



Preparing for Flu Vaccine Season in Times of Social Distancing

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Learning Objectives

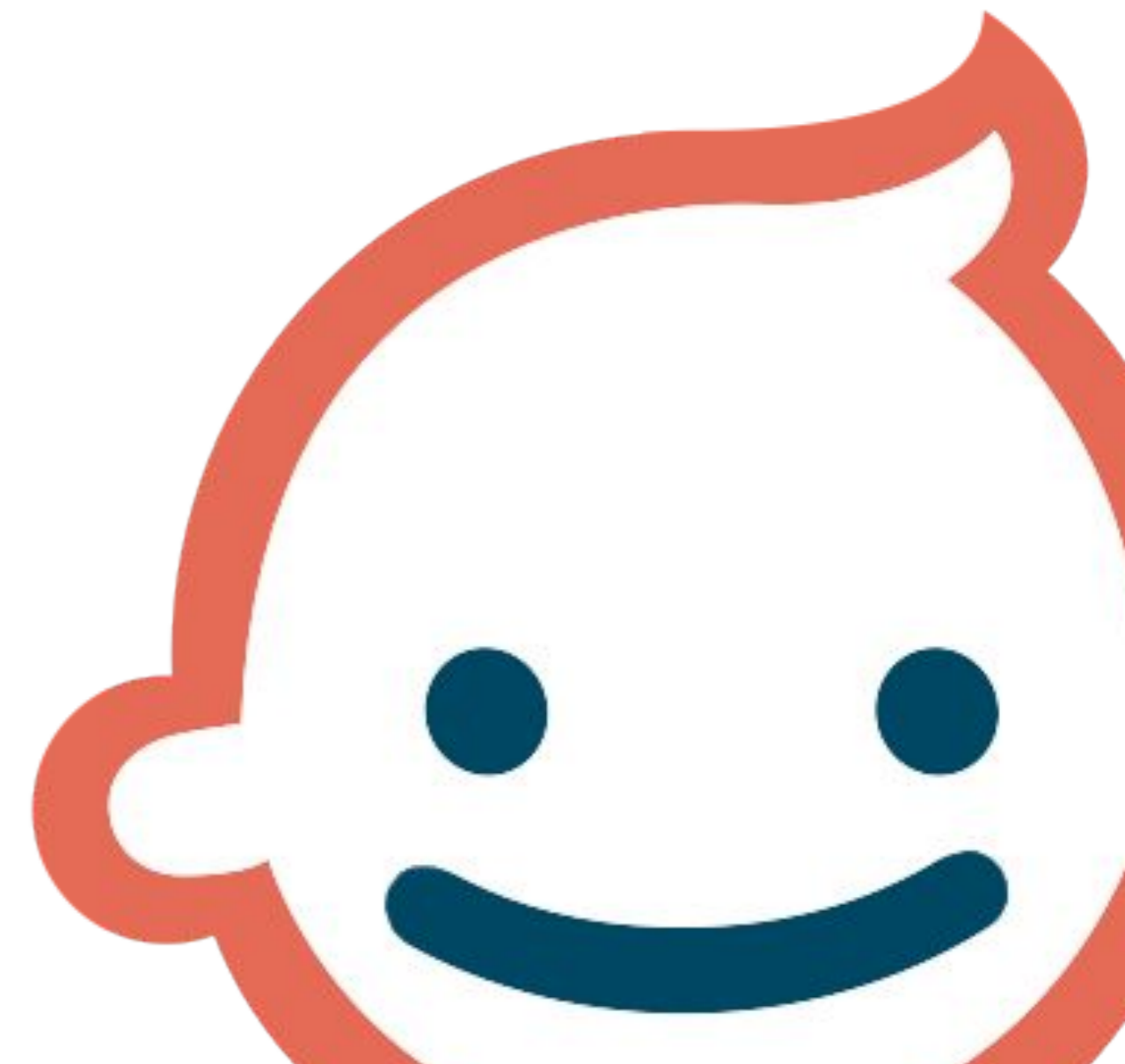
1. Review the annual challenges for flu vaccination of your patients
2. Identify unique challenges in the environment of COVID-19
3. Brainstorm some ideas for adjusting your 2020 flu vaccination plan
4. Empower practices to be ready for the uncertainty

What we will ***not*** cover today (but will in the future)

1. The uncertainty of dealing with patients who may have acute influenza or COVID-19 illness
2. Testing for COVID and/or flu

Flu Vaccine Delivery Goals

- Maximize the number of your patients who receive flu vaccine
- Minimize the additional workload on your practice team
- Maximize payment for positive business impact



You CAN (and SHOULD) make \$\$ on Flu Vaccines!

