

Vaccine Incentive Programs

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To increase acceptance of COVID-19 vaccines, health authorities used a method that has been proven to work – financial incentives - which were offered to both consumers and physicians. Financial incentives have been shown to motivate doctors to strongly recommend – some say strong-arm – parents into vaccinating their children, so it's not surprising that this strategy was used for COVID-19 vaccines. This may explain why doctors were obnoxiously persistent in promoting both the vaccines and boosters.

Consumers also were also offered financial incentives, which most likely played a role in convincing many to get the shots and to deliver their kids to get jabbed too.

The incentives were encouraged by top health officials. A CDC document titled "Providing Incentives with COVID-19 Supplemental Funding" states the following:

"As we reach a critical juncture in the COVID-19 vaccine response, in which vaccine supply is outpacing vaccine demand, it is important to expand strategies to increase COVID-19 vaccination rates. In addition to current strategies, such as focused outreach to populations disproportionately affected by COVID-19 and communication efforts to increase vaccine confidence, **new strategies like direct appeal, via incentives, to potential vaccine recipients will be needed to combat the further spread of COVID-19.**" (emphasis mine)

"... Note that the incentive cap is \$100 per person."¹

"In addition, such incentives are not and should not be portrayed as an endorsement by HHS or CDC of any company (or its goods, services, or policies) associated or affiliated with the incentive."

While CDC officials seemed concerned about appearances – we don't want anyone to think we are endorsing Wal-Mart! - they seemed completely unconcerned with the idea that promising some people a \$100 gift card to Wal-Mart, particularly following the biggest transfer of wealth from the poor and middle class to the rich (a consequence of draconian COVID policies) might result in people doing almost anything for \$100, including overlooking the potential for harm.

A document titled "MCO COVID 19 Vaccination and Member and Provider Incentives" (for the state of Kentucky) listed these bonuses for adults and their children:

Aetna \$100 gift card, \$25 gift card for ages 5-15. Members 16+ could get a \$100 gift card for a booster if they did not participate in previous rewards programs. Free transportation to and from vaccine clinics and free at-home COVID-19 test kits were provided.

Anthem Blue Cross/Blue Shield \$100 gift card to Wal-Mart, Amazon, retailers and restaurants. Anyone 6 months and up was eligible. AND primary care providers could get a bonus too - \$50 per shot for every person jabbed before December 31 2022. Free transportation was provided.

Humana gift cards were worth only \$40 to restaurants and retailers. Humana was not so generous with the bonuses!

Passport Health Plan \$100 gift card to Wal-Mart, Amazon, Kroger, Target, Dollar General or CVS. Anyone was eligible who completed the COVID vaccine series including booster shots.

United Health Care \$100 gift card to Wal-Mart or CVS. Eligibility included anyone age 6 months and up.²

Note that a family of four in several of these networks could qualify for four \$100 gift cards! A powerful incentive, indeed!

Anthem offered an even better incentive program for healthcare providers in a document titled "COVID-19 Vaccine Provider Incentive Program." This document stated:

"Getting vaccinated against COVID-19 is one of the best and safest ways people can protect themselves and their families against the virus. As a participating practice in the COVID-19 Provider Vaccine Incentive program, we recognize your hard work by offering incentives for helping patients make the choice to become vaccinated."

Here's how to qualify:

If your practice meets the below thresholds for vaccination with at least one dose by September 1, 2021, you will receive the initial incentive payment based on the following rates:

- 30% Anthem members vaccinated-\$20 bonus per vaccinated member
- 40% Anthem members vaccinated-\$45 bonus per vaccinated member
- 50% Anthem members vaccinated-\$70 bonus per vaccinated member
- 60% Anthem members vaccinated-\$100 bonus per vaccinated member
- 75% Anthem members vaccinated-\$125 bonus per vaccinated member

The final incentive payment is calculated based on members who are newly vaccinated between September 1, 2021 and December 31, 2021 (see the Appendix for calculation examples).

