

Texas Medicaid

Influenza Prevention: Vaccination and Education

Educational RetroDUR Mailing	<input checked="" type="checkbox"/> Initial Study <input type="checkbox"/> Follow – up /Restudy
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Executive Summary

Purpose:	<p>This intervention was designed to support providers with influenza prevention strategies and timely vaccination recommendations for the upcoming flu season. The letter was selected to encourage prudent use of the influenza antiviral agents and increase influenza vaccination rates during the next influenza season.</p> <p>The specific focus of the education is for prescribers who treat children and adolescents. The educational intervention provides emphasis on vaccination of members and appropriate use of Influenza antiviral agents.</p> <p>The intervention materials encourage providers to:</p> <ul style="list-style-type: none"> • Identify candidates for Influenza vaccination, especially those at high risk • Discuss the importance of Influenza vaccination at well and sick visits • Recognize Texas HHSC coverage policies for the Influenza vaccine for members for the 2019-2020 season • Provide or assist members in receiving Influenza vaccination for the 2019-2020 season • Review CDC recommendations on use of Influenza antivirals for treatment and prevention of Influenza
Why Issue was Selected:	<p>From October 1, 2018 through May 4, 2019, the preliminary CDC reports indicate over 500,000 influenza related hospitalizations across the country, resulting in over 36,000 deaths.¹</p> <p>While this virus continues to have a significant burden on our healthcare system, the primary mode of prevention is vaccination. The CDC estimates that during the 2017-2018 Influenza season, the vaccine prevented approximately 7 million flu related illnesses, 109,000 flu hospitalizations, and 8,000 flu deaths in the U.S. Influenza vaccination is recommended yearly for those >6 month of age or older, with additional emphasis on vaccination in those at high risk.² High risk groups include children, pregnant women, individuals 65 and older, and those with heart or lung disease, cancer, HIV/AIDS, diabetes, children with neurologic conditions, kidney or liver disease, metabolic disorders, those with a BMI of 40 or higher, among others.³</p> <p>The CDC guidelines recommend treatment with antivirals in those who are hospitalized; have severe, complicated or progressive illness; or are at higher risk for influenza complications.^{1,4,5} Providers are encouraged to use clinical judgement in healthy, symptomatic patients when prescribing antivirals for influenza virus. While the Centers for Disease Control (CDC) has issued guidance on the use of antiviral therapies among those exposed to or who test positive for the virus, utilization in Texas remains high in comparison with other states of similar size.⁶</p>

	Managed Care Organization (MCO) data during only three peak influenza months in 2018, Texas Medicaid claims data showed a total of 282,021 prescriptions for antivirals, compared to 124,161 in California and 145,174 in New York. The Texas Medicaid Fee-For-Service (FFS) pharmacy program spent close to \$1 million in the past year on 7,600 prescriptions for antivirals. Data also suggests a large number of children and adults are not being vaccinated for influenza annually.		
Program Specific Information:	Performance Indicators*	Exceptions	
		FFS	MCO
	<ul style="list-style-type: none"> Members with an influenza antiviral prescription from 9/1/2018 to 3/31/2019, who did not receive an influenza vaccine 	7,609	22,432
	<ul style="list-style-type: none"> Members who received > 1 influenza antiviral prescription from 9/1/2018 to 3/31/2019 	68	16,894
Setting & Population:	Providers identified in this intervention will receive educational information emphasizing prescribing guidelines for the influenza antivirals, as well as new state specific information on coverage of the influenza vaccine for the 2019-2020 season.		
Types of Intervention:	Query mailing with cover letter and educational insert		
Main Outcome Measures:	Re-measure performance indicators comparing the 2018-2019 influenza to that of the 2019-2020 influenza season. Compare utilization of influenza vaccination and antiviral claims volume.		
Anticipated Results:	<ul style="list-style-type: none"> Increased utilization of influenza vaccination among members, especially high-risk individuals and children and adolescents. Reduced use of the influenza antiviral medications in members not at high risk. Lowered rate of members receiving >1 influenza antiviral in a single influenza season 		

Performance Indicator #1: Members with an influenza antiviral prescription from 9/1/2018 to 3/31/2019, who did not receive an influenza vaccine

Why has this indicator been selected?	Vaccination against the influenza virus is key to preventing infection and spread of the virus during the winter months. Education regarding guidelines for vaccination and antiviral use can reinforce goals in treating influenza. ^{5,6} Additionally, expanded coverage of pharmacist administered vaccines, including the influenza vaccine, can increase access for members this upcoming flu season.
How will the patients be selected?	
Candidates (denominator):	Members with at least one influenza antiviral prescription from 9/1/2018 to 3/31/2019
Exception criteria (numerator):	Candidates who did not receive an influenza vaccine during the past flu season.

Performance Indicator #2: Members who received >1 influenza antiviral prescription from 9/1/2018 to 3/31/2019

Why has this indicator been selected?	The CDC guidelines recommend treatment with antivirals in those who are hospitalized; have severe, complicated or progressive illness; or are at higher risk for influenza complications. ^{1,4,5} Providers are encouraged to use clinical
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	judgement in healthy, symptomatic patients when prescribing antivirals for influenza virus.
How will the patients be selected?	
Candidates (denominator):	Members who received an influenza antiviral prescription from 9/1/2018 to 3/31/2019.
Exception criteria (numerator):	Candidates who received >1 influenza antiviral prescription during the past flu season

References:

1. Centers for Disease Control and Prevention (CDC). Influenza (flu). Available at: <https://www.cdc.gov/flu/index.htm>. Accessed May 16, 2019.
2. Centers for Disease Control and Prevention (CDC). People at High Risk of Flu Complications. Available at: https://www.cdc.gov/flu/highrisk/index.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fabout%2Fdisease%2Fhigh_risk.htm. Accessed May 16, 2019.
3. Advisory Committee on Immunization Practices (ACIP). Influenza vaccine recommendations. *MMWR*; August 24, 2018;67(RR-3);1-20. Available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html#recs>. Accessed May 16, 2019.
4. Centers for Disease Control and Prevention (CDC). Influenza Antiviral Medications. Available at: <https://www.cdc.gov/flu/professionals/antivirals/index.htm>. Accessed May 17, 2019.
5. CDC and Medscape. Campbell AJ. CDC Expert Commentary. What’s new for treating flu? CDC 2019 antiviral drug recommendations. January 22, 2019. Available at: https://www.medscape.com/viewarticle/907987?src=par_cdc_stm_mscpedt&faf=1. Accessed May 17, 2019.
6. MS Medicaid Drug Rebate Program. Available at: <https://www.medicaid.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/index.html>. Accessed May 2019.