MURFREESBORO MEDICAL CLINIC & SURGICENTER

Successful Approaches to Implementation

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Intro

- *Who is MMC?*
- *Why Focus on Vaccines?*
- *Where were we?*
- *Where are we now?*
- *How did we get there?*
- *Issues/Solutions*
- *Closing*

Who is MMC?

- *Physician Owned Multispecialty Group*
- *Since 1960's have been providing quality care to Middle TN*
- *>100 providers*
- *>600 employees*

Why Focus on Vaccines?

- *2011- BCBS of TN prompted us to take the steps to become NCQA certified PCMH*
- *Vaccines are an "easy" item to measure and intervene upon for chronic care metrics*
- *Physician Leadership which saw the ROI for vaccines*

Where were we?

2014:

- 65yo and older w/ Pneumovax: 86.5%
- Pneumovax >2 with Dx: 46.8%
- 18-64 w/ Tdap EVER: 63.2%

These were in addition to all the other PCMH metrics we started.

Where were we?

- Zostavax (2015): Initially: 66.6% (>60) [27.9% Nationally[1]]
- Then focused to the ACIP Guideline and went for target range due to Medicare Payment Issues of 60-64: 55.8%
- Added Tetanus Q10 metric (18-64): 77%

1. Surveillance of Vaccination Coverage Among Adult Populations — United States, 2014. *MMWR* 2016;65 (ss01);1–36.

Where are we now?

- Tetanus q10: 86% (+10%)
  - National Avg: 62.2%[1]
- Tdap EVER: 89% (+20.8%)
- Zoster Vaccine 60-64: 67% (+11.2%)
  - National Avg: 27.9% (pts >60yo) [1]
- Pneumovax >65: 93% (+6%)
  - National Avg: 71.9%[2]
- Pneumovax 18-64 w/ Dx: 78% (+31.2%)
  - National Avg: 33.5%[2]

1. Surveillance of Vaccination Coverage Among Adult Populations — United States, 2014. *MMWR* 2016;65 (ss01);1–36.
2. https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/general-population/dashboard/2015.html

Another Metric

2017:

Added HPV Vaccine: Females: 31%

Current Rates (with 4mo of work) 38% (+7%)

- National Rates 40.2%[1]
- TN Rates: 20.1%[2]

1. Surveillance of Vaccination Coverage Among Adult Populations — United States, 2014. *MMWR* 2016;65 (ss01);1–36.
2. https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/general-population/dashboard/2015.html

How did we get there?

- Nurses!!!
- "Automate" the process
- Use Population Health Tool
  - Leverage EHR
  - Use "Bolt-on" product if needed

Standardize It!

- DEVELOP:
  - Clinicians: Standardize Orders for Vaccination in Ambulatory setting
  - Teach Protocols to Nursing/Care Teams
- EMPOWER:
  - Standardized orders = Standing orders for Nursing staff
  - Make it the Responsibility of Nursing staff
- INCENTIVIZE:
  - Make their annual Salary Adjustment &/o bonus contingent upon this objective metric
  - Public Shaming of Lower Performing Teams

Challenges/Solutions

- *Zostavax: in >65yo: Cost high and it is Medicare Part D.*
  - CMS Needs to make coverage Part B and **preventative**
- *Tdap/Tetanus >65: Not covered by CMS.*
  - CMS Needs to make coverage Part B and **preventative**

These solutions will Increase Ambulatory Vaccine Rates

Challenges/Solutions

- *HPV: Issue is the mis-information regarding it.*
  - Market it as a CANCER vaccine like was done with Hepatitis B vaccine
  - Also, insurers need to make this a "Free" Vaccine.

These solutions will Increase Ambulatory Vaccine Rates

Challenges/Solutions

- *Issue: Cost fluctuation for vaccines and disparity between cost and reimbursement with payors.*
- *This is a significant barrier for Ambulatory Centers*
  - *Was a big issue initially with Zostavax*
  - Stable vaccine costs for certain periods of time
  - Mandates for reliable payment by payors

Closing

- *Providers won't remember*
- *Utilize the Nursing staff to close these gaps*
- *Get UTD prior to Medicare*
- *Measure and Report back to Provider teams*

Motto: The Patient's arms should be sore by the time provider walks into the room