

What Works

To Improve Adult Immunization 2016

What They Did

AMGA is a national association of medical groups and health systems. Beginning in February 2015, AMGA Foundation, a 501(c)3 affiliate, worked with seven of its medical group members to increase adult immunization rates for pneumococcal and influenza vaccination. An impressive collaborative process was used to facilitate the exchange of best practices, coaching of medical group managers, and close tracking of immunization rates.

The Adult Immunization (AI) Best Practices Learning Collaborative was designed to help medical groups improve their adult immunization rates.

AMGA Foundation used the following strategies to communicate with the seven medical groups and create a collaborative learning environment:

- Monthly webinars, including active sharing of lessons learned among the medical groups
- Online resources such as a dedicated web page that enabled participants to share materials and a listserv to promote collaboration and the sharing of ideas
- Requirements for groups to prepare quarterly action plans and present their activities
- In-person learning collaborative activities, including two in-person meetings (kick-off and wrap-up) and visits to all sites
- Assistance with developing individual Best Practices Case Studies of their programs for publication (in progress)
- Tracking of immunization rates on a regular basis using Optum One™, a population health analytics tool

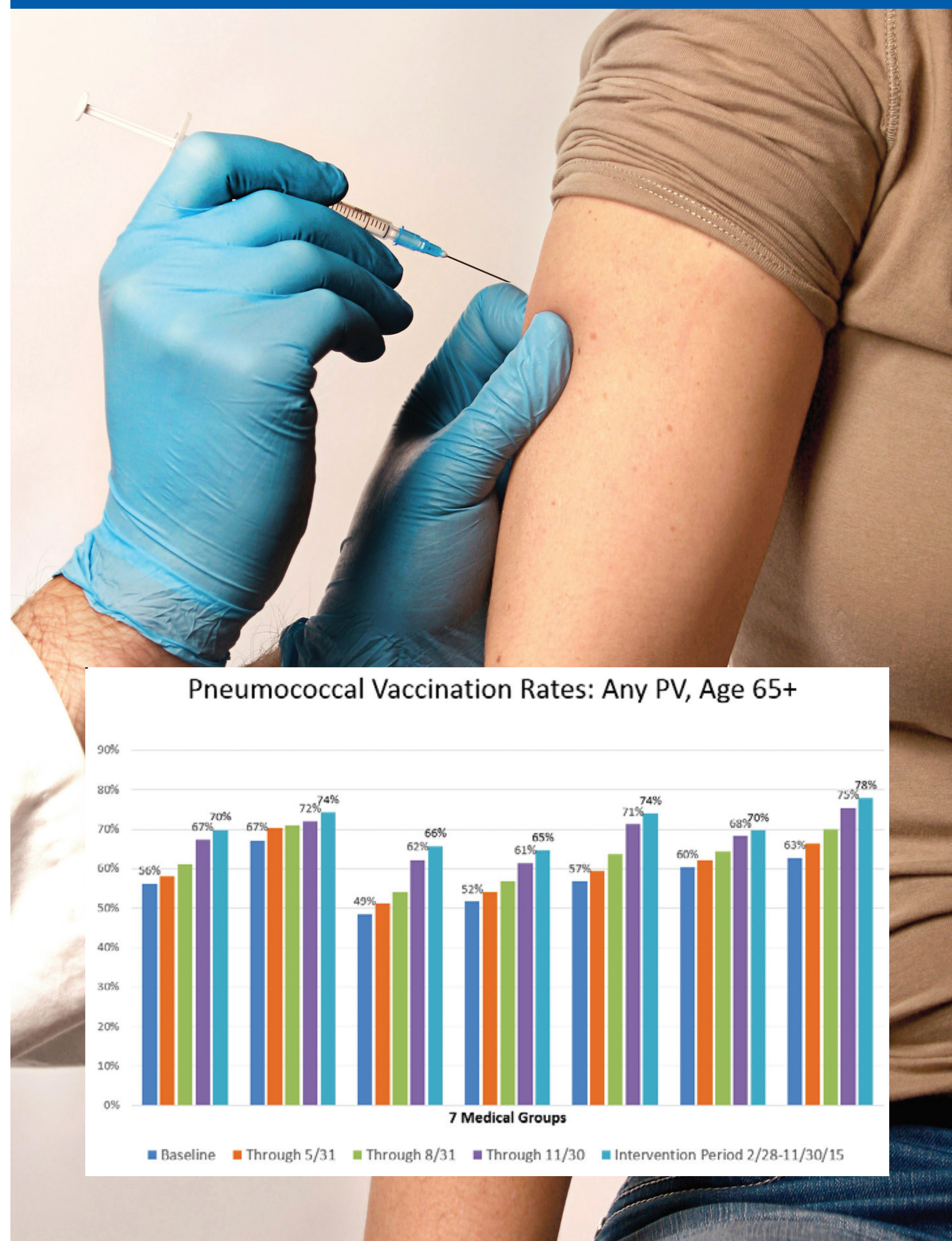
Optum One™ was an important data analytics resource for the collaborative. This data management and analytics tool allowed the practices to better track their progress. The Optum One™ tool also helped the groups to improve vaccine recommendations for their at-risk and high-risk patients.

