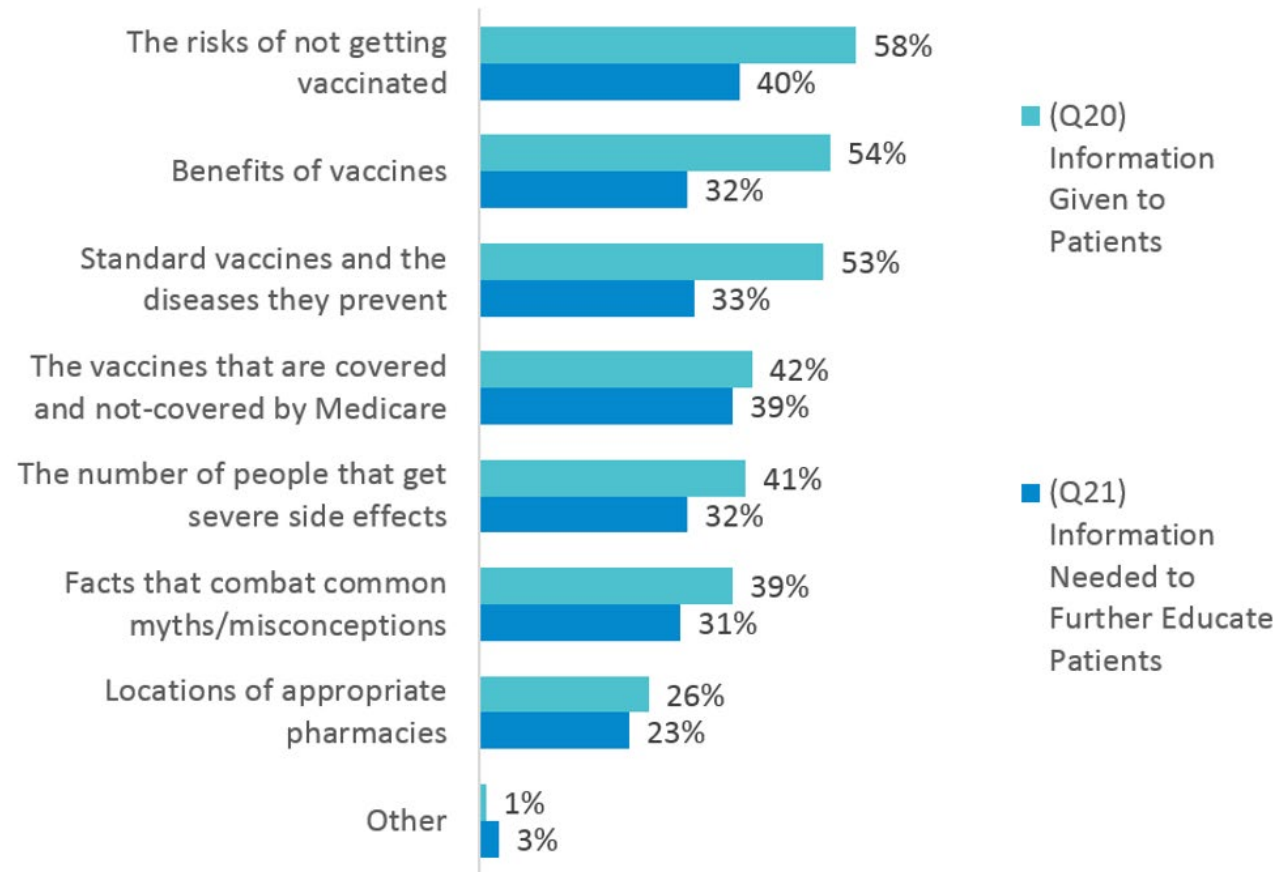


Source: Alliance for Aging Research
www.agingresearch.org

Educational Opportunities

