



AMGA Foundation

# Adult Immunization Best Practices Learning Collaborative

May 14, 2019

## Acknowledgements

### AMGA Foundation Team

- Danielle Casanova, MBA, Senior Director, Population Health Initiatives
- Earlean Chambers, RN, MS, CPHQ, Director, Population Health Initiatives
- John Kennedy, MD, Chief Medical Officer, AMGA, President, AMGA Foundation
- Erin Leaver-Schmidt, MPH, Senior Manager, Population Health Initiatives
- Senait Temesgen, Program Manager, Population Health Initiatives

### AMGA Analytics Team

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- John Cuddeback, MD, PhD, Chief Medical Informatics Officer
- Vaishali Joshi, Senior Data Analyst
- Jill Powelson, Dr.P.H., M.P.H., M.B.A., R.N., CPC Senior Director, Collaborative for Performance Excellence

### Collaborator

- Optum Analytics - Distinguished Data and Analytics Collaborator

**Program Sponsor**



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## AMGA Organizational Overview

## AMGA Mission, Purpose, Vision



- **Mission**

AMGA advances multi-specialty medical groups and integrated systems of care as the preeminent model to deliver high performance health care

- **Purpose**

Advance High Performance Health

- **Vision**

We are leading the transformation that results in healthier people

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## AMGA: By the Numbers



**440+**

Medical group  
and health  
system members

**175,000**

Physicians  
practicing at  
AMGA member  
groups

**120**

**million**

Americans  
receiving care  
from our  
members

**1 in 3**

Americans  
visiting AMGA-  
affiliated  
providers

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## AMGA Members



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## AMGA Foundation



### ■ Mission

AMGA Foundation enables medical groups and other organized systems of care to consistently improve health and health care.

### ■ Vision

The AMGA Foundation serves as a catalyst, connector and collaborator for translating the evidence of what works best in improving health and health care in everyday practice.

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## Foundation Programs



Acclaim Award



Best Practices  
Learning  
Collaboratives



National Campaigns



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## AMGA's Collaborative for Performance Excellence



Total  
Cost of  
Care



Practice  
Efficiency



High-Risk  
Patients



Clinical  
Quality  
and Safety

[amga.org/CPX](http://amga.org/CPX)