- Profit on vaccine product (for non-VFC)
- Vaccine administration codes
- P4P Bonus incentives for achieving high vaccination rates
- You need to be EFFICIENT

Annual Challenges

- Ordering vaccine and vaccine supplies
- Uncertain and uneven vaccine delivery
- Managing inventory
- Practice messaging of flu immunization opportunities
- Scheduling
- Considering prioritizing high risk patients
- Identifying patients who need 2 doses

Ordering/Predicting Need (February)

- Know the count of your active patients who will be at least 6 months old in September
- Predict practice growth/loss
- Know the general “percentage of flu vaccine uptake” for your practice
- Outline pros/cons of which products to purchase
- Universal dosing regardless of age
- Nasal vs shot only
- Multi-dose vs unit dose
- Ability to return unused product without penalty
- Single vs multiple manufacturers

**PULL THIS
SLIDE OUT IN
JANUARY!!**

Prior to Vaccine Arrival: NOW!

- Create a flu task force in your office
- Give them protected time to work and empower them to act

Action Items:

- Practice agreement on office team receiving vaccine
- **Messaging to families**
- Messaging to office team
- Decisions regarding timing to start administering vaccine
- Prioritizing who to immunize
- Standing orders
- Make current VIS available (website, standing orders, templates)
- Storage and handling!

Pediatric Influenza Vaccine Price List

Note: The table below reflects contracts for the 2020-2021 Pediatric Flu.

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Influenza [5] (Age 6 months and older)	Fluzone® Quadrivalent	49281- 0633-15	10 dose vial	\$13.55	\$16.939	2/28/2021	Sanofi Pasteur	75D30120D07115
Influenza [5] (Age 6 months and older)	Fluzone® Quadrivalent	49281- 0420-50	10 pack – 1 dose syringe	\$13.50	\$18.144	2/28/2021	Sanofi Pasteur	75D30120D07115
		49281- 0420-10	10 pack – 1 dose vial	\$13.50	\$18.144			
Influenza [5] (Age 6 months and older)	Fluarix® Quadrivalent	58160- 0885-52	10 pack- 1 dose syringe	\$13.75	\$17.30	2/28/2021	GlaxoSmithKline	75D30120D07111
Influenza [5] (Age 6 months and older)	FluLaval Quadrivalent	19515- 0816-52	10 pack – 1 dose syringe	\$13.75	\$17.30	2/28/2021	GlaxoSmithKline	75D30120D07111
Influenza [5] (Age 4 years and older)	Flucelvax® Quadrivalent	70461- 0320-03	10 pack – 1 dose syringe	\$16.02	\$25.763	2/28/2021	Seqirus USA, Inc	75D30120D07117
		70461- 0420-10	10 dose vial	\$15.15	\$24.419			
Influenza [5] (Age 6 -35 months)	Afluria® Quadrivalent	33332- 0220-20	10 pack – 1 dose syringe	\$13.26	\$18.659	2/28/2021	Seqirus USA, Inc	75D30120D07117
Influenza [5] (Age 36 months and older)	Afluria® Quadrivalent	33332- 0320-01	10 pack – 1 dose syringe	\$13.26	\$18.659	2/28/2021	Seqirus USA, Inc	75D30120D07117
Influenza [5] (Age 6 months and older)	Afluria® Quadrivalent	33332- 0420-10	10 dose vial	\$12.45	\$17.257	2/28/2021	Seqirus USA, Inc	75D30120D07117
Influenza [5] Live, Intranasal (Age 2-49 years)	FluMist® Quadrivalent	66019- 0307-10	10 pack- 1 dose sprayer (Intranasal)	\$18.88	\$23.70	2/28/2021	AstraZeneca	75D30120D07113

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**UPDATE your FEE
SCHEDULE!**

<https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>

Messaging to Families

- ALL practice team members must be consistent in their messaging
- Use resources to emphasize importance of influenza vaccine
- Posters/messaging in waiting room and/or exam rooms
- Website information/alerts on home page
- Social media
- Mass email to families **NOW** emphasizing the importance of receiving vaccine
- Explain where they can receive updated information on vaccine arrival/supply
- Prepare them for how you will be delivering vaccine (appointments, flu clinics, etc.)

Prioritizing If Supplies Limited

- Ongoing communication is key
- VFC vs Private: Depends on whether your state allows borrow/payback
- < Under 3 years: Immunize at sick/well appointments as soon as you have supply
- May need 2 vaccines
- These are the patients that count for HEDIS/P4P!
- High Risk Patients: How do you identify them? How do you reach them?
- Proactive Outreach
- Special consideration: college students

Capture EVERY Opportunity to Immunize!

Train staff to check for flu immunization status every time they touch the chart or family!

- AM Practice Huddle!
- Triage
- Checking in
- Processing a form
- Processing a report from a specialist
- **Any and ALL visits:** Empower staff and providers to carpe diem!

2020 Challenges



2020 Challenges

1. Respecting social distancing to keep patients AND office teams safe
2. Achieving high immunization rates with less efficiency/throughput
3. Overcoming parental anxiety about office visits

Social Distancing Strategies

- All appointments must be scheduled (no walk-ins this year)
 - Helps to anticipate needs for vaccine supply and staffing
 - Can adjust pacing as necessary
- Don't make ANYONE come back if you can help it
 - In the office? have vaccine? ...give it now
 - Siblings? Yep, you also

Flu Clinic Strategies

- Minimize time in office/contact with office team members
 - Have spacing floor signs/sidewalk signs (also marketing?) or cones
 - Do as MUCH work in advance as possible (distribute VIS on website, validate insurance, upload pictures of new insurance cards on portal)
- Skip any waiting inside the office/go directly to exam room
 - Check-in online OR in the exam room
 - Consider having a “check-in hostess” escorting/directing families to open exam rooms and have vaccinator stay IN the exam room
 - Schedule 2nd flu vaccine for all appropriate patients prior to leaving exam room
- One way office flow (out a back door if possible)

A photograph of a hallway with yellow caution tape on the floor. A white text box with red text is overlaid on the right side of the image.

