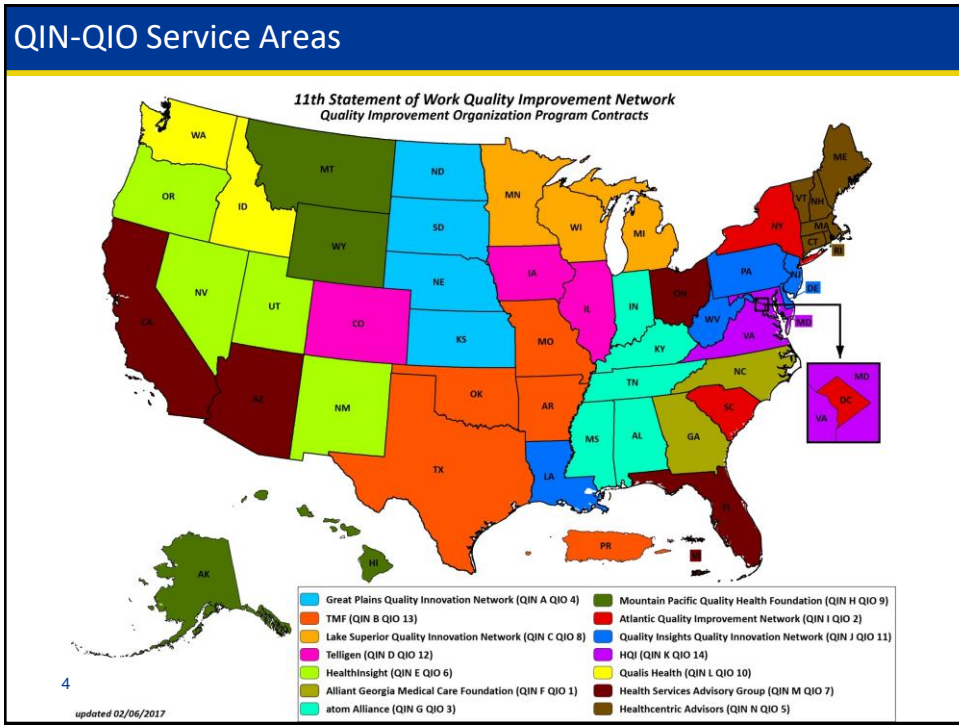
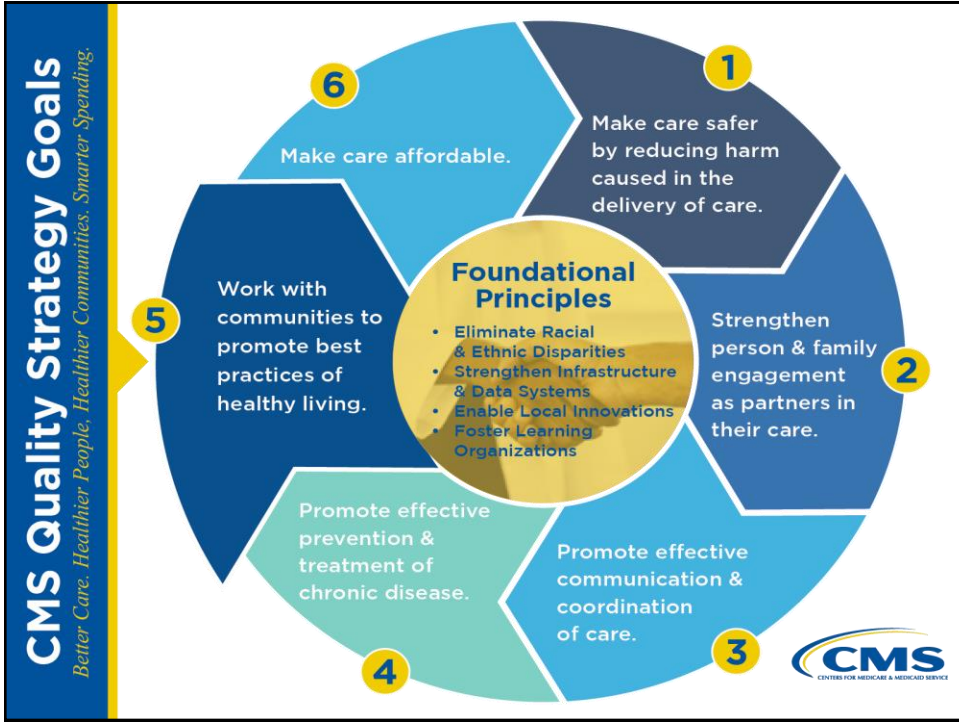


