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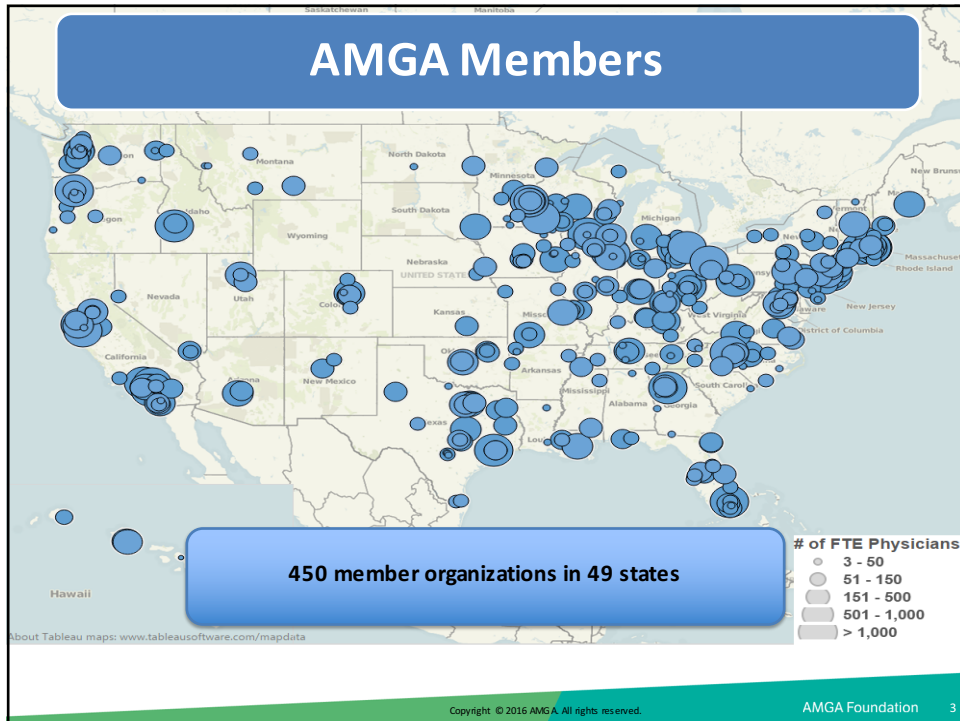
Learnings from a 7 group/6 state adult immunization collaborative, amid a shift from “volume to value”

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Disclosures



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Translation

*Optum is our partner on Analytics and Research.

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Hot topics for health systems



- Population health
- Shift from “volume to value”
 - Quality measures
 - Cost reduction
 - Payment risk (“risk”)

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AMGA Foundation Best Practices Collaboratives



- Long history of hosting learning collaboratives
- 12 collaboratives and 2 symposia to date
 - **adult immunization**, rheumatoid arthritis, heart failure, hypertension, diabetes, COPD, ACOs, multiple chronic conditions
- Over 100 medical groups have participated



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Adult Immunization Best Practices Collaborative



7 large medical groups in 6 states
All use Optum One™ software

Community Physicians Network, IN
The Iowa Clinic, IA
Riverside Medical Group, VA
Springfield Clinic, IL
SwedishAmerican Health System, IL
UMass Memorial Medical Group, MA
Watson Clinic, FL



Each medical group identifies their internal project team of 3-5 people or more.

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Adult Immunization Best Practices Collaborative



- **3 Centers for Disease Control (CDC) recommended measures**
 - Pneumococcal Vaccine (Age 65+)
 - Pneumococcal Vaccine (Age 19-64, At-risk and High risk)
 - Influenza Vaccine (2015-2016 Flu Season)

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How does the collaborative work?



- Kick-off meeting (Colorado Springs)
- Monthly webinars for networking and sharing
- Spread adoption of best practices
- Provide additional support:



- Website
 - Listserv
 - Getting Started Checklists
 - Site visits
 - Coaching
 - Action Plans
 - Toolkit
- Optum provided data quarterly
 - Wrap-up Meeting (Indianapolis)

Toolkit



Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor

Routine Recommendations

For children 6-23 months and older

Risk-based Recommendations for People with Underlying

Risk Group

Immunocompetent

Functional or anatomic asplenia

Immunocompromised

HIV

Chronic liver disease

Chronic kidney disease

Alcoholism

Diabetes

Cardiovascular disease

Chronic lung disease

Smoking

Generalized malignancy

Organ transplant

Disseminated gonococcal infection

Neisseria meningitidis

Other

For more information visit www.adultvaccination.org

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Source: Paul, Minnesota - 651-647-8000 - www.immunization.org - www.vdh.virginia.gov

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Top Five Reasons for Adults to Get Vaccinated Against Pneumococcal Disease

1. Pneumococcal disease is serious and deadly. About 10,000 adults die each year, including 10,000 adults.
2. About one million US adults get pneumococcal disease each year. The death rate is even higher in older adults.
3. Pneumococcal meningitis kills about one out of every three people who get it. Other problems include hearing loss, seizures, blindness, and stroke.
4. Up to one in five adults with pneumococcal disease and patients often need weeks or months in the hospital.
5. Getting pneumococcal vaccines as recommended is the best way to prevent pneumococcal disease.

