Thank you for joining

The presentation will begin shortly
Rise to Immunize®
Monthly Webinar

Year 2 Data & RIZE Awards
Kristy Calland, DO, McFarland Clinic, Eric Penniman, DO, FAAFP, Summit Medical Group, Victoria Harris, MPH, CPHQ, UC San Diego Health
November 16, 2023
Today’s Webinar

Campaign Updates
• RIZE Symposium
• Resource of the Month

Year 2 Data Review
• Stephen Shields, MPH, AMGA Research & Analytics

“RIZE to the Challenge” Awards
• Kristy Calland, DO, McFarland Clinic
• Eric Penniman, DO, FAAFP, Summit Medical Group
• Victoria Harris, MPH, CPHQ, UC San Diego Health

Q&A Session
Webinar Reminders

Today’s webinar recording will be available the week of 11/21

- Will be sent via email
- Will be available on website

Ask questions during the webinar using the Q&A feature

- Questions will be answered at the end of the presentation

(RiseToImmunize.org → “Resources” → “Webinars”)
Resource of the Month

“Are You That Person?”

The Flu Is Serious

Know the F.A.C.T.S.

- Fever
- Aches
- Chills
- Tiredness
- Sudden Onset

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Year 2 Data

Stephen Shields, MPH
Lead Population Health Research Analyst
AMGA Research and Analytics
Impact
Last year’s impact (Year 1) was large...

19,721,540 eligible patients in the active population

5,893,148 vaccines administered or documented
...but our impact in Year 2 was larger!

21,604,321 eligible patients in the active population

6,045,812 vaccines administered or documented
<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>influenza vaccines (19+)</td>
<td>8,923,208</td>
</tr>
<tr>
<td>pneumococcal vaccines (66+)</td>
<td>475,732</td>
</tr>
<tr>
<td>Td/Tdap vaccines (19+)</td>
<td>1,438,426</td>
</tr>
<tr>
<td>zoster vaccines (50+)</td>
<td>1,101,594</td>
</tr>
</tbody>
</table>

**Total vaccines administered or documented:** 11,938,960
Year 2 Data
Average vaccination rates across all organizations, year-over-year

Cumulative MY rates as of Q2

Vaccines
- Pneumo.
- Td/Tdap
- Influenza
- Zoster
- Bundle

Average vaccination rate

80%
77.7%
77.3%
76.8%
73.3%

60%
55.9%
55.8%
56.2%
57.0%

40%
40.3%
41.2%
36.7%
35.0%

20%
13.8%
20.9%
26.6%
30.4%

Q2 2020
Baseline
Q2 2021
Q2 2022
Campaign
Q2 2023

10.7%
14.7%
17.1%
18.7%
Influenza rates in MY 2022, by HCO

Cumulative rates from July 2022—June 2023

Avg: 35.0%
High performers and most improved

### Top 5 Highest Influenza Vaccination Rates in Q2 2023

<table>
<thead>
<tr>
<th>Org</th>
<th>Rank</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZG1</td>
<td>1</td>
<td>61.0%</td>
</tr>
<tr>
<td>VW5</td>
<td>2</td>
<td>56.4%</td>
</tr>
<tr>
<td>UG9</td>
<td>3</td>
<td>54.5%</td>
</tr>
<tr>
<td>CS4</td>
<td>4</td>
<td>52.3%</td>
</tr>
<tr>
<td>HQ4</td>
<td>5</td>
<td>51.2%</td>
</tr>
</tbody>
</table>

### Top 5 Most Improved Orgs by Rank

<table>
<thead>
<tr>
<th>Org</th>
<th>Increase in Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>WR4</td>
<td>14</td>
</tr>
<tr>
<td>SQ3</td>
<td>9</td>
</tr>
<tr>
<td>KX9</td>
<td>6</td>
</tr>
<tr>
<td>HQ4</td>
<td>4</td>
</tr>
<tr>
<td>XR5</td>
<td>4</td>
</tr>
</tbody>
</table>

### Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

<table>
<thead>
<tr>
<th>Org</th>
<th>Change in Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>SQ3</td>
<td>7.7%</td>
</tr>
<tr>
<td>WR4</td>
<td>5.2%</td>
</tr>
<tr>
<td>ZG1</td>
<td>2.6%</td>
</tr>
<tr>
<td>HQ4</td>
<td>2.5%</td>
</tr>
<tr>
<td>KX9</td>
<td>2.5%</td>
</tr>
</tbody>
</table>
Stratify your rates by race/ethnicity