**Tell our staff if you
are not feeling well
today**

**Read the flu Vaccine
Information Sheet on
Our Website**

Sign Examples

- *Thank you for wearing your mask and staying 6 feet away from other families! (This includes all children over 2 and parents).*
- If your child is not feeling well today or have been exposed to COVID-19 in the past 14 days please go back to your car and call the office
- If the answer to any of the following questions is YES, please tell our staff when you check in:
 - 1. Does your child have an allergy to any of the components of the flu vaccine (such as neomycin)?
 - 2. Has your child had a serious reaction to a prior influenza vaccine?
 - 3. Has your child ever had Guillain-Barré syndrome?
- ***Have your child's upper arm exposed and ready!***

Drive Through Vaccine Clinics

- Need to have the appropriate parking lot
- 2 Strategies:
 - Moving car line
 - Dedicated parking spaces marked with numbers
- **Moving car line:**
 - Either “team” of check in/vaccinator OR
 - 2 teams: check in team then move on to vaccinator team
- **Dedicated parking spaces:**
 - Advance team makes sure they have info/registration, the parking lot attendant says “proceed to space #3 for your vaccine”

What About Fainting?

Research has shown fainting is not a concern

“We found a person’s chance of fainting during a drive-thru vaccination is less than the probability of being struck by lightning”

If driver getting vaccinated, may want to have them wait.



Maximizing Efficiency

- Automate wherever you can!
 - Self scheduling appointments
 - Standing orders/templates
- If possible, give only ONE kind of vaccine at a time during flu clinics (minimizes errors, increases speed)
- Have dedicated staff to be “only giving flu vaccine” during certain hours
- Consider “big flu clinic weekend days” as well as early hours/late hours several days per week

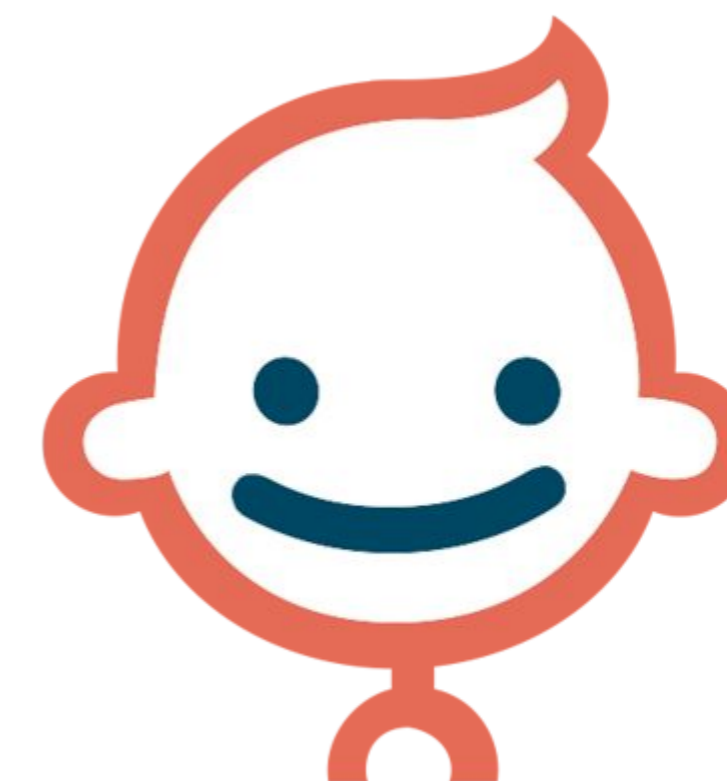
Overcoming Parental Anxiety

- Message early, often, consistently: **Your office and the vaccine are safe**
- Message in multiple formats: bulk email blasts, website, now in office signs, social media
- Consider doing a “walk through video” of what it will look like for patients in your office including staff in appropriate PPE, signs on the door that say “clean, etc.” and post on your website and social media

AND WHAT ABOUT A COVID VACCINE????

- This is great practice!
- What did we learn from H1N1?
- May just get paid vaccine administration fee and get public health universal distribution
- Safety and efficacy messaging will be key. Start planting seeds!

Flu Vaccine FAQs



**Pediatric
Success**
SERIES

Do I need to get a parent signature for vaccines?

<https://www.immunize.org/askexperts/documenting-vaccination.asp>

When using VISs and providing vaccines, is a parent/guardian signature required?

