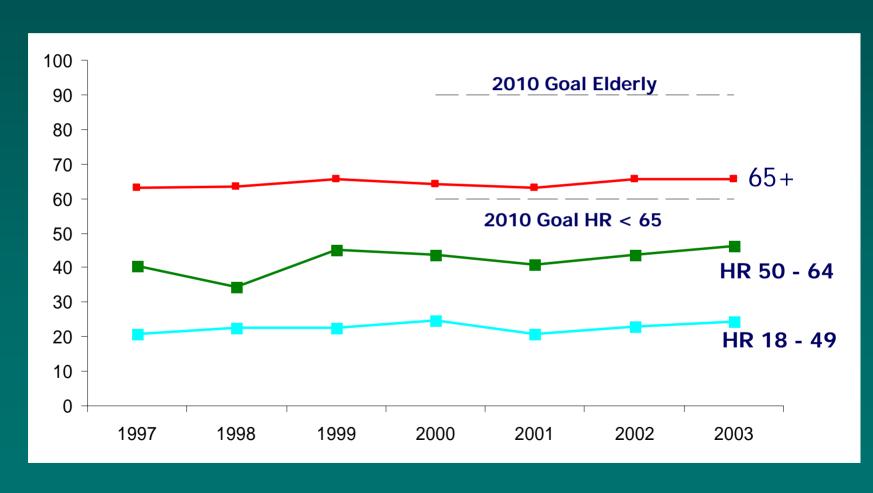
# Methods for Maximizing Immunization Coverage in Adults

2007 National Immunization Conference March, 2007

Kristin L. Nichol, MD, MPH, MBA
Professor of Medicine, University of Minnesota
Chief of Medicine, Minneapolis VAMC

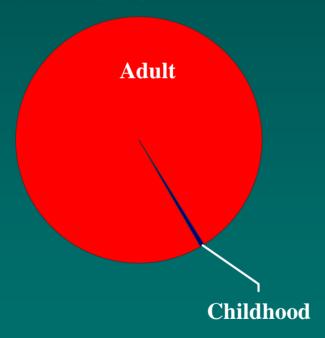
# The Problem: Adult Immunization Rates are Too Low and Stagnant

### US Influenza Vaccination Rates, 1997 – 2003 NHIS



# VPD's Take the Highest Death Toll Among Adults

#### Annual VPD Deaths

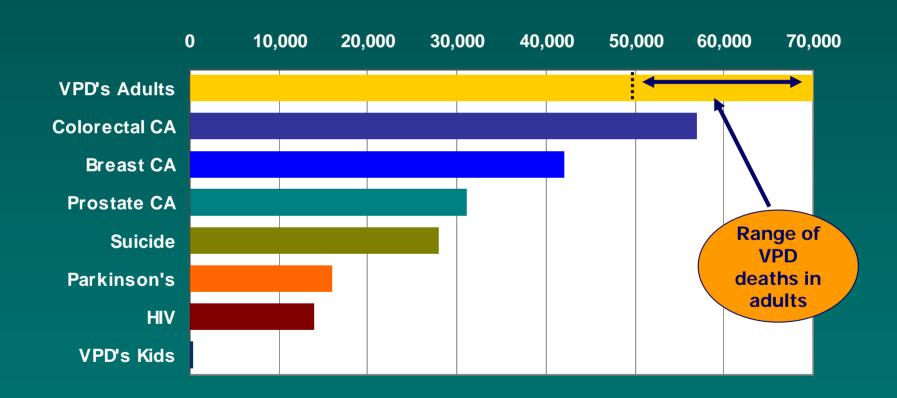


- Adults: 99% of VPD Deaths
  - 30,000 to 70,000
     deaths each year
- Children: 1% of VPD Deaths
  - 100 to 300 deathseach year

VPD = Vaccine Preventable Disease

Source: CDC, IOM

### VPD Deaths in Adults are Similar to Other Important Causes of Death in Adults



Source: CDC, NCHS (online data for 2000).

