Missed Opportunities Influenza and Pneumonia Vaccination in Older Adults

Influenza and pneumonia are infectious respiratory diseases that cause massive expense, extensive illness and significant death every year in the United States. Influenza and its complications are responsible for an average of 226,000 hospitalizations and up to 49,000 deaths annually. All population groups are affected, but adults ages 65 and older are hit particularly hard. Ninety percent of the deaths from influenza are in this age group. There is a powerful prevention tool already available, but not being used to its full potential. The vaccines for influenza and pneumonia are a safe, effective and cost-efficient way to dramatically reduce the burden of these diseases in older adults, and prevent tens of thousands of deaths.

Unfortunately, the number of older adults who are protected from disease by these vaccines is far below national health goals. Older African Americans and Hispanics are in a kind of double jeopardy. They are more likely than whites to suffer from one or more chronic conditions, such as asthma, heart disease and diabetes, which increases the risk of severe illness and death if they get sick with influenza or pneumonia. At the same time, they are less likely than other population groups to get the vaccinations that would prevent these illnesses.

The core of the problem of vaccination disparities is missed opportunities: older adults of all racial and ethnic groups get health care at about the same rate, but during their visits while patients are more likely to be vaccinated than others. Even though these vaccines are universally recommended, some patients are not asking for them, and clinicians are not recommending them. Why does this happen? There appears to be a complex combination of reasons, including patients' knowledge and attitudes, the beliefs and practices of health-care providers and the broader policy environment of health-care systems and governments.

Places that have successfully reduced vaccine disparities, like the Veterans Affairs Healthcare System, have focused on what happens during that visit to the doctor's office, to ensure that the opportunity does not get missed. Systems changes such as electronic medical records, automated reminders and allowing non-physician personnel to administer vaccines without a separate doctor's order increase the likelihood of vaccines being offered equally to all patients. And research has shown that if the older patient has a stable and trusting relationship with a health-care provider, he or she will most often accept the offer.

The toll from influenza and pneumonia is expected to increase dramatically over the next several decades, as the baby boom generation ages and overall life expectancy increases. Now is the time to take action. Government agencies, health systems, clinicians, community advocates and families all have a role to play in making sure that all of our elders are protected equally from these deadly but very preventable diseases.

Influenza and Pneumonia: Deadly and Preventable

The Power of Prevention

One of the principles of public health is that it is always better to prevent disease than to have to treat it. Vaccines are one of the most powerful strategies for prevention available. They are also, if delivered
consistently, a way to reduce health disparities, since vaccines have the potential to protect all racial and ethnic groups equally. The vaccines for influenza and pneumococcal pneumonia are safe and effective. They are widely available, fully covered by Medicare and heavily promoted. Unfortunately, the number of people who get vaccinated for both diseases is far below national health goals. African Americans and Hispanics are furthest behind. Every year that the nation falls short of meeting these vaccination goals, thousands of older adults suffer and die needlessly.

**Missed Opportunities:**
**Understanding Vaccination Disparities**

![Image of three people, two kids and an older adult, smiling together.]

**Patient factors**

The factors that determine whether or not an individual seeks out health services are essentially universal, crossing all demographics and health issues. The health service or treatment needs to be, or at least perceived to be important, beneficial to the individual, available and affordable. All of these factors have been investigated by researchers seeking to identify the patient-related causes of vaccine disparities among older adults. Interestingly, issues of cost and access to care have been shown to be less important than awareness and personal beliefs. Researchers who looked at patients' socioeconomic status and education level did not find that they made much of a direct difference in vaccination rates. However, it is possible that they play an indirect role, since they can affect the social norms of a person's community, friends and family, their attitudes toward the health-care system and vaccines and where they get their care.

**Patient Knowledge and Awareness**

According to the CDC, the leading reason for not receiving a flu vaccine, reported by over 20 percent of Medicare beneficiaries, was "not knowing it was needed." Awareness of the pneumonia vaccine is even lower. In a study of Medicare beneficiaries, the most commonly reported reason for not receiving the pneumococcal vaccine was not realizing the vaccine was recommended. Another study found 50 percent of the participants who had not been vaccinated for pneumonia gave as their reason that they did not know they needed it.

There is little available data specifically comparing the levels of vaccine awareness among older adults of different racial and ethnic groups. But researchers have found that white Medicare beneficiaries were up to five times more likely than African Americans and Hispanics to seek out an appointment with their healthcare provider for the primary purpose of receiving the influenza vaccination. They speculated that this difference in patient motivation was because white patients were more likely to be aware that vaccine is recommended, to recognize that they were vulnerable and to believe that the vaccine prevents illness.

