

Thank you for joining

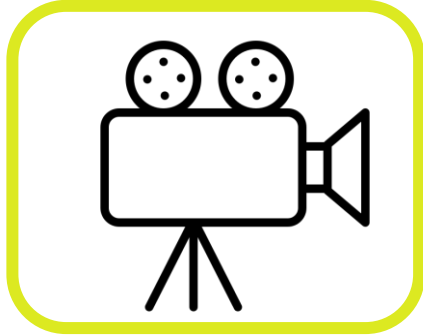
The presentation will
begin shortly

Rise to Immunize™ Monthly Webinar

Prioritizing Respiratory Health in Your Adult Patients

Ryan Haumschild, PharmD, MS, MBA, *Emory Healthcare and Winship Cancer Institute*

Webinar Reminders



Today's webinar recording
will be available the week of
05/01

- Will be sent via email
- Will be available on website

(RiseToImmunize.org → "Resources" → "Webinars")



Ask questions during the
webinar using the **Q&A**
feature

- Questions will be answered
at the end of the presentation

Today's Speakers



Ryan Haumschild, PharmD, MS, MBA

Director of Pharmaceutical Services, *Emory
Healthcare and Winship Cancer Institute*



Prioritizing Respiratory Health in Your Adult Patients

Speaker Introduction and Disclosures



Ryan Haumschild, PharmD, MS, MBA
Director of Pharmacy Services
Large Health System in Atlanta Metro Area

This non-CME promotional speaker program is being sponsored by Pfizer Inc.

The speakers are not employees of Pfizer but have been retained to present on Pfizer's behalf



Learning Objectives

Understanding the Importance of Vaccination in Protecting Respiratory Health

Identifying Eligible Adult Patients for Vaccination

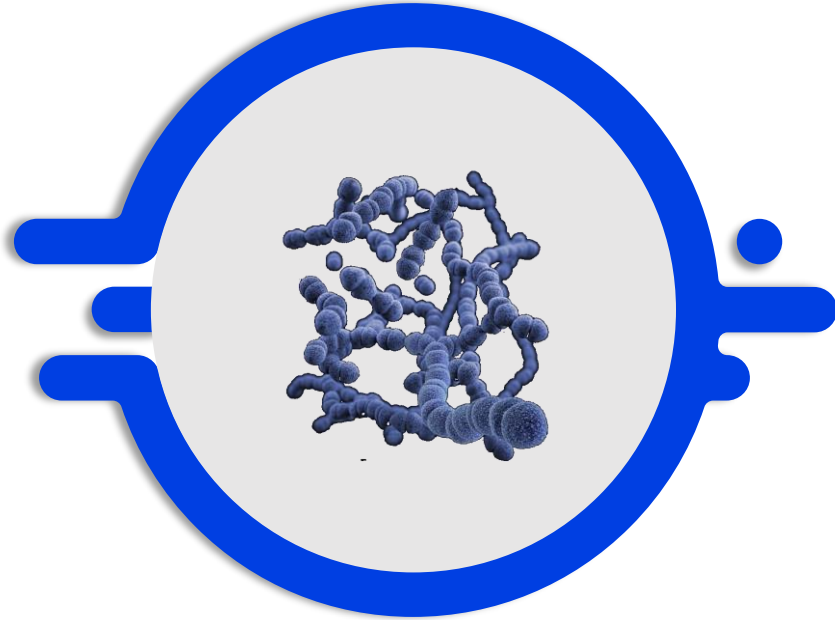
Maximizing Opportunities to Vaccinate

Understanding the Importance of Vaccination in Protecting Respiratory Health

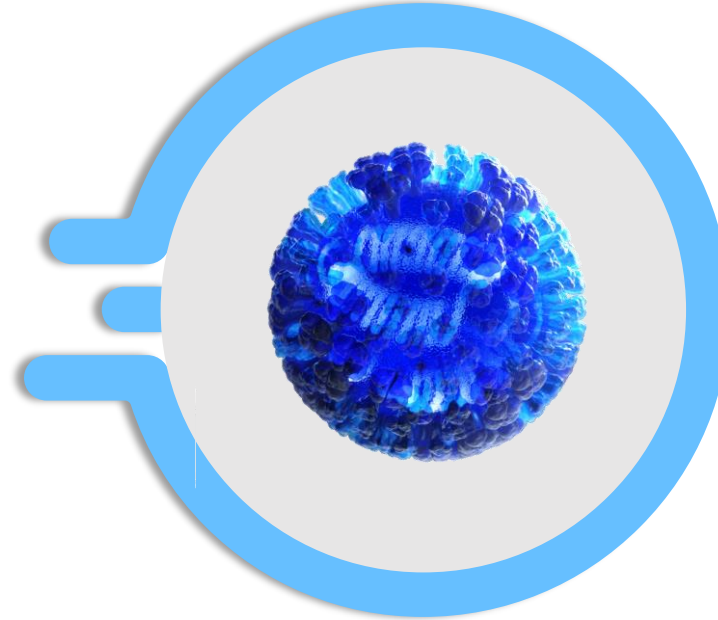


Vaccines Can Help Protect Your Patients From Certain Respiratory Diseases

The CDC recommends vaccinating eligible adults against¹:



**Pneumococcal
Disease**



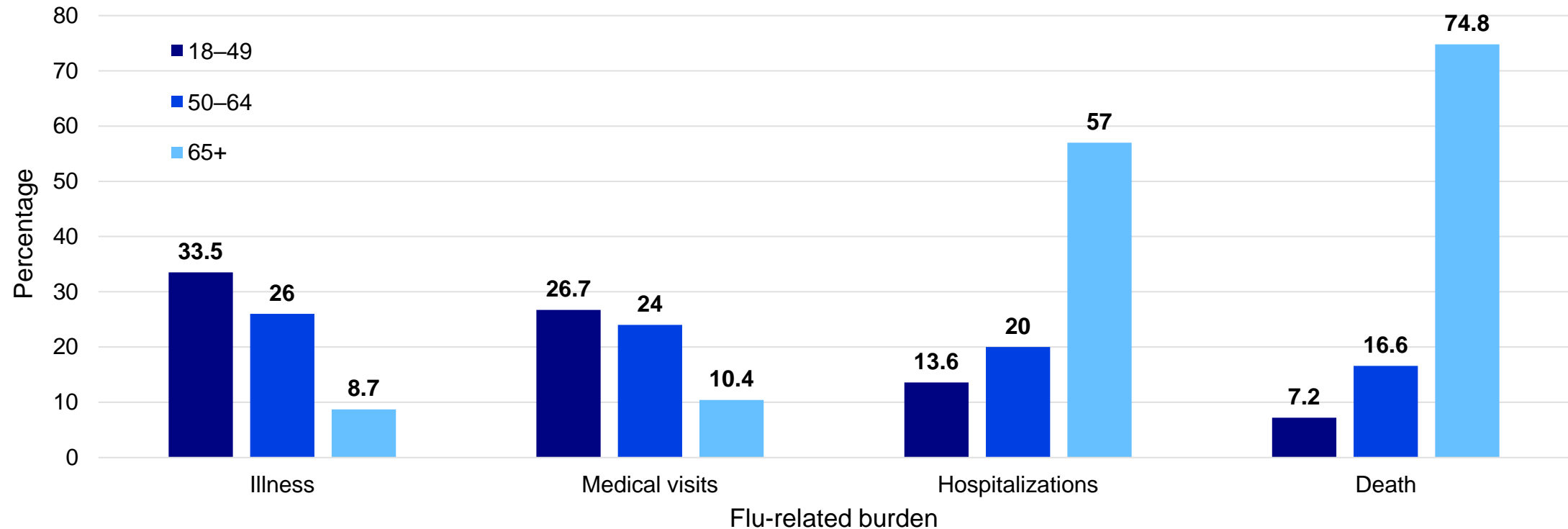
Influenza

CDC=Centers for Disease Control and Prevention.

