

### Vaccinating Adults with Chronic Conditions: Recommendations and Lessons Learned

May 28, 2020

### **Today's Presenters**



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# Adult Immunization Schedule 2020: Focus on Adults with Chronic Medical Conditions

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# Disclosure

- Presenter has no conflict of interest
- Discussions on unlicensed products and off-label uses are in the context of ACIP considerations
- The use of trade names is for identification purposes only and does not imply endorsement
- Disclaimer The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent official positions of CDC

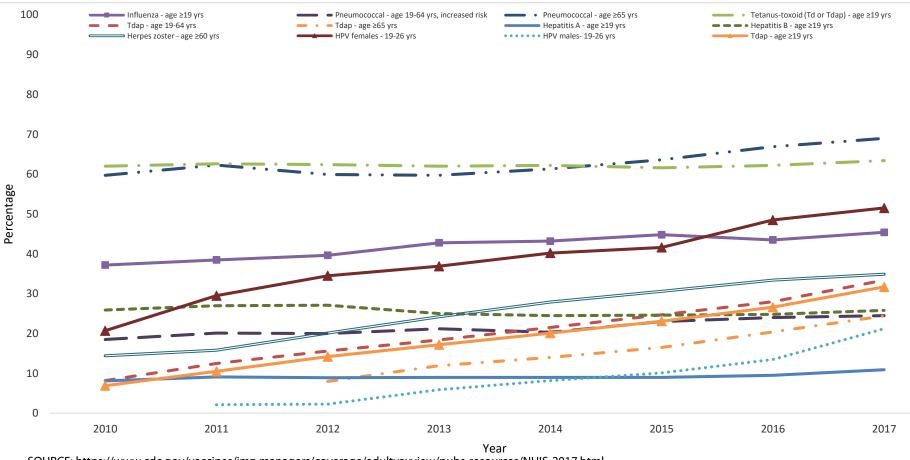
# **Objectives**

- Provide an overview of adult vaccination coverage
- Review adult vaccine schedule focused on adults with chronic conditions
- Review guidance related to immunizations during the COVID pandemic
- Provide resources for healthcare professionals

\*Information on other vaccine-preventable diseases not covered during this presentation can be found at <a href="https://www.cdc.gov/vaccines/acip/">https://www.cdc.gov/vaccines/acip/</a>

### **Adult Vaccination Coverage in the United States**

### Trends in Adult Vaccination Coverage – NHIS, 2010-2017



SOURCE: https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2017.html

### **Vaccination Decision-Making: General**

Which of the following best describes you?	2015
I am not aware that I need any vaccines as an adult besides the flu vaccine.	31%
I am aware that I need a vaccine as an adult besides the flu vaccine, but haven't thought about getting it.	11%
I am considering getting vaccinated against a disease other than the flu but have not yet decided.	6%
I have decided to get vaccinated against a disease other than the flu, but have not yet gotten vaccinated.	4%
I have decided not to get vaccinated against a disease other than the flu.	7%
I have gotten vaccinated against a disease other than flu as an adult.	13%
I make sure I am up-to-date with recommended vaccinations.	30%

# Decision-Making by Vaccine Type 2015

Which of the following best describes you?	Tdap (19+)	Pneumo (65+)	Zoster (60+)
I am not aware that I need this vaccine.	53%	22%	19%
I am aware that I need this vaccine, but haven't thought about getting it.	5%	3%	8%
I am considering getting this vaccine, but have not yet decided.	5%	4%	11%
I have decided to get this vaccine, but have not yet gotten vaccinated.	2%	4%	8%
I have decided not to get this vaccine.	14%	11%	18%
I have gotten this vaccine.	21%	56%	36%

