Improving Vaccination Rates Using the Standards for Adult/Adolescent/Pediatric Immunization Practice

June 30, 2020

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Project Support

This program is funded through a grant from the New Jersey Department of Health (NJDOH) Vaccine Preventable Disease Program and the American Board of Family Medicine

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Learning Objectives

1. Describe the five Standards of Adult Immunization Practice from the CDC and the Standards for Pediatric/Adolescent Immunization Practice from the US Department of Health and Human Services
2. Utilize quality improvement methods and tools to test and implement strategies from the DOH Job Aids
3. Identify opportunities in practice to improve collection of data to assess for racial and ethnic disparities in immunization rates

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Agenda

- Overview of Quick QI program
- Quick QI Tools and Methods
- Next Steps
- Questions

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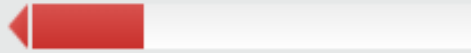
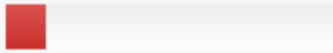
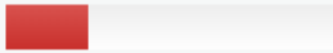
NJ Healthy People 2020 Goals

Objectives	Baseline	Progress Toward Goal	Goal
Increase children age 19-35 months receiving 4 doses of DTaP vaccines	86.7 %		95.0 %
Increase infants age 0-3 days receiving birth dose of Hep B vaccine	47.3 %		75.0 %
Increase children age 19-35 months receiving 4 doses of PCV vaccine	83.9 %		90.0 %
Increase children age 19-35 months receiving 4:3:1:4:3:1:4 vaccination series	67.9 %		80.0 %
Increase adults 65+ who receive pneumonia vaccination ever	65.6 %		72.2 %
Increase adults 65+ who receive seasonal flu vaccination	61.3 %		70.0 %

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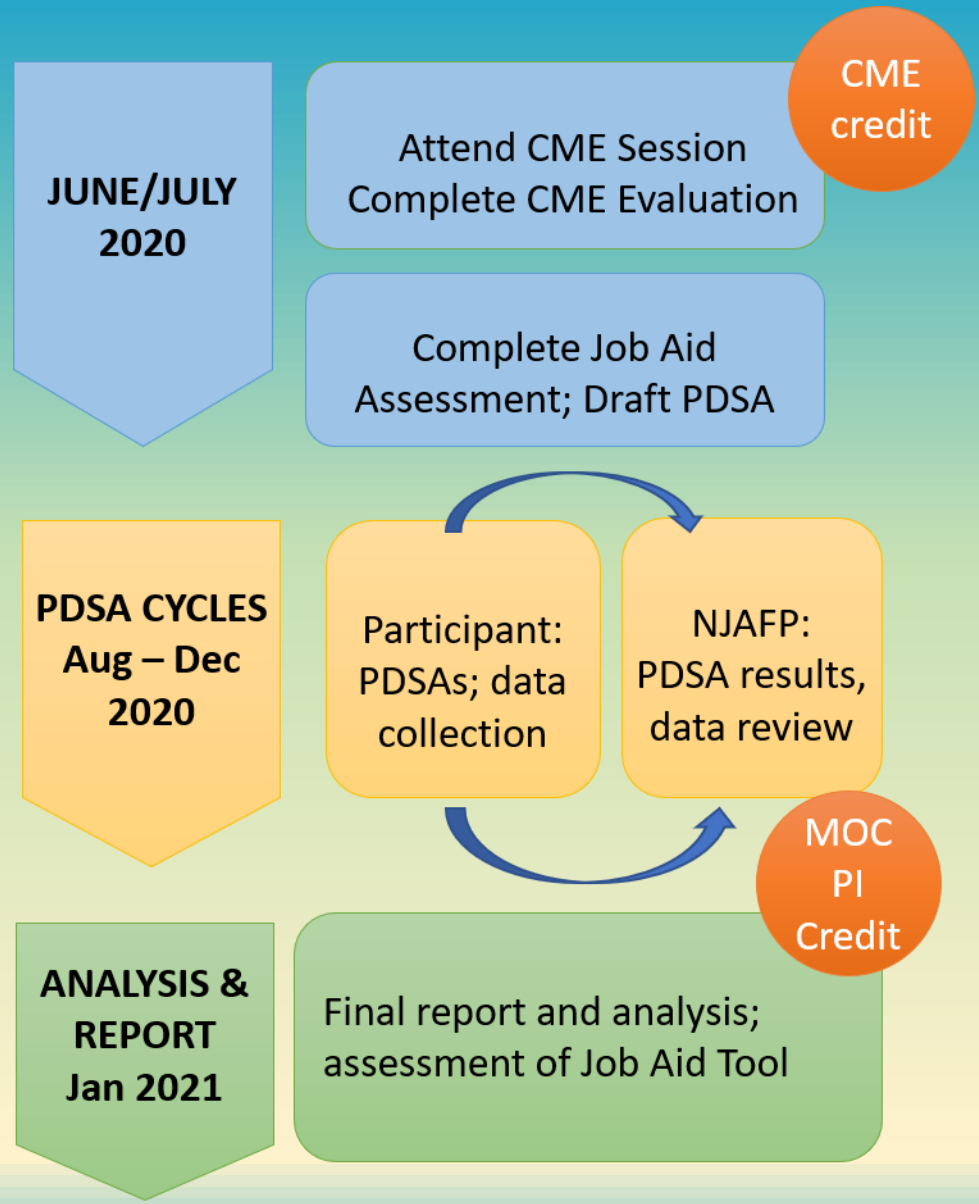
Quick QI Program Overview

