



Healthy People, Healthy Communities
Providing Better Care at Lower Cost

**Augmenting Adult Immunization Programs:
Increasing Adult Immunization Rates through
Quality Improvement Methods and FluFit**

Oregon Flu Summit & More
August 23, 2016



Speakers

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What is HealthInsight?

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

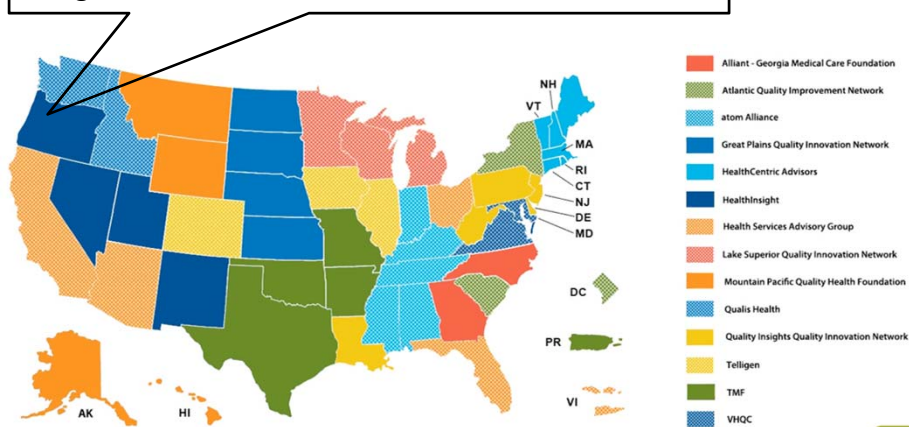
- Nevada, New Mexico, Oregon and Utah
- HealthInsight Oregon—formerly Acumentra Health
- Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO)
- Health Information Technology Regional Extension Center (REC)

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Overview of QIN-QIOs

HealthInsight Oregon (formerly Acumentra Health), Oregon's QIO since 1984



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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

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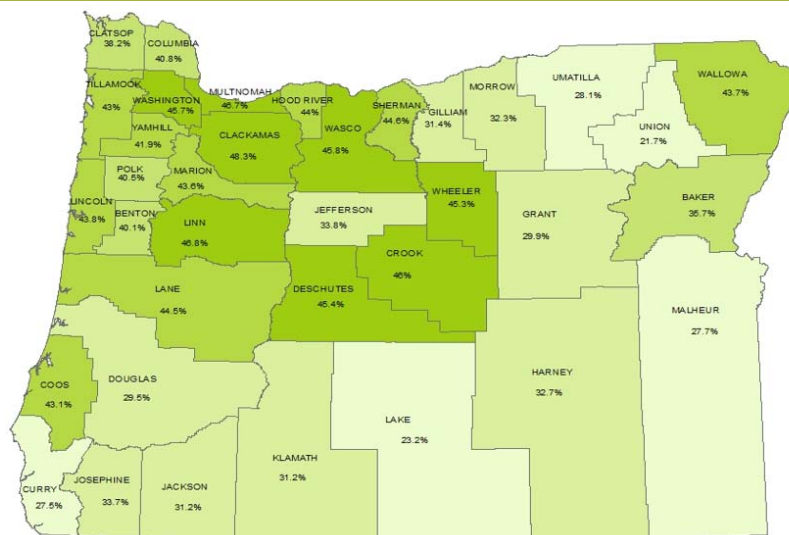
Adult Immunizations

- 14 QIN-QIOs across 37 states
- Began April 17, 2015
- Target vaccines:
 - Influenza
 - Pneumonia
 - Herpes Zoster (Shingles)
- Target population:
 - Medicare patients and dually insured beneficiaries

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2015–2016 Oregon Estimated All-Age County Influenza Vaccination Rates



Source: Oregon Immunization Program, Oregon Health Authority

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Overview of Immunizations Task


- **Goals:**
 - Improve vaccination rates
 - Increase utilization of ALERT IIS
 - Reduce disparities
- **Health care settings:**
 - Clinics, pharmacies, home health agencies, hospitals
- Utilize data and benchmarking
- Conduct interviews to map workflows
- Identify gaps and focus on opportunities

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Basic Intervention Package

- Facilitated Discussion Survey
- 2016 Adult Immunization Schedule (CDC)
- Pneumococcal Vaccine Timing for Adults (CDC)
- Influenza and Influenza Vaccine Myths & Realities (Joint Commission)
- Quick Guide to Adult Vaccine Messaging (NAIIS)
- Nudge Behavior Scripts




Pneumococcal Vaccine Timing for Adults
This tool can assist you in up to date and precise vaccine timing.

Pneumococcal vaccine timing for adults 65 years or older

What's New in the 2016 Schedule?


What's New in the 2016 Schedule?



QUICK GUIDE TO ADULT VACCINE MESSAGING

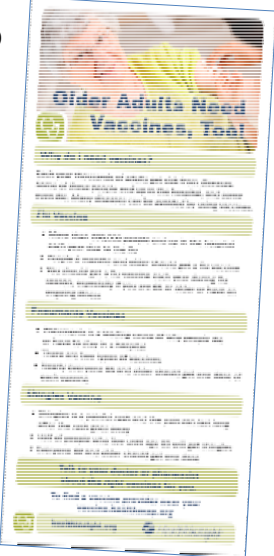
What's New in the 2016 Schedule?

What's New in the 2016 Schedule?

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Basic Intervention Package

- Rack card to encourage vaccination



Older Adults Need Vaccines, Too!

Each year thousands of adults get sick from diseases that can be prevented by getting vaccinated. Many diseases can be avoided by using vaccines.

