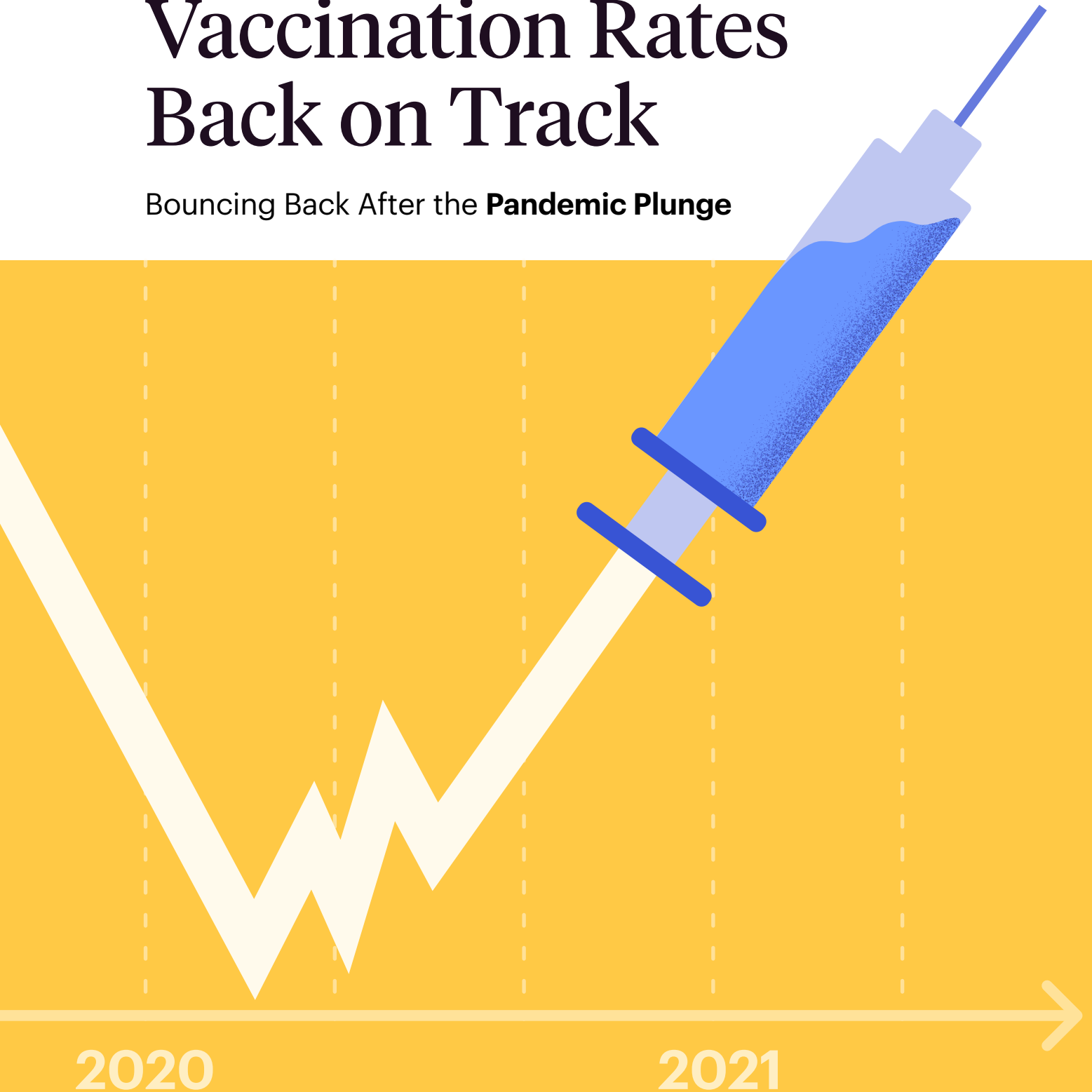


# Get Your Patient Vaccination Rates Back on Track

Bouncing Back After the **Pandemic Plunge**



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## INTRODUCTION

# Returning to “Normal”

Community vaccination rates routinely fall below recommended levels, but during the pandemic, our country’s overall vaccination rates plummeted to alarming levels. An analysis of VaxCare practice partners found that **non-influenza vaccination rates fell between 60% and 83% from 2019-2020**—numbers that are consistent with findings from other sources. And as of June 1, 2021, **84% of our practice partners had not returned to pre-pandemic vaccination rates.**

