

Influenza Vaccine Summit

May 2008

Herbert F. Young, MD, MA, FAAFP
Director, Scientific Activities Division
American Academy of Family Physicians



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

AAFP

- 94,000 members
 - 56,000 active practice
 - 10,000 residents
 - 20,000 student members
- Well distributed throughout the US states and territories.
- Community based.
- Provide prevention, acute care and chronic care.

Percent of Members Reporting Care for Specific Age Groups

- 0-23 months of age – 84%
- 24 months to 3 years – 89%
- 4-10 years of age – 92%
- 11-18 years of age – 96%
- 19-64 years of age – 99%
- 65 years and older – 98%

AAFP Mailed Survey of 4,720 Members
48% Return Rate

Family Physicians Participate in Medicaid and Medicare

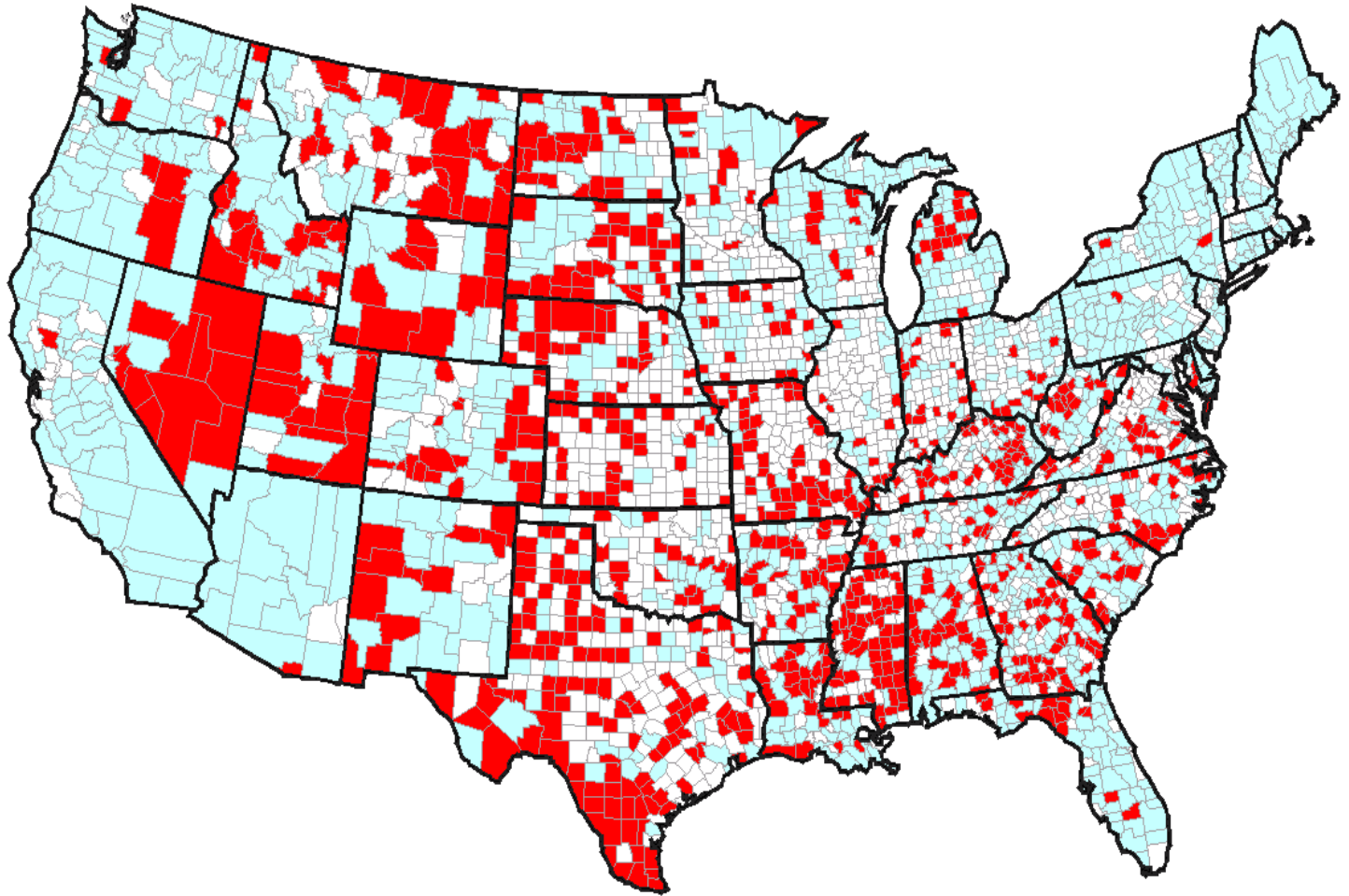
- 73% provide care to Medicaid Patients with higher rates in rural locations.
- 89% provide care to Medicare Patients with higher rates in rural locations.



