

Combo Vaccines Underused Due to Low Payment

BY MIRIAM E. TUCKER

BALTIMORE — One in five pediatricians surveyed said that inadequate reimbursement prevents them from using combination vaccines in their practices.

The finding, from a nationwide survey of 630 pediatricians, was presented by Dr. Courtney Gidengil at the annual meeting of the Pediatric Academic Societies.

New combination vaccines reduce the

number of injections required to complete the childhood immunization series, and may increase immunization coverage. However, pediatricians typically receive lower reimbursement for administering combination vaccines because fees are tied to the number of injections given, said Dr. Gidengil of Harvard Medical School, Boston.

Surveys containing 15 questions about the use of combination vaccines, benefits

of combination vaccines, and vaccine reimbursement were mailed to a random sample of 1,045 pediatricians from the American Medical Association master file.

The 70% who responded did not differ from the nonresponders on any measured practice parameter: Just over half were from small practices (1-5 clinicians), a third worked in medium-sized practices (6-20 practitioners), and only 11% worked with 19 or more other clinicians.

Almost half of the practices were single specialty, a third were solo or two-physician practices, and 23% were multispecialty or other types of practices. In 52%, more than 20% of patients had public health insurance.

Most of the practices (86%) participated in the Vaccines for Children (VFC) program. The vaccine financing policies of the states where the responding pediatricians practiced were 47% VFC-eligible children only, 4% with universal coverage, and 49% with coverage between those two extremes (VFC eligibles and some additional underinsured groups of children).

A majority of respondents (70%) reported currently using Pediarix, while smaller proportions used other combination vaccines including Pentacel, Comvax, TriHIBit, and Kinrix, although many said they were planning to use the two new-

Anaphylaxis Alert

Millions are at risk... but how many are prepared?

KEY POINT

One out of 25 people is at risk of anaphylaxis—more than previously thought.¹

Who should you be concerned about?

Anyone with a history of an anaphylactic reaction or prior significant allergic reaction should be considered at increased risk of future anaphylactic reactions.²

A significant allergic reaction involves one or more systemic signs and symptoms, including³⁻⁵:

- Angioedema
- Hypotension
- Pruritus
- Tachycardia
- Urticaria

The consequences of an allergic reaction can be serious

Significant allergic reactions result in an average of 2700 ER visits per day.^{6*}

1500 people die from anaphylaxis each year.⁷

The harsh realities of anaphylaxis

- Recurrence is likely: Approximately 3 out of 4 patients who have had a significant allergic reaction to food or insect venom will experience another one^{2,8}
- Avoidance is difficult: School-aged children with a prior allergic reaction have a particularly high risk of subsequent reactions due to unpredictable exposure to food and insect allergens⁹
- Delay can be deadly: Within minutes, an untreated allergic reaction can become severe or even fatal¹⁰



Patients at risk should be prepared

Prescribe an epinephrine auto-injector for all of your at-risk patients—because immediate access may be critical.¹

Less than half of the respondents (40%) agreed or strongly agreed that the practice was adequately reimbursed for the cost of combination vaccines.

er combinations Pentacel and Kinrix.

Less than half of the respondents agreed or strongly agreed that the practice was adequately reimbursed for the cost of vaccines in general (42%), for administration of vaccines in general (40%), or for the cost of combination vaccines (40%) or the administration of combination vaccines (39%). Inadequate reimbursement for the cost of vaccines and for the administration fees were cited by 23% and 20% of the pediatricians, respectively, as preventing them from using combination vaccines (defined as use of Pediarix or Pentacel).

Pediatricians from practices that participated in the VFC program were significantly more likely to use combination vaccines (81% vs. 61%) than were those who said they were adequately reimbursed for vaccine cost and administration (90% vs. 76%). Respondents from single-specialty, solo, or two-physician practices were somewhat more likely to use combination vaccines than were those from multispecialty or other types of practices, Dr. Gidengil said.

In a multivariate analysis, significant negative predictors of combination vaccine use were working in smaller practices, working in practices with a high proportion of privately insured patients, practicing in states with less-inclusive vaccine financing policies (ranging from VFC only to universal coverage, with intermediate levels in between), and responding “no” to being adequately reimbursed for vaccine cost and administration.

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*Calculation is based on estimated 1 million ER visits per year.⁶

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