No. There is no federal requirement for signed consent for any dose of vaccine. The federal requirement is to provide all adult patients or parents/legal representatives of minor children with the appropriate VIS for each dose of vaccine administered. Federal law also requires that you record the date you gave the VIS to the patient or minor child's parent/legal representative and the edition date of the VIS, among other items, in the patient's medical record. Some clinics, agencies, and/or state immunization programs may have requirements for signatures. Contact information for your state health department is available at www.immunize.org/coordinators.

Do I Need to Hand Every Patient a Paper VIS?

Ways to give a VIS

- Paper copies of the VIS can be printed and given to patients prior to vaccination.
- Permanent, laminated office copies may be given to patients to read prior to vaccination.
- Patients may view VISs on a computer monitor or other video display.
- Patients may read the VIS on their phone or other digital device by downloading the pdf file from CDC's website.
- Patients may be given a copy of a VIS during a prior visit, or told how to access it through the internet, so they can read it in advance. These patients must still be offered a copy to read during the immunization visit, as a reminder.

<https://www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html>

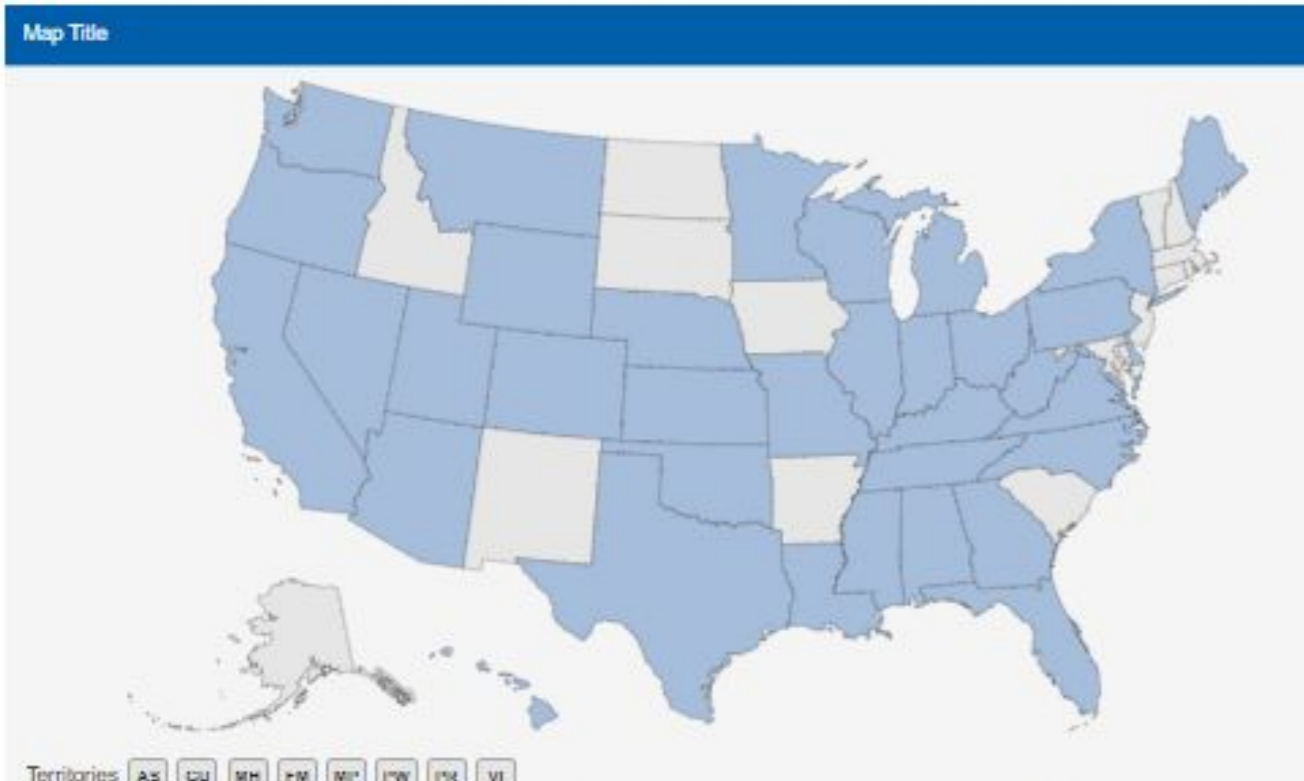
Patients must still be offered a copy of the VIS to take away following the vaccination. The patient may decline.

Can I “Borrow and Payback” VFC/Private Flu Vaccine?

<https://www.cdc.gov/vaccines/programs/vfc/state-vfc-websites.html>

VFC Web Sites Submitted by Awardees

Click on the map or in the box below to access the state web site.



Only those states with links have submitted their VFC web site for this page. Contact the state's [VFC coordinator](#) if you have any questions.