QIN-QIO Efforts to Implement Adult Immunization Standards

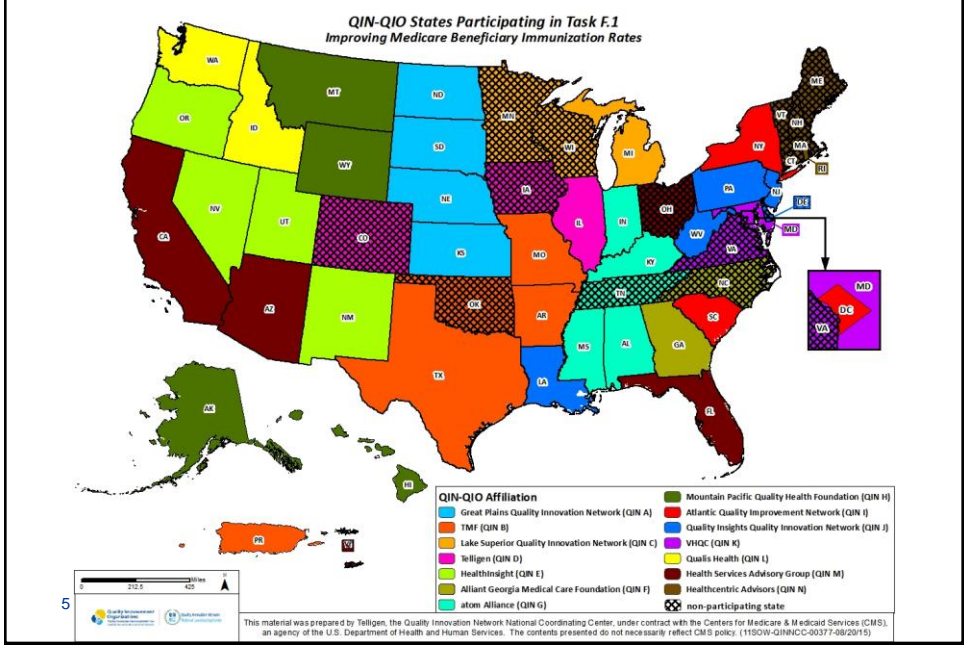


CMS QIO Program

- **1971:** Congress authorized Experimental Medical Care Review Organizations (EMCROs) to evaluate services provided to Medicare beneficiaries
- **1972:** Title XI, Part B, of the Social Security Act created Professional Standards Review Organizations (PSROs) to replace EMCROs
- **1984:** 1st Scope of Work (SoW) issued
- **1999:** 6th SoW changed name to "Quality Improvement Organization"
- **2011:** Trade Adjustment Assistance Extension Law of 2011
- **2014:** 11th SoW began and Quality Innovation Network QIOs created
 - **Spring 2015:** QIOs began Adult Immunization work



Adult Immunization Task in 11th SoW



Adult Immunization Task in 11th SoW

QIN-QIO	States Covered
Great Plains	KS, ND, NE, SD
TMF	AR, MO, TX, PR
Lake Superior	MI
Telligen	IL
HealthInsight	NM, NV, OR, UT
Alliant	GA
atom Alliance	AL, KY, MS, IN
Mountain Pacific	AK, HI, MT, WY
Atlantic QIN	DC, NY, SC
Quality Insights	LA, NJ, PA, WV
HQI (formerly VQHC)	MD
Qualis	ID, WA
HSAG	AZ, CA, FL
New England QIN (Healthcentric Advisors)	RI

