What Can We Do to Help Physicians Get into the Business of Immunization?

A Preliminary Environmental Scan and Brainstorming Session

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CDC Provider Workgroup
January 17, 2014
Presentation Goals

- Share results from preliminary environmental scan of tools and resources geared toward helping physicians get into the business of immunizing their patients
- Solicit input from the Provider Workgroup on the framework and additional resources and approaches that can help
How We Conducted the Environmental Scan

- Reviewed as many resource websites as possible for tools that assist with purchasing, storage, and billing, including professional societies (e.g., ACP, AAP, AAFP, ACOG), federal agencies (e.g., CDC, CMS, FDA, VA), immunization resource groups (IAC), and manufacturers
Disclosures

- Environmental scan likely to be incomplete!!
  - Requesting input of provider workgroup
- Thanks to Susan Farrell (as always, right?)
A Little Orientation: Vaccination as an Accessory
Overview of Resources Identified: ACP

- Making Vaccinations a Winning Proposition for Adult Primary Care Physicians and Healthcare Professionals:
  - The financial impact of immunization on the medical practice: making it a win-win proposition for patients and physicians.
  - Video presentation by Dr. John O’Neill, a solo practitioner who successfully administers vaccines in practice
- Efficient Vaccine Ordering Webinar
  Vaccines are a large financial burden on medical practices so it is important to discover every opportunity to save money on your vaccine purchases. Learn how to optimize ordering with manufacturer discounts/bulk ordering, returning unused vaccines, and other money-saving options.
  - [http://www.acponline.org/multimedia/?bclid=782543304001&bctid=1733749311001](http://www.acponline.org/multimedia/?bclid=782543304001&bctid=1733749311001)
  - Speaker: Kathryn Eiler, CMM
    - Pain Medicine Specialists, P.C.; Chalfont, PA
Additional Practice Management Resources from ACP Relevant to Vaccines

Immunize Adults: Improving Clinical Care

The module is based on content developed for the American College of Physicians Adult Immunization Portal by Doron Schneider, MD, FACP, Kim Dixon, MD, FACP, Kathryn Eiler, CMM and Cara Reynolds, MHS.

Editorial direction and production were made possible by a cooperative agreement with the Centers for Disease Control and Prevention (1U66IP000393-01).
# Additional Practice Management Resources from ACP Relevant to Vaccines

<table>
<thead>
<tr>
<th>Title</th>
<th>Tools/Upload Details</th>
<th>Description</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Education Resources on Immunization</strong></td>
<td>Tools - uploaded on April 04, 2012 10:13:23 EST</td>
<td>On this site from the Centers for Disease Control &amp; Prevention (CDC) you will find a variety of educational information about vaccines and the diseases they prevent. For each vaccine, you can access information about who should receive the vaccine, when it should be administered, and what patients or parents should know about it.</td>
<td><a href="http://www.cdc.gov/vaccines/ed/patient-ed.htm">http://www.cdc.gov/vaccines/ed/patient-ed.htm</a></td>
</tr>
<tr>
<td><strong>Resources to Support Appropriate Vaccine Handling and Storage</strong></td>
<td>Tools - uploaded on April 04, 2012 10:54:08 EST</td>
<td>These checklists, signs and tools will help the practice make sure that vaccines are stored and handled appropriately.</td>
<td><a href="http://www.immunize.org/handouts/vaccine-storage-holding.asp">http://www.immunize.org/handouts/vaccine-storage-holding.asp</a></td>
</tr>
<tr>
<td><strong>Standing Orders for Medications and Vaccinations - P&amp;P</strong></td>
<td>Tools - uploaded on July 05, 2011 09:43:12 EST</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Practice Management Forms

Billing & Coding Adult Immunizations

Screenings & V

- Brief Depression Screen
- Geriatric Screening Tool
- Adult High Risk Screening Form
- Pain Questionnaire
- Vaccination Administration Record
- Vaccine Safe Storage & Handling Safety Tips
- Vaccine Information Sheets
- Vaccine Information Sheets - Federal Law
Medicare Part B Vaccine Coverage

Vaccine Coverage for Medicare Part B

Medicare Part B provides preventive care, including:
- Influenza: once per flu season
- Pneumococcal: once per lifetime
- Hepatitis B: for persons at increased risk

Administration services for these vaccines are covered under Medicare Part B.