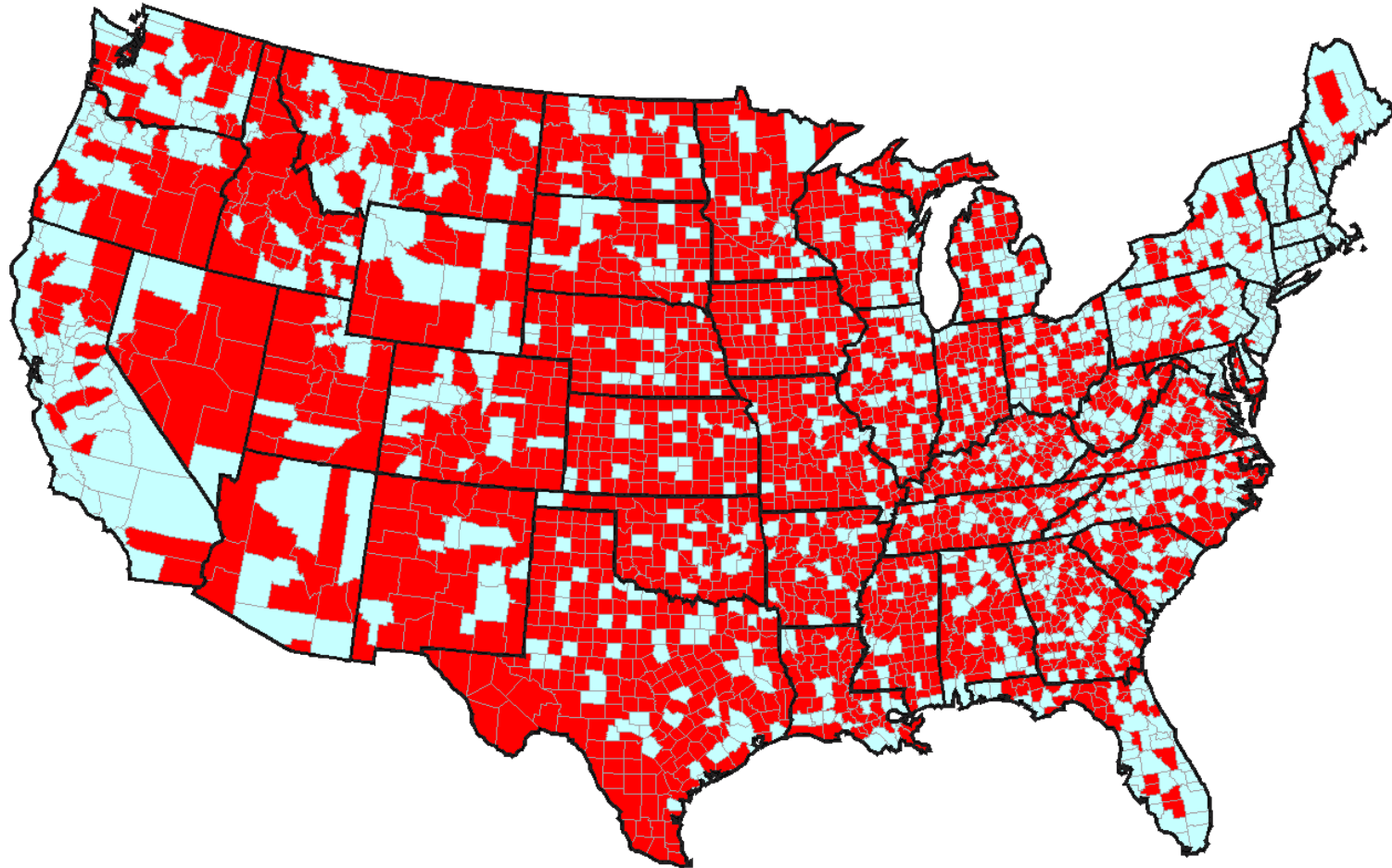
Health Professional Shortage Areas (HPSA)

- FP's play a crucial role in providing care in these areas.
- If you removed Family Physicians from these areas, there is a drastic shortage.
- FP's are well distributed.

