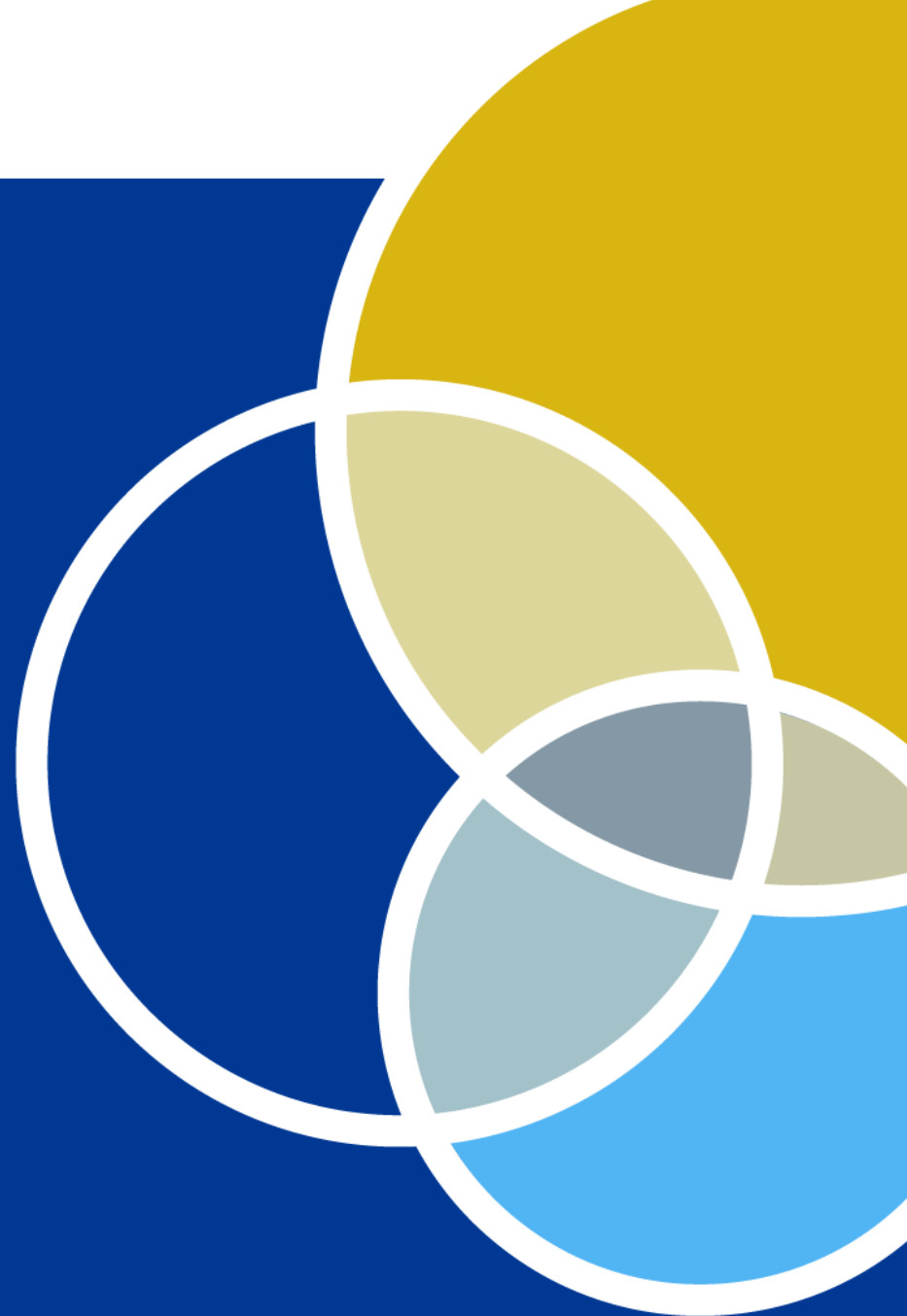


# Strategies for Improving Adult Immunization Rates

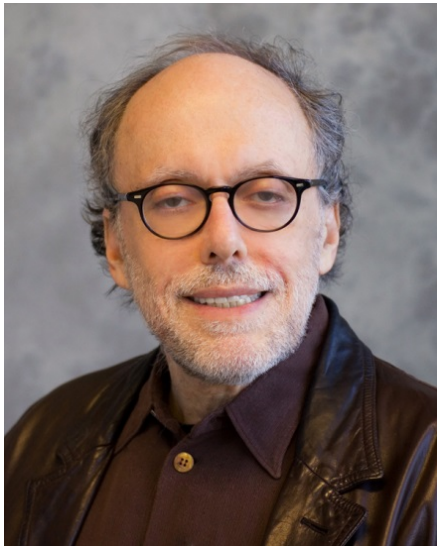
Jay A. Gold, M.D., J.D., MPH  
Senior Vice President and Chief  
Medical Officer  
MetaStar

Adult Immunization Summit

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# Jay A. Gold, M.D., J.D., MPH



- Senior Vice President and Chief Medical officer of MetaStar, representing Wisconsin in the Lake Superior Quality Innovation Network (QIN), in partnership with MPRO of Michigan and Stratis Health of Minnesota.
- Wisconsin program director of Lake Superior QIN's contract with the Centers for Medicare & Medicaid Services (CMS) to improve care for Medicare beneficiaries.
- Board certified in preventive medicine/public health.
- Member of the Wisconsin Council on Immunization Practices.
- A signatory of the annual influenza vaccine recommendations memo which the Wisconsin Department of Health Services sends to Wisconsin providers.
- Advisor to MPRO's project to improve Medicare beneficiary immunization rates.

