The American College of Obstetricians and Gynecologists (ACOG)

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95% of board-certified ob-gyns are members of ACOG
(a total of 58,000 members)

National Adult Influenza Immunization Summit (NAIIS)
Pearls from the Field
Tuesday, May 10, 2016

2009-2010 H1N1 Pandemic Impact on Pregnant Women

• Morbidity and mortality was 6 times greater among pregnant women than non-pregnant adult population
• Increased hospitalization rates
• Triage vaccine dissemination among pregnant women given shortages e.g. prioritize pregnant women with risk factors
• Continued concern about vaccinating pregnant women by patients and some providers
• ACOG’s 1st issuance of clinical email blasts and on-line only clinical guidance and patient info

Led to an ACOG Presidential Initiative and strong support for immunizations by ACOG leadership
Lessons learned from H1N1 Pandemic

- Ob-gyns go to ACOG 1st for clinical guidance.
- Needed rapid mass communication system(s) to ob-gyn members.
- Needed “different” and expedited development of H1N1 specific Ob clinical guidelines.
- Established close direct communication with CDC in developing Ob clinical guidance quickly.
- Collaborated extensively with other professional organizations.
- Increased comfort level of immunizing pregnant women for influenza among ob-gyns and pregnant patients

Immunization Department Launched in 2010

- Maternal IZ rates increased from 15% to 50% during H1N1 pandemic
- Desire to continue momentum of maternal IZ importance, increased IZ rates from H1N1 pandemic, and further enhance the role of ob-gyns as vaccinators
- ACOG’s leadership obtained seed money to launch new IZ dep’t
- Numerous grant funds obtained by ACOG to support national IZ efforts
- Several new IZ resources developed as ACOG publications and widely distributed/promoted with grant funds
- Immunization website, ImmunizationforWomen.org launched in 2011
- New standing ID member on ACOG’s OB and GYN Practice Committees
ACOG’s Immunization Expert Work Group (IEWG)

- IEWG serves in advisory and leadership capacity to all ACOG’s IZ, ID and Emergency Preparedness (e.g. Zika, Ebola) resources, activities, and programs.
- IEWG are volunteer members, comprised of 13 ob-gyns and 1 pediatrician who are experts in ID, IZ, coding and emergency response and do most work virtually.
- Chair is 1st ob-gyn appointed as voting member on ACIP
- Vice chair is co-chair of NVAC’s Maternal IZ Work Group
- Members are liaisons on numerous federal and professional groups e.g. ACIP, AIM, ASCO, IAC, ECBT, NFID, USPSTF, VAMPSS, Families Fighting Flu,

IEWG Guides/Leads ACOG on Emergency Preparedness Response

Ebola
IEWG Guides/Leads ACOG on Emergency Preparedness Response

Zika

ACOG Research: Findings on Reimbursement Issues


- Of ob-gyns who administer vaccines, most offer HPV
- Majority of ob-gyns assess need for an offer HPV vaccine during gyn practice
- 20% of respondents only offer HPV vaccine so see special relevance of HPV for patient population
- Most were knowledgeable about HPV vaccine benefits
- Financial concerns may limit widespread immunization

**ACOG Research: Findings on Reimbursement Issues**

Changes in and current status of obstetrician-gynecologists' knowledge, attitudes, and practice regarding immunization *Obstetrical & Gynecological Survey.* December 2009

- Most ob-gyns offer vaccines
- Most ob-gyns view screening for ID within their scope
- Several barriers especially financial (reimbursement, cost of vaccines)
- Majority find immunization training in medical school inadequate
- Many felt their immunization practice would benefit from CME courses

**ACOG Research: Findings on Reimbursement Issues**


- Increased # of MI ob-gyns assessing patients’ needs for vaccines
- Ob-gyns knowledgeable regarding vaccine recommendations
- Some barriers decreased (available vaccines, awareness of vaccine recs)
- Financial concerns continued to be deterrent from adopting immunization into routine practice
ACOG Research: Findings on Reimbursement Issues


- Majority (78%, 86%) of ob-gyns offer flu and H1N1 vaccine to pregnant patients; 21% and 13% refer
- Reasons to not offer vaccination: inadequate reimbursement, storage limitations, should be given by other providers
- Reasons to vaccinate: consider primary care within role, seen adverse effects of flu in pregnant women, personally received flu/H1N1 shot, group practice
- Solo practitioners less likely to vaccinate

ACOG Research: Findings on Reimbursement Issues

Obstetrician-gynecologists’ practices and perceived knowledge regarding immunization American Journal of Preventive Medicine. September 2009

- 80% of ob-gyns stock and administer at least some vaccines
- 90% stock HPV, 67% flu
- Majority of ob-gyns agree financial factors (inadequate reimbursement) barriers to vaccine administration
- Most aware of safe vaccines during pregnancy
- Majority think medical school immunization training inadequate and benefit from CME courses
ACOG Annual Focus Groups of Members

- Annual Focus Groups at ACOG’s Annual Meeting of ob-gyn “vaccinators” and “nonvaccinators”
- Get feedback on ACOG’s IZ resources and efforts
- Sample findings e.g. prefer paper resources for patients, online for ob-gyns.
- 2016 Focus Groups to focus on reimbursement problems with pre-survey of office managers on actual reimbursement issues and examples
  - Proper IZ coding is major issue.