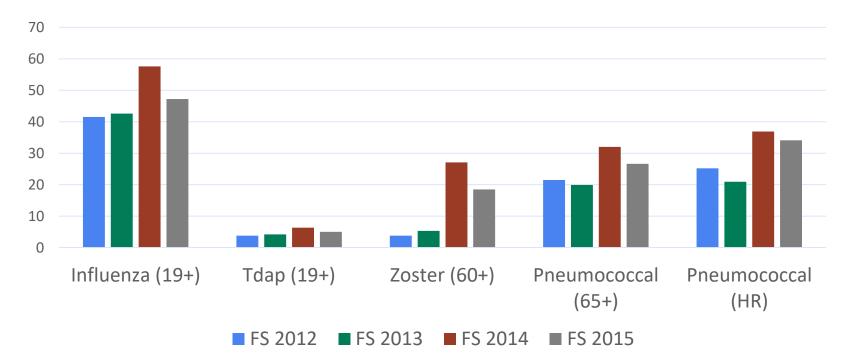
\*All percentages are weighted. SOURCE: Porter Novelli. 2015. ConsumerStyles (Fall). Unpublished.

### **A Strong Recommendation Makes a Difference**



Adults believe vaccines are important and are likely to get them if recommended by their healthcare provider.

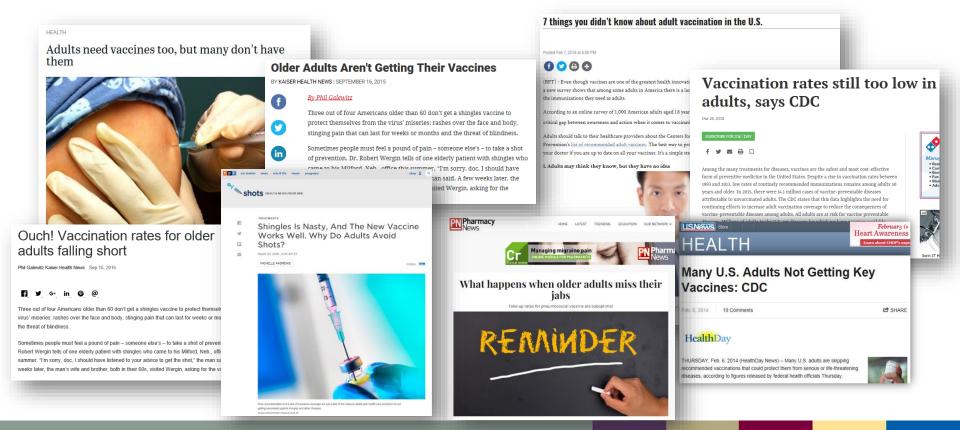
# In the past year, has this vaccine been recommended to you by a medical professional?



\*All percentages are weighted. SOURCE: Porter Novelli. 2015. ConsumerStyles (Fall). Unpublished.

### **Bottom Line:**

### Adults are not getting the vaccines they need.



# Flu vaccine and chronic diseases

- High risk medical conditions<sup>1</sup>
  - 78% ↓ deaths attributable to any cause, 87% ↓ hospitalization to acute respiratory or cardiovascular disease
- Diabetes<sup>2</sup>
  - 56%  $\downarrow$  complications, 54%  $\downarrow$  hospitalizations, 58%  $\downarrow$  deaths
- Chronic obstructive lung disease<sup>3,4</sup>
  - 76% vaccine effectiveness against influenza-related respiratory illness
  - Reduced COPD exacerbation
- Heart Disease<sup>5,6</sup>
  - Vaccine effectiveness (29%–36%) comparable to statins (36%), anti-hypertensives (15–18%), smoking cessation (26%) against major cardiac events
  - 1. Hak E et al. Arch Intern Med 2005;165:274–80
  - 2. Looijmans-Van den Akkerl et al. Diabetes Care 2006;29:1771–6
  - 3. Wongsurakiat P et al. Chest 2004;125:2011–20
  - 4. Poole PJ et al. Cochrane Database SystRev 2006;(1):CD002733
  - 5. Barnes et al. Heart 2015;101:1738–1747
  - 6. Udell et al. JAMA 2013;310:1711–1720



