

Survey on Adult Immunization and Preventive Care

The purpose of this 15-minute survey is to learn about the attitudes of primary care adult physicians regarding adult immunizations.

Instructions

Please answer the following questions with respect to your primary site of outpatient practice. If you practice at more than one outpatient site, please respond to this survey regarding the site at which you spend the most time.

1. Assuming all services are covered by insurance, how important do you think each of the following preventive services is for a non-smoking healthy 67 year-old patient? (Please check the *ONE* best response for each row)

	Very Important	Somewhat Important	Not Very Important	Not At All Important
a. Ultrasound screening for an abdominal aortic aneurysm in a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lipid disorder screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High blood pressure screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pneumococcal vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Herpes zoster vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Seasonal influenza vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tdap/Td vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Lung cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Colorectal cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Prostate cancer screening in a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cervical cancer screening in a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Breast cancer screening in a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Alcohol misuse or abuse screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Depression screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Vitamin D testing and supplementation if indicated in a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Vitamin D testing and supplementation if indicated in a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Body Mass Index (BMI) screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Osteoporosis screening with bone densitometry in a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Assuming all services are covered by insurance, how important do you think each of the following preventive services is for a non-smoking healthy 30 year-old patient? (Please check the *ONE* best response for each row)

	Very Important	Somewhat Important	Not Very Important	Not At All Important
a. Lipid disorder screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. High blood pressure screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Check for immunity to varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Check for immunity to measles, mumps and rubella in a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Check for immunity to measles, mumps and rubella in a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Seasonal influenza vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Td/Tdap vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Testicular cancer screening in a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Cervical cancer screening in a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Counseling to prevent sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Alcohol misuse or abuse screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Depression screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Illicit drug use screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Vitamin D testing and supplementation if indicated in a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Vitamin D testing and supplementation if indicated in a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Body Mass Index (BMI) screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. For routinely recommended vaccines other than seasonal influenza, when do you usually assess an adult patient's immunization status? (Please check YES or NO for each row)

	Yes	No
a. Initial intake visit	<input type="checkbox"/>	<input type="checkbox"/>
b. Annual visit	<input type="checkbox"/>	<input type="checkbox"/>
c. Every visit including acute care	<input type="checkbox"/>	<input type="checkbox"/>

4. For routinely recommended vaccines other than seasonal influenza, which of the following does your practice routinely do to assess an adult patient's immunization status? (Please check YES or NO for each row)

	Yes	No
a. I ask the patient verbally	<input type="checkbox"/>	<input type="checkbox"/>
b. Staff member asks the patient verbally	<input type="checkbox"/>	<input type="checkbox"/>
c. I review outside medical records	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff reviews outside medical records	<input type="checkbox"/>	<input type="checkbox"/>
e. Questions about immunization are part of a questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
f. Check the state or regional Immunization Information System for records	<input type="checkbox"/>	<input type="checkbox"/>
g. Check our own medical record (electronic or written)	<input type="checkbox"/>	<input type="checkbox"/>

5. For vaccines other than seasonal influenza, typically how difficult is it to determine whether an adult has received one or more vaccines?

- Not at all difficult
- A little difficult
- Moderately difficult
- Very difficult

6. Please tell us whether you routinely assess vaccination status and stock the following vaccines for eligible adults. If you do not stock the vaccine, tell us whether or not you refer elsewhere for this vaccine.

(Please check YES or NO for each cell)

	Do you routinely assess vaccination status?	Do you routinely stock the vaccine?		If you do not routinely stock the vaccine, do you refer elsewhere?
a. Hepatitis A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no →	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no →	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. HPV (human papillomavirus, Gardasil® or Cervarix®)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no →	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Seasonal Influenza	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no →	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Meningococcal (Menactra®, Menveo®, and/or Menomune®)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no →	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. MMR (measles, mumps, rubella)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no →	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Pneumococcal polysaccharide (Pneumovax23®)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no →	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Td (tetanus, diphtheria)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no →	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Tdap (tetanus, diphtheria, pertussis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no →	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Varicella (Varivax®)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no →	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Zoster (Zostavax®)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no →	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. If you determine that an adult patient needs a routinely recommended vaccine, but you do not stock it at your practice, how often do you do each of the following?

(Please check the ONE best response for each statement)

	Never	Rarely	Sometimes	Often or Always
a. I refer the patient to a pharmacy/retail store to obtain vaccine and return to my office for administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I refer the patient to a pharmacy/retail store to obtain and receive the vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I refer the patient to a public health department to obtain and receive the vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I refer the patient to another clinic to obtain vaccine and receive the vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I refer the patient to senior/recreational/community center to obtain and receive the vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I tell the patient that they need the vaccine, but I leave it up to the patient to decide what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I do something else. <i>(Please specify):</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please tell us how often you routinely refer patients elsewhere for the following reasons.

