

The Lewin Group
Promising Practices for Promoting Flu Vaccinations for Dually Eligible Beneficiaries
During COVID-19
October 13, 2020 – 3:00pm ET

Laura Maynard: Thank you and welcome, everyone, to this webinar, Promising Practices for Promoting Flu Vaccinations During COVID-19, a Panel Discussion. My name is Laura Maynard, and I am with The Lewin Group. Today's session will include presentations followed by a panel discussion and a live question-and-answer session with the presenters and participants. This session will be recorded, and we will be posting a video recording along with today's slides at the link that is on the slide in front of you now, resourcesforintegratedcare.com.

The audio for the presentation automatically streams through your computer but telephone lines are also available. You can access that telephone number if needed by clicking on the black phone icon at the bottom of your screen.

This webinar is supported through the Medicare/Medicaid Coordination Office at the Centers for Medicare and Medicaid Services. MMCO is helping beneficiaries' dually eligible for Medicare and Medicaid have access to seamless, high-quality healthcare that includes the full range of covered services in both programs. To learn more about current efforts and resources please visit our website or follow us on Twitter for more details [@integrate_care](https://twitter.com/integrate_care).

At this time, I will give a little background information on our two panelists for today. Brad Lucas, M.D. is the Chief Medical Officer for Buckeye Health Plan. Formerly he ran a large obstetrical/gynecology office in Cleveland until 2007 when he joined Buckeye Health Plan full time. He continues to focus his clinical work in specialty areas of practice including pre-term birth, low birth rate and infant mortality. For Buckeye, Dr. Lucas manages a team of physicians responsible for reviewing claims and authorizing treatment and developing programs and relationships with providers to effectively improve health outcomes for Buckeye members.

Our second panelist today, Deonys de Cardenas, is Plan Lead and Executive Director at First Choice VIP Care Plus. Reporting to their President of Medicare Deonys serves as the primary contact and the face of Medicare to the South Carolina Department of Health and Human Services and the Centers for Medicare and Medicaid Services in support of the dual-eligible products for Amerihealth Caritas family of companies. In this role Mrs. de Cardenas collaborates with the President of Medicare to develop and implement strategic initiatives that ensure company growth as well as ensuring member needs are well-served with a strong emphasis on quality operations and innovation.

Our learning objectives for today's session; we will identify strategies for establishing and leveraging flu vaccination committees. We will describe ways for getting member input on vaccination outreach and communications and identify strategies for messaging and promoting flu vaccination in the context of COVID-19. We will also identify opportunities for partnering with community organizations in flu vaccination delivery.

Now we have an outline for today's event. Following our introductory polls, we will share some great CMS resources to support your promotion of flu vaccinations. Then we will hear from

Buckeye Health Plan and First Choice VIP Care Plus, sharing their approaches and strategies related to flu vaccinations. Then Dr. Lucas and Mrs. de Cardenas will join in a panel discussion on planning for this flu season during COVID-19 followed by answering some questions from you, the participants.

To begin let's use a couple of polls to get an understanding of who is attending the webinar today. First, in what setting do you work? Please just choose one of the options provided to let us know which setting you are in. I will give you just a moment to click on that so we can get a sense of who is with us today.

Okay, let's get some sense of those responses. By far health plans are represented the most with a few with us from home care and from community-based organizations. Then our second poll we would also like to know your professional area. You can click the poll response that best indicates your professional area. We would appreciate that. Click one of the options provided.

Alright, click on those and let us know your professional area and we will see what we have. Lots of case managers. Lots of health plan administration folks. Some also from other providers, physician assistants, nursing, medicine and some from customer service with a few from pharmacy. Thank you very much for letting us know. Thanks for sharing in that poll.

We will now move quickly to highlighting some of the flu vaccination resources that are available to you. As a result of the COVID-19 pandemic vaccination rates have declined putting communities at an increased risk for preventable illnesses like the flu. The Centers for Disease Control and Prevention, the CDC, recommends that everyone six months of age or older needs a flu vaccine.

CMS has published an array of resources to support you in promoting those flu vaccinations. This year making sure people of all ages keep getting routine vaccinations or start getting routine vaccinations like the flu during this COVID-19 pandemic will help protect people and communities from preventable diseases and it will therefore help reduce the healthcare system's burden. So, we encourage you to use and to amplify the CDC's message about the flu shots' importance, emphasizing that this is another way people can stay healthy, particularly now.