# **Burden of pneumococcal disease**

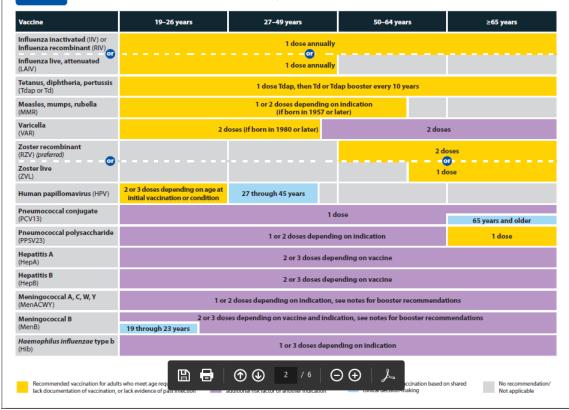
- >30,000 cases, >3000 deaths reported per year
- 89% cases, almost all deaths occur among adults
- Adults at increased risk for pneumococcal disease
  - − Age ≥65y
  - Age 19–64y with following
    - Immunocompromised (HIV, cancer, asplenia) at highest risk
    - Asplenia
    - Cochlear implants, cerebrospinal fluid leak
    - Chronic illnesses (heart, liver, kidney, lung disease; diabetes)
    - Alcoholism
    - Cigarette smoking



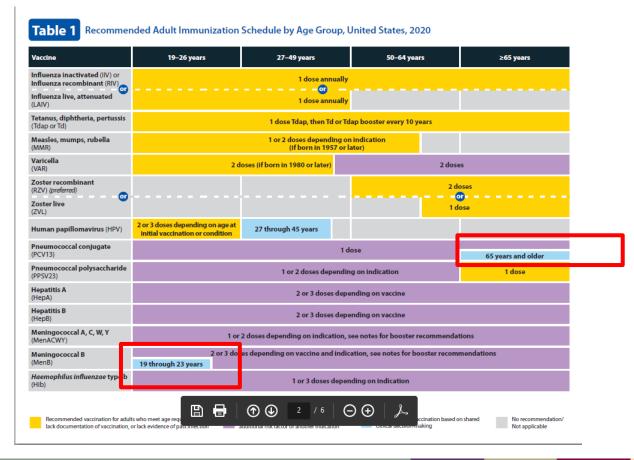
# Adult Immunization Schedule

### Table 1

### Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2020



### **Structural Changes to Table 1**



# **Shared Clinical Decision-making**

### **Related Links**

Vaccines & Immunizations

Immunization Schedules

VFC Resolutions

Vaccine Information Statements (VISs)

Contact ACIP Secretariat

1600 Clifton Road, N.E., Mailstop A27 Atlanta, GA 30329-4027 acip@cdc.gov



### **Frequently Asked Questions**

These frequently asked questions (FAQs) are intended to provide clarity on the Advisory Committee on Immunization Practices' (ACIP) shared clinical decision-making recommendations and guidance and implementation considerations for these recommendations.

### Q: What are ACIP's current shared clinical decision-making recommendations that appear on the immunization schedules?

**A:** ACIP has three recommendations for vaccination based on shared clinical decision-making that appear on the immunization schedules. These recommendations are indicated in blue on the immunization schedules.

- Meningococcal B (MenB) vaccination for adolescents and young adults aged 16–23 years
- Human papillomavirus (HPV) vaccination for adults aged 27–45 years
- Pneumococcal conjugate vaccination (PCV13) for adults aged 65 years and older who do not have an immunocompromising condition, cerebrospinal fluid leak, or cochlear implant

# Q: How do shared clinical decision-making recommendations differ from routine, catch-up, and risk-based immunization recommendations?

