AAFP

- 94,000 members
  - 56,000 active practice
  - 10,000 residents
  - 20,000 student members
- Well distributed throughout the US states and territories.
- Community based.
- Provide prevention, acute care and chronic care.
Percent of Members Reporting Care for Specific Age Groups

- 0-23 months of age – 84%
- 24 months to 3 years – 89%
- 4-10 years of age – 92%
- 11-18 years of age – 96%
- 19-64 years of age – 99%
- 65 years and older – 98%

AAFP Mailed Survey of 4,720 Members
48% Return Rate
Family Physicians Participate in Medicaid and Medicare

• 73% provide care to Medicaid Patients with higher rates in rural locations.

• 89% provide care to Medicare Patients with higher rates in rural locations.
Health Professional Shortage Areas (HPSA)

- FP’s play a crucial role in providing care in these areas.
- If you removed Family Physicians from these areas, there is a drastic shortage.
- FP’s are well distributed.
Current Primary Care HPSAs
Primary Care HPSAs without FP’s
Family Medicine Context – Practice Arrangements

- 17% - Solo
- 9% - Two Person
- 40% - FP Only Groups
- 20% - Multispecialty Groups
- 14% - Other Arrangements

- Geographic Variation
Family Medicine Context

• Administration of Immunizations is a core component of the practice of Family Medicine.

• We see providing immunizations in the Patient Centered Medical Home as the ideal.
  – One stop service
  – Other prevention accomplished
  – Is part of Chronic Disease Management
  – Done in context of the Family
Family Medicine & Flu Vaccine

• Are we giving it?
• Trends
• Factors impacting practice
• Perceptions of “acceptable” locations.
• Universal Immunization
Survey of AAFP Members

AAFP immunization surveys were conducted through a cooperative agreement with the Centers for Disease Control and Prevention (CDC)

Supported in part by Cooperative Agreement No. U66/CCU723242-02 from the CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC
AAFP Member Survey

• Setting: United States
• Design:
  – Cross-sectional mailed surveys
  – Non-responders received 1-2 additional mailings
  – Summary statistics were evaluated
  – Approaches were compared between years and among demographic groups using chi square and ANOVA as appropriate
  – all 50 states plus District of Columbia
AAFP Member Survey

• Participants:
  – Randomly selected clinically-active AAFP members
  – 2004 (n=4720); 2005 (n=4720),
  – 2006 (n=5000); 2007 (n=2000)

• Instrument:
AAFP Member Survey

- Modest return rates were achieved
  - 2004: 37.3%
    • n = 1,761
  - 2005: 48.3%
    • n = 2,278
  - 2006: 52.4%
    • n = 2,619
  - 2007: 44.1%
    • N = 882

- Analysis limited to FP's who spend ≥80% of their time in direct patient care
  - ~ 90.4% of respondents
Intent to Immunize
Does practice plan to order vaccine?

<table>
<thead>
<tr>
<th>Year</th>
<th>Planning to Order</th>
<th>Survey</th>
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<tbody>
<tr>
<td>2005</td>
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<td>2005/2006</td>
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<tr>
<td>2006</td>
<td>90.1</td>
<td>2006/2007</td>
</tr>
<tr>
<td>2007</td>
<td>89.7</td>
<td>2007/2008</td>
</tr>
</tbody>
</table>

Survey:
- Following Shortage: 2005/2006
- Following Delay: 2006/2007
- Following Mild Delay: 2007/2008

AMERICAN ACADEMY OF FAMILY PHYSICIANS
Left-Over Vaccine?

• Did you have influenza vaccine left-over from 2006-2007?
  
• 50% Yes
• 38% No
• 9% Don’t Know
Unused Vaccine – 06-07

- 50% of practices reported 1-10-%
- 22% of practices reported 11-20%
- 8% of practices reported 21-30%
- 3% of practices reported 31-40%
For 07-08 Influenza Season

• Of those who will not give influenza in the 07-08 Season:
  – 35% said it was widely available to patients elsewhere.
  – 32% said they didn’t sufficient payment to cover their costs.
  – 19% said it was too difficult to obtain.
For 07-08 Influenza Season

• For those who planned to give influenza vaccine:
  – 61% were going to order the **same amount** as for 06-07.
  – 18% were going to order **more vaccine**.
  – 16% were going to order **less**.
Barriers to Influenza Immunization

• Timely Supply
  – Patients expect to doctors to have vaccine.
  – Frail and disadvantaged patients need one stop service.
  – Late arrival relative to other providers may lead to unused vaccine and financial loss.

• Solutions ?
Barriers to Influenza Immunization

• Cost Greater than Payment:
  – Inadequate payment for vaccine cost and administration.
  – Left over vaccine

• Solutions:
  – Increased payment (e.g. NVAC recommendations).
  – Timely supply.
  – More aggressive practice recommendations to patients to be immunized—use it all.
Solutions - Cont

• Vaccine Purchase through buying groups to reduce cost.
• Convincing employers to support first dollar coverage for immunizations.
• Referral – 46-48% of members refer pts for some routinely recommended vaccines.
Message from Private Practice

• Any service provided at a loss times volume = bankruptcy (an FP from Virginia).

• Or more likely a discontinuance of that service.

• What are the unintended consequences of increased immunization in new settings?
Barriers to Influenza Immunization

• Patient Acceptance Strategies
  – Continued Message that Influenza Vaccine is beneficial even when a mismatch occurs.
  – Physicians and others tell patients they themselves are immunized – 92% of members report their employees are routinely immunized.
Solutions

We Promoted CDC Posters and Other Resources to our Members - Supported by Industry.
Mailings went to about 70,000 members.
Provided web links.
Promoted new recommendations via email and print.
Barriers to Influenza Immunization

• Complexity and Prioritization
  – Most AAFP Members Favor Universal Influenza Immunization.
  – A 2006 Survey showed that 70% of members support a universal recommendation if the vaccine supply were assured and adequate.
Barriers to Influenza Immunization

• Capacity
  – Family Physicians favor the Patient Centered Medical Home but Recognize Influenza Immunization Will Occur in Other Locations.
  – Favor Medical Locations but Occupational, Schools, and Other Locations recognized.
Capacity - Locations

• Acceptable Locations in FM View
  – >90% Physician Offices, Nursing Homes, Hospitals, Public Health Clinics.
  – 84% Senior Centers
  – 62% Retail Health Clinics
  – 58% Schools (pre dates new recs)
  – 44% Pharmacy
  – 27% Other Retail (grocery, department stores)
Patient Preferences – CDC Gallup Survey 05-06 Season

- Among those who received the flu shot, Where would you prefer to get your flu shot?
  - 50% Dr office/HMO
  - 17% Workplace
  - 11% Other
  - 8% Other clinic/health center
  - 5% Hospital
  - 4% Health Department
  - 3% Store (grocery/pharmacy)
  - 2% Senior/Recreation center
AAFP Summary

• Barriers can include:
  – Cost > payment.
  – Timely and adequate supply.
  – Patient Acceptance
  – “Complexity”
  – Capacity
AAFP Summary

• Solutions:
  – Payment based on true costs of purchase and administering vaccine (e.g. NVAC draft recommendations).
  – Assuring practices receive and adequate and timely supply.
  – Promoting the benefits of immunization.
  – Moving to Universal Recommendation.