1. Centers for Disease Control and Prevention. Recommended adult immunization schedule for ages 19 years or older. Accessed March 8, 2023. <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

Influenza Causes a Substantial Burden on Healthcare Every Year

Percentage of flu-related illnesses, medical visits, hospitalizations, and deaths by age group, 2018–2019 influenza season¹



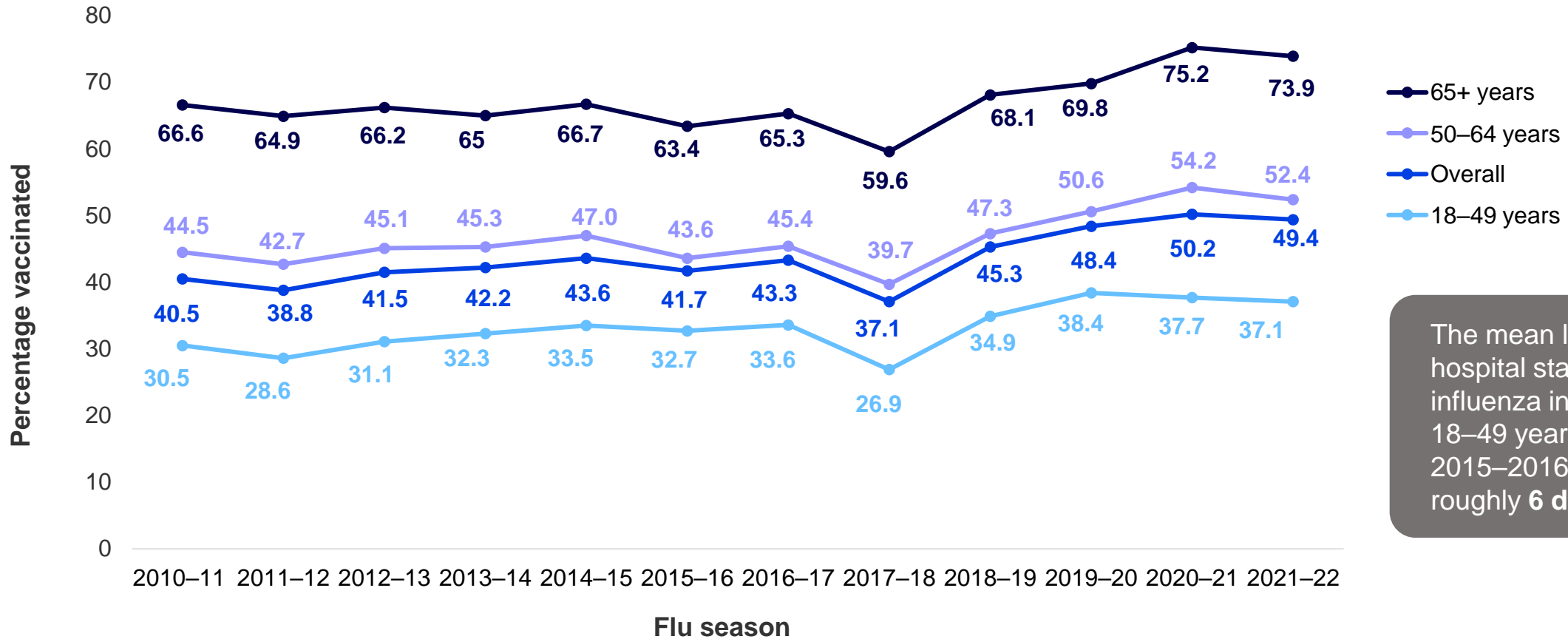
The overall burden of influenza (flu) for the 2018–2019 season was an estimated **29 million** flu illnesses, **13 million** flu-related medical visits, **380,000** flu-related hospitalizations, and **28,000** flu deaths^{1*}

*Data among all age groups.

1. Centers for Disease Control and Prevention. Estimated flu-related illnesses, medical visits, hospitalizations, and deaths in the United States—2018-2019 flu season. Accessed March 6, 2023. <https://www.cdc.gov/flu/about/burden/2018-2019.html>

Flu Vaccination Rates Have Been Historically Low Among Adults 18–49 Years of Age

Flu vaccination coverage by age group, adults ≥18 years, United States, 2010–2022¹