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Adult Immunization Task in 11th SoW

- Desired Outcomes
 - Improve assessment and documentation of adult immunizations
 - Improve immunization rates in Medicare beneficiaries, especially in minority and underserved populations
 - Increase reporting of Medicare beneficiary immunizations to IISs, where available for adult patients
 - Increase reporting to IISs from certified EHR technology (CEHRT)

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Quality Improvement through the Adult Immunization Task Targets

- By 2019, to align with the Healthy People 2020 goals
 - National absolute immunization rates of
 - 70% for influenza
 - 90% for pneumonia
 - Reduction of disparities among racial and ethnic minority, and rural Medicare beneficiaries and dual-eligible Medicaid and Medicare beneficiaries
 - Implementing the National Vaccine Advisory Committee (NVAC) Standards for Adult Immunization Practice
- By 2019:
 - One million previously unimmunized Medicare beneficiaries will receive pneumonia immunization
 - Improving adult immunization status assessment
 - Appropriate immunization or referral, and documentation of Medicare beneficiary immunization status to include to reporting immunizations to the state or other Immunization Information System (IIS) via CEHRT and other electronic methods

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Barriers

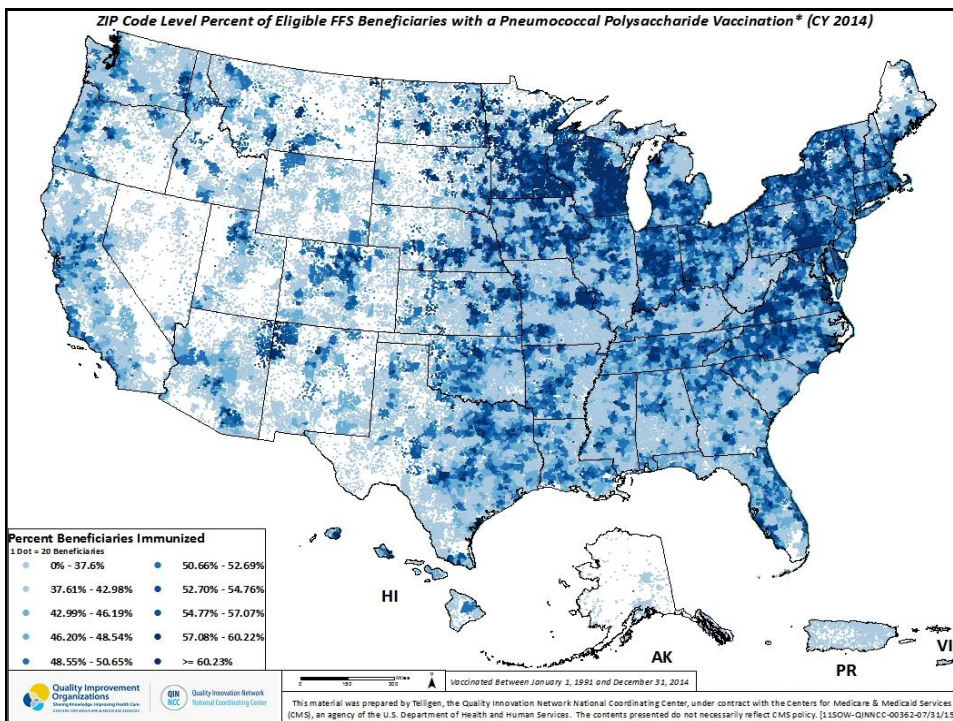
- Reporting to IIS

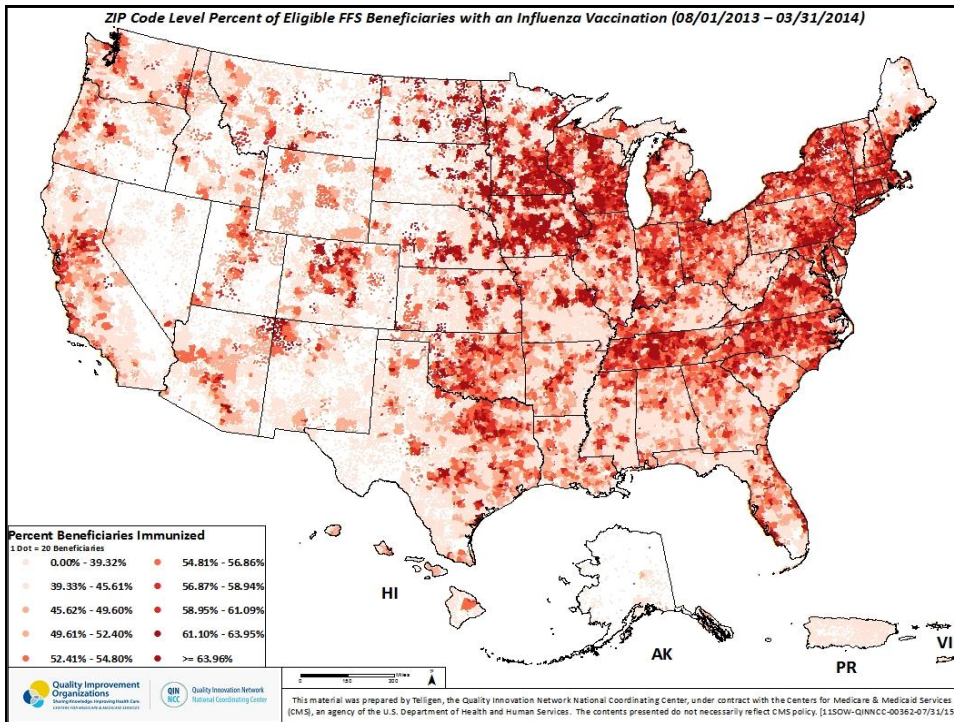
