Adult Immunizations
Best Practices Collaborative

Community Physician Network

Adult Flu and Pneumonia Vaccination Initiatives

Community Physician Network

AMIGF
American Medical Group Foundation®
Medical Group Profile

• Multi-specialty provider group serving approximately 350,000 patients across 8 counties in central IN
• CPN established January 2012
  o previously CPI established in 2000 was Primary Care only
  o CPN combined CPI, CHVP and employed specialists
• 80 primary care sites, 7 Urgent Care facilities, 100 specialty clinics
• 190 PC physicians and 246 specialty care physicians in 18 different specialties, including ID, GI, Rheumatology, Pulmonary/critical care, Cardiology
• 610 FTE providers, of which 441 FTE are physicians and 169 FTE are advanced practice providers
• Average # of annual outpatient visits 2014
  o PC 722,709  SC 405,171
• EPIC is our EHR; began migration April 2012
AI Team Composition

- Julie Price, Project Facilitator, Key Contact for CPN team
- Dr. Paul Wilson, Sr. Medical Director of Primary Care
- Dr. Robin Ledyard, Sr. Medical Director of SC
- Dr. David Kiley, Sr. Medical Director of SC
- Dr. Patrick McGill, Medical Informatics Director
- Brian Sedam, Pharmacist
- Leisa Hills, Director of Clinical Excellence
- La Sheena Sutton, Data Key Contact for Optum One
- Jennifer Ricketts, Data Key Contact for EPIC
- Cyndy Sanford, Nurse Educator
Measures Used

National clinical standards used as guideposts

• ACIP guidelines, USPSTF (U.S. preventive services task force). Risk based contracts from payers (pay for performance measures Medicare Advantage Program, Anthem)

Data sources and data collection processes, measures and results

• Building workbench reports (WBR’s) from internal EPIC data now
• For day-to-day analysis, we use EPIC reports and registries
• Current Pneumonia vaccination results ≥ 65
  – 40% based on Optum collaborative data

How are you using Optum One?

• Utilizing the Enterprise version - Very project specific, i.e. pneumonia immunization rates
• “Health in Focus” reports for MERCK immunization program
Adult Immunization Goals

- Educate PC and select SC providers on new pneumonia ACIP recommendations and reimbursement practices
- Define adult Flu and Pneumonia immunization rate and set goals (in process)
- Develop accurate reporting tools to facilitate provider communication on current practices by third quarter 2015
- Update HMA’s for ≥ 65 pneumonia in time for April EPIC upgrade
  - Define criteria for immune compromised or Renal Failure for HMA in June or July for 19-64 age groups
  - Flu and adult Tdap HMA already developed
Existing AI Interventions & Population

Describe target population(s)
- Annual Flu vaccines for adults 18 and older
- Adults ≥ 65 and 19-64 Immunocompromised, CRF, Asplenia, CSF leaks or cochlear implants for PCV 13 and PPSV23

Have you set up an immunization registry?
- WBR’s in development for Pneumonia vaccines. WBR’s for other adult immunizations being considered

Describe what went behind the scenes to implement this intervention.
- Hours of optimization discussion amongst physicians, analysts and administration to determine what would be measured and most effective reporting mechanism. Many additional analyst hours required for build.

Changes required in the workflow
- Train providers on HMA/BPA awareness and how to access reports
- Train staff to conduct pre-visit chart audits to determine needed vaccines
- Get CHIRP data to flow into EPIC

What methods were used to change physician practices.
- Will Educate providers and staff how to run reports and ID target populations
- Possible incentives????
Improvement Interventions

- Staff and provider education
- Identification of high risk patients
- Patient education
- Report accuracy
- Possible Process Improvement initiative with multi-disciplinary team to evaluate cost / benefit of following ACIP for Pneumonia particularly in high-risk populations where some commercial payers are not reimbursing
- Improve capture of Flu and PNE vaccine obtained outside of CPN
  - Flu is the only quality measure that can be patient reported and captured as a quality measure
Communication Plan

- The governance in CPN requires any clinical recommendations be approved by our Clinical Excellence Committee (CEC) and our operations committees. Once approved, decisions are communicated to providers and staff.

- Promote immunization rate goals once finalized
  - How are we going to get there? Identify target populations, implement outreach and education strategies and monitor progress with accurate reporting
  - Why now? ACIP recommendations updated, population health management, media attention on vaccination
  - What’s in it for me? Future CPN quality metric
  - Best for patient care
Challenges or Obstacles

• Accurate data
• Provider awareness (alert fatigue)
• Patient education and compliance
• Capturing vaccines given outside of CPN
  – Training providers how to document in vaccine history
  – Educating patients on importance of notifying PCP Flu vaccine received
  – Issue will be improved with two way interface with CHIRP (Indiana vaccine registry)

How will you address them?
• Currently creating these strategies
• Provide education for providers and patients
Outcomes and Successes

What are the key elements that will contribute to the success of your initiative?

• Provider buy in
• Consensus for HMA’s
• Patient compliance
• Accurate reports
Future Steps

• Compete build of WBR’s
• Get provider consensus on HMA
• Discussions regarding BPA’s
• Educate providers and staff

What do you hope to achieve?
• Improved adult immunization rates
• Reduced pneumonia admission rates
• Patient satisfaction
• Meet shared risk contract measures
Lessons Learned

• We need a more formal work process and plan to improve AI rates
• Improve processes for capturing vaccines given outside our organization
• We need to devote resources to data validation
• Ensure First database disk delivered with Flu vaccines is prior to Flu vaccine delivery
• Identify key decision makers to expedite progress
Questions

Questions for the group?

• How are others identifying immunocompromised populations?
• How are others identifying “chronic renal disease” Chronic Kidney Disease stage IV and V and ESRD? Does it include Chronic Kidney Disease Stage III? (GFR < 60)?
• What strategies have worked well for others in educating patients regarding the need for vaccination?
• Any specific strategies used to engage providers in improving AI rates?
• How have others captured immunizations given outside their organization?