Coding for Vaccine Administration

Vaccine Coding

Vaccines Administered at Well-child Visits

When vaccines are provided as part of a well-child encounter, the ICD-9 guidelines instruct that code V20.2 (routine infant or child health check) includes immunizations appropriate to the patient's age. A code from categories V03-V06 may be used as a secondary code if the vaccine is given as part of a preventive health care service, such as a well-child visit.

ICD-9 for Combination Vaccines

When reporting ICD-9 codes for prophylactic vaccination and inoculation against combinations of diseases, use V06.0-V06.9. Report also single vaccination codes from V03-V06 for any vaccinations not included in the combination code.

Evaluation and Management Services Provided on the Same Date as Vaccine Administration
AAP Practice Management Resources

Immunization

About Us  Families  Pediatricians  Vaccines & Diseases  News & Multimedia

Home > Pediatricians > Practice Management

Pediatricians

Practice Management

With an increasingly complex schedule and higher prices of vaccines, the AAP is committed to supporting its members' office needs as they immunize children. In addition to the topic areas listed below, consider visiting the AAP Practice

Coding, Financing, and Private Payer
AAP resources to help practices navigate the changing health care environment to ensure proper payment for services provided and the tools to handle payer issues.

Accountable Care Organizations
Coding Resources
ICD-10-CM
Private Payer Advocacy
Pediatric Cost Model

The Business Case for Pricing Vaccines and Immunization Administration
Provides rationale and methods for pediatricians to better understand and document the true costs of providing vaccines to their patients.

Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)
These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and...
AAP Practice Management Resources

Practice Management Topics

Click the links below for resources on immunizing.

- Financing
- Supply
- Storage and Handling
- Liability and Refusal to Vaccinate
- Improving Office Immunization Rates
- Vaccine Barcoding

Knowing Cost

- Financing of Childhood and Adolescent Vaccines (Exit Site)
- Vaccine Survival Guide (PDF 110KB)
  Understanding your individual office's cost to immunize is the first step to being able to lower your costs.
- CDC Price List (Exit Site)
- The Business Case for Pricing New Vaccines (PDF 107KB)

Lowering Cost

- Vaccine Purchasing Groups
- Vaccines for Children Program (Exit Site)

Coding

- Comprehensive Overview of Immun
- Vaccine Coding Table (PDF 110KB)
- When Is it Appropriate to Report 99
- Vaccine Counseling Position Paper
- RPRVS. What is it and how does it work.

AAP Efforts to Improve Payment

- AAP Task Force on Immunization White Paper on Financing (PDF 84KB)
- AAP News article: New Immunization Administration CPT Codes Take Effect Jan 1
- AAP News article: AAP Efforts to Enhance Vaccine Payments Must Comply with the Law
- 2010 Immunization Congress Background and Presentations
- 2007 Immunization Congress Background and Presentations
ACOG: Immunizations for Women

Setting up an office-based immunization program

Setting up an office-based immunization program is an important aspect of women’s health. Visit this page to learn how to set up an efficient and effective program in your office.

Coding

Recognizing the importance of women receiving recommended immunizations, the College created a coding guide to help keep your office efficient. Visit this page for the College’s current Immunization Coding guide.

Financing

Vaccines are a financial investment. Visit this page to learn how to keep your office costs low while providing an essential service.

Supply

Once you know which vaccines your office will offer, visit this page to see how to order and keep your vaccines safe.

Liability

Vaccines are very safe, but adverse reactions, although rare, can occur. Visit this page to learn about VAERS (Vaccine Adverse Event Reporting System) and the best practices for a safe vaccine program.
Vaccination Basics

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STEP 5. Administering Vaccines .................................................. 45
  How to Administer IM and SC Injections to Adults ....................... 58
  Administering Vaccines to Adults: Dose, Route, Site, Needle Size, etc .......... 59

STEP 6. Documenting and Related Issues ..................................... 61

STEP 7. Financial Considerations: Paying for Your Vaccination Program ........ 67

Step-by-Step Vaccination Program Financing Tasks

- Find free or discounted vaccines that may be available to help reduce your overall costs
  - Vaccines for Children (VFC)
  - Health departments
  - Other organizations
  - Bulk purchasing
- Investigate possible third-party coverage for the costs of vaccine and/or its administration
  - Insurance
  - Medicare
  - Medicaid
- Sort through the billing maze
  - Code your work for billing purposes
CMS Resources

