

Healthy People, Healthy Communities
Providing Better Care at Lower Cost

Opportunities for Improving Adult Immunization Rates across the Continuum of Care

Objectives

- Overview of the HealthInsight QIN-QIO and the Adult immunizations task
- Review key barriers related to adult immunizations
- Share selected interventions



What is HealthInsight?

Private, non-profit, community-based organization dedicated to improving health and health care

- Nevada, New Mexico, Oregon and Utah
- Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO)
- End-Stage Renal Disease (ESRD) Networks 16 and 18
- Health Information Technology Regional Extension Center (REC)
- Agency for Healthcare Research and Quality Chartered Value Exchange



What Do QIN-QIOs Do?

- Enhance the culture of quality improvement within various health care settings
- Champion local-level, results-oriented change
- Teach and advise as technical experts
- Facilitate learning and action networks within health care communities, using results-oriented quality improvement (QI) activities



Overview of Adult Immunizations in the QIN-QIO World

- 14 QIN-QIOs across 37 states
- Began on April 17, 2015 to:
 - Improve vaccination rates
 - Increase utilization of immunization information systems (IIS)
 - Reduce disparities
- Target vaccines: Influenza, Pneumonia, Herpes zoster (shingles)
- Target population: Medicare patients and dually insured beneficiaries



HealthInsight QIN-QIO Immunization Partners

- Physicians, pharmacists (1,397)
- Home health agencies (115)
- Hospitals (56)
- State adult immunization coalitions
- State immunization information systems
- Public health departments



Landscape of the HealthInsight QIN-QIO Region

Immunization Type	National	Nevada	New Mexico	Oregon	Utah
Influenza	46.8%	36.1%	49.2%	40%	43.4%

Goal: 70% by 2019

Monthly cumulative influenza vaccination coverage estimates by state, HHS region, and the United States, National Immunization Survey-Flu (NIS-Flu) and Behavioral Risk Factor Surveillance System (BRFSS), 2014-15 influenza season

<http://www.cdc.gov/flu/fluview/reportshtml/reporti1415/reporti/index.html>



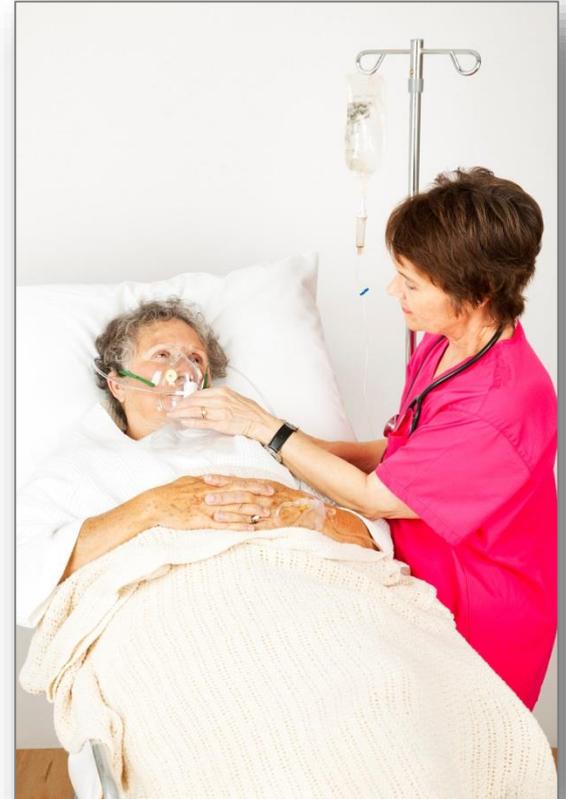
Identifying the Gap

- Structured interviews with selected recruited health care settings
- Goal was to assess:
 - Current immunization process and workflow
 - Referral procedures
 - Documentation process
 - Connectivity to IIS
- Discussions with patient and family advisory councils



Barriers-1

- Patient Barriers
 - Lack of awareness that adults also need vaccinations
 - Beliefs and misinformation
 - Inconvenience and paperwork
- Health Care System and Provider Barriers
 - Lack of understanding of the vaccination guidelines
 - Limited integration of IIS with EHRs
 - Assessment and delivery not integrated within clinical workflow

