Flu & Pneumonia Provider Toolkit

2018-2019
Molina Healthcare and Providers Work Together to Protect Members from Flu & Pneumonia

Molina Healthcare of Illinois (Molina) is continuing efforts to work with providers and keep our members healthy during the flu and pneumonia seasons. Providers play an important role in educating and serving members. Molina asks providers to counsel patients on the importance of immunizations and help to dispel fears and concerns they may have about getting the flu or pneumonia shots.

2018 - 2019 flu season recommendations

Molina has adopted Advisory Committee on Immunization Practices (ACIP) flu vaccination recommendations. According to the Centers for Disease Control and Prevention (CDC) and ACIP, individuals who are 6 months of age and older who do not have contraindications should receive flu vaccinations.

Pneumococcal vaccine recommendations

Molina has also adopted the CDC pneumococcal vaccination recommendations. According to the CDC, children younger than two years old, all adults 65 years or older, and people ages 2 through 64 years old with certain medical conditions should receive the pneumococcal conjugate vaccine. CDC also recommends pneumococcal polysaccharide vaccine for all adults 65 years or older, people ages 2 through 64 years old with certain medical conditions, and adults 19 through 64 years old who smoke cigarettes.

Reminder to providers

As a reminder, the flu and pneumonia vaccines are a covered benefit for Molina members. Members may receive vaccines at contracted pharmacies or primary care provider (PCP) office locations. Members may contact Molina Member Services by dialing the number included on the back of their Member ID card to receive information on the vaccines or to ask for help in finding a provider. Molina continues to work with providers on our yearly member education campaign. Your patients may receive one or more of the following from Molina:

- A verbal and/or mailed flu and pneumonia shot reminder
- A newsletter that contains an article on the importance of getting vaccinated
- A call from a Molina case manager or pharmacist

For more information on Molina’s flu and pneumonia campaign please contact your provider network manager or contact us via email at Quality-HealthCampaigns@MolinaHealthcare.com.
Flu Vaccine Tips

MEASURE DESCRIPTION
The percentage of members who received an influenza vaccine between 7/1/2018-6/30/2019.

MEASURE IMPORTANCE
The influenza vaccine protects against a serious disease that can lead to hospitalization and death. Flu season starts as early as October and lasts as late as May, with peak influenza activity occurring most frequently in January and February.

YOUR PATIENTS MOST AT-RISK
- Adults 50 years and older
- Children ages six months to five years
- Pregnant women
- Persons with chronic conditions
- Persons who are immunocompromised
- Persons residing in nursing homes or other long-term care facilities
- American Indians and Alaska Natives
- Persons who are extremely obese (BMI > 40)
- Persons who live with or care for persons at higher risk

TIPS TO INCREASE IMMUNIZATIONS
- Identify an Immunization Champion to lead and monitor flu vaccination efforts at the office.
- Institute a Standing Order Program (SOP) to allow non-physician clinical staff to assess eligibility for vaccination, vaccinate patients and educate staff about the SOP.
- If on EMR, turn on reminders/prompts for the flu vaccine. If not, flag the charts of all patients needing a flu vaccine with a brightly colored sheet.
- Offer and administer vaccination by the end of October, if possible.
- Provide a list of pharmacy locations if you do not offer the flu vaccine.
- Address any hesitations the member may have about receiving the flu vaccine.
- Discuss preventive measures with patients to help stop them from getting or spreading the flu.
- Keep up to date with CDC flu recommendations and educational resources: [http://www.cdc.gov/flu/](http://www.cdc.gov/flu/)
- Find appropriate vaccine products for your patients at: [https://www.cdc.gov/flu/protect/vaccine/vaccines.htm](https://www.cdc.gov/flu/protect/vaccine/vaccines.htm)
THE VACCINATION COVERAGE GAP: FINDING AND USING LEVERS OF CHANGE

A gap exists between what public health officials deem as suitable coverage rates for vaccination and the actual coverage rates. Research shows the influences of values, experiences, context, and culture ultimately shape individuals’ behaviors with regards to vaccinations.

