“The Real Implementation of the Standards for Adult Immunization Practice”

Friday, May 18, 2018
8:45am-9:30am

What we hope to do...

• Discuss implementation of the 3 C’s of the ‘Immunization Neighborhood” and the NVAC Adult Immunization Practice Standard
  • Progress, challenges and opportunities
Immunization Neighborhood

Collaboration, Coordination, and Communication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine-preventable diseases.

Coined by APhA in 2012

Immunization Neighborhood

Assess

Recommend

Administer / Refer

Document

NVAC Adult Immunization Practice Standards

Calls to action for healthcare professionals

Assess immunization status of all patients in every clinical encounter.

Strongly Recommend vaccines that patients need.

Administer needed vaccines or Refer to a provider who can immunize.

Document vaccines received by patients, including entering immunizations into immunization registries.
VISION
The American Pharmacists Association inspires, innovates and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

MISSION
As the voice of pharmacy, the American Pharmacists Association leads the profession and equips members for their role as the medication expert in team-based, patient-centered care.

Who Is APhA?
- Largest association of pharmacists in the US, with more than 63,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians as members.
- Members from all types of practice settings.
- Recognized provider of information, education, advocacy and activities that empower members to improve medication use and advance patient care.
- Respected facilitator and collaborator within healthcare and public health.

What is AMGA?
Advocacy: align national payment incentives around population health
Quality Improvement:
- shared learning collaboratives: adult immunization, heart failure, rheumatoid arthritis, COPD, and more
- national campaigns: diabetes, hypertension
Analytics: data from Optum One population health platform, paired with shared learning
Metrics:
- 440 member organizations
- 175,000 physicians
- Average group size is 400 FTE physicians, median 150 FTE physicians
Sample of AMGA Members

Approximately 440 Medical Groups made up of 175,000 physicians, including:

Sutter Health
Cleveland Clinic
HealthPartners
Kaiser Permanente
PARTNERS Healthcare
Catholic Health Initiatives
Dartmouth-Hitchcock
Virginia Mason
BaylorScott&White Health
Mercy
PREVEA health
Intermountain Healthcare
GEISINGER
Vanderbilt University Medical Center
Trinity Health
Aurora Health Care
Advocate Medical Group
PeaceHealth
Crystal Run Healthcare

Acknowledgements

• This project received funding support from Pfizer.
• Gratitude is extended to Optum Analytics for their extensive collaboration, data provision and support during this initiative.
• And most of all, congratulations to the health care organizations which participated in this learning collaborative, for their hard work and success in improving adult immunization rates!
AMGA’s Adult Immunization Best Practices Learning Collaborative

Objectives

- Identify gaps and ways to address gaps in recommended vaccination practices
- Encourage use of a combination of intervention tools
- Evaluate the program’s impact
- Identify gaps in data capture
- Demonstrate value of a data-driven partnership
Adult Immunization
Best Practices Learning Collaborative

- Case studies, research
- Advisory committee
- Collaborative Framework
- Measurement
- Outreach & coaching by AMGA
- Site visits
- In-person meetings with networking

Participants (Groups 2 & 3)
39 organizations in 26 states
Learning Collaborative: increasing Influenza and Pneumococcal immunizations in adults

This initiative addressed both pneumococcal vaccines: PCV and PPSV

Custom Measures for Collaborative

<table>
<thead>
<tr>
<th>M#</th>
<th>Measure</th>
<th>Population (Denominator)</th>
<th>Numerator</th>
</tr>
</thead>
</table>
| 1  | Pneumococcal age 65+         | Age 65+  
n=494,898          | Evidence of pneumococcal vaccine received                     |
| 2  | Pneumo age 19-64 -High Risk | Age 19-64, with 1 or more High Risk conditions;  
n=145,679          | Evidence of pneumococcal vaccine received                     |
| 2a | -At Risk (optional measure) | Age 19-64, with 1 or more At Risk conditions;  
n=230,833          |                                                                  |
| 3  | Influenza age 18+           | Age 18+  
n=1,521,389          | Evidence of influenza vaccine received between July 1–June 30 |

n is for Group 2 and represents the most recent quarter. Group 3 will include approx. equal no. of patients. Attribution: All patients were seen by PCP, or linked to PCP, and had E/M visit during the reporting period.

