

Tips for Improving Uptake of Herpes Zoster Vaccine in Your Practice

How can internists help patients understand the need for a vaccine that can be costly and complicated to obtain?

Focus on the payoff of the herpes zoster vaccine—relief from the pain and costs of shingles-related postherpetic neuralgia for patients age 60 and over—and look for creative ways to cope with its Medicare Part D status, advised Robert H. Hopkins, Jr., MD, FACP.

“Most people who know someone who had shingles say, ‘I want this vaccine’ because they’ve heard how lousy the disease is,” said Dr. Hopkins, associate professor of internal medicine and pediatrics at the University of Arkansas for Medical Science in Little Rock and member of the College’s Adult Immunization Advisory Board.

Yet the vaccine’s uptake has been slow—only 1.9% of adults surveyed by the Centers for Disease Control (CDC) have received the shot—because of the reimbursement woes, and also the vaccine’s newness (the recommendation was only published in the MMWR in May of 2008).

That needs to change, Dr. Hopkins said. “This vaccine is not going to be a profit-maker for doctors under the current payment system,” he said. “But I consider it a part of good medicine, a public health mission.”

Because the zoster vaccine (Zostavax) is covered under Medicare Part D, which pays only pharmacies directly, patients have to pay physicians up front and then file for reimbursement. These hassles are often a stumbling block.

Here are ways to work around this:

Team up with a local pharmacy. Give the patient a prescription for the vaccine to take to a pharmacy in states in which the pharmacist is certified and accredited to vaccinate, according to Rafael Harpaz, MD, MPH, medical epidemiologist with the CDC. Your office can even refer to a specific pharmacy and make an appointment there for the patient.

Hold a vaccine day. For a larger practice, consider setting aside a day to do adult vaccines, and then work out a shipment from the pharmacy. Turnout will be better if the event is done in conjunction with a flu clinic and promoted with local aging networks, health departments, pharmacy associations, Meals on Wheels, senior centers, and other community organizations, Dr. Harpaz said.

Go electronic. Enroll in e-Dispense (enroll.edispense.com/ws_enroll/login.jsp?profile=VM). The portal, which is free to physicians, tells whether a patient has drug plan coverage for the vaccine and what the patient co-pay is, and allows for the doctor to file the claim electronically.

Because private insurer policies vary, ask the plan whether it will cover just the vaccine and whether or not it pays an administration fee for giving it.

The CDC discourages “brown bagging,” where the patient picks up the vaccine and transports it back to the physician,

because the zoster vaccine has to be kept frozen. However, this might work if the pharmacy were in the same building as the physician office, Dr. Hopkins noted.

Taking the lead

Let your patients know you recommend the vaccine for your healthy older patients despite the hassles. Tell them you want to prevent them from developing shingles and potentially debilitating postherpetic neuralgia, Dr. Hopkins said. He also

recommended posting information about the vaccine (see www.cdc.gov/vaccines/vpd-vac/shingles/print-ads.htm) and making sure electronic medical records prompt a shingles vaccine conversation at every patient visit for patients 60 and older.

If the patient still balks, give him or her information about the vaccine and time to think about it, a strategy that works because the illness is not seasonal. Patients who have already had a case of shingles should get the vaccine because they can get it again. Generally, a person should wait one year after a shingles episode before getting vaccinated.

However, it’s still unknown whether a booster will be needed, whether the vaccine will be recommended for patients in their fifties, or whether proposals to shift zoster vaccine payment to Medicare Part B—which ACP has supported—will be addressed.

But for now, Dr. Hopkins said there’s still a lot physicians can do. “It’s a major shift for many internists to think about vaccination for healthy adults ... But it’s part of what a medical home is—not just acute issues, but disease prevention.”

