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CDC did not accept commercial support for this continuing education activity.
STRATEGIES THAT WORK FOR INCREASING ADULT IMMUNIZATION

4TH ANNUAL NATIONAL IMMUNIZATION CONFERENCE: PREVENTION, PROTECTION AND PROGRESS

ATLANTA HILTON HOTEL
ATLANTA, GA
MAY 15TH-17TH

FRANCES E.FERGUSON, M.D., MPH, FACP, CCD
DISCLOSURE OF FINANCIAL RELATIONSHIPS

FRANCES E. FERGUSON, M.D., MPH, FACP

I have no relationships with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used, on patients.
ACP Quality Connect: Making Adult Immunizations Standard Practice in Internal Medicine: A National Practice Transformation Initiative Program

FRANCES E. FERGUSON, M.D., MPH, FACP, CCD
STALINA CINE’ GOWDIE, M.D.
RHONDA J. HAYNES, MSN, APRN, NP-C
ACKNOWLEDGEMENT

- Funded by the Centers for Disease Control and Prevention
- Four year cooperative agreement
  - To increase adult immunization rates and reduce health disparities
Project Overview

- **Goals:**
  - Increase implementation of *standards*
  - Promote equity and use of *state registries*
  - Ultimately: Make adult immunization *standard practice* in general internal medicine/primary care

- **Approach:**
  - Combine tools and target a couple of early states/practices/systems
  - Effective results disseminated nationally to all members
ALBANY AREA PRIMARY HEALTH CARE

- Federally Qualified Community Health Center
- 28 Service Delivery Sites serving residents in 7 primarily rural counties of Baker, Calhoun, Crisp, Dooly, Dougherty, Lee and Terrell Counties (Southwest Georgia).
- 2016 provided care to 37,944 patients with a total of 150,333 visits.
- Services were provided by 81 providers (33 physicians, 34 mid-level providers, 5 dentists, and 9 mental health professionals).
## Principal Third Party Medical Insurance Source (0-17 years of age)

<table>
<thead>
<tr>
<th>Insurance Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>13,965</td>
</tr>
<tr>
<td>Uninsured</td>
<td>5%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>85%</td>
</tr>
<tr>
<td>Medicare</td>
<td>0%</td>
</tr>
<tr>
<td>Private</td>
<td>10%</td>
</tr>
</tbody>
</table>
# Principal Third Party Medical Insurance Source (Age 18 and older)

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>33,647</td>
</tr>
<tr>
<td>Uninsured</td>
<td>32%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>22%</td>
</tr>
<tr>
<td>Dual eligibility*</td>
<td>11%</td>
</tr>
<tr>
<td>Medicare</td>
<td>21%</td>
</tr>
<tr>
<td>Private</td>
<td>24%</td>
</tr>
</tbody>
</table>

*Medicare/Medicaid
### AAPHC PATIENT INCOME AS PERCENTAGE OF POVERTY LEVEL

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% and below</td>
<td>54%</td>
</tr>
<tr>
<td>101% – 150%</td>
<td>15%</td>
</tr>
<tr>
<td>151% - 200%</td>
<td>2%</td>
</tr>
<tr>
<td>Over 200%</td>
<td>2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>27%</td>
</tr>
</tbody>
</table>

**TOTAL PATIENTS:** 47,612
AAPHC ADULT IMMUNIZATION RATES

Age 65 and older: 4769
Influenza (12 mos) 36%
Pneumonia 41%
TD/Tdap (last 10 years) 24%
Zostavax 8%
Action Plan

- Prior to patient visit (with the physician), clinical staff to review GRITS (Georgia Registry of Immunization Transactions and Services) or other sources for vaccine records and record in EMR.
- Basic handout at patient’s comprehensive level and in primary language provided to all patients 65 years of age and older when they register at the clinic front desk.
- Training and implementation of standing orders to be used by nursing staff who perform initial patient triage.
- Educate providers on standardized talking points for patients regarding the pneumonia vaccine (CDC pocket cards).
- Administration of pneumonia vaccine to all eligible patients prior to provider encounter.
Measles, mumps & rubella vaccine (MMR) - adults
Eligible health professionals may vaccinate adults who meet any of the criteria on this form [FP3079]

Medical management of vaccine reactions in adults
Table describes procedures to follow if various reactions occur in adult patients, includes supply list [FP3082]

Meningococcal vaccine (ACWY) - adults
Eligible health professionals may vaccinate adults who meet any of the criteria on this form [FP3081]