- Medicare Part B, Medicaid and CHIP Coverage of Seasonal Influenza and Pneumococcal Vaccinations

- Medicare Claims Processing manual for Preventative and Screening Services

- Influenza vaccine pricing information
  - [http://cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html](http://cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html)
# Quick Reference Information:

Medicare Immunization Billing

(Seasonal Influenza Virus, Pneumococcal, and Hepatitis B)

Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

## Immunization Procedure Codes & Descriptors

<table>
<thead>
<tr>
<th>Administration &amp; Diagnosis Codes</th>
<th>Vaccine Codes &amp; Descriptors</th>
<th>Frequency Of Administration</th>
</tr>
</thead>
</table>
| **Seasonal Influenza Virus Vaccine** Administration Code: G0008 Diagnosis Code: V04.81 | **90653** – Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use  
**90654** – Influenza virus vaccine, split virus, preservative-free, for intradermal use  
**90655** – Influenza virus vaccine, trivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use  
**90656** – Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use  
**90657** – Influenza virus vaccine, trivalent, split virus, when administered to children 6-35 months of age, for intramuscular use  
**90660** – Influenza virus vaccine, trivalent, live, for intranasal use  
**90661** – Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use  
**90662** – Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use  
**90672** – Influenza virus vaccine, quadrivalent, live, for intranasal use  
**90673** – Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use  
**90685** – Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use  
**90686** – Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use  
**90687** – Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use | Once per influenza season  
Medicare may cover additional seasonal influenza virus vaccinations if medically necessary |
The Military Vaccine Agency analyzed temperature sensitive loss trends based on reported vaccine losses during the period of October 2010 to September 2012. The analysis identified the following: the primary cause of loss is from failure to place vaccine in an appropriate storage unit, the second most common cause of loss is from placing vaccine in the wrong storage unit (freezer vs. refrigerator), and the third leading cause of loss was due to alarm system failures. All of these losses could have been prevented if proper storage and handling practices were in place and followed.

Vaccine Storage and Handling Guidelines

MILVAX

17 June 2013
Checklist for Safe Vaccine Storage and Handling

Are you doing everything you should to safeguard your vaccine supply?
Review this list to see where you might make improvements in your vaccine management practices. Check each listed item with either **YES** or **NO**.

**Establish Storage and Handling Policies**

1. We have designated a primary vaccine coordinator and at least one alternate coordinator to be in charge of vaccine storage and handling at our facility.  
   **YES**  **NO**

2. Both the primary and alternate vaccine coordinator(s) have completely reviewed either CDC’s Vaccine Storage & Handling Toolkit (www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf) or equivalent training materials offered by our state or local health department’s immunization program.  
   **YES**  **NO**

3. We have detailed, up-to-date, written policies for general vaccine management, including policies for routine activities and an emergency vaccine retrieval and storage plan for power outages and other problems. Our policies are based on CDC’s Vaccine Storage & Handling Toolkit and/or on instruction from our state or local health department’s immunization program.  
   **YES**  **NO**

4. We review these policies with all staff annually and with new staff, including temporary staff, when they are hired.  
   **YES**  **NO**

**Log In New Vaccine Shipments**

5. We maintain a vaccine inventory log that we use to document the following:  
   a. Vaccine name and number of doses received  
   **YES**  **NO**
   b. Date we received the vaccine  
   **YES**  **NO**
   c. Condition of vaccine when we received it  
   **YES**  **NO**
   d. Vaccine manufacturer and lot number  
   **YES**  **NO**
   e. Vaccine expiration date  
   **YES**  **NO**

**Use Proper Storage Equipment**

6. We store vaccines in separate, self-contained units that refrigerate or freeze only. If we must use a household-style combination unit, we use it only for storage of our refrigerated vaccines, maintaining frozen vaccines in a separate stand-alone freezer.  
   **YES**  **NO**

7. We store vaccines in units with enough room to maintain the year’s largest inventory without crowding.  
   **YES**  **NO**

8. We never store any vaccines in a dormitory-style unit (a small combination freezer-refrigerator unit with the freezer compartment inside the refrigerator).  
   **YES**  **NO**

9. We use only calibrated thermometers that have a Certificate of Traceability and Calibration Testing.  
   **YES**  **NO**
Office Management Tools

Building on Vaccination Basics
Educate your staff on vaccine administration to help your vaccination process run smoothly.