"It is important to understand that most recent Hispanic immigrants who have come here from rural areas have lower levels of health literacy, and have never been exposed to basic health messages like the benefits of vaccination."

**Patient Beliefs and Social Influence**

Multiple studies have found the primary reasons cited by patients for resisting vaccination include thinking that the vaccine can cause disease, concern about side effects and not believing the vaccine will prevent the illness. Personal beliefs and patient preferences are influenced by previous experiences with vaccinations, as well as the opinions and suggestions of friends, family and trusted community members. Not surprisingly, believing or being told that the vaccine is beneficial makes people more likely to get it, whereas negative experiences or stories from others discourage vaccination. Previous experience is the best predictor of whether or not an older adult gets these vaccinations. A person is most likely to get the influenza vaccination if they have gotten it in previous years. There is also evidence that older adults are more likely to get the pneumonia vaccine if they have gotten a flu shot in the past. The reverse is also true. A study of older adults in inner-city health centers found that the main reason given by patients for not getting vaccinated was having had a previous adverse reaction to influenza vaccine. Clearly this previous negative experience was a major disincentive for these patients to receive another vaccination.

There appears to be a "ripple effect" that can either aggravate or alleviate disparities in communities. A study on African-American elders' perceptions of the
influenza vaccine found that negative word of mouth about the flu shot was the biggest barrier to getting vaccinated. A small survey of older African Americans found that the majority of the participants who had not been vaccinated believed that the vaccine caused illness. Positive perceptions can have the opposite effect. One study found that among patients age 65 and older, the strongest predictor of influenza vaccination was the belief that friends and relatives thought they should be vaccinated.

It is important to note that these studies were not comparing belief structures across racial and ethnic groups, or attempting to demonstrate that vaccination disparities are caused by individual attitudes and beliefs. But the researchers concluded that targeted education to dispel myths and alter community perceptions should serve to increase the rates of vaccination in underserved populations. It seems plausible that, because of the ripple effect, once vaccination rates start to rise in a community, every individual who is successfully vaccinated, and shares their story, has the potential to accelerate change.

**Provider and Practice Factors**

A doctor’s recommendation has a strong influence on a patient’s decision to be vaccinated, even when the patient comes in with a resistant attitude toward vaccination. Unfortunately, research has shown that many physicians and other healthcare providers do not routinely recommend vaccines to their adult patients, despite evidence showing that the vast majority of patients will receive vaccinations if their health-care provider recommends them. The reasons for this missed opportunity include clinicians’ personal beliefs and priorities, as well as the culture and systems of their practices.

**Provider Beliefs and Behaviors**

Researchers investigating the role of provider behavior in vaccination disparities have not found racial bias or discrimination to be a significant factor in why some patients get vaccinated with more regularity than others. Rather, physicians just tend not to prioritize adult immunizations and other preventative services in their practice. This can be due to time constraints, resource constraints or personal beliefs about the importance of pneumococcal and influenza vaccinations.

Health-care providers communicating a positive attitude toward vaccination, and more importantly getting vaccinated themselves, send an encouraging message to patients that helps build trust. Even though clinicians routinely expose themselves to illness, and also risk transmission of disease to vulnerable patients, the rate of influenza vaccination in the health-care workforce was only 62 percent in 2009-10, with black health-care workers significantly less likely to be vaccinated than whites. A study exploring racial disparities in adult vaccinations found that physicians in practices serving mostly whites reported receiving the annual influenza vaccine themselves more often than physicians in practices serving mostly minorities.

Clinicians serving in communities where skepticism is high and vaccination rates are low may over time get worn down by patient resistance. According to Dr. Kevin Fiscella from the University of Rochester, this negative experience and skepticism are real and can affect provider behavior. If they have had a number of older African-American patients refuse the vaccine, after a while they may unconsciously decide not to offer vaccination to this population. The problem can be compounded when clinic staff from the community share some of the same skeptical attitudes.