CMS has developed a toolkit to help you stay informed on materials that are available about the importance of the flu vaccine. These are materials drawn from CMS, CDC and from HHS. The toolkit is designed for clinicians, for Medicare and Medicaid beneficiaries and for the general public and it is located at the link presented on this slide. We will also be adding this link and the links on upcoming slides into the chat box for your reference so that you will easily be able to pick them up there.

There are a number of social media resources that are available both in English and Spanish. CMS is doing a campaign focused on Medicare beneficiaries through these various social media channels and some of the graphics on these slides today are from that campaign. This flu campaign emphasizes vaccination benefits, access, and that flu shots are covered by Medicare and Medicaid plans. A partner social media kit and toolkit graphics in both English and Spanish are available at the links on this slide and those links are now being added to the chat box as well.

The resources at the CMS Office of Minority Health, their link of resources that are categorized to be used by healthcare professionals, partners and the general public and these include links to learn more about Medicare coverage and links to the CMS flu vaccine partner toolkit. The link for those resources is there and CMS has also developed and compiled materials to assist partner organizations in promoting flu vaccinations, including language for advocacy groups and grassroots partners or long term services and supports providers, for clinicians and for group practices.

The toolkit also includes materials for Medicare beneficiaries and CDC materials for consumers and partners. They have a draft newsletter language, draft blog language, draft Facebook posts and draft Tweets that you can use, and those resources are all found at this link on this slide. That will also be put in the chat box.

These campaign materials include postcards promoting flu shots, available in many different languages, including those listed on the slide and link to the postcards is there. The message on these postcards, “Now more than ever, everyone needs to do their part to prevent the spread of illnesses like the flu.”

In addition to all of this, CMS has also developed a checklist that will help health plans, providers and community based organizations in reviewing their existing approaches and identifying additional strategies for promoting flu vaccinations for members, providers and the care team. This checklist is on the Resources for Integrated Care website at the link posted on the slide.

As we move now to our panel discussion, our panelists presentations, I am pleased to introduce Dr. Brad Lucas, Chief Medical Officer at Buckeye health plan, Brad?

Brad Lucas: Thank you very much. And thank you everybody. On the first slide, I am going to share a little bit about Buckeye Health Plan so you can get a sense of who's sharing this information with you. In Ohio Buckeye Health Plan is the second largest statewide Medicaid managed plan. We are growing quickly. We have 425,000 members, 25,000 dually eligible members, over 38,000 providers; it speaks to employees and agency partners there. We are really located around Ohio, and we are in all products and we have been in service in Ohio since 2004.

Our program, we label it Fluvention. and we have focused on and targeted high-risk members who have worse outcomes when they do have the flu. Recognizing that that across the board, everybody should get an influenza vaccination outside the age of six months, about six months, but there has been some targeting.

At the beginning of COVID-19 season we did quickly try to educate our members on some of the commonalities and differences between the two. The aim certainly is to help members prevent the spread of both flu and COVID-19 and Fluvention includes education materials as I've described. Due to increase in targeted outreach, the high-risk members report higher flu vaccination rates than our general member population which last year was a 24% vaccination rate. We did see a 52% vaccination rate among members 65 years and older and a 39% vaccination rate among those with chronic conditions.

To educate members about the availability and benefits of flu vaccination we conduct direct member outreach that includes text messages, outbound calls, interactive phone messaging, mailers and landing pages. Then community outreach, media outreach interviews, PSA, newsletter content, social media, infographics and provider outreach with toolkits and office posters. We have enjoyed partnering with some large pharmacy retailers to expand access to vaccinations. Walgreens provides flu vaccinations during Buckeye member events including farmers markets, and CVS reaches out to Buckeye members to encourage them to get their flu vaccination at our minute clinics. Thank you.

Laura Maynard: Thank you very much for that great information. We appreciate that. Now we will introduce our next panelist, Deonys de Cardenas, Plan Lead and Executive Director at First Choice VIP Care Plus. Deonys?

Deonys de Cardenas: Hi, good afternoon. First of all, thank you for having me. I really appreciate being included to share this very important topic with all of you. We are First Choice VIP Care Plus. We are located in South Carolina. We are also part of Select Health of South Carolina, which is also a part of Amerihealth Caritas family of companies. Amerihealth started in 1983 in a West Philadelphia hospital is a national leader in healthcare solutions for people who are at low income level and are chronically ill.