A: Unlike routine, catch-up, and risk-based recommendations, shared clinical decision-making vaccinations are not recommended for everyone in a particular age group or everyone in an identifiable risk group. Rather, shared clinical

https://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html

### Vaccination during the COVID pandemic

# **Provider Resources for Adult Vaccination**

### Resources

- State and local health department immunization programs <u>https://www.colorado.gov/pacific/cdphe/categories/services-and-information/health/prevention-and-wellness/immunization</u>
- Centers for Disease Control and Prevention <u>www.cdc.gov/vaccines/</u>
- Advisory Committee on Immunization Practices <u>www.cdc.gov/vaccines/acip/</u>
- Office of Infectious Disease and HIV/AIDS Policy National Vaccine Program <u>https://www.hhs.gov/vaccines/index.html</u>
- Immunization Action Coalition <u>www.immunize.org/</u>
- National Adult and Influenza Immunization Summit <u>www.izsummitpartners.org/</u>

# **Adult Patient Education Resources**

- Patient Education Portal: <u>www.cdc.gov/vaccines/AdultPatientEd</u>
  - Posters and Flyers
  - Educational factsheets and easy to read schedule
  - Matte articles and web features
  - Radio PSAs
  - Web buttons and banners
- Vaccine Quiz: <u>www.cdc.gov/vaccines/adultquiz</u>
- Website: <u>www.cdc.gov/vaccines/adults</u>







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"My dad got shingles, my wife got whooping "I do a lot to stay healthy,

CD

including getting vaccinated."

### **Adult Vaccine Schedule App**

Download "CDC Vaccine Schedules" free for iOS and Android devices.



Product Specs

Version: 6.0.1

**Requirements:** Requires iOS 9.0 or later and Android 8.0 or later; optimized for tablets and useful on smartphones.

Updates: Changes in the app are released through app updates.

Download app free for iOS



Download app free for Android



www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

### **Adult Vaccine Assessment Tool**

### The Adult Vaccine Assessment Tool

### Español (Spanish)



Vaccines are recommended for adults based on age, health conditions, job, and other factors. No personal information will be retained by CDC. *\* This vaccine assessment tool applies to adults 19 years or older.* 

### Instructions:

- 1. Answer the questions below.
- Get a list of vaccines you may need based on your answers. (This list may include vaccines you've already had).
- 3. Discuss the list with your doctor or health care professional.

### Questions:

1. Are you ○ Male

### www2.cdc.gov/nip/adultimmsched/

### Making a Strong Vaccine Recommendation: #HowIRecommend Videos



www.cdc.gov/vaccines/howirecommend/adult-vacc-videos.html

# Medscape Module: How to Give a Strong Recommendation to Adult Patients Who Require Vaccination

- Case Presentations/Videos
- Older Adult
  - Zoster
  - PCV13
- Adult with Diabetes
  - НерВ
  - Influenza
- Pregnant Woman
  - Tdap
  - Influenza



### www.medscape.com/viewarticle/842874

### Fact Sheets: Vaccines and Chronic Diseases

### Information Series for Adults What You Need to Know About **Diabetes and** Adult Vaccines

### Why Vaccines Are Important for You.

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vaccine side-effects are usually mild and go peop on their own, severe side

effects are very taxe. \_\_\_\_

### **Getting Vaccinated**

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### Why Vaccines Are Important for You

Adults with COPD or eithms are more likely to get complications from the flu. COPD and asthma cause your airways to swell and become blocked with mucus, which can make it hard to breathe. Certain vaccine-preventable diseases can also increase swelling of your airways and lungs. The combination of the two can lead to preumonia and other serious respiratory illnesses. Immunization provides the best protection against vaccinepreventable diseases. Vaccines are one of the safest ways for you to protect your health, even if you are taking prescription medications to control your asthma or COPD.

Vaccine side effects are usually mild and go away on their own. Severe side effects are very tare

### Getting Vaccinated

You may regularly see your COPD or arithma specialist, or your primary care provider. Either is a great place to start! If your healthcare protentional does not offer the vaccines you need, ask for a referral so you can get the vaccines elsewhere.

Adults can get vaccines at doctors' offices, pharmades, workplaces, community, health clinics, health departments, and other locations. To find a place near you to get a vaccine, go to <u>http://vaccine.healthm.ap.org</u>.

Next health insurance plans cover recommended vaccines. Check with your insurance provider for Betain and for a list of vaccine providers covered by your plan. If you do not have health insurance, visit <u>www.healthcare.gov</u> to learn more about waith insurance options.

