Learnings from a 7 group/6 state adult immunization collaborative, amid a shift from “volume to value”

Jill Powelson, RN, CPC, MBA, MPH
Director of Clinical Translation
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Disclosures

• This project received funding support from Pfizer.
AMGA Members

450 member organizations in 49 states

AMGA: advocate, educate, equip and innovate

Policy, Advocacy  Quality Improvement  Analytics, Research*

Translation

*Optum is our partner on Analytics and Research.
Hot topics for health systems

• Population health
• Shift from “volume to value”
  o Quality measures
  o Cost reduction
  o Payment risk (“risk”)

AMGA Foundation Best Practices Collaboratives

• Long history of hosting learning collaboratives
• 12 collaboratives and 2 symposia to date
  • adult immunization, rheumatoid arthritis, heart failure, hypertension, diabetes, COPD, ACOs, multiple chronic conditions
• Over 100 medical groups have participated
Adult Immunization Best Practices Collaborative

7 large medical groups in 6 states
All use Optum One™ software

Community Physicians Network, IN
The Iowa Clinic, IA
Riverside Medical Group, VA
Springfield Clinic, IL
SwedishAmerican Health System, IL
UMass Memorial Medical Group, MA
Watson Clinic, FL

Each medical group identifies their internal project team of 3-5 people or more.

Adult Immunization Best Practices Collaborative

• 3 Centers for Disease Control (CDC) recommended measures
  – Pneumococcal Vaccine (Age 65+)
  – Pneumococcal Vaccine (Age 19-64, At-risk and High risk)
  – Influenza Vaccine (2015-2016 Flu Season)
How does the collaborative work?

- Kick-off meeting (Colorado Springs)
- Monthly webinars for networking and sharing
- Spread adoption of best practices
- Provide additional support:
  - Website
  - Listserv
  - Getting Started Checklists
  - Site visits
  - Coaching
  - Action Plans
  - Toolkit
- Optum provided data quarterly
- Wrap-up Meeting (Indianapolis)

Toolkit

Pneumococcal Vaccine Timing

- Age 65 Years or Older – Everyone
- Age 19-64 Years – Underlying Conditions

Top Five Reasons for Adults to Get Vaccinated Against Pneumococcal Disease

- Top Ten Reasons to Get a Flu Shot

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“You have to have an advanced degree in physics to understand immunizations, and then it changes!”

- A Nurse Executive
Challenges

- Identifying high risk patients at a population level
  - Certain at risk groups controversial
- No refrigerators for vaccines in specialty clinics
- Lack of physician champion
- Missing flu data from workplace and pharmacy immunizations
- 2-way interface with IIS
- Provider adoption of standing orders (trust)
- Competing organizational priorities

Next steps

- Case studies
- Mixed methods research
  - Quantitative
  - Qualitative
- Scaling up to 20 medical groups, followed by another group of 20 (3 year timeframe total)
If you were 10 times bolder, what big idea would you recommend? (top 5 answers)

5. National media campaign for adult immunizations
   – Find someone “cool” to be spokesperson
4. Mandate bi-directional registry feeds by all
3. Partnerships between health systems doing well & those doing poorly
   – Mentoring
   – Profile their immunization infrastructure – what works?
2. National immunization registry
   – CDC governs it
   – Similar to infectious disease surveillance – starts at local/state, then rolls up to federal
1. Give flu and pneumococcal vaccines to adults for free
   – Make Vaccines for Adults equivalent to Vaccines for Children
   – Demonstrate return on investment

Closing Pearls

One area of overlap in our priorities: Immunizations

If public health is saving millions of lives at a time, population health is its “little sister,” focused on thousands of patients at a time.

As a result, automation of data flow is essential!