

# What Works

## To Improve Adult Immunization

### What They Did:

The Centers for Medicaid and Medicare Services (CMS) funds Quality Improvement Organizations (QIOs) to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries.

This **What Works** poster reports on the experience of one QIO that worked from 2011 to 2014 to increase the number of physician practices enrolling in the Wisconsin Immunization Registry (WIR).

In this project, the Quality Improvement Organization worked with the WIR to identify Medicare-enrolled physician practices that were not submitting immunization data electronically to Wisconsin's registry. Four hundred practices using 24 different electronic health record (EHR) products were identified and targeted for quality improvement.

The QIO worked in several ways to increase these practices' electronic submission of adult immunization data to the WIR. The QIOs provided training, individualized technical assistance and coaching contacts. They helped streamline electronic data exchange between multiple EHR vendors and the state's registry.

This quality improvement project was one of several initiatives funded under CMS's "10th Statement of Work", put in place in 1982 through federal legislation (Sections 1152-1154 of the Social Security Act) to improve the quality of healthcare for all Medicare beneficiaries. The CMS approach to this work has evolved over the decades from peer review of cases to increasingly more sophisticated quality measurement and improvement approaches.

In 2015, CMS began funding for the "11th Statement of Work", awarding 14 contracts to organizations working with communities and healthcare providers in clusters of states on data-driven quality improvement initiatives. As a result, 37 states in new "Quality Innovation Networks" will participate in adult immunization projects that focus on reducing health disparities.

These new awards, reflecting the National Vaccine Advisory Committee (NVAC)-approved Standards for Adult Immunization Practice, have strong potential for increasing future immunization rates. The desired outcomes are:

1. Improve assessment and documentation of adult immunizations.
2. Improve immunization rates in Medicare beneficiaries, especially in minority and underserved populations.
3. Increase reporting of Medicare beneficiary immunizations to immunization information systems (IIS).
4. Increase reporting to IISs from certified EHR technology.

### Quality Improvement Organizations: Working to Increase Use of Immunization Registries and Improve Adult Immunization Rates



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This "What Works" vignette is one in a series of examples collected by the Provider Workgroup of the National Adult and Influenza Immunization Summit. For more information or to nominate an example of "what works" to improve adult immunization, go to <http://www.izsummitpartners.org/>. This vignette does not constitute an endorsement from any of the organizations that participate in the Provider Workgroup or the NAIS.

### Results:

Three hundred and twenty-one practices of the 400 targeted were successful in accomplishing electronic submission to the WIR.

The project worked to help providers submit data in one of three ways:

- Upload multiple records in a single batch through the user interface on the WIR (32 practices).
- Submit data electronically in "real time" utilizing a messaging system interface to the WIR platform (28 practices).
- Submit data electronically in "real time" directly to the WIR through its Web Services interface (271 practices).

Improved immunization rates were documented in adults aged 50 years and older. However, it is not possible to determine this project's impact on the increased rates of immunization in the population.

### The project also found:

- Providers were motivated to submit immunization information to an IIS because of existing meaningful use objectives.
- Smaller sites had limited resources and needed more assistance.
- Physician motivation depended on:
  1. Cost of interfacing their EHR with their state IIS.
  2. Availability of technical and clinical resources to assist.
  3. Competing initiatives or tasks.
- A number of practices are eager to begin submitting immunization data electronically, but they are still awaiting interface developments by their vendors.

New quality improvement projects starting in April 2015 offer the promise of stronger, wider systems change among Medicare enrolled providers.