For more information on vaccines or to take an adult vaccine guiz to find out which vaccines you might need, whill www.cdc.gov/vaccines/adults.







dap vaccine to protect against tetamo, herb, and perturnis (whooping cough)

Zeater vacane to protect against shingles If you are \$2 years or older

There may be other excitnes recommended for you to be sure to talk with your health-care professional about what is right for you



### Information Series for Adults What You Need to Know About Heart Disease and Adult Vaccines

### Why Vaccines Are Important for You

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https://www.cdc.gov/vaccines/adults/resources.html





For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 <u>www.cdc.gov</u>

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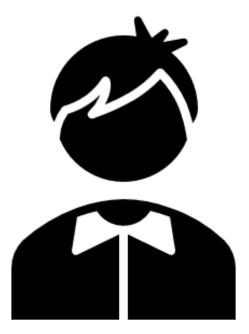


# Vaccinating Adults with Chronic Conditions: Recommendations and Lessons Learned

SARAH COLES, MD ASSISTANT PROFESSOR, DEPARTMENT OF FAMILY, COMMUNITY AND PREVENTIVE MEDICINE UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE – PHOENIX FAMILY MEDICINE RESIDENCY BANNER UNIVERSITY MEDICAL CENTER – PHOENIX

## Disclosures

- I participate on the ACIP Influenza and Child/Adolescent Schedule workgroups.
- I participate with the American Academy of Family Physicians Commission on Health of the Public and Science.
- I do not receive any financial compensation for these activities.



### Case

M is a 59 year old with insulin dependent diabetes, heart failure with preserved ejection fraction, and fatty liver disease who presents for routine chronic disease follow up. He has not had any recent wellness examination. He does not know when he last had any vaccines. He says, "Maybe in the 90s?"

**Needs Vaccines:** 

Influenza, Tdap or Td, MMR, RZV, PPSV23, Hepatitis A, Hepatitis B

# Challenges

### PATIENTS

Poor access

Health literacy

Vaccine misconceptions and attitude Difficulty navigating the healthcare system

Cost

Lack of clear, strong recommendations from clinicians

Needle fear

### **CLINICIANS**

Limited time for preventive care

Cost and Storage

Reimbursement

Knowledge and attitude

EHR

Unaware of vaccine status

Competing priorities

Disparities

With few exceptions, Black, Hispanic, and Asian adults have lower vaccination rates than White adults for routinely recommended vaccines

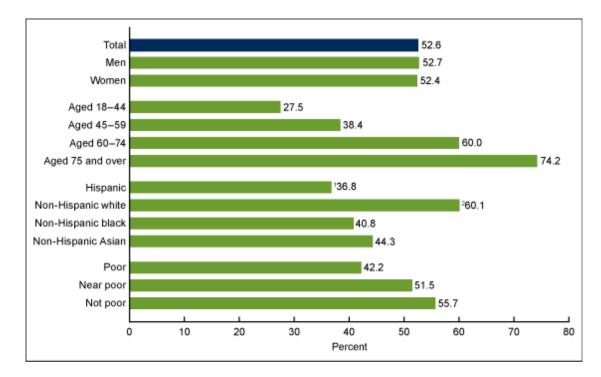
Vaccine coverage is lower for those without health insurance

Vaccine coverage is lower for those with public health insurance vs private health insurance

Vaccine coverage is lower for rural individuals

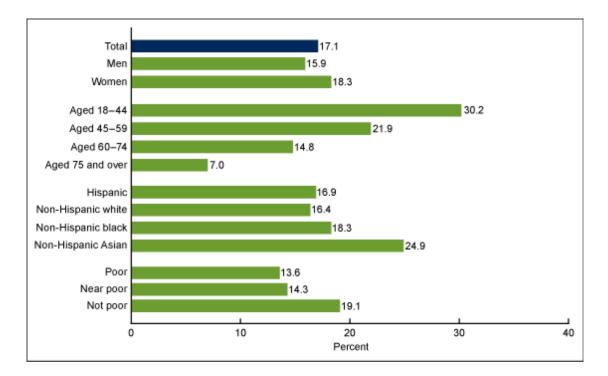
Vaccine coverage is lower for individuals living below the poverty line