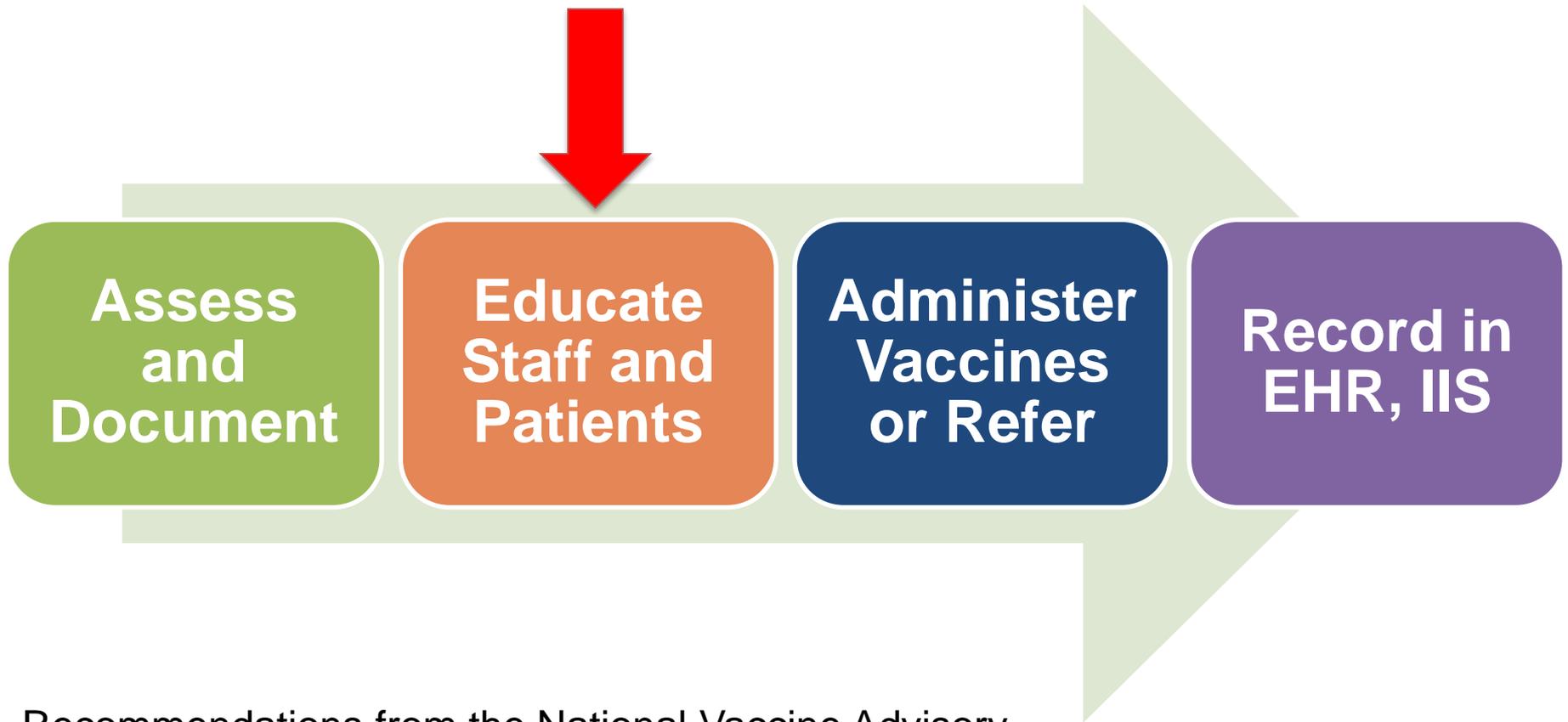


Barriers-2

- Reimbursement
 - Not all vaccines covered under Part B Medicare
 - Co-pays for some vaccines can be expensive (e.g., zoster)
 - Coding changes and takes time to understand
- Logistics
 - Special storage requirements
 - Documentation and consent is more complicated than many medicines



The Vaccine Cycle



Recommendations from the National Vaccine Advisory Committee: Standards for Adult Immunization Practice 2014

