Intro

- Who is MMC?
- Why Focus on Vaccines?
- Where were we?
- Where are we now?
- How did we get there?
- Issues/Solutions
- Closing
Who is MMC?

- Physician Owned Multispecialty Group
- Since 1960’s have been providing quality care to Middle TN
- >100 providers
- >600 employees

Why Focus on Vaccines?

- 2011- BCBS of TN prompted us to take the steps to become NCQA certified PCMH
- Vaccines are an “easy” item to measure and intervene upon for chronic care metrics
- Physician Leadership which saw the ROI for vaccines
Where were we?

2014:
- 65yo and older w/ Pneumovax: 86.5%
- Pneumovax >2 with Dx: 46.8%
- 18-64 w/ Tdap EVER: 63.2%

These were in addition to all the other PCMH metrics we started.

Where were we?

• Zostavax (2015): Initially: 66.6% (>60) [27.9% Nationally¹]
• Then focused to the ACIP Guideline and went for target range due to Medicare Payment Issues of 60-64: 55.8%
• Added Tetanus Q10 metric (18-64): 77%

Where are we now?

- Tetanus q10: 86% (+10%)
  - National Avg: 62.2%¹
- Tdap EVER: 89% (+20.8%)
- Zoster Vaccine 60-64: 67% (+11.2%)
  - National Avg: 27.9% (pts >60yo) ¹
- Pneumovax >65: 93% (+6%)
  - National Avg: 71.9%²
- Pneumovax 18-64 w/ Dx: 78% (+31.2%)
  - National Avg: 33.5%²


Another Metric

2017:
Added HPV Vaccine: Females: 31%
Current Rates (with 4mo of work) 38% (+7%)
  - National Rates 40.2%¹
  - TN Rates: 20.1%²

How did we get there?

- Nurses!!!
- “Automate” the process
- Use Population Health Tool
  - Leverage EHR
  - Use “Bolt-on” product if needed

Standardize It!

- DEVELOP:
  - Clinicians: Standardize Orders for Vaccination in Ambulatory setting
  - Teach Protocols to Nursing/Care Teams
- EMPOWER:
  - Standardized orders = Standing orders for Nursing staff
  - Make it the Responsibility of Nursing staff
- INCENTIVIZE:
  - Make their annual Salary Adjustment &/o bonus contingent upon this objective metric
  - Public Shaming of Lower Performing Teams
Challenges/Solutions

• **Zostavax**: in >65yo: Cost high and it is Medicare Part D.
  – CMS Needs to make coverage Part B and preventative
• **Tdap/Tetanus** >65: Not covered by CMS.
  – CMS Needs to make coverage Part B and preventative

*These solutions will Increase Ambulatory Vaccine Rates*

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Challenges/Solutions

• **HPV**: Issue is the mis-information regarding it.
  – Market it as a CANCER vaccine like was done with Hepatitis B vaccine
  – Also, insurers need to make this a “Free” Vaccine.

*These solutions will Increase Ambulatory Vaccine Rates*
Challenges/Solutions

• **Issue: Cost fluctuation for vaccines and disparity between cost and reimbursement with payors.**

• **This is a significant barrier for Ambulatory Centers**
  - Was a big issue initially with Zostavax
  - Stable vaccine costs for certain periods of time
  - Mandates for reliable payment by payors

Closing

• **Providers won’t remember**
• **Utilize the Nursing staff to close these gaps**
• **Get UTD prior to Medicare**
• **Measure and Report back to Provider teams**

*Motto: The Patient’s arms should be sore by the time provider walks into the room*