Meningococcal vaccine (MenB) - adults
Eligible health professionals may vaccinate adolescents and adults who meet any of the criteria on this form [FP3095]

Pneumococcal (PCV13 and PPSV23) vaccine to adults
Eligible health professionals may vaccinate adults who meet any of the criteria on this form [FP3075]

Ten steps to implementing standing orders for immunization in your practice setting
This guide provides ten steps to implementing standing orders for immunization in your practice setting. It focuses on influenza vaccination, but the basic principles can be used to implement standing orders for other vaccines. [FP3067]

Tetanus-diphtheria toxoids & pertussis vaccine (Tdap/Td) - adults
Eligible health professionals may vaccinate adults who meet any of the criteria on this form [FP3078]
STANDING ORDERS FOR
Administering Pneumococcal Vaccines (PCV13 and PPSV23) to Adults

Purpose
To reduce morbidity and mortality from pneumococcal disease 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 Streptococcus pneumoniae (pneumococcus) infection according to the following criteria:

   - **Routine pneumococcal vaccination**
     Assess adults age 65 years or older for need of pneumococcal vaccination. Pneumococcal conjugate vaccine (PCV13) should be administered routinely to all previously unvaccinated adults age 65 years and older. Pneumococcal polysaccharide vaccine (PPSV23) is recommended for all adults ages 65 years or older. For complete details, see section 5 (page 3).

   - **Risk-based pneumococcal vaccination**
     Age 19 through 64 years with an underlying medical condition or other risk factor as described in the following table:

<table>
<thead>
<tr>
<th>CATEGORY OF UNDERLYING MEDICAL CONDITION OR OTHER RISK FACTOR</th>
<th>RECOMMENDED VACCINES ARE MARKED “X” BELOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic heart disease, chronic lung disease</td>
<td>x</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>x</td>
</tr>
<tr>
<td>Chronic liver disease, cirrhosis</td>
<td>x</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td>x</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>x</td>
</tr>
</tbody>
</table>

   Recommended vaccines aremarked “X” below:

<table>
<thead>
<tr>
<th>PCV13</th>
<th>PPSV23</th>
<th>PPSV23 booster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Standing orders for other vaccines are available at www.immunize.org/standing-orders. As a courtesy, please acknowledge AAC as its source.
Pneumococcal Disease: Facts About Pneumococcal Disease in Adults

"I'm committed to helping reduce pneumococcal disease among US adults because over the years, I have seen too many lives cut short by this disease."

— Mark Metzger, MD
University of Connecticut School of Medicine

What is pneumococcal disease?
Pneumococcal disease is an infection caused by common bacteria called "pneumococcus" (noo-muh-kok-uh). It can lead to severe illnesses like pneumonia, meningitis, and bloodstream infections (sepsis).

Is it dangerous?
Pneumococcal disease is serious and deadly. It's hard to know the exact number, but about one million US adults are thought to get pneumococcal pneumonia every year and 5 to 7 percent of them die. Fewer people will get pneumococcal meningitis and bloodstream infection, but the mortality rate in this group is higher (10 percent or more) and increases even more in people age 65 and older. Most of these deaths are in adults. For those who survive, these infections can lead to hospitalization, long recovery time, and devastating health problems such as hearing loss, seizures, blindness, and paralysis.

What are the symptoms?
Pneumococcal disease can strike quickly and without warning, but symptoms are not the same for everyone. Depending on whether the infection causes pneumonia, bloodstream infection, or meningitis, people may have some combination of the following:

- abrupt onset of fever
- shaking/chills, cough
- shortness of breath
- chest pain
- stiff neck
- disorientation

Who can get pneumococcal disease?
Anyone can get pneumococcal disease, but those age 65 and older and younger adults with certain chronic health conditions are more likely than others to get it. They are also at greater risk for serious illness.

Is there anything I can do to keep from getting pneumococcal disease?
Getting vaccinated as recommended can help prevent pneumococcal disease. It's also important to get an influenza vaccination every year because having the flu increases the chances of getting pneumococcal disease.

Pneumococcal vaccines, as well as influenza and hepatitis B vaccines are fully paid for by Medicare Part B if your healthcare provider accepts the Medicare approved payment.

Which adults need pneumococcal vaccination?
There are two types of pneumococcal vaccine recommended for adults: a pneumococcal conjugate vaccine (PCV13) and a pneumococcal polysaccharide vaccine (PPSV23).