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## Collaborative Overview

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## Objectives



Identify gaps and ways to address gaps in recommended vaccination practices

Demonstrate value of a data-driven partnership

Identify gaps in data capture

Evaluate the program's impact

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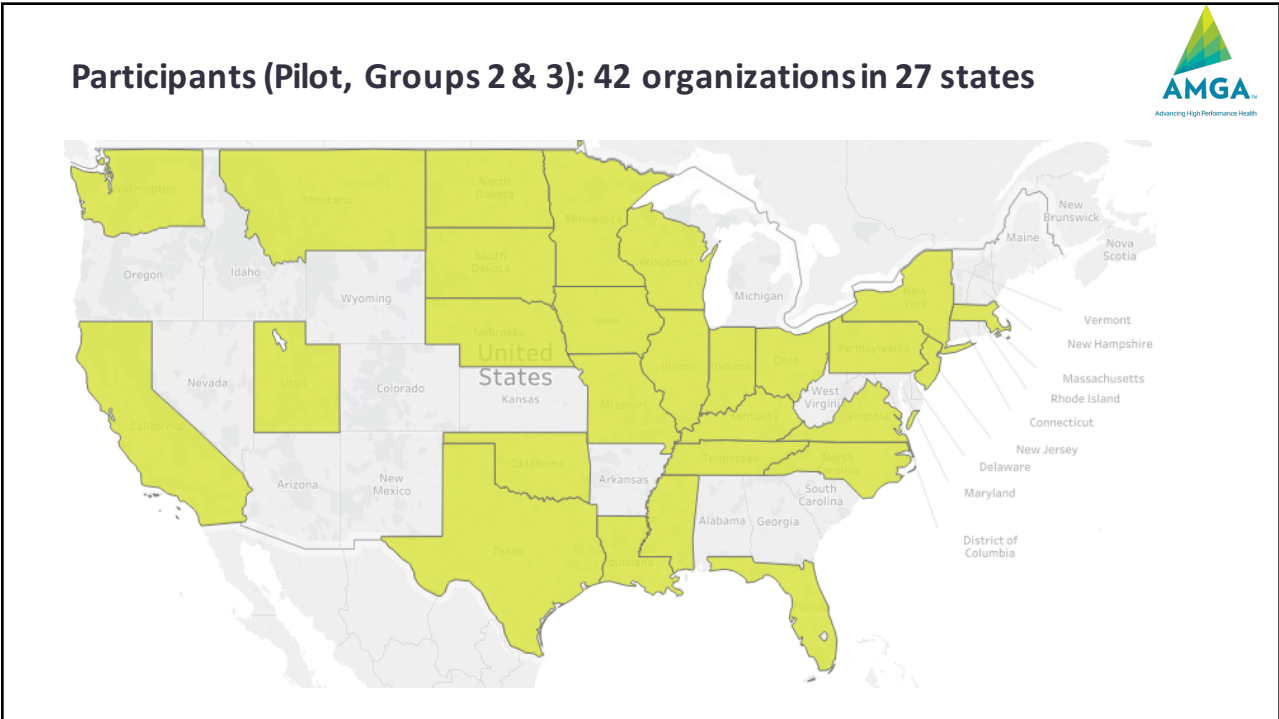
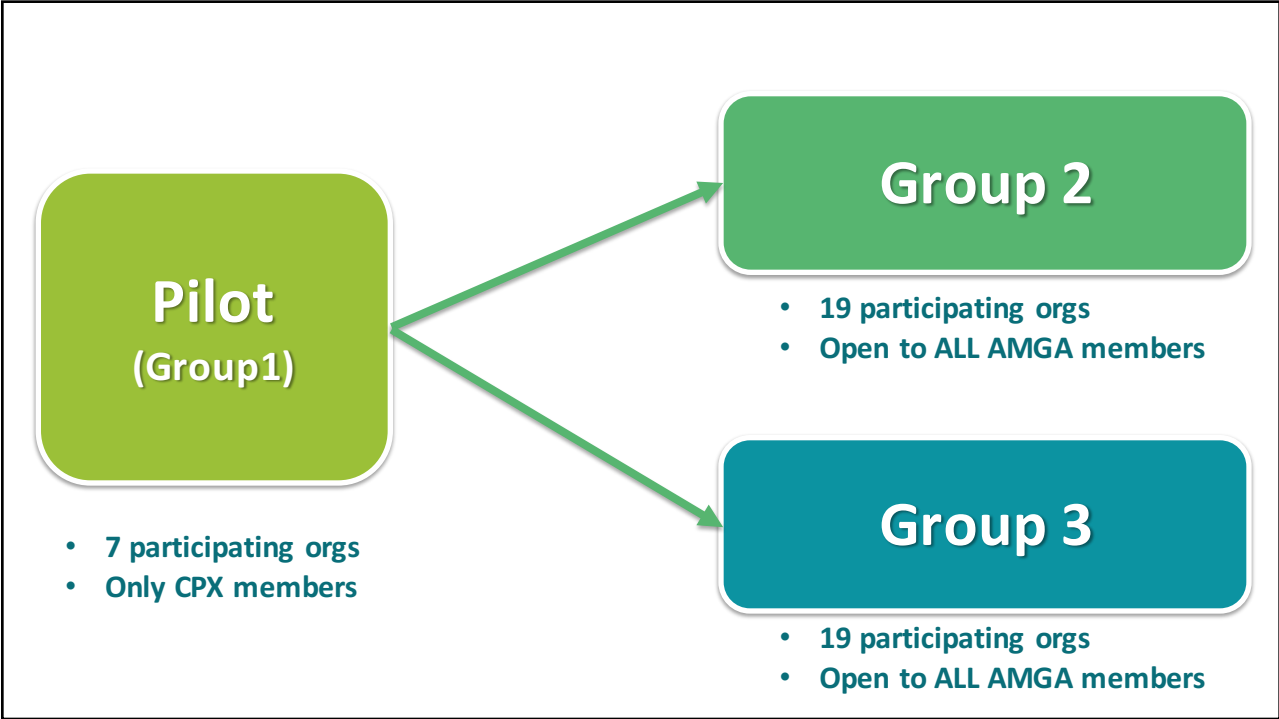
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## Pilot (Group 1)