Estimated National Flu Vaccination Rates by Race and Ethnicity, 2020

Note: Flu, Tdap, PV, and zoster vaccination rates were ≥13% lower in Black and Hispanic adults (data not shown)

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Source: GAO-22-105334 Adult Routine Vaccinations, Sept. 2022
Pneumococcal rates in MY 2022 by HCO

Cumulative rates from July 2022—June 2023

Avg: 73.3%
Since the measure change, the average pneumococcal vaccination rate has increased each quarter.
Td/Tdap rates in MY 2022 by HCO

Cumulative rates from July 2022—June 2023

Avg: 57.0%
High performers and most improved

### Top 5 Highest Td/Tdap Vaccination Rates in Q2 2023

<table>
<thead>
<tr>
<th>Org</th>
<th>Rank</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>BU9</td>
<td>1</td>
<td>81.0%</td>
</tr>
<tr>
<td>NW1</td>
<td>2</td>
<td>79.2%</td>
</tr>
<tr>
<td>GE4</td>
<td>3</td>
<td>78.9%</td>
</tr>
<tr>
<td>ZG1</td>
<td>4</td>
<td>76.8%</td>
</tr>
<tr>
<td>ED9</td>
<td>5</td>
<td>76.6%</td>
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### Top 5 Most Improved Orgs by Rank

<table>
<thead>
<tr>
<th>Org</th>
<th>Increase in Rank</th>
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</thead>
<tbody>
<tr>
<td>ZF6</td>
<td>5</td>
</tr>
<tr>
<td>ZT2</td>
<td>4</td>
</tr>
<tr>
<td>ZG1</td>
<td>1</td>
</tr>
<tr>
<td>VW5</td>
<td>1</td>
</tr>
<tr>
<td>NP5</td>
<td>1</td>
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### Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

<table>
<thead>
<tr>
<th>Org</th>
<th>Change in Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH5</td>
<td>6.7%</td>
</tr>
<tr>
<td>BC6</td>
<td>6.5%</td>
</tr>
<tr>
<td>LK5</td>
<td>5.5%</td>
</tr>
<tr>
<td>ZF6</td>
<td>5.3%</td>
</tr>
<tr>
<td>ZT2</td>
<td>4.9%</td>
</tr>
</tbody>
</table>
Zoster rates in MY 2022 by org.

Cumulative rates from July 2022—June 2023

Avg: 30.4%
High performers and most improved

### Top 5 Highest Zoster Vaccination Rates in Q2 2023

<table>
<thead>
<tr>
<th>Org</th>
<th>Rank</th>
<th>Rate</th>
</tr>
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<tbody>
<tr>
<td>UG9</td>
<td>1</td>
<td>51.9%</td>
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<tr>
<td>ED9</td>
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<td>49.2%</td>
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<tr>
<td>ZG1</td>
<td>3</td>
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<tr>
<td>MB9</td>
<td>4</td>
<td>48.4%</td>
</tr>
<tr>
<td>GE4</td>
<td>5</td>
<td>48.2%</td>
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<tr>
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</thead>
<tbody>
<tr>
<td>ZG1</td>
<td>8</td>
</tr>
<tr>
<td>VR4</td>
<td>8</td>
</tr>
<tr>
<td>UG9</td>
<td>5</td>
</tr>
<tr>
<td>NP5</td>
<td>4</td>
</tr>
<tr>
<td>BU9</td>
<td>4</td>
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<td>10.7%</td>
</tr>
<tr>
<td>VR4</td>
<td>10.3%</td>
</tr>
<tr>
<td>JG2</td>
<td>9.3%</td>
</tr>
<tr>
<td>ZG1</td>
<td>9.3%</td>
</tr>
<tr>
<td>NP5</td>
<td>7.8%</td>
</tr>
</tbody>
</table>
Bundle rates in MY 2022 by org.