1 High risk conditions require both PCV and PPSV before age 65. Example: immunocompromising conditions. Optum provides ICD codes.

2 At risk conditions require PPSV before age 65. Examples: chronic heart/liver/lung, diabetes, smokers. Optum provides ICD codes.
Pharmacists' Patient Care Process: Providing consistency for patients and health care

- Applies to all patient care services delivered by pharmacists in any practice setting
- Example –
  - Immunizations: assessing, administering, and/or referring

Project IMPACT Immunizations Pilot Results: Distribution of Forecasted Unmet Vaccination Needs

There was an average of 1.45 additional vaccines forecast as being due for each patient who requested an influenza vaccination.

Unmet Vaccination Needs

- Eligible for Administration, 1,334
- Contraindicated
- Patient Self-Reported Vaccine Administered
- Unmet Vaccination Needs Eligible for Administration

Population Health Management (available online; DOI: 10.1089/pop.2017.0049, June 2017)

Conclusion: Project IMPACT Immunizations – Pilot

With proper tools, pharmacists increase adult vaccination rates

- The Project IMPACT Immunizations innovative practice model enabled pharmacists to conduct comprehensive vaccination history reviews at the point-of-care, which allowed them to:
  - Identify a significant number of unmet vaccination needs
  - Educate patients about their vaccination needs
  - Increase the number of vaccines administered
  - Improve vaccination rates for routinely recommended adult vaccinations

- As a result of using the innovative process of care, the number of vaccines administered increased by 41.4%

- We need to continue exploring how to successfully integrate and sustain streamlined principle-centered processes of care that allow pharmacists and other health care providers to utilize actionable point-of-care data to effectively engage and educate patients to improve vaccination rates.
Assess – Best Practices

### Pre-Visit planning

- PCP office
- Specialty Departments
- Annual Wellness Visits

### Point of Care

- EHR
  - Best Practice Alerts
  - Patient Registries
- Reminder Messaging
  - Patient portal
  - Automated phone calls
  - Letters

---

Automated Patient Outreach & Engagement

Interactive voice recording phone calls went out to patients identified as needing one or more vaccinations based on the Collaborative measures. The data below highlights early findings of the intervention success.

- **Patients Called:** 109,246
- **Patients Engaged:** 49,888 (45.7%)

**Engagement Type:**

- Told Due: 49,473
- Transfer: 17,282
- Done: 1,125
- Schd Info: 24

**Early Results:**

- Based on patients who engaged in the outreach, **26.1% of age 65+ population** had a change in vaccination status after >3 months of the outreach.
- The populations age 19-64 high risk and at-risk were more challenging to engage, with **5.3% and 6.5%** having a change in vaccination status, respectively.
Measure 2a (Optional) – Pneumococcal Immunization for adults ages 19–64 with At Risk Conditions

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>Premier</th>
<th>13</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Of 15 total groups, 10 self-reported using measure specifications and 5 groups’ data were provided by Optum Analytics.
NVAC Adult Immunization Standards

- Assessing, Recommending, Administering, and/or Referring patients to receive appropriate vaccines.
- Supports the sharing and exchanging of immunization data among providers:
  - can be focused on populations (pediatric, adolescent and adult), and/or
  - preventable diseases (HPV, pertussis, etc.) to meet the needs of patients and the communities served
- All providers, caregivers and community advocates have a role with everyone focused on meeting the needs of the patient.
  - Advocate, Facilitate, Immunize
- Patient education, comfort level, trusted providers, and timely access all can influence vaccine uptake and are areas that stakeholders can impact.