**Systems Used by Practices**

The way a doctor’s office or larger health system functions can make a critical difference in whether or not a patient gets offered vaccination. There are differences in office support operations, information technology capabilities and staffing that all may play a role in vaccine disparities among older adults. Practices that build in an organized program for vaccination screening, provider reminders and patient education are more likely to have higher rates of patient acceptance, across racial and ethnic groups. Providers often are unsure of whether or not their patients are in need of vaccinations. Lack of knowledge of a patient’s immunization status creates barriers to immunization, especially for the pneumonia vaccine, which only needs to be given once. Little is known about the possible adverse effects of getting the shot multiple times, and providers may not feel comfortable offering a strong recommendation for it to patients whose vaccination status is unknown. Failures to assess and record immunization history, status and prior discussions with patients may contribute to missed opportunities to vaccinate. Provider practices with enhanced vaccination documentation often report higher vaccination rates among their older patients.
For practices without electronic medical records, simple health maintenance flow sheets that provide a standard format for recording routine preventative services, such as vaccinations, directly in the patient chart are a useful and effective system for improving documentation. Standing orders, which allow non-physicians in the practice to vaccinate without a physician’s specific order, are another practice that can increase, vaccination rates and reduce disparities. One study that compared physician and practice factors and their relationship to vaccination disparities in an urban and suburban practices found that compared to physicians in practices serving minorities, physicians working in practices with a majority of white patients more frequently reported using office support systems including standing orders, patient reminders and a designated immunization screener, all of which have been shown to be effective in improving practices’ vaccination rates. None of the physicians working in practices serving mostly minority patients reported to use standing orders for adult vaccinations. The researchers speculated that the difference was primarily the result of differing attitudes among the staff about the importance of vaccination and the benefit of the practice.

The Way Forward: Proven Effective Strategies

Although the rate at which older adults of all races and ethnicities get vaccinated against influenza and pneumonia has slowly increased over time, the disparity between groups had remained fairly constant. However, some health systems, pilot projects and progressive community leaders have been able to make a difference by implementing evidence-based educational strategies, provider and clinic-level approaches and public health policies. The American Lung Association encourages a concerted effort to replicate and institutionalize these promising strategies.

Educational Strategies

Educational strategies aimed at older adults can effectively raise awareness of the benefits of the vaccines, and of the recommendations for high-risk groups. This is best accomplished through a combination of public awareness campaigns specifically targeted to underserved communities, and patient education by health-care providers. The CDC’s annual influenza vaccination campaign has included tailored approaches and materials to target minorities and high-risk groups for a number of years. In advance of the 2010-11 influenza season they engaged focus groups and surveys of different age, racial and ethnic groups to guide message development. This research reaffirmed the finding that African-American seniors respond positively to images that portray the older as protecting the younger and serving as role models for positive health behaviors, such as getting the annual influenza vaccine.

Patient education and a strong recommendation for vaccination by health-care providers can address misconceptions, erase vaccine-related concerns, dispel myths and ultimately increase the likelihood of patients receiving the vaccines. One research team that has been studying ways for providers to increase vaccination rates among older African Americans has found that it is critical to address patients’ concerns about possible side effects and interaction with other drugs they may be taking to manage chronic illnesses. Patients may distrust the system, they found, but they trust their doctor.

Provider and Clinic Level Strategies

There are a number of evidence-based clinical strategies that have been shown to increase adult vaccination rates and improve vaccine parity. Enhanced documentation systems, such as electronic medical records or health maintenance flow sheets in every patient chart, can improve tracking of patients’ vaccine history and status. These systems also encourage routine screening of immunization status, enable use of provider reminders and recall systems in the clinic and flag the need for client reminders. Another highly recommended method for improving vaccine coverage rates at the clinic level is to use standing orders for non-physician personnel, such as medical assistants and nurses that allow them to administer routine vaccinations without a separate doctor’s order. All clinic-level systems changes and programs must be tailored to the particular practice and the community they serve, and staff should be integrally involved in the decision-making process and implementation of interventions.

One best practice model of effective clinical systems change is the Veterans Affairs (VA) Healthcare System, which is the largest integrated health-care system in the United States, with over 1,000 combined medical centers and outpatient clinics serving 7.6 million enrollees. In 1995 they initiated a comprehensive effort to improve the quality of care for veterans, including development of performance measures and accountability standards for rates of preventative services, such as immunizations.