# If We Keep Doing What We're Doing, We'll Keep Getting What We've Got

## Challenges for Improving Adult Vaccination Rates

#### Traditional Health Care Providers

- Missed opportunities
- Lack of systems-based approaches
- Vaccine availability

#### Non-traditional Providers

- Concerns about quality
- Communication with PCPs
- Vaccine availability

#### Patients

- Lack of awareness
- Inconvenience
- Mistrust
- Cultural / ethnic issues
- Cost
- Vaccine availability

# Improving Adult Vaccination: Providers

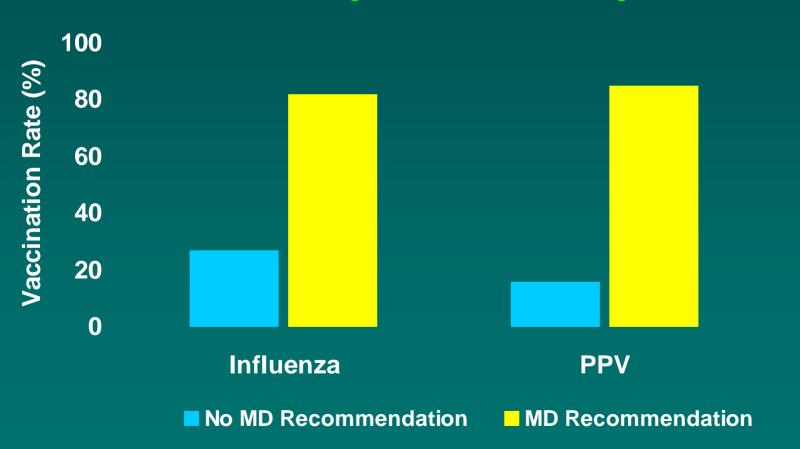
- Education
- Recommend vaccination
- Implement systems strategies
- Evaluate & provide feedback
- Consider alternative settings
- Practice what we preach

### Improving Vaccination Coverage Task Force on Community Preventive Services

- Increase demand
  - Patient reminders
  - Multifaceted programs including education
  - Regulation
- Enhance access
  - Reduce cost
  - Walk-in clinics
- Address provider barriers
  - Reminders / Feedback
  - Standing orders & policies

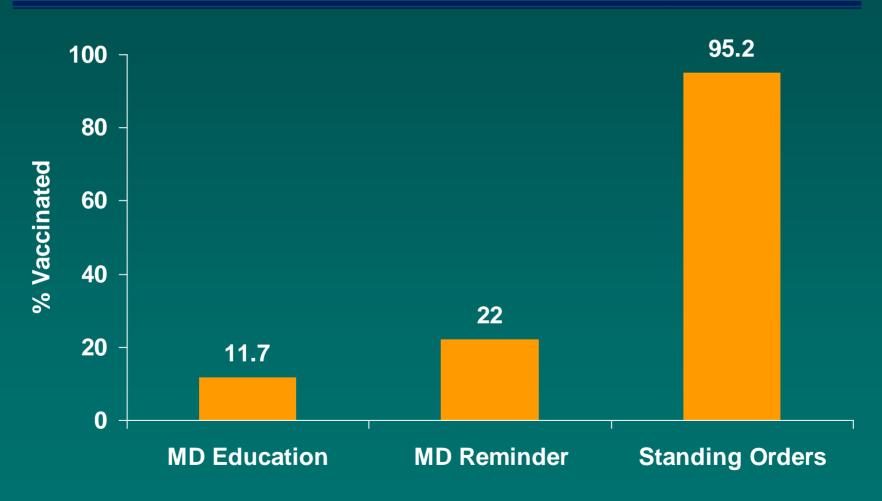
### Provider Recommendation Can Overcome Negative Attitudes Among Patients

Vaccination Rates Among HR Patients With Negative Attitudes



### Inpatient Standing Orders More Effective than Education or Reminders

**Example: Influenza Vaccination for Elderly** 



Crouse B, et al. J Fam Pract 1994; 38: 258.

