Strategies for Improving Adult Immunization Rates

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• 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 8th 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
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
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
• Assessment
• Feedback
• Incentives
• eXchange

http://www.cdc.gov/vaccines/programs/afix/index.html
Other Resources

• Alliance for Immunization in Michigan Toolkit (AIM)
  • www.aimtoolkit.org

• Immunization Action Coalition
  • www.immunize.org

• DoD Immunization University
  • www.vaccines.mil/ImzU/
Questions?

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