(Please check the ONE best response for each statement)

	Never	Rarely	Sometimes	Often or Always
a. We routinely stock, but have run out of a vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A patient's insurance does not cover a vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A patient's insurance covers the vaccine, but reimbursement is inadequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A patient's insurance covers a vaccine, but I cannot be reimbursed for it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Which of the following ways do you record information about vaccines your patients received outside of your practice? *(Please check YES or NO for each row)*

	Yes	No
a. We record them in a progress note in our EHR (Electronic Health Record)/EMR (Electronic Medical Record) or paper based medical record.	<input type="checkbox"/>	<input type="checkbox"/>
b. We record them in a specific vaccine field in our EHR/EMR.	<input type="checkbox"/>	<input type="checkbox"/>
c. We record them on a specific immunization sheet in a written record.	<input type="checkbox"/>	<input type="checkbox"/>
d. We do not routinely record information about vaccines our patients have received outside of our practice.	<input type="checkbox"/>	<input type="checkbox"/>
e. We record them in a state or regional Immunization Information System (IIS).	<input type="checkbox"/>	<input type="checkbox"/>

10. How would you like to receive information about your adult patients' vaccinations when they receive them outside of your practice? *(Please check the ONE best response for each row)*

	Prefer this method	Method is acceptable, but not preferred	Method is <u>not</u> acceptable
a. Information sent to me by the vaccinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patient tells me at his/her next visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Look up the information on a state or regional Immunization Information System (IIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other <i>(please specify):</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. To the best of your knowledge, when your adult patient receives a vaccine at each of the places listed below, how often does that place inform you that they vaccinated your patient?

(Please check the ONE best response for each row)

	<10% of the time	10-24% of the time	25-49% of the time	50%-74% of the time	75-100% of the time	Patients are not vaccinated at this location
a. Pharmacy/retail store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Public health department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Another physician's office, such as subspecialty office or travel clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Senior/recreational/community center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hospital/Emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please tell us how strongly you agree or disagree with the following statements about the role of different providers in the delivery of vaccines to your adult patients.

(Please check the ONE best response for each statement)

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. As a primary care provider, it is my responsibility to see that my patients receive recommended vaccines, even if they get them somewhere else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vaccinations are a shared responsibility between myself and the other providers my patient sees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Many of my patients receive vaccines in subspecialists' offices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is problematic for me when subspecialists provide vaccines to my patients because I generally don't receive documentation that vaccination occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is my responsibility to stock and administer all routinely recommended adult vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is not my responsibility to stock 'catch up' vaccines---that is, vaccines that patient should have received as children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please tell us how strongly you agree or disagree with the following statements regarding pharmacists administering vaccines to your adult patients. *(Please check the ONE best response for each statement)*

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. My patients prefer to receive vaccines at my office rather than at a pharmacy/retail store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pharmacists do not have adequate training to administer vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is more convenient for my adult patients to get vaccines at a pharmacy/retail store than in my office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pharmacists do not have access to medical information to determine if a patient needs a vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pharmacists are not able to administer vaccines in my area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is helpful to have pharmacists share the role of vaccinating adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How much time do YOU personally usually spend talking and/or making recommendations about immunizations for your adult patients in the following scenarios?

(Please check the ONE best response for each statement)

	No time or someone else discusses	1-2 minutes	3-5 minutes	≥ 6 minutes
a. A patient <u>without</u> concerns about vaccines who needs one or more vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A patient who has substantial concerns about vaccines and needs one or more vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A patient at elevated risk for vaccine preventable diseases (i.e., diabetes, asthma, age ≥ 65) who needs one or more vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. In a typical month, what percent of your adult patients refuse one of the following types of vaccines he/she is eligible for? *(Please check the ONE best response for each statement)*

	None	1-9%	10-24%	25-49%	50% or more
a. Seasonal influenza vaccine during influenza season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vaccines routinely recommended for adults other than seasonal influenza vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Thinking generally, to what degree are each of the following factors *barriers* to stocking and administering vaccines for adult patients in your practice? *(Please check the ONE best response for each statement)*

	Not a Barrier	Minor Barrier	Moderate Barrier	Major Barrier
a. Lack of adequate reimbursement for vaccine administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of adequate reimbursement for vaccine purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty determining if a patient's insurance will reimburse for a vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Difficulty determining whether a patient has received particular vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other preventive services taking precedence during time limited visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Uncertainty about a particular vaccine's effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Acute problems taking precedence over vaccinating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Upfront costs of buying vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The fact that my patients can receive vaccines elsewhere, such as pharmacies and retail stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The hassle of ordering vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The hassle of storing vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Patients refusing vaccines for financial reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Patients not having insurance coverage for vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Patients refusing vaccines for issues of safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Patients refusing vaccines for issues of efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Patients refusing vaccines because they do not think they need them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Patients refusing vaccines because they feel they are unlikely to get a vaccine preventable disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Not remembering to screen patients for needed vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Not having enough patients needing vaccines to justify the cost of stocking all vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Patients not coming in regularly for office visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Potential financial loss due to expiration of vaccine prior to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Other <i>(please specify)</i> : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How important are each of these sources of information in making your decisions about recommending vaccines to your adult patients? (Please check the ONE best response each row)

