

Combined Vaccine Doesn't Hurt Practice Profits

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Less than 12% of 312 pediatricians experienced or expected a notable decrease in revenue from using Pediarix, the combined vaccine from GlaxoSmithKline, based on a nationwide survey.

About 11% of the practices reported a moderate decrease in revenue and less than 1% reported a significant decrease,

said Dr. Gary L. Freed and his colleagues at the University of Michigan in Ann Arbor (*Pediatrics* 2006;118:251-7). The researchers had no financial relationships related to the study.

Pediarix, which includes diphtheria, tetanus, acellular pertussis, hepatitis B, and inactivated polio vaccines, was licensed by the Food and Drug Administration in December 2002 and accounted for more than 30% of all diphtheria, tetanus, acellular pertussis vaccine ad-

ministered in the United States by the end of 2003. The researchers conducted the survey to determine factors that influenced Pediarix use.

Overall, 123 pediatricians (39%) reported purchasing Pediarix for in-office use. Another 18% were considering a Pediarix purchase, and 40% were not considering a purchase. The remaining 3% said they did not know, or left the question blank.

Pediarix purchase was significantly more likely among pediatricians in hospi-

tal-owned practices or health systems, compared with those in solo or group practices (56% vs. 34%).

Fewer administration fees and a decreased profit from the Pediarix vaccine itself were the most common reasons for decreased revenue (69% and 51%, respectively), and 74 practices had raised or planned to raise fees to recoup their losses. Some practices simply charged more for the vaccine—23% of practices charged payers more for the vaccine, while 12% charged patients more for it. In addition, 16% of practices charged payers higher administration fees, 9% charged patients higher administration fees, 7% charged payers more for office visits, and 3% charged patients more for office visits.

Despite the increased costs in some practices, combination vaccines were generally popular with patients and providers because they reduced the number of injections given to a child at a single visit.

Overall, 51% of the 241 pediatricians who reported factors that influenced their vaccine purchase decisions said that parent and provider interest in decreasing the number of injections was a factor.

Pediatricians are still trying to determine how to incorporate combination vaccines into their practices, said Dr. Edgar K. Marcuse, a professor of pediatrics at the University of Washington, Seattle, and a member of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

The combination vaccines can decrease missed opportunities and missed vaccine coverage, which is something of importance to all pediatricians, Dr. Marcuse said in an interview.

The financial impact of combined vaccine use is likely to vary by region and by payer contracts. Some state and private insurance programs limit the number of administrative fees that physicians can charge, which may reduce the impact of combination vaccine use on total practice revenue.

"For some pediatricians, given the circumstances of their practice and the socioeconomic status of their patients, the price is not off-putting; for others price may be the key driver," Dr. Marcuse said.

"Parents and physicians will look at the factors identified in the study, and those who are enthusiastic about this particular combination and who value the decreased injections will use it, while those who are hesitant may look at the increased cost and refrain for now," he said.

But some practices are reluctant to maintain two supplies of vaccine and two standards of care: one for those covered by state-funded vaccine programs and one for those funded by private purchasers.

The practices surveyed were less likely to purchase Pediarix when they did not order it through the federal Vaccines for Children program, which highlights the reluctance of most physicians to use one vaccine for certain patients and not for others, the researchers noted.

"Combination vaccines absolutely have a future, but how they are incorporated into pediatric practices will vary greatly by region and by community," Dr. Marcuse said. ■



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