Cumulative rates from July 2022—June 2023

Avg: 18.7%
High performers and most improved

**Top 5 Highest Bundle Vaccination Rates in Q2 2023**

<table>
<thead>
<tr>
<th>Org</th>
<th>Rank</th>
<th>Rate</th>
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</thead>
<tbody>
<tr>
<td>UG9</td>
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<td>41.8%</td>
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<tr>
<td>ZG1</td>
<td>2</td>
<td>40.3%</td>
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<tr>
<td>VW5</td>
<td>3</td>
<td>37.9%</td>
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<tr>
<td>MB9</td>
<td>4</td>
<td>34.2%</td>
</tr>
<tr>
<td>NW1</td>
<td>5</td>
<td>34.0%</td>
</tr>
</tbody>
</table>

**Top 5 Most Improved Orgs by Rank**

<table>
<thead>
<tr>
<th>Org</th>
<th>Increase in Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>KX9</td>
<td>15</td>
</tr>
<tr>
<td>VR4</td>
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<tr>
<td>QH1</td>
<td>3</td>
</tr>
<tr>
<td>NP5</td>
<td>2</td>
</tr>
<tr>
<td>UK4</td>
<td>2</td>
</tr>
</tbody>
</table>

**Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate**

<table>
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<td>8.5%</td>
</tr>
<tr>
<td>ZG1</td>
<td>6.1%</td>
</tr>
<tr>
<td>VR4</td>
<td>5.5%</td>
</tr>
<tr>
<td>UG9</td>
<td>4.6%</td>
</tr>
</tbody>
</table>
Health system engagement increases vax rates

| Vaccination rates for those who do and do not have a personal health care provider |
|---------------------------------|----------|----------|----------|----------|
| One or more provider            | Flu      | Pneumococcal | Shingles | Tetanus  |
| No provider                     | 24.7     | 42.5      | 14.3     | 63.7     |
| Less than 1 year                | 53       | 72.7      | 34.2     | 72.4     |
| 1 or more years                 | 27.6     | 48.9      | 18.8     | 63.7     |

| Vaccination rates by time since last checkup |
|-----------------------------------------------|----------|----------|----------|----------|
| Coverage                                      | Flu      | Pneumococcal | Shingles | Tetanus  |
| No coverage                                   | 19.5     | 8         | 60.5     |
Takeaways

On our way to reaching our 25m goal!

In Year 2, flu/pneumo. rates have decreased (tracks with national metrics)

Tdap, zoster and bundle rates have increased

Stratify your rates by race

Continue to benchmark rates with peers and learn best practices

Patient engagement with the health system = higher vaccination rates
Award Winners

2023 RIZE to the Challenge Award
presented to
McFarland Clinic

2023 RIZE to the Challenge Award
presented to
Summit Medical Group

2023 RIZE to the Challenge Award
presented to
UC San Diego Health
Kristy Calland, DO
Physician, Adult Medicine,
McFarland Clinic
RIZE to the Challenge
Pneumococcal Vaccination

Kristy Calland, DO
Internal Medicine
Who are we?

❖ 75 years and counting
❖ Iowa's largest physician-owned multi-speciality clinic with locations in 11 communities
❖ More than 300 providers and 1,300 staff members
❖ Our Vision: We will be the trusted choice for enhancing the health and well-being of our communities
❖ Our Values
  ➢ Quality care and extraordinary service
  ➢ Trusting relationships
  ➢ Exceptional workplace
❖ Our Promise: Extraordinary Care Every Day
Achievements

❖ Highest performer (#1) in pneumococcal vaccination administration 🏆
❖ Number 6 overall in Influenza vaccination administration
❖ Number 9 overall in Zoster vaccination administration
❖ Number 7 overall in the Bundle group
MFC Q2 2023 Data

Td/Tdap

Zoster

Bundle
Storyboard Care Gaps listed

BPAs

Improved the interface with IRIS (Immunization Registry Information System) making it bidirectional.

Provider and Staff reinforcement of requesting a query from IRIS and reconciling the immunizations at each visit or at very least, each annual wellness visit or physical.
Influenza BPA, easy to use and offers all actions in one place.
Health Maintenance activity provides a big picture look at all immunizations overdue, due, or completed.