Snapshot – Recommendation to Patients

<table>
<thead>
<tr>
<th></th>
<th>Consistently</th>
<th>Some extent / somewhat consistently</th>
<th>No or rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational info in waiting area</td>
<td>86%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Immunization info in areas where vaccines administered</td>
<td>43%</td>
<td>43%</td>
<td>14%</td>
</tr>
<tr>
<td>Immunization info in patient portals / reminders</td>
<td>57%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Convey strong recommendation</td>
<td>86%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Share your own experiences with IZ (walk the walk)</td>
<td>29%</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Remind patient – vaccine protects them and loved ones</td>
<td>100%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Use open-ended questions</td>
<td>57%</td>
<td>43%</td>
<td></td>
</tr>
</tbody>
</table>

Survey of community pharmacies in California and Michigan – Sept 2016

Frequency (count number of checked boxes in each column – Goal is to have a higher number in consistently column (75%)
Snapshot – Recommendation to Patients

<table>
<thead>
<tr>
<th>Recommendation to Patients</th>
<th>Consistently</th>
<th>Some extent / somewhat consistently</th>
<th>No or rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide immunization education tools / surveys at check-in for patients to review/complete while waiting</td>
<td>57%</td>
<td>29%</td>
<td>14%</td>
</tr>
<tr>
<td>Provide patient access to the immunization records</td>
<td>71%</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>You and your staff clearly convey your strong vaccine recommendation (&quot;I recommend you receive vaccine X because...,&quot; or &quot;Vaccine X is recommended for you because...&quot; vs saying &quot;Vaccine X is an option if you want it.&quot;)</td>
<td>86%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>HIGHLIGHT positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.</td>
<td>57%</td>
<td>43%</td>
<td></td>
</tr>
<tr>
<td>ADDRESS patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPLAIN the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs.</td>
<td>86%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>If you don’t stock the vaccine, ensure the patient has clear directions about which vaccine to get and where to get it.</td>
<td>71%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourage patients to carry immunization record cards/ access to electronic immunization records</td>
<td>43%</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Patients take action based on your recommendation (vaccinated by you or someone else)</td>
<td>57%</td>
<td>43%</td>
<td></td>
</tr>
</tbody>
</table>

Survey of community pharmacies in California and Michigan – Sept 2016

Message Delivery

Five modes: Posters, Flyers / Brochures, Personal Recommendations, Record cards, Phone reminders

Presented at APhA2018 Poster Session
Recommend – Best Practices

- Develop Influenza and pneumococcal policies
- New ACIP recommendations for high risk pneumonia
- Physician/Staff Engagement (Champions)
- Orientation and Annual Competencies
- Discussion during the roaming-in process and with the Provider
- “Ask Me about CDC recommended pneumococcal vaccine for adults” Button for providers and staff
- Patient flyers
- Signage (waiting area and exam room)
  - Pneumococcal vaccine for high risk patients
  - Patient portal messaging
  - Website

Mandatory employee influenza vaccination
Measure 2 – Pneumococcal (Any) Immunization for adults ages 19–64 with High Risk Conditions

Note: Of 19 total groups, 14 self-reported using measure specifications and 5 groups’ data were provided by Optum Analytics.
Percent of pharmacies serving as vaccine providers

- 79.5% reported offering at least one type of vaccine
- Most common administered:
  - Influenza
  - Herpes zoster
  - PCV13
  - PPSV23

Presented at APhA2018 Poster Session

Referral by pharmacists to other providers

- Most common
  - Insurance doesn’t cover a vaccine (and in pharmacy)
  - Patient age not aligned with approved protocol, pharmacy policy or state law
  - Patient first wants to talk with his/her physician

Presented at APhA2018 Poster Session
Referral Tools – examples
are there components within these you can use in your system?