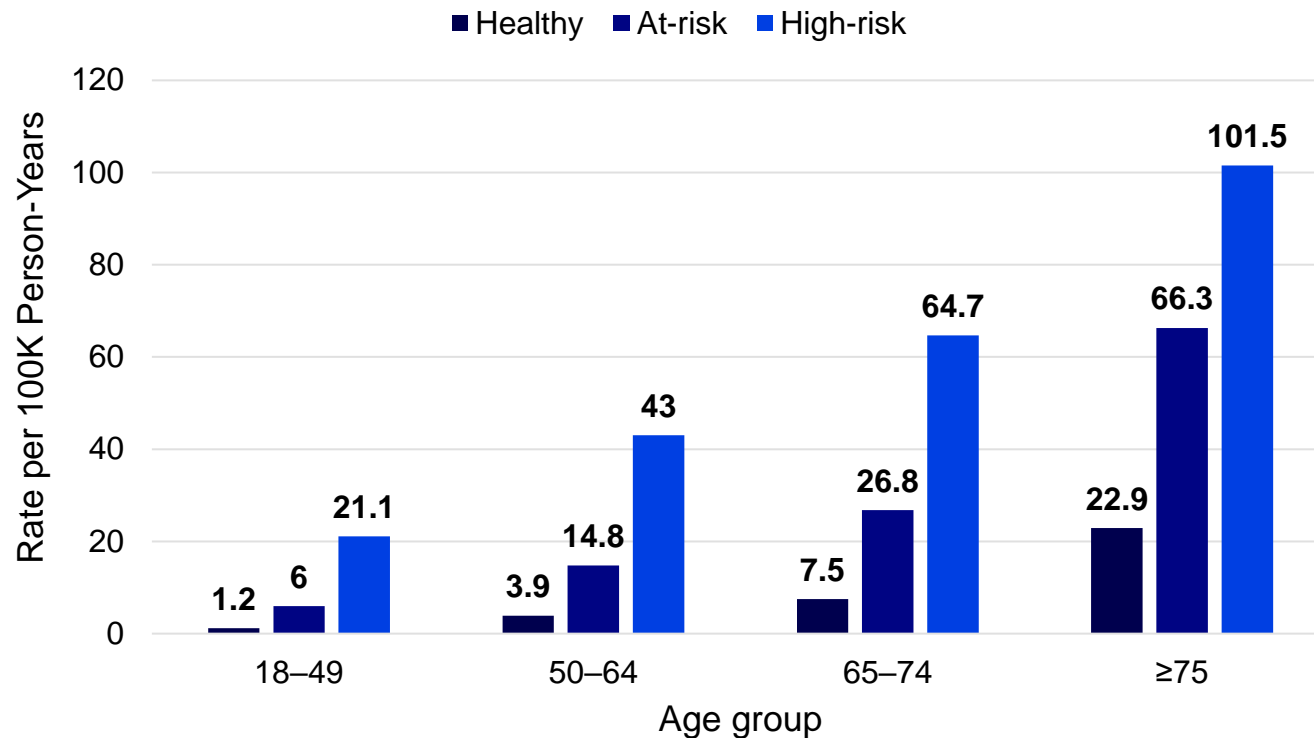


The mean length of a hospital stay due to influenza in adults aged 18–49 years during the 2015–2016 flu season was roughly **6 days**²

1. Centers for Disease Control and Prevention. Flu vaccination coverage, United States, 2021-22 influenza season. Accessed March 3, 2023. <https://www.cdc.gov/flu/fluview/coverage-2022estimates.htm#print>
 2. Agency for Healthcare Research and Quality. Statistical brief #253. Accessed March 10, 2023. <https://hcup-us.ahrq.gov/reports/statbriefs/sb253-Influenza-Hospitalizations-ED-Visits-2006-2016.jsp>

Pneumococcal Pneumonia Can Be Serious and May Lead to Hospitalization Among Adults Aged ≥ 18 Years

Rates of pneumococcal pneumonia causing hospitalizations, 2013–2015^{1*}



The mean length of a hospital stay due to pneumonia caused by *Streptococcus pneumoniae* is ~5 days for adults aged ≥ 18 years²

Pneumococcal pneumonia causes an estimated **180,000 adult hospital admissions** each year in the United States^{3†}

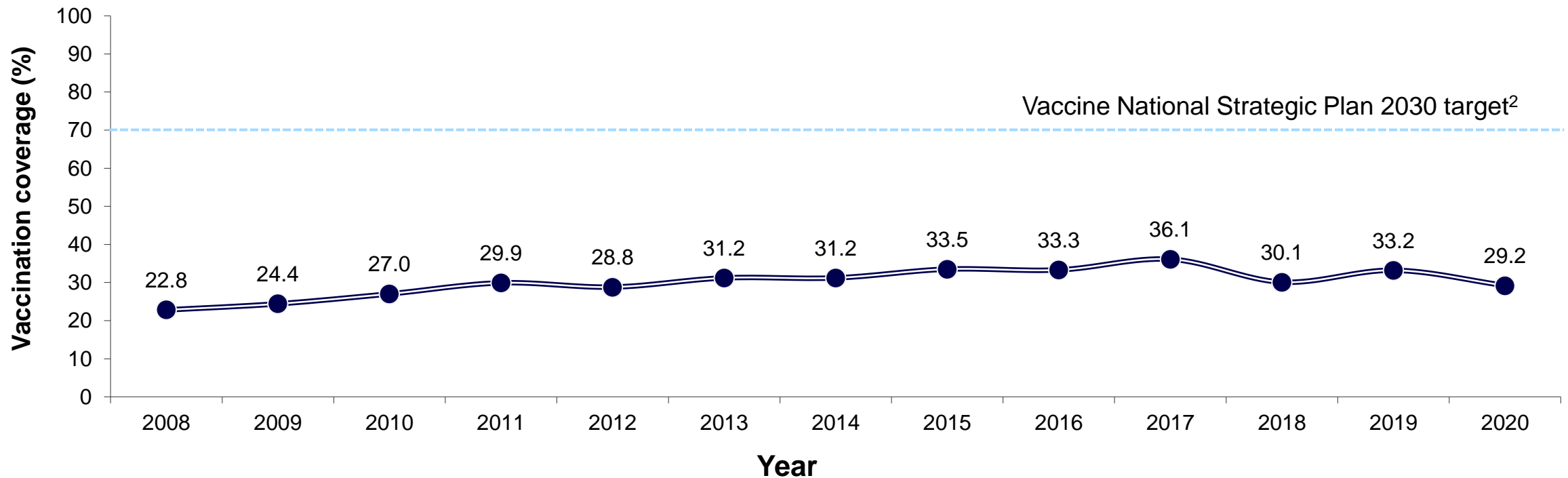
*At-risk conditions included alcoholism, asthma, chronic cardiovascular disease, chronic liver disease, chronic pulmonary disease, diabetes, and smoking. High-risk conditions included functional/anatomical asplenia, HIV, chronic renal failure, nephrotic syndrome, immunosuppressant use, malignant neoplasm, solid organ transplant, chronic oral steroid use, congenital immunodeficiency, and disease of white blood cells.¹

†Data among ages 18 years and older.

1. Pelton SI, et al. *Clin Infect Dis*. 2019;68:1831-1838. 2. Agency for Healthcare Research and Quality. HCUPnet – Hospital Inpatient National Statistics. Accessed March 31, 2023. <http://hcupnet.ahrq.gov/>. 3. Data on file. Pfizer Inc., New York, NY.

Historically, Pneumococcal Vaccination Rates Have Been Low Among Adults Aged 18 to 64 Years at Increased Risk for Pneumococcal Disease¹

Pneumococcal vaccination coverage among adults aged 18–64 years at increased risk,^{*†‡} BRFSS



*Coverage estimates are for adults aged ≥ 18 years who completed a BRFSS interview during 2008–2020.

[†]Pneumococcal vaccination was determined by asking respondents if they had ever received a pneumonia shot.

[‡]In 2008–2010, adults were considered at increased risk if they self-reported 1 or more of the following: 1) current asthma; 2) ever having diabetes, myocardial infarction, angina, or coronary heart disease; or 3) being a current smoker. In 2011–2020, adults were considered at increased risk if they self-reported any of the previous conditions or ever having chronic obstructive pulmonary disease, emphysema, chronic bronchitis, or cancer (excluding skin cancer).

BRFSS=Behavioral Risk Factor Surveillance System.

