Improving Adult Immunization Rates as a Priority for Prevention in US Healthcare Changes

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Outline for today's talk

- Clinician role in improving vaccination rates
- Barriers to clinicians improving rates
- Payment model changes to drive improvement
- Questions

Clinicians can play an important role in improving vaccination rates

- Physicians broadly support vaccination as an important preventive care measure
- Primary care provider (PCP) recommendation to receive vaccination is a key factor in patient decision making
- Yet, 4 of 5 patients report that their PCP did not remind them to receive the influenza vaccination

why?

Isr Med Assoc J. 2000 Dec;2(12):902-7. Vaccine. 2003;21(19):2421–7.

There are known strategies that improve vaccination uptake

- Patient education (e.g. email reminders from providers plus provider recommendations)
- Use of standing orders
- Use of reminder-recall systems
- Efforts to remove administrative barriers
- Provider and practice assessment of vaccination and feedback
- Use of immunization registries

Key Barriers:
1. *Investment*
2. *Bandwidth*

http://www.thecommunityguide.org/vaccines/index.html .

Standing orders

- On average, it takes about 6-8 months to build or update a standing order process (per order set)
  - Determine the standing order
  - Identify any workflow changes necessary
  - Get sign-off from medical staff, nursing staff, and pharmacy staff
  - Build into the EHR (e.g., intake screen, order screen, documentation screen)
- When the vaccination guidelines change, the process must start over

Creating a primary care clinic standing order for influenza and pneumococcal vaccination

My journey at a large academic medical center with over 400 primary care providers

My initial thoughts…	What actually happened…
• Physicians would love the time-saving step of a standing order	• Physicians were very hesitant to automate this given the selection of vaccinations
• We will quickly create on a decision tree for vaccine selection	• A number of subject matter expert differed on how best to define the cut-offs from the ACIP/CDC guidelines
• Once we have a decision tree, we will get it quickly approved	• It took 3-4 months to get on the agendas of the medical, nursing, and pharmacy staff meetings. They recommend changes and we had to take those changes to the other committees.
• When approved, I will be able to build this in the EHR and the clinics can determine their workflow	• Approving EHR resources took another 4 months, getting it built was another 3 months. Clinics needed a LOT of support to implement.

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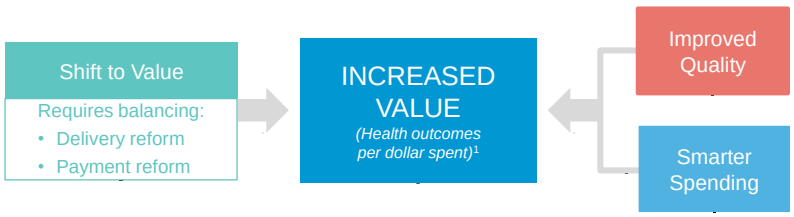
And then…the guidelines changed

Payment reform has the potential to shift this discussion

Supporting the triple aim:

BETTER CARE ● SMARTER SPENDING ● HEALTHIER POPULATION



An ongoing shift from **volume to value** requires all healthcare stakeholders to use **quality measures** to better define their value and aid consumer decision-making

1. Porter ME. What is value in healthcare? NEJM 2010; 363:2477-2481.

Payment reform approaches that support vaccination

- Pay for performance
  - Providers are penalized or incentivized based on the rates of vaccinations
  - Example: MIPS influenza and pneumococcal vaccination
- Shared savings
  - Any savings are split between the providers and the payer
  - Example: CMS ACO models (e.g., Next Gen ACO, MSSP)

  * In addition, the performance rate on quality measures (which include influenza and pneumococcal vaccination) determines how much of the savings the providers receive
- Capitated models
  - Providers are responsible for the total cost of care for patients
  - Vaccination, especially influenza, are a proven method for reducing cost of care

MIPS – Merit-based Incentive Payment System, ACO – accountable care organization, MSSP – Medicare Shared Savings Program

Payment reform is a step in the right direction…

- The Good
  - Aligns payment and incentives with care that patients need and providers believe in
  - Promotes coordination and data integration
  - Allows providers to share tools to improve coordination
- The Bad
  - Other than capitation, some of these new models may pay too little and too distally to make the needed impact
  - Data interoperability is still very difficult
  - Few tools exist that help providers see the care needs across the continuum and support care coordination

…but more is needed

Thoughts for how the public health sector can support the provider sector

- Provide supportive resources
  - Examples: clinical decision tree for automating vaccine orders, workflow examples
- Engage EHR vendors to quickly update vaccine guidelines in their systems
  - Examples: assist with clinical decision support, patient reminders, performance reports
- Support rapid update of quality metrics to align with current guidelines
  - Quality measures may lag guidelines by 2-3 years
- Encourage efforts to align payer quality measure guidelines
  - Payers may have different guidelines and variable lag periods for matching guidelines

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Thank you!

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