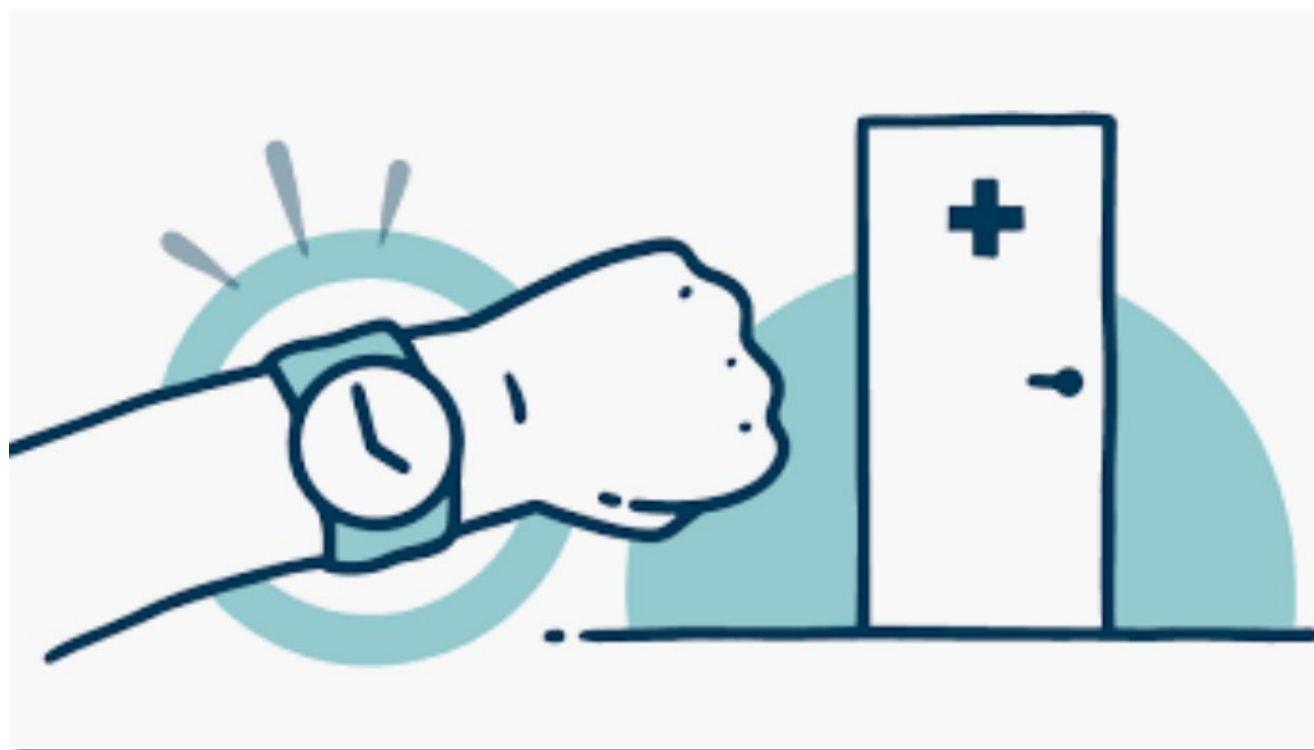
Information Given to Mitigate Barriers/Further Educate Patients

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)