### **Disparities: Pneumococcal Vaccine in Diabetes**

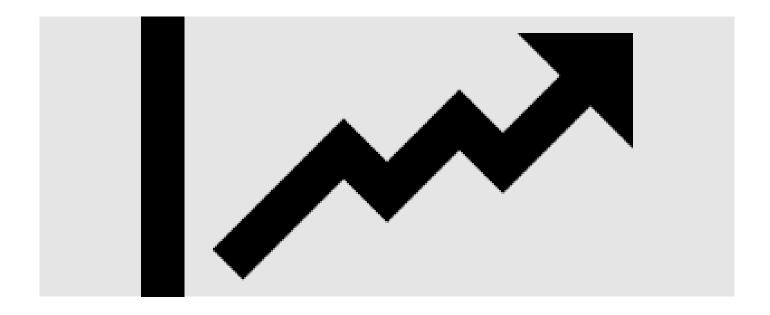


Villarroel MA, Vahratian A. Vaccination coverage among adults with diagnosed diabetes: United States, 2015. NCHS data brief, no. 265. Hyattsville, MD: National Center for Health Statistics. 2016.

### **Disparities: HepB Vaccine in Diabetes**



Villarroel MA, Vahratian A. Vaccination coverage among adults with diagnosed diabetes: United States, 2015. NCHS data brief, no. 265. Hyattsville, MD: National Center for Health Statistics. 2016.





### **Strong Recommendations**

Every visit, every time	Give strong, favorable recommendation	Every team member participates
Use presumptive approach	Be persistent	Address concerns



### Case

You give M a strong recommendation for vaccines. But M hesitates...

## **Address Hesitancy**

- Play It Cool:
  - Don't anticipate push back or disagreements
  - Seek to understand their concerns before pressing your point
  - Be aware of and recognize misinformation in the community
  - Address specific safety concerns
  - Provide accurate education and resources: Educate on disease risks and vaccine safety
- Don't Shut the Door:
  - Readdress over time
  - Avoid dismissing patients for not vaccinating
  - Invite questions and discussion



## **Shared decision making**

#### FRAMEWORK

Identify options, including risks, benefits, and cost Check for understanding Elicit the patient's perspective Understand the psychosocial context – "It seems like…" Identify patient's goals

Develop strategy to meet those goals

#### **BEST PRACTICES**

Be nonjudgmental

Listen actively

Focus on the patient

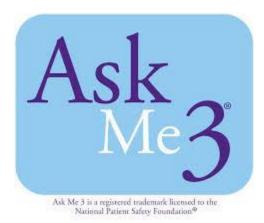
Empathize

Summarize

Use nonverbal cues: Eye contact, facial expressions, open posture

### **Health Literacy Best Practices**

- Written and spoken material at or below 8<sup>th</sup> grade reading level
- Utilize Teach Back technique
- "Ask Me 3"
  - 1. What is the problem?
  - 2. What do I need to do?
  - 3. Why is it important to do this?
- Avoid technical jargon



### **Make It Easy For Patients**

- Increase access:
  - Open Access Scheduling
  - Extended hours
  - Home Visits
  - Group Visits
- Have stock on site of common vaccines
- Provide Reminders: Calls, letter, leaflets, postcard
- Review and recommend vaccines: Every visit, every time



### Case

After engage in shared decision making, M agrees to vaccination (Phew!).

When you go to do your charting later that day, you noticed that M managed to leave your office without receiving HepA and HepB vaccines.

