

# Shared Clinical Decision-Making (SCDM) as a Component of Population Health Management



## SCDM



In November 2019, the CDC's ACIP recommended Pevnar 13<sup>®</sup> based on shared clinical decision-making for immunocompetent adults aged 65 and older.<sup>1</sup>

## What does this mean?

According to the CDC, the use of Pevnar 13<sup>®</sup> on the basis of SCDM "simply means that together, the patient and provider can decide whether PCV13 is right for that specific person."<sup>2</sup>

**Consider a patient's risk for pneumococcal disease.**

## Advancing age and certain chronic conditions are independent risk factors for pneumococcal disease

### Age



Age alone increases the risk of pneumococcal pneumonia for the more than 52 million US adults aged 65 and older<sup>3-5</sup>

Healthy adults aged 65 and older can face a

**3.8x**  
greater risk

for pneumococcal pneumonia vs healthy 18- to 64-year-olds<sup>3</sup>

### Chronic conditions



For many patients aged 65 and older, the risk is even greater due to the presence of chronic conditions.<sup>3</sup>

According to the CDC: "Individuals who have a chronic medical condition like chronic heart, lung, or liver disease; diabetes; or alcoholism; and those who smoke cigarettes are at increased risk for pneumococcal disease if they are exposed."<sup>2</sup>

ACIP = Advisory Committee on Immunization Practices; CDC = Centers for Disease Control and Prevention.

## PREVNAR 13<sup>®</sup> INDICATION

- In adults 18 years of age and older, Pevnar 13<sup>®</sup> is indicated for active immunization for the prevention of pneumonia and invasive disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F

## Limitations of Use and Effectiveness

- Pevnar 13<sup>®</sup> will only help protect against *S. pneumoniae* serotypes in the vaccine

## IMPORTANT SAFETY INFORMATION

- Severe allergic reaction (eg, anaphylaxis) to any component of Pevnar 13<sup>®</sup> or any diphtheria toxoid-containing vaccine is a contraindication
- Immunocompromised individuals or individuals with impaired immune responsiveness due to the use of immunosuppressive therapy may have reduced antibody response
- In adults, the most commonly reported solicited adverse reactions were pain, redness, and swelling at the injection site, limitation of arm movement, fatigue, headache, muscle pain, joint pain, decreased appetite, vomiting, fever, chills, and rash

**Please see full Prescribing Information for Pevnar 13<sup>®</sup> in pocket.**

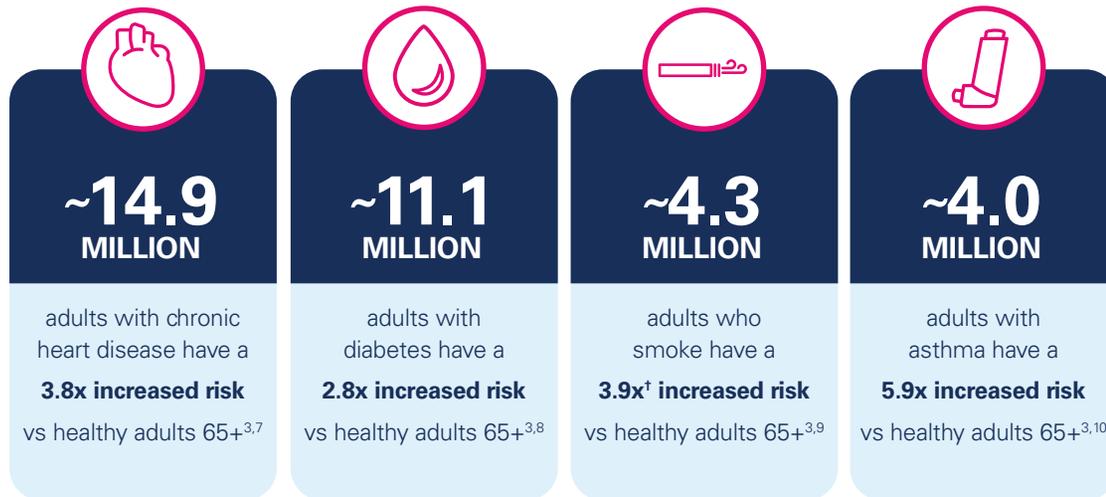
# Why Vaccinate Immunocompetent Adults Aged 65+ Against Pneumococcal Disease?