- 7 participating orgs
- Only CPX members

# SCALABLE





## Objectives

Identify gaps and ways to address gaps in recommended vaccination practices

Encourage use of a combination of intervention tools

Demonstrate value of a data-driven partnership

Identify gaps in data capture

Evaluate the program's impact

## Collaborative Timeline



Group  
1

November 2014  
– June 2016

Group  
2

January 2017-  
September 2018

Group  
3

August 2017 -  
April 2019

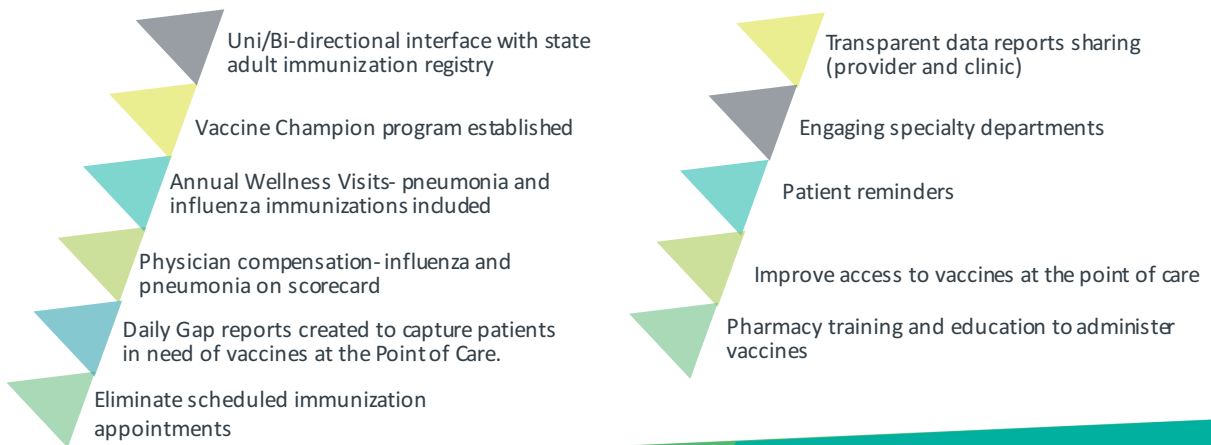
# Group 3 October 2018 Meeting Attendees



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# Best Practices/Lessons Learned



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## Best Practices/Lessons Learned



Pt reminders



Access



AWVs



**IMMUNIZATION**<sup>®</sup>  
CHAMPIONS, ADVOCATES  
& MENTORS PROGRAM

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## Best Practices Learning Collaborative Results

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## Data Source



- Most data was self-reported by participating organizations, using standardized specifications provided by AMGA and Optum Analytics for each measure
- Data source for approx. one-third of the groups in the learning collaborative was Optum Analytics, who maps and normalizes EHR data from ~30 AMGA member organizations to allow valid comparisons across organizations. Overall, data provided by Optum Analytics represents ~15% of AMGA member organizations and 25% of patients seen by all AMGA members or approximately 25 million patient lives.



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## Custom Measures for Collaborative



Measure	Eligible Ages	Eligible Conditions
Pneumococcal 65+	65+	All
Pneumococcal High Risk <sup>1</sup>	19 – 64	cerebrospinal fluid leak, cochlear implants, hemoglobinopathies, asplenia, chronic renal failure, nephrotic syndrome, organ transplant, kidney disease, immunodeficiencies, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, general malignancy
Pneumococcal At Risk <sup>2</sup>	19 – 64	diabetes, chronic heart conditions, lung disease, chronic liver disease, alcoholism, smoker
Influenza	18+	All

<sup>1</sup> High risk conditions require both PCV and PPSV before age 65.