State/Territory VFC Web Sites		
<ul style="list-style-type: none">AlabamaAlaskaAmerican SamoaArizonaArkansasCaliforniaColoradoConnecticutDelawareDistrict of ColumbiaFloridaGeorgiaGuamHawaii	<ul style="list-style-type: none">LouisianaMaineMarshall IslandsMarylandMassachusettsMichiganMicronesiaMinnesotaMississippiMissouriMontanaN. Mariana IslandsNebraskaNevada	<ul style="list-style-type: none">North DakotaOhioOklahomaOregonPalauPennsylvaniaPuerto RicoRhode IslandSouth CarolinaSouth DakotaTennesseeTexasUtahVermont

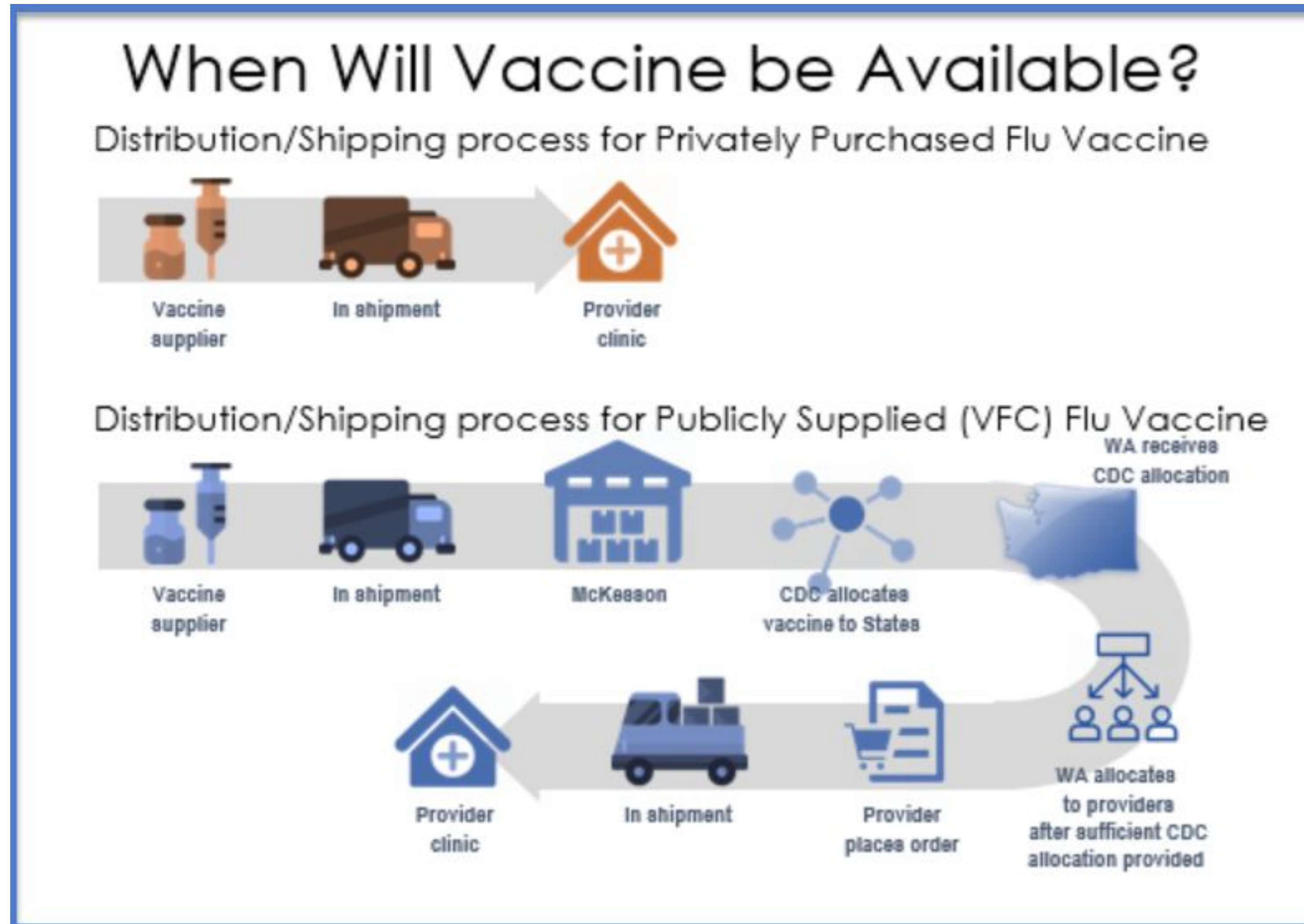
PA

Vaccine borrowing

Borrowing should **only** occur when there is a lack of appropriate stock vaccine (VFC or provider-purchased) due to unexpected circumstances, such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or new staff who calculated ordering time incorrectly. The reason **cannot** be provider-planned borrowing from either the private stock or the VFC stock. VFC providers who are suspended from ordering vaccine may **not** borrow vaccine to compensate vaccine inventory. Failure to follow proper borrowing protocol may lead to disenrollment.

Two-directional borrowing between VFC and private-stock vaccine must be documented on the VFC Vaccine Borrowing Report (Section 6-D). The VFC Vaccine Borrowing Report must be completed and kept at the provider site for review by the immunization nurse during VFC site visits.

When Will Flu Vaccine Be Available?



Can We Draw up Vaccines in Advance of a Flu Clinic?

<https://www.immunize.org/technically-speaking/20110901.asp>

Prefilling syringes might also violate basic medication administration guidelines, which state that an individual should administer only those medications he or she has prepared and drawn up him or herself.

