

# *Raising Adult Immunization Rates in Internal Medicine: Pearls (and Swine?)*

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## Acknowledgments

- ACP Project Team: Rebecca Gehring, Selam Wubu
- Partners: QHC Advisory Group, CECity, Center for Health Services and Outcomes Research, Bloomberg School of Public Health, JHU, National Minority Quality Forum, LSU-HCSD, ACP Chapters: AR, FL, GA, IL, LA, and NJ; Horizon BCBS, Aetna, NJIN, and many others
- Funders: CDC, Pfizer, Merck
- Advisory Group



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## First Pearl: It takes a village



## Pearls of Adult Immunization

**Communications**

**Training programs**

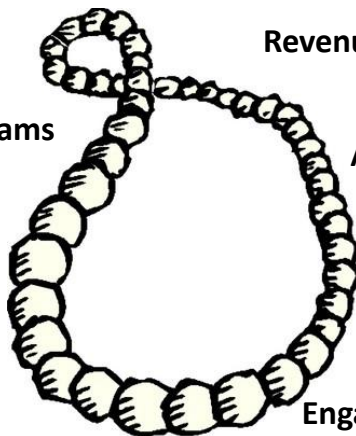
**Team-based  
processes**

**Data**

**Revenue maximization**

**Addressing disparities**

**Engagement and support**



## What Are the ACP QI/AI Champion Priorities

- 77% - Increase vaccination in my practice
- 39% - Implement team-based/SOP in my practice to administer vaccines
- 38% - Educate my patients about vaccines

## I Raise the Rates



### Raising the Rates

*A Newsletter from the American College of Physicians*

#### ▲ Daniel Bendetowicz, MD – Fort Myers, FL



As part of *I Raise the Rates*, Dr. Bendetowicz and his practice team in Fort Myers have successfully committed to raising Tdap vaccination. Their strategy combines persistent teamwork, established protocol measures, and health promotion. See the brief Q&A below to find out more about Dr. Bendetowicz's success.

**Q: What is the focus of your PDSA?**

**A:** *The focus of my PDSA is to increase the Tdap vaccination in my practice. We have decided to buy and administer the vaccine in the office. My medical assistant will offer based on a pre-established protocol. For patients 65 years old and older, we will check insurance coverage through Transactrx.com.*

**Q: What were your results?**

**A:** *Before the I Raise the Rates Champion training, I administered 12 Tdap vaccines per month, but since focusing on Tdap, we were able to increase to 45 Tdap vaccines per month.*

## Immunization Importance

- **IMMUNIZING IS A PRIORITY FOR CHAMPIONS:**
  - How important is improving adult vaccination coverage rates in your patients? **75% say EXTREMELY IMPORTANT**
  - How ready is your practice to increase immunizations? **75% say READY TO CHANGE NOW;** If not ready to change now, note lack of knowledge of how to do so or the complexity of getting data on vaccine status of your patients
  - How confident are you that you can increase immunizations? **58% say EXTREMELY CONFIDENT**
- **Number 1 priority for training is learning how to implement team-based care processes (68%); # 2 = Patient Engagement**