“The 5 A's” - Root Causes of vaccine-related behavior:

1. **Access**: the ability of individuals to be reached by, or to reach, recommended vaccines
2. **Affordability**: the ability of individuals to afford vaccination, both in terms of financial and nonfinancial costs (e.g., time)
3. **Awareness**: the degree to which individuals know of the need for, and availability of, recommended vaccines and their objective benefits and risks
4. **Acceptance**: the degree to which individuals accept, question or refuse vaccination
5. **Activation**: the degree to which individuals are nudged towards vaccination uptake

The optimal adjustment and pulling of these levers – root causes of the vaccination coverage gap – will ultimately increase vaccination uptake.

https://www.hhs.gov/sites/default/files/2017-vaccine-confidence-meeting-report.pdf

11 COMMON FLU MYTHS DEBUNKED

**MYTH 1: You can catch the flu from the vaccine.**
Each year, the flu vaccine is made from components of the flu virus that cannot transmit infection. Once administered, it takes one to two weeks for the vaccine to offer protection from the flu virus. Those who got sick soon after receiving a flu vaccination either were infected with the flu before or just after they became vaccinated, or were infected with a different respiratory virus.

**MYTH 2: Healthy people don’t need to be vaccinated.**
Children ages six months to 19 years old, pregnant women, and people who suffer from a chronic illness or are older than the age of 49 are strongly encouraged to get vaccinated every year, as they are the most susceptible to the flu virus. The flu shot also is recommended for healthy people — health care workers in particular — who may spread the virus to others who fall into the above categories.

**MYTH 3: You don’t need to get a flu shot every year.**
Because the flu virus changes (mutates) each year, the flu vaccine is re-created annually to protect against the most recent dominant strains. Therefore, getting vaccinated each year is important to making sure you’re protected against the strains most likely to cause the flu.

**MYTH 4: Pregnant women can’t get a flu shot.**
The flu shot is highly recommended for pregnant women, as pregnancy can cause immune, heart and lung changes that increase the risk of getting the flu. The severe respiratory infection and high fevers associated with flu can lead to serious pregnancy complications — even premature labor. Vaccinations can also protect the baby for the first few months of life, when he or she is vulnerable to illness and not old enough to get the flu shot.
**MYTH 5: People with egg allergies can't get a flu shot.**
Vaccines without egg proteins are available, but most people with egg allergies will not have a serious reaction if given a vaccine that contains egg.

**MYTH 6: If you get the flu, the shot didn't work.**
Unlike vaccines that offer 100 percent protection, such as vaccines for measles and polio, the flu vaccine is only about 60 to 90 percent effective. This is because multiple strains of the flu circulate every year, and it's difficult for scientists to predict exactly which strains will be dominant. Following flu vaccination, it's possible to become infected with a strain that wasn't included in the vaccine. However, the vaccine will still be somewhat effective, and your symptoms will be less severe.

**MYTH 7: Getting the flu vaccination is all you need to do to protect yourself from the flu.**
Aside from getting vaccinated, protection from the flu can be maximized by frequent hand-washing and avoiding contact with people who have the flu. If you were exposed to the flu before vaccination, ask your doctor about antiviral medications.

**MYTH 8: The flu is just a bad cold.**
Influenza can cause bad cold symptoms, but it shouldn't be taken lightly. In the United States alone, the virus causes 36,000 deaths and more than 200,000 hospitalizations.

**MYTH 9: Flu can include gastrointestinal symptoms, like nausea, vomiting and diarrhea.**
The term "stomach flu" is often used to describe illnesses with nausea, vomiting or diarrhea. While these symptoms can sometimes be related to the flu — more commonly in children than adults — they rarely are the main symptoms of influenza. The flu is a respiratory disease, not a stomach or intestinal disease.

**MYTH 10: You can’t spread the flu if you’re feeling well.**
Nearly 30 percent of people carrying the influenza virus have no symptoms.

**MYTH 11: If you have a high fever with the flu that lasts more than a day or two, antibiotics may be necessary.**
Antibiotics work well against bacteria, but they are not effective in treating viral infections like the flu. However, bacterial infections can develop as a complication of the flu virus. If your flu symptoms seem to linger or worsen, see your doctor.

**SOURCE:** Johns Hopkins epidemiologist Geetika Sood
Pneumococcal Vaccine Tips

**MEASURE DESCRIPTION**
The percentage of members who received a pneumococcal vaccine between July and June.

**MEASURE IMPORTANCE**
The pneumococcal vaccine protects against infection of the lungs which is caused by Streptococcus pneumoniae bacteria and leads to mild to severe illness in people of all ages.