- 6-Month Program (July-Dec)
- 3-4 PDSA cycles
- Monthly virtual coaching support
- MOC PI attestation



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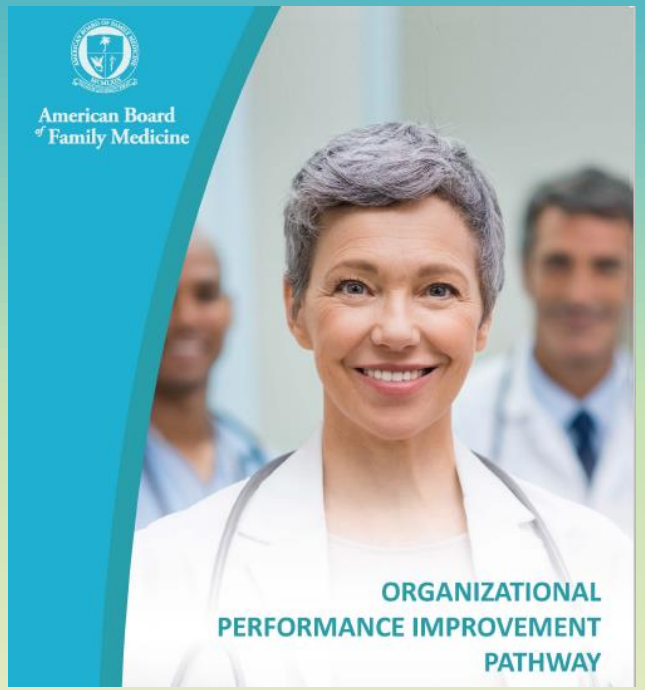
MOC Performance Improvement Credit – ABFM/ABIM

- Assess quality of care against benchmarks
- Use systematic process improvement techniques to improve evidence-based care
- Participate in activity in a meaningful way
- NJAFP completes attestation on behalf of physician



RECOGNIZED FOR MOC CREDIT

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Quick QI Tools and Methods

Fran Griffin, RRT, MPA
Fran Griffin & Associates

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Immunization Standards

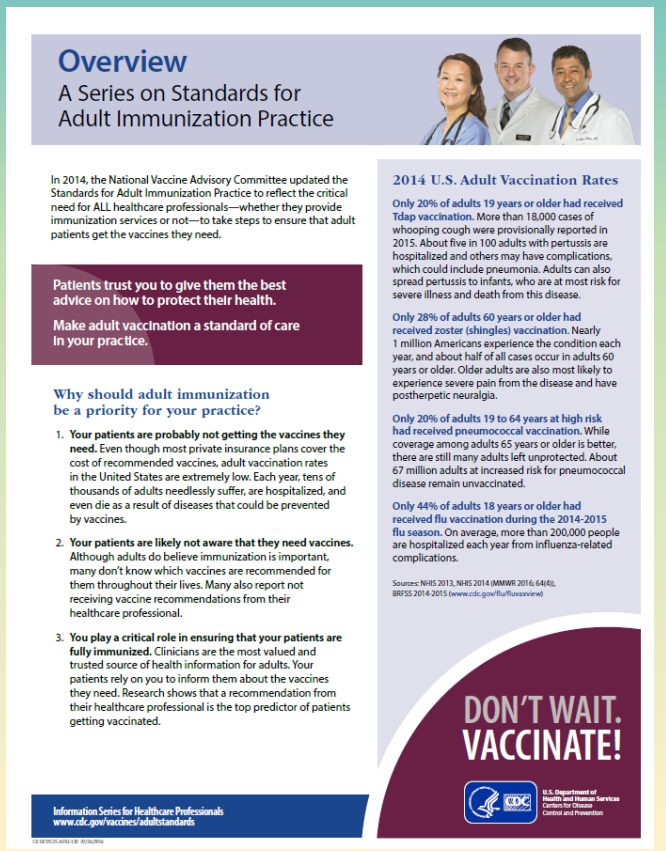
Source: National Vaccine Advisory Committee

