Best Practices Around Adult Influenza and Pneumococcal Vaccines and Using IIS

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OptumCare/USMD

USMD / OptumCare – Dallas Fort Worth

- Multi-specialty medical group, provides primary and specialty care to nearly 400,000 patients annually across the Dallas-Fort Worth area
- ~2,000 employees
- 214 physicians (109 primary care providers and 105 specialists)
- 35 advanced practice clinicians (APCs)
- NextGen EMR & Allscripts EMR
- MSSP ACO, NCQA PCMH Level 3, Commercial ACOs, Medicare Advantage Risk Plans
Best Practices from our Learning Collaborative Experience

• Created Multi-disciplinary group to Address Vaccine Gaps
  • Primary Care, Training Dept, Clinical Operations, Specialty, Medical Directors, Nursing Leadership, Analytics, Quality Dept, Pharmacy

• Created Flu Vaccine Group to Manage Vaccine Analysis, Purchasing, Rollout, and Patient Marketing each year
  • Primary care and specialty operations, Med Director, Nursing Leadership, Clinical Operations, Purchasing/Supply Chain, Pharmacy

• Involve Case Management Team

• New Formal Reporting to Identify Low and High Performers

Best Practices from our Learning Collaborative Experience

• Vaccine Consent Process
  • All influenza vaccine consents have pneumococcal screen as well
  • All staff are trained to give them concomitantly
Best Practices from our Learning Collaborative Experience

- **Training Primary Care (pneumococcal)**
  - Physician seminars
  - Staff training and competencies - LASA errors emphasized

- **Training Specialists (Rheum, Cards, Uro)**
  - Using MSSP/MACRA/MIPS Quality Metrics to Gain Buy In
  - Electronic vaccine RX for those that don’t give vaccines
  - Pocket Guide

- **Standing Delegated Orders and Competency Checks (Pneumococcal and Influenza)**
  - 100% primary care participation

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**Education and Training**

**Age 65 Years or Older**

- If PCV13 was given before age 65 years, no additional PCV13 is needed.

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No history of pneumococcal vaccine
PCV13
1 year
(8 weeks for groups B & C as defined below)
PPSV23
Pneumovax® 23

Received PPSV23 before age 65
1 year
PCV13

PPSV23
1 year
(8 weeks for groups B & C as defined below) and 5 years after prior dose of PPSV23.
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Received PPSV23 at age 65 or older
1 year
PCV13
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Education and Training

**Age 19-64 Years With Underlying Condition(s)**

A. Smoker, Long-term facility resident, or Chronic conditions:
   - Heart disease (including hypertension)
   - Lung disease (including asthma)
   - Liver disease (including cirrhosis)  
   - Diabetes
   - Alcoholism

B. Immunocompromised (including HIV infection), Chronic renal failure, Nephrotic syndrome, or Asplenia
   - PCV 13: 8 weeks
   - PPSV 23: 5 years
   - PPSV 23

C. CSF leaks or Cochlear Implants
   - PCV 13: 8 weeks
   - PPSV 23

What's the difference?

- **Prevnar PCV13** Conjugate vaccine
- **Pneumovax PPSV23** Polysaccharide vaccine
Pneumococcal Vaccine Pocket Guide

Routine Vaccination with PCV13 and PPSV

Children: Administer pneumococcal conjugate vaccine (PCV13) to all infants and children age 2-11 mos with a booster at age 12-15 mos. For immunocompromised or associated children catch-up vaccination should occur through age 18 mos.

Adults age 18 yrs or older:
- Administer 0.5 mL dose of PCV13 (2-5 mg, needle length according to the patient's age/body mass ~1.75Ft), PPSV may also be administered subcutaneously (2-5 mg, 1 in. needle).

Risk-Based Vaccination with PCV13 and PPSV

A dose of PPSV is recommended for all people age 2 through 64 yrs with any of the following conditions:
- Congenital cardiac disease (e.g., congenital heart failure, cardiomyopathy)
- Chronic pulmonary disease (including asthma in people age 19 yrs or older).
- Chronic liver disease including cirrhosis (with or without ascites)
- Cardiac valve replacement
- Congenital disorders of glycosylation type 1B
- Cystic fibrosis
- Immunosuppressive conditions (e.g., human immunodeficiency virus, hepatitis B virus, and hepatitis C virus infection, lymphoma, malignancies, multiple myeloma, sarcoidosis, hemoglobinopathies, diabetes mellitus, and HIV infection). Patients with human immunodeficiency virus infection should be considered for PPSV based on CDC criteria.