Today Amerihealth serves more than 5 million members in 13 states and the District of Columbia. Our plan is a Medicare/Medicaid plan, and we joined the Medicare/Medicaid Financial Alignment Demonstration in 2015, which is also known as the Healthy Connections Prime program in South Carolina. We serve dually eligible population for both Medicare and Medicaid ages 65 and over. Similar to Select Health of South Carolina, it is the oldest and largest MCO in the state. We are the largest MMP in South Carolina currently serving about 75,000 members.

Next slide, please.

We began planning our flu season in early May. You know, in general flu seasons we have looked to our CAHPS survey to help guide us to determine vaccination rates from the prior year. This year we had an extra added concern given COVID-19 and we started our workgroup much earlier this year. Although we do plan our flu outreach and strategies the year prior after lessons learned. This year, we focused on our high-risk members. We tried to reach out to them first, not only for the flu, but also for COVID. So, we wanted to make sure we were educating that group first.

We used a variety of outreach strategies. We did sustained outreach, which included strategically timed letters, phone calls, and we also did postcards. Later this fall we are going to include an "It's not too late messaging," and we hope that this will help remind folks that you know even if it's late November or December, it's still not too late to get their flu shot.

We reinforced all of this messaging to our members also with communications with our plan staff; so not only our care coordinator team, our community health navigators and also our call center staff would understand the messaging in case they were asked questions. And we also updated our flu vaccine messaging to address the concurrent risks of COVID-19 and the flu. For

this first year ever, we also started a gift card incentive with the hopes that we could bolster our flu vaccination rates.

Next slide please.

We also incorporate member feedback on flu prevention programs through our Member Advisory Council Committee meeting. At this meeting, we have numerous members from our leadership team and many of our members, some who have been with us since we originally started this MMP, so we really appreciate all the feedback that we receive from them. We have also invited the South Carolina Department of Health and Environmental Control in the past to provide training and also for our MAC and our First Choice leadership team. We are also reaching out to them this year in the hopes that they can come to our MAC meeting once again to provide needed education to our MAC members.

We also hold conversations with our MAC committee members to understand the concerns around vaccinations. We had a very good dialogue not only about COVID-19 but also about concerns about flu vaccinations at our committee. We take their comments very seriously and take that back to then reprioritize and strategize our communication methods.

We also developed this Flu Myth buster flyer. We are finalizing a review also for this year, so I am happy to share that with everyone. We didn't have it in time for this seminar, but I can share that after this meeting. This flyer was developed based on feedback from our MAC members and also from the CDC website. We go to the CDC as a source of truth just to make sure that we are gathering the most up-to-date information on common myths about the flu.

Laura Maynard: Thank you, Deonys for sharing that. That was great information. Now that we have heard those two presentations, we will go into our panel discussion and begin with a question that I am going to pose to both of you but I am going to ask Brad if you will answer this one first. How has your messaging and approach around flu vaccination changed in light of COVID-19?

Brad Lucas: Thank you. The messaging is similar as a typical flu year, but the COVID-19 pandemic really has provided a unique opportunity for messaging around public health, as well as reminder about the availability of existing flu vaccination. So, members are more aware now that their individual decisions have an impact on community safety and the vaccinations are an effective way to protect themselves and others in the community.

Laura Maynard: Thank you and Deonys, what would you add to that as far as your perspective there from First Choice VIP Care Plus?

Deonys de Cardenas: As I mentioned earlier, all of our members are the 65 and older population and we know that that population has a disproportionate risk for COVID-19 and the flu. Even without COVID-19 this population is greater risk for complications should they contract the flu because they risk pneumonia and hospitalization. Adding to that they can also have chronic conditions; diabetes, hypertension, so promoting the flu vaccinations early and often becomes more critical, especially now. Given COVID-19 it was crucial to educate our members that flu vaccinations will reduce the risk of flu-related hospitalizations and that will in turn reduce the risk of developing COVID-19 in a hospital environment.

We let our members know also that a flu vaccination is a step towards reducing the risk of becoming very ill. Again, I mentioned earlier, we did new this year an incentive monetary gift card to help folks to get their flu shot. Then in prior years, our messaging on flu shot postcards, we mentioned multiple preventive health measures including annual exams but messaging this year was solely focused on the flu vaccination.

We also worked on reinforcing our messaging with care coordinators in order to prepare them for questions that members might have related to the flu including questions around the safety of getting a flu vaccination during the COVID pandemic and also myths around that. You know, understandably, questions from members are more prevalent this year than in previous years. We have listened to that feedback, and also reinforced our messaging related to that.

Laura Maynard: Thank you. Thanks so much. Okay, for our next question we want to know how you all have partnered with organizations and providers in your community to offer alternative locations for flu vaccinations. Brad, we will call on you first.