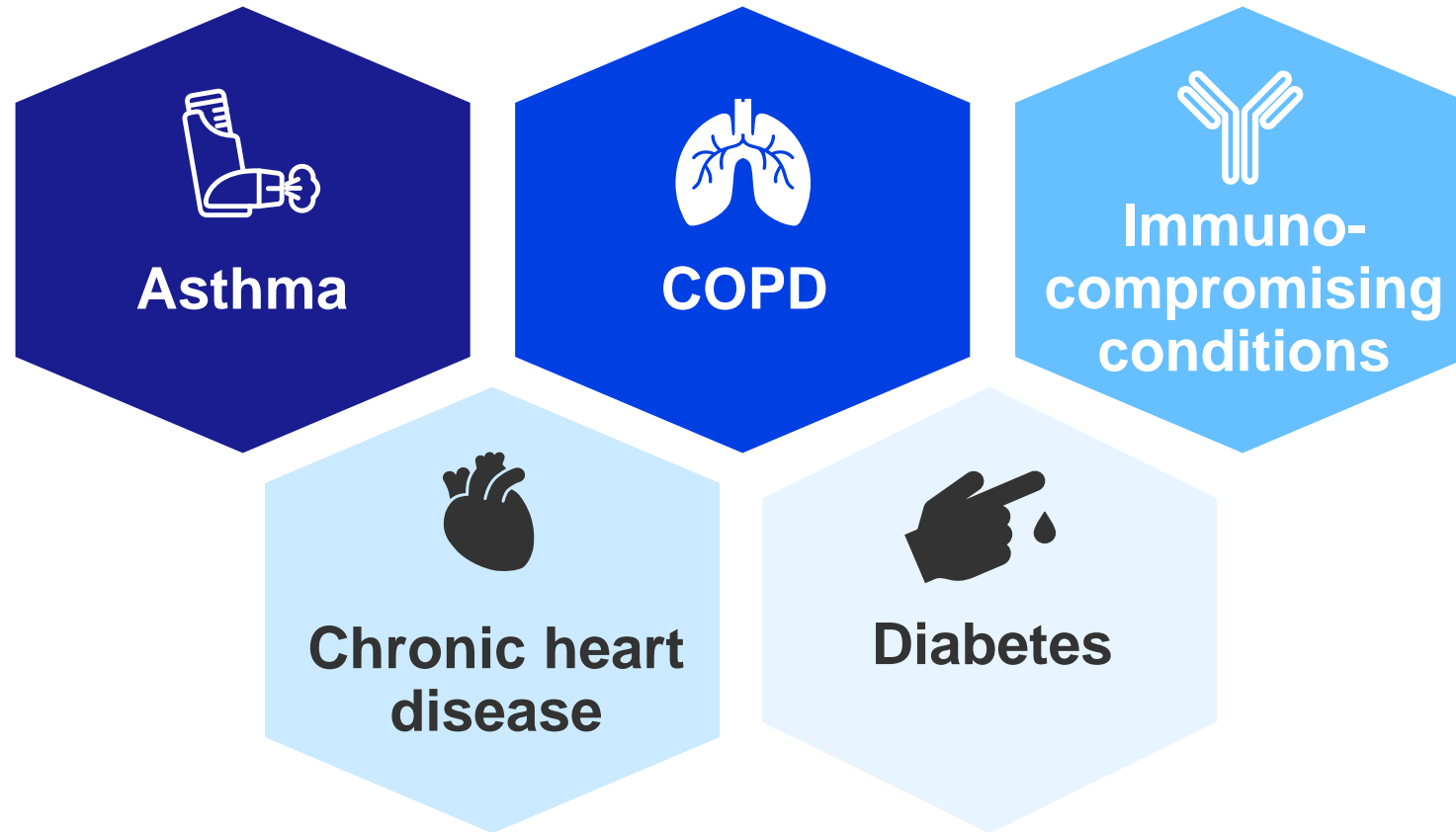
1. Centers for Disease Control and Prevention. Vaccination coverage among adults. Accessed March 31, 2023. <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/general-population/index.html> 2. U.S. Department of Health and Human Services. Vaccines: national strategic plan. Accessed March 31, 2023. <https://www.hhs.gov/sites/default/files/HHS-Vaccines-Report.pdf>

Identifying Eligible Patients for Vaccination



There Are Many Underlying Medical Conditions That Can Increase the Risk of Vaccine-Preventable Respiratory Disease in Adults


Some of the more common conditions include¹⁻²:




COPD=chronic obstructive pulmonary disease.

1. Centers for Disease Control and Prevention. People at higher risk of flu complications. Accessed March 10, 2023. <https://www.cdc.gov/flu/highrisk/index.htm#print> 3. Pelton SI, et al. *Clin Infect Dis*. 2019;68:1831-1838.


Adults Aged 18–64 Years With Certain Underlying Medical Conditions Represent an Opportunity to Close the Immunization Gap




~34.1 million
adults aged ≥18 years
had **diabetes** in 2018¹



~21 million
adults aged ≥18 years
had **asthma** in 2020^{2*}



26.1 million
adults aged ≥20 years
had **cardiovascular
disease** in 2018^{3†}



12.5 million
adults reported a
diagnosis of **COPD,
chronic bronchitis,
or emphysema** in
2020⁴



As of 2020, fewer than **3 in 10** at-risk adults under the age of 65 had been vaccinated against pneumococcal disease^{5‡}



Vaccination rate among adults aged 18–64 years with high-risk conditions[§] for flu was approximately **50.4%** during the 2020–2021 flu season⁶

*Includes persons who answered “yes” to the questions: “Have you ever been told by a doctor or other health professional that you had asthma?” and “Do you still have asthma?”²

†Includes chronic heart disease, heart failure, and stroke only.³

‡Receipt of any pneumococcal vaccine, Behavioral Risk Factor Surveillance System, 2021.⁵

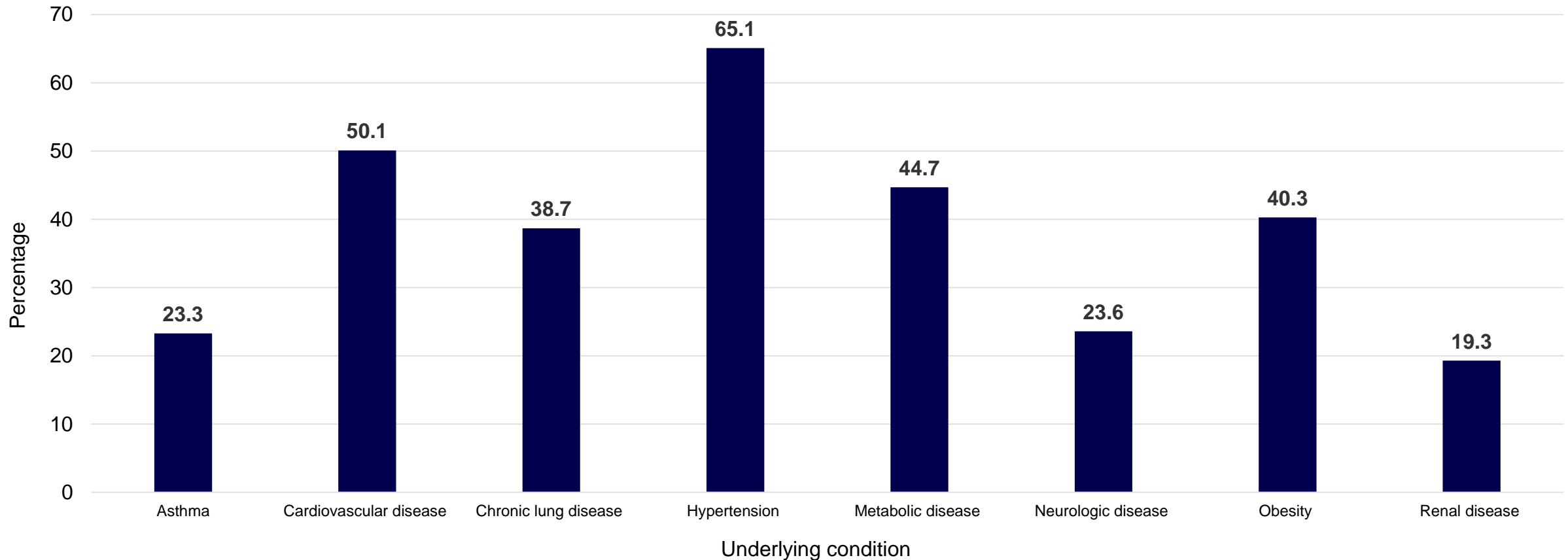
§Includes people with asthma, diabetes, heart disease, chronic obstructive pulmonary disease, or cancers other than skin cancer.⁶