HCP to Pharmacy Vaccine Referral Template
Print and fill out this form to help document the vaccinations your patients receive at the pharmacy.

Merck ExpressCheck
(www.checkcoveragenow.com)
Fast, patient-level insurance eligibility and product coverage information for many of your patients for select Merck products.

Recycling Program
Merck makes recycling your shipping container quick and easy.

Reimbursement Support
Get CPT® codes, verification and authorization assistance, and Medicare Part D information.

Storage and Handling
Access storage and handling information.

Vaccination Reminder Cards
Print and fill out these new easy-to-use cards to
# Quick Coding Sheet for Mencevo

## Mencevo

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90734</td>
<td>Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135, (tetavalent), for intramuscular use</td>
</tr>
<tr>
<td>NDC</td>
<td>46028-0208-01</td>
</tr>
<tr>
<td></td>
<td>Mencevo® (Meningococcal [Groups A, C, Y and W-135] Oligosaccharide Diphtheria CRM197 Conjugate Vaccine), 2 vials per dose, 0.5 mL, 5 x 2 vls/pkg, 5 doses (10 vials) per package</td>
</tr>
</tbody>
</table>

## Immunization Administration

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90471</td>
<td>Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)</td>
</tr>
<tr>
<td>90472*</td>
<td>Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

*Add on code—must be used with primary administration code.

## Diagnosis

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V01.84</td>
<td>Contact with or exposure to communicable diseases; other communicable diseases: Meningococcus</td>
</tr>
<tr>
<td>V02.59</td>
<td>Carrier or suspected carrier of infectious diseases; other specified bacterial diseases; Meningococcal and Staphylococcal</td>
</tr>
<tr>
<td>V03.89</td>
<td>Need for prophylactic vaccination and inoculation against bacterial diseases; other specified vaccinations against single bacterial diseases; other specified vaccination</td>
</tr>
</tbody>
</table>

## Office Visit†

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201-99205</td>
<td>New patient; Office or other outpatient visit</td>
</tr>
<tr>
<td>99211-99215</td>
<td>Established patient; Office or other outpatient visit</td>
</tr>
<tr>
<td>99381-99387</td>
<td>New patient; Initial comprehensive preventive medicine</td>
</tr>
<tr>
<td>99391-99397</td>
<td>Established patient; Periodic comprehensive preventive medicine</td>
</tr>
</tbody>
</table>

†May be used in conjunction with 25 Modifier.
PREVNAR 13® REIMBURSEMENT RESOURCE SHEET

COMMERCIAL PLANS
- Each Plan decides its own reimbursement rate, which varies based on plan and patient group. Pfizer suggests that you contact the individual plan to determine reimbursement.

MEDICARE PART B
- Prevnar 13® is covered for all Medicare patients via their Part B fee-for-service benefit.
- Prevnar 13® is available to Medicare patients with $0 in out-of-pocket costs for the vaccine.

Medicare Reimbursement for Prevnar 13®
Medicare reimbursement information is updated quarterly and posted online at https://www.cms.gov/McrPartBDrugAvgSalesPrice/01_overview.asp#TopOfPage

Or scan this QR code with your mobile QR reader to visit this Web page.

<table>
<thead>
<tr>
<th>Diagnosis Coding for Prevnar 13®</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9 Code (Diagnosis Code)</td>
</tr>
<tr>
<td>V03.82</td>
</tr>
<tr>
<td>V06.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedural Coding for Prevnar 13®</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT® Code*</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Administration Code</td>
</tr>
</tbody>
</table>

*CPT is a registered trademark of the American Medical Association (AMA).
CRACKING THE CODES:
CODING AND BILLING FOR INFLUENZA VIRUS VACCINES ACROSS MULTIPLE SITES

A 2-part program updated for quadrivalent influenza vaccines and other changes for the 2013-2014 influenza season

Brought to you as an educational service by Sanofi Pasteur Inc. Value transfers to licensed health care professionals by pharmaceutical companies may need to be reported according to certain state laws, as well as the federal Sunshine Act provisions.