- Adults Standards

  https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html

- Pediatric Standards

  https://www.hhs.gov/vaccines/nvac/reports-and-recommendations/the-standards-for-pediatric-immunization-practice/index.html



Overview

A Series on Standards for Adult Immunization Practice

In 2014, the National Vaccine Advisory Committee updated the Standards for Adult Immunization Practice to reflect the critical need for ALL healthcare professionals—whether they provide immunization services or not—to take steps to ensure that adult patients get the vaccines they need.

Patients trust you to give them the best advice on how to protect their health.

Make adult vaccination a standard of care in your practice.

Why should adult immunization be a priority for your practice?

1. **Your patients are probably not getting the vaccines they need.** Even though most private insurance plans cover the cost of recommended vaccines, adult vaccination rates in the United States are extremely low. Each year, tens of thousands of adults needlessly suffer, are hospitalized, and even die as a result of diseases that could be prevented by vaccines.
2. **Your patients are likely not aware that they need vaccines.** Although adults do believe immunization is important, many don't know which vaccines are recommended for them throughout their lives. Many also report not receiving vaccine recommendations from their healthcare professional.
3. **You play a critical role in ensuring that your patients are fully immunized.** Clinicians are the most valued and trusted source of health information for adults. Your patients rely on you to inform them about the vaccines they need. Research shows that a recommendation from their healthcare professional is the top predictor of patients getting vaccinated.

2014 U.S. Adult Vaccination Rates

Only 20% of adults 19 years or older had received Tdap vaccination. More than 18,000 cases of whooping cough were provisionally reported in 2015. About five in 100 adults with pertussis are hospitalized and others may have complications, which could include pneumonia. Adults can also spread pertussis to infants, who are at most risk for severe illness and death from this disease.

Only 28% of adults 60 years or older had received zoster (shingles) vaccination. Nearly 1 million Americans experience the condition each year, and about half of all cases occur in adults 60 years or older. Older adults are also most likely to experience severe pain from the disease and have postherpetic neuralgia.

Only 20% of adults 19 to 64 years at high risk had received pneumococcal vaccination. While coverage among adults 65 years or older is better, there are still many adults left unprotected. About 67 million adults at increased risk for pneumococcal disease remain unvaccinated.

Only 44% of adults 18 years or older had received flu vaccination during the 2014-2015 flu season. On average, more than 200,000 people are hospitalized each year from influenza-related complications.

Sources: NHIS 2013, NHIS 2014 (MMWR 2016; 64(4)), IBRSS 2014-2015 (www.cdc.gov/flu/fluvaxview)

DON'T WAIT. VACCINATE!

U.S. Department of Health and Human Services Centers for Disease Control and Prevention

Information Series for Healthcare Professionals
www.cdc.gov/vaccines/adultstandards

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Summary of 2013 National Vaccine Advisory Committee's standards for adult immunization practices

All providers	• Incorporate immunization needs assessment into every clinical encounter. • Strongly recommend needed vaccine(s) and either administer vaccine(s) or refer patient to a provider who can immunize. • Stay up-to-date on, and educate patients about, vaccine recommendations. • Implement systems to incorporate vaccine assessment into routine clinical care. • Understand how to access immunization information systems (i.e., immunization registries).
Non-immunizing providers	• Routinely assess the immunization status of patients, recommend needed vaccine(s), and refer patient to an immunizing provider. • Establish referral relationships with immunizing providers. • Follow up to confirm patient receipt of recommended vaccine(s).
Immunizing providers	• Ensure professional competencies in immunizations. • Assess immunization status in every patient care and counseling encounter and strongly recommend needed vaccine(s). • Ensure that receipt of vaccination is documented in patient medical record and immunization registry.

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Adult Standards

1. **Assess:** Collect information from patients on vaccination status and assess your own practice.
2. **Recommend:** Strongly recommend vaccines and address patient concerns, send reminders.
3. **Administer:** Offer and provide vaccines during visits, when feasible.
4. **Refer:** Provide information on locations for obtaining vaccines you do not provide in your office.
5. **Document:** Record vaccination status in patient records, including those administered in other locations and submit to the NJ immunization registry (NJIIS).

