

# *I Raise the Rates: Initiative to Raise the Adult Immunization Rates in Primary Care*

An ACP Quality Connect Program



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## Adult Vaccination Rates = POOR!

Data: NFS 2014, NHIS 2013



Vaccine [Population]		
<b>Influenza</b>	Early 2013-14	Early 2014-15
Influenza [Early Season 2014– 2015] – All Adults	39.0%	39.7%
[All] 18 – 49 years	31.4%	30.6%
[All] 50 – 64 years	39.1%	43.7%
≥ 65 years	61.8%	61.3%
HCW [19 – 64 years]	62.9%	Not asked
<b>PPS23 &amp; PCV13</b>	Rate 2012	Rate 2013
High risk 19 – 49 years	20.0%	21.2%
≥ 65 years	59.9%	59.7%
<b>Tetanus</b> [19 – 49 years, received past 10 years]	64.2%	62.9%
<b>Tetanus/Pertussis</b> [19+, received in past 8 yrs]	14.3%	17.2%
<b>Shingles</b> [Zoster] age 60+	20.1%	24.2%
<b>Hepatitis B Vaccine</b> [High risk 19 – 49 years]	35.3%	32.6%
<b>HPV Vaccine</b> [women 19 – 26 years]	34.5%	36.9%



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<http://www.cdc.gov/flu/fluview/nifs-estimates-nov2014.htm#place>  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm>

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## Disparities and Adult Vaccination Rates = EVEN WORSE!



Data: NIS-Flu and BRFSS

Vaccine [Population] 2013 -2014	Rate	Vaccine [Population] 2013-14	Rate
<b>Influenza [&gt; 18 years]</b>		<b>Zoster [&gt;60 years]</b>	
All Adults	42.2%	All Adults	24.2%
Hispanic	33.1%	Hispanic	9.5%
White	45.4%	White	27.4%
Black	35.6%	Black	10.7%
Asian	43.6%	Asian	22.6%
Asian	11.0%		
<b>Pneumococcal [&gt;65 years]</b>		<b>Tdap [&gt;19 years]</b>	
All Adults	59.7%	All Adults	17.2%
Hispanic	39.2%	Hispanic	10.2%
White	63.6%	White	19.7%
Black	48.7%	Black	12.6%
Asian	45.3%	Asian	15.5%

## Barriers to Adult Immunization

- Record of up-to-date immunization status of patients
- Concerns about vaccine safety
- Patient knowledge and beliefs
- Knowledge of where to get vaccinated

***I Raise the Rates* provides tools and support to physicians and their health care team that efficiently overcome each barrier!**

National Advisory Group	
Bernard Rosof, MD, MACP, Co-Chair	William Schaffner, MC, MACP, Co-Chair
Carolyn Bridges, MD, FACP	Robert H. Hopkins, Jr, MD, FACP, FAAP
Carolyn M. Clancy, MD	Wayne B. Jonas, MD
Tamera Coyne-Beasley, MD, MPH, FAAP, FSAHM	Maria C. Lanzi, ANP, MPH
Laura Cranston, RPh	Frank Opelka, MD, FACS
Joyce Dubow	Wayne J. Riley, MD, MPH, MBA, MACP
Floyd Eisenberg, MD, FACP	Lewis G. Sandy, MD, FACP
Sandra Adamson Fryhofer, MD, MACP, FRCP	
William Golden, MD, MACP	



## Program Goal

Healthy People 2020 Goals

The Big Five

- Significantly increase adult immunization rates through 2016 by assisting physicians and their health care teams in implementing
  - the adult immunization standards
  - strong recommendations to their patients
  - increased immunization in their practice
  - closer collaboration with immunizers in their communities

Arkansas, Louisiana, New Jersey, and Florida

## Overview of States



### Arkansas

- Lead Partners: ACP Chapter, UAMS, Department of Health, State Registry, Arkansas Pharmacist Association
- Main Data Sources: UAMS EHR, State Registry

### Louisiana

- Lead Partners: ACP Chapter, LSU HCSD
- Main Data Sources: LSU Clinical Data Warehouse

### New Jersey

- Lead Partners: ACP Chapter, NJIN, St. Francis Medical Center
- Main Data Sources: Aetna, Horizon BCBS

### Florida

- Lead Partners: ACP Chapter
- Main Data Sources: Aetna, HCA



## *I Raise the Rates Approaches*



## I Raise the Rates Champions



- Training:
  - Assist in their geographic region or system with: recruitment, practice assessment, design and implementation of launch program, QI activity, and/or local communications
  - ***Learn, Do, Teach***
- Include ACP chapter leaders from regions around the state and leaders in participating systems
- Approximately 10-12/state



