Measures Motivate!

How AMGA’s Rise to Immunize™ campaign uses measures to inspire improvement in adult immunization rates

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Today, we’ll cover:

• What is AMGA?
  • What are our National Campaigns?
• Why measures?
• What are our measures?
• Challenges
• Success stories
What is AMGA (American Medical Group Association)?
Our membership consists of >400 health care organizations in every U.S. state
AMGA member organizations participating in RIZE

- Campaign Participants: 82
- FTE Physicians: 50,016
- States: 29

State with RIZE participating group
AMGA member organizations participating in RIZE
What is an AMGA National Campaign?
Campaign Framework

National Advisory Committee

Measures & Quarterly Benchmarking

Resources & Tools for Best Practices

Dissemination

Webinars & Meetings
What is an AMGA National Campaign?

Member groups:
- Implement evidence-based best practices (“campaign planks”)
- Use campaign resources (webinars, closed listserv, etc.)
- Report data quarterly

Administered by the AMGA Foundation in partnership with other AMGA departments and corporate sponsors

Goal is to drive improvement in a targeted area important to population health
RIZE is our third National Campaign
Participation is beneficial and motivational

**Benchmarking**
- Taking a critical look at data gaps
- Comparison to peers nationwide

**Peer-to-Peer Learning**
- Network and connect with peers
- Learn how others have overcome barriers

**Renewed focus**
- Increased awareness among providers & staff
- Develop sustainable processes and improvement

**Utilizing RIZE Resources**
- Access to relevant and practical resources
- Utilizing the campaign planks

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Why measures?
Why Measures?

- Essential to any improvement process
- Learn from peers via benchmarking
- Foster healthy competition & create incentives
- Inspire change within organizations
What are our measures and how do they work?
Measures overview

Designed to be as simple as possible, yet robust enough for meaningful benchmarking
# Measures overview

<table>
<thead>
<tr>
<th>Measures</th>
<th>Age Group</th>
<th>Basic Track</th>
<th>Core Track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>19+</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>66+</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Td/Tdap</td>
<td>19+</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>Zoster</td>
<td>50+</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>Bundle*</td>
<td>66+</td>
<td></td>
<td>√</td>
</tr>
</tbody>
</table>

*Patients who are up to date on all four campaign immunizations
**Measurement Periods follow a cumulative quarter structure**

Compare flu, an annual vaccine, to pneumococcal, Td/Tdap, and zoster.
The structure of each measure is...

# of patients up to date on the vaccination
---
# of patients eligible for the vaccine receiving primary care at the HCO

- **Numerator (parts)**
  - Patients who received the vaccination at your organization or elsewhere during (Numerator Part A) or prior to (Numerator Part B) the Measurement Period

- **Denominator**
  - Patients who received Primary Care in the health system (Assigned PCP or 1 visit with a PCP) 15 months prior to the start of Measurement Period
Which patients are included?

- All patients age 19-99 on the first day of the Measurement Year (July 1)
- ≥1 completed visit with any specialty in the APL
- Assigned PCP, OR ≥1 visit with a PCP in the APL
- Has evidence of hospice/palliative care in the APL, OR died prior to the RQ

Exclude

Active Patient Population
Example: Td/Tdap

Active Patient Population

Measure 3 Denominator

Received the Td/Tdap vaccination in the MP\(^1\) (at the HCO or elsewhere)

No → Numerator Part A
Yes → Documented as receiving the vaccine in the 9 years prior to the MP

No → Has history of anaphylaxis or encephalopathy due to Td/Tdap vaccine
Yes → Numerator Part B

No → Not Numerator Compliant
Yes → Not Numerator Compliant
Measure Specifications were created to guide programming of the measures.

Details include:
- Definitions
- Suggested codes and data sources
- Measurement periods
- Submission deadlines
Enter requested data in all the light blue shaded cells. Data in white cells will be auto-populated.

To preserve data validation, please do not copy/paste data across cells.

