I Raise the Rates: Initiative to Raise the Adult Immunization Rates in Primary Care Raise the Rates

Presented by: Kathleen Willis, MD, FABC
Associate Chief Medical Officer
LSU Health Care Services Division
“A vaccine that sits on the shelf is useless” – Albert Sabin

Vaccines - The Greatest Public Health Achievement of the 20th Century

- Increase life expectancy
- Among the most safe and cost-effective prevention
- For each birth cohort the CDC estimates that vaccination:
  - Prevents 20 million cases of disease
  - Reduces direct health care costs by $14 billion
  - Saves $69 billion in societal costs
  - For each dollar invested in these vaccinations, $10.20 is saved
Immunization Success

- Smallpox eradication (globally)
- Polio elimination (most of the world)
- Measles elimination (western hemisphere)
- Rubella elimination (western hemisphere)

CDC, MMWR 1999;48:241-243
Impact and Mortality

- 99% of all vaccine-preventable disease (VPD) occurs in adults
- Each year, more than 50,000 adults die from vaccine-preventable diseases and their complications
  - More than breast cancer
  - More than HIV/AIDS
  - More than motor vehicle traffic accidents
# U.S. Adult Vaccination Rates – Very Poor!

Data: *NFS 2014, NHIS 2013*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Influenza</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Early Season 2014– 2015] – All Adults</td>
<td>39.0%</td>
<td>39.7%</td>
</tr>
<tr>
<td>[All] 18 – 49 years</td>
<td>31.4%</td>
<td>30.6%</td>
</tr>
<tr>
<td>[All] 50 – 64 years</td>
<td>39.1%</td>
<td>43.7%</td>
</tr>
<tr>
<td>≥ 65 years</td>
<td>61.8%</td>
<td>61.3%</td>
</tr>
<tr>
<td>HCW [19 – 64 years]</td>
<td>62.9%</td>
<td>Not asked</td>
</tr>
<tr>
<td><strong>PPS23 &amp; PCV13</strong></td>
<td>Rate 2012</td>
<td>Rate 2013</td>
</tr>
<tr>
<td>High risk 19 – 49 years</td>
<td>20.0%</td>
<td>21.2%</td>
</tr>
<tr>
<td>≥ 65 years</td>
<td>59.9%</td>
<td>59.7%</td>
</tr>
<tr>
<td><strong>Tetanus</strong> [19 – 49 years, received past 10 years]</td>
<td>64.2%</td>
<td>62.9%</td>
</tr>
<tr>
<td><strong>Tetanus/Pertussis</strong> [19+, received in past 8 yrs]</td>
<td>14.3%</td>
<td>17.2%</td>
</tr>
<tr>
<td><strong>Shingles</strong> [Zoster] age 60+</td>
<td>20.1%</td>
<td>24.2%</td>
</tr>
<tr>
<td><strong>Hepatitis B Vaccine</strong> [High risk 19 – 49 years]</td>
<td>35.3%</td>
<td>32.6%</td>
</tr>
<tr>
<td><strong>HPV Vaccine</strong> [women 19 – 26 years]</td>
<td>34.5%</td>
<td>36.9%</td>
</tr>
</tbody>
</table>

http://www.cdc.gov/flu/fluvaxview/nifs-estimates-nov2014.htm#place
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm
# Louisiana Adult Vaccination Rates

<table>
<thead>
<tr>
<th>Vaccine (Louisiana)</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Influenza</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults: 18 and over</td>
<td>40.7%</td>
<td>37.5%</td>
<td>42.0%</td>
</tr>
<tr>
<td>Adults: &gt; 65 years</td>
<td>70.2%</td>
<td>63.8%</td>
<td>66.3%</td>
</tr>
<tr>
<td><strong>Pneumonia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults: &gt; 65 years</td>
<td>69.1%</td>
<td>67.7%</td>
<td>68.1%</td>
</tr>
<tr>
<td><strong>Tetanus Since 2005</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults: 18 and over (Tdap)</td>
<td>_</td>
<td>_</td>
<td>14.7%</td>
</tr>
<tr>
<td>Adults: 18 and over (Not Tdap)</td>
<td>_</td>
<td>_</td>
<td>10.0%</td>
</tr>
<tr>
<td>Adults: 18 and over (Unknown)</td>
<td>_</td>
<td>_</td>
<td>31.0%</td>
</tr>
</tbody>
</table>

Behavioral Risk Factor Surveillance System Questionnaire (BRFSS), Louisiana Department of Health, 2015
## Disparities and Adult Vaccination Rates = EVEN WORSE!

