Driving Immunization Through the Medicare Annual Wellness Visit: A Growing Opportunity
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Background:
The Annual Wellness Visit (AWV) is a Medicare benefit designed to help prevent disease and disability based on individualized health and risk factors. Established in 2011, the AWV is a benefit provided to all Medicare beneficiaries. With Medicare vaccine coverage well below Healthy People 2020 goals, the AWV is an opportunity to educated beneficiaries on vaccine recommendations and to administer vaccines at the point of care.

Objectives:
Little is known about the utilization of immunization services relative to the AWV. We seek to explore the utilization of the AWV and the receipt of Advisory Committee on Immunization Practices (ACIP) routinely recommended vaccines, specifically influenza and pneumococcal vaccines, relative to the receipt of the AWV.

Methods:
This study analyzes Medicare Part B fee-for-service claims from 2011 to 2016 to assess AWV and seasonal influenza and pneumococcal conjugate vaccinations utilization over time.

Results:
Utilization of the AWV has increased from 8% of Medicare beneficiaries in 2011 to 19% in 2015. In each year, influenza and PCV13 vaccination rates are higher among those who utilize the benefit. More than one-third (33%) of patients who had an AWV in 2015 received a PCV13 vaccination in that same year, compared to 14% of those who did not. Similarly, the seasonal influenza vaccination rate was 64% among those with an AWV and 44% among those without.

Conclusion:
Many factors contribute to low adult immunization rates, including limited awareness about vaccine recommendations, a lack of tools that assist providers in implementing complex vaccine schedules, and gaps in routine vaccine needs assessments during health care visits. The AWV is a strategic touch-point with the health care delivery system that can be used to address gaps in coverage. These visits hold great promise to support healthy aging and adherence to ACIP-recommendations.
Optimizing Vaccination Coverage in Long Term Care Settings
Tiffany Tate

Background:
Residents in long term care facilities are at increased susceptibility to vaccine-preventable diseases and at increased risk for serious complications and death. Programs are needed to protect these vulnerable populations from VPDs.

Setting:
Twenty-five long term care facilities in Maryland.

Population:
Residents and staff of long term care facilities.

Project Description:
During the 2016-17 flu season, the Maryland Partnership for Prevention approached two long term care chains offering to assume their influenza vaccination program. Through this partnership, MPP would offer superior or preferred vaccine products to residents and staff. This entailed replacing "low dose" flu vaccine with high-dose for all residents over 65 years old and offering intradermal vaccine for staff who were needle-averse. The LTCs were receptive because MPP purchased the vaccine and billed insurers for the vaccine and administration. This arrangement saved money for the facilities who typically purchased vaccine for their staff and residents.

Results/Lessons Learned:
More than 3,000 residents and staff were vaccinated with flu vaccine products that were recommended. None of the facilities were administering high-dose to seniors. LTC facilities are receptive to partnering with groups that can alleviate the financial and human resource burdens associated with vaccinating staff and employees against the flu. However, issues related to reimbursement, scheduling, and securing insurance information from staff may pose barriers to widespread adoption of such a program.