Hospitals and clinics implemented multiple systems-based interventions to improve vaccination coverage rates, including clinical reminders, use of nursing staff for immunizations, feedback, and the annual distribution of an influenza vaccination toolkit and national coordination of vaccine distribution. These systems were supported by the use of electronic
Taking Action

The problem of influenza and pneumonia vaccination disparities is not insurmountable. There is sufficient evidence to demonstrate how to go about addressing and reducing these disparities. Each is an opportunity not to be missed. The American Lung Association calls on policymakers, health-care systems, clinicians, community leaders and families to take the following actions to ensure that all of our elders are protected equally from these deadly, but very preventable diseases:

- The federal government should continue to aggressively implement the Affordable Care Act, ensuring that Americans have access to immunization against influenza and pneumonia vaccination without cost.
- The Centers for Disease Control and Prevention (CDC) and state immunization programs should continue the efforts of annual influenza campaigns to ensure providers and the public have a clear understanding of the risks of influenza, and the benefits of annual influenza vaccination. It is particularly important to use targeted, culturally appropriate messages and messengers to reach under-served communities.
- The CDC should strengthen the recommendations to mandate annual influenza vaccination of all health-care providers who do not have a contraindication.
- Public health officials at the federal, state and local level should better coordinate and streamline vaccine management processes, especially ordering and distribution, to ensure that vaccines for influenza and pneumonia are readily available.
- State Immunization Information Systems should include people of all ages in their data collection in order to better monitor the rate of adult immunization, track vaccine distribution and identify pockets of need.
- Health systems and providers should establish systems to effectively track patient vaccination status. All Electronic Health Record systems should include key prevention fields, including influenza and pneumonia vaccination.

- Health systems and providers should implement standing orders for appropriate vaccinations for all patients.
- Health-care providers should give strong, clear recommendations to older adults to get vaccinated for influenza and pneumonia.
- African-American and Hispanic community and faith leaders should serve as role models to promote the benefits and dispel the myths of influenza and pneumonia vaccination.
- Families should make sure that everyone gets the influenza and pneumonia vaccines as recommended, since vaccinating the young helps protect the old as well.

**PROVIDER SATISFACTION SURVEY RESULTS 2015**

Recently, HealthSun conducted a Provider Satisfaction Survey to find out how you feel about us. It is important for us to understand how we are doing and we thank you for completing this survey. This also helps us know who to make improvements in how we work and communicate with you.

The results and findings of this survey indicate that 93.8% of you are somewhat or very satisfied with HealthSun and 4.9% of you are neither satisfied nor dissatisfied. In comparison to other health plans, 38.3% of you were more satisfied and 30.6% of you were neither satisfied nor dissatisfied with us. 71.0% of you believed that our performance has gotten better over the last year and 28.7% of you thought that our performance stayed the same. Those of you who responded that the plan was better than last year was a significant improvement over last year’s survey.

The following table provides a comparison in the good to excellent ratings in some specific measures over the last few years which continues to demonstrate continued improvement in satisfaction:

<table>
<thead>
<tr>
<th>Measure</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Satisfaction</td>
<td>93.8%</td>
<td>90.0%</td>
<td>85.0%</td>
<td>82.0%</td>
<td>81.5%</td>
</tr>
<tr>
<td>Customer Service</td>
<td>93.7%</td>
<td>82.7%</td>
<td>82.3%</td>
<td>78.2%</td>
<td>70.1%</td>
</tr>
<tr>
<td>Payment of Claims</td>
<td>76.3%</td>
<td>70.4%</td>
<td>69.5%</td>
<td>67.6%</td>
<td>69.2%</td>
</tr>
<tr>
<td>UMI/Authorizations</td>
<td>98.5%</td>
<td>85.7%</td>
<td>80.1%</td>
<td>77.5%</td>
<td>73.4%</td>
</tr>
<tr>
<td>Care &amp; Case Management</td>
<td>91.3%</td>
<td>74.0%</td>
<td>71.5%</td>
<td>66.7%</td>
<td>58.9%</td>
</tr>
<tr>
<td>Provider Operations</td>
<td>98.8%</td>
<td>80.8%</td>
<td>85.6%</td>
<td>78.3%</td>
<td>76.5%</td>
</tr>
</tbody>
</table>
Thank you for taking the time to assist us! Any questions about this survey can be directed to the Provider Operations Department.

**PROVIDER MANUAL**

Providers are reminded that you have a HealthSun Provider Manual that contains important and helpful information. If you have any questions, call Provider Operations Department or your representative.

**HEDIS FINAL RESULTS 2016**

The final HEDIS rates are very good and in several measures, better than last year. We thank you for helping make this another excellent reporting year! The following provides a snapshot of the rates in key CMS star measures.

The following Table provides a comparison of 2013 and 2014 HEDIS results and the CMS Star Rating.