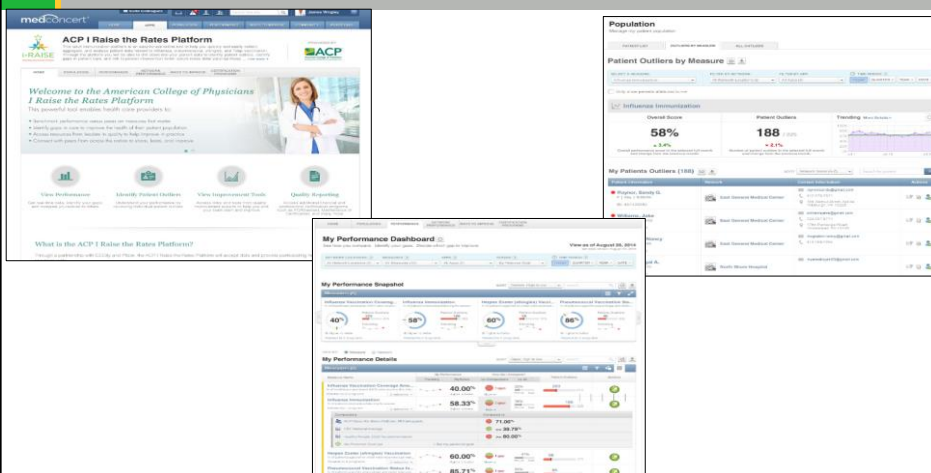
## Training Program Materials

- **Facilitator Guide**
    - Assist program faculty in delivering content
    - Includes information on:
      - Audience and setting
      - Equipment and materials
      - Timing and instruction of the program
      - Active learning tools
  - **Quality Improvement (QI) Project Examples**
    - Detailed instructions to develop quality
    - 'Real-world' practice based examples
- Training Program Materials (cont.)**
- **Two Modular Presentations** (customizable)
    - PowerPoint format, includes patient case studies
      - The Science of Adult Immunization
      - Quality Improvement in Adult Immunization
  - **Program Evaluation** (customizable)
    - Assess impact of the program at your institution
  - **Resource List** with basic, user-friendly links
  - **Access to ACP's QI Platform** is available (registration required)
    - Includes additional resources and QI support

## ACP Florida (and Louisiana) Resident Program Competition

- Part of the *I Raise the Rates* program
- Free resources available to the residency programs – training modules/QI tools plus MedConcert platform and 2 practice coaching calls; \$250 in support for breakfast/lunch
- Program identified as having the best results – judged by National ACP senior faculty and staff based on participation and outcomes – will receive:
  - Registration and travel costs covered to the ACP Annual Meeting in 2017 in San Diego for 2 affiliated with the program
  - Presentation of the project at IM2017
  - Write up of activity in ACP publication – *The Internist* or *The Hospitalist*

## Medconcert: Performance Monitoring Dashboard: Data Sources including claims data and CDW/EHRs



## Optimizing Immunization Revenue

Vaccine	MCR Margin	Non-MCR Margin	Estimated Net Profit 9/12-8/13
influenza	29.07	20.61	13,106.16
PPSV23	38.70	21.54	1,794.06
Tdap	49.05	30.45	11,985.90
Zostavax		20.54	123.24
HPV4		50.00	600.00
PCV13	35.52	14.89	50.41
Other Vax:		20.00 est	100.00
TOTAL:			\$27,759.77

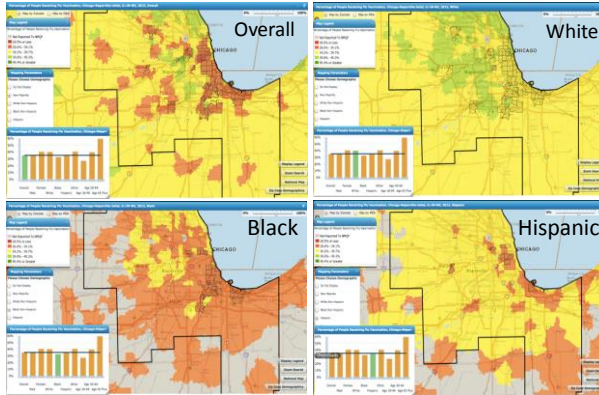
- Decision points:**
- Which vaccines
  - From what source and what volume
  - Storage, handling, administration
  - Coding and billing strategies

## Additional Racial/Ethnic Vaccination Disparities

Vaccination Group	% Vaccinated Whites	Disparity, Blacks	Disparity, Hispanics	Disparity, Asians
Pneumo. , HR 19-64 yrs	21	-1	-5	-7
Pneumo., ≥65 yrs	65	-15	-20	-17
Tdap, ≥19 yrs	24	-12	-11	-8
Tdap, 19-64 yrs	26	-13	-13	-11
Tdap, ≥65 yrs	16	-11	-9	-1
Herpes Zoster, ≥60 yrs	32	-20	-17	-16

## Influenza Vaccination in Diverse Populations at Zip Code Level

Chicago-Naperville-Joliet MSA Adults Flu Vaccination Rates<sup>1</sup>



Total Population  
9,461,105 <sup>2</sup>  
Demographic composition<sup>2</sup>  
55% white non-Hispanic  
17.6% black  
20.7% Hispanic  
6.2% Asian  
0.5% other