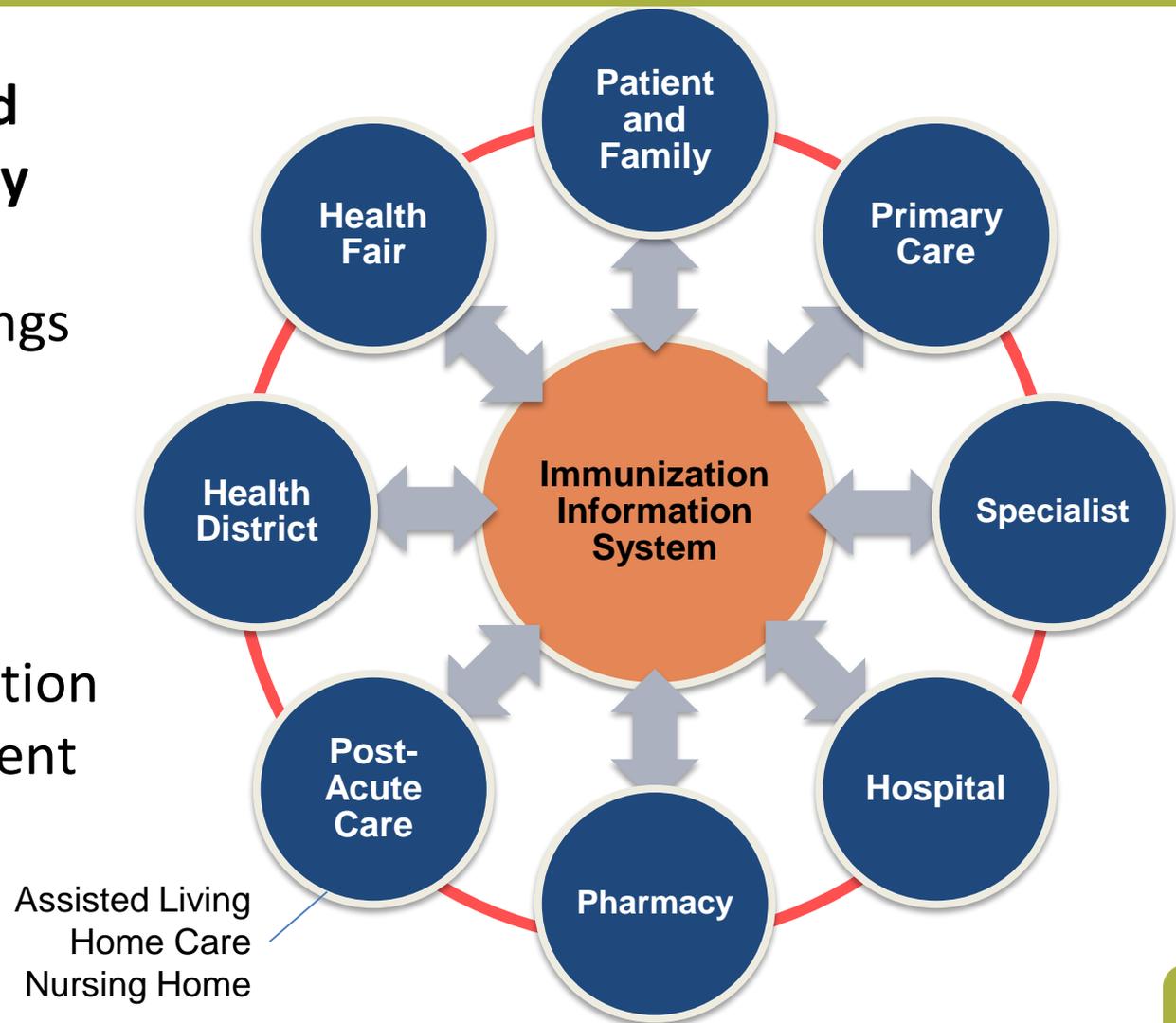


Communicating Vaccines Across the Care Continuum

Immunizations and the Patient Journey

Multiple care settings
can assess for,
administer and
influence vaccines.

Timely communication
is essential to prevent
over-vaccination.