COPD=chronic obstructive pulmonary disease.

1. Centers for Disease Control and Prevention. National Diabetes Statistics Report 2020. Accessed March 31, 2023. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf> 2. Centers for Disease Control and Prevention. Most recent national asthma data. Accessed March 31, 2023. https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm 3. Tsao CW, et al. *Circulation*. 2022;145:e153-e639. 4. American Lung Association. COPD trends brief: prevalence. Accessed March 10, 2023. <https://www.lung.org/research/trends-in-lung-disease/copd-trends-brief/copd-prevalence> 5. Centers for Disease Control and Prevention. AdultVaxView vaccination coverage among adults. Accessed March 31, 2023. <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/general-population/index.html> 6. Black CL, et al. *MMWR Morb Mortal Wkly Rep*. 2022;71:1366-1373.

Patients With Underlying Medical Conditions Make Up a Large Proportion of Influenza Hospitalizations

Percentage of influenza hospitalizations from patients with select underlying medical conditions, 2022–2023 season^{1*}

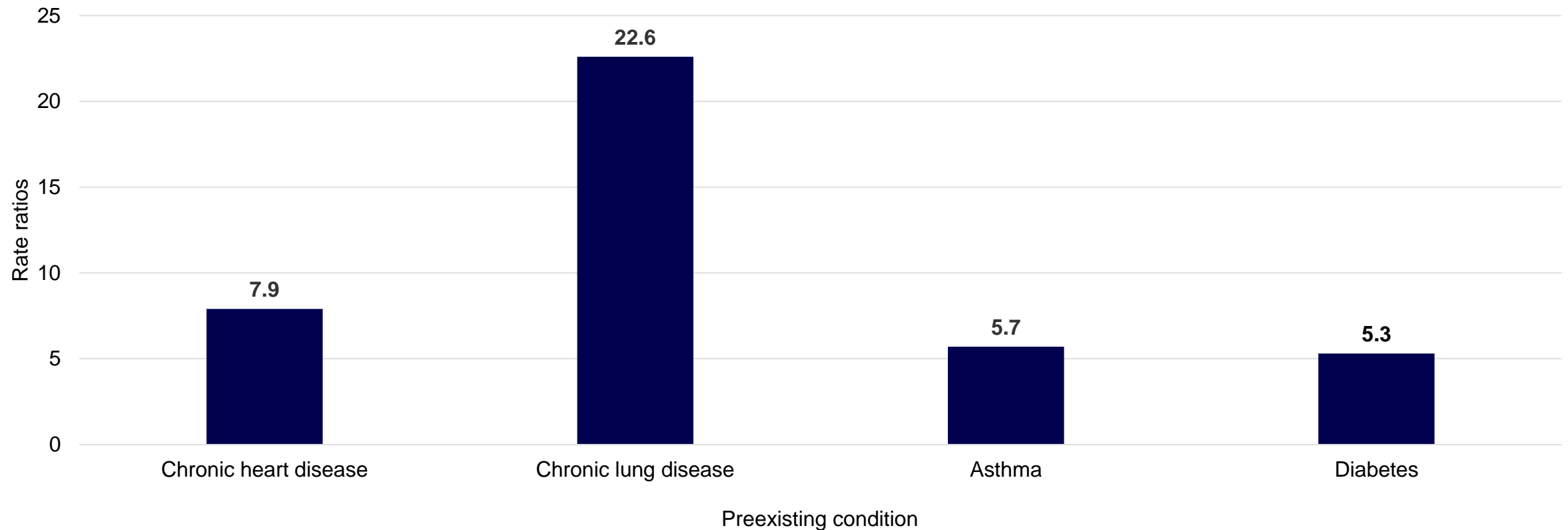


*Preliminary data as of March 4, 2023.

1. Centers for Disease Control and Prevention. Laboratory-confirmed influenza hospitalizations. Accessed March 7, 2023. <https://gis.cdc.gov/grasp/fluview/FluHospChars.html>

The Presence of Chronic Conditions Increases the Risk of Pneumococcal Disease

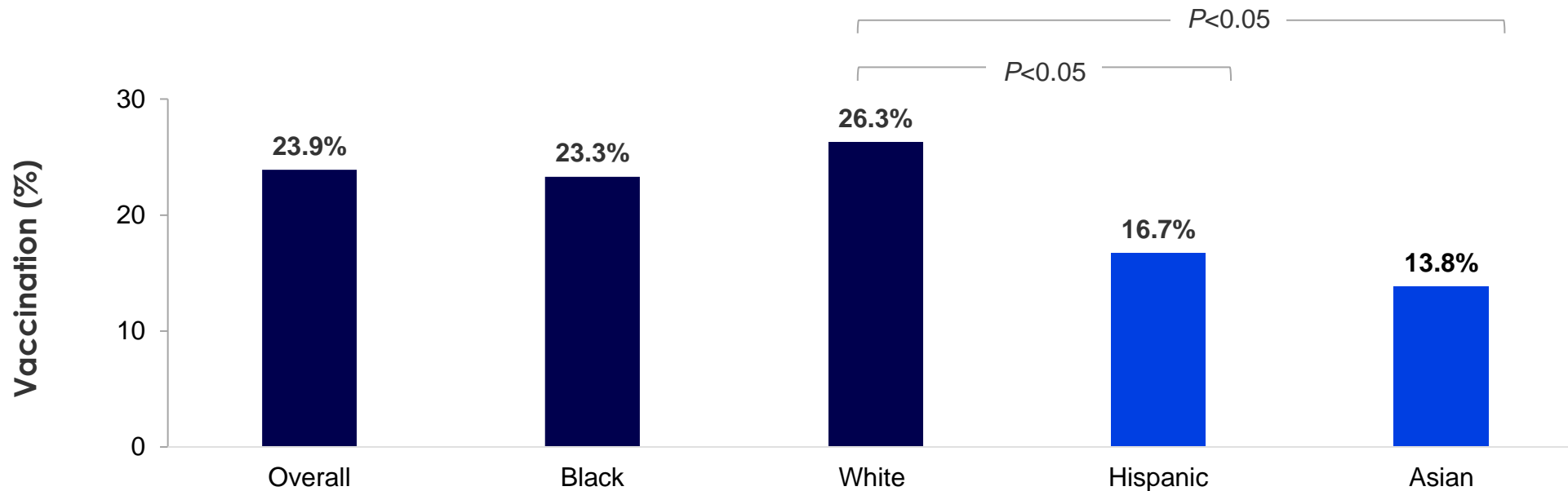
Rate ratios for pneumococcal pneumonia by preexisting condition vs healthy adults aged 18–64 years (2013–2015)¹



