QIN-QIO Efforts to Implement Adult Immunization Standards

CMS QIO Program

- **1971**: Congress authorized Experimental Medical Care Review Organizations (EMCROs) to evaluate services provided to Medicare beneficiaries
- **1972**: Title XI, Part B, of the Social Security Act created Professional Standards Review Organizations (PSROs) to replace EMCROs
- **1984**: 1st Scope of Work (SoW) issued
- **1999**: 6th SoW changed name to “Quality Improvement Organization”
- **2011**: Trade Adjustment Assistance Extension Law of 2011
- **2014**: 11th SoW began and Quality Innovation Network QIOs created
  - Spring 2015: QIOs began Adult Immunization work
CMS Quality Strategy Goals

1. Make care safer by reducing harm caused in the delivery of care.
2. Strengthen person & family engagement as partners in their care.
3. Promote effective communication & coordination of care.
5. Work with communities to promote best practices of healthy living.

Foundational Principles

- Eliminate Racial & Ethnic Disparities
- Strengthen Infrastructure & Data Systems
- Enable Local Innovations
- Foster Learning Organizations

QIN-QIO Service Areas

11th Statement of Work Quality Improvement Network
Quality Improvement Organization Program Contracts

- Great Plains Quality Innovation Network (QIN A QIO 4)
- Mountain Pacific Quality Health Foundation (QIN A QIO 5)
- Lake Superior Quality Innovation Network (QIN C QIO 8)
- Quality Insights Quality Innovation Network (QIN J QIO 11)
- HealthInsight (QIN D QIO 12)
- QualityHeart (QIN E QIO 14)
- Jillian George Medical Care Foundation (QIN F QIO 1)
- Health Services Advisory Group (QIN M QIO 7)
- ateno Alliance (QIN G QIO 3)

updated 02/06/2017
### Adult Immunization Task in 11th SoW

#### QIN-QIO States Participating in Task F.1
**Improving Medicare Beneficiary Immunization Rates**

<table>
<thead>
<tr>
<th>QIN-QIO Affiliation</th>
<th>States Covered</th>
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<tbody>
<tr>
<td>Great Plains Quality Innovation Network (QIN)</td>
<td>KS, ND, NE, SD</td>
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<tr>
<td>TMF (QIN)</td>
<td>AR, MO, TX, PR</td>
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<tr>
<td>Lake Superior Quality Innovation Network (QIN)</td>
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<tr>
<td>Telligen (QIN G)</td>
<td>IL</td>
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<td>HealthInsight (QIN H)</td>
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<td>Alliant (QIN I)</td>
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<td>atom Alliance (QIN J)</td>
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<td>Atlantic QIN (QIN K)</td>
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<td>Quality Insights (QIN L)</td>
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<td>HQI (formerly VQHC) (QIN M)</td>
<td>LA, NJ, PA, WV</td>
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<td>Qualis (QIN N)</td>
<td>MD</td>
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<td>HSAG (QIN O)</td>
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<td>New England QIN (QIN P)</td>
<td>AZ, CA, FL</td>
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<td>Healthcentric Advisors (QIN Q)</td>
<td>RI</td>
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*This information is for Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The information provided does not necessarily reflect CMS policy.*

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2017 National Adult and Influenza Immunization Summit – 5/10/2017
Adult Immunization Task in 11\textsuperscript{th} SoW

- Desired Outcomes
  - Improve assessment and documentation of adult immunizations
  - Improve immunization rates in Medicare beneficiaries, especially in minority and underserved populations
  - Increase reporting of Medicare beneficiary immunizations to IISs, where available for adult patients
  - Increase reporting to IISs from certified EHR technology (CEHRT)

Quality Improvement through the Adult Immunization Task Targets

- By 2019, to align with the Healthy People 2020 goals
  - National absolute immunization rates of
    - 70\% for influenza
    - 90\% for pneumonia
  - Reduction of disparities among racial and ethnic minority, and rural Medicare beneficiaries and dual-eligible Medicaid and Medicare beneficiaries
  - Implementing the National Vaccine Advisory Committee (NVAC) Standards for Adult Immunization Practice

- By 2019:
  - One million previously unimmunized Medicare beneficiaries will receive pneumonia immunization
  - Improving adult immunization status assessment
  - Appropriate immunization or referral, and documentation of Medicare beneficiary immunization status to include reporting immunizations to the state or other Immunization Information System (IIS) via CEHRT and other electronic methods
Barriers

• Reporting to IIS
  – Lack of awareness that related to adult IIS and reporting of adult immunizations is not mandatory in many states.
  – Cost of immunization interfaces between registries and EHRs and lack of bi-directional interfaces.
  – Lack of accurate data reporting from EHRs related demographics, administration of immunization, reports for herpes zoster.
  – Communication barriers between EHR vendors, practice staff and IIS staff.