Enter data from left to right

**Organization Name:** Health Clinic

**Track:** Core

*Detailed measure specifications can be found in the Data Reporting folder in the Community Library page*

### Basic Track (Measure 1 and 2 only)

<table>
<thead>
<tr>
<th>Phase</th>
<th>Reporting Quarter</th>
<th>Active Patient 18-month Lookback</th>
<th>Measurement Period (Cumulative Quarter)</th>
<th>Measure 1: Influence</th>
<th>Measure 2: Pneumococcal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Denominator^2</td>
<td>Numerator</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10000</td>
<td>2000</td>
</tr>
</tbody>
</table>

### Core Track (All Measures, 1-5)

<table>
<thead>
<tr>
<th>Phase</th>
<th>Reporting Quarter</th>
<th>Active Patient 18-month Lookback</th>
<th>Measurement Period (Cumulative Quarter)</th>
<th>Measure 3: 1d/3d/6m</th>
<th>Measure 4: Zoster</th>
<th>Measure 5: Pneumococcal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Denominator^2</td>
<td>Numerator</td>
<td>Proportion % vaccinated^2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10000</td>
<td>6000</td>
<td>64%</td>
</tr>
</tbody>
</table>

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**Footnotes:**

1. Proportion % vaccinated = Numerator / Denominator
2. Measure calculations are based on the most recent quarter of data available.
Influenza (M1)

Intervention

Measurement Year 2021

Almost all organizations have lower influenza vaccination rates in Q3 2021 and Q4 2021 compared with Q3 and Q4 in the Baseline years (-6% on average in Q3 2021 vs. Q3 2020, -8% in Q4 2021 vs. Q4 2020). Some organizations have reported that there is a delay in influenza vaccination reporting from pharmacies and state registries, which may be contributing to the lower rates. If delayed reporting is the primary cause of the lower rates, then rates in Q1 2021 and Q2 2021 would be expected to rise closer to Baseline levels. It is also possible—as some organizations have pointed out—that influenza vaccination rates are just lower this year.

Top 5 Highest Influenza Vaccination Rates in Q4 2021

<table>
<thead>
<tr>
<th>Org</th>
<th>Rank</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>VW5</td>
<td>1</td>
<td>49.3%</td>
</tr>
<tr>
<td>VR4</td>
<td>2</td>
<td>47.4%</td>
</tr>
<tr>
<td>UG5</td>
<td>3</td>
<td>46.4%</td>
</tr>
<tr>
<td>NW1</td>
<td>4</td>
<td>43.1%</td>
</tr>
<tr>
<td>GB4</td>
<td>5</td>
<td>42.4%</td>
</tr>
</tbody>
</table>

Top 5 Most Improved Orgs by Rank

<table>
<thead>
<tr>
<th>Org</th>
<th># of spots moved from Q4 2020 to Q4 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>X5</td>
<td>10</td>
</tr>
<tr>
<td>ED9</td>
<td>8</td>
</tr>
<tr>
<td>DB3</td>
<td>6</td>
</tr>
<tr>
<td>YM4</td>
<td>6</td>
</tr>
<tr>
<td>LZ1</td>
<td>5</td>
</tr>
</tbody>
</table>

Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

<table>
<thead>
<tr>
<th>Org</th>
<th>Change in Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4</td>
<td>+4%</td>
</tr>
<tr>
<td>ED9</td>
<td>-3%</td>
</tr>
<tr>
<td>X5</td>
<td>-4%</td>
</tr>
<tr>
<td>YM4</td>
<td>-6%</td>
</tr>
<tr>
<td>VR5</td>
<td>-6%</td>
</tr>
</tbody>
</table>
Challenges
Challenges

FINDING THE RIGHT BALANCE SIMPLICITY AND ROBUSTNESS

EACH GROUP HAS DIFFERENT CAPABILITIES

SUDDEN FLUCTUATIONS IN RATES

CHANGES IN GUIDELINES (E.G., PNEUMOCOCCAL)
Success stories
Participants have taken steps to improve immunization care after reviewing benchmarked measures and sharing learning across organizations.

- Implementing Medicare Part D vaccines within their organization as a best practice.
- Engaged HCPs to make strong vaccine recommendations by watching AMGA’s video.
- One group conducted annual training of their care team for respiratory season to reduce errors (which it did!).
- Implementation of standing orders for campaign vaccines.
Participants have taken steps to improve immunization care after reviewing benchmarked measures and sharing learning across organizations

- Flagging patient characteristics in the EHR to identify high-risk patients for pneumo.
- Engaging entire care team, working with staff outside of primary care, e.g., urgent care, dentists, specialists
- Allow self-scheduling of vaccinations in the EHR
- Offering vaccination clinics all year
One group shared how they use campaign data to drive improvement:

“We actually dig down to the clinician level so that providers can see what their own levels are. We send out an email and congratulate the top 25 performers and look at where we’re declining.”

“We also do a similar email once we get the blinded comparison data to see how we compare to other networks. We talk about how our vaccination rates compared last time, how we compared now, whether we’re above or below the 50th percentile and talk about the vaccines and diseases and ways to improve.”

Hear these stories yourself!
[amga.org/rise-to-immunize/resources/rize-videos/]
Thank you!

Rise to Immunize website: amga.org/Rise-To-Immunize