# Multifaceted Program Improved Success & Sustainability

**Increase Demand** Annual reminder to pts

**Enhance Access Walk-in Clinics** 

Address Provider Institutional Policy Barriers Standing Orders

Standing Orders

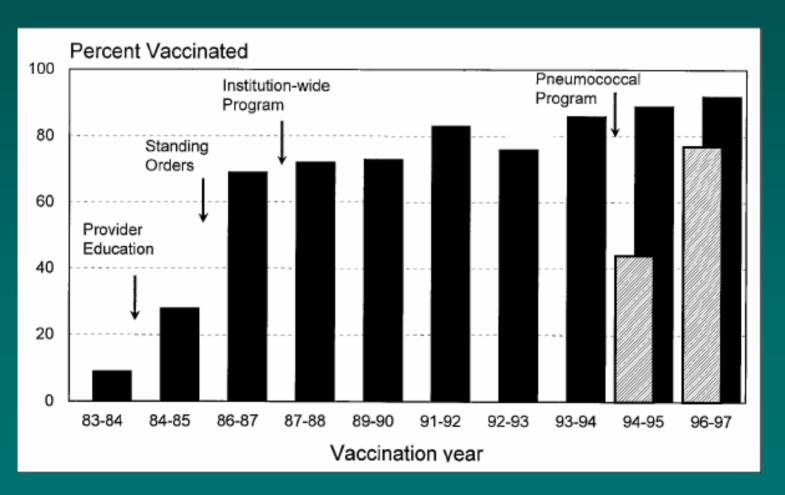
**Standardized Forms** 

**Efficient Clinic Flow** 

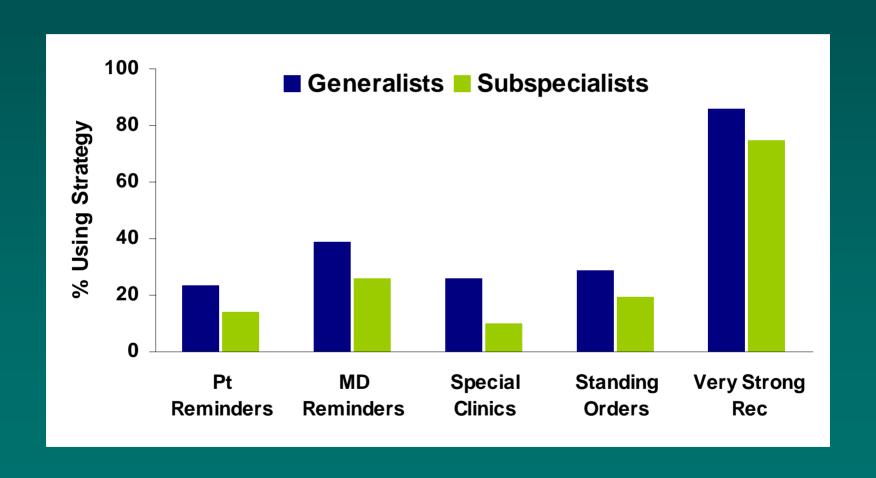
**Ongoing Measurement &** 

**Evaluation** 

### Standing Orders as Part of a Multifaceted Vaccination Program

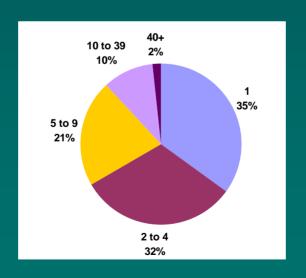


### Physicians Often Don't Use Effective Strategies for Influenza Vaccinations



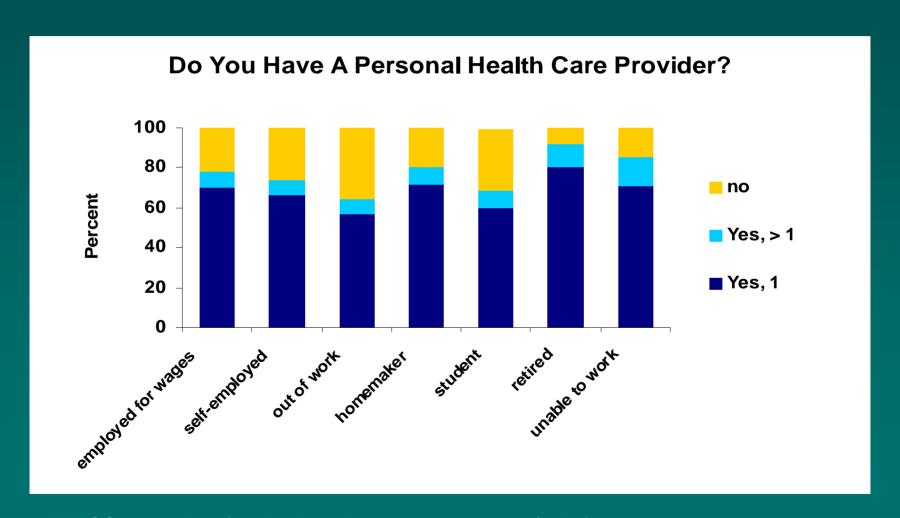
### Operational Considerations for Practice-based Systems Approaches

- Vaccination takes time & resources
- Many practices are small and may have limited resources available