Current Primary Care HPSAs



Primary Care HPSAs without FP's



Family Medicine Context – Practice Arrangements

- 17% - Solo
- 9% - Two Person
- 40% - FP Only Groups
- 20% - Multispecialty Groups
- 14% - Other Arrangements

- Geographic Variation

Family Medicine Context

- Administration of Immunizations is a core component of the practice of Family Medicine.
- We see providing immunizations in the Patient Centered Medical Home as the ideal.
 - One stop service
 - Other prevention accomplished
 - Is part of Chronic Disease Management
 - Done in context of the Family

Family Medicine & Flu Vaccine

- Are we giving it?
- Trends
- Factors impacting practice
- Perceptions of “acceptable” locations.
- Universal Immunization

Survey of AAFP Members

AAFP immunization surveys were conducted through a cooperative agreement with the Centers for Disease Control and Prevention (CDC)

Supported in part by Cooperative Agreement No. U66/CCU723242-02 from the CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC

AAFP Member Survey

- Setting: United States
- Design:
 - Cross-sectional mailed surveys
 - Non-responders received 1-2 additional mailings
 - Summary statistics were evaluated
 - Approaches were compared between years and among demographic groups using chi square and ANOVA as appropriate
 - all 50 states plus District of Columbia

AAFP Member Survey

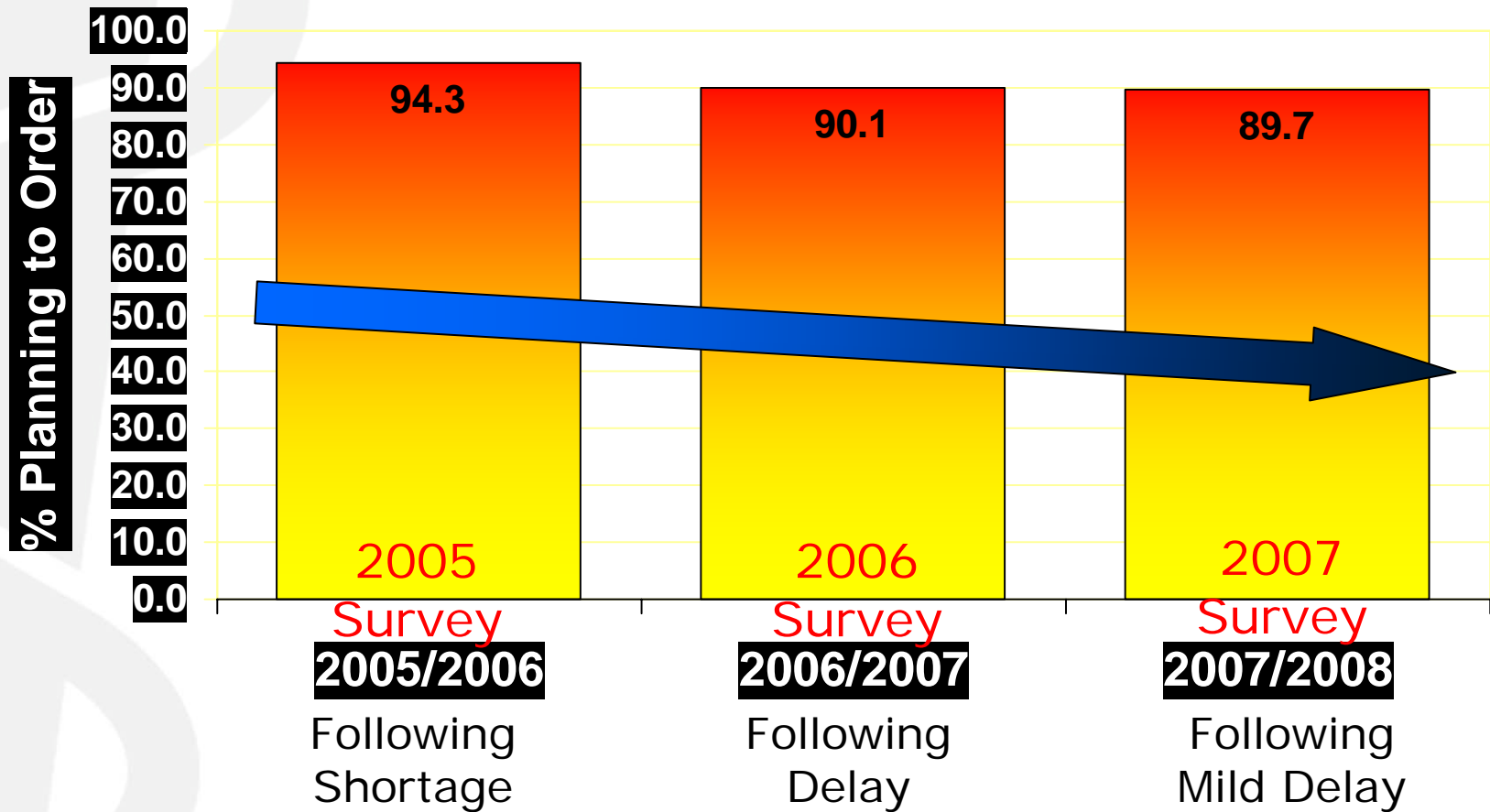
- Participants:
 - Randomly selected clinically-active AAFP members
 - 2004 (n=4720); 2005 (n=4720),
 - 2006 (n=5000); 2007 (n=2000)
- Instrument:
 - mailed surveys in 2004, 2005, 2006, and 2007