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ASSESS

- Patient vaccination status
  - Incorporate into standard workflows
  - Use pre-visit planning to capture status - e.g., checklist or questionnaire on your practice website
  - Ensure status is available for in-person & telemedicine visits

- Your practice's performance on vaccinations
  - Review Advisory Committee on Immunization Practices (APIC) recommendations annually – schedule in calendar to make it routine
  - Use the Job Aid to check your practices

RECOMMEND

- Recommend needed vaccines regularly
- Discuss more than once if necessary
- Use motivational interviewing techniques to learn about and address concerns for those who seem reluctant so you can address them
- Emphasize value of staying healthy, reference COVID-19
- Give patients time to think about the vaccine if needed - document in the record to ensure follow-up discussion
- Use EMR generated reminders if a patient has not been back for a visit, so you can reach out and encourage vaccination

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ADMINISTER and/or REFER

- If feasible and practical to do in your office, administer vaccines directly
- Check that safe practices are routinely followed
- Identify patient vaccination status in advance of an in-person visit so enable you and your staff can plan time in the visit for vaccine administration

- Refer patients to other locations for vaccines not provided in your office or during telemedicine visits
- Have information available on locations in their area
- Post info on vaccine locations on your practice website, particularly free clinics

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DOCUMENT

- Enter vaccination status and updates in the patient's EMR
- Include info about refusals and concerns
- Collaborate with local pharmacies and others in community providing vaccines to arrange for receipt of documentation

  Patient self-reporting is not acceptable in quality measures tracked by the NJ DOH, Centers for Medicare and Medicaid Services and others
- Enroll in the New Jersey Immunization Information System (NJIIS) and enter updates about your patients

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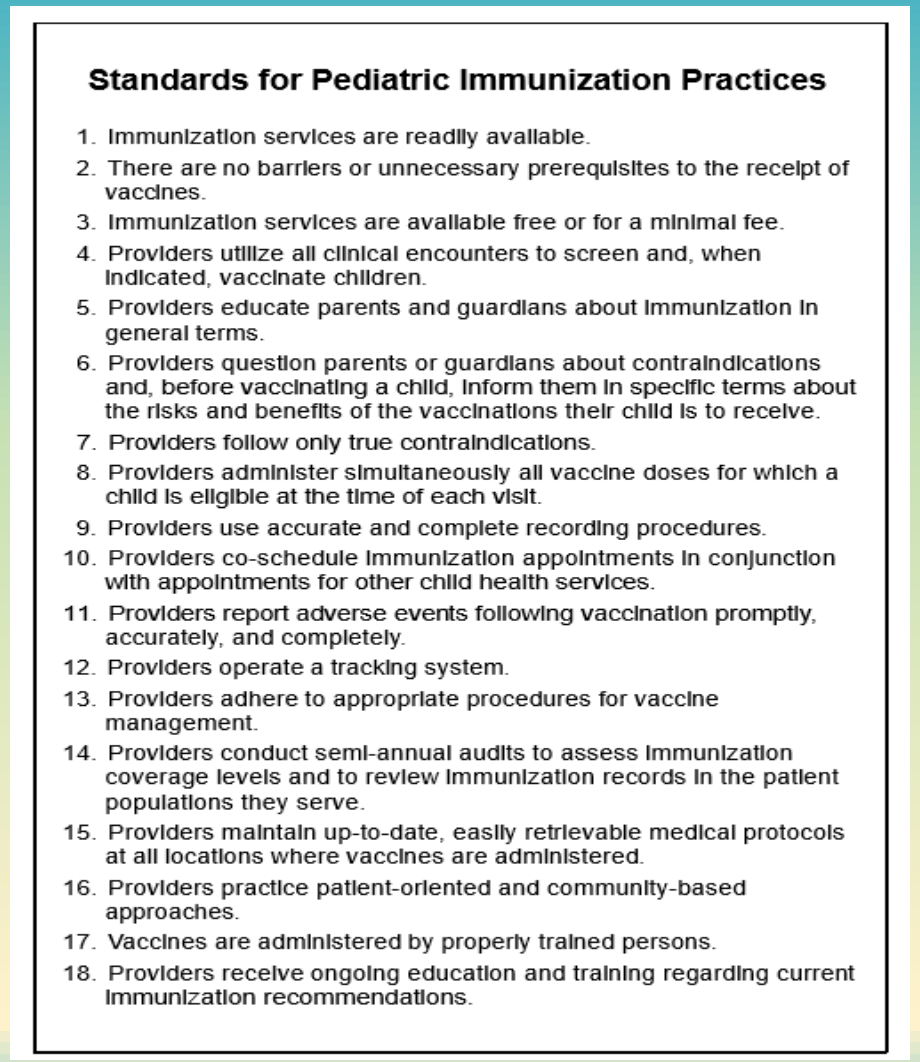
Pediatric & Adolescent Immunization Standards