**YOUR PATIENTS MOST AT-RISK**
- Adults 65 years and older
- Children under two years of age
- Persons with certain medical conditions

**TIPS TO INCREASE IMMUNIZATIONS**
- Identify an Immunization Champion to lead and monitor pneumonia vaccination efforts at the office.
- If on EMR, turn on reminders/prompts for the pneumonia vaccine. If not, flag the charts of all patients needing a pneumonia vaccine with a brightly colored sheet.
- Address any hesitations the member may have about receiving the pneumonia vaccine.
- Discuss preventive measures with patients to help them avoid getting pneumonia.
- Keep up to date with CDC pneumonia recommendations and educational resources: https://www.cdc.gov/pneumonia/
**Children 2 years and younger**
- Prevnar13 given in a four dose series
  - One dose at 2 months
  - One dose at 4 months
  - One dose at 6 months
  - One dose at 12-15 months

**Children 2-4 Years without Medical Conditions**
- Prevnar13 if no dose previously administered
  - One catch up dose

**Adults 65 Years or Older**
- Prevnar13 if no dose previously administered
  - One dose
- Pneumovax23 if no dose previously administered
  - One dose ≥ 1 year later
  - One dose ≥ 5 years later

https://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html
Children 2-5 Years with Certain Medical Conditions

Unvaccinated or < Three doses under 2 Years

- Chronic heart disease, chronic lung disease, diabetes mellitus, cerebrospinal fluid leaks, cochlear implant(s), sickle cell disease or other hemoglobinopathies, congenital or acquired asplenia, or splenic dysfunction, HIV infection, chronic renal failure or nephrotic syndrome, immunocompromised

Prevnar13 given in a two dose series

- Prevnar13
  - One dose
  - One dose > 5 years later

Pneumovax23 given in a two dose series

- Pneumovax23
  - One dose > 8 weeks later

Received three doses under 12 months

- Chronic heart disease, chronic lung disease, diabetes mellitus, cerebrospinal fluid leaks, cochlear implants

Prevnar13

- One dose

Pneumovax23

- One dose > 8 weeks later

Sickle cell disease or other hemoglobinopathies, congenital or acquired asplenia, or splenic dysfunction, HIV infection, chronic renal failure or nephrotic syndrome, immunocompromised

Prevnar13

- One dose

Pneumovax23 given in a two dose series

- One dose > 8 weeks later
- One dose > 5 years later

https://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html
Pneumococcal Vaccination: Who and When to Vaccinate

Children 6-18 Years with Certain Medical Conditions

Cerebrospinal fluid leaks, cochlear implant(s)
- Prevnar13 if no previous dose administered
  - One dose
- Pneumovax23
  - One dose > 8 weeks later

Chronic heart disease, chronic lung disease, diabetes mellitus, alcoholism, chronic liver disease, cigarette smoking
- Pneumovax23 if no previous dose administered
  - One dose

Sickle cell disease or other hemoglobinopathies, congenital or acquired asplenia, or splenic dysfunction, HIV infection, chronic renal failure or nephrotic syndrome, immunocompromised
- Prevnar13 if no previous dose administered
  - One dose
- Pneumovax23 given in a 2 dose series
  - One dose > 8 weeks later
  - One dose > 5 years later

https://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html
Pneumococcal Vaccination: Who and When to Vaccinate

Adults 19-64 Years with Certain Medical Conditions

- Cerebrospinal fluid leaks, cochlear implant(s)
  - Prevnar13 if no previous dose administered
  - One dose

- Cigarette smoking, alcoholism, diabetes mellitus, or chronic heart, lung, or liver disease
  - Pneumovax23 if no previous dose administered
  - One dose
  - One dose ≥ 8 weeks later

- Sickle cell disease or other hemoglobinopathies; congenital or acquired asplenia; HIV infection; chronic renal failure or nephrotic syndrome; immunocompromised; leukemia or lymphoma; Hodgkin's disease; generalized malignancy; solid organ transplant; multiple myeloma
  - Prevnar13 if no previous dose administered
  - One dose
  - Pneumovax23 given in a two dose series
    - One dose
    - One dose ≥ 8 weeks later
    - One dose ≥ 5 years later

https://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html