Brad Lucas: Thank you. Really utilizing clinics and local pharmacies; Walgreens, CVS, independent physicians to get that flu vaccine delivery. Like I described earlier, in local farmers markets getting flu shots to individuals there. And then CVS has been deploying outgoing messages to our members to remind them to get their flu shot, just calls, text and MPM types of messaging.

Working with providers to bring the vaccine to older adults and assisted living and retirement communities in order to provide health education at the same time as the vaccination.

Laura Maynard: That's a great approach to be able to do that education at the same time as the vaccination. It would be very helpful. Thank you, and Deonys would you answer this one? How have you partnered with organizations and providers in your community to offer alternative locations for these vaccinations?

Deonys de Cardenas: So, before I get into the provider piece, I want to mention that CMS has been an important partner in this effort also. This year they reached out to us and with their help, they sent out flu vaccination postcards to all of our members. And I really think that that is important because it's not only just us telling members about the flu and the importance of it. They are getting this messaging from very reputable sources. They are hearing it from CDC. They are hearing it from CMS. They are hearing it from their providers.

We help members get a flu shot from a provider of their choice. Although we've had some members who are concerned about leaving their home, they are concerned about getting COVID in provider offices, so given COVID had drive-through to get testing done, we thought why not have a drive thru flu event. So that members who are concerned maybe about stepping foot in a provider office, we can direct them to those specific spots. So, we've been doing that. We have also partnered with a major hospital in that effort as well and some of our target counties. But we just want to try to emphasize the fact that just because COVID is happening if somebody is concerned, there is a way for us to get them to that flu shot.

Also, our primary care providers, some community-based service providers and our community long term care waiver partners, they are also assisting and promoting flu vaccinations using their own messaging.

Laura Maynard: Thank you. Thank you. Our next question goes back to something that both of you mentioned in your presentations. This will be a chance to dig in a little deeper on that and share a little more about it. This is what strategies may have been successful in dispelling myths about flu vaccinations? Brad, could you speak first?

Brad Lucas: Yes, sure. Thank you. We too developed a toolkit for providers to assist them in dispelling myths including a flu versus a COVID-19 factsheet. We have member facing materials, additional resources for the members. I feel like saying some of these things over and over and COVID has allowed us maybe a little bit of a different platform to really stress things and hope that it maybe makes more sense this year than ever before.

Laura Maynard: Thank you. Deonys, how about you all? How have, what strategies have you found to be successful in dispelling myths about flu vaccinations?

Deonys de Cardenas: So, you know, as I mentioned earlier, our population is an older population and we needed to understand why they might be hesitant and getting the flu shot. We asked our members at our Member Advisory Committee. We heard such feedback like, “You know, this shot will give me the flu, “or, “I do not need to get one every year.” We dispel those myths, because the CDC gives some helpful information on this. The fact is a flu shot can't give you the flu because it's made either with flu viruses that are not active or with no flu viruses at all.

You know, also about not getting one every year, the fact there is that the immune system protection from the flu shot gets lower over time. So, a yearly flu shot gives the best protection against the flu. But despite all that folks still have strong core beliefs. We have received this year some heartfelt thank you notes for offering the incentive to get the flu shot. We also interestingly got a note thanking us for that as well. But yeah, also saying they would trust and pray they would stay well.

So, it's really important to respect people's beliefs but to continue to provide them the education that's available out there and just to keep reinforcing that. We want to make sure that we take that input from our MAC, Member Advisory Committee, because that helps enhance our cultural competence in developing the messaging about the flu vaccine.

I think we all have certain thoughts about it, and we want to make sure that we are hearing those thoughts from our member population. We also educate our care team on the responses to these common myths, so they too are prepared when they get member questions related to that. I just want to stress also, care coordinators, they're encouraged to listen and respect the concerns of our members, including when they have religious base hesitations and anti-vaccination beliefs and it just reinforced that education.

Laura Maynard: Thank you. Thanks for sharing that. We want to, before we ask our next questions of our panelists, we want to turn the tables a little bit and ask our attendees to begin typing into the Q&A box what strategies you may have found to be successful in dispelling this

about flu vaccinations. That would be great if you could just type that in it would be very, very helpful.

What have you found to be helpful in getting past these myths about flu vaccinations? And also, what have you found to be helpful to promote flu vaccinations? What strategies are you using now to promote flu vaccination among your dually eligible members during this year's flu season?

So just start typing some of those into the Q&A and we will come back and read some of those out once you have typed them in.