- Lack of **awareness** that related to adult IIS and reporting of adult immunizations is not mandatory in many states.
- **Cost** of immunization interfaces between registries and EHRs and lack of **bi-directional interfaces**.
- Lack of **accurate data** reporting from EHRs related demographics, administration of immunization, reports for herpes zoster.
- **Communication** barriers between EHR vendors, practice staff and IIS staff.

- Engaging Providers and Home Health Agencies

- Provider engagement in immunization work is challenged by **competing priorities** such as the Quality Payment Program; staff turnover and **data reporting** also burden practices.
- HHAs experience frequent **staff turnover** and logistical/legal issues related to **storage, transportation** and **administration** of vaccines.

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Progress: QIN-QIO Program Reach

- As of January 2017

Provider Type	Total Recruited
Clinicians	7,094
Hospitals, Nursing Homes, Health Departments	360
Pharmacies	544
Home Health Agencies	1,166
Medicare Beneficiaries	3,724,298

Interventions and Progress: Clinicians

- Addressing immunizations in combination with **other areas of wellbeing** (cardiac health, diabetes self-management, and behavioral health)
- Encouraging the use of **Annual Wellness Visits**, including assessment for flu & pneumonia as part of the patient's Personal Preventative Plan Services (PPPS) included on the Health Risk Appraisal (HRA)
- Aligning practice immunization rate goals with the **CMS Quality Payment Program (QPP)**