Although pre-drawing vaccine is discouraged, immunization staff may pre-draw a limited amount of vaccine in a mass-immunization clinic setting if the following conditions apply:

- Only a single type of vaccine (e.g., influenza) is administered at the mass-immunization clinic setting
- Vaccine is not drawn up in advance of its arrival at the mass-vaccination clinic location
- Prefilled syringe doses are stored at temperatures appropriate for the vaccine they hold
- No more than one vial or 10 doses (whichever is greater) is drawn into syringes
- Clinic staff monitor patient flow carefully, avoid drawing up unnecessary doses, and promptly administer pre-drawn doses.

At the end of the clinic day, discard any remaining syringes prefilled by staff. Never save these syringes for another day, and never attempt to put the vaccine dose back into a vial.

As an alternative to personally prefilling syringes, CDC recommends using manufacturer-supplied prefilled syringes, which are designed both for storage and administration. However, keep in mind that once you remove the syringe cap or attach a needle, the sterile seal is broken. You should either use the syringe or discard it at the end of the clinic day.

Can I Draw >10 Doses from a Multi-dose Vial?

No. You can only withdraw the maximum dosing that the vial says it supports, the rest should be discarded.

https://www.immunize.org/askexperts/experts_inf.asp

When removing both pediatric (0.25 mL) and adult (0.5 mL) doses from a multi-dose vial of Fluzone, we can get more than 10 doses from the 5.0 mL vial. Can we continue to remove doses from the vial until it is empty?

No. Only the number of doses indicated in the manufacturer's package insert should be withdrawn from the vial. For a 5.0 mL vial of Fluzone this is 10 doses. After the maximum number of doses has been withdrawn, the vial should be discarded, even if there is vaccine remaining in the vial and the expiration date has not been reached.

Can I Charge an E/M service for a Vaccine Only Visit?

No. Even if you have a patient come back for just a catch up vaccine, there must be a separately identifiable reason for the visit with a separate ICD associated and additional work performed. The nursing work associated with a vaccine-only visit is included in the vaccine administration CPT.

https://www.aap.org/en-us/Documents/coding_aap_position_paper_99211_ia_2016.pdf

The following services are included in the immunization administration *CPT* codes:

- Administrative staff services, such as making the appointment, preparing the patient chart, billing for the service, and filing the chart
- Clinical staff services, such as greeting the patient, taking routine vital signs, obtaining a vaccine history on past reactions and contraindications, presenting a Vaccine Information Sheet (VIS) and answering routine vaccine questions, preparing and administering the vaccine with chart documentation, and observing for any immediate reaction

Vaccine Administration Codes

If you use vaccine administration counseled codes:

- CPT currently states that codes 90460–90461 are reported when the physician or qualified health care professional provides face-to-face counseling of the patient and family during the administration of a vaccine
- Must be done on the same day as the vaccine being given
- Vaccine administration code for patients 19+ is different: 90471/90472 (shot) and 90473/90474 (intranasal)

New or Established Patient after Vaccine Only Visit?

https://www.aap.org/en-us/Documents/coding_NewvsEstIACodes.pdf

Per CPT, “a new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years....solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by a physician or other qualified health care professionals who may report E/M services reported by a specific CPT code(s).”

The 90460-90461 codes' specific requirement of 'counseling by physician or other qualified health care professional,' qualify them as professional services.

When Should we Start Giving Flu Vaccine?

https://www.immunize.org/askexperts/experts_inf.asp

When should influenza vaccine be given?

Optimally, vaccination should occur before onset of influenza activity in the community. Because the timing of the onset, peak and decline of influenza activity varies, the ideal time to start vaccinating cannot be predicted each season. Healthcare providers should offer vaccination by the end of October, if possible, and vaccination should continue to be offered as long as influenza viruses are circulating and unexpired vaccine is available. To avoid missed opportunities for vaccination, providers should offer vaccination during routine healthcare visits and hospitalizations. Early vaccination of children younger than age 9 years who need 2 doses of vaccine can be helpful in assuring routine second doses are given before the influenza season begins.

When Should we Stop Giving Flu Vaccine?

“Vaccination should continue to be offered as long as influenza viruses are circulating and unexpired vaccine is available”