# Vaccine-preventable Diseases in Adults

- Kill 60,000 adults per year in U.S.
- Influenza and pneumonia combined are the 8<sup>th</sup> leading cause of death in U.S.
- 90% of those deaths are Medicare age

# Vaccine-preventable Morbidity

- Hospitalization
- Quality of life (e.g., postherpetic neuralgia)
- Missed work
- Medical complications

# Advisory Committee on Immunization Practices (ACIP) Recommendations

Persons > 65 years of age should receive:

- Annual influenza vaccination
- Two pneumococcal vaccines in series:  
pneumococcal conjugate 13 valent (PCV13)  
followed 6-12 months later by pneumococcal polysaccharide 23 valent (PPSV23) vaccine)
- Herpes zoster vaccination at age 60 or older

# Healthy People 2020 Goals for Medicare Age

- Influenza immunizations: **90%**
- Pneumococcal immunizations: **90%**
- Herpes zoster immunizations: **30%**

# National Health Interview Survey: Medicare Beneficiaries

- Influenza immunization: 65%(goal: 90%) – National Immunization Survey-Flu; 2013-14
- Pneumococcal immunization: 59.7% (goal: 90%) – National Health Interview Survey (NHIS) 2013
- Shingles immunization: 24.2%; (goal: 30%) – NHIS 2013

# Why are rates so low?

- Ignorance/apathy
- Inadequate emphasis on prevention
- Failure to offer
- Limited use of electronic tools
- Inadequate reimbursement
- Lack of coordination



# Why are rates so low? (cont.)

- Deficiencies in training/culture (Cf. pediatric immunization)
- Questions regarding the efficacy and safety of vaccines
  - Antivaxxers

# How to Overcome Barriers to Adult Immunizations (CDC)

- **Increase demand**
  - Patient reminders
  - Multifaceted programs including education
  - Regulation
- **Enhance access**
  - Reduce cost
  - Walk-in clinics
  - Alternate sites

# How to Overcome Barriers to Adult Immunizations (cont.)

- **Address provider barriers**
  - Institutional policies
  - Standing orders
  - Standardized forms
  - Efficient clinic flow (right here right now)
  - Ongoing measurement and evaluation

# Interventions to Improve Rates

(In descending order of importance)

- Organizational change, e.g. standing orders
- Provider reminders
- Provider education
- Patient reminders
- Patient education

# Recommendations and Reinforcement

- **Recommend the vaccine**
  - Powerful motivator
  - Patients apt to follow practitioner recommendation

# Reminders and Recall to Patients

- **Reminder:** Notification that immunizations are due soon
- **Recall:** Notification that immunizations are past due
- Content of message and technique of delivery vary
- Reminders and recall have been found to be effective

# Reminders and Recall to Providers

- **Communication to providers that a patient's immunizations are due soon or past due**
- **Examples:**
  - Computer-generated list
  - Stamped note in chart (“No pneumococcal vaccine on record”)
  - “Immunization Due” clip on chart
  - Electronic reminder in an electronic medical record

# Leveraging Health IT

- Reminders to practitioners
- Reminders to patients
- Documentation, reporting, sharing
- Wisconsin Immunization Registry (WIR)



# The Four Pillars™ Immunization Toolkit

- Convenient vaccination services
- Patient notification
- Enhanced office vaccination
- Systems motivation with an office immunization champion

University of Pittsburgh

<http://www.4pillarstoolkit.pitt.edu/home>

# Pillar 1: Convenience and Easy Access

- Utilize all opportunities to vaccinate
- Implement express vaccination services
- Extend the influenza vaccination season

# Pillar 2: Improve Patient Notification

- Discuss with patients
  - Make vaccinations part of the conversation at every visit
- Encourage staff vaccination
- Notify patients automatically

# Pillar 3: Improve Vaccination Systems

- Assess vaccination as a routine part of all office visits whether the patient is sick or well.
- Options include routinely addressing as part of vital signs, "Are the patient's immunizations up to date?"
- Electronic Health Record (EHR): Turn on reminders or prompts for specific vaccines; check health maintenance or immunization tab

# Pillar 4: Ongoing Motivation

- Track progress
- Select an office immunization champion

# Pillar 4: Overcome Barriers

## Insufficient staff

- Implement standard operating procedures (SOPs) to increase efficiency
- Enable non-physician staff to assess and vaccinate
- Seek reimbursement for vaccination

# Pillar 4: Overcome Barriers (cont.)

## Uncertainty about vaccination status

- CDC accepts self-reports for flu and PPSV
- Patient reports are correct for:
  - Influenza 94-100 percent of time
  - PPSV 80-97 percent of time

## Workflow patterns not conducive to SOPs

- Use best practice examples
- Use vaccination as vital sign to trigger SOPs
- Practice enhancement training
- Teamwork

# AFIX

- **A**ssessment
- **F**eedback
- **I**ncentives
- **eX**change

<http://www.cdc.gov/vaccines/programs/afix/index.html>



# Other Resources

- Alliance for Immunization in Michigan Toolkit (AIM)
  - [www.aimtoolkit.org](http://www.aimtoolkit.org)
- Immunization Action Coalition
  - [www.immunize.org](http://www.immunize.org)
- DoD Immunization University
  - [www.vaccines.mil/ImzU/](http://www.vaccines.mil/ImzU/)

# Questions?

**Jay A. Gold, M.D., J.D., MPH**

MetaStar, Inc.

(608) 274-1940

[jgold@metastar.com](mailto:jgold@metastar.com)