<table>
<thead>
<tr>
<th>Current Care Gaps</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Vaccines (MCF) (1 of 3 - 3-dose series)</td>
<td>Ordered on 11/9/2023</td>
<td>Imm Details</td>
</tr>
<tr>
<td>DTAP/DTAP/TD Vaccines (MCF) (1 - DTaP)</td>
<td>Ordered on 11/9/2023</td>
<td>Imm Details</td>
</tr>
<tr>
<td>Hib Vaccines (MCF) (1 of 3 - Standard series)</td>
<td>Never done</td>
<td>Imm Details</td>
</tr>
<tr>
<td>IPV Vaccines (MCF) (1 of 4 - 4-dose series)</td>
<td>Ordered on 11/9/2023</td>
<td>Imm Details</td>
</tr>
<tr>
<td>Hepatitis A Vaccines (MCF) (1 of 2 - 2-dose series)</td>
<td>Never done</td>
<td>Imm Details</td>
</tr>
<tr>
<td>MMR Vaccines (MCF) (1 of 2 - Standard series)</td>
<td>Never done</td>
<td>Imm Details</td>
</tr>
<tr>
<td>Varicella Vaccines (MCF) (1 of 2 - 2-dose childhood series)</td>
<td>Never done</td>
<td>Imm Details</td>
</tr>
<tr>
<td>Influenza Vaccine (MCF) (1 of 2)</td>
<td>Never done</td>
<td>Imm Details</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Upcoming</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal Vaccine: Pediatrics (0 to 5 Years) And At Risk Patients (5 to 64 Years)</td>
<td>Next due on 1/4/2024</td>
<td>Imm Details</td>
</tr>
<tr>
<td>Meningococcal ACWY Vaccines (MCF) (1 - 2-dose series)</td>
<td>Next due on 8/15/2033</td>
<td>Imm Details</td>
</tr>
</tbody>
</table>

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Epic Integrations

Care Gaps in the Storyboard allow for quick ordering and view of immunization status.
Epic Integrations

External IRIS information can be seen in the Immunization activity. Clinicians can reconcile IRIS immunizations by using the Go Reconcile quick button.
Epic Integrations

Once reconciled, external immunizations from IRIS will show integrated in the chart.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Admin Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>(6 Mo+) Influenza Vaccine Quadrivalent Preservative Free</td>
<td>7/26/2023</td>
</tr>
<tr>
<td>DTaP, 5 pertussis antigens (DAPTACEL)</td>
<td>7/25/2023</td>
</tr>
<tr>
<td>JANSSEN (J&amp;J) COVID-19 VACCINE</td>
<td>10/28/2021</td>
</tr>
<tr>
<td>MODERNA SARS-CoV-2 VACCINATION 100mcg/ 0.5ml, (AGES 12+), (red cap vial) IM</td>
<td>1/28/2021</td>
</tr>
<tr>
<td>PFIZER SARS-COV-2 TRIS-SUCROSE/COMIRNATY VACCINATION (gray cap vial)</td>
<td>1/5/2022</td>
</tr>
<tr>
<td>Tdap (Adacel, Boostrix, &gt;7 years, NOS)</td>
<td>1/15/1970</td>
</tr>
</tbody>
</table>

© 2023 Epic Systems Corporation.
Adults need vaccines, too.

Vaccines prevent diseases that can be very serious. All adults need vaccines to help protect themselves and others. The following vaccines are recommended for everyone.

- **Influenza**
  - What? Everyone over 6 months of age.
  - How often? Recommended yearly during flu season, and for pregnant woman during any trimester of pregnancy.

- **Pneumococcal**
  - What? All adults over the age of 65 or younger than 65 if you have a certain high-risk condition (e.g., asthma, heart, lung, or kidney disease, immunosuppression, lack a functioning spleen, or are a smoker). How often? For most people, 1 or 2 doses.

- **Shingles (Zoster)**
  - What? Adults 50 and older, including adults who have had shingles or got the previous shingles vaccine (Zostavax).
  - How often? One time series of 2 doses, 2-6 months apart.

- **Tdap (tetanus, diphtheria, whooping cough)**
  - What? Recommended for all adults. Pregnant women need the Tdap vaccine during every pregnancy.
  - How often? A booster is needed every 10 years.

Ask your primary care provider about additional vaccines you may need based on your age, health condition, job, lifestyle, or travel habits.

To schedule an appointment, visit McFarlandClinic.com
What Immunizations Do Adults Need?