https://www.immunize.org/askexperts/experts_inf.asp



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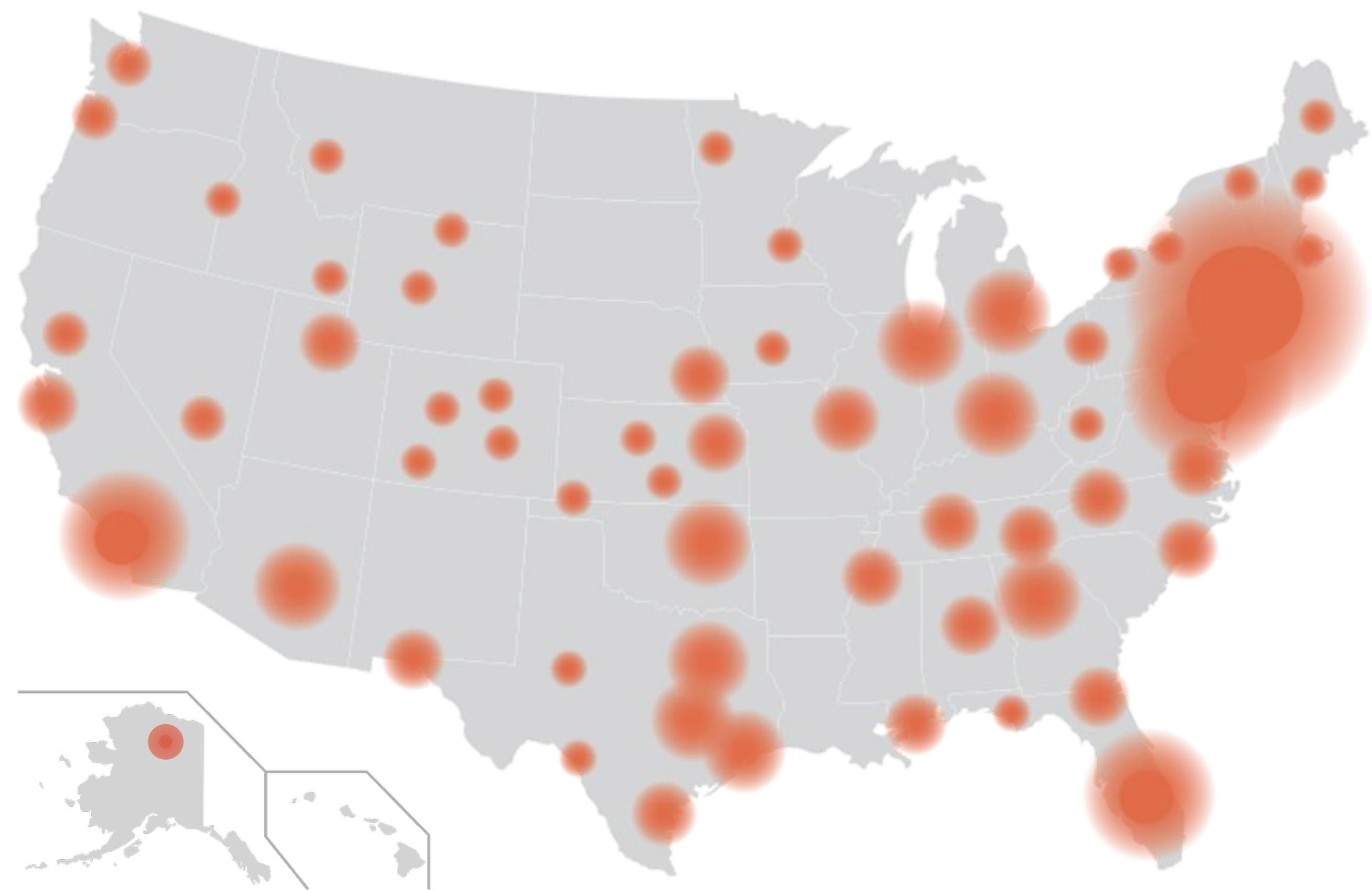
The OP Way

We are committed to providing the best **pediatric technology**, **resources**, and **community** to drive practice success and quality patient outcomes.

Our Mission: Improving Health Through Technology



OP Community at a Glance



4500

Over 4,500 practicing
pediatricians

950

Over 950 independent
practices

50

Covering
50 US states & territories

6

6 million
patient lives touched

98

98 percent client
retention rate

Flu Clinic Tools

Fully Integrated into your EHR



Vaccine Management

- **VacLogic**

- Eliminate the possibility of missing an opportunity to vaccinate and feel confident in inventory management and forecasting.

- **Vaccine Inventory Management**

- Manage two different inventories, minimize error of using the wrong stock while having the ability to manage an integrated inventory.


- **Vaccine Forecast**

- Shows upcoming inventory needs based on ages of patient, and knows the current stock to inform smart business decision for vaccine ordering.

[For more product information, click here.](#)



OP Patient Portal Functions



Need an account?

Access your health information and connect with your care team. It's fast, secure and confidential.

LET'S GET STARTED

Self Registration - Recruit new families with your awesome websites and provide the ability for parents to self-register their families to your OP practice waiting list

Request an Appointment

Who: MARCIA BRADY, Where: Alpha Peds, Inc Alpha Peds, Inc - Main Office


Appointment type

Preferred Date: ☒ Next Available

Preferred Provider: Fowler Reed

SEARCH FOR AVAILABLE APPOINTMENTS

Jun 7 – 13 2020



REED FOWLER
BIO
specializes in pediatric asthma

Sun 6/7	Mon 6/8	Tue 6/9	Wed 6/10	Thu 6/11	Fri 6/12	Sat 6/13
	8a	8a	8a	8a		
	9a	9a	9a	9a		
	10a	10a	10a	10a		
	11a	11a	11a	11a		
	4p	4p	4p	4p		

CANCEL APPOINTMENT REQUEST BACK

Request an Appointment

Who: MARCIA BRADY, Where: Alpha Peds, Inc Alpha Peds, Inc - Main Office

Reason for Appointment

Appointment type: Rash

Briefly describe the reason for this appointment (required).
started on belly, now on legs and back

CANCEL APPOINTMENT REQUEST BACK CONTINUE

Self Scheduling - Encourage parents to schedule office visits directly from the Portal, while freeing up your in-office resources.