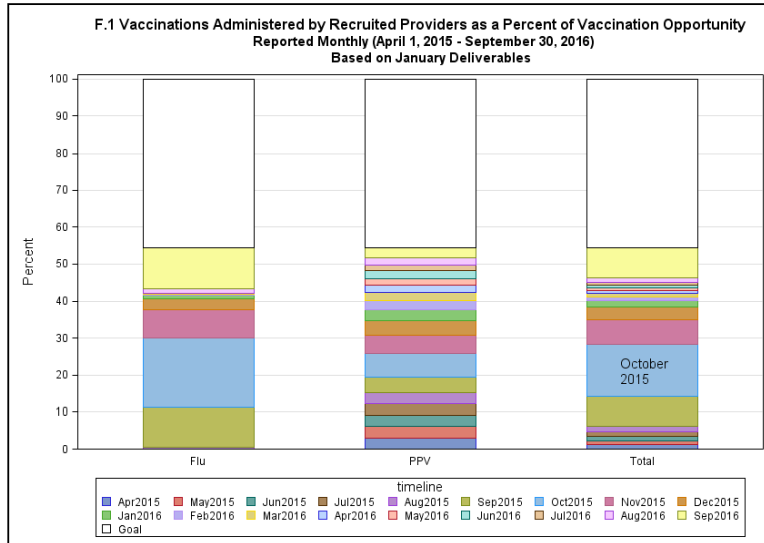
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Interventions and Progress: Clinicians

- Educating Healthcare Providers:
 - Take advantage of **every clinical encounter**
 - Implement Protocols or Standing Orders
 - **Messaging that works**
 - Motivational messaging
 - Motivational counseling
 - Nudge behavior
 - **Administer or Refer** (but always follow-up)

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Progress: Immunizing 1 Million Beneficiaries



This material was prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

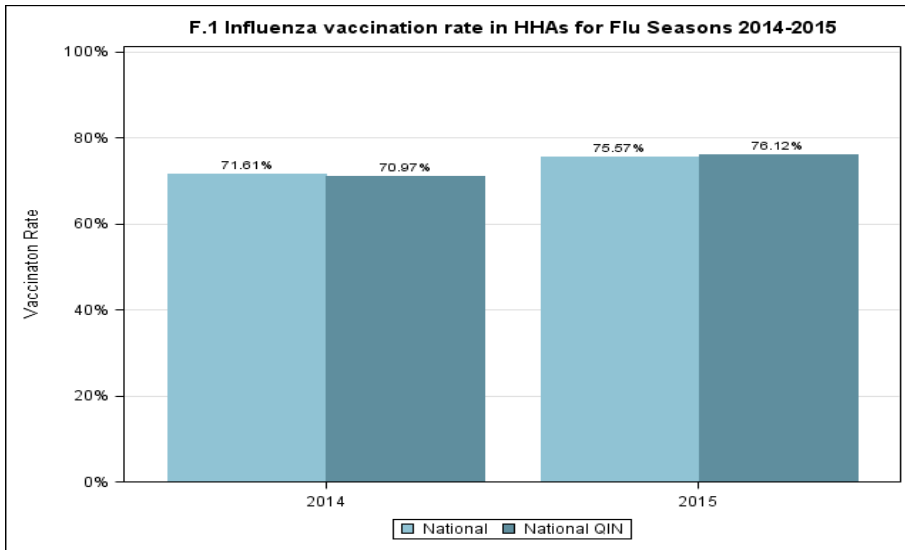


Interventions and Progress: Home Health Agencies (HHAs)

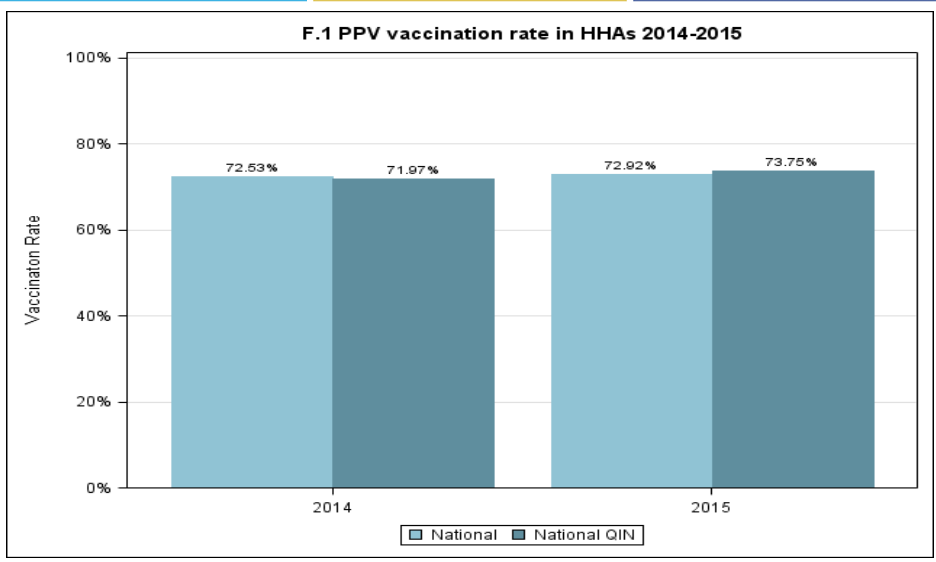
- HHAs are currently overwhelmed by the requirement from CMS to complete their Emergency Preparedness Plans by Fall 2017. QIOs are working to **combine assistance** creating these plans with immunization topics.
- **Providing education** to address and understand barriers to HHAs transporting, administering, billing and documenting vaccinations in the IIS.
- Exploring the benefits of **mass-screening patients** on a regular schedule, saving considerable time and assist in reporting.