1. Data on file. Pfizer Inc., New York, NY.

Systemic Health and Social Inequities Have Created a Need to Help Protect Patients of Certain Racial and Ethnic Backgrounds From Respiratory Disease

Estimated proportion of adults aged 19–64 years who had ever received pneumococcal vaccination* by increased risk status† and race and ethnicity—NHIS, 2020¹



*Responders were asked if they had ever received a pneumonia shot.

†Adults were categorized as being at increased risk for pneumococcal disease if they had ever been told by a doctor or other health professional that they had diabetes, chronic bronchitis, emphysema, chronic obstructive pulmonary disease, coronary heart disease, angina, or heart attack; had a diagnosis of cancer during the previous 12 months (excluding nonmelanoma skin cancer); had ever been told by a doctor or other health professional that they had lymphoma, leukemia, or blood cancer; had an asthma episode or attack during the preceding 12 months; or were current smokers.

NHIS=National Health Interview Survey.

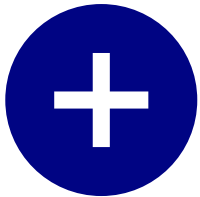
1. National Health Interview Survey. Accessed October 18, 2022. [https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/vaccination-coverage-adults-2019-2020.html#:~:text=Pneumococcal%20vaccination&text=Coverage%20among%20White%20adults%20aged,and%20Asian%20\(13.8%25\)%20adults](https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/vaccination-coverage-adults-2019-2020.html#:~:text=Pneumococcal%20vaccination&text=Coverage%20among%20White%20adults%20aged,and%20Asian%20(13.8%25)%20adults)

Maximizing Opportunities to Vaccinate



Barriers to Immunization Are Complex and Varied

Multiple immunization barriers exist among key stakeholders, including health systems, healthcare providers, and patients¹



Health system barriers include **lack of organization and supply and distribution** issues²



Missed opportunities by healthcare providers are barriers to vaccination³



Vaccine hesitancy is an increasingly common barrier, with social media facilitating the spread of misinformation around vaccine safety⁴

“ Despite multiple efforts to increase vaccination rates in adults, the vaccination coverage remains suboptimal, and significant missed opportunities still exist. ”

—Loskutova N, et al.
BMC Fam Pract. 2020³

“ Identifying the reasons underlying the tendency of adults to forego immunization is a critical step in improving vaccination policies and strategies and in increasing adult immunization coverage. ”

—Ventola CL.
P T. 2016⁵

“ Vaccine acceptance can increase, but health care providers need to offer support and encouragement and listen to what matters from the patient’s perspective. ”

—Larson H, et al.
NEJM. 2022⁴

1. Bach AT, et al. *Expert Rev Vaccines.* 2019;18:1167-1185. 2. Anderson EL. *Mo Med.* 2014;111:344-348. 3. Loskutova N, et al. *BMC Fam Pract.* 2020;21:46. 4. Larson H, et al. *N Engl J Med.* 2022;387:58-65. 5. Ventola CL. *P T.* 2016;41:492-506.

The CDC Provides Guidance on Improving Adult Vaccination¹

Practice Standards for All Healthcare Professionals



Assess

immunization status of all your patients at **every clinical encounter**



Strongly Recommend

vaccines that patients need



Administer or Refer

your patients to a vaccination provider



Document

vaccines received by your patients

Why were the Standards for Adult Immunization Practice updated?

- Adult vaccination rates are **extremely low**
- Most adults are **NOT** aware that they need vaccines
- **Recommendation** from their healthcare professional is the **strongest predictor** of whether patients get vaccinated
- There are many **missed opportunities** for vaccination because many healthcare professionals are **not routinely assessing vaccination status**

Coadministration Can Help Protect Your Patients From Certain Respiratory Diseases

Coadministration of certain respiratory vaccines should be prioritized year-round

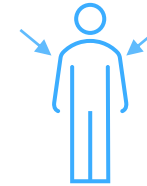
- After vaccination it may take a few weeks for the body to produce antibodies and for some vaccines more than one dose is needed¹
- The CDC recommends influenza vaccines be offered in September and October²
 - However, vaccinations should continue to be offered as long as influenza viruses are circulating and unexpired vaccines are available²
- Prioritizing certain respiratory vaccinations throughout the year can lessen the burden during peak season



Coadministration can help address your patients' vaccination needs in a **single visit**³



According to CDC recommendations, **certain vaccines** can be administered in the **same visit**^{3,4}



Injectable vaccines given simultaneously should be administered at **separate anatomic sites**⁴

CDC=Centers for Disease Control and Prevention.

1. Nypaver C, et al. *J Midwifery Womens Health*. 2021;66:45-53. 2. Grohskopf LA, et al. *MMWR Morb Mortal Wkly Rep*. 2022;70:1-28. 3. Centers for Disease Control and Prevention. Getting a flu vaccine and a COVID-19 vaccine at the same time. Accessed March 14, 2023. <https://www.cdc.gov/flu/prevent/coadministration.htm> 4. Centers for Disease Control and Prevention. Administer the vaccines(s). Accessed March 14, 2023. <https://www.cdc.gov/vaccines/hcp/admin/administer-vaccines.html>

Each Person in the Healthcare Setting Can Play a Role in Vaccination

Each phase of the office visit is an opportunity to provide adults with CDC-recommended preventive care



Reception

Waiting room

Patients

Schedule

If the patient is still in need of one or more vaccinations as part of a multistep vaccination regimen, schedule an appointment.¹



Pre-exam

Motivate

Educate the patient about the risks and benefits of vaccination. If the patient is hesitant, engage the patient in motivational interviewing. These conversations may take multiple visits.¹



Exam room

Reinforce

Reinforce the importance of vaccination for this particular patient. A healthcare provider's strong recommendation is the most influential factor in whether a person is vaccinated.²



Under Standing Orders

Eligible nurses and other healthcare professionals, where allowed by state law, may vaccinate adults who meet the vaccination criteria outlined in the standing orders document.³



Assess and Refer

If you cannot administer vaccination, it is important to still assess the vaccination status of your patient and refer them to a vaccinator.⁴

CDC=Centers for Disease Control and Prevention.