With this improved tracking of immunization rates, the medical groups were able to identify patients with missing vaccines and close gaps in care.

These data helped determine what to improve, and the collaborative format facilitated shared learning about how to improve.

The participating medical groups were Community Physicians Network (IN), Iowa Clinic (IA), Riverside Medical Group (VA), Springfield Clinic (IL), Swedish American Health System (IL), UMass Memorial Medical Group (MA), and Watson Clinic (FL).

Seven Medical Groups Work Collaboratively to Raise 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 NAIIIS.

Results They Got

Vaccination rates were higher among patients in the seven groups compared with those in 28 other medical groups in the Optum One™ database. Across the seven participating groups, as of November 30, 2015:

- The median vaccination rate for any pneumococcal vaccine among patients 65 years and older was 68%, compared with a median of 44% across the 28 non-participating groups.
- The median vaccination rate for influenza was 33%, compared with a median of 28% across the non-participating groups.

Here are selected results after a nine-month effort (February to November 2015):

- 21,952 seniors (age 65+) received any pneumococcal vaccine
- 8,223 pneumococcal vaccinations provided to at-risk or high-risk patients ages 19–64

12,678 more patients received the influenza vaccine during July–November 2015 compared with the same period in 2014.

Lessons learned include:

- Medicare Annual Wellness Visits provide an ideal opportunity to increase vaccinations among patients 65 years of age and older.
- Medical assistants, nurses, pharmacists, and other care team members can lessen the burden on physicians by making the first recommendation for vaccination. Physicians can then concentrate on talking with the smaller number of patients who initially decline.
- Age 19-64 high-risk and at-risk pneumococcal algorithms are complex. Some groups created a simpler algorithm for internal use.
- Some specialties are not accustomed to storing or administering vaccines, and this is a barrier to immunization of at-risk, chronically ill patients.
- Designating a physician or other provider as an "Immunization Champion" within a practice is beneficial.
- Seasonal flu shot clinics that also provided pneumococcal vaccination helped to improve pneumococcal coverage rates.
- Data on influenza vaccination rates are difficult to obtain, especially if vaccination occurs outside of the medical clinic.
- For the most part, groups are interested in working with their state adult immunization registries to establish a two-way data exchange. This will be increasingly useful in the future to increase sharing of immunization history data.

Key Findings:

1. The Adult Immunization Collaborative highlighted challenges in identifying and vaccinating at-risk and high-risk adults 19-64 years of age.
2. Collaborative efforts, shared learning, and data analytics tools can improve immunization rates for pneumococcal and influenza vaccination.