August is National Immunization Awareness Month, and McFarland Clinic wants to share information about vaccines for people of all ages. This post will share the importance of vaccines for adults.

People of all ages are susceptible to becoming ill and passing diseases to others, including healthy adults. Vaccinations are important not only because they protect the person getting them, but to reduce the chance of spreading diseases to vulnerable communities including infants, young children, the elderly, and those with weakened immune systems.

Flu Vaccine

All adults should get an influenza (flu) vaccine each year to protect against seasonal flu. Some people are at high risk of severe flu complications and it is especially important these people get vaccinated. This includes older adults (65 and older), children younger than 5, pregnant women and people with certain long-term medical conditions like asthma, heart disease and diabetes.

Tdap Vaccine

Every adult should get one dose of Tdap vaccine (tetanus, diphtheria and pertussis). If they did not get Tdap as a teen, and then receive a Td (tetanus and diphtheria) booster vaccine every 10 years. Women should get a Tdap vaccine during each pregnancy, preferably during their third trimester (between 27 through 36 weeks of their pregnancy).

Shingles Vaccine

Adults 50 years and older are recommended to receive the shingles vaccine. Adults 65 and older are also recommended to receive both pneumococcal vaccines. Some adults younger than 65 years with certain conditions are also recommended to receive one or more pneumococcal vaccinations.

Other Vaccines

Adults may need other vaccines (such as hepatitis A, hepatitis B and HPV) depending on their age, occupation, travel, medical conditions, vaccinations they have already received or other considerations.
Flu vaccine is now available at McFarland Clinic! It is important to get a flu shot and here’s why:

- Is recommended for everyone 6 months and older
- Protects against up to four types of flu viruses
- Prevents or reduces severity of illness, hospitalizations and missed work or school
- Saves lives, especially in young children and older adults

For information about getting your flu shot at McFarland Clinic, please visit mcfarlandclinic.com/flu

If you received your flu shot from somewhere outside of McFarland Clinic, please update your MyChart account falling the steps below so your doctor knows you’re protected from the flu this season:

1. Go to the Preventive Care activity in MyChart
2. Under the “Due” section, hover over the Annual Flu Shot record until the “Mark As Complete” button appears.
3. Click the "Mark As Complete" button and enter the date you received the vaccine.
4. Once done, this will be recorded as part of your health history.

Your McFarland Clinic Care Team
Patient Communication

MyChart - Patients can select Mark as complete to send Population Health a message to pull their influenza immunization information from IRIS and reconcile it into their chart. They can also request an appointment for any immunization.

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Provider Education

- Meetings were scheduled within each department that administers vaccines to educate providers on new PCV20 vaccine and the algorithm for providing these.
- Providers were encouraged to download the Pneumorecs app to assist in decision making
- Providers were educated on the goals of the RIZE campaign
Questions
Today’s Speakers

Eric Penniman, DO, FAAFP
Executive Medical Director, Summit Medical Group
Summit Medical Group of Tennessee

November 16th, 2023
Presented by: Eric Penniman, D.O.,
Executive Medical Director
Who is Summit Medical Group?

- Large, independent, primary care group in the Eastern half of Tennessee
- 80 total sites. 67 are primary care sites.
- Manage 400,000 patients
- Focused on providing the best value (outcomes/cost) to our patients.
- 90,000 Medicare lives (nearly half MA and half in ACO Reach)
- All TennCare and commercial plans have some aspect of value as part of the reimbursement
Summit MY 2023 Data

Influenza

Pneumococcal
Organization Name: Summit Medical Group

Proportion of patients ever vaccinated or documented, as of the most recently reported quarter

This plot displays the most recently reported RQ compared to same RQ's in previous years (e.g., if the current RQ is Q3 2022, this plot will display all Q3's)

Currently displaying:

- **M1: Influenza**
  - Baseline: 31%, 34%, 28%, 21%, 21%
  - Intervention: 31%, 34%, 28%, 21%, 21%

- **M2: Pneumococcal**
  - Baseline: 58%, 58%, 58%, 62%
  - Intervention: 58%, 58%, 58%, 62%

- **M3: Td/Tdap**
  - Baseline: 21%, 23%, 24%, 28%
  - Intervention: 21%, 23%, 24%, 28%

- **M4: Zoster**
  - Baseline: 7%, 10%, 13%, 20%
  - Intervention: 7%, 10%, 13%, 20%

- **M5: Bundle**
  - Baseline: 2%, 5%, 8%, 19%
  - Intervention: 2%, 5%, 8%, 19%
Summit MY 2023 Data

Td/Tdap

Avg: 57%

Zoster

Avg: 31%

Bundle

Avg: 19%
Why the improvement?