1. Centers for Disease Control and Prevention. Foster support for vaccination in your practice. Accessed March 31, 2023. <https://www.cdc.gov/vaccines/hcp/conversations/your-practice.html> 2. Centers for Disease Control and Prevention. Educate the parent or patient. Accessed March 31, 2023. <https://www.cdc.gov/vaccines/hcp/admin/educating-patients.html> 3. Immunize.org. Using standing orders for administering vaccines: what you should know. Accessed February 27, 2023. <https://www.immunize.org/catg.d/p3066.pdf> 4. Centers for Disease Control and Prevention. Standards for Adult Immunization Practice. Accessed February 7, 2023. <https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html>

An HCP's Recommendation to Vaccinate Is Critical

The CDC provides some helpful techniques to help make an effective recommendation¹

“

S

Share

the tailored reasons why the recommended vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors

H

Highlight

positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination

A

Address

patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness, in plain and understandable language

R

Remind

patients that vaccines protect them and their loved ones from many common and serious diseases

E

Explain

the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs

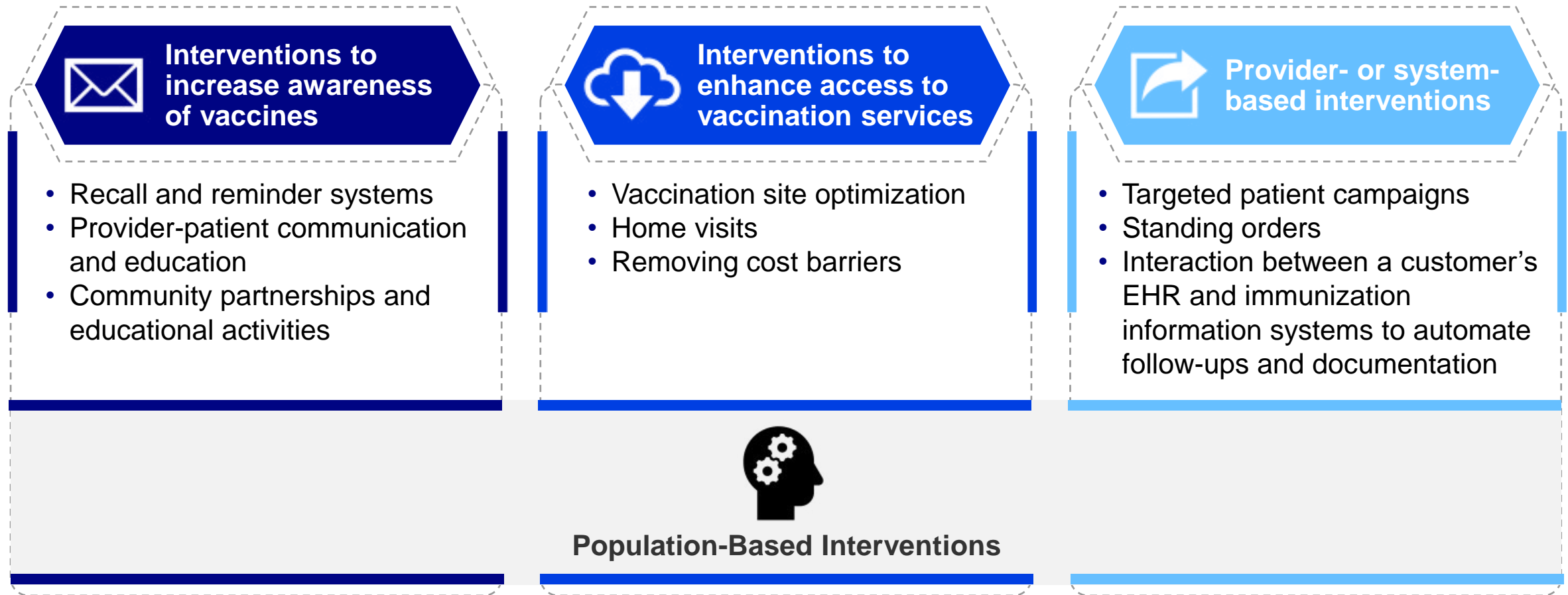
”

CDC=Centers for Disease Control and Prevention; HCP=healthcare provider.

1. Centers for Disease Control and Prevention. Standards for practice: vaccine recommendation. Accessed March 31, 2023. <https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/recommend.html>

Evidence-Based Interventions Can Help to Improve Vaccination Rates

Community Preventive Services Task Force recommendations that may help to increase vaccination¹