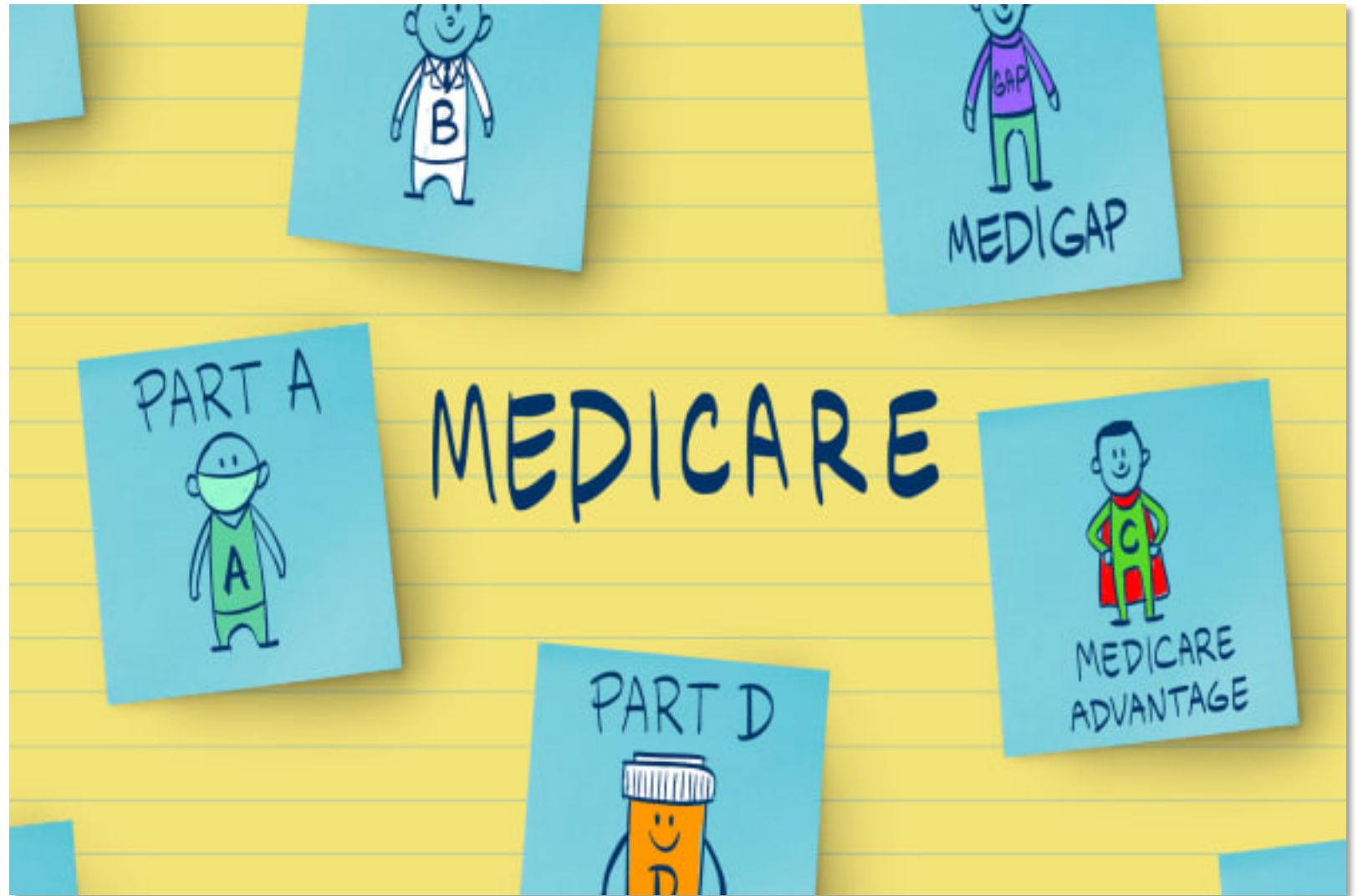


Source: Alliance for Aging Research
www.agingresearch.org


AWV and
Vaccine
Administration



Coverage Issues




The Annual Wellness Visit Opportunity: It's All About Prevention

 **mln**
BOOKLET

PRINT-FRIENDLY VERSION

KNOWLEDGE • RESOURCES • TRAINING

ANNUAL WELLNESS VISIT



Target Audience:
Medicare Fee-For-Service Providers



The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Medicare Coverage of Physical Exams— Know the Differences

<u>Initial Preventive Physical Examination (IPPE)</u>	<u>Annual Wellness Visit (AWV)</u>	<u>Routine Physical Examination (See Section 90)</u>
Review of medical and social health history, and preventive services education	Visit to develop or update a personalized prevention plan, and perform a health risk assessment	Exam performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury
<ul style="list-style-type: none">✓ Covered only once, within 12 months of Part B enrollment✓ Patient pays nothing (if provider accepts assignment)	<ul style="list-style-type: none">✓ Covered once every 12 months✓ Patient pays nothing (if provider accepts assignment)	<ul style="list-style-type: none">✗ Not covered by Medicare; prohibited by statute✗ Patient pays 100% out-of-pocket

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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

Q & A



Thank you again to our funders for supporting this important work



Thank You

Thank You



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