

Supplemental Information

Survey of Pediatricians and Family Physicians on Vaccine Financing Topics

This survey addresses vaccine financing issues. It is **extremely important** for the development of **effective national policies about vaccine financing** that we accurately represent the opinions and experiences of primary care providers. We realize that answering some of these questions **may require you to consult with someone else at your setting** who is more knowledgeable about financing issues. Due to the importance of the topic, **we hope you will be willing to make this additional effort**, if need be.

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.
- The questions in this survey pertain to the delivery of immunizations to children and adolescents only. Please exclude vaccines given to patients over age 18 when answering questions in this survey.
- The questions on this survey pertain to vaccines other than influenza vaccine. Please exclude influenza vaccine when responding to all questions in this survey.

1. **Do you provide vaccines to patients 0-18 years old?** *(Please check the ONE best response)*

Yes

No —————> **Please skip to question 8**

2. **Does your practice participate in the Vaccines for Children (VFC) program?** *(Please check the ONE best response)*

Yes

No

3. **In a typical month, what percentage of parents defer or refuse a vaccination because of cost or insurance coverage?** *(Please check the ONE best response)*

None

1-2%

3-5%

6-10%

>10%

4. For each of the 4 vaccines in the columns below, did you use any of the following strategies when these vaccines FIRST became available for your patients? (Please select 'Yes' or 'No' for each cell in the table)

	HPV	MCV4	Tdap	Rotavirus
a. <u>Delay offering</u> the vaccine to any patients until most health plans are covering it	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. <u>Inform</u> patients that their health plan may not cover it, and therefore they may be billed for it	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Ask patients to <u>sign a statement</u> indicating that they will pay for the vaccine if their health plan denies it	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. <u>Check</u> whether each patient's health plan would cover the vaccine before offering the vaccine to the patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. <u>Ask the patient to determine</u> whether their health plan would cover the vaccine before administering the vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. In the past year (since 2010), to what extent has your practice seriously considered whether to stop providing ALL vaccines to privately insured patients due to vaccine cost, administration fee, and/or reimbursement issues? (Please check the ONE best response)

- Never considered or discussed
- Considered or discussed, but not seriously
- Seriously considered or discussed

6. Overall, how satisfied are you with the amount you are paid for VACCINE PURCHASE by each of the following types of payers? (Please check the ONE best response for each type of insurance)

	Very satisfied	Mostly satisfied	Mostly dissatisfied	Very dissatisfied	Do not see patients in this category	I don't know
a. Private fee for service insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Private Preferred Provider Organizations (PPO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Private Managed Care Organizations (MCO), or Private Health Maintenance Organizations (HMO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child Health Insurance Plan (CHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Overall, how satisfied are you with the amount you are paid for **VACCINE ADMINISTRATION** by each of the following types of payers? (Please check the ONE best response for each type of insurance)

	Very satisfied	Mostly satisfied	Mostly dissatisfied	Very dissatisfied	Do not see patients in this category	I don't know
a. Private fee for service insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Private PPOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Private MCOs or private HMOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid including Medicaid managed care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. CHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	0%	1-9%	10-19%	20-29%	30-39%	40-49%	≥50%
a. Infants 0-6 months old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children > 6 months-24 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Children > 2-10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adolescents 11-18 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	0%	1-9%	10-24%	25-49%	50-74%	75-100%
a. Private Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. State Children's Health Insurance Program (CHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Uninsured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	0%	1-9%	10-24%	25-49%	50-74%	75-100%
a. Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other minority 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 in the enclosed stamped envelope addressed to:

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