INFLUENZA VACCINE CODE DISTINCTIONS AND TERMS\(^1,2\)

<table>
<thead>
<tr>
<th>Route of Administration</th>
<th>Virus</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Intramuscular&quot;</td>
<td>&quot;Split virus&quot;</td>
</tr>
<tr>
<td>&quot;Intradermal&quot;</td>
<td>&quot;Subunit&quot;</td>
</tr>
<tr>
<td>&quot;Intranasal&quot;</td>
<td>&quot;Live&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High-Dose by Content</th>
<th>Dose Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased immunogenicity via increased antigen content</td>
<td>&quot;6-35 months of age&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preservative Content</th>
<th>Number of Antigens</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Preservative-free&quot;</td>
<td>&quot;Quadrivalent&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Base</th>
<th>&quot;Trivalent&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derived from cell cultures</td>
<td>&quot;Live&quot;</td>
</tr>
</tbody>
</table>

Scenario: A 62-year-old Medicare patient is seen at an immunization clinic and receives a 0.8 mL dose of Fluzone vaccine taken from a 8 mL vial.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
<th>ICD-9 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2038</td>
<td>Influenza vaccine, 3 years of age or older, intramuscular injection, Fluzone(^6)</td>
<td>V04.81</td>
</tr>
<tr>
<td>G0008</td>
<td>Administration of influenza vaccine</td>
<td>V04.81</td>
</tr>
</tbody>
</table>

Consider Roster Billing\(^1\)

<table>
<thead>
<tr>
<th>Control Number</th>
<th>Patient Name</th>
<th>Patient Address</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Patient Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>99999999</td>
<td>Brown</td>
<td>555 Main Street</td>
<td>01/01/1950</td>
<td>M</td>
<td>OnFile</td>
</tr>
<tr>
<td>88888888</td>
<td>Green</td>
<td>666 Main Street</td>
<td>02/02/1950</td>
<td>F</td>
<td>OffFile</td>
</tr>
<tr>
<td>77777777</td>
<td>Jones</td>
<td>777 Main Street</td>
<td>03/03/1950</td>
<td>M</td>
<td>OnFile</td>
</tr>
</tbody>
</table>

Group Purchasing Organizations

GPOs tend to be operated by hospital-affiliated organizations, but there is usually a non-profit or non-profit entity. In fact, GPOs often charge fees that are not available to all practices in all areas.

Questions to Ask

When considering joining a GPO or PBC, use the questions below to assess which program is right for you.

- Which manufacturer(s) are included in the program? Under what circumstances can I purchase outside the plan? What are the purchasing compliance requirements?
- Based on this contract, how will my usual vaccine regimen be affected? Would I need to start administering different vaccines? How will this affect office education or nurses' time?
- If I have to change the type of vaccine I order, is the change worth it? Is there another option with similar pricing that would allow me to order what I currently use?
- Is there a cost to participate? What is the length of my contract commitment? Does this plan provide rebates to its participants?
- Is pricing tied to volume? Do all participants have the same terms?
- Does placing large- or small-volume orders allow me to receive the optimal discount?
- How do your discounts compare with my current pricing?
- Can I take advantage of additional manufacturer discounts through this program?
- How frequently am I allowed to order? What is the process to order vaccines? Is a code
Question for the Workgroup: What have we missed?
Before we begin brainstorming, let’s take a glimpse at physician practice reality...
Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, MD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, Pl

Arch Intern Med 2012; E1-9

Background: Despite extensive data about physician burnout, to our knowledge, no national study has evaluated rates of burnout among US physicians, explored differences by specialty, or compared physicians with US workers in other fields.

Methods: We conducted a national survey of burnout in a large sample of US physicians from all specialty disciplines using the American Medical Association Physician Masterfile and surveyed a probability-based sample of the general US population for comparison. Burnout was measured using validated instruments. Satisfaction with work-life balance was explored.

Figure 1. Burnout by specialty.
Resources or Tools Should be Mindful of Delivery System

The Widespread Problem of Doctor Burnout
By PAULINE W. CHEN, M.D.

1 in 2 US physicians burned out implies origins are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals.
Questions Physicians Have Raised about Immunization

- Can a practice break even or generate income by vaccinating?
- Which vaccines should be purchased? How much? From whom? When?
- Which vaccines will impose a large co-pay on patients?
- What vaccines are covered by Medicare part B?
- What codes do I use for optimal reimbursement?
- Why can’t I get vaccines as early in the season as pharmacies?
- How will the ACA impact vaccine coverage?
Primary Employer*

* Respondents currently working in medicine; not Resident/Fellow (N=806)
Work Setting Where Spend the Greatest Amount of Time in Direct Patient Care*