## Resources for Primary Care Practices



- Online platform to calculate and track immunizations
- Regional training programs and practice coaching
- Tool for estimating financial impact of immunizing in practice
- Tools to improve communication between practice and pharmacy/other immunizers
- Patient education tools



## Improving the Financial Sustainability of Adult Vaccination in the United States: A Tool for Providers



- RTI Health Solutions as developer
- Excel-based planning tool for health providers
- To identify the types and amounts of adult vaccines to provide in their practices
- Basic tool for 5 priority vaccines estimating net revenue
- Inputs will include variable costs related to purchasing and delivery; fixed costs for storage; current patient demand; and costs for increasing demands
- An advanced planning model to include more detailed inventory planning and acquisition approaches
- To be tested and validated by two ACP clinicians
- Will develop user guide and train ACP staff and other leaders, and ongoing support
- Dissemination for evaluation - December 2015



## Example Tool Analysis Outputs



- Which vaccines
- How much
- Expected costs
- Expected revenue

Figure 1. Sample Basic Analysis Output

Vaccine	Should the Provider Administer This Vaccine Each Month?	Estimated # Doses Provided to Patients (Per Month)	Estimate Coverage Rate
Influenza	Y/N <sup>a</sup>	#	%
Pneumococcal	Y	#	%
Td/Tdap	Y	#	%
Zoster	Y	#	%
Hepatitis B	Y	#	%
Amount of storage space utilized	S		
Expected fixed costs	\$X		
Expected variable costs	\$Y		
Expected revenue	\$Z		
Expected net revenue	\$Y		

Td/Tdap = tetanus and diphtheria / tetanus, diphtheria, and pertussis.

<sup>a</sup> Influenza vaccines will likely not need to be stored or administered during noninfluenza season. However, during influenza season, the amount of vaccine doses administered may be optimized along with the other available vaccines.



## Immunization Neighborhood



- Working in partnership with APhA to develop tools to be used by practices and pharmacies/other vaccinating providers
- Akin to care coordination checklists/referrals and communication templates in ACP HVC PCMN
- Timeline for development suggests availability for participants in September/October 2015



## Measures and Data Characteristics



- Required and Optional Measures
  - Required: Influenza Vaccination; Pneumococcal Vaccination for Older Adults; Pneumococcal Vaccination for High Risk Individuals
  - Optional depending on data availability: Herpes Zoster; Tdap
  - Will include race/ethnicity as well as type of pneumococcal vaccine
- Data feeds: CDW at LSU/UAMS (100% patient population); EHR and registry derived spreadsheet uploads from other practices (monthly or periodic uploads)
- Review periods:
  - Baseline: July 2014 – June 2015
  - Follow-up (post intervention): July 2015 – June 2016
- Benchmarks/Peer comparators: Healthy People 2020 goals, national data, all participants in program/state



**medconcent**

**ACP I Raise the Rates Platform**

This adult immunization platform is an easy-to-use online tool to help you quickly and easily collect, aggregate, and analyze patient data related to influenza, pneumococcal, shingles, and Tdap vaccination. Through the platform you will be able to drill down into your patient data to identify patient outliers, identify gaps in patient care, and link to proven intervention tools to gain more dollar per up shop. [view more](#)

PROVIDED BY **ACP**

**Welcome to the American College of Physicians I Raise the Rates Platform**

This powerful tool enables health care providers to:

- Benchmark performance versus peers on measures that matter
- Identify gaps in care to improve the health of their patient population
- Access resources from leaders in quality to help improve in practice
- Connect with peers from across the nation to share, learn, and improve

**View Performance**  
Get real-time data. Identify your gaps and compare your results to others.

**Identify Patient Outliers**  
Understand your performance by reviewing individual patient outliers.

**View Improvement Tools**  
Access links and tools from quality improvement experts to help you and your team learn and improve.

**Quality Reporting**  
Access additional financial and professional certification programs, such as PCPI, MIP, and others.

**What is the ACP I Raise the Rates Platform?**

Through a partnership with CDC and Pfizer, the ACP I Raise the Rates Platform will accept data and provide participating health care practices with:

- Timely custom continuous performance monitors with gap analysis



**My Performance Dashboard**

View as of August 26, 2014

See how you compare. Identify your gaps. Decide which gap to improve.