• Engaging Providers and Home Health Agencies
  – Provider engagement in immunization work is challenged by competing priorities such as the Quality Payment Program; staff turnover and data reporting also burden practices.
  – HHAs experience frequent staff turnover and logistical/legal issues related to storage, transportation and administration of vaccines.
Progress: QIN-QIO Program Reach

- As of January 2017

<table>
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**Map:** ZIP Code Level Percent of Eligible FFS Beneficiaries with an Influenza Vaccination (08/01/2013 – 03/31/2014)

**Legend:**

- 0.00% - 30.30%
- 30.31% - 45.00%
- 45.01% - 55.00%
- 55.01% - 60.00%
- 60.01% - 65.00%
- 65.01% - 70.00%
- > 70.00%

Map material was prepared by Navigant, the quality improvement contractor to the National Program, under contract with the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect the policy or position of the Centers for Medicare & Medicaid Services.
Interventions and Progress: Clinicians

- Addressing immunizations in combination with **other areas of wellbeing** (cardiac health, diabetes self-management, and behavioral health)
- Encouraging the use of **Annual Wellness Visits**, including assessment for flu & pneumonia as part of the patient’s Personal Preventative Plan Services (PPPS) included on the Health Risk Appraisal (HRA)
- Aligning practice immunization rate goals with the **CMS Quality Payment Program (QPP)**

Interventions and Progress: Clinicians

- Educating Healthcare Providers:
  - Take advantage of **every clinical encounter**
    - Implement Protocols or Standing Orders
  - **Messaging that works**
    - Motivational messaging
    - Motivational counseling
    - Nudge behavior
  - **Administer or Refer** (but always follow-up)
Progress: Immunizing 1 Million Beneficiaries

Interventions and Progress: Home Health Agencies (HHAs)

- HHAs are currently overwhelmed by the requirement from CMS to complete their Emergency Preparedness Plans by Fall 2017. QIOs are working to **combine assistance** creating these plans with immunization topics.

- **Providing education** to address and understand barriers to HHAs transporting, administering, billing and documenting vaccinations in the IIS.

- Exploring the benefits of **mass-screening patients** on a regular schedule, saving considerable time and assist in reporting.
Interventions and Progress: Home Health Agencies

**F.1 Influenza vaccination rate in HHAs for Flu Seasons 2014-2015**

- 2014: 71.81% (National), 70.97% (National QIN)
- 2015: 76.67% (National), 76.12% (National QIN)

**F.1 PPV vaccination rate in HHAs 2014-2015**

- 2014: 72.93% (National), 71.07% (National QIN)
- 2015: 72.92% (National), 73.79% (National QIN)
Sample PDSA Cycle For Immunizations:

- **Aim Statement:** We will improve adult influenza and pneumococcal immunization rates by 20% by March 2017.
- **Test Cycle Date:** Two-week test period. Identify pilot area (nursing unit, department, or all areas).
- **Plan:** Test results of using patient messaging to improve patient influenza and pneumococcal immunization rates.
  - **Expected Result:** If we use patient messaging, immunization rates will increase.
  - **Need:** Staff training, patient materials.
  - **Measure:** Develop baseline vaccine rate for each vaccine.
- **Do:** Report what happened when you carried out the test. Describe observations and findings, problems encountered, special circumstances.
- **Study:** Compare results to your predictions.
- **Act:** What will you do next? Adopt, adapt or abandon and look for alternative method?

Interventions and Progress: IIS Reporting

- **Encouraging all provider types** have access to submitting and viewing data in the IIS (including pharmacies and HHAs).
- **Including EHR vendor** representatives to be active in the conversations to ensure technological capabilities for transmitting and receiving.
- **Promoting selection of the Quality Payment Program (QPP) Advancing Care Information measure** on Immunization Registry Reporting, but also encouraging providers to go beyond the minimum requirements.
Interventions and Progress: Community Collaboration

- **Pharmacies**
  - Educating pharmacy technicians on how to talk to customers, ask every customer at every visit if they need a flu shot, and to offer consultation from a pharmacist.
  - Where community pharmacies (i.e. Walgreens, Walmart, CVS) have developed an interface with IIS, the QIO can promote the benefit of transmitting the data from the community pharmacy to the clinic’s EHR.

- **Partners**
  - Coordinating with Local Immunization Coalitions
  - Engaging with ESRD Renal Networks to share resources, successes, and lessons learned to overcome challenges in dialysis facilities such as vaccination reconciliation.

- **Patients**
  - Direct outreach though educational letters, bus ads (in high volume, urban environments), statewide billboard campaigns, social media campaigns including Pandora, Facebook and blogs promoting adult immunizations.

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Call to Action

- **Reach out to the QIO in your area!**
  - [http://qioprogram.org/](http://qioprogram.org/)
  - State-specific contact list to be included with slides the on the Summit website at [https://www.izsummitpartners.org/](https://www.izsummitpartners.org/)

- **Opportunities for collaboration**
  - Identifying, creating, and distributing educational resources and strategies for targeting adult populations
  - Approaches and tools to facilitate the integration of immunizations into provider and patient priorities
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This material was prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 1550W-QINNCN-01051-06/08/17