	Very Important	Somewhat Important	Not Very Important	Not At All Important
a. Professional organizations (e.g., AAFP or ACP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Centers for Disease Control and Prevention (CDC)/Advisory Committee on Immunization Practices (ACIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vaccine manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Private health insurance companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Centers for Medicaid and Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. U.S. Food and Drug Administration (FDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Opinions and experiences of my colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Continuing education programs (e.g., CME)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Residency medical training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My professional experience with vaccine preventable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My personal experience of family and friends with vaccine preventable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Journal articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (please specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each year, the CDC's Advisory Committee on Immunization Practices publishes an Adult Immunization Schedule of the current recommendations for licensed vaccines for adults.

18. Please tell us to what extent you agree or disagree with the following statements regarding the Adult Immunization Schedule. (Please check the ONE best response for each statement)

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Not Familiar With This
a. I am comfortable using the schedule to determine what vaccines my adult patients need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The age-based indications for immunizations on the schedule are difficult to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The medical condition-based indications on the schedule are difficult to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The schedule is easily accessible when I need it to make a decision about a patient's vaccinations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The schedule provides clear guidance on what to do when immunization status is unknown.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The footnote section of the schedule is clear and concise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The schedule provides clear guidelines on catch-up vaccinations for adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I do not use the schedule to guide my vaccine recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There are two programs established by the Centers for Medicare and Medicaid Services that reimburse physicians for creating preventive care plans with their Medicare Part B beneficiary patients without cost to the patient:

- The ‘Welcome to Medicare’ visit was introduced in 2005 and must be used within the first six months of the effective date of a beneficiary’s Part B coverage. Requirements for this visit, in addition to creating a preventive care plan, include a comprehensive medical and social history review, a limited physical exam, a depression screening, review of functional ability, an electrocardiogram and education.
- The ‘Annual Wellness’ visit, established by the Affordable Care Act, took effect in January 2011. A patient needs to have Medicare Part B for at least 12 months and to have not received a ‘Welcome to Medicare’ visit or ‘Annual Wellness’ visit in the last 12 months to be eligible for a visit. Requirements for this visit, in addition to creating a preventive care plan, include establishment of an individual’s past medical and family history, creation of a list of current providers and suppliers that are regularly involved in providing care to the individual, measurement of height, weight, body mass index or waist circumference and blood pressure, detection of cognitive impairment, a depression screening, and review of functional ability.

19. Prior to reading these introductory remarks, were you aware of... (Please check YES or NO for each row)

	Yes	No
a. The Welcome to Medicare visit?	<input type="checkbox"/>	<input type="checkbox"/>
b. The Annual Wellness visit?	<input type="checkbox"/>	<input type="checkbox"/>

20. Please estimate the number of ‘Welcome to Medicare’ visits (reimbursed by Medicare) that you conducted in your practice in the past 4 weeks.

- 0
- 1-9
- 10-24
- 25-49
- ≥ 50

21. Please estimate the number of ‘Annual Wellness’ visits (reimbursed by Medicare) that you have conducted in your practice in the last 4 weeks.

- 0
- 1-9
- 10-24
- 25-49
- ≥ 50

22. Considering things such as your clinic’s capacity, patient willingness, and reimbursement levels, we are interested in how feasible you think it would be in the future to conduct Wellness visits for the majority of your Medicare beneficiary patients.

- Very feasible
- Somewhat feasible
- Not very feasible
- Not at all feasible
- Don’t know/not sure

The remaining questions are included so that we will know about the physicians reached by this survey and the characteristics of their practices.

23. Does your practice have a contractual relationship with the following entities?

(Please check YES or NO for each row)

	Yes	No
a. Medicare	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
c. Private insurance companies	<input type="checkbox"/>	<input type="checkbox"/>

24. In your primary outpatient practice, roughly what percentages of your adult patients are in the following groups? *(Please approximate based on your best estimates; groups are not mutually exclusive and may not sum up to, or may exceed, 100 %.)*

	0%	1-9%	10-24%	25-49%	50-74%	75-100%	I don't know
a. Uninsured patients (patients with no insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicare Part B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare Part D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Private insurance (including Medicare supplemental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. In your primary outpatient practice, roughly what percentages of your adult patients are in the following age groups? *(Please approximate based on your best estimates; groups are not mutually exclusive and may not sum up to, or may exceed, 100%.)*

	0%	1-9%	10-24%	25-49%	50-74%	75-100%	I don't know
a. < 18 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 18 – 49 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 50 – 64 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ≥ 65 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. In your primary outpatient practice, roughly what percentages of your adult patients are in the following racial/ethnic groups? *(Please approximate; groups may not sum up to 100%)*

	0%	1-9%	10-24%	25-49%	50-74%	75-100%
a. White (non-Hispanic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Black (African American)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other group, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating. Please return this survey using the enclosed stamped envelope addressed to:

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