Data: NIS-Flu and BRFSS

<table>
<thead>
<tr>
<th>Vaccine [Population] 2013-2014</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Influenza [&gt; 18 years]</strong></td>
<td></td>
</tr>
<tr>
<td>All Adults</td>
<td>42.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>33.1%</td>
</tr>
<tr>
<td>White</td>
<td>45.4%</td>
</tr>
<tr>
<td>Black</td>
<td>35.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>43.6%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>44.1%</td>
</tr>
<tr>
<td>Other/Multiple Race</td>
<td>34.9%</td>
</tr>
<tr>
<td><strong>Pneumococcal [&gt;65 years]</strong></td>
<td></td>
</tr>
<tr>
<td>All Adults</td>
<td>59.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>39.2%</td>
</tr>
<tr>
<td>White</td>
<td>63.6%</td>
</tr>
<tr>
<td>Black</td>
<td>48.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>45.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine [Population] 2013-14</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Zoster [&gt;60 years]</strong></td>
<td></td>
</tr>
<tr>
<td>All Adults</td>
<td>24.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9.5%</td>
</tr>
<tr>
<td>White</td>
<td>27.4%</td>
</tr>
<tr>
<td>Black</td>
<td>10.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>22.6%</td>
</tr>
<tr>
<td><strong>Tdap [&gt;19 years]</strong></td>
<td></td>
</tr>
<tr>
<td>All Adults</td>
<td>17.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10.2%</td>
</tr>
<tr>
<td>White</td>
<td>19.7%</td>
</tr>
<tr>
<td>Black</td>
<td>12.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>15.5%</td>
</tr>
</tbody>
</table>

[http://www.cdc.gov/flu/fluvoxview/coverage-1314estimates.htm](http://www.cdc.gov/flu/fluvoxview/coverage-1314estimates.htm)

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6404a6.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6404a6.htm)
Adult Vaccination is Complicated!

- Waning immunity
- Incomplete vaccination and poor records
- Vaccine hesitancy
- Different recommendations for different occupations (Ex. Healthcare workers, first responders)
- Part of the global society – International travel, Immigration, International adoptions, Refugees
- Domestic mobility
What Can You Do?

I Raise the Rates: Initiative to Raise the Adult Immunization Rates in Primary Care Raise the Rates

- An ACP Quality Connect program to significantly raise adult immunization rates in the primary care setting.
**I Raise the Rates Program**

- Significantly increase adult immunization rates by assisting physicians and their health care teams in implementing the adult immunization standards of care by
  - Making strong recommendations to their patients
  - Taking quality improvement steps in their practices to increase vaccination
  - Collaborating with immunizers in their communities to get more people vaccinated
- 18 month initiative
- Implementation in Arkansas, Louisiana, New Jersey, and Florida
I Raise the Rates Program Components

- Training, Coaching, and Resources for Practices
- Performance Measure Feedback
- Communications Campaign

INCREASED ADULT IMMUNIZATIONS
I Raise the Rates Program Partners

National Advisory Board

American College of Physicians

QHC Advisory Group

CECity – Data Collection

State Team
Ultimate Goal: “Immunization Neighborhood”

- Purpose:
  - Collaboration, Coordination, and Communication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine-preventable diseases.
“The Big Five” Vaccines

- Influenza
- Pneumococcal
  - Adult 65+ years
  - High risk adults 19 - 64
- Tdap (tetanus, diphtheria, and pertussis)
- Zoster (shingles)
- Hepatitis B
Training and Coaching for Practices