ACOG Annual Focus Groups: comments regarding reimbursement

2015 Focus Groups:
- “I think it is the main reason among those I know who are not currently providing immunizations in their practices.”
- “too many barriers for a lot of ob-gyns to address to just break even.”
- “insurance companies need to realize that immunizations are preventive services that should be covered regardless of meeting deductibles”
- Most participants said that providing immunizations in their practice is at least somewhat driven by reimbursement

2014 Focus Groups:
- Reimbursement is a huge barrier.
- Participants made decision to provide immunizations in their practice even if they lose money as they believe it is the right thing to do.
- A few refer out but monitor to make sure their patients do get the vaccines elsewhere.

2013 Focus Groups:
- Reimbursement is an issue because the cost of vaccines can be more than the reimbursement.
- One participant gives HPV in their office. The low reimbursement rate limits the number of immunizations they can provide.
Ob-gyn practice seeking help with HPV vaccine reimbursement:

Ob-gyn practice reimbursement issue:
- “Our cost per Gardasil injection $183.95
- Reimbursement for injection $167.00
- Reimbursement for Inj Fee $ 11.00
- Some insurances would only pay for 2 injections and wouldn’t pay for the 3rd. I can’t give you specific’s as to which insurance this was applicable to. We haven’t given injections since 2013. Some of the other issues are applicable to our office only. Fee Ticket not getting marked with the injection so we lost the entire cost. Not sure this would be any better now, even though doctors are doing their own billing.”

What went wrong and how can this be fixed?
- They were paying nearly $50 per dose above the manufacturer’s own list price.
- They lost money on the purchase price of the vaccine. If they had purchased from the manufacturer, they would have made a margin on the vaccine product alone.
- This is a very common, local problem that is unfortunately seen all the time, where practices either marginally cover or do not cover all the cost of the product.
- As for not being paid for the 3rd dose, it is possible that they were using the wrong CPT code.
- Bottom line, it boils down to buying the product at a price which is at or lower than the CDC vaccine price list and negotiating contracts with insurance companies.
Coding and Reimbursement Resources: Immunizations and Routine Ob-gyn Care Guide

- **Immunization Resources for Ob-Gyns: A Comprehensive Tool Kit**
- **Immunizations and Routine Obstetric-Gynecologic Care** is manual on reimbursement, standing orders, coding, vax stocking etc
- Available in ACOG’s Bookstore and electronically on the Immunization for Women website

Immunizations and Routine Ob-gyn Care Guide

Coded coding enables practices to receive appropriate payment for immunizations and satisfies payer scrutiny. The College has published *Immunization Coding for Obstetric–Gynecologists 2013*, a coding guide solely focused on immunization. This coding guide provides information and tips for how to obtain maximum reimbursement for immunizations (see Appendix D for information on Immunization Coding for Obstetricians-Gynecologists 2013). The College’s “Immunization for Women” web site has a section on coding and reimbursement (see Appendix D). The College’s Coding department maintains a section on the College web site that addresses coding issues for obstetrician-gynecologists. Many obstetrician–gynecologists and other health care providers perceive a lack of reimbursement as a major barrier to including immunization...
**Coding and Reimbursement Resources: Immunization Coding Guide**

- *Immunization Coding for Obstetrician-Gynecologists* provides common IZ codes as part of a comprehensive Immunization Resources tool kit.

- Proper IZ coding is major issue.

- Distributed to over 35,000 active practice ob-gyns in US

- Available electronically on the Immunization for Women website

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**Online Resources: Immunization for Women website - Practice Management**

- Practice Management Overview
- How to Start an Office-based Immunization Program
- Coding
- Financing & the Affordable Care Act
- Strain & Typing
- Liability & Adverse Events Reporting (VAERS)
- Communication with Patients
- Increased Immunization Rates
- Leading by Example
- Office Forms
- Immunization Information Systems (IIS)
- Practice Management Resources
Online Resources: Immunization for Women website - Coding section

Toolkit Resources: Immunization toolkits with Coding Information Cards
ACOG Survey* of Efforts to Improve IZ Coverage in Pregnancy among Ob-Gyns published January 2016