1. **Availability**
2. **Assessment**
3. **Communication**
4. **Storage, Administration and Documentation**
5. **Strategies to Improve Coverage**



Standards for Pediatric Immunization Practices

1. Immunization services are readily available.
2. There are no barriers or unnecessary prerequisites to the receipt of vaccines.
3. Immunization services are available free or for a minimal fee.
4. Providers utilize all clinical encounters to screen and, when indicated, vaccinate children.
5. Providers educate parents and guardians about immunization in general terms.
6. Providers question parents or guardians about contraindications and, before vaccinating a child, inform them in specific terms about the risks and benefits of the vaccinations their child is to receive.
7. Providers follow only true contraindications.
8. Providers administer simultaneously all vaccine doses for which a child is eligible at the time of each visit.
9. Providers use accurate and complete recording procedures.
10. Providers co-schedule immunization appointments in conjunction with appointments for other child health services.
11. Providers report adverse events following vaccination promptly, accurately, and completely.
12. Providers operate a tracking system.
13. Providers adhere to appropriate procedures for vaccine management.
14. Providers conduct semi-annual audits to assess immunization coverage levels and to review immunization records in the patient populations they serve.
15. Providers maintain up-to-date, easily retrievable medical protocols at all locations where vaccines are administered.
16. Providers practice patient-oriented and community-based approaches.
17. Vaccines are administered by properly trained persons.
18. Providers receive ongoing education and training regarding current immunization recommendations.

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Pediatric & Adolescent Immunization Standards

1. **Availability** Readily available, barriers addressed, costs reduced
2. **Assessment** Status check every visit, follow true contraindications only
3. **Communication** Education culturally appropriate & easy to understand
4. **Storage, Administration and Documentation**
   Procedures, protocols, training, records & registries
5. **Strategies to Improve Coverage**
   Reminders & outreach, self-assessment & QI, community awareness campaigns

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Availability

- Readily available access
  - Vaccine-only appointments or clinics including weekends and flexible hours
  - Adequate stock and list of other providers
- Coordination with other services/events
  - Combine with other health events, offer in medical home
  - Immunize all siblings present
- Barrier identification and reduction
  - No unnecessary pre-requisites
- Cost
  - Accept multiple/all insurance
  - Participate in New Jersey Vaccines for Children Program

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Assessment

- Review status at every visit
  - Stay current on APIC recommendations
  - Use pre-visit planning and EMR prompts
- Assess and follow only medically accepted contraindications

Effective Communication

- Use culturally appropriate, easy-to-understand education materials
  - Include materials that address common concerns
- Provide Vaccine Information Statement (VIS) and vaccination record
- Address questions and concerns
  - Emphasize benefits and positive experiences
  - Explain risks of getting sick
- Document refusal for follow-up next visit

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Proper Storage, Administration and Documentation

- Develop a storage and handling plan
- Designate a coordinator
- Use written protocols
- Train staff who administer or manage vaccines
- Document in EMR and NJIIS
  - Report adverse events

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Implementation of Strategies to Improve Vaccination Coverage

- Use systems to remind staff, parents and patients
- Self-assess your practice annually
- Participate in or conduct community awareness campaigns

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How well is your practice performing on vaccinations?

NJDOH Standards Job Aids – self assessment tools

Adult standards	Pediatric/Adolescent standards
Assess	Availability
Recommend	Assessment
Administer	Communication
Refer	Storage, Administration, Documentation
Document	Strategies to Improve Coverage