- Immunization Champions
  - ACP members and others, who provide peer-to-peer training and quality improvement coaching
- MOC points available for practice quality improvement
- Monthly Training webinars and regional learning collaboratives
- On-site quality improvement coaching for providers and staff
Healthcare Provider Recommendation Translates Into Higher Vaccination Rates

(Even for Patients With Negative Attitudes)

<table>
<thead>
<tr>
<th>Vaccination Rate (%)</th>
<th>Influenza</th>
<th>PPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>No recommendation</td>
<td>27%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Recommendation</td>
<td>82%</td>
<td>85.1%</td>
</tr>
</tbody>
</table>

*High-risk patients were those ages 65 and older or those having heart disease, lung disease, diabetes, or other serious illness.

ALL providers should incorporate an immunization needs assessment into every clinical encounter with strong recommendation.

1. ASSESS immunization status
2. Strongly RECOMMEND vaccines indicated
3. ADMINISTER needed vaccines or REFER patients to a vaccine provider
4. DOCUMENT received vaccines

Barriers to Immunizations in the Ambulatory Setting

- Concerns about net cost/loss to practice
- Complex and constantly changing vaccine recommendations
- Inadequate time to address patient concerns and questions
- Incomplete immunization records or status for patient
Barriers to Adult Immunization

David R. Johnson, MD, MPH, a Kristin L. Nichol, MD, MPH, b Kim Lipczynski, PhD c

C. Pneumococcal

- Healthy, don’t need it
- Doctor hasn’t told me I need it
- May have side effects
- Don’t know when to get it
- May not work well
- Dislike needles or shots
- Might get the disease
- Could worsen current conditions
- Insurance doesn’t cover it
- Could interact with medication
- Don’t visit a doctor regularly
- Costs too much

Figure 2  (A-C) Reasons consumers acknowledge for not receiving immunizations, by vaccine type. Scale shown is the percent of consumers who were aware of the immunization and who agreed that this is a reason they have not received it or will not receive it.

Resources for *I Raise the Rates*

Participants

- Online platform that enables physician practices to evaluate and track immunization performance
- Patient and staff educational tools, handouts, checklists
- Webinars and practice coaching
- Tools for estimating the financial impact of immunizing for an individual practice
- Tools to improve communication between practice and pharmacy and other immunizers
Performance Measure Feedback

- Easy data upload at start, 9 months, and completion
- Real-time reporting and feedback
- Benchmarks/Peer Comparators:
  - Healthy People 2020 goals
  - National data
  - All participants in program/state
Medconcert: Learning and Performance Monitoring Platform

Welcome Page

ACP I Raise the Rates Platform

Welcome to the American College of Physicians I Raise the Rates Platform

This powerful tool enables health care providers to:

- Benchmark performance versus peers on measures that matter
- Identify gaps in care to improve the health of their patient population
- Access resources from leaders in quality to help improve in practice
- Connect with peers from across the nation to share, learn, and improve

View Performance
Get real-time data, identify your gaps and compare yourselves to others.

Identify Patient Outliers
Understand your performance by reviewing individual patient outliers.

View Improvement Tools
Access tools and links from quality improvement experts to help you and your team learn and improve.

Quality Reporting
Access additional financial and professional certification programs, such as ACPCare Standards of Certification, and many more.

What is the ACP I Raise the Rates Platform?

Through a partnership with CEDilly and Pfizer, the ACP I Raise the Rates Platform will accept data and provide participating health care providers with...
Medconcert: Performance Monitoring Dashboard
Medconcert: Patient Population Management/Outliers

### Population
Manage my patient population:

- **Patient List**
- **Outliers by Measure**
- **All Outliers**

### Patient Outliers by Measure

**Influenza Immunization**

**Overall Score**

- **58%**
  - **3.4%**
  
- **Overall performance score in the selected full month and change from the previous month.**

**Patient Outliers**

- **188** / **225**
  - **2.1%**
  
- **Number of patient outliers in the selected full month and change from the previous month.**

### Trending

![Trending Graph]