The Centers for Disease Control and Prevention (CDC) recommends both PCV13 and PPSV23 for:
- All adults age 65 years and older
- Adults age 19 to 64 years with:
  - Conditions or treatments that affect the immune system (such as: HIV, lymphoma, leukemia, or Hodgkin disease, chronic kidney disease, radiation therapy, or certain long-term steroid use)
  - Functional or anatomic asplenia
  - Cochlear implants or cerebrospinal fluid (CSF) leaks

CDC recommends only PPSV23 for the following adults age 19 to 64 years:
- Those with chronic conditions such as asthma, diabetes, lung, heart, or liver disease, or alcoholism
- Cigarette smokers
- Residents of nursing homes or other long-term care facilities

These individuals should receive a dose of PCV13 when they reach age 65 and should consult with their healthcare provider.

Are there side effects from vaccination?
Mild side effects such as redness or pain at the injection site may occur. Very rarely, fever, muscle aches, or more severe reactions may develop.

*PCV13 and PPSV23 cannot be given at the same visit. Your healthcare professional can tell you what doses you need and the timing that is right for you.
DO: 10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting

- PHASE 1: **GET READY** -- BUILD SUPPORT OF LEADERSHIP!
  - Step 1: Discuss the benefits of implementing standing orders
  - Step 2: Identify the person(s) to take the lead and be in charge of your standing orders program (DIRECTOR OF NURSING)
  - Step 3: Reach agreement about which vaccines will have standing orders (Influenza, Pneumococcal, TDAP)
DO: 10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting

- PHASE 2: *GET SET*– DEVELOP MATERIALS AND STRATEGIES
  - STEP 4: CREATE STANDING ORDERS PROTOCOLS FOR THE CHOSEN VACCINES
  - STEP 5: HOLD A MEETING TO EXPLAIN STANDING ORDERS TO ALL STAFF MEMBERS
  - STEP 6: DETERMINE THE ROLE OF VARIOUS STAFF MEMBERS IN THE PROGRAM *(CHOOSE YOUR CHAMPIONS)*
  - STEP 7: DETERMINE YOUR OPERATIONAL STRATEGY
  - STEP 9: IDENTIFY STRATEGIES TO PUBLICIZE PROGRAM TO PATIENTS
What Does a Champion Do?

- Lead their practice setting in QI project aimed at increasing immunizations in their patients
- Engage peers in promoting the importance of immunizations
- Teach colleagues about strategies that can promote immunizations
- Promote immunizations in your organization or community
DO: 10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting

- PHASE 3: *GO*—MAKE IT HAPPEN!
  - STEP 9: START VACCINATING
  - STEP 10: REVIEW YOUR PROGRESS *(STUDY)*
PDSA CYCLE

- GOAL: 50% INCREASE IN PNEUMOCOCCAL VACCINE IMMUNIZATION RATE
- INITIAL ROLLOUT IN 3 ADULT MEDICINE CLINICS STAFFED BY DR. GOWDIE AND I (TRAINED CHAMPIONS)
- BETWEEN APRIL AND MAY 2016
- WORKED THROUGH NURSING AND LOGISTICAL ISSUES
- PRESENTED THE PROJECT TO THE ENTIRE ORGANIZATION DURING THE QUARTERLY STAFF MEETING
- THE DIRECTOR OF NURSING AND HER STAFF BEGAN EDUCATING NURSING STAFF IN EACH CLINIC
- COMPLETE ROLL OUT BY JULY TO ALL 11 ADULT MEDICINE CLINICS
ACT: SO WHAT HAPPENED?
65.7% Increase from April 2016 to February 2017
69.5% Increase from April 2016 to February 2017
89.7% Increase from April 2016 to February 2017
61.8% increase from April 2016 to February 2017
69.9% increase from April 2016 to February 2017
Pneumonia Vaccination Status for Older Adults > (Pneumonia vaccine at any time) | 2017 February

NON CHAMPION PROVIDER

22.6% increase from April 2016 to February 2017
43% AVERAGE INCREASE PER CLINIC FROM APRIL 2016 TO FEBRUARY 2017
47.5% INCREASE OVERALL FROM APRIL 2016 TO JANUARY 2018
IN SUMMARY

- Running a PDSA cycle initially and getting organizational (or staff, if a small practice) buy-in is essential.
- A good population manager is necessary to obtain accurate data and to motivate staff.
- The champion is critical to success.
- Nurses are an essential and valuable asset to your staff. When you empower them to function fully within the scope of their practice, they can do amazing things.
RESOURCES

- www.immunize.org
- www.cdc.gov