Our next question for our panelists is specifically for Deonys. What is the role of your flu vaccination committee? And how does it help you with preparation for flu season?

Deonys de Cardenas: This year our committee is really a subgroup or workgroup of our leadership team and that is led by our Chief Medical Officer. We included this year probably more folks than usual, but we included from all our lines of business for Medicare, our quality team, medical management, our long term services and support, and other various leaders to provide feedback into this workgroup to evaluate how we did in prior flu season activities, evaluate the current temperature, especially with a pandemic, and we applied lessons learned and planning for the upcoming season.

We gathered input on different messaging modalities; how should we do it? Should we use a postcard? Should we do a letter? Should we do phone calls? We decided to do all of them. I think in prior years where we might have done a postcard or a newsletter, this year we really went at it from every angle we could possibly think of just to make sure that members got this messaging. We even received feedback that they appreciated getting all of that. That was good education that they got.

We also reviewed information from the CDC. Our Chief Medical Officer was really great in providing us the latest in journal updates. We also discussed the timing for implementation and then we relayed all of this messaging back to our associates to interact with our members.

Laura Maynard: Thank you. Thanks for sharing that. Then our final panel question is for Brad Lucas. How do you customize your messaging on flu vaccinations for different member groups?

Brad Lucas: Thank you so much. If you think about the high-risk members and those that we focus more on to pregnant women, children below age five, above age six months, adults over 65, and individuals with chronic conditions, at this point now, kind of like Deonys described, pretty much anything that we are developing and any avenue or method of communication we are mentioning influenza vaccine. It doesn't go untouched. Every opportunity we take.

Laura Maynard: Thanks. Thanks for sharing that. All right, we are going to take a moment now to move to that chat function where you all are typing in your responses. We will take a moment. If you haven't yet, please enter your response as to what strategies you are using to promote flu vaccinations this year. Let's look and see what we've got so far. What are some of the things you are doing?

Being upfront with members, telling them there is still a possibility of getting the flu even when you get the shot, but the level or severity of sickness is likely to be greatly reduced. Using that messaging.

Differentiating the product, the shift from egg-based to help with egg adaptation and help with overall vaccine effectiveness. That's a great point as well.

During this year, I have been telling my members that it's really important since COVID is also out there. I hate for them to get the flu and then get COVID on top of that, or vice versa. I encourage the ones that always refuse the vaccination to really consider it this year due to this. I have only had a few continue to refuse.

That has been a successful strategy that is great to hear. Also coming in, creation of a flu toolkit or member-facing teams to assist with educating members and addressing common myths.

Those great CDC resources, used those to help with common myths and utilized that information as a source of truth to refer members. Excellent.

Also, member incentives, member and provider education and the flu vaccine or prevention that will help alleviate any added burden or confusion with COVID as a competing virus.

I see another comment related to that one; attempting to separate flu versus COVID and how important it is to address both.

Include a message when client clients call in on our IVR on the importance of getting their flu vaccination before they make an IVR selection. Adding that message in there.

Working with clinics. Stickers created and passed out, so using stickers at the clinics, working with local mom and pop pharmacies on a poster. A really good local approach there that would likely be very helpful.

Very similar responses: postcards, flyers, calls, use of the CDC toolkit, have sent out info to providers through the newsletter on how to have strong conversations about the flu. Have also researched local clinics in the area and posted them on our internal website so care managers have the information at their disposal with any member contact.

Someone else mentioning postcards. Keep those great strategies coming in. If you've got anything different from what you have heard so far or one of these that you have used that worked really well for you go ahead and type that into the Q&A and we will read it out for everyone.

Just looking for others. Here are some more. Listening to members concerns, providing facts, and then respectfully allowing them to make their own decision. That is a wonderful approach. Very patient centered, very person centered, a great approach.

Someone else using a doctor blog on your website and your Facebook page using that to educate. Here is someone else offering a drive thru option. So, a drive thru option to obtain the flu shot

without getting out of their car. Since many report being fearful to leave home due to the pandemic. Looking for others. A double check.

Yep, reviewing those key CDC points. Collaborating with local pharmacies and focusing on vulnerable housing authorities by setting up mobile flu clinics. Promoting a safe place to ask questions and debunk myths. I find incredible resource research and resources for information.

Education and support from the team who have developed a rapport with the members. So, using folks who already have that rapport with the members and having the message come from them. That's a great strategy.

Collaborating with facility, LTC, regarding HEDIS measures and prevention strategies. That is a great idea. Blue reminder flyers in multiple languages. Using evidence and statistics, yes.