- ACOG’s Research department and IZ staff conducted a prospective, longitudinal study to determine ACOG’s efforts to increase ob-gyn use of ACOG IZ toolkits and vax administration were effective
- Pre- and post-intervention surveys to random sample 1,500 ACOG members between August 2012 and July 2015. ACOG distributed 3 IZ toolkits (Tdap, flu IZ) between August 2012 and March 2013 to 35,000 active practice ob-gyn members
- 88% of survey ob-gyns reviewed the IZ toolkits
- Large majority reported that they offered or planned to offer flu and Tdap vax to patients
- Postintervention respondents significantly more likely to use standing orders, had increased access to patient records and decreased cost as a barrier to IZ
- Ob-gyns in group practice more likely to offer Tdap, flu and have standing orders than solo practice or academic

*Supported by CDC Cooperative Agreement 5U661P000667

ACOG Research: Efforts to Improve Immunization Coverage during Pregnancy among Ob-Gyns

<table>
<thead>
<tr>
<th>Variable</th>
<th>Preintervention study (%)</th>
<th>Postintervention study (%)</th>
<th>p value</th>
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<tbody>
<tr>
<td>Received ACOG’s immunization toolkit mailings¹</td>
<td>67.0</td>
<td>84.5</td>
<td>&lt;.001</td>
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<td>Valuable immunization resources to include in future toolkit mailings</td>
<td>71.2</td>
<td>58.0</td>
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<td>Clinical guidelines from ACOG²</td>
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<td>Coding information and tips¹</td>
<td>39.7</td>
<td>38.0</td>
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<td>Reimbursement information and tips¹</td>
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<td>9.4</td>
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<td>Barriers to offering immunizations</td>
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<td></td>
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<tr>
<td>Cost¹</td>
<td>45.5</td>
<td>34.8</td>
<td>.006</td>
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<tr>
<td>Time²</td>
<td>25.4</td>
<td>33.0</td>
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<tr>
<td>Lack of access to patient records²</td>
<td>7.6</td>
<td>7.7</td>
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<tr>
<td>Lack of patient interest²</td>
<td>26.9</td>
<td>25.2</td>
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<td>Use standing orders for immunizations¹</td>
<td>36.5</td>
<td>46.6</td>
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<td>Routinely offer Tdap to all pregnant patients²</td>
<td>59.3</td>
<td>76.8</td>
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<td>Concerns reasons patients decline vaccinations</td>
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<tr>
<td>“They do not think they need vaccines”</td>
<td>79.4</td>
<td>80.6</td>
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<tr>
<td>Percentage of patients that decline vaccinations</td>
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<tr>
<td>Less than one-third³</td>
<td>64.4</td>
<td>76.3</td>
<td>.001</td>
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<td>Require annual influenza vaccination themselves²</td>
<td>90.7</td>
<td>96.3</td>
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<tr>
<td>Require staff to receive annual influenza vaccination²</td>
<td>76.1</td>
<td>86.2</td>
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88% of respondents from pre and post surveys reviewed ACOG toolkits

ACOG Research: Efforts to Improve Immunization Coverage during Pregnancy among Ob-Gyns

| Table 4: Barriers to offering immunizations among Ob-Gyns |
|-----------------|-----------------|-----------------|-----------------|
| Barrier                | Overall % of Ob-Gyns who agreed | Preintervention study | Postintervention study |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Inadequate reimbursement | 51.4            | 44.6            | .085            |
| Cost*            | 45.5            | 24.8            | .006            |
| Lack of interest from patients* | 29.9            | 37.5            | .843            |
| Lack of time*    | 25.4            | 33.0            | .036            |
| Lack of storage for vaccines/supplies | 24.2            | 18.0            | .054            |
| Concerns about vaccine safety | 18.5            | 18.4            | .959            |
| Lack of staff Participating in immunization registries | 16.7            | 19.5            | .363            |
| Lack of access to patient records* | 10.5            | 9.0             | .344            |

* p < .05, ** p < .01


ACOG & AAP Webinar on Business Practices

Strong interest in this area as this was ACOG’s highest attended webinar

The webinar, was presented by ACOG’s Immunization Program in collaboration with the American Academy of Pediatrics (AAP).

Building on the successful implementation of immunizations in pediatric care, the webinar focuses on the application of strategies used successfully for years by pediatricians as a model for immunization programs in ob-gyn practices.
Other ACOG Resources & Efforts

- Maintenance of Certification, ABOG
  - ACOG IZ program regularly suggests new IZ articles for ABOG to include in MOC
- Part 2 Articles—ACOG clinical IZ recs for required reading
- Part 4 QI Project on chart review for prenatal Tdap immunization

- SCOPE: Safety Certification in Outpatient Practice Excellence for women’s health
  - SCOPE is voluntary patient safety review program for ob-gyn practices
  - SCOPE practice certification reviews immunization practices e.g. vaccine storage, records

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