

Title of Intervention: Medicare influenza demonstration project

Intervention Strategies: Campaigns and Promotions, Provider Education, Group Education, Individual Education, Supportive Relationships

Purpose of the Intervention: To increase use of the influenza vaccine and reduce costs attributed to related morbidity

Population: Individuals 65 years of age and older, health care providers

Setting: Two Massachusetts counties; community-based, health care facility-based

Partners: The Federal Health Care Finance Administration and the Centers for Disease Control and Prevention, Division of Health Care Quality, Massachusetts Department of Public Health (MDPH), and the Massachusetts Federation of Nursing Homes, Massachusetts Long Term Care Foundation, Inc., Comm. Of Massachusetts, Massachusetts Assoc. of Home Health Agencies, Massachusetts Medical Society, Massachusetts Hospital Association, Massachusetts Nurses Association, Massachusetts Gerontology Society. Agencies, Massachusetts Association of Councils on Aging

Intervention Description:

- Campaigns and Promotions: Press releases were written and issued to the print and broadcast media, including culturally targeted media. Feature articles were written or promoted in local newspapers. Public service announcements in several languages were developed and distributed to local radio and cable TV stations. Interviews for public affairs programs were solicited. Each year an influenza immunization kick-off press conference at a senior center was held to publicize influenza season and promote immunization. Posters and brochures were distributed to all vaccine and education providers. Providers and older adults were given promotional buttons. Clinic schedules were given to all community and social organizations.
- Provider Education: Welcome packets were provided to health care providers, which included provider agreement, educational materials, vaccine and materials order forms and an instructional manual. Provider education consisted of grand rounds at hospital, as well as lectures to physician groups and at district medical society meetings. A newsletter was developed to keep providers informed of administrative issues, surveillance findings and project activities. A home-study video, with study materials and pre- and post-study tests, was developed for nurses. A slide/tape presentation was developed for nurses aides at nursing homes. Boards of health were scheduled for group orientations to the project and vaccine monitoring requirements.
- Group Education: Lectures and presentations were given to older adults at all senior centers and Councils on Aging in the county.
- Individual Education: A video was produced and was used in presentations and sent to cable TV stations to reach homebound individuals.
- Supportive Relationships: A toll-free telephone number was advertised for people with questions about influenza, the vaccine or clinic schedules. Telephone calls and/or weekly visits were scheduled on a monthly basis to providers who were not routinely reporting vaccine use.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Staff to produce all materials, staff for the lab and to collect specimens
- Training: Not mentioned
- Technology: Computerized system to track vaccine distribution and use
- Space: Space for group meetings and presentations
- Budget: Not mentioned
- Intervention: Letters, informational packets, instruction manual, brochures, posters, vaccine order forms, buttons, telephones, press releases, public service announcements, feature articles, educational

video, materials for kick-off event, newsletter, home-study video, study materials, pre- and post-study tests, slide/tape presentation

- Evaluation: Viral transport kits, contracts with courier services, automated data report system, surveys

Evaluation:

- Design: Cohort
- Methods and Measures:
 - Surveillance tracked throat culture specimens from patients presenting with acute respiratory illness
 - Vaccine use was monitored on a weekly basis and checked against distribution figures
 - Public education efforts were assessed by surveys administered regarding immunization history
 - A computerized system was devised to track vaccine distribution and use

Outcomes:

- Short Term Impact: There was an increase in patient requests for influenza immunization. The majority of health care providers stated that they were doing more to promote influenza immunization.
- Long Term Impact: There was a significant increase in immunization level in the target population compared to the comparison population.

Maintenance: An influenza vaccine distribution period was scheduled each year at regional offices. Distribution and vaccine use monitoring systems and protocols were implemented. Viral transport kits were provided to enrolled surveillance sites and contracts were established for courier services to transport viral kits to and from surveillance sites. An automated data report system was established between the state's Virology Laboratory and the Medicare Influenza Demonstration Project Office.

Lessons Learned: The Medicare Influenza Demonstration Project demonstrated the need for educating both the provider and the public in order to successfully promote immunizations. Results from all demonstration sites convinced Congress to approve influenza immunizations as reimbursable under Medicare. Providers stated that the \$8 per dose reimbursement was too small a sum to bother with filing reimbursement paperwork, therefore the \$3.50 per dose offered by Medicaid post project is not likely to be more attractive. Creating the demand for the vaccine must be matched by a similar commitment to ensure that the supply of vaccine meets the demand.

Citation(s):

Etkind, P., M. Simon, et al. (1996). "The impact of the Medicare Influenza Demonstration Project on influenza vaccination in a county in Massachusetts, 1988-1992." J Community Health 21(3): 199-209.