<sup>2</sup> At risk conditions require PPSV before age 65.

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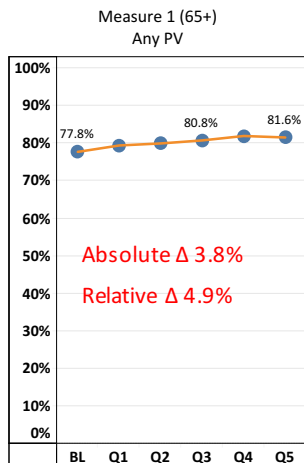
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## PV Measures (G2): Baseline → Qtr1 → Qtr2 → Qtr3 → Qtr4 → Qtr5



- Group weighted averages across 19 participating AMGA member organizations



BL: 1/1/16–12/31/16  
Q5: 1/1/18–3/31/18

Q1: 1/1/17–3/31/17

Q2: 4/1/17–6/30/17

Q3: 7/1/17–9/30/17

Q4: 10/1/17–12/31/17

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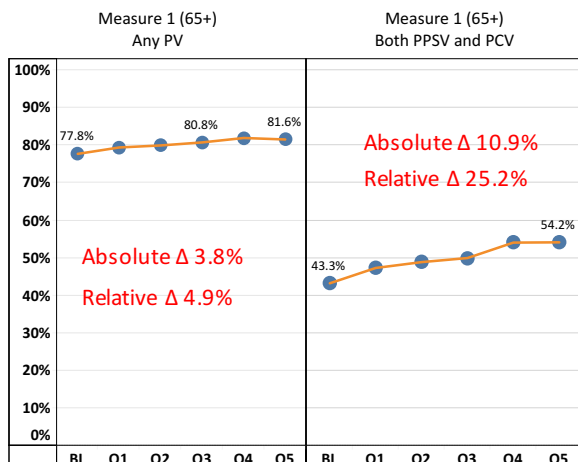
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## PV Measures (G2): Baseline → Qtr1 → Qtr2 → Qtr3 → Qtr4 → Qtr5



- Group weighted averages across 19 participating AMGA member organizations



BL: 1/1/16–12/31/16  
Q5: 1/1/18–3/31/18

Q1: 1/1/17–3/31/17

Q2: 4/1/17–6/30/17

Q3: 7/1/17–9/30/17

Q4: 10/1/17–12/31/17

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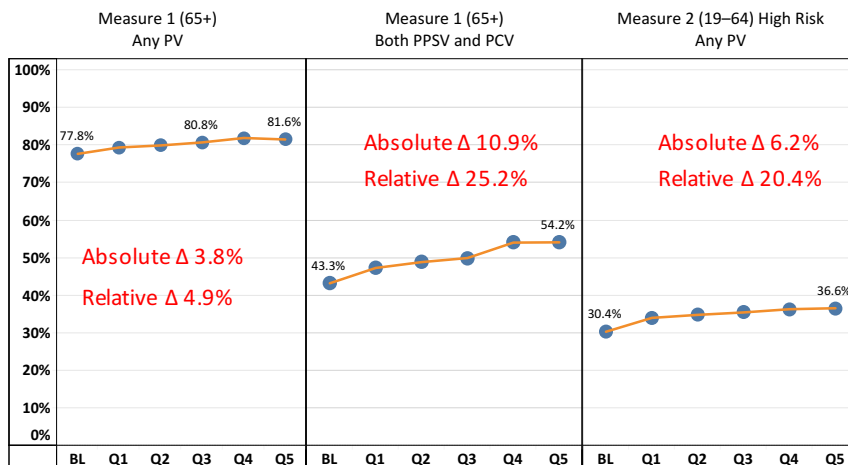
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## PV Measures (G2): Baseline → Qtr1 → Qtr2 → Qtr3 → Qtr4 → Qtr5



- Group weighted averages across 19 participating AMGA member organizations



BL: 1/1/16-12/31/16  
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Q1: 1/1/17-3/31/17