Distribution of office visits by size of practice, US 2004

### Not Every Adult has a Personal Health Care Provider



# Vaccinations in Nontraditional Settings

#### Nontraditional settings

 Workplace / pharmacies / stores/ community centers/ schools/ places of worship/ etc

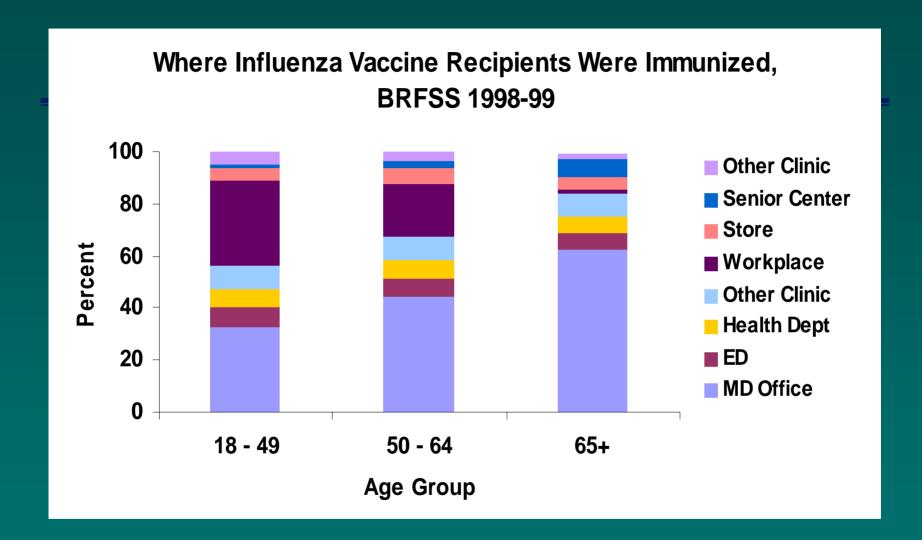
#### Potential advantages

- Quick, convenient, inexpensive
- Increased public awareness and demand
- New providers and new strategies to complement traditional health care

#### Potential disadvantages

- Quality (?)
- Continuity of care with medical home

NVAC. Adult Immunization Programs in NTS: Quality Standards & Guidance. *MMWR* 2000;49 (RR-1). Bohmer R. NEJM 2007; 356: 765.



Singleton et al. Am J Infect Control 2005;33:563-70.