Every Opportunity Matters

- Every encounter with a physician office, hospital, urgent care, home health and pharmacy is an opportunity.
- An opportunity missed often turns into a vaccine never received.
- Assess every patient, every time.
- Studies show the more time spent talking to patients about vaccines, the better the outcome.
- Points of opportunity (in the clinic):
 - Intake forms, staff messages, CDC education, provider counseling, posters, brochures in waiting areas.



Basic Intervention Package-1

- Facilitated Discussion Survey
 - Immunizers and Non-immunizers
- 2016 Adult Immunization Schedule (CDC)
- Pneumococcal Vaccine Timing for Adults (CDC)
- Quick Guide to Adult Vaccine Messaging (NAIIS)
- Standing Orders
- Nudge Behavior Scripts

Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Two pneumococcal vaccines are recommended for adults:

- 13-valent pneumococcal conjugate vaccine (PCV13, Prevnar13®)
- 23-valent pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23)

PCV13 and PPSV23 should not be administered during the same office visit.

When both are indicated, PCV13 should be given before PPSV23 whenever possible.

If either vaccine is inadvertently given earlier than the recommended window, do not repeat the dose.

One dose of PCV13 is recommended for adults:

- 65 years or older who have not previously received PCV13.
- 19 years or older with certain medical conditions and who have not previously received PCV13. See *Table 1* for specific guidance.

One dose of PPSV23 is recommended for adults:

- 65 years or older, regardless of previous history of vaccination with pneumococcal vaccines.
- Once a dose of PPSV23 is given at age 65 years or older, no additional doses of PPSV23 should be administered.
- 19 through 64 years with certain medical conditions.
- A second dose may be indicated depending on the medical condition. See *Table 1* for specific guidance.

Pneumococcal vaccine timing for adults 65 years or older

For those who have not received any pneumococcal vaccines, or those with unknown vaccination history



- Administer 1 dose of PCV13.
- Administer 1 dose of PPSV23 at least 1 year later for most immunocompetent adults or at least 8 weeks later for adults with immunocompromising conditions, cerebrospinal fluid leaks, or cochlear implants. See *Table 1* for specific guidance.

For those who have previously received 1 dose of PPSV23 at ≥ 65 years and no doses of PCV13



- Administer 1 dose of PCV13 at least 1 year after the dose of PPSV23 for all adults, regardless of medical conditions.

NCIRDig410 | 11.30.2015

www.cdc.gov/pneumococcal/vaccination.html



QUICK GUIDE TO ADULT VACCINE MESSAGING

Vaccines aren't just for kids, but many adults don't know they are vulnerable to vaccine-preventable diseases. It can be challenging to convince adults, without a health care provider recommendation, that they should be vaccinated, even if they have a high risk of complications from vaccine-preventable diseases due to conditions like heart disease or asthma. This Quick Guide to Adult Vaccine Messaging provides some effective, research-tested messages you might like to use, as well as tips on customizing your approach and language depending on your audience.

What Motivates Adults to Get Vaccinated?

Motivations to get vaccinated vary from person to person. But thanks to focus group research conducted by the U.S. Centers for Disease Control and Prevention (CDC) in 2013, we know three common motivators are:

- **A recommendation from a health care provider.**
Recommendations from health care providers are the most important factors in convincing adults they should be immunized. During every visit, it is critical for health care providers to review their patients' immunization history to determine whether he or she needs to be vaccinated.
- **Protection against diseases that could have serious consequences.**
Adults are motivated to get vaccinated if they believe it will protect them from diseases that could lead to serious illness, missed work or school, medical bills, and inability to care for loved ones.
- **A desire to protect others.**
Although some adults don't believe that they are susceptible to serious illness, most do think that immunization is important for those that are at risk. Adults are willing to get vaccinated if they understand that protecting themselves means protecting those around them.

Basic Intervention Package-2

Point-of-service card to encourage vaccination



Why do I need vaccines?

Each year thousands of adults get sick from diseases. Some of these people end up in the hospital, and some even die. Many diseases can be avoided by using vaccines.

