



Thank you for joining

**The presentation will
begin shortly**



Rise to Immunize® Monthly Webinar

Year 3 Data & RIZE Awards

Representatives from Coastal Carolina Health Care, Henry Ford Medical Group, and Sutter Health – Palo Alto Medical Foundation

November 21, 2024

Today's Webinar

- **Campaign Updates**

- ACIP Meeting Highlights
- Flu Quick Wins
- Sanofi Mini-Site

- **Year 3 Data Overview**

- Stephen Shields, MPH, AMGA Research & Analytics

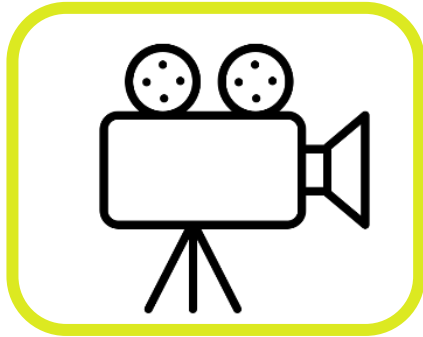
- **RIZE Award Winners**

- Eric Ringwalt, MD, and Julianne Willis, *Coastal Carolina Health Care*
- Gina Aquino, DNP, RN, CHSP, and Steven Fried, MD, *Henry Ford Medical Group*
- Chhavi Mehta, *Sutter Health – Palo Alto Medical Foundation*

- **Q&A Session**



Webinar Reminders



Today's webinar recording will be available the **week of 11/25**

- Will be sent via email
- Will be available on website



Ask questions during the webinar using the **Q&A feature**

- Questions will be answered at the end of the presentation

(RiseToImmunize.org → "Resources" → "Webinars")

ACIP Meeting Highlights



On Oct. 23–24, the Advisory Committee on Immunization Practices (ACIP) voted on and approved the following vaccine recommendations relevant to the campaign:

- Recommend a pneumococcal conjugate vaccine (PCV) for all PCV-naïve adults aged 50+ (previously 65+).
- Recommend people aged 65 years and older and those who are moderately or severely immunocompromised to receive a second dose of 2024–2025 COVID-19 vaccine six months after their first dose. Additionally, the recommendation allows for additional doses (i.e., three or more) for those who are moderately or severely immunocompromised, through shared clinical decision making.
- Recommend approving the 2025 Adult Immunization Schedule, which is anticipated to be published by the Centers for Disease Control and Prevention (CDC) in the coming months.

10 Flu Quick Wins

1 Identify team members who will focus on flu-specific efforts and hold your first meeting.

2 Review **care team responsibilities** for promoting vaccination.

3 Develop a script for front office staff to help prime patients for vaccination.

4 Create a **communication to staff** that discusses the **importance of immunization**.

5 Watch the video [Brent's Story: A Young Chef Lost to Flu-Related Complications](#) and discuss with your care team the importance of influenza vaccination.

6 Hold a 30-minute meeting with your care team to practice **presumptive vaccine recommendations**.

7 Set a goal for immunizations administered per week by your team and use weekly staff meetings to discuss progress toward your goal.

8 Pull data to better understand influenza immunization rates across your patient population and identify a **target audience** for improvement.

9 Identify **target audience(s)** for your flu campaign and assess their communication preferences.

10 Review your latest **RIZE quarterly report** and discuss opportunities for improvement on the influenza measure.

Team responsibilities may include:

- Scheduling
- Assessing vaccination status
- Educating & motivating patients
- Making a strong vaccine recommendation
- Using standing orders
- Administering or referring
- Documenting

Sample Staff Communications:

- Email
- Portal message
- Newsletter
- Flyer

Consider highlighting how influenza immunization is particularly important for patients 65+ or those with chronic conditions!

Need a refresher? Check out RIZE's [5 Strategies to Strengthen Your Vaccine Recommendations](#) video!

When selecting your target audience(s) consider factors such as high-risk status, age, race/ethnicity, gender, language, and socioeconomic status, among other demographics.

View your latest quarterly report on the [RIZE Data Dashboard](#). Don't remember your organization's unique alpha numeric code? Email RiseToImmunize@amga.org.



New resource available!

"10 Flu Quick Wins"



RiseToImmunize.org → About → Sponsors

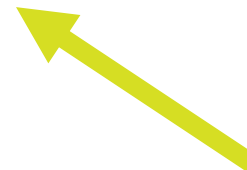


Sanofi (Executive Sponsor)

Sanofi is dedicated to supporting people through their health challenges. We are a global biopharmaceutical company focused on human health. We prevent illness with vaccines, provide innovative treatments to fight pain and ease suffering. We stand by the few who suffer from rare diseases and the millions with long-term chronic conditions.

With more than 100,000 people in 100 countries, Sanofi is transforming scientific innovation into healthcare solutions around the globe.

View our [unbranded tools and resources](#) to support influenza vaccinations.



Year 3 Data



Stephen Shields, MPH, Lead
Population Health Research Analyst,
AMGA Research and Analytics

Year 3 in Data and Looking Ahead

November 21, 2024

Agenda



- **Year 3**
 - Overall impact
 - Data dive
- **What's next?**
 - Expansion measures
 - Data dashboard demonstration



Year 3 Impact

Last year's impact (Year 2) was large...



21.6M

eligible patients in the active population

6.0M

vaccines administered or documented

...but our Year 3 impact was larger!



↑ 2M 23.6M

eligible patients in the active population

↑ 400k 6.4M

vaccines administered or documented



Years 1—3 Impact by Vaccine

13.5M influenza vaccines (19+)

750k pneumococcal vaccines (66+)

2.3M Td/Tdap vaccines (19+)

