Thank you for joining

The presentation will begin shortly
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
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.

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 deaths¹

Data among all age groups.

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, 2010–2022

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

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

Rates of pneumococcal pneumonia causing hospitalizations, 2013–2015†

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 States³†

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1. 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
2. Data among ages 18 years and older.
Historically, Pneumococcal Vaccination Rates Have Been Low Among Adults Aged 18 to 64 Years at Increased Risk for Pneumococcal Disease\(^1\)

Pneumococcal vaccination coverage among adults aged 18–64 years at increased risk, \(^*\dagger\ddagger\ \text{BRFSS}\)

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\(\text{Vaccine National Strategic Plan 2030 target}^2\)

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\(\begin{array}{cccccccccc}
\text{Vaccination coverage} (%) & 22.8 & 24.4 & 27.0 & 29.9 & 28.8 & 31.2 & 31.2 & 33.5 & 33.3 & 36.1 & 30.1 & 33.2 & 29.2 \\
\end{array}\)

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\(^*\)Coverage estimates are for adults aged \(\geq18\) years who completed a BRFSS interview during 2008–2020.

\(^\dagger\)Pneumococcal vaccination was determined by asking respondents if they had ever received a pneumonia shot.

\(^\ddagger\)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.

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:

- Asthma
- COPD
- Immuno-compromising conditions
- Chronic heart disease
- Diabetes

COPD=chronic obstructive pulmonary disease.
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 2018

~21 million adults aged ≥18 years had asthma in 2020

26.1 million adults aged ≥20 years had cardiovascular disease in 2018

12.5 million adults reported a diagnosis of COPD, chronic bronchitis, or emphysema in 2020

As of 2020, fewer than 3 in 10 at-risk adults under the age of 65 had been vaccinated against pneumococcal disease.

Vaccination rate among adults aged 18–64 years with high-risk conditions for flu was approximately 50.4% during the 2020–2021 flu season.

*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?”

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

‡Includes receipt of any pneumococcal vaccine.


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

*Preliminary data as of March 4, 2023.

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

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.

Maximizing Opportunities to Vaccinate
Barriers to Immunization Are Complex and Varied

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

Health system barriers include lack of organization and supply and distribution issues.

Missed opportunities by healthcare providers are barriers to vaccination.

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

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. 2020

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. 2016

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. 2022

The CDC Provides Guidance on Improving Adult Vaccination

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

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CDC=Centers for Disease Control and Prevention.
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 needed.¹

- The CDC recommends influenza vaccines be offered in September and October.²
  - However, vaccinations should continue to be offered as long as influenza viruses are circulating and unexpired vaccines are available.²

- 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.
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

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

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

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

An HCP’s Recommendation to Vaccinate Is Critical

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

- **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

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

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

- **Remind**: patients that vaccines protect them and their loved ones from many common and serious diseases

- **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.

Evidence-Based Interventions Can Help to Improve Vaccination Rates

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

**Interventions to increase awareness of vaccines**
- Recall and reminder systems
- Provider-patient communication and education
- Community partnerships and educational activities

**Interventions to enhance access to vaccination services**
- Vaccination site optimization
- Home visits
- Removing cost barriers

**Provider- or system-based interventions**
- Targeted patient campaigns
- Standing orders
- Interaction between a customer’s EHR and immunization information systems to automate follow-ups and documentation

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EHR=electronic health record.

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

The Agency for Healthcare Research and Quality recommends the PDSA

1. Plan
   - Develop a concise statement of what you want to achieve and key steps for doing so

2. Do
   - Set the plan in motion

3. Study
   - Study the results. What did you learn from this? Did you meet your goal?

4. Act
   - Refine the plan if necessary and take action. Measure your progress and repeat the cycle

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

**PLAN**
- Set improvement goals
- Educate care team

**DO**
- Implement standing orders/clinical decision support/pre-visit planning
- Align care management and quality efforts
- Set up reminder systems

**STUDY**
- Determine gaps in closure process

**ACT**
- Begin patient outreach

Standing orders have been shown to improve adult immunization rates and may be effective when incorporated into quality metrics important to an organization¹

Reminder recall systems increase the likelihood of immunization by 28%²

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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 care¹,²

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

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Conclusion

• The CDC recommends vaccination against influenza and pneumococcal disease for eligible adults\(^1\)

• Vaccine-preventable respiratory diseases impose a significant burden on healthcare, yet many patients remain unvaccinated\(^2-4\)

• It is important to prioritize vaccination in patients with underlying medical conditions who are at increased risk for respiratory disease\(^5-6\)

• Systemic health and social inequities have created a need to help protect patients of certain racial and ethnic backgrounds from respiratory disease\(^7\)

• An HCP’s recommendation is critical for vaccination\(^8\)

• Evidence-based interventions can help improve vaccination rates\(^9\)

• Utilizing the PDSA approach can help you achieve your vaccination goals\(^10\)
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.