Intervals for Sequential Use of PCV13 and PPSV

- Adults age 65 yrs or older:
  - Dose within 2-3 mos of PCV13 if previously received.
  - Dose within 10 yrs of prior PPSV for those with conditions (e.g., prior receipt of 1 dose of PCV13 and who need dose #4 of PPSV, should get at least 5 yrs after the dose of PCV13 before receiving PPSV).
  - People age 7 yrs and older who need PPSV dose #2 should receive it at least 5 yrs after PPSV dose #1.
  - For children and adults through age 64 yrs who need PPSV, give PCV13 first, followed by PPSV at least 6 mos later. (Pneumococcal vaccine is not given to people age 2 yrs after the most recent dose of PPSV age 65 yrs through PCV13 or after the most recent PPSV.

- For more details, see www.cdc.gov/pneumonia/pneumovax23/vaccine.html

Contraindications and Precautions

- Do not give PPSV or PCV13 to patients with a history of anaphylactic reaction after a previous dose of PCV13, PPSV, or one of its component.
- Do not give PPSV and PCV13 at the same site; use "Intervals for Sequential Use of PCV13 and PPSV" section above.

Side Effects

Most common side effects from PPSV (in all) and PCV13 (in adults) are uncommon/reactions at the injection site for 1-2 days. For PCV13 in young children, most common side effects are decreased appetite and/or fever.

Talking Points with Patients

- Pneumococcal disease is extremely preventable, as it is a serious infection in the lungs (pneumonia), blood (bacteremia), or brain (meningitis).
- The annual U.S. case rate is estimated to be 260,000 cases, and 17,000 deaths.
- Pneumococcal disease often affects older people, as well as people with a predisposing condition (e.g., immunocompromise, diabetes, or chronic disease).
- Patients age 65 yrs and older who can’t serologically receive pneumococcal vaccine should be vaccinated.

Pneumococcal Standing Delegated Order, Training, & Competency
Pneumococcal Standing Delegated Order, Training, & Competency

USMD Health System

Staff Competency Evaluation Tool

Provider authorized trainer signature below indicates the employee has demonstrated competency necessary when assigned to perform the protocol listed above. If any of the competency elements are not met, the employee may not perform the protocol until retrained in the element and Provider authorized trainer deems employee competent.

Provider authorized trainer signature: __________________________ Date: ______________

Additional notes: __________________________________________________________

(Retain in Employee’s training file)

I have read and understand the above protocol and feel confident I am able to perform the tasks.

Staff member signature: __________________________ Date: ______________
Using Technology to Maximize Results

- Training and use of Point of Care Tool (includes Pneumococcal and Influenza)
- Training and Monitoring Usage of Health Maintenance Template in EMR (includes Pneumococcal and Influenza)
- Use of Pushed Reports to Make Clinics Aware of Immunization Gaps
- Created Protocol and Work Flow to Use State Adult Vaccine Registry (IIS)
  - Completed training with staff and providers
  - Update to the vaccine template in the EMR
  - Protocols and processes must be created to transition pediatric patients and their registry access to the adult registry to avoid losing their data.
  - Aided in MACRA/MIPS ACI scoring

POINT OF CARE TOOLS

<table>
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<tr>
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<tr>
<td>Hep B</td>
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COMPLETED  X  NOT COMPLETED  -  EXCLUDED

**ACME MEASURES**
- Adult BMI Assessment
- Advance Care Planning
- Breast Cancer Screening
- Screening for Symptoms of Clinical Depression and Anxiety
- Comprehensive Adult Diabetes Care - Blood Pressure Control
- Comprehensive Adult Diabetes Care - Eye Exams
- Comprehensive Adult Diabetes Care - Medical Attention for Nephro...
- Colorectal Cancer Screening
- Influenza Vaccine (Adult)
- Comprehensive Diabetes Care - HbA1c Control (≥9)
- Tobacco Screening and Cessation Counseling

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PATIENT PORTAL, SOCIAL MEDIA, & SECURE MESSAGING

• Used Patient Portal to Notify Patients When Influenza Immunizations are Available

• Used Website and Twitter as Well To Announce Flu Clinics and Availability

• Receive Secure Messaging of Vaccine Administration from Pharmacies in the EMR

Challenges and Barriers Identified

• Competing Interests in Operations

• Limited IT Resources

• Clinical Education Team Stretched Thin

• Physicians and Staff Overwhelmed with Number of Reports.

• Lack of Automated Bidirectional Information Interface with the State Registry
  • State Registry required RN or MD to manage the contract
Summary

• Multi-disciplinary Approach Around Immunizations

• Ensure Primary Care and Specialists Education Around Vaccine Protocols (especially Pneumococcal)

• Enlist Case Management in Your Immunization Efforts

• Standing Orders and Staff Training and Competencies can Facilitate Success of an Immunization Program and Avoid LASA Errors

• Technology/ IIS can aid consistency in the outpatient setting.
  • Point of Care Tools and EMR Templates can Assist Providers and Staff in Ensuring Immunization Gaps are Met Consistently
  • Use of State Registries and Data Exchange Decreases Data Gaps

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Thank you.