<table>
<thead>
<tr>
<th>Measure</th>
<th>HEDIS Rating 2016</th>
<th>HealthSun 2015 Rate</th>
<th>HealthSun 2014 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>81.10%</td>
<td>82.24%</td>
<td>81.46%</td>
</tr>
<tr>
<td>Adult BMI</td>
<td>100.00%</td>
<td>96.30%</td>
<td>96.03%</td>
</tr>
<tr>
<td>Controlling High BP</td>
<td>92.92%</td>
<td>82.48%</td>
<td>91.48%</td>
</tr>
<tr>
<td>HgbA1c Control w/ Diabetics  &lt;8.0%</td>
<td>63.89%</td>
<td>84.43%</td>
<td>85.85%</td>
</tr>
<tr>
<td>Kidney Monitoring w/ Diabetic Pts</td>
<td>98.61%</td>
<td>95.38%</td>
<td>94.88%</td>
</tr>
<tr>
<td>Eye Exam in Diabetics</td>
<td>90.51%</td>
<td>87.10%</td>
<td>84.63%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>81.07%</td>
<td>66.67%</td>
<td>66.00%</td>
</tr>
<tr>
<td>Drug Therapy for Rheumatoid Arthritis</td>
<td>90.16%</td>
<td>89.00%</td>
<td>85.00%</td>
</tr>
<tr>
<td>Plan All Cause Readmissions</td>
<td>12.87%</td>
<td>10.66%</td>
<td>20.00%</td>
</tr>
<tr>
<td>Osteoporosis Mgmt Women w/ Frx</td>
<td>38.41%</td>
<td>43.06%</td>
<td>25.38%</td>
</tr>
</tbody>
</table>

Please assist us in ensuring that your assigned members receive the preventive care and monitoring that is required so that our rates will increase. We thank you for your support in advance.

Measures that require attention include helping your patients with diabetes better control their HgbA1c rate and getting diabetic retinal eye exams and to increase the number of members who get Colorectal and Breast Cancer Screening. Additionally, those women members who had a fracture must get either a Bone Density Test or be prescribed a medication for Osteoarthritis within 6 months of the fracture.

We will continue to provide you with gap listings of your members who require care in accordance with these key HEDIS measures which are also Star measures.

If you have any questions about this data, please contact the QI Department.

**HEALTH OUTCOME SURVEY 2016**

As you are aware, CMS requires that a small sample of members are surveyed each year to measure our success related to some key health outcomes in helping the members feel physically and mentally in better health. The Health Outcome Survey (HOS) includes identification of a small cohort of members who are studied initially in a baseline evaluation gathering data using a survey tool. Two years later, those same members (if still a member of HealthSun) are surveyed again to see if they are better or worse than the prior survey 2 years before.

The follow-up survey for Cohort 16 (2013-2015) was recently completed and demonstrated that HealthSun benchmarks unfavorably against both national and state rates for both physical and mental health. Those members who believed that there comparative mental health was worse from the baseline study to the follow-up was 20.2% compared to a national rate of 11.4% and a state of Florida rate of 12.6%. Those members who indicated that their general health was fair or poor rated at 46.0% compared to a national rate of 25.1% and a state of Florida rate of 25.6%. It is further interest. Of further interest, the HealthSun members with multiple chronic conditions (2 or more) was rated 78.1% compared to the national rate of 77.5% and a state of Florida rate of 79.1%.

This demonstrates that there needs to be attention focused on the well-being of the members both from a physical and mental health perspective. Your feedback on this issue is requested to assist in determination of improvement efforts. Contact the QI Department for comments and questions.

**QI ACTIVITIES**

HealthSun continues to thank you for your participation in the various QI initiatives. Key initiatives have been related to CMS Star Measures such as Adherence to Statins, High Risk Medications, Colorectal Cancer Screening, Diabetic HgbA1c Control, and Flu Vaccine. It is with your participation that HealthSun hopes to maintain its 4.5 Star Rating for a 2<sup>nd</sup> year.
Next year, HealthSun's QI Department intends to implement some new initiatives in relationship to chronic conditions such as COPD and to intensify efforts to improve the Flu Vaccine rate and those related to member satisfaction.

If you have any questions about QI activities and improvement projects, call the QI Department at the numbers listed at the end of this newsletter.

**HealthSun Health Plans**

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Karen Connolly, RN, Ext 328

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(305) 448-4148 Fax

This newsletter is distributed on a periodic basis to provide you with updated information regarding HealthSun Health Plans and health care delivery.