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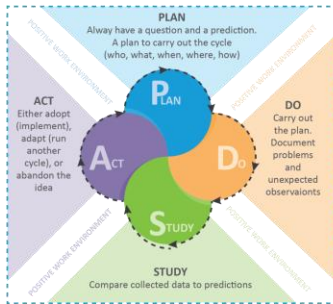
Interventions and Progress: Home Health Agencies



Interventions and Progress: Home Health Agencies



Sample PDSA Cycle For Immunizations:



- **Aim Statement:** We will improve adult influenza and pneumococcal immunization rates by 20% by March 2017.
- **Test Cycle Date:** Two-week test period. Identify pilot area (nursing unit, department, or all areas).
- **Plan:** Test results of using patient messaging to improve patient influenza and pneumococcal immunization rates.
 - **Expected Result:** If we use patient messaging, immunization rates will increase.
 - **Need:** Staff training, patient materials.
 - **Measure:** Develop baseline vaccine rate for each vaccine.
- **Do:** Report what happened when you carried out the test. Describe observations and findings, problems encountered, special circumstances.
- **Study:** Compare results to your predictions.
- **Act:** What will you do next? Adopt, adapt or abandon and look for alternative method?

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Interventions and Progress: IIS Reporting

- Encouraging **all provider types** have access to submitting and viewing data in the IIS (including pharmacies and HHAs).
- **Including EHR vendor** representatives to be active in the conversations to ensure technological capabilities for transmitting and receiving.
- Promoting selection of the Quality Payment Program **(QPP) Advancing Care Information** measure on Immunization Registry Reporting, but also encouraging providers to go beyond the minimum requirements.

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Interventions and Progress: Community Collaboration

- **Pharmacies**
 - **Educating pharmacy technicians** on how to talk to customers, ask every customer at every visit if they need a flu shot, and to offer consultation from a pharmacist.
 - Where community pharmacies (i.e. Walgreens, Walmart, CVS) have developed an interface with IIS, the QIO can promote the benefit of **transmitting the data** from the community pharmacy to the clinic's EHR.
- **Partners**
 - Coordinating with **Local Immunization Coalitions**
 - Engaging with **ESRD Renal Networks** to share resources, successes, and lessons learned to overcome challenges in dialysis facilities such as vaccination reconciliation.
- **Patients**
 - **Direct outreach** through educational letters, bus ads (in high volume, urban environments), statewide billboard campaigns, social media campaigns including Pandora, Facebook and blogs promoting adult immunizations.

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Call to Action

- **Reach out to the QIO in your area!**
 - <http://qioprogram.org/>
 - State-specific contact list to be included with slides the on the Summit website at <https://www.izsummitpartners.org/>
- **Opportunities for collaboration**
 - Identifying, creating, and distributing educational resources and strategies for targeting adult populations
 - Approaches and tools to facilitate the integration of immunizations into provider and patient priorities

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