We DO need to improve adult vaccination rates

Immunizations are recommended throughout life by the US Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) to prevent infectious diseases and their sequelae. Adult coverage, however, remains low for most routinely recommended vaccines and well below Healthy People 2020 targets (www.healthypeople.gov). According to the RAND Corporation report published in 2012, many factors contribute to US adults having poor immunization rates in spite of adequate vaccine supply. Common barriers to adult vaccinations include the following:

1. The perceived low risks of contracting vaccine-preventable diseases. Because we rarely, if at all, see vaccine-preventable diseases, why should we vaccinate?
2. Skepticism about vaccine safety and effectiveness.
3. Lack of administrative systems for generating reminders.
4. Perceived inadequacy of reimbursement by health care providers.
5. Lack of vaccination-related performance measures and incentives for health care providers.

Routine adult vaccines include influenza; pneumococcal infection; human papillomavirus infection; hepatitis A; hepatitis B; tetanus, diphtheria, and pertussis (Tdap); herpes-zoster; measles, mumps, and rubella (MMR); varicella; and meningococcal infection. In this issue of AOA Health Watch, the influenza vaccine, pneumococcal vaccine, and MMR vaccine are discussed. In the next issue, Tdap, herpes-zoster, and (in adults) varicella will be addressed.

Alarming findings

Office-based providers should be the primary source of vaccination. Typically, only influenza vaccinations are administered in physician offices and medical clinics. A substantial proportion of physicians who treat adults do not vaccinate at all. Self-reported data from physician surveys conducted between 2007 and 2010 suggest that only 27% of the physicians’ offices stock all recommended adult vaccines other than influenza. Adult vaccinations are infrequently discussed at health care encounters, even though data suggest that the public places a high degree of trust in health care providers (HCPs) to deliver information about vaccination. The RAND report found that relatively few adults, even those specifically recommended for vaccination, receive advice about vaccinations from their HCPs. There are few ongoing efforts to evaluate and improve provider communication regarding the safety and benefits of vaccination with adult patients.

HCPs’ financial deterrents to providing vaccinations for their patients include such costs as proper storage and cooling facilities, infrastructure for ordering vaccines and managing inventory, inadequate payment rates, and the lack of performance measures. With ever-increasing demands placed on HCPs to care for the primary concerns of their patients, limited time is devoted to other health concerns and practice management issues. Finally, there are no incentives for HCPs who do not vaccinate to refer patients to community vaccinators.

Window of opportunity

Health care reform legislation provides a unique window of opportunity by promoting preventive medicine, which includes vaccinations. The Affordable Care Act has the potential to significantly increase vaccination rates in adults. The Act will ease the financial burden of vaccines to patients and should provide increased availability and access to vaccinations. Hopefully, HCPs will partner with pharmacies, retail medical clinics, and health departments to provide and document vaccinations. The use of electronic health records should help with the documentation of immunizations and increase immunization rates by use of reminders.
The CDC publishes “What Works! Increasing Adult Vaccination Rates.”

The microsite discusses:
1. Standing orders
2. Computerized record reminder
3. Chart reminder
4. Performance feedback
5. Home visits
6. Mailed/telephoned reminders
7. Expanding access in clinical settings
8. Patient education
9. Personal health records
10. Measuring and tracking rates for most strategies

The strategies and tools listed above are low in cost and easy to implement. For each strategy, a definition, advantages and disadvantages, steps for implementation, and studies documenting the effectiveness of the strategy are discussed. Examples of materials that can be used with each strategy are provided, as well as a complete reference list.

A checklist to assess the effectiveness of office-based providers in ensuring that their adult patients are vaccinated as recommended is needed.

Recommendations

After reviewing the statistics and conducting interviews, surveys, and meetings with stakeholders, the RAND report recommends the following:

1. The need to strengthen evidence for strategies promoting vaccination.
2. Improvement in making informed decisions about whether to administer vaccinations on site.
3. Formalization of procedures for referring patients to complementary vaccinators.
4. Documentation of vaccination support efforts to facilitate performance-based payment.

Research priorities should include the collection and dissemination of data describing patterns of office-based vaccination of adults. Pinpointing gaps in practice and targeting efforts are crucial. Assessments of costs and benefits of promoting vaccination of adults are needed. Comparison is needed of vaccine coverage in office-based settings versus complementary facilities such as schools, health departments, and retail stores.

Improved guidance to providers about vaccinating adults is necessary. Easy-to-understand protocols for vaccination of adults with missing or incomplete vaccination histories are needed. HCPs need to have a mechanism in place to periodically evaluate their adult patients’ vaccination status.

If an HCP does not provide the recommended vaccinations, a procedure should be in place for referring those patients to vaccinating facilities such as health departments, pharmacies, and other resources. Referrals should include the recommended vaccinations, locations and hours for community vaccinators, and the provider’s preferences regarding return of documentation for the vaccines given.

Potential incentives for nonvaccinating providers to encourage vaccination should include procedure codes specific to vaccination counseling and perhaps a reimbursement code for referring their patient to another facility for vaccines. A checklist to assess the effectiveness of office-based providers in ensuring that their adult patients are vaccinated as recommended is needed. Surveys are suggested to gauge the effectiveness of providers in promoting vaccination to patients.

References


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