As we begin to return to normal, we urge primary care practices to strive to **get back to pre-pandemic adherence levels**, or even better. It’s no easy task but we’ve pulled together some ideas to help meet your patients where they are and get vaccination rates back on track.

Yours in Health,

**VaxCare**

# Rebuilding Your Vaccine Program



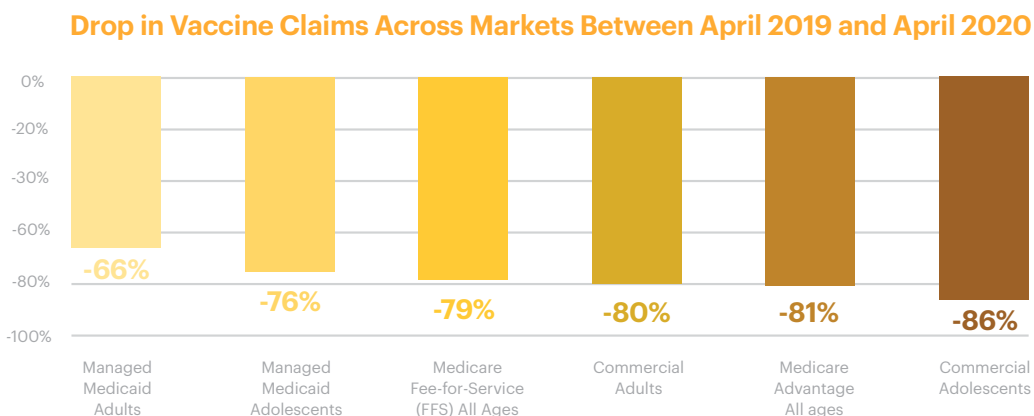
## Vaccination Drop-Offs by Age

The most important part of rebuilding is being clear on where you're starting from. So let's take a close look at the numbers. While vaccination rates have declined overall (indicating that our entire patient population will need a refresh), **some age groups and demographics have been hit harder than others**. In a recent VaxCare study, which was [cited by the National Foundation for Infectious Diseases](#), we found that **non-influenza vaccine rates for adults age 65 and over had dropped 83% when compared with 2019**. The decline for people age 19-49 also came in at an eyebrow-raising rate of 60%. Across younger cohorts, [this report](#) published in STAT

found that overall vaccination rates had dropped 41% and 53% for teens and adults, respectively.

## Insurance Claims Tell the Story

Another indicator of the drop in vaccination rates can be found in the decline of vaccination claims submitted. While all insurance providers saw a decrease, commercial insurance and Medicare Advantage saw even larger declines than Medicaid and Medicare. **The largest drop on record was for adolescents served by commercial insurance, a whopping 86%.** This chart from the Avalere study illustrates just how significant these drops were.



## Communicate with Patients

Of all the tools available, the simplest means of driving vaccine adherence is the most effective: **a conversation with your patient.** Numerous studies, including ones by the *American Journal of Medicine*<sup>1</sup> and the National Institutes of Health,<sup>2</sup> cite a recommendation by a physician as the first or second reason patients agree to a vaccination. At VaxCare, we hear the same thing from our physician partners. **A doctor's voice is a powerful tool,** one that can make a real difference in the health of your community. Reaching out to your patients to encourage them to come in for their vaccines is a highly recommended first step to getting vaccine rates back up and keeping your patients fully vaccinated in the future. Even if a patient doesn't make the appointment that day, they'll certainly appreciate the outreach and thoughtfulness, which can go a long way to ensuring that appointment is made in the future.