Messaging to people, "Protect yourself to protect your loved ones." Right. And I see that some of you are typing questions into the Q&A pod as well. So please continue to do that, too. If you have questions for our panelists, type those in while we are also looking at the strategies that you're sharing.

So, I take it to a personal level and talk about how my 98-year-old grandmother gets a flu shot every year, and I think this is a big part of why she stays so healthy. Sort of personalizing the message.

Sending text messages. Another way. Okay, getting lots of lots of good questions coming in as well. Just looking to see if we got any new strategies being listed.

Flu reminders in text messaging, offering doctors on-call services; have a doctor visiting at home and perform the flu shots at home making it easy and convenient to get vaccinated. Offering drive through as well as vouchers for them to get shots at a local Rite Aid. Social media campaigns, text messages and direct mail invitations to those drive through.

Question and Answer Session

Deonys de Cardenas: I have noticed just a couple of questions here. If you don't mind, I can answer some of them. I know Lisa asked, "Is there any way to know which of the interventions was most effective?" We did hear back from our MAC committee members that they really liked the postcards because they didn't have to open mail. So, we too sent a letter out from our Chief Medical Officer similar to one of the other plans that mentioned that as well, but the postcard was the key.

It is hard to collect immunization data from CAHPS especially for our population. A lot of them will have Alzheimer's dementia, so you are going to have to depend on caregivers to fill out that information. So, you have to look at claims data. But I am trusting this year with the incentive we have already received just in our first week we got 300 letters back from folks saying that they received the flu shot and showing us proof of that.

I think the incentive was probably the key but check in with me next year and I will let you know.

Laura Maynard: Great, thank you. And we are going to move on now into our Q&A time. And so, thanks for answering that one. Also wanted to ask if either of you track racial and ethnic disparities and flu vaccine uptake among your members? Do you track that? And if so, have you planned any targeted outreach or interventions to address any disparities?

Deonys de Cardenas: We don't track the racial ethnic disparities. We try to focus on first and foremost chronic and highest members, waiver members. So, we base it off of health conditions. That said we work really closely, even the transportations carved out for us, we work very closely with folks who might be in rural communities or even in local communities if they can't get to the provider office because they don't have a car or can't afford transportation. We make sure that they get to where they're going. We asked other related social determinants of health questions, also just to make sure that that says can get the health care that they need.

Laura Maynard: Thank you.

Brad Lucas: I would agree. We don't track to see which races and ethnicities receive the flu vaccine or not. It is my understanding it is certainly important. We are beginning to understand that better related to COVID. So COVID in its own way is shedding light on so many ways we might do things differently in the future. So, I can see that finding a terrific place to help us understand.

Laura Maynard: Right. Thank you. Thanks for that. Brad, I had another question that came in for you during your presentation. You mentioned a number of different elements of that Fluvention program. Do you have a sense yet of which of those interventions may be most effective at this time? Are you seeing better results from any one, or another of those interventions?

Brad Lucas: We have used Fluvention as a program over the years and it gets redesigned and hopefully improved every year. I don't know about exactly this year. We did see improvement last year. I am going to give you a prediction. I think the more we can assist providers and their messaging is something that will move the needle, or when we have individual care manager conversations with individuals who struggle with problems and they're understanding those and they had that engagement at that moment and they are talking to them about the influenza vaccine – I really believe in not missing an opportunity and dispelling those myths at that moment. I am in the habit of doing that with everybody I cross paths with now, and again, using the COVID pandemic as a platform to say, “Look at where we are with COVID. Influenza has a vaccine, and it is capable of the destructiveness of COVID. It has a vaccine, and we need to really be mindful of that now.”

Laura Maynard: Yes. Yes, thank you. Thinking of that sort of in this COVID context too I will ask the both of you this question. Have you heard from members that they feel already protected from the flu because they are already wearing masks? They are already social distancing. So therefore, they don't really need a vaccination this year. Are you all hearing that? If you are, how are you responding to that?

Deonys de Cardenas: I haven't heard that but that is certainly interesting. I know that we have heard with social distancing it will be interesting to see at the end of this season what the flu

rates are compared to last year. We need to dispel that myth. Wearing a mask, and of course it depends on what you are wearing, it can help you from spreading illness to others but we probably need to dispel that to say unless you lived in a bubble at home and never went outside and never talked to anybody you might be fine. But if you are going out at all or interacting – folks have grandkids, and their kids go to school and they come home. We need to dispel that myth as well just to reinforce how important it is to get the vaccination.