Administer/Refer – Best Practices

✓ Improve access to vaccines at the point of care
  • PCP Office
  • Pharmacy
  • Nurse clinic
  • Free standing flu stations
  • Specialty Departments

✓ Eliminated need for immunization appointments
✓ Standing Orders
Measure 1 – Pneumococcal (Any) Immunization for adults ages ≥ 65

Measure 1 – Both PPSV and PCV Immunization for adults ages ≥ 65
Increase public understanding
Communication / Documentation engagement of providers and patients

- Update
- Report
- Carry
- Share
Considerations to achieve the 3 C’s
Coordination, Collaboration, Communication

• Recommendations from recent CDC Cooperative Agreement
  • Enhance support, through onboarding programs, from State Public Health Departments.
  • Pharmacies need to connect into the registry and work with pharmacy administration, information technology staff, and other pharmacy personnel.
  • Enhance procedures for IISs to remove duplicate entries and streamline access.
  • Pharmacists need to continue to provide information to primary care providers via fax while work continues to seamlessly integrate pharmacy data systems into the EHR and IIS.
  • Pharmacists should proactively assess a patient’s immunization history. Requirements for reporting of vaccination data should be consistently applied across all immunization providers.
  • Continue educating patients about the importance of tracking their vaccine history.
  • Further development and testing of a referral sheet for other healthcare providers to refer patients to a pharmacy for necessary immunizations.

2018 APhA House of Delegates (March 2018)

Proactive Immunization Assessment and Immunization Information Systems

• 1. APhA supports mandatory requirements for ALL immunization providers to report pertinent immunization data into Immunization Information Systems (IIS).
• 2. APhA calls for government entities to fund enrollment and engagement of all immunization providers in Immunization Information Systems (IIS). This engagement should support lifetime tracking of immunizations for patients.
• 3. APhA supports nationwide integration of Immunization Information Systems (IIS) that incorporate federal, state, and local databases for the purpose of providing health care professionals with accurate and timely information to assist in clinical decision making related to immunization services.
• 4. APhA advocates that all appropriate health care personnel involved in the patient care process have timely access to Immunization Information Systems (IIS) and other pertinent data sources to support proactive patient assessment and delivery of immunization services while maintaining confidentiality.
• 5. APhA urges pharmacy management system vendors to include functionality that uses established and adopted electronic health record standards for the bidirectional exchange of data with Immunization Information Systems (IIS).
Document – Best Practices

Electronic Health Record
- Create field for both pneumococcal vaccines

State Registry
- Unidirectional/Bidirectional Interface

Employee vaccinations

Measure 3 – Influenza Immunization, age ≥ 18 (quarterly trend)

Note: Of 19 total groups, 14 self-reported using measure specifications and 5 groups’ data were provided by Optum Analytics.
Lessons learned /Feedback from the organizations

✓ Need more specific ACIP recommendations – too vague
✓ To identify high risk/at-risk patients for pneumococcal - want SNOMED-CT codes as well as ICD-10 diagnoses (Optum helpfully provided ICD-10 dx list)
✓ Bi-directional registry issue – not working well in some states
✓ Challenge in building BPA’s for high risk pneumococcal vaccine in EHR.
✓ Continued focus on adult immunizations despite competing priorities.
Minute to Win... (Starbucks cards – up to 12 winners)
Creative Ideas for overcoming perceived barriers

<table>
<thead>
<tr>
<th>What Barrier Did You Encounter?</th>
<th>How Did You Address?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ASSESS</td>
<td></td>
</tr>
<tr>
<td>• RECOMMEND</td>
<td></td>
</tr>
<tr>
<td>• ADMINISTER</td>
<td></td>
</tr>
<tr>
<td>• REFER</td>
<td></td>
</tr>
<tr>
<td>• DOCUMENT</td>
<td></td>
</tr>
</tbody>
</table>

Engaging Immunization
Neighborhood Stakeholder...