## Quality and Community Immunizers

Minnesota Department of Health News Release

October 6, 2006

**Contact information** 

'Mark of Excellence' aims to ensure high quality outreach flu clinics

New program designates clinics with MDH training in vaccine handling, dispensing

## AMA Guidelines for Store-Based Clinics

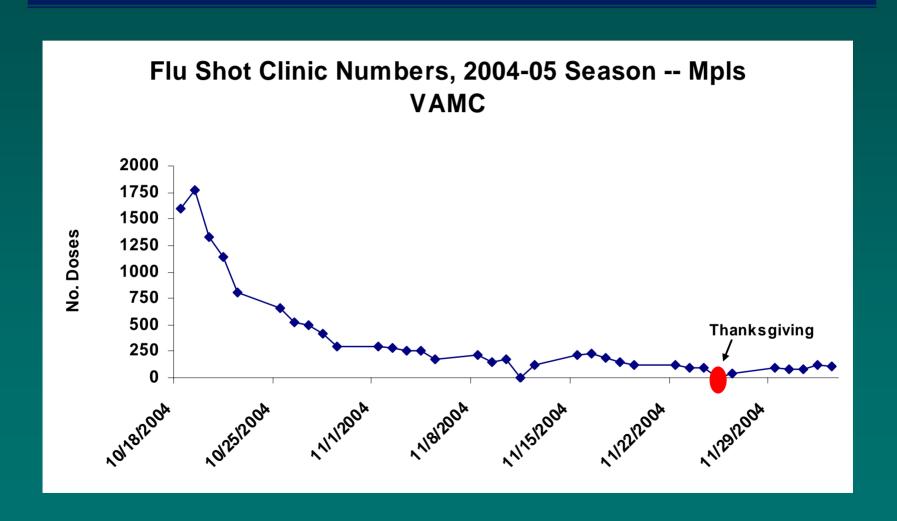
- Well-defined & limited scope of care
- Evidence-based practice and CI orientation
- Team-based approach with formal MD collaboration / supervisions
- Referral system for care beyond their scope
- Protocols for ensuring continuity of care with practicing physicians in community
- Inform patients of qualifications and limitations of their practitioners
- Appropriate sanitation & hygiene guidelines
- Electronic health records

### Timing of Influenza Vaccinations & the Challenge of Extending into Dec & Beyond

MN Medicare Beneficiaries



### Immunizing into December & Beyond: The "The Thanksgiving Phenomenon"



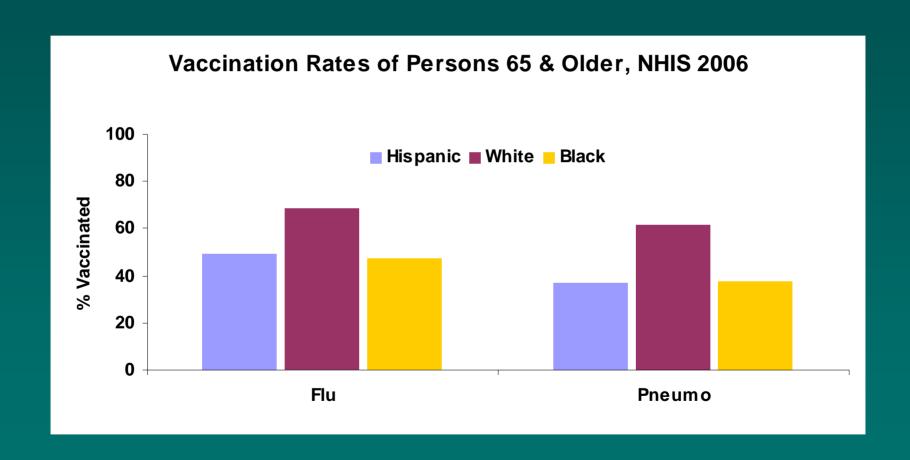
### **Patient Issues for Vaccination**

- Awareness
  - Disease
  - Vaccine
  - Personal risk
- Provider Recommendation
- Misconceptions / fears
  - About vaccine
  - About health care system
- Access & ability to pay

# Why Medicare Beneficiaries Are Not Vaccinated

- Lack of knowledge
  - personal risk and need for vaccination
- Misconceptions
  - about vaccines and VPD's
- No recommendation from MD

# Disparities by Race / Ethnicity Persist



### **Final Thoughts**

#### Providers

- Education
- Recommendations to patients
- Implementation of effective strategies
  - Education
  - Tools to implement
  - Time & resources
- Measurement & feedback
  - QA orientation
  - Regulation / performance measures may help focus attention
- Work with NTS as partners
- Facilitate timely availability of vaccine

#### NTS

- Adherence to quality quidelines
- Communication with PCPs
- Timely availability of vaccine