Flu Vaccine

- More than 200,000 people end up in the hospital each year due to the flu
- People 6 months and older should get a flu vaccine
- You should get a flu vaccine each year during flu season, especially if you are 65 or older or have an ongoing illness

Pneumonia Vaccines

- Pneumonia is a leading cause of why people die or have to stay in a hospital
- There are two types of vaccines
- Nearly everyone 65 and older should get one dose of each vaccine

Shingles Vaccine

- Shingles is a painful rash and the pain can last long after the rash goes away
- Half of people who live until age 85 will get shingles
- Everyone 60 and older should get one dose

**Talk to your doctor or pharmacist
about the right vaccines for you.**

**To find a vaccine provider near you:
vaccine.healthmap.org**



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Older Adults Need Vaccines, Too!

Tdap Vaccine

- A single dose of the Tdap vaccine protects you from getting tetanus, diphtheria and whooping cough
- Adults 19 and older should have one dose of Tdap, and then tetanus (Td) boosters every 10 years

For More Information

Centers for Disease Control and Prevention (CDC):

- www.cdc.gov/vaccines/adults

National Vaccine Program:

- www.vaccines.gov

Immunization Action Coalition:

- www.vaccineinformation.org

**Talk to your doctor or pharmacist
about the right vaccines for you.**

**To find a vaccine provider near you:
vaccine.healthmap.org**

This material was prepared by HealthInsight, the Medicare Quality Innovation Network Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, 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.

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Discussing Vaccines

- The Vaccine Ask
 - Get your vaccine here today
 - We don't provide that vaccine, but we can refer you to the pharmacy (non-immunizers)
- What types of messages work?
 - Motivational messaging
 - Motivational counseling
 - Nudge behavior
- Highlight the **risk** of not getting a vaccine
 - Most people are risk-averse to some degree.
 - Studies show patients respond better to these messages.



Motivational Messaging

- Brief, succinct messages from frontline staff, MAs, pharmacy technicians – staff who are not treating the patient, don't know their complete health history.
- Use facts or statistics from credible sources.
- Always provide educational materials to those who decline or who request more information.



Motivational Messaging

Examples:

- “All our physicians strongly recommend patients get their flu shot this year, the earlier the better.”
- “Experts strongly recommend vaccines as the safest way to protect your health and the health of others around you.”
- “Getting a flu shot every year is one of the best ways to take control of your health.”



Motivational Counseling

- Encouraging messages from providers – people who know more about patient's health
- Personal, individualized messages about patient's age, health status or chronic condition
- Spending more than just a few seconds educating patient on why he or she needs this vaccine



Motivational Counseling

Diabetes Example:

- “Because you have diabetes, I’d like you to understand your risk if you *don’t* get your flu and pneumonia vaccines.
- “Diabetes, even if well-managed, can make it harder for your immune system to fight infections. The flu can raise your blood glucose to dangerously high levels, making you significantly more likely to have serious complications and be hospitalized.”
- “Because you have diabetes, you are at increased risk for death from pneumonia.”



Nudge Behavior

- Behavioral economics demonstrates that subtle changes in how decisions are framed or how choices are primed can have substantive impact on real-world behavior.
- Example: Calling prospective voters to prompt them to talk about voting.
 - Are you going to vote?
 - Where are you going to vote?
 - How will you get to the polling place?
- A person who *verbalizes* an action to another, and *visualizes* how they will accomplish this task, is more likely to be successful.



Nudge Behavior

The goal is to prompt the patient to have a brief back-and-forth conversation about vaccines and to visualize the action.

Clinic: “All of our doctors are strongly recommending the flu shot this year. Would you like to get your flu shot today?”

Patient: “No, thank you, I don’t want a flu shot.”

Clinic: “Would you mind telling me why you don’t want a shot?”

Patient: “They don’t work for me.”

Do not challenge or correct the patient, just accept the answer.

Clinic: “Okay. Would you be interested in more information about the subject?”

Patient: “No, thank you.”

Clinic: “Ok. If you change your mind and decide you would like the shot, you can come back anytime without an appointment.”

Explain your clinic’s process for how a patient can come back for a vaccine at a later time.



Plan-Do-Study-Act (PDSA)



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?



Questions and Discussion

