

2009-2010 Influenza Season Physician Perspectives:

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Texas Medical Association January 2010 Survey

- E survey sent to 10,000 FP, IM, Peds, OB/GYN
- 408 respondents, 200 comments; 4% response
- 194 5 Largest Counties
- 40 Rural
- 173 Other Metropolitan
- Overall 54% received all ordered seasonal
- Rural physicians received only 36%

Did You Receive Enough Vaccine?

- Overall 29% did receive enough
- Rural only 20% received enough/ordered
- Highest Tarrant Co. 42%
- Respondents included 57 OB
- 158 Family Physicians
- 97 Internists
- 94 Pediatricians

Did You Receive the Amount Ordered?

	All	None	Enough
All docs	54%	9%	29%
OB/GYN	60%	19%	29%
FP	52%	7%	29%
IM	48%	14%	32%
PEDS	58%	2%	25%

Written Comments

- More than ½ of respondents expressed concern about receiving inadequate amount of vaccine or getting it after other venues had vaccine.
- Many were concerned about not receiving information on shipping, timing, etc. of supply
- Of those expressing concern about receiving adequate supplies the main concern was about high risk patients and getting them vaccinated
- Many expressed concerned about financial hardships of vaccine provision

Who Did You Order From?

- 55% Manufacturers
- 26% Other
- 19% Network
- Did you receive some or all of order?
- 83% some or all
- 17% none

Who Did You Refer To?

- 15% Other Physicians
- 48% Public Health Clinics
- 71% Pharmacy
- 45% Grocery Stores
- 4% Other
- Multiple answers allowed for above

How Satisfied Were Your Patients?

- | | |
|----------|-----|
| • Yes | 40% |
| • No | 47% |
| • Unsure | 13% |

Family Medicine Perspectives

- Varied by State due to varying distribution methodologies, this led to a lot of confusion
- Sign up was also potentially confusing and may have deterred some from H1N1
- Use of LAIV limited in many Family Physicians offices and were faced with new questions on safety and use
- Lack of coordinated systems without registry may have led to over vaccination

Emergency and Urgent Care

- Reliance on point of care testing led to over and under treatment
- Lack of ability to immunize in ED's and very limited experience with vaccinations may have led to missed opportunities
- Many developed protocols with CBC, Flu Swab and CXR for all febrile patients
- Lack of planning for waiting rooms, triage protocols and isolation policies

Comments and Concerns

- Many providers such as OBGYN had no prior experience with ordering, coding or billing, and pH1N1 paperwork was perceived by many as too onerous
- High frustration index when highest risk patients; either seasonal or pH1N1 present for care and vaccine not available
- Possibly higher impact in rural communities
- Pre-booking expectations vs. delivery

Comments and Concerns

- Illness prior to vaccine; Antiviral use, POC testing and treatment protocols were confusing
- Public Health infrastructure not equipped to deal with many of the coordination issues needed despite valiant attempts
- Undue burden for many rural and underserved populations
- Conflicts on treatment/vaccination when without product and rapidly changing recommendations