### Make It Easy for Care Teams

#### **Clinician incentives**

• Reward for performance

#### **Clinician education**

•Get everyone comfortable with recommendations, safety, and adverse effects

#### Technology

• Utilize EHR, State Immunization Information Systems

#### Standing orders

• Develop protocols for vaccination without physician order

#### Team Based Care

• Engage entire team to meet vaccination goal

## **Physician Incentives**

- Simple Strategies Work:
  - Reminding physicians to vaccinate all patients (OR 2.47, 1.53-3.99)
  - Posters in clinics presenting vaccination rates and encouraging competition between doctors (OR 2.03, 1.86-2.22)
  - Chart reviews and benchmarking to the rates achieved by the top 10% of physicians (OR 3.43, CI 2.37-4.97)



## **Clinician Education**

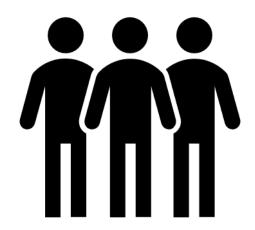
- Clinician knowledge may vary widely. May lack knowledge in:
  - Vaccine preventable illness
  - Indications, administration, side effects, safety
  - Storage and handling
  - Vaccine development
  - Adverse events reporting
  - Approval and evaluation process
  - Billing, coding, and documentation
  - Laws and regulations
- About 25% of physicians believe that recommendations for adults are difficult to follow

# **Standing Orders**

- Written protocols that authorize designated members of the team to complete clinical task without obtaining physician order first
- Increases immunization rates
- To Implement:
  - Get support of clinical and administrative team
  - Carefully choose the targeted order
  - Have a champion
  - Write the standing order
    - Identify who is responsible for the task, which patient group it applies to, contraindications, and specific information including dose, route of administration
  - Implement the order
  - Reassess and update order as needed

### **Team Based Care**

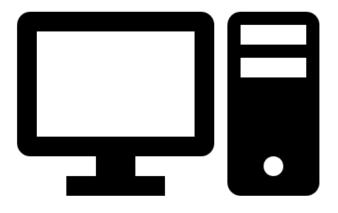
- Train all team members on:
  - Vaccine fundamentals
  - Giving strong recommendations
  - Communicating that vaccines are safe, necessary and effective
- Population Health Team
  - Case managers, nursing staff, medical assistants
- Registries
  - Identify target populations
  - Develop registry through EHR
  - Track and follow up patients





# **Office Champion Model**

- Champion:
  - Identifies barriers
  - Develops workflows
  - Provides training
  - Creates a shared mission to build culture of vaccination
  - Is the "Go to" person for questions/concerns
  - Provides leadership opportunities



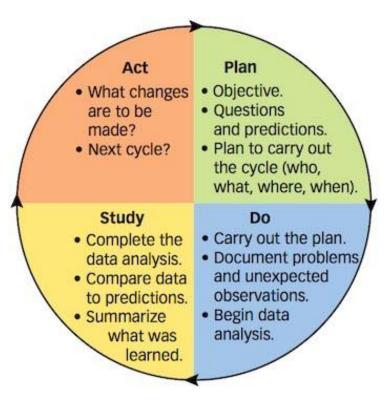
# Technology

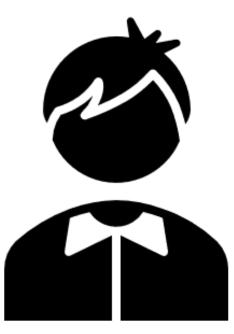
- EHR
  - Reminders and Prompts
  - Disease specific algorithms
    - Requires clinicians to code diagnoses appropriately
- Participate in the state immunization information systems
  - Ideally, EHR compatibility
  - No national IIS
  - Not as widely used for adults

## **Community Based Strategies for Offices**

- Culturally sensitive programs and recommendations
  - Tailor to population being served
  - Utilize preferred language
- Engage partner organizations and respected community leaders
- Patient advisory council

### **Reduce Missed Opportunities and Improve Rates!**





### Case

Your population health team reaches out to M to arrange vaccination. M is going to make an appointment with you.





### COVID-19

- Clinical preventive services reduced
- Wellness visits postponed
- Telemedicine prioritized over face to face encounters when possible
- Vaccinate when:
  - An in-person visit must be scheduled for another purpose
  - Compelling need for in-person visit and potential benefit outweighs the risk from COVID-19
- Keep track and readdress once safe

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### **Questions?**



Dr. Tara Jatlaoui



**Dr. Sarah Coles** 



Webinar archive will be available at: <u>www.phf.org/immunization</u>

> Questions or comments? immunization@phf.org