EDITOR’S MESSAGE

Pneumococcal Vaccination—Promoting Health

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The US health care system is undergoing a major transformation. Multiple initiatives have been implemented to improve the quality of care that is delivered to patients while also attempting to reduce the growth of health care costs. Many of the initial efforts have focused on shifting payment models from rewarding the volume of care delivered to rewarding “value” (high quality care at the lowest cost) and have promoted greater attention to population health. Because disease prevention is one of the most effective ways to reduce health care spending, delivery of clinical preventive services and health promotion are important components of population health and transformation of the health care system.

Disease due to *Streptococcus pneumoniae* (pneumococcus) remains one of the most important causes of morbidity and mortality worldwide and an important target of clinical preventive services. The burden of pneumococcal disease on Americans is immense. Pneumococcus accounts for a spectrum of illnesses, including otitis media, sinusitis, pneumonia, bacteremia, and meningitis. In the United States, pneumococcal disease results in millions of ambulatory patient visits, hundreds of thousands of hospitalizations, tens of thousands of deaths, and billions of dollars in health care costs annually. With the emergence of strains of pneumococci that are resistant to multiple antimicrobials, the need to focus on effective prevention of the disease is urgent.

Despite the burden of pneumococcal disease, the availability of 2 vaccines to prevent the disease, and the widely disseminated guidelines for use of pneumococcal vaccines, vaccination rates—particularly for adults—are woefully low. Only one-fifth of adults aged 19 to 64 years with a high-risk condition for pneumococcal disease have been vaccinated. Approximately one-third of elderly adults (aged 65 years or older) have not received either pneumococcal vaccine. Some of this underuse may be attributed to long-standing misconceptions about the health benefits of pneumococcal vaccines, and missed opportunities to deliver pneumococcal vaccines are well documented. However, one of the most common reasons that older adults report for not getting the pneumococcal vaccine is that their physicians did not recommend it.

In this supplement to *The Journal of the American Osteopathic Association*, Grogg and Schultz provide a comprehensive review of the burden of pneumococcal disease in adults and detail the most recent recommendations from the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices for delivery of both the 23-valent pneumococcal polysaccharide vaccine (PPSV23) and the 13-valent pneumococcal conjugate vaccine (PCV13) to adult patients. The authors highlight the risk factors for pneumococcal disease in adults and provide guidance on strategies to improve vaccination rates. The authors provide the compelling case for systems-based in-
Interventions to improve adult vaccination, including the use of standing orders protocols to improve delivery of pneumococcal vaccines to adults. Finally, Grogg and Schultz discuss the initial results of the American Osteopathic Association’s Call to Action on Pneumococcal Disease educational activity.

A mantra in the field of health care quality improvement is that “every system is perfectly designed to achieve the results it gets.” If we want different results—for example, higher rates of vaccination against pneumococcal disease to reduce the burden of disease—we have to redesign the system. The tools to promote adult vaccination discussed by Grogg and Schultz can lead to the redesign needed to achieve health, deliver value, and reduce the tremendous burden of pneumococcal disease. This goal is consistent with the osteopathic oath to be mindful always of our great responsibility to preserve the health and the life of our patients. (doi:10.7556/jaoa.2015.070)

References
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