That is really the only way that can help prevent the flu.

Brad Lucas: I agree. We want to move away from having to live our lives in respiratory disease lockdown. Allowing that is reason to not get the vaccine is going the wrong direction.

Laura Maynard: Right. Thank you.

Brad Lucas: I have not heard that. We have not heard that, yet.

Laura Maynard: So, you haven't heard that particular one either? Yeah.

Brad Lucas: No.

Laura Maynard: A question for Deonys. Not everyone has engaged their Advisory Councils to gather feedback on flu vaccine campaigns. Why did you decide to engage your Advisory Council and what recommendations do you have for plans who would like to engage their Advisory Councils and get member feedback in this way?

Deonys de Cardenas: Given COVID obviously we couldn't have our usual, in-person meeting. This complicated things. So, we decided to try using member zoom. Of course, after all the things were protected and password and all of that. Had to go through a lot of reviews to ensure we maintain privacy in these meetings. But we decided to use Member Zoom to get folks to come and attend our meeting.

I was really shocked by our turnout. I think this year our meetings have just been really great and fruitful with the feedback we have received. It was definitely hard to get members to use Zoom. Again, our population, some of them are really tech savvy. They loved it. They got in right away. Others we had to work for an extensive period of time with their caregiver because you have to enter a password and a code and so it was complicated.

But just because you can't get out there and meet folks face-to-face you really have to think of other ways to get them to come and we also try to make it about them. Instead of having leaders talk we always ask them what they think. Once you get them talking, they just love to share. Again, some of our members have been there since the beginning. A lot of them have formed friendships and relationships over time so they like to talk amongst themselves too. I find that just to be very helpful.

Laura Maynard: That's great. How did you specifically get them to give you feedback on their thoughts about flu vaccination or helping you understand community concerns about flu vaccinations?

Deonys de Cardenas: We just ask.

Laura Maynard: That's great. That is always the best approach.

Deonys de Cardenas: We ask. I mean, it is as simple as even with our COVID messaging, how did we do? Is there something we could be doing better for you? What did you like best? What didn't you like? We try to ask them various ways and they answer.

Laura Maynard: Excellent. Thank you. Shifting just a little bit, Brad, I wanted to ask you one of the questions that has come in from one of the registrants. That is in regard to guidance you provide to members who may have a medical reason for avoiding the flu vaccine. Just people with allergies, or others who might have a medical reason to avoid the vaccine. What messages do you provide for them?

Brad Lucas: We are going to direct them to their doctor to have that conversation. The medical reasons are few and I think that when somebody is sharing that with a care manager or somebody else at the plan, I think it still tells me a little bit of a fear. Fear of the unknown. Still not feeling confident enough and needing more conversation with a doc.

It is an individual decision. I think differentiating what is a side effect of a shot is important. I still hear people say they were sore for a day or two or they felt like they had some disease from the shot when it's a side effect of the components of the shot and just always understanding and helping with that health literacy overcoming that.

Laura Maynard: Yes. Excellent, thank you. As we move into some of the other questions, I do want to remind attendees that you can continue to chat questions into the Q&A box and we will still have a few minutes to take additional questions. So, if you have another question go ahead and type it right on into that Q&A box.

Kind of related, Deonys I wanted to ask you a somewhat related question in that Brad was mentioning member fears, concerns and listening to address those fears and concerns. Someone has noted that you had some great comments, Deonys, about being open and respectful to member beliefs or concerns. How do you coach and/or train your care managers or other plan staff on that kind of communication?

Deonys de Cardenas: I think first and foremost our care team, they are nurses, licensed social workers, counselors and they are trained to listen; listen to member concerns. So, I think it is important to do a lot of listening and understanding where the member is coming from. Our goal is not to tell a member that they are wrong in their belief. You don't want to do that. You need to respect where they are coming from, how they were raised, cultural beliefs.

I think the important thing in our role as caregivers, nurses, licensed social workers, is to educate our members. Doing that with CDC guidelines and the source of truth from the CDC I think that speaks volumes. I know I have heard some folks using personal stories. I've got my flu shot today or I helped my mother get the flu shot. Kind of explaining a personal story, a positive story about getting the flu shot. I think that is helpful as well.

Laura Maynard: Yes. Thank you. I will ask both of you, have you adapted your flu vaccination strategies for homebound members? Members who are unable to leave their home. How are you addressing that? Brad, I will ask you first.