1) Slow culture shift
2) Identify and mitigate the barriers to vaccinate
3) Integrated pharmacist interventions
4) Worked with technical people at Tennessee’s immunization registry (TennIIS) to get reliable bidirectional data feeds
5) *The South* has a lot of vaccine hesitant patients. It is easier to show improvement when you have a lot of opportunity!
Integrated Pharmacist

- Developed unblinded reports for pediatric sites to “compete”
- Worked with our Athena team to add important vaccines into the Athena Quality tab
- Outreach to our “most vulnerable patients (COPD & HF)
- Lunch and learns for managers to learn about vaccines
- Educated providers and managers about the Medicare part D vaccines which are now “free to patients”
- Outcomes MTM platform guided outreach to 600 patients with 220 successful flu shots completed
Culture Shift/Business case for vaccinating

- SMG is a large for-profit primary care group with 67 sites
  - Because a physician’s quarterly “draw” is affected if expensive unused vaccines stockpile in the refrigerator, they often were not stocked (i.e., Shingrix, Prevnar 13, etc.) *(Pillar 1 of a successful vaccine program is convenience)*
  - Developed a collaborative approach with our accounts receivable staff to create reports to demonstrate to managers the business opportunity for giving vaccines. Education over 7 years has made a difference and most of the key vaccines are now being stocked.
  - Directly worked with GSK, Sanofi, Merck, and Pfizer to maximize discounts
  - Education to help site learn how to efficiently use TransactRx to be able to give part D vaccines to those with Medicare
Mitigate barriers

• Workflow of primary is overwhelmed!
  • Developed standing orders and protocols for MAs to act
  • Purchased bar code scanners to speed up the administration process
  • Our most successful sites hired a “vaccine nurse”
  • One site gave “per vaccine incentives” to CMAs and helped that site become one of our top performing vaccine sites

• Education of providers and staff
  • Emails
  • Grand Rounds
East Tennessee culture shift

• Lead annual “free flu shot clinics” for 10,000-20,000 for many years
• Early in the Covid pandemic, offered mass vaccine clinics
• All three major networks regularly calls on SMG to be interviewed regarding health topics which often relate to vaccines
Don't stop. Push harder. Keep going.
Today’s Speakers

Victoria Harris, MPH, CPHQ
Assistant Director, Clinical Quality Performance, UC San Diego Health
Rise to Immunize Campaign at UC San Diego Health

Victoria Harris, MPH, CPHQ
The Data (UCSD Q2 2023)

**Bundle**

- #3

**Influenza**

- #2

Average: 35%
Proportion of patients ever vaccinated or documented, as of the most recently reported quarter

This plot displays the most recently reported RQ compared to same RQ's in previous years (e.g., if the current RQ is Q3 2022, this plot will display all Q3's)

Currently displaying:

- M1: Influenza
  - Baseline: 56%, 59%, 57%, 68%
  - Intervention: 0%, 0%, 0%, 0%

- M2: Pneumococcal
  - Baseline: 82%, 79%, 77%, 80%
  - Intervention: 0%, 0%, 0%, 0%

- M3: Td/Tdap
  - Baseline: 72%, 72%, 74%, 75%
  - Intervention: 0%, 0%, 0%, 0%

- M4: Zoster
  - Baseline: 19%, 28%, 42%, 47%
  - Intervention: 0%, 0%, 0%, 0%

- M5: Bundle
  - Baseline: 19%, 28%, 31%, 31%
  - Intervention: 0%, 0%, 0%, 0%
Adult Immunization Improvement Strategies

- Epic tools
- Staff education & engagement
- Population Health Outreach
- Extending beyond Primary Care
- Multi-level Leadership Support
Epic Tools

- Health Maintenance Topics
- Primary Care Quality Dashboard
- Standard Work
Staff Education and Engagement