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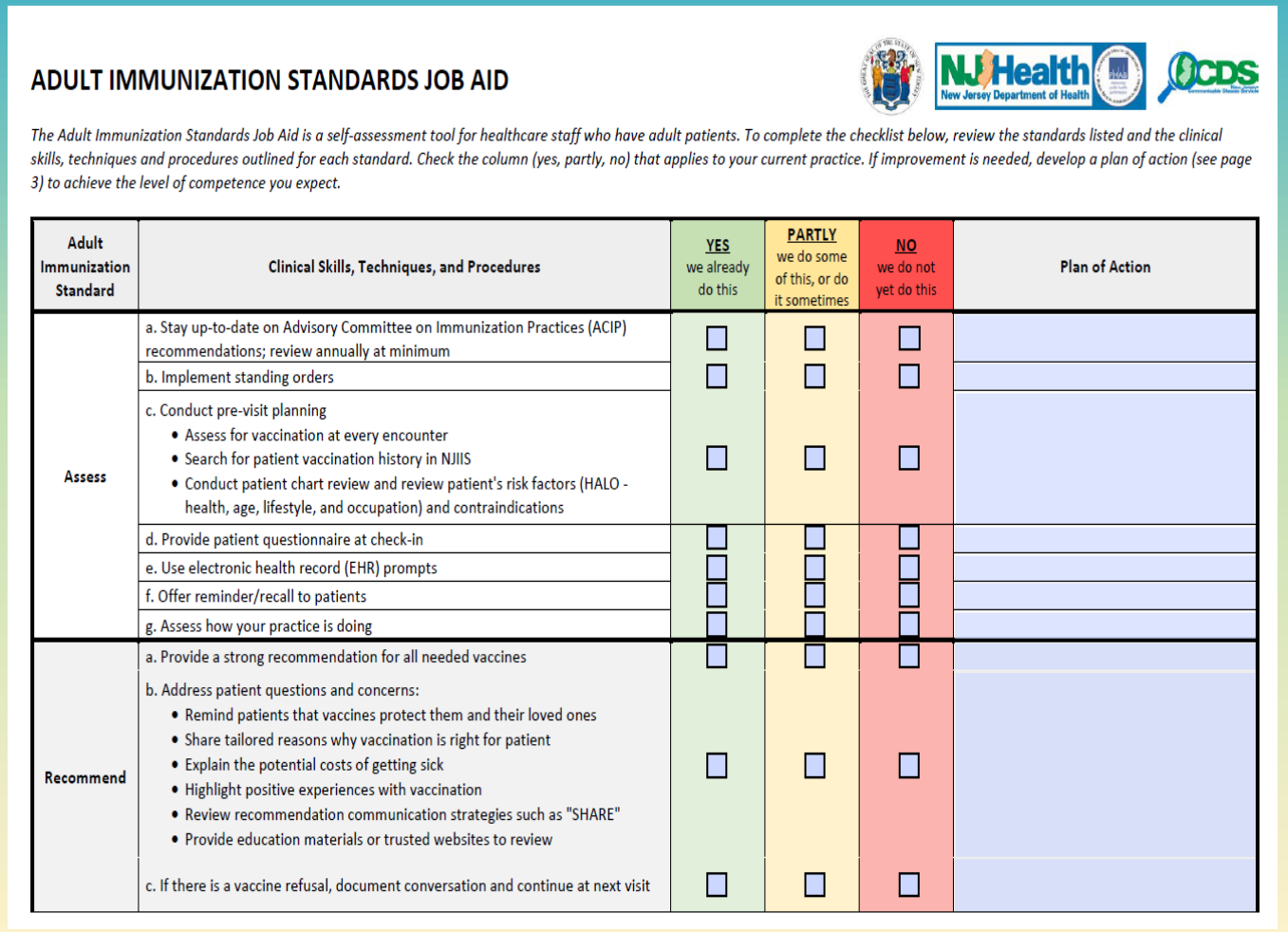
NJDOH Job Aids

- Specific strategies to meet standards
  - Adult: 25 items
  - Pediatric/Adolescent @60
- Each can be quickly reviewed
- Assessment:
  - **YES** - we already do this
  - **PARTLY -** we do some of this, or do it sometimes
  - **NO -** we do not yet do this
- Can be measured as %



ADULT IMMUNIZATION STANDARDS JOB AID

The Adult Immunization Standards Job Aid is a self-assessment tool for healthcare staff who have adult patients. To complete the checklist below, review the standards listed and the clinical skills, techniques and procedures outlined for each standard. Check the column (yes, partly, no) that applies to your current practice. If improvement is needed, develop a plan of action (see page 3) to achieve the level of competence you expect.