NETWORK LOCATIONS: All Network Locations (2) | MEASURES: All Measures (15) | APPS: All Apps (2) | VERSUS: My Personal Goal | TIME PERIOD: TODAY | QUARTER: | YEAR: | DATE: |

**My Performance Snapshot**

**Influenza Vaccination Coverage**  
40%  
Patient Outliers: 203  
Trending: Higher is better  
Related to 2 programs

**Influenza Immunization**  
58%  
Patient Outliers: 180  
Trending: Higher is better  
Related to 2 programs

**Herpes Zoster (shingles) Vaccination**  
60%  
Patient Outliers: 98  
Trending: Higher is better  
Related to 2 programs

**Pneumococcal Vaccination Status**  
86%  
Patient Outliers: 203  
Trending: Higher is better  
Related to 2 programs

**My Performance Details**

**Influenza Vaccination Coverage**  
40.00%  
ACIP National Average: 38.79%  
Healthy People 2020 Recommendation: 80.00%

**Influenza Immunization**  
58.33%  
ACIP National Average: 71.00%  
Healthy People 2020 Recommendation: 80.00%

**Herpes Zoster (shingles) Vaccination**  
60.00%  
ACIP National Average: 38.79%  
Healthy People 2020 Recommendation: 80.00%

**Pneumococcal Vaccination Status**  
85.71%  
ACIP National Average: 71.00%  
Healthy People 2020 Recommendation: 80.00%

**My Historical Performance**

**Influenza Immunization**

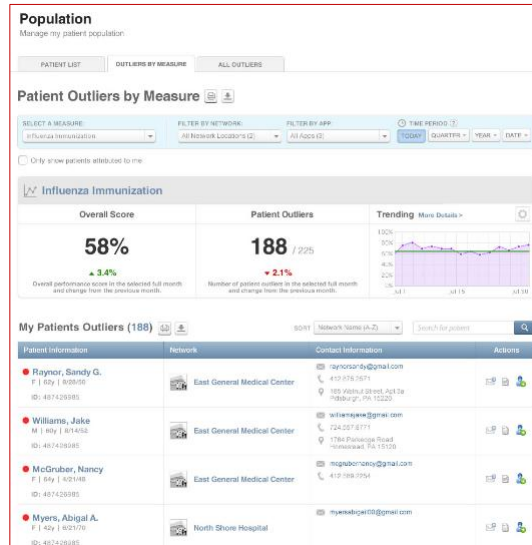
Y-axis: Percent %  
X-axis: 2014-05, 2014-06, 2014-07, 2014-08

**My Improvement Activities**

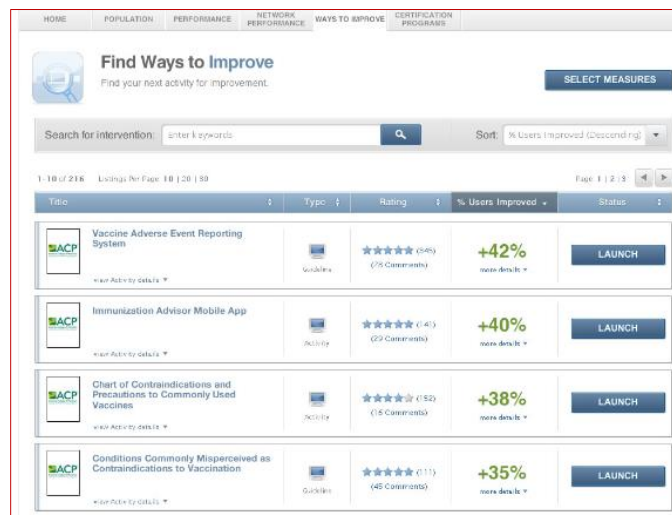
- Vaccine Adverse Event Reporting System  
Start Date: 1/1/2013  
Completed Date: 1/1/2013
- Check of Communications and Performance Reporting  
Start Date: 2/28/2013  
Completed Date: 3/27/2013
- Conditions Community Reporting  
Start Date: 2/10/2014  
Completed Date: 2/12/2014
- Immunization Advisor Mobile App  
Start Date: 7/15/2014  
Completed Date: 7/15/2014



## Patient Population Management/Outliers



## Access to improvement tools and educational resources



## I Raise the Rates Community



## Join the *I Raise the Rates* Team



- If you are interested in joining this exciting initiative contact us!
- ACP Staff:
  - Rebecca Gehring [rgehring@acponline.org](mailto:rgehring@acponline.org)
- Arkansas
  - Eric Crumbaugh – [Eric@arrx.org](mailto:Eric@arrx.org)
- Louisiana
  - Angie Duck – [angieduck4@gmail.com](mailto:angieduck4@gmail.com)
- New Jersey
  - Maria Lanzi - [mclanzi@outlook.com](mailto:mclanzi@outlook.com)



*Questions?*

*[laurah@acponline.org](mailto:laurah@acponline.org)*



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