**TIP:** Check out our [2021 Vaccine Roadmap](#) for important updates and other vaccine news to know for this year.

For some patients, simply pointing out missed vaccinations will get them in the office. For others, it may take a bit more effort. **Here are a few things to keep in mind when talking to your patients about vaccines:**

- **Be a good listener.** Being able to discuss their worries and fears openly is often a huge relief for patients who have so much information, from so many sources, coming at them.
- **Remember the “Ask-Tell-Ask” model:** Ask about their concerns around being vaccinated and respond with clear, brief, fact-based information—then ask again how they feel. It may take a few conversations to cover all of their questions.
- **Reassure them of your safety protocols** if they’re still worried about coming back into the office.
- If they raise concerns about getting other vaccines after having been vaccinated for COVID-19, **share the current CDC recommendations for intervals between receiving a COVID-19 vaccine and any other vaccines.** (Find the most recent CDC information on coadministration [here](#)).
- When in doubt, supportive reassurance is always a good approach with your patients. It’s a confusing time, especially around vaccines, so being a source of compassion and care goes a long way.




## Vaccines and Chronic Care Management

Well visits are often the vaccination “prompt” for patients. Less top of mind is that **vaccines are a key component in managing many chronic health conditions**, such as cardiovascular disease (CVD), renal and liver disease, and

## GETTING BACK ON TRACK

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supporting the overall health of immunocompromised individuals (due to both chronic conditions and immunosuppressive treatments). As you get these patients back into the office, encourage CDC-recommended vaccines based on their medical condition and other indications. The benefits are clear, but your patients may need reminding that:

- Vaccine-preventable diseases trigger inflammation and worsen underlying illnesses and symptoms of chronic conditions.
  - Flu and pneumonia have been linked to a raised risk of an acute cardiovascular event and cardiac complications, often within a week of the illness.
  - Those with chronic conditions, such as COPD and diabetes, are at higher risk of developing a more severe illness from community-acquired illnesses than the rest of the population. The flu may be a nuisance for the average adult, but for a patient with asthma, it could become a life-threatening event.
  - Immunocompromized patients have a higher risk of complications from vaccine-preventable diseases such as hepatitis A and B.
- 
- Another important note is the recommendation that **all patients should be up-to-date on vaccines before beginning any therapies that impact their immunocompetence.** For the most up-to-date recommended vaccine schedules based on conditions and guidance on vaccinations for patients as related to their immunocompetence, check the [CDC's website](#).

## A Focus on School-Age Children

School and sports are often the main vaccination drivers for families with children, but with in-person and remote learning and sports models varying widely by location, age, and school, every family is facing different options.

**It's important to remind parents, and children, that regardless of their in-person learning and sports options (and personal comfort levels), vaccinations follow age-specific schedules.** Falling behind these schedules may put their children

## GETTING BACK ON TRACK

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at risk for many diseases such as measles, mumps, and pneumococcal infections that, thanks to vaccines, have been under control in the United States for over a generation.

This is a great opportunity to take a close look at a family's vaccine history to ensure children aren't missing any scheduled vaccines, a not uncommon occurrence. According to a study of the CDC's National Immunization Surveys,<sup>3</sup> **only 18% of children in the United States receive all vaccinations at the recommended times (or acceptably early). The CDC has excellent resources** for parents and caregivers on [vaccine schedules and information](#) that can help when talking to parents and kids about vaccines.



Only 18% of children in the United States receive all vaccinations at the recommended times

**Lastly, encourage parents to schedule vaccinations sooner rather than later.**

Booking ahead gives parents the best opportunity to schedule at the most convenient times, rather than having to scramble and take whatever appointments are available in order to provide up-to-date records for school or sports.