Flu Season 2023 - 2024

Vaccine Totals in Ambulatory Care Total** for October

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>Specialty Care</th>
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<tbody>
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<td>5,560</td>
<td>1,397</td>
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</table>

Top Vaccinators in October 2023*

- Roman Casas (120)
- Alycia Sims (73)
- Genevieve Castro (109)
- Krosby Myers (82)
- Maira Cruz (86)
- Jacqueline Imus (55)

*Top Vaccinators in Primary Care and Specialty Care, not an indicator of raffle winners. Raffle will be run at the

IN-CLINIC ADMINISTRATION STANDARD WORK

Influenza Immunization In-Clinic Administration Standard Work 8/2023

- [Flu Season Ambulatory In-Clinic Workflow 2023-2024.pdf](#)
- [Immunization Clinic EPIC workflow 8 2023.pdf](#)
- [Documenting Historical Immunizations EPIC Tip Sheet](#)
- [VacIne Immunization Registry](#)
- [VacIne Immunization Registry Tip Sheet](#)
- [Vaccine Information Sheet (VIS)](#)

STAFF / FACULTY RESOURCES

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<thead>
<tr>
<th>Standing Orders</th>
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<tr>
<td>Adult Seasonal Influenza Vaccine Standing Order</td>
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<td>Pediatric Seasonal Influenza Vaccine Standing Order</td>
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<table>
<thead>
<tr>
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<td>Flu Vaccine Ordering Update Aug_31.eml</td>
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<th>FLU Vaccine Matrix</th>
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<th>ALT Presentation for FLU (August 2023)</th>
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<tr>
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<tbody>
<tr>
<td>Ambulatory Influenza</td>
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</table>
Population Health Outreach

- Bulk Orders
- Bulk messages
- Automated calls
- Text messaging campaigns
- Manual calls with nursing students
- Chart reviews and appointment notes
- Scheduling appointments

The Pop Health Quality Team!

Lifestyle Management Referrals
- Enroll patients into education programs
- Schedule with a Health Coach

Patient Outreach
- Chart reviews and appointment notes
- Scheduling appointments

• Bulk Orders and Messaging for patients with Care Gaps,
• Chart audits and validation
• Quality improvement projects

Monthly Medicare Annual Wellness Visit Campaigns
SMS message or telephone call reminder
If patients do reply, that information is reviewed and charts updated to reflect:
- wrong numbers
- no longer receiving care with UCSD
- hospice or deceased

2023 Patient Outreach

- Feb: 10,000
- March: 6,000
- April: 3,000
- May: 2,000
- June: 2,000
- July: 1,000
- Aug: 940
- Sept: 800

<table>
<thead>
<tr>
<th>Patient Visit</th>
<th>Bulk Messages</th>
<th>Antera AWV texts</th>
<th>Cipher/Manual calls</th>
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<tr>
<td>Feb</td>
<td>10,000</td>
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<td>March</td>
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<td>July</td>
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<td>Sept</td>
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Thursday, November 16, 2023
Extending Beyond Primary Care

- Bidirectional reconciliation with state registry
- Nursing Education across specialties
- Specialty clinic participation

California Immunization Registry
Multi-level Leadership Support

Population Health Quality Committee

UCSDH Population Health Quality Committee

“Together to the goal” Ambulatory Diabetes Quality Committee
- Decrease Diabetic Complications
  - K. Kulas, MD
  - C. Morris, MD
  - C. Thorne, MD

“Healthy heart” Ambulatory Cardiovascular Quality Committee
- Decrease Cardiovascular Complications
  - A. Raisinghani, MD
  - O. Lunde, MD

“Wellness” Ambulatory Primary Prevention Quality Committee
- Improve Primary Prevention
  - I. Diaz, MD

Behavioral Health Quality Committee
- Improve Mental and Behavioral Health
  - B. Perry, PhD

Supportive Infrastructure: Population Health, Physician Co-Chairs & Champions, Nursing Education, IS Analytics & EPIC Team, Pharmacy, Care Navigation Hub, Clinic Leadership & Staff, and other key stakeholders

Thursday, November 16, 2023
Adult Immunization Improvement Strategies

- Epic tools
- Staff education & engagement
- Population Health Outreach
- Extending beyond Primary Care
- Multi-level Leadership Support
Thank you
Questions?

Submit your questions using the **Q&A feature** at the bottom of the screen.