

IIS & Immunization Best Practice Quality Improvement Project in Southeast Michigan

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Partnering for Immunizations Project (PIP)

- Grant funded quality improvement effort
- Led by the Southeastern Michigan Health Association (SEMHA) & Michigan Association for Local Public Health (MALPH)
- Partnered with the Michigan Department of Health and Human Services (MDHHS) and the Michigan Care Improvement Registry (MCIR - Region 1 in SE-MI)

PIP Project Focus

- Targeted pediatric & adolescent physician practices
- Plan-Do-Study-Act (P-D-S-A) initiatives
- Evidence-based strategies
- Emphasized increasing up-to-date ACIP-recommended vaccines
- Offer a provider incentive

PIP Project Focus

- Targeted age groups
 - Children (19-35 mos)
 - Adolescents (13-17 yrs)
- Provider Report Card
 - Baseline, 3-month & 6 month data checks
- Personalized, practice-specific intervention(s)
 - Evidence-based strategies (CDC Community Guide)
 - Antigen-specific or Age-specific

Project Process

- Project Director/MCIR Staff
 - Identify practices - high volume with low immunization rates
 - Targeted site data clean-up
 - Run coverage level reports to track progress
 - Prepare Provider Report Cards for baseline, 3 & 6 month visits
 - Run 2 targeted recalls between visits
 - Compile returned recall letter data for updates
 - Follow-up with sites

Provider Report Card

Macomb County Provider Immunization Report Card

Dr ABC

MCIR ID: XXXXXXXXXX

Individual site data from the Michigan Care Improvement Registry Data current as of: 3/22/2018

Doses Reported and Patient Population in MCIR				Coverage Comparison	
	County Rank	# of Patients	rank chg. from baseline	Child:	75%
Children 19-36months	7th / 45	433 (+11)	+3	(43133142 coverage %)	
Adolescents 13-18 years	45th / 150	1807(+60)	+11	Adolescent:	46%
				(1323213 coverage %)	

Percent Coverage by Vaccine/Series

	Site Coverage (%)	MI Coverage (%)	US Average (%)	HP 2020 Goal (%)	HEDIS Measure
Child Vaccinations (19 through 35 months of age)					
4313314 Coverage*	88%	75.5%	72.2%	80%	✓
43133142 Coverage*	75%	56.1%			✓
1+ Hep A	93%				
2+ Hep A	79%	57.9%	59.6%	85%	
4+ DTaP	94%	78.9%	84.6%	90%	✓
3+ DTaP	96%	N/A			✓
4+ PCV	97%	84.9%	84.1%	90%	✓
Adolescent Vaccinations (13 through 17 years of age)					
132321 Coverage**	91%	75.6%			
132321(UTD) Coverage**	40%	36%			
1+ Tdap	93%	79.8%	86.4%	80% ^{††}	✓
1+ MCV4	93%	79.9%	81.3%	80% ^{††}	✓
HPV 1+	54%	32.1%	41.9%	80% ^{††}	✓
Complete Series HPV	46%	N/A	28.1%		✓
	Site Coverage (%)	Site Coverage (%)	Site Coverage (%)	% Change from baseline	
4313314 Coverage*	88%	88%		2%	
43133142 Coverage*	74%	75%		1%	
2+ Hep A	77%	79%		2%	
132321 Coverage**	90%	91%		1%	
132321(UTD) Coverage**	40%	46%		6%	
HPV 1+	52%	54%		2%	
Complete Series HPV	46%	46%		no change	

* 4313314(2): 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, 4 PCV, (2 HepA)

** 132321(2-3): 1 Tdap, 3 Polio, 2 MMR, 3 HepB, 2 Varicella, 1 MCV4, (2-3 HPV)

† UTD = Up to date with recommended number of vaccines.

†† MI flu coverage and Healthy People 2020 flu coverage goal apply to ages 18 yrs +

† Data from the 2014 NHIS

†† The adolescent Healthy People 2020 age group is 13 through 15 years of age.



Note: Site-specific coverage levels are calculated using data reported to MCIR. Adult data are likely impacted by missing data.

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Coverage Comparison

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(43133142 coverage %)

Adolescent: 46%

(1323213 coverage %)

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Provider Report Card

Macomb County Provider Immunization Report Card

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Project Process

- Provider Site
 - Physician attends baseline, 3 and 6 month visits
 - Letter of intent
 - Identify targeted strategy or strategies
 - Monthly team huddles
 - 2 progress reports
 - Assist with patient updates after recalls
 - MOC Attestation

Practice-Specific Interventions (Evidence-based)

- Patient reminder system (call, text, email before appointment)
- Follow up after missed appointment or period of no-show (call, text, email, postcard)
- EMR alert when patient is due for vaccine
- HPV/other key antigen talking script (examples can be provided)
- Create MCIR daily batch reporting for all children with appointments each day
- Standing orders for vaccines
- Patient incentives (e.g. monthly raffle, gift card, etc.)
- Scheduling all future vaccine appointments on the day of the family's appointment
- Vaccine-only appointments/clinics
- Free educational training from physician peer educators with CMEs (MDHHS) or nurse peer educators with CEUs (MDHHS or LHD)
- AFIX Quality Improvement visit (MDHHS)
- MCIR Recall

Practice-Specific Interventions

- Co-branded HPV or HPV/Tdap/MCV4 postcard reminders with American Cancer Society
- Declinations for refusing or delaying vaccines
- Assess high-risk patients on accelerated schedule (e.g. 4th DTaP at 12-15 months, HPV at 9-10 years)
- Propose your own QI project, subject to MOC Project Staff approval
- Manufacturer sponsored tools (e.g. reminder systems, educational materials, etc.)