Adult Immunization Standard	Clinical Skills, Techniques, and Procedures	YES we already do this	PARTLY we do some of this, or do it sometimes	NO we do not yet do this	Plan of Action
Assess	a. Stay up-to-date on Advisory Committee on Immunization Practices (ACIP) recommendations; review annually at minimum	☐	☐	☐	
	b. Implement standing orders	☐	☐	☐	
	c. Conduct pre-visit planning • Assess for vaccination at every encounter • Search for patient vaccination history in NJIIS • Conduct patient chart review and review patient's risk factors (HALO - health, age, lifestyle, and occupation) and contraindications	☐	☐	☐	
	d. Provide patient questionnaire at check-in	☐	☐	☐	
	e. Use electronic health record (EHR) prompts	☐	☐	☐	
	f. Offer reminder/recall to patients	☐	☐	☐	
	g. Assess how your practice is doing	☐	☐	☐	
Recommend	a. Provide a strong recommendation for all needed vaccines	☐	☐	☐	
	b. Address patient questions and concerns: • Remind patients that vaccines protect them and their loved ones • Share tailored reasons why vaccination is right for patient • Explain the potential costs of getting sick • Highlight positive experiences with vaccination • Review recommendation communication strategies such as "SHARE" • Provide education materials or trusted websites to review	☐	☐	☐	
	c. If there is a vaccine refusal, document conversation and continue at next visit	☐	☐	☐	

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Tips for Assessing

- Complete as a group - not by one individual
- Discuss any variations in answers: this is essential learning!
- Develop action and improvement plan items assessed as
  - "Partly", as these represent opportunities
  - "No", unless not applicable to your practice
- Repeat annually

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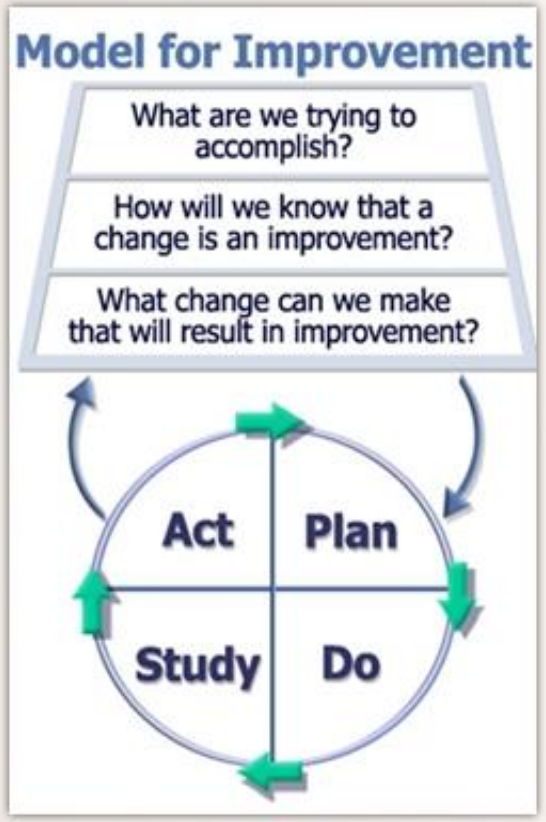
All improvement is change.

Not all change is improvement.