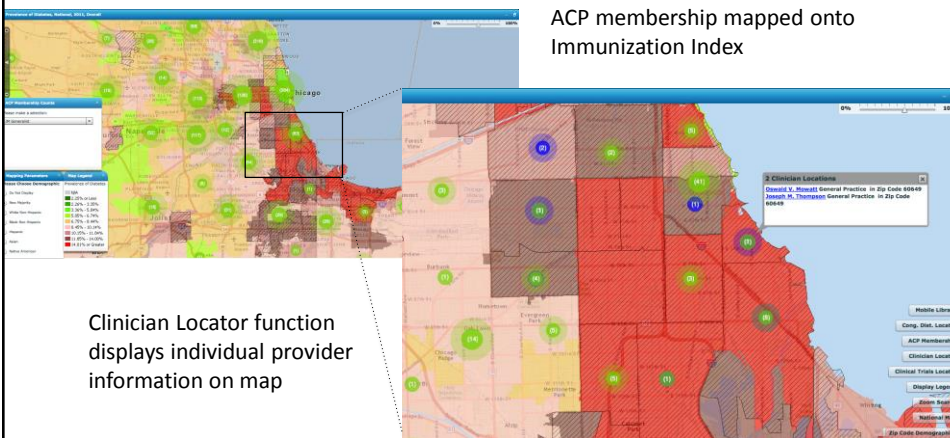
Sources: 1. 2012 BRFSS; 2. US2010 Project, <http://www.s4.brown.edu/us2010/segregation2010/msa.aspx?metroid=16980>



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## Mapping ACP Members to Minority Communities



ACP membership mapped onto Immunization Index

Clinician Locator function displays individual provider information on map

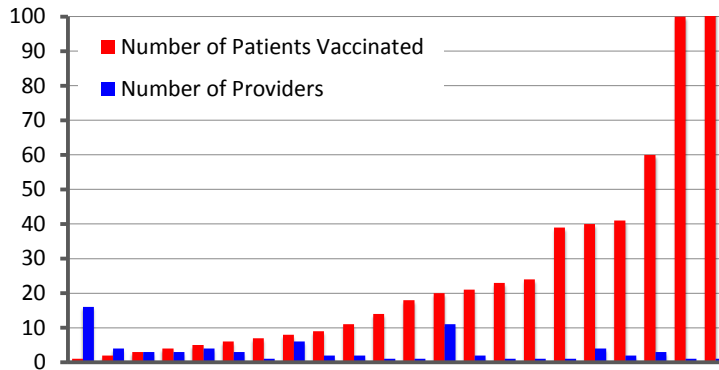


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## ACP members in Practices of 3-5 Serving Majority Black, Low Income Populations: 10% of Practices Provided 70% of Pneumococcal Vaccines

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## ACP Quality Connect Mission

To create and sustain a learning community of empowered physicians and other health care professionals, patients and caregivers, to improve health, care delivery and outcomes.

- Create QI network of internists and other physicians and their health care teams
- Partner with state chapters
- Highlight patient engagement
- Add value and joy to clinics

**Value = MOC, VBP/APM, MU, revenue, efficiency (team-based care), professional development**  
**Joy = Reduced administrative burden, collaborating with colleagues and peers and...taking care of your patients!**

## In the Pipeline

RAISE  
Date \_\_\_\_\_  
Patient Name \_\_\_\_\_  
Vaccines recommended for you (adults 19 years and older):

- Influenza
  - Live nasal
  - Standard dose, inactivated
  - High dose, inactivated
  - Intradermal
  - Recombinant
- Meningococcal
  - MMR (measles, mumps, and rubella)
  - Pneumococcal polysaccharide (PPSV 23)
  - Pneumococcal 13-valent conjugate (PCV13)
  - Td (tetanus and diphtheria only)
  - Tdap (Td plus pertussis, "whooping cough")
  - Zoster (shingles)
  - Hepatitis A
  - Hepatitis B
  - Combination Hepatitis A and B vaccine
  - HPV (Human papillomavirus)
  - Other Vaccine: \_\_\_\_\_

**Rx**

Healthcare professional signature \_\_\_\_\_  
\* Visit <http://vaccine.healthmap.org> to find where to get vaccinated in your area  
\* To learn more about adult vaccines, visit [www.cdc.gov/vaccines/adults](http://www.cdc.gov/vaccines/adults)



Connecting with  
pharmacy: Referral  
and Data

## But Let's Be Clear about Barriers



- Inadequate reimbursement rates, especially for administration, in private insurance and Medicaid
- Medicare Part D
- Cost of vaccines
- Data



Thank You.