#### Patients

- Should be the focus
- Education
- Patient-oriented delivery systems
  - patient empowering
    - Convenience
    - Cost
    - Time
    - Trustworthy
- Oriented to the future
  - Role of internet, changing paradigms, etc

## Challenges for Improving Adult Vaccination Rates

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#### Non-traditional Providers

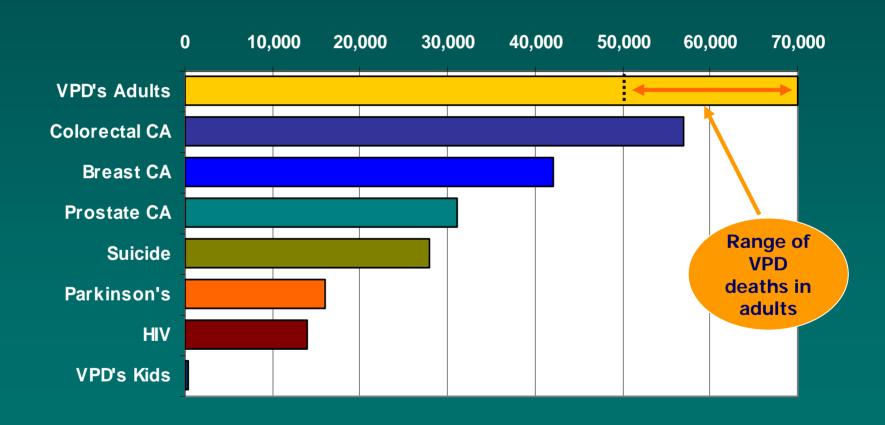
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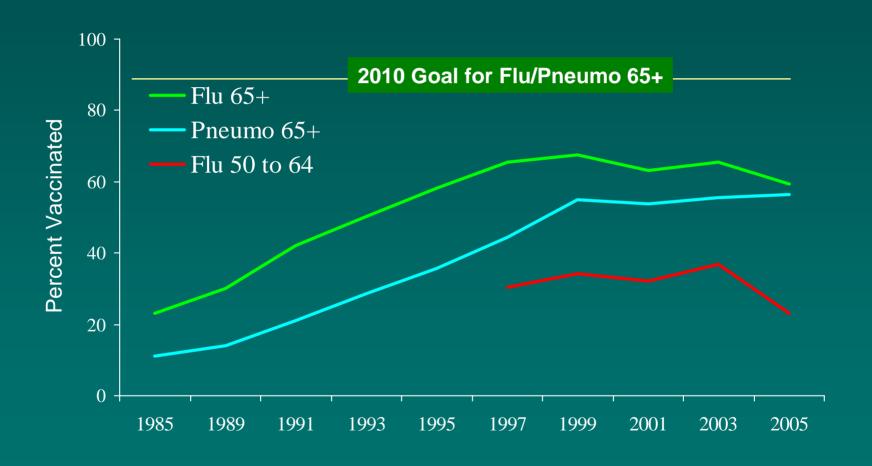


### VPD Deaths in Adults are Similar to Other Important Causes of Death in Adults



Source: CDC, NCHS (online data for 2000).

# Influenza and Pneumococcal Vaccination Rates Are Too Low



### Improving vaccination coverage for HR adults < 65 years

Report on Task Force on Community Preventive Services

- Single interventions
  - Provider recommendations
- Combinations of interventions
  - Enhanced access +
  - Provider/systems-based interventions &/or
  - Client reminders / educations

### Missed Opportunities Are Common and More Frequent Later in the Flu Season



# Interventions that Improve Vaccination Rates for Adults

COMPONENT	<u>OR</u>
Organizational change:	16.0
Provider reminder:	3.8
Pt financial incentive:	3.4
Provider education:	3.2
Pt reminder:	2.5
Pt education:	1.3

Annal Intern Med 2002; 136: 641-51

### Practicing What We Preach — Influenza Vaccinations are for HCW's, Too

You give them love, You give them care, Don't give them the flu. Get a flu Shot. **AMERICAN** SSOCIATION® New England Printing and Graphic Design, Inc. for the American Lung Association of Connecticut

HCW Influenza Vaccination Rates NHIS, 2003