## Leverage Telemedicine

**Every patient communication in every channel (telehealth, portal messages, in-person) is an opportunity to improve vaccine adherence.** During this year of intense “catch-up,” it may be worthwhile to schedule short telehealth or phone appointments specifically to discuss and schedule future vaccinations. **You can't administer a vaccine during a telehealth appointment, but you can use the encounter to review current vaccines,** inform patients of upcoming opportunities, and schedule time to make sure they get that shot into their arm.

## Consider a “Catch-Up Clinic”

If your patient population or wider community has been hit hard by the pandemic, or if vaccination rates are exceptionally low, **your office may want to consider hosting a vaccination catch-up clinic,** similar to yearly flu clinics and those now being used for COVID-19 vaccinations. By scheduling a specific time and setting



aside office resources, you can help to reassure your patients about the safety of your office, book more patients in for vaccines, and add an efficiency of scale to your vaccination practice. **Combined with proactive patient communication, a vaccination clinic can help to bring your patients back to parity more quickly.**

A catch-up clinic can also add **a sense of urgency and boost morale and enthusiasm** for this effort in your practice. Consider setting catch-up goals that can be shared either among your staff or within your patient population. A few small efforts such as goal setting can turn vaccinations from a “have-to-do” to a “want-to-do” for both your staff and your community.

## Vaccines to Prioritize for Timely Delivery

All vaccines are a priority for better health outcomes, but a **it’s important that a few are delivered within specific timeframes** and based on the current community health. In the [same Medscape article](#) that cites VaxCare’s data on the drop in non-flu vaccinations, research professor in pediatrics at the University of California, Los Angeles, James Cherry, MD, called out the following vaccines:

- **Tdap (tetanus, diphtheria, pertussis)** delivered between the 27<sup>th</sup> and 36<sup>th</sup> week of pregnancy, as it “prevents all deaths, basically [in infants due to pertussis under 2 months of age].”
- **Pneumococcal and measles-mumps-rubella for older adults** [to protect against the measles outbreaks seen in recent years]. +

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<sup>1</sup> “Barriers to Immunity,” 2008, *The American Journal of Medicine*

<sup>2</sup> Gargano LM, Herbert NL, Painter JE, Sales JM, Morfaw C, Rask K, et al.. *Impact of a physician recommendation and parental immunization attitudes on receipt or intention to receive adolescent vaccines. Human vaccines & immunotherapeutics*, DOI: 10.4161/hv.25823.

<sup>3</sup> Elizabeth T Luman, Lawrence E Barker, Kate M Shaw, Mary Mason McCauley, James W Buehler, Larry K Pickering, *Timeliness of childhood vaccinations in the United States: days undervaccinated and number of vaccines delayed*, Doi:10.1001/jama.293.10.1204.

## INTRODUCING VAXCARE

# More shots. Less paperwork. Better patient health.

VaxCare takes care of all the time-consuming tasks and expense of running a vaccine program, leaving you more time to care for your patients, and erases the overhead of purchasing vaccines.

**Our comprehensive solution simplifies, optimizes, and automates your vaccine program:**

- 01 We take over your vaccine purchasing, providing unlimited inventory at no cost and automatically replenishing your stock** when the supply gets low. New vaccines on the schedule? We'll get them for you, with no effort on your side.
- 02 We automate your workflow and coding, eliminating manual tasks and costly errors.**
- 03 Our platform ensures you're paid for every qualifying dose**, along with the end-to-end visibility you need to keep your vaccine program profitable.
- 04 Our Mobile Hub, developed to respond to the pandemic, is a hand-held device that allows practices to administer vaccines anywhere**—curbside, drive-throughs, or vaccination clinics. Our Mobile Hub runs on a complimentary network so your practice can operate without a Wi-Fi connection.

All that's left for you to do is **take care of your patients.**

**For more information, reach us at:**

**+1 (888) 829-8550 or [www.vaxcare.com](http://www.vaxcare.com)**