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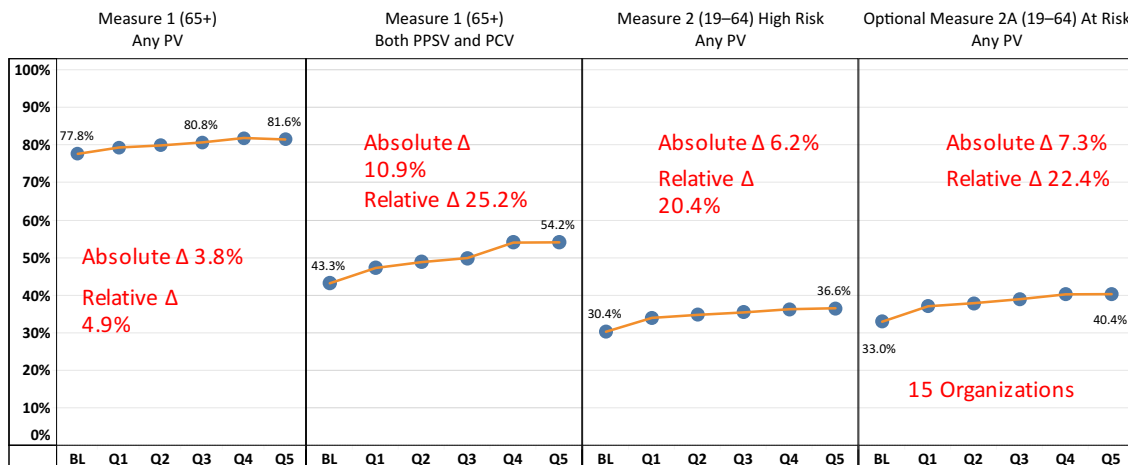
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## PV Measures (G2): Baseline → Qtr1 → Qtr2 → Qtr3 → Qtr4 → Qtr5



- Group weighted averages across 19 participating AMGA member organizations



BL: 1/1/16-12/31/16  
Q5: 1/1/18-3/31/18

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Q4: 10/1/17-12/31/17

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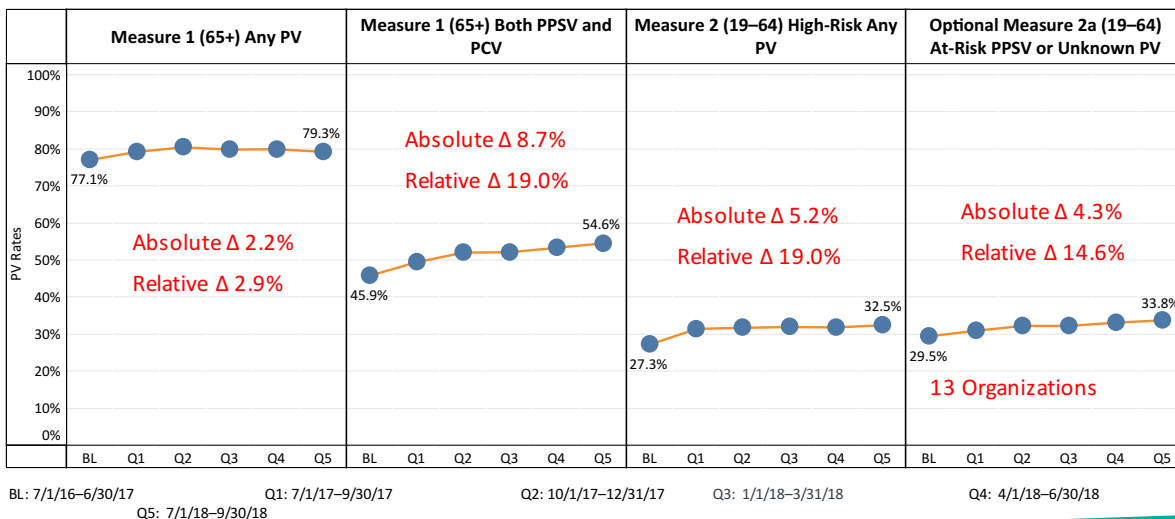
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## PV Measures (G3): Baseline → Qtr1 → Qtr2 → Qtr3 → Qtr4 → Qtr5