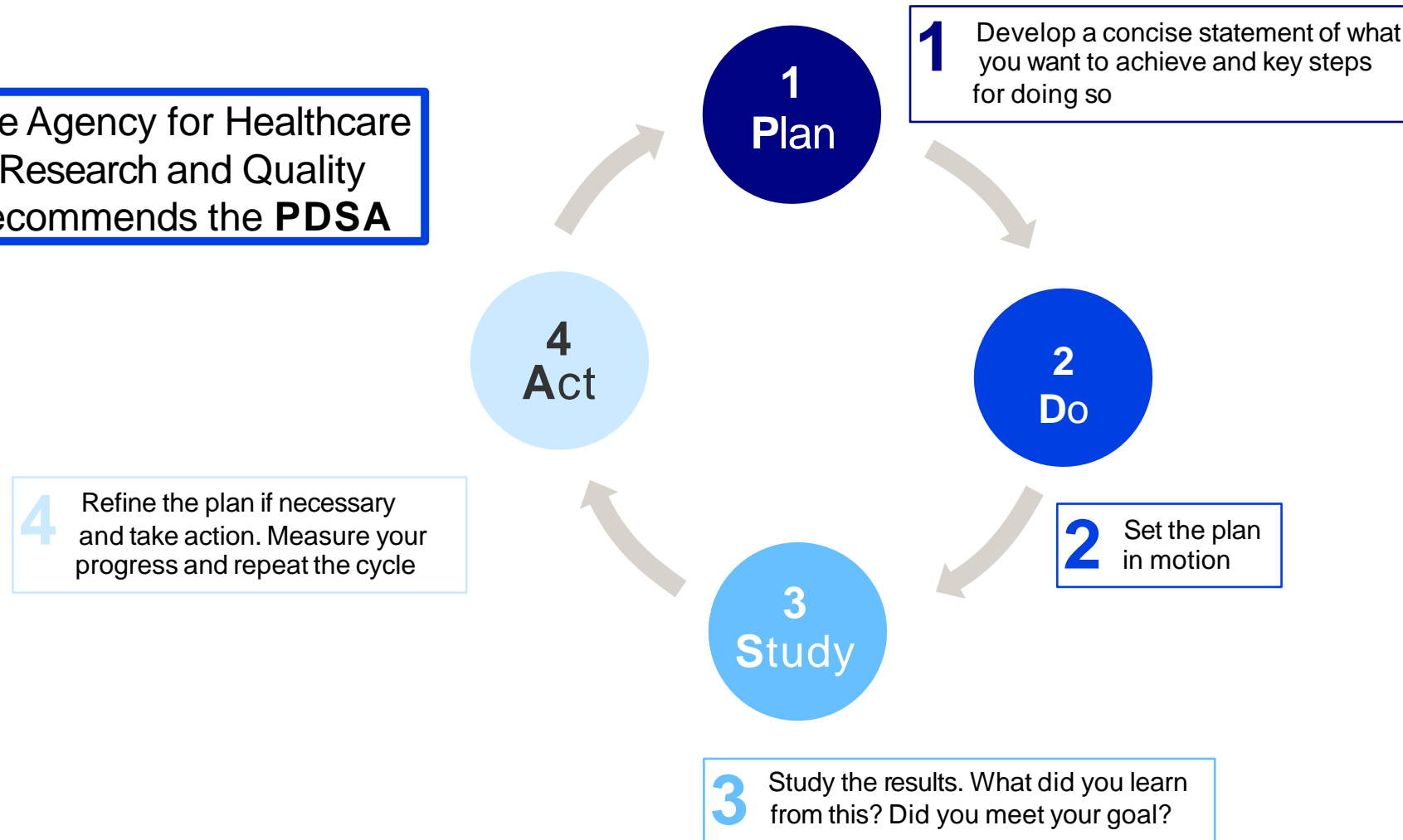


EHR=electronic health record.

1. The Community Guide. CPSTF findings for increasing vaccination. Accessed March 8, 2023. <https://www.thecommunityguide.org/pages/task-force-findings-increasing-vaccination.html>

Plan-Do-Study-Act (PDSA): A Method for Implementing Lasting Change

The Agency for Healthcare Research and Quality recommends the **PDSA**

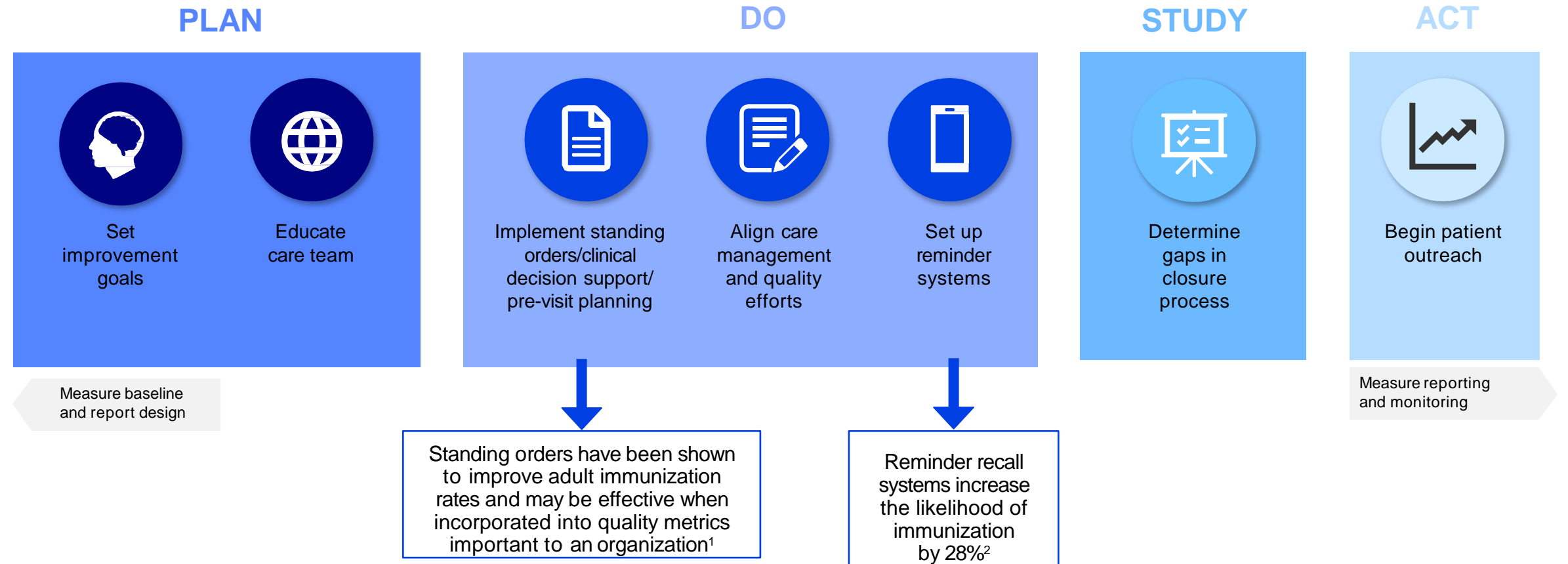


Implementing Evidence-Based Interventions

- Break the task down into steps
- Measure its effectiveness
- Improve upon it

The PDSA Approach to Achieving Your Vaccination Goals

Potential steps for a plan to improve adult immunization rates in your organization



PDSA=plan, do, study, act.

1. Tan LJ, et al. *Am J Infect Control*. 2020;48:290-296. 2. Jacobson Vann JC, et al. *Cochrane Database Syst Rev*. 2018;1:CD003941.

Create a Culture of Engagement Among Staff and Patients

Align your strategic plan to improve pneumococcal vaccination rates with your organization's mission and vision¹

“A patient is an individual to be cared for, not a medical condition to be treated”

—Mission statement, IDN, New Jersey¹

Communicate your approach to clinical staff¹

Disseminate messages about the importance of your chosen initiatives¹

Involve clinicians and staff in patient-engagement activities¹

Involving staff in all phases of initiatives addresses staff concerns and creates buy-in¹

Provide tools and resources that encourage patients to be active partners in their own care^{1,2}

Encourage patients to ask questions and be involved in the conversation about vaccination²

1. Agency for Healthcare Research and Quality. Supporting patient and family engagement: Best practices for hospital leaders. Accessed March 8, 2023. http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/howtogetstarted/Best_Practices_Hosp_Leaders_508.pdf 2. Safety Net Medical Home Initiative. Patient-centered interactions. Accessed March 20, 2023. <https://www.safetynetmedicalhome.org/sites/default/files/Implementation-Guide-Patient-Centered-Interactions.pdf>

Conclusion

- The CDC recommends vaccination against influenza and pneumococcal disease for eligible adults¹
- Vaccine-preventable respiratory diseases impose a significant burden on healthcare, yet many patients remain unvaccinated²⁻⁴
- It is important to prioritize vaccination in patients with underlying medical conditions who are at increased risk for respiratory disease⁵⁻⁶
- Systemic health and social inequities have created a need to help protect patients of certain racial and ethnic backgrounds from respiratory disease⁷
- An HCP's recommendation is critical for vaccination⁸
- Evidence-based interventions can help improve vaccination rates⁹
- Utilizing the PDSA approach can help you achieve your vaccination goals¹⁰



Questions?

Upcoming Webinar



Topic: Closing Care Gaps Through Patient Outreach



Date/ Time: **Thursday, May 18 at 2pm ET**



Presenters: Andrea Giamalva, MD, and Jennifer Kuroda

Questions?



Submit your questions using the **Q&A feature** at the bottom of the screen