Brad Lucas: When we identify the need certainly, we make an allowance and arrange for the benefit if somebody can get out to the home to give that we would do so. If it is a matter of transporting somewhere else to get the flu shot, but we prefer to have it at the home and we arrange for the nursing home visit.

Deonys de Cardenas: We do the same as well. So, if we had a referral for somebody who could not leave their home, we would make sure to get someone out to them.

Laura Maynard: Excellent, thank you. Brad, we had another question come in for you related to you had shared about text messaging and that text messaging was one of the approaches you had used at Buckeye. Are there any considerations to share around text messaging? For example, do you have any concerns or considerations around gathering consent from members with this?

Brad Lucas: We are moving – there is a number of options as health plans become more sophisticated at becoming digitally connected to allow you to do this where you open up a mobile connection with your members. So, we are trying to get away from a care manager directly texting a member and more towards a larger percentage of being digitally connected in a safe, HIPAA compliant fashion. I would say working with vendors, and there are just more and more of them. We are exploring that and think that will be finally a way that we all better engage our members.

Laura Maynard: Excellent. Thank you. Again, sort of on that topic of logistics and all, Deonys we had some questions come in about the logistics of the incentive for the flu vaccines. Things like what is the monetary amount for the gift card. How do you confirm the member got the vaccine? How and when do they get that card?

Deonys de Cardenas: We can confirm with claims data. There are various ways to confirm but we have on the actual incentive a validation to be filled out that the person got the flu shot at whichever office they went to. One of the problems that we have is with all the free flu shots everywhere sometimes you just can't capture that in your claims data. Again, CAHPS at the end of the year is a survey, questions asked of folks in the spring, they might not remember if they had their flu shot back in September. So, we validate that way.

Our gift card incentive is currently at \$20. I believe so. We have many this year so forgive me if I am off by \$5 on that one. It seems to have been working. I think with this particular incentive we got a huge response related to that. I know someone asked a question about how do you fund that? We have to fund that ourselves. But this is such an important thing, and to me especially it is an important responsibility for the health plan to ensure this type of preventive care. It is really just so simple, so easy, it protects our vulnerable population, so it makes sense to support that financially.

Laura Maynard: Thank you. Thanks for sharing a little more detail around that. We have time for one more question. I am going to pose it to the both of you and Brad I will ask you to answer

it first. What have you learned from promoting flu vaccinations that might be helpful to you later in promoting a COVID-19 vaccination were one available?

Brad Lucas: Oh boy. I will tell you I think the level of fear and distrust in individuals is kind of still easier to think about figuring something else out later, committing to something else later or understanding something better later. Having fear of medicine is really powerful and really human and normal. We are in a situation that is really unique, really, really unique. We all hope there is a vaccine for COVID. Here we are getting back into flu season where you might think okay 100% of people will get a flu shot now because they have seen what has happened with COVID in our lives but I will be fascinated to see how the percentages change with the influenza vaccine this year. So, I guess the message is we need to keep working harder and harder to understand and have the compassion that folks have fear and keep using that to guide kind of our intervention and conversations.

Laura Maynard: Wonderful. Thank you. And Deonys what have you learned from promoting flu vaccinations that may be helpful to you later?

Deonys de Cardenas: You know, I think just in general the pandemic has really opened a big awareness for this, this year. I have learned it is just, I mean we are with the pandemic for the unforeseeable future, so we need to continue this messaging into next year. I have learned that it is important to seek feedback from our members to see how we are doing not only on flu messaging but also on any COVID-19 messaging because you could be sending messages out into the universe and not knowing if it really truly is having an impact, a positive impact, or if you are bombarding your members with too many messages.

So, I think it is important to continue getting member feedback and also to continue the importance of promoting the flu vaccine. I really hope that next year it doesn't just die down but that everybody, CMS, DHHS, all the health plans, everybody kind of teams together to continue this type of promotion.

Laura Maynard: Thank you very much. I want to thank you both for being our panelists today. We really very much appreciate it and express great gratitude to you for that. I want to let everyone know the slides for today's presentation, a recording and a transcript will be available on the Resources for Integrated Care website soon. Very importantly, all of you, don't forget your own flu shot. Receiving your flu shot is more important than ever this year. I have got mine.

Next slide is your evaluation form. Thank you all for joining us today. Please complete the brief evaluation of the webinar so that we can continue to deliver high-quality presentations that meet your needs and your interests.

The survey will pop up on your screen following the conclusion of the session. If you have any questions, please email us at RIC@Lewin.com. Again, thank you so much, all of you, for attending and participating. This concludes today's webinar.