**My Patients Outliers (188)**

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Network</th>
<th>Contact Information</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Raynor, Sandy G.</strong></td>
<td>East General Medical Center</td>
<td><a href="mailto:raynorsandy@gmail.com">raynorsandy@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>63y</td>
<td>8/28/58</td>
<td>ID: 487429985</td>
</tr>
<tr>
<td><strong>Williams, Jake</strong></td>
<td>East General Medical Center</td>
<td><a href="mailto:williamsjake@gmail.com">williamsjake@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>63y</td>
<td>8/14/52</td>
<td>ID: 487429885</td>
</tr>
<tr>
<td><strong>McGruber, Nancy</strong></td>
<td>East General Medical Center</td>
<td><a href="mailto:mcgrubernancy@gmail.com">mcgrubernancy@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>63y</td>
<td>8/21/48</td>
<td>ID: 487429985</td>
</tr>
<tr>
<td><strong>Myers, Abigail A.</strong></td>
<td>North Shore Hospital</td>
<td><a href="mailto:myersabigaila0@gmail.com">myersabigaila0@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>63y</td>
<td>8/21/76</td>
<td>ID: 487429885</td>
</tr>
</tbody>
</table>
Medconcert: Improvement Tools

Access to improvement tools and educational resources for patients and staff.
Medconcert: Community

A place to share information and learn from your peers, coaches, and ACP.
Communications Outreach Campaign

- Led by local Immunization Champions
- Includes materials for providers and patients
- Newsletter articles, press relations, letters to the editor, and other materials for
- These tools can be customized for local distribution
Most physicians say, “I talk to all of my patients about vaccines”

But few patients agree

Physicians

Patients

87%

18%

31%

21%

When It Comes to Vaccines, Doctors and Patients Aren’t Hearing One Another

Results are based on surveys by the National Foundation for Infectious Diseases. November 2010.
How to Give a Strong Provider Recommendation: SHARE Method

- **Share** reasons why the recommended vaccines are right for the patient given age, health status, lifestyle, job, or other risk factors.
- **Highlight** your own experiences with vaccination to reinforce benefits.
- **Address** patient questions and any concerns about vaccines, include side effects, safety, effectiveness in plain, understandable language.
- **Remind** patients many vaccine-preventable diseases are common in the U.S. and can be serious for them.
- **Explain** the potential costs of getting VPDs, including serious health effects, time lost (e.g. missing work or family obligations), and financial costs.
Practice-based Strategies to Improve Vaccination Rates

- Use a variety of strategies to improve vaccination coverage:
  - Awareness - Know your numbers
  - Standing orders
  - Recall methods
  - Annual wellness visits
  - Pre-travel visits
Standing Orders Protocol (SOPs)

- Strategy to avoid missed opportunities in vaccination by allowing non–physician providers to administer vaccines without direct physician involvement

- Recommended by national groups, including:
  - Advisory Committee on Immunization Practices (ACIP)
  - U.S. Community Preventive Services Task Force

- Endorsed by CMS for vaccines since 2002
Reminder – Recall

- Strategy to remind patients that vaccines are due (reminder) or late (recall)
- Can be delivered via various methods (telephone, letter, email, text) and include educational materials
- Usually targeted by patient demographics:
  - Disease: asthmatic, diabetes, cancer, HIV/AIDS, etc.
  - Risk Factors: smokers
  - Age group: 18 – 19/College, 65+
- Increases vaccination coverage about 12 – 20%

Guide to Community Preventive Services
http://www.thecommunityguide.org/vaccines/clientreminder.html
You Can Make A Difference

- Provider recommendation has a strong effect on patient acceptance of vaccination
- Unwavering endorsement of vaccines
  - Evidence-based information
  - Dispel any misconceptions
  - Discourage misdirected behaviors
  - Counter negative attitudes
Join the *I Raise the Rates* Program

- **ACP:**
  - Rebecca Gehring, MPH - rgehring@acponline.org

- **Arkansas**
  - Eric Crumbaugh – Eric@arrx.org

- **Louisiana**
  - Angie Duck, RN – angieduck4@gmail.com

- **New Jersey**
  - New Jersey Immunization Network - Mike Cestare, MPH – mcestare@aapnj.org