The Model for Improvement

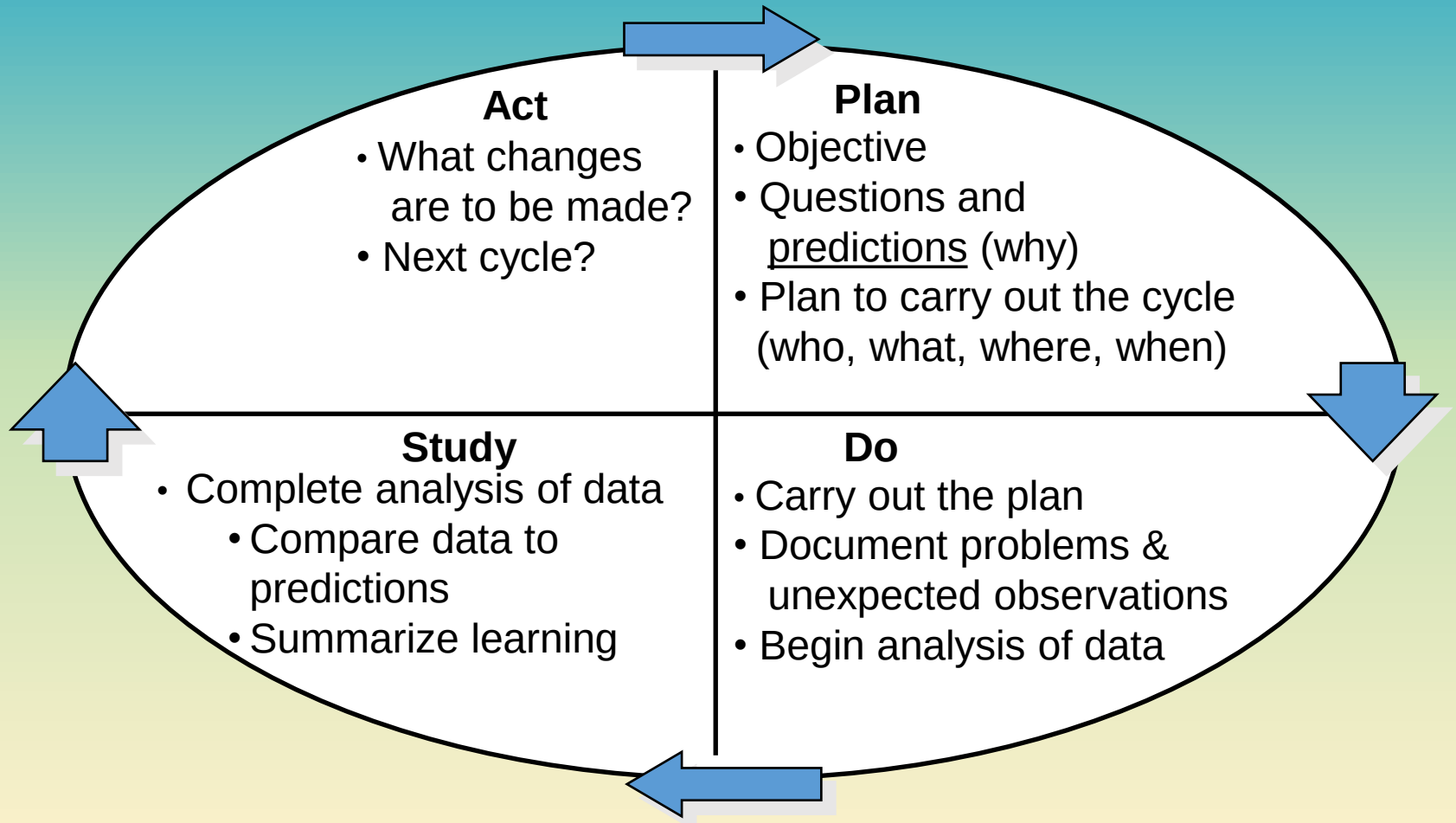
The Science of Improvement

The foundation of the science of improvement is the Model for Improvement: a framework for learning and improvement. The Model combines three fundamental questions, that focus the improvement work, with Deming's Plan, Do, Study, Act Cycle for learning, testing, and implementation.



From Associates in Process Improvement
http://www.apiweb.org/

The PDSA Cycle



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Measurement and Data Collection: Keep it simple!

- Collect useful data, not perfect data (purpose is learning)
- Use pencil and paper before adapting/implementing electronic systems
- Use sampling
- Use qualitative data in addition to quantitative

Tools and Resources

Tools and Resources to Help

Educating Your Patients

Resources to share with your patients about the importance of adult vaccination.

Immunizing Adult Patients: New Standards for Practice [2 pages]

Fact sheet for Healthcare Professionals on Adult Vaccination

Size: 8-1/2" x 11"

Suitable for printing in color or in black & white

Implementing the Standards for Adult Immunization Practice

A series of fact sheets for health care professionals with information and tips on how to improve vaccination practice including assessment, recommendation, administration, referral, and documentation.

Standards for Adult Immunization Practice: Overview [2 pages]

An overview of the new Standards for Adult Immunization Practice, including why the standards were updated summary of standards for all healthcare professionals, and evidence-based strategies, to improve adult immunization.

Size: 8-1/2" x 11"

Suitable for printing in color or in black & white **UPDATED**

https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html

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Key Strategies

- Pre-visit planning – know status prior to visit, including telemedicine
- Motivational interviewing – acknowledge and address concerns
- Standardized workflows – make it easy for everyone to achieve goals without relying on memory
- Partnerships – collaborate with other vaccine providers for documentation
- Web-based tools – leverage your practice website and/or Facebook page, social media to share links, resources and dispel myths, particularly at key times of year

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Program Timeline/Next Steps

Deadline	Tasks
7/3/20	Complete session evaluation for CME
7/10/20	Complete Job Aid assessment
7/17/20	Review Job Aid results with practice team and draft PDSA
7/31/20	Meet with practice coach to review PDSA and discuss data collection strategy
8/31/20	Pull baseline data (July 2020) and begin PDSA cycles and monthly virtual coaching sessions

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Questions?