Influenza Vaccination

Measure Description

Patients who receive an influenza vaccine on or between July 1st of the year prior to the measurement period through June 30th of the measurement period

HEDIS Compliant Codes

Any one of the following:

<u>CPT Codes</u>: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756, 90660, 90672

CVX Codes: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168,

171, 185, 186, 197, 205

SNOMED CT: 86198006, 787016008

commonwealth care alliance

Clinical Importance and Health Disparities

- Flu vaccination is the best way to prevent against serious cases of the flu that can lead to hospitalization or death. (1)
- Adults who had a medical check-up in the past year and those with health insurance were more likely to get a flu vaccine compared to those without. (1)
- Only 1 in 2 Americans received a flu vaccination during the 2021-2022 flu season. (1)
- 42% of Black adults, 38% of Hispanic adults, and 41% of American Indian/Alaska Native adults were vaccinated for influenza for the 2021-2022 season, compared to 54% of White adults. (1)
- Rates of hospitalization for influenza were 80% higher among Black adults than white adults from 2009-2022. (1)

Common Misconceptions That Lead to Hesitancy

Misconception #1: The flu vaccine can give you the flu.

• **FALSE**, the flu vaccine does not cause the flu, some people do get a mild reaction to the vaccine. But it is not the flu.

Misconception #2: The flu is annoying but can't do major harm.

• **FALSE**, the flu is unpredictable and can be severe, especially for older adults and people with chronic health conditions.

Misconception #3: The flu vaccines are not effective.

• **FALSE**, on average, people who get the flu shot are up to 60% less likely to catch the virus than unvaccinated individuals.

Misconception #4: There are harmful toxins in vaccines.

• FALSE, the ingredients in flu vaccines have been highly studied and deemed to be effective and safe and serve a purpose. Serious reactions to flu vaccines are very rare and any known ingredient reactions are discussed prior to administration.

Misconception #5: It is better to get sick with flu than to get a flu vaccine.

• **FALSE**, any flu infection can carry a risk of serious complications, hospitalization or death, even among otherwise healthy adults.



Tips For Talking to Patients about Vaccine Hesitancy

- If your patient hasn't been vaccinated, ask them why; listen to their reasons and try to address any gaps in knowledge or understanding.
- Use motivational interviewing techniques to determine what barriers your patients may face in obtaining the vaccine.
- Ask them if you can follow up, at an agreed-upon time, to continue to encourage vaccination, or confirm they were able to obtain the vaccine.
- Work with your care team members to arrange home visits if necessary.

Additional Resources	Link
HEDIS	https://www.commonwealthcarealliance.org/provider- news/provider-resource-guides/
CMS Stars	https://www.cms.gov/medicare/health-drug-plans/part-c-d- performance-data

References

1. Inequities in Flu Vaccine Uptake. (Last Updated 2022, October 18). Centers for Disease Control and Prevention; Office of the Associate Director for Communication. https://www.cdc.gov/vitalsigns/flu-inequities/index.html