Top Ten Reasons to Get a Flu Shot

1. Flu season is upon us, and the Centers for Disease Control and Prevention (CDC) recommends everyone 6 months and older get an annual influenza (flu) vaccine. If you're a local leader or just considering getting a flu vaccine for the first time, here are helpful reminders of why that little shot (or spray) is a good idea.

1. Flu can be serious, even if you're healthy. While certain people are at high risk for complications, even healthy people are at risk for severe complications associated with pneumonia, dehydration, ear or sinus infections, or worsening of chronic conditions. A new study found that more than 40 percent of kids who die from flu

Pneumococcal Vaccine Timing

Age 65 Years or Older – Everyone

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

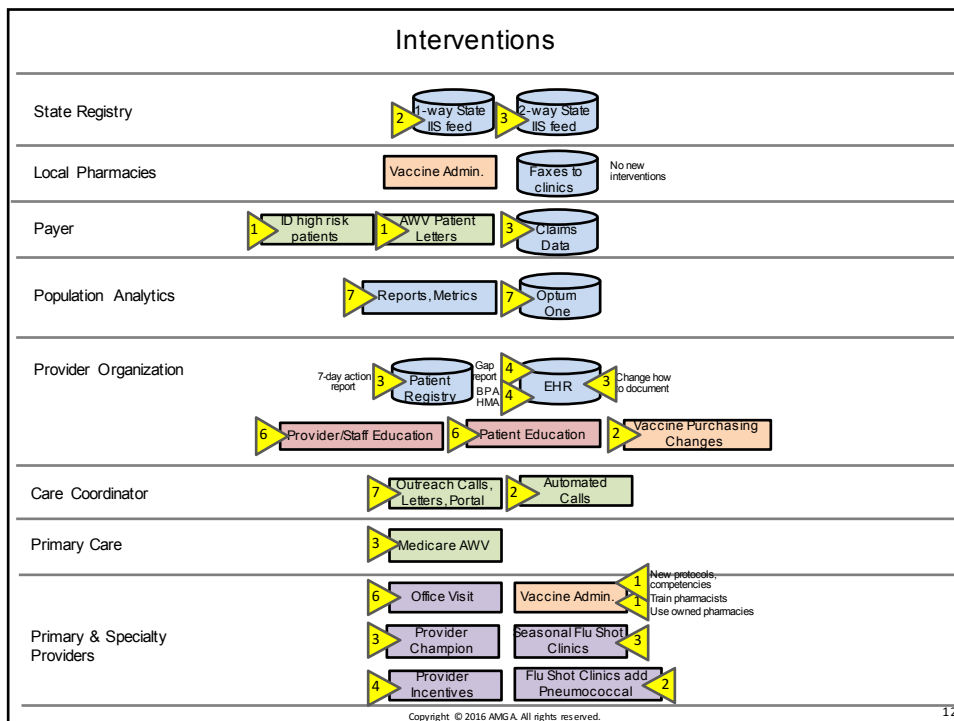


Age 19-64 Years – Underlying Conditions



“You have to have an advanced degree in physics to understand immunizations, and then it changes!”

- A Nurse Executive



Challenges

- Identifying high risk patients at a population level
 - certain at risk groups controversial
- No refrigerators for vaccines in specialty clinics
- Lack of physician champion
- Missing flu data from workplace and pharmacy immunizations
- 2-way interface with IIS
- Provider adoption of standing orders (trust)
- Competing organizational priorities



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Next steps

- Case studies
- Mixed methods research
 - Quantitative
 - Qualitative
- Scaling up to 20 medical groups, followed by another group of 20 (3 year timeframe total)



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If you were 10 times bolder, what big idea would you recommend? (top 5 answers)



5. National media campaign for adult immunizations
 - Find someone “cool” to be spokesperson
4. Mandate bi-directional registry feeds by all
3. Partnerships between health systems doing well & those doing poorly
 - Mentoring
 - Profile their immunization infrastructure – what works?
2. National immunization registry
 - CDC governs it
 - Similar to infectious disease surveillance – starts at local/state, then rolls up to federal
1. Give flu and pneumococcal vaccines to adults for free
 - Make Vaccines for Adults equivalent to Vaccines for Children
 - Demonstrate return on investment

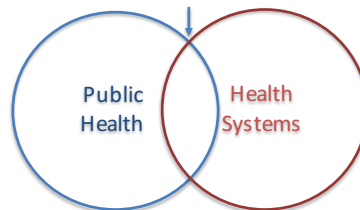
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Closing Pearls



One area of overlap in our priorities:
Immunizations



If public health is saving millions of lives at a time,
population health is its “little sister,”
focused on thousands of patients at a time.

As a result, automation of data flow is essential!

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