If your practice meets the below thresholds for vaccination with at least one dose by December 1, 2021, you will receive the final incentive payment based on the following rates:

- 30% Anthem members vaccinated-\$100 bonus per newly vaccinated member
- 40% Anthem members vaccinated-\$150 bonus per newly vaccinated member
- 50% Anthem members vaccinated-\$175 bonus per newly vaccinated member
- 60% Anthem members vaccinated-\$200 bonus per newly vaccinated member

- 75% Anthem members vaccinated-\$250 bonus per newly vaccinated member

The document included income projections for how much a doctor could earn by promoting the vaccines.³

I did some research to find out the average number of patients in a family doctor's practice – and found out that it is estimated to be 2300.⁴ If a typical doctor in the Anthem network was successful in getting 30% of members vaccinated, the first-round bonus would be \$13,800. The second-round bonus if the doctor added just 50 more patients would be an additional \$5000 for a total of \$18,800.

The bottom line: Consumers, many in difficult financial straits, were offered financial incentives to roll up their sleeves. And doctors were financially motivated to pressure them to do it. Is it legal? Probably. Is it ethical? Without full disclosure not so much.

This is not new. A few years ago, I reported the contents of a booklet published by Blue Cross/Blue Shield of Michigan called "2016 Performance Recognition Program."⁵ According to this booklet, "financial incentives are designed to "promote better care, healthier people and communities, and affordable care." The booklet outlined how bonuses were earned based on a "quality score" which took into consideration the percentage of eligible patients meeting certain criteria. For example:

If 80% of eligible women had a mammogram, a bonus of \$100 per patient was paid to the doctor.

If 63% of children were fully immunized by age 2, \$400 per child was paid to the doctor.

A flat fee of \$200 per person was paid for depression screening, with no threshold for a certain percentage of patients required.

Incentives were also offered for colorectal cancer screening; medication adherence for patients with hypertension, diabetes, and cholesterol; and for dispensing at least one "disease-modifying drug" for patients diagnosed with rheumatoid arthritis. A \$25 bonus was paid for each person 40 and older with a history of diabetes, cardiovascular disease, or both who was prescribed or currently took aspirin or anti-platelet therapy.

The highest payout was for vaccination, so obviously this was a priority. The bonus was \$400 per fully vaccinated child, which means that a pediatrician or primary care doctor with 200 fully vaccinated patients who had a second birthday during the year could receive as much as an \$80,000 bonus. But the payout was only made if 63% of eligible patients were vaccinated, which might have played a role in motivating doctors to pressure parents to vaccinate their children.

The Centers for Disease Control encourages incentive programs for vaccine promotion, stating that incentives can "encourage positive competition" and "improve coverage rates at provider offices." The CDC provides written guidelines with suggestions for how

to incentivize doctors and their staffs to increase vaccination rates. Informal incentives include items like materials and updates. Formal incentives include awards and recognition, along with grants and scholarships to attend conferences. And the CDC states that financial incentives can be offered with help from immunization coalitions and vaccine makers.⁶

Research shows that the bonuses work. In one study, the percentage of children in the study's bonus group who received the diphtheria, tetanus, and pertussis and Haemophilus influenzae type b; polio; and measles-mumps-rubella immunization increased by 25.3 percentage points. Enhanced fees and feedback had no effect – only cash bonuses were effective for increasing vaccination rates.⁷

At the very least, doctors should have to disclose this reward system. But they are not going to. We already encourage consumers to become properly informed to protect themselves from medical harm. This is just another reason to do this.

¹ <https://www.cdc.gov/vaccines/covid-19/downloads/IP19-1901-Incentives-COVID19-guidance.pdf>

² MCO COVID 19 Vaccination Member and Provider Incentives. Updated October 2022.

<https://www.chfs.ky.gov/agencies/dms/Documents/MCOCOVIDVaccinationIncentives.pdf>

³

https://providers.anthem.com/docs/gpp/KY_CAID_PU_COVID19VaccineProviderIncentiveProgram.pdf?v=202201202223

⁴ Leona Rajae. How many patients are most primary care physicians seeing? April 24 2022

<https://www.elationhealth.com/resources/blogs/how-many-patients-are-most-primary-care-physicians-seeing>

⁵ Blue Cross/Blue Shield of Michigan. 2016 Performance Recognition Program. Downloaded to Wellness Forum Health server 2016.

⁶ <https://www.cdc.gov/vaccines/partners/childhood/stayingontrack.html>

⁷ Fairbrother G, Hanson KL, Friedman S, Butts GC. "The impact of physician bonuses, enhanced fees and feedback on childhood immunization coverage rates." *Am J Public Health* 1999 Feb;89(2):171-175