- Group weighted averages across 19 participating AMGA member organizations



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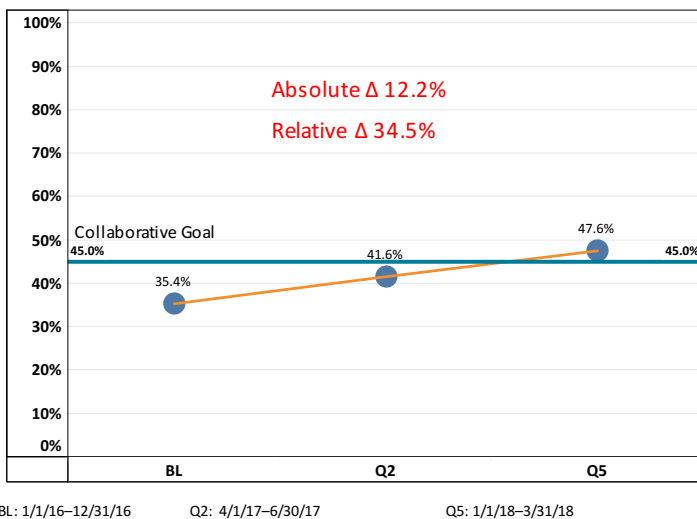
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## Influenza Measure (G2): Baseline → Qtr2 → Qtr5



- Group weighted averages across 19 participating AMGA member organizations



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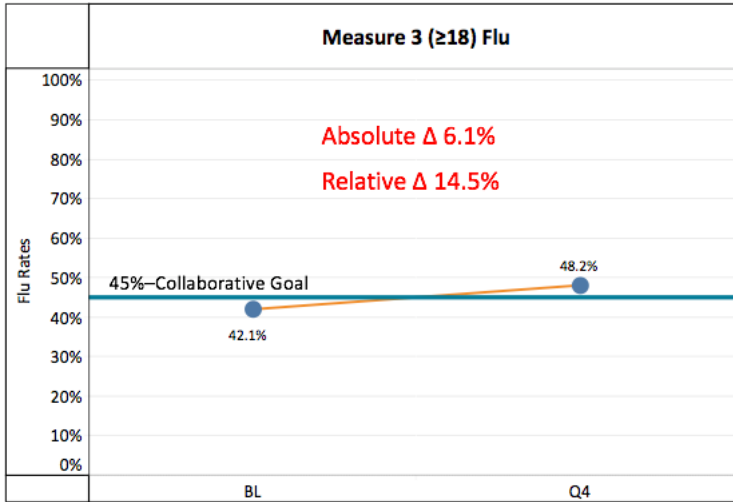
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## Influenza Measure (G3): Baseline → Qtr4



- Group weighted averages across 17 participating AMGA member organizations



BL: 7/1/16–6/30/17

Q4: 4/1/18–6/30/18

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## Estimate of vaccines administered or documented during the collaborative!



Total of ~ 5.5 million vaccinations combined across 3 adult immunization learning collaboratives (Pilot, Groups 2 & 3)

	Pilot	Group 2	Group 3	Combined
Pneumococcal	500K	~1M	~900K	~2.5M
Influenza	500K	>1.5M	>1.2M	~3M
Total	1M	~2.5M	~2M	~5.5M

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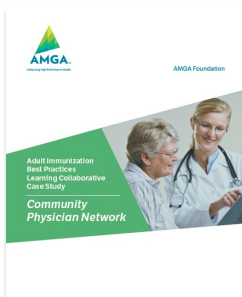
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## Summary—What has contributed to improved immunization rates?



- Staff Education, especially about high-risk and at-risk patients for PV
- Physician Champion
- Just calling attention to the program
- Transparent data reporting
- Bi-directional state registry feeds into EMR
- Reminders and/or gaps in care prompts in EMR
- Participating in vaccine programs (e.g. Sanford's Vax Champ)
- Vaccine reminders and alerts in EMR to alert providers
- EMMI (Automated outreach program)

## Next Steps





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