Why do I need vaccines?

• More than 100,000 people die in the United States each year due to the flu.

• People 65 years and older should get a flu vaccine.

• You should get a flu vaccine each year during the season, especially if you are 65 or older or have an ongoing illness.

Preventable Diseases

• Pneumonia is a leading cause of life people die or have to stay in a hospital.

• There are two types of pneumonias.

• Healthy everyone 65 and older should get one shot of each vaccine.

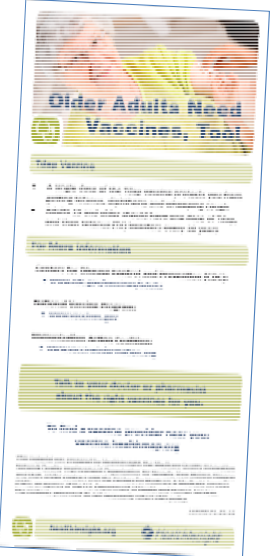
Shingles Vaccine

• Shingles is a painful rash and the pain can last long after the rash goes away.

• Most of people who are over age 60 will get shingles.

• Everyone 60 and older should get one shot.

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



Older Adults Need Vaccines, Too!

Take Action

- A single shot of the Tdap vaccine protects you from getting tetanus, diphtheria and whooping cough.
- Adults 65 and older should have one shot of Tdap, and then receive (Td) boosters every 10 years.

For More Information

CONTACT THE Disease Control and Prevention AT: www.cdc.gov/nceizd


National Vaccine Program:
www.vaccine.gov

Immunization Action Coalition:
www.imz.org

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

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

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www.healthmap.org

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Standards for Adult Immunization Practice

- **Assess** / Screen for immunizations
- **Recommend** immunizations
- **Administer** vaccines or **Refer** to other providers
- **Document** vaccine-related services

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

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Challenges & Opportunities

1. IIS reporting—ALERT IIS



2. EHR documentation



3. Standing orders

4. Community coordination



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HIT Challenges & Opportunities

1. IIS reporting—ALERT IIS (bi-directional)
2. EHR documentation



Points to consider:

- Do we have integrated inventory to record immunization details?
- Are we using CDC recommendations? (integrated/outdated)
- Are we indicating if provided elsewhere?
- Can we integrate systems into our own from external data sources?

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Data Considerations

- EHR data more accurate for eCQMs (electronic certified quality measures)
 - EHR data more precise
 - Standard deviation example (if available) (2015 immunization data)
 - EHR Reported Data 20.7
 - Claims Reported Data 27.4
 - Potential for higher performance with accuracy when including other data sources
 - ALERT Bidirectional
 - E-referrals with CCDA data

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Other Opportunities

3. Standing orders

- <http://www.immunize.org/standing-orders/>
- www.standingorders.org

STANDING ORDERS FOR Administering Influenza Vaccine to Adults

Purpose
To reduce morbidity and mortality from influenza by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy
Where allowed by state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1. Assess Adults for Need of Vaccination against influenza
 - All adults are recommended to receive influenza vaccination each year.
 - People who do not recall whether they received influenza vaccine this year should be vaccinated.
2. Screen for Contraindications and Precautions

Contraindications to use of all influenza vaccines

 - Do not give influenza vaccine to persons who have experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert. Assess reactions to egg components or gelatin in vaccine components (e.g., gelatin, gelatin-derived, gelatinous) (See insert on p. 2 of 2).

Contraindications only for gelatin-attenuated influenza vaccine (LAIV), nasal spray

 - Do not give the attenuated influenza vaccine (LAIV) nasal spray to a person who:
 - has a history of either an anaphylactic or non-anaphylactic allergy to eggs
 - is pregnant
 - has immunosuppression (including that caused by medications or HIV)
 - is age 18 years or older
 - received influenza antiviral (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or all products within the prior 14 days after vaccination
 - provides care for a severely immunocompromised person who requires a protective environment

Precautions to use of all influenza vaccines

 - Individuals with acute illness with or without fever
 - History of Guillain-Barre syndrome within 6 weeks of a previous influenza vaccination

Precautions for use of LAIV only

 - Asthma
 - Other chronic medical conditions (e.g., other chronic lung disease, chronic cardiovascular disease including congestive heart failure, diabetes, chronic renal or hepatic disease, hemolytic disease, meningitis, rheumatoid, and metabolic disorders)

NOTE: Influenza vaccine should never be used in persons with egg-free liquidation (egg allergy) influenza vaccine (LAIV) may be used for people age 18 years and older with egg allergy of any severity. For people who experience severe allergic reaction to a prior dose of any vaccine, health care providers should administer inactivated influenza vaccine (IIV) and observe the patient for at least 30 minutes after receipt of the vaccine for signs of reaction.
3. Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their speaking language. A list is available and should be used on the basis of community language. If no information about how to document that the VIS was given, see section 8 titled "Document Inoculations."

Revised 2014. Standing orders are subject to change. For more information, visit www.standingorders.org or call 1-800-458-5231. © 2014 Immunization Action Coalition. All rights reserved.

Other Opportunities

4. Community coordination

- Physician office, pharmacy, home health agency, hospital, nursing home, public health department, employers
- Confirmed ALERT IIS documentation



Resources

Advisory Committee on Immunization Practices, CDC

www.cdc.gov/vaccines/acip

Take a STAND!

www.standingorders.org

ALERT IIS, Oregon Health Authority

<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/alert>

HealthInsight Adult Immunizations Project

www.healthinsight.org/improving-immunization-rates

Recorded webinar: Standing Orders for Immunizations

<http://healthinsight.org/events/all-events>

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For More Information

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