- Single specialty ambulatory care office or clinic: 31.8%
- Multispecialty ambulatory care office or clinic: 15.5%
- Hospital/inpatient setting: 26%
- Clinic (other than privately owned): 22%
- Emergency department: 1%
- Nursing facility: 1%

* Respondents currently working in medicine who provide direct patient care; not Resident/Fellow (N=776)
Current Healthcare System
Looks What is on the Yellow Brick Road
High Quality Patient Care

No place like a Patient Centered Medical Home
Can we even talk about revenue?
### Average Pediatrician Income by State for Well Baby Check-Ups

I asked 3 or more pediatrician offices in the state

<table>
<thead>
<tr>
<th>State</th>
<th>Visit Cost</th>
<th>Doctor Fee Per Vax</th>
<th>Vaccine Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>$268.67</td>
<td>$44.50</td>
<td>Patient/Insurance Pays (No clinics mentioned)</td>
</tr>
<tr>
<td>Florida</td>
<td>$147.00</td>
<td>$10.00</td>
<td>State Pays</td>
</tr>
<tr>
<td>Idaho</td>
<td>$156.00</td>
<td>$31.00</td>
<td>State Pays</td>
</tr>
<tr>
<td>Illinois</td>
<td>$200.00</td>
<td>$23.93</td>
<td>Patient/Insurance Pays (No clinics mentioned)</td>
</tr>
<tr>
<td>New York</td>
<td>$168.75</td>
<td>$26.00</td>
<td>Patient/Insurance Pays, or State has clinics</td>
</tr>
<tr>
<td>Texas</td>
<td>$156.00</td>
<td>$22.33</td>
<td>Patient/Insurance Pays, or State has clinics</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>$182.74</strong></td>
<td><strong>$26.29</strong></td>
<td><strong>Tax payers, the patient, or insurance pays</strong></td>
</tr>
</tbody>
</table>

I've always wondered why so many doctors are so adamantly hardcore about demanding all their patients fully vaccinate, and why they kick patients out of their office who refuse. I'd always just assumed it was because the doctors felt that the vaccine protection was so important that they don't want any children to be at risk, so they draw a line in the sand for the good of the child (in their minds). BUT some doctors, especially those large groups who rely heavily on large HMO contracts, may actually be doing this because of money. Do they have the right to do so? Of course. But is it right? I don't
FACT OR FICTION

Vaccines are Money Makers for Docs?

"FACT: Your doctor does not make a profit from giving vaccines to your child."

ORIGINAL RESEARCH

Cost of Vaccine Administration Among Pediatric Practices

Judith E. Glazner, MS\textsuperscript{a}, Brenda Beaty, MSPH\textsuperscript{b}, Stephen Berman, MD\textsuperscript{c,d}

RESULTS: The total documented variable cost per injection (excluding vaccine cost) averaged $11.51, calculated from the following categories: nursing time, $1.71; billing services, $2.67; nonroutine services, $1.64; registry use, $0.96; physician time, $4.05; supplies, $0.36; medical waste disposal, $0.12. Nonroutine activities primarily included performing vaccine inventory and ordering, providing vaccination records to requesters, and answering parent telephone questions about vaccinations. With the use of a simulation model to compensate for the small number of participating practices, the calculated total variable cost per injection was $11.83. When 2 vaccines were administered, we compared the sum of the 2 payments with the sum of the 2 variable costs ($23.02). More than one third of the payment agreements (13 of 37 agreements) paid the practices less than the combined variable costs for 2 immunizations.

CONCLUSION: This study shows that the variable costs of vaccine administration exceeded reimbursement from some insurers and health plans.

Accepted August 25, 2009.

http://immunizeforgood.com/fact-or-fiction/vaccines-are-money-makers-for-docs
Let the brainstorming begin!
Questions/Issues/Ideas

- Based on existing tools and the practice environment, what tool(s) or approaches would fill a need in assisting physicians get into the business of vaccination?
- Who is the target audience? Small independent practices? Owned practices? ACOs? Physicians? Practice staff? What are the implications for different practice configurations and members?
- Is there a tool that explains the ACA’s coverage of immunizations? Is one needed?
- Is there a tool that links immunization to VBPs/PQRS/other pay-for-performance programs? Would this be valuable?
- Is there a way to provide “bite” size useful information or otherwise customize and target information for the practice?
- What is the role of advocacy? The private sector?
Thanks!