Project Results

Site	Intervention(s)	4313314	43133142	2+HepA	4+DTaP	132321	1323213	HPV1+	HPV UTD
1	<ul style="list-style-type: none"> • Offer HPV at ages 9/10 • Reschedule no-shows for HPV2/3 • Schedule appts for doses 2/3 @ 1st appt • Begin using combo vaccines 	-5%	7%	10%	1%	-15%	-5%	0%	2%
2	<ul style="list-style-type: none"> • Call no-shows for nurse visits/physical exams 	6%	14%	15%	5%	-7%	3%	1%	7%
3	<ul style="list-style-type: none"> • Call pts missing/overdue for 2nd Hep A • Patient status cleanup • Staff ed. RE: strong recommendation 	3%	-1%	1%	4%	0%	1%	0%	1%
4	<ul style="list-style-type: none"> • Begin immunizing during sick visits 	-4%	2%	1%	-5%	5%	1%	0%	-1%
5	<ul style="list-style-type: none"> • Intensive MCIR data cleanup • HPV Scripts for parents wanting school-req'd shots) • HPV assessment at age 9-10 	11%	18%	22%	13%	6%	7%	6%	7%

Project Results

Site	Intervention(s)	4313314	43133142	2+HepA	4+DTaP	132321	1323213	HPV1+	HPV UTD
6	<ul style="list-style-type: none"> Begin pulling MCIR records and immunizing during sick visits HPV head/neck cancer prev. ed. Resources HPV scripts 	-5%	2%	5%	-3%	13%	15%	14%	15%
7	<ul style="list-style-type: none"> Visual posters (HPV-related cancers) Brochures given at all 10 yr. shot visits 	-2%	-4%	-4%	-1%	8%	5%	-1%	-3%
9	<ul style="list-style-type: none"> Schedule 18-mos visit at least 6-mos after 1-yr visit so that patients return when eligible for next dose(s) 	pending	pending	pending	pending	pending	pending	pending	pending
10	<ul style="list-style-type: none"> Assess for HPV at age 10 HPV scripts 	2%	4%	5%	2%	0	8%	5%	13%
11	<ul style="list-style-type: none"> Schedule nurse visits for HPV vaccine 6 months after first HPV dose admin. 	-1%	2%	12%	1%	4%	11%	4%	10%

Project Results

Site	Intervention(s)	4313314	43133142	2+HepA	4+DTaP	132321	1323213	HPV1+	HPV UTD
12	<ul style="list-style-type: none"> Schedule 2nd dose Hep A at 12 month visit (@18- or 24- mos) Assess for HPV at ages 9-10 	2%	4%	5%	2%	0	8%	5%	13%
13	<ul style="list-style-type: none"> Reminder calls on day before shot appts Intensive MCIR data cleanup Hired new staff to call missing patients & update addresses/pt status HPV scripts 	-1%	2%	12%	1%	4%	11%	4%	10%
14	<ul style="list-style-type: none"> Call and/or text after missed appts HPV scripted recommendation 	pending	pending	pending	pending	pending	pending	pending	pending
15	<ul style="list-style-type: none"> Recommend vaccines during med reviews 	pending	pending	pending	pending	pending	pending	pending	pending
16	<ul style="list-style-type: none"> Recommend hepatitis A at earlier visit to ensure 2nd dose completion MCIR data cleanup 	1%	8%	9%	1%	1%	4%	2%	3%

Project Findings

- There is flexibility with assessments (start earlier, finish on-time)
- Younger children have less “vaccinating power” over parents
- Cancer prevention message is key w/HPV promotion
- Scheduling and follow-up is extremely impactful
- Scripts work (sandwiching tough vaccines)
- Include immunizations in med checks, sick visits, etc.
- Providers want report cards
- MOCs are a great incentive
- Recall saturation

Lessons Learned

- 5-10 sites per jurisdiction is enough
- Survey Monkey not needed
- Non-VFC practices need more attention
- AFIX reports are hidden treasures in MCIR
- Face-to-face visits preferred
- Communicate with community partners

Project Barriers

- Provider buy-in is a *MUST* for success
- Provider organizations can be gatekeepers
- Local & state provider messages should be consistent
- PDF reports aren't easy to manipulate
- Report cards and recall are time intensive
- Providers seem shocked with their low rates
- Competing messages from payers

Project Successes

- More patients protected = higher coverage levels
- Sustainable integration of evidence-based best practices
- Non-threatening provider support through MCIR
- AFIX report promotion
- Data quality improvement
- Report cards are motivating
- Participation led to a better understanding of MCIR
- Identified more Immunization Champions

Questions?

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