AAFP Member Survey

- Modest return rates were achieved
 - 2004: 37.3%
 - n = 1,761
 - 2005: 48.3%
 - n = 2,278
 - 2006: 52.4%
 - n = 2,619
 - 2007: 44.1%
 - N = 882
- Analysis limited to FP's who spend $\geq 80\%$ of their time in direct patient care
 - ~ 90.4% of respondents

Intent to Immunize

Does practice plan to order vaccine?



Left-Over Vaccine?

- Did you have influenza vaccine left-over from 2006-2007?
 - 50% Yes
 - 38% No
 - 9% Don't Know

Unused Vaccine – 06-07

- 50% of practices reported 1-10-%
- 22% of practices reported 11-20%
- 8% of practices reported 21-30%
- 3% of practices reported 31-40%

For 07-08 Influenza Season

- Of those who will not give influenza in the 07-08 Season:
 - 35% said it was widely available to patients elsewhere.
 - 32% said they didn't sufficient payment to cover their costs.
 - 19% said it was too difficult to obtain.

For 07-08 Influenza Season

- For those who planned to give influenza vaccine:
 - 61% were going to order the same amount as for 06-07.
 - 18% were going to order more vaccine.
 - 16% were going to order less.

Barriers to Influenza Immunization

- Timely Supply
 - Patients expect to doctors to have vaccine.
 - Frail and disadvantaged patients need one stop service.
 - Late arrival relative to other providers may lead to unused vaccine and financial loss.
- Solutions ?

Barriers to Influenza Immunization

- Cost Greater than Payment:
 - Inadequate payment for vaccine cost and administration.
 - Left over vaccine
- Solutions:
 - Increased payment (e.g. NVAC recommendations).
 - Timely supply.
 - More aggressive practice recommendations to patients to be immunized—use it all.

Solutions - Cont

- Vaccine Purchase through buying groups to reduce cost.
- Convincing employers to support first dollar coverage for immunizations.
- Referral – 46-48% of members refer pts for some routinely recommended vaccines.

Message from Private Practice

- Any service provided at a loss times volume = bankruptcy (an FP from Virginia).
- Or more likely a discontinuance of that service.
- What are the unintended consequences of increased immunization in new settings?

Barriers to Influenza Immunization

- Patient Acceptance Strategies
 - Continued Message that Influenza Vaccine is beneficial even when a mismatch occurs.
 - Physicians and others tell patients they themselves are immunized – 92% of members report their employees are routinely immunized.

Solutions

We Promoted CDC Posters and Other Resources to our Members - Supported by Industry.

Mailings went to about 70,000 members.

Provided web links.

Promoted new recommendations via email and print.

Barriers to Influenza Immunization

- Complexity and Prioritization
 - Most AAFP Members Favor Universal Influenza Immunization.
 - A 2006 Survey showed that 70% of members support a universal recommendation if the vaccine supply were assured and adequate.

Barriers to Influenza Immunization

- Capacity
 - Family Physicians favor the Patient Centered Medical Home but Recognize Influenza Immunization Will Occur in Other Locations.
 - Favor Medical Locations but Occupational, Schools, and Other Locations recognized.

Capacity - Locations

- Acceptable Locations in FM View
 - >90% Physician Offices, Nursing Homes, Hospitals, Public Health Clinics.
 - 84% Senior Centers
 - 62% Retail Health Clinics
 - 58% Schools (pre dates new recs)
 - 44% Pharmacy
 - 27% Other Retail (grocery, department stores)

Patient Preferences – CDC Gallup Survey 05-06 Season

- Among those who received the flu shot, Where would you prefer to get your flu shot?
 - 50% Dr office/HMO
 - 17% Workplace
 - 11% Other
 - 8% Other clinic/health center
 - 5% Hospital
 - 4% Health Department
 - 3% Store (grocery/pharmacy)
 - 2% Senior/Recreation center

AAFP Summary

- Barriers can include:
 - Cost > payment.
 - Timely and adequate supply.
 - Patient Acceptance
 - “Complexity”
 - Capacity

AAFP Summary

- Solutions:
 - Payment based on true costs of purchase and administering vaccine (e.g. NVAC draft recommendations).
 - Assuring practices receive and adequate and timely supply.
 - Promoting the benefits of immunization.
 - Moving to Universal Recommendation.