Because tailoring prevention initiatives to the needs of populations is an important component of quality of care<sup>6</sup>

According to the CDC, the residual PCV13-type disease burden increases with age and is higher in people with certain chronic conditions compared to healthy adults.<sup>1</sup>

## Pneumococcal disease risk multiplies with certain chronic conditions\*



\*Data from a retrospective cohort study for 3 large, longitudinal, US healthcare databases of medical and outpatient pharmacy claims for 2007-2010. Risk ratios were calculated using rates of pneumococcal pneumonia among healthy adults aged 65 and older as a baseline (67 cases per 100,000 person years).<sup>3</sup>

<sup>†</sup>Adults who are current smokers.

Each additional chronic condition places an adult aged 65 or older at increasingly higher risk for pneumococcal pneumonia, compared with healthy adults 65+<sup>3,†</sup>



<sup>†</sup>Underlying conditions studied include alcoholism, asthma, chronic CVD, chronic liver disease, chronic pulmonary disease, diabetes, and current smoking.

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Please see Indication and additional Important Safety Information on front cover and full Prescribing Information for Prevnar 13<sup>®</sup> in pocket.

# A Potential Framework for Implementing SCDM Into Population Health Management (PHM)



**Though SCDM involves an individualized assessment of risks and benefits, its practice can be an integral part of a PHM strategy.<sup>2,11</sup>**

According to the CDC, "If precision medicine is about providing the right treatment to the right patient at the right time, precision public health can be simply viewed as providing the right intervention to the right population at the right time."<sup>12</sup>

Components of PHM <sup>11</sup>		Considerations for putting SCDM into practice
<p><b>Step 1</b></p> <p><b>Understand your patient population</b></p> <ul style="list-style-type: none"> <li>Assessing your population's needs is critical to the execution of PHM</li> </ul>	<ul style="list-style-type: none"> <li>Does your organization care for a population at increased risk for pneumococcal disease?<sup>13</sup> Which of these patients at increased risk are a focus of your goals for PHM?<sup>11</sup></li> <li>Patients value an HCP's opinion. Can you articulate your organization's values about the importance of vaccination?<sup>13,14</sup></li> </ul>	
<p><b>Step 2</b></p> <p><b>Stratify your population by risk</b></p> <ul style="list-style-type: none"> <li>Assign patients to tiers to determine their eligibility for services</li> </ul>	<ul style="list-style-type: none"> <li>Does your organization take a systematic approach, such as huddles or prompts in the EHR, to identifying patients at risk?<sup>13</sup></li> <li>Once patients are identified, how will you reach them (eg, use of reminders)? Who will be empowered to begin the conversation?<sup>13</sup></li> </ul>	
<p><b>Step 3</b></p> <p><b>Take action</b></p> <ul style="list-style-type: none"> <li>Target interventions for a defined population</li> </ul>	<ul style="list-style-type: none"> <li>What tools will you use to engage patients? Can you create standing orders for educating patients whom you consider eligible for vaccination?<sup>13</sup></li> <li>How can you meet patients where they are in the decision-making process? Can you "prescribe" information to help prepare someone for an SCDM conversation?<sup>13</sup></li> </ul>	

CDC = Centers for Disease Control and Prevention; EHR = electronic health record; HCP = health care professional; SCDM = shared clinical decision-making.

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# Pevnar 13<sup>®</sup> Is Covered by Medicare Part B Fee-for-Service for Adults Aged 65 and Older With \$0 in Out-of-Pocket Costs



Medicare covers administration of 2 different pneumococcal vaccines for adults aged 65 and older<sup>15</sup>

Pevnar 13<sup>®</sup> is covered for the following patient types



Adults 65 and older who are pneumococcal vaccine naïve



Adults 65 and older who were previously vaccinated with Pneumovax<sup>®</sup> 23 at least 1 year prior

Provided that the patient is competent, it is acceptable to rely on the patient's verbal history to determine prior vaccination status.<sup>15</sup> However, if the patient history is unknown or uncertain, Pfizer suggests that you contact your Medicare Administrative Contractor (MAC), Medicare Advantage plan, or commercial plan to determine eligibility, as several factors may determine coverage and reimbursement.

## Medicare Advantage

Medicare Advantage plans, which represent approximately 34% of the total Medicare population, **are required to cover services covered through Medicare fee-for-service**<sup>15,16</sup>

**ACIP-recommended immunizations that are reimbursed under Medicare Part B and adopted by the CDC are covered at no cost to the patient. This includes shared clinical decision-making recommendations.**<sup>17,18</sup>

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**References:** 1. Matanock A, Lee G, Gierke R, et al. Use of 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine among adults aged ≥65 years: updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep.* 2019;68(46):1069-1075. 2. Kobayashi M. Updated pneumococcal vaccine recommendations for older adults. *Medscape.* <https://www.medscape.com/viewarticle/923407>. January 31, 2020. Accessed February 20, 2020. 3. Shea KM, et al. *Open Forum Infect Dis.* 2014;1-9. doi:10.1093/ofid/ofu024. 4. Jain S, et al. *N Engl J Med.* 2015;373(5):415-427. 5. US Census Bureau. US Census Bureau. Annual estimates of the resident population by sex, age, race, and Hispanic origin for the United States: April 1, 2010 to July 1, 2018. <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>. Accessed February 20, 2020. 6. Centers for Medicare & Medicaid Services (CMS). CMS Quality Strategy 2016. <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/quality-initiativesgeninfo/downloads/cms-quality-strategy.pdf>. Accessed March 23, 2020. 7. National Center for Health Statistics (NCHS). Summary Health Statistics: National Health Interview Survey, 2018. Table A-1a. Age-adjusted percentages (with standard errors) of selected circulatory diseases among adults aged 18 and over, by selected characteristics: United States, 2018. [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2018\\_SHS\\_Table\\_A-1.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_A-1.pdf). Accessed February 21, 2020. 8. NCHS. Summary Health Statistics: National Health Interview Survey, 2018. Table A-4a. Age-adjusted percentages (with standard errors) of selected diseases and conditions among adults aged 18 and over, by selected characteristics: United States, 2018. [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2018\\_SHS\\_Table\\_A-4.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_A-4.pdf). Accessed February 21, 2020. 9. NCHS. Summary Health Statistics: National Health Interview Survey, 2018. Table A-12a. Age-adjusted percentages (with standard errors) of current cigarette smoking status among adults aged 18 and over, by selected characteristics: United States, 2018. [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2018\\_SHS\\_Table\\_A-12a.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_A-12a.pdf). Accessed February 21, 2020. 10. NCHS. Summary Health Statistics: National Health Interview Survey, 2018. Table A-2a. Age-adjusted percentages (with standard errors) of selected respiratory diseases among adults aged 18 and over, by selected characteristics: United States, 2018. [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2018\\_SHS\\_Table\\_A-2a.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_A-2a.pdf). Accessed February 21, 2020. 11. National Committee for Quality Assurance. Population Health Management. Roadmap for Integrated Delivery Networks. <https://www.ncqa.org/white-papers/population-health-management-roadmap> (registration required). 2019. Accessed March 6, 2020. 12. Khoury MJ, Iademarco MF, Riley WT. Precision public health for the era of precision medicine. *Am J Prev Med.* 2016;50(3):398-401. 13. Lee G. Shared clinical decision-making for immunization recommendations. National Foundation for Infectious Diseases webinar. <https://www.nfid.org/wp-content/uploads/2020/02/NFID-Webinar-SCDM-For-Immunization-Recommendations-FINAL.pdf>. February 19, 2020. Accessed March 23, 2020. 14. Mazur DJ, Hickam DH, Mazur MD, Mazur MD. The role of doctor's opinion in shared decision making: what does shared decision making really mean when considering invasive medical procedures? *Health Expectations.* 2005;8:97-102. 15. Department of Health & Human Services (DHHS). CMS Manual System. Pub 100-02 Medicare Benefit Policy. Transmittal 202. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R202BP.pdf>. Accessed February 20, 2020. 16. Kaiser Family Foundation. Medicare Advantage. <http://files.kff.org/attachment/Fact-Sheet-Medicare-Advantage>. June 2019. Accessed March 9, 2020. 17. Centers for Disease Control and Prevention. ACIP shared clinical decision-making recommendations. <https://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html>. February 10, 2020. Accessed March 6, 2020. 18. CMS. Medicare Part B immunization billing: seasonal influenza virus, pneumococcal, and hepatitis B. [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/qr\\_immun\\_bill.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/qr_immun_bill.pdf). January 2020. Accessed April 14, 2020.