[For more product information, click here.](#)



OP Notify

- Automated email, text, and call reminder capabilities
- Ability to schedule and automate communications
- Robust HTML editor for modern look and feel
- Multiple event types and advanced recipient targeting
- Fully integrated within OP application
- Seamless demographic exchange of information

” Using OP Notify has made our life easier here in the office. I used to call the patients to remind them of their appointment and to confirm the appointment and that took a lot of time. Now, I don't have to do that.”

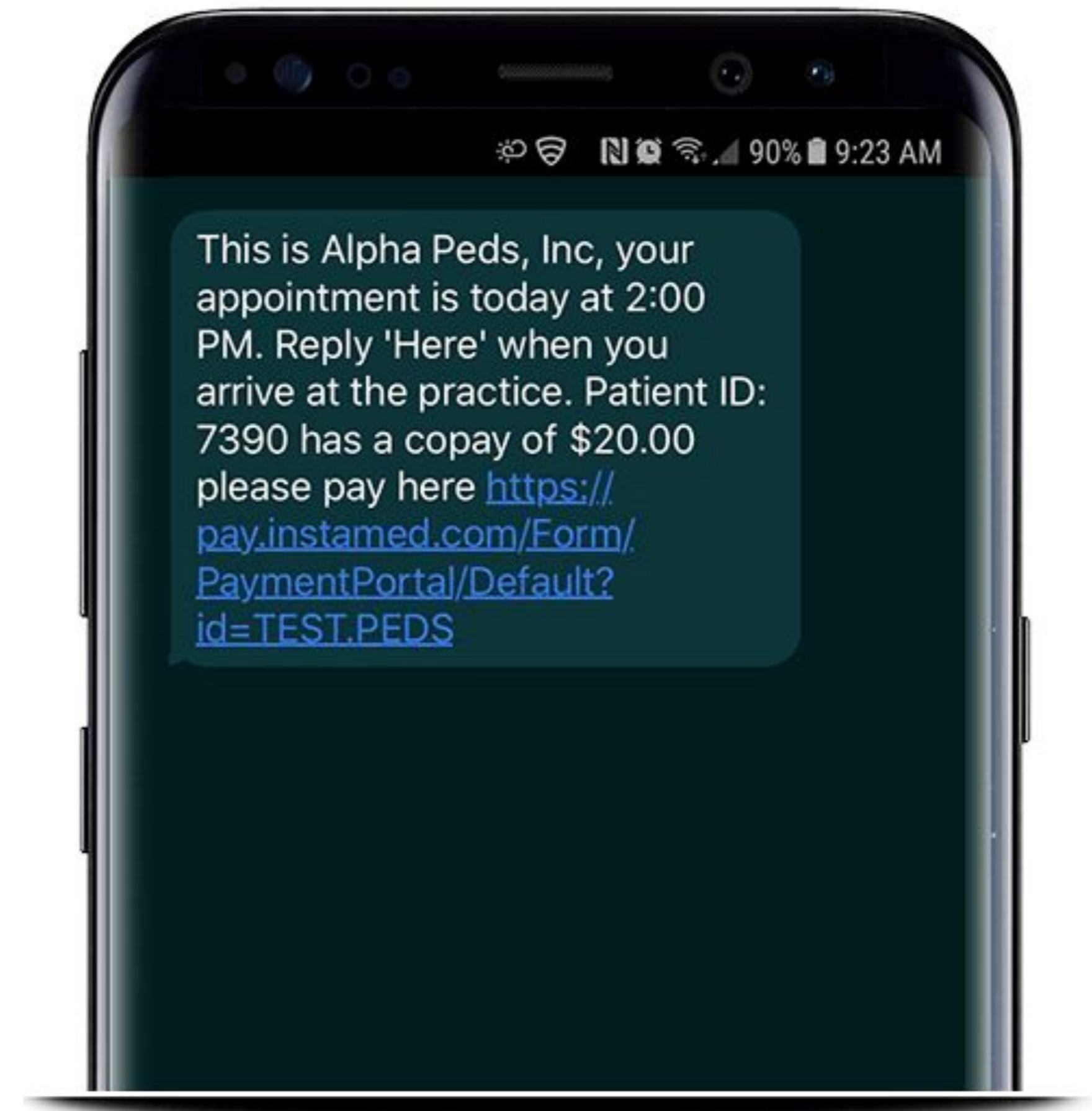
~ Jessica Mora, OC Pediatrics Medical Group Inc

[For more product information, click here.](#)



Curbside Arrival

- Reduce the number of human interactions
- Eliminate workflow inefficiencies
- Increase patient collections
- Offer contactless convenience
- Provide staff with peace of mind



(Patient View)

[For more product information, click here.](#)