

# Private Pediatric Practice and the 2009-2010 H1N1 Immunization Campaign

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## Worldview Disclaimer: Pediatrics=Medical Home

## Pediatric Reality: Seasonal Influenza Campaign is 365 days/year

- **Late Summer/Early Fall:** Begin immunizing... if you have vaccine
- **Late Fall:** Complete 90% of immunization campaign ... before public loses interest
- **Winter:** Keep immunizing! Prebook for next year. Manage flu cases and bring back for immunization.
- **Spring:** Keep immunizing infants and parents, spend additional time why it's important
- **Year Round:** Try to get paid for your work

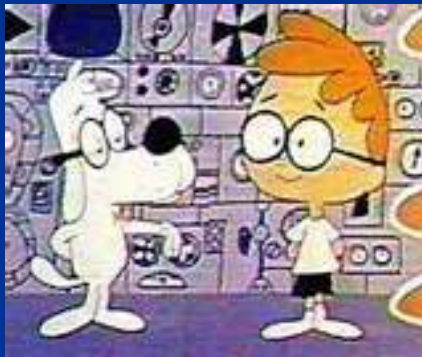
## 2009-2010 H1N1 Campaign

- Superimposed on Seasonal Influenza Campaign
- Evolving Information from Multiple Sources
  - CDC
  - WHO
  - HHS
  - States and Local Agencies
- Catastrophic Pandemic Influenza Planning – One Step Closer to Reality

## 2009-2010 H1N1 Campaign

- Massive Immunization Campaign “coordinated” by Federal, State, & Local Government
  - H1N1 Vaccine Supply Chain
  - Distribution
  - Immunization Providers
  - Payment for Services

Let's go back 1 year:  
Spring 2009



## Spring 2009

- Completing 2008-2009 Seasonal Campaign
  - Influenza A resistant to Tamiflu
  - Mild Season=Apathetic Public
  - Anti-vaccine nuts “Personalities” = Extra Work
- Outbreak of H1N1
  - Phone calls and visits from worried parents
  - Information Limited

## Summer 2009

- H1N1 Widespread
  - Everyone thinks they have H1N1
  - Everyone wants to be tested
  - Everyone Wants Tamiflu
    - Treatment
    - Prophylaxis
- Nobody wants H1N1 vaccine when it becomes available!

## Late Summer 2009

- Preparing for Immunization Campaign
  - Safety Questions – 1976 vs. 2009
  - Efficacy – How many doses to individual?
  - Availability - How do we sign up for this?
- Payment
  - CPT codes?
  - RVU's?
  - Payer negotiations

## Fall 2009

- Seasonal Vaccine from Sanofi is missing!
- Where are my safety syringes and needles?
- H1N1 Vaccine will be available mid to late October... or will it?
  - Sept. 24, 2009: HHS Secretary Sebelius announces that vaccine will be available first week in October.
  - Lots of phone calls immediately from parents, no vaccine to be found

## Fall 2009 – Vaccine Availability

- Wrong Place
  - Inconsistent distribution
  - Not in Pediatric offices or Hospital
  - In RBC's, Urgent Cares, Fortune 500's, and Providers not interested in mass immunization campaigns
- Wrong Kind
  - Flumist – only for >2yrs, not for pregnant women
  - Non-Sanofi inactive vaccine not licensed for younger pts.
- Wrong Time
  - Vaccine keeps coming and coming – after CDC and HHS announce H1N1 has peaked and public loses interest

## Winter 2009-2010

- Continued campaign for infants
- Public Apathy for Immunization
  - Failure to be immunized
  - Failure to return for 2<sup>nd</sup> dose
- Vaccine recalls – expiration date problems
  - Medimmune
  - Sanofi
- Time to Pre-book for Next Season!!

# Postgame Analysis

Positives

**WE WERE LUCKY!!!**

## Positives - CDC

- Rapid Response and Transparency
- Collaboration with Stakeholders
  - Stakeholder meetings
  - Liaisons with Specialty Societies, other organizations
- Website, Status Calls
- Active Public Health Campaign

## Positives – Vaccine Supply

- Vaccine creation, testing, delivery in record time
- Safe and effective vaccine
- Record number of doses distributed by greater number of manufacturers



## American Academy of Pediatrics

- Real Time Communications to Members
- Developed Physician Relevant Resources
- Outreach to Wide Range of Members to Collaborate
- Provider Web Page with links to resources

## Positives – News Media

- Public Awareness
- Local News media providing info on logistics to public
- Providing Outlet for Physicians and Public Health to Inform and Educate Families

## Challenges: Who's in Charge of What?

- CDC – Victim of own success
  - Most visible source of info and viewed as authority
  - Blamed for events beyond it's scope or control
- HHS – What is it's role in Pandemic Planning, Execution of Plan, and Enforcement
- State and Local Agencies
  - Where to get info
  - Organization, Leadership, & Resources Too Variable
  - “Some pigs are more equal than others”

## Challenges: CDC/Public Health Messaging

### Communication and Concept Disconnect

Public Health approach (Macro)

vs.

Healthcare Provider Approach (Micro)

## Challenges: Vaccines

- Confusion among Pediatricians on:
  - State and Local Distribution Plans
  - How to register to receive vaccine
  - How much to request
  - When vaccine would be available
- Still only one licensed inactive vaccine manufacturer for infants and younger children

## Challenges: Distribution

- Distribution Issues:
  - Vaccine arrive unannounced
  - Wrong type of vaccine
  - Requested doses vs. received doses
- Vaccine going to wrong places
  - Non-priority patients
  - Excess to unwilling providers
  - “Some pigs are more equal than others”

## Challenges: Supplies

- Ancillary Supplies
  - Many anecdotes of being inappropriate for pediatrics
  - Wrong types of syringes, poor quality
  - Diverted supplies from private market needed for regular vaccine administration

## Challenges: Payment & Coding

- 8/12/2009 – Instructed to use 90663 and 90465-90474 to code for Vaccine & Admin
- 9/25/2009 – Instructed to use 90633 and 90470 for H1N1 Vaccine, with 90470 being primary admin code.
- 90470 appeared as CPT 2010 download, with RVU of 0.62 (Medicare value @ \$23)

## Challenges: Payment & Coding

- Initially Unclear if Max. Charge \$=Medicare \$
- Medicaid & SCHIP << Medicare
- Delay in Payers updating systems
  - New Codes
  - New Values
  - Couldn't handle \$0 charge for 90663
- Largest Private Payer in US paid 56% Medicare, <45% for some markets

## Challenges: Junk Science & Anti-Vaxers

This is a HUGE contributor to Cost,  
Risk, and Access in Pediatrics and  
Public Health!

How do WE deal with this?

## Challenges: Immunizing Families

- Leverage the Pediatric Medical Home to immunize adult family members and caregivers in addition to children
- Challenges in:
  - Medicolegal status – Scope of Practice, Liability
  - Undermining Adult Medical Home?
  - Poor payment for vaccine related services
  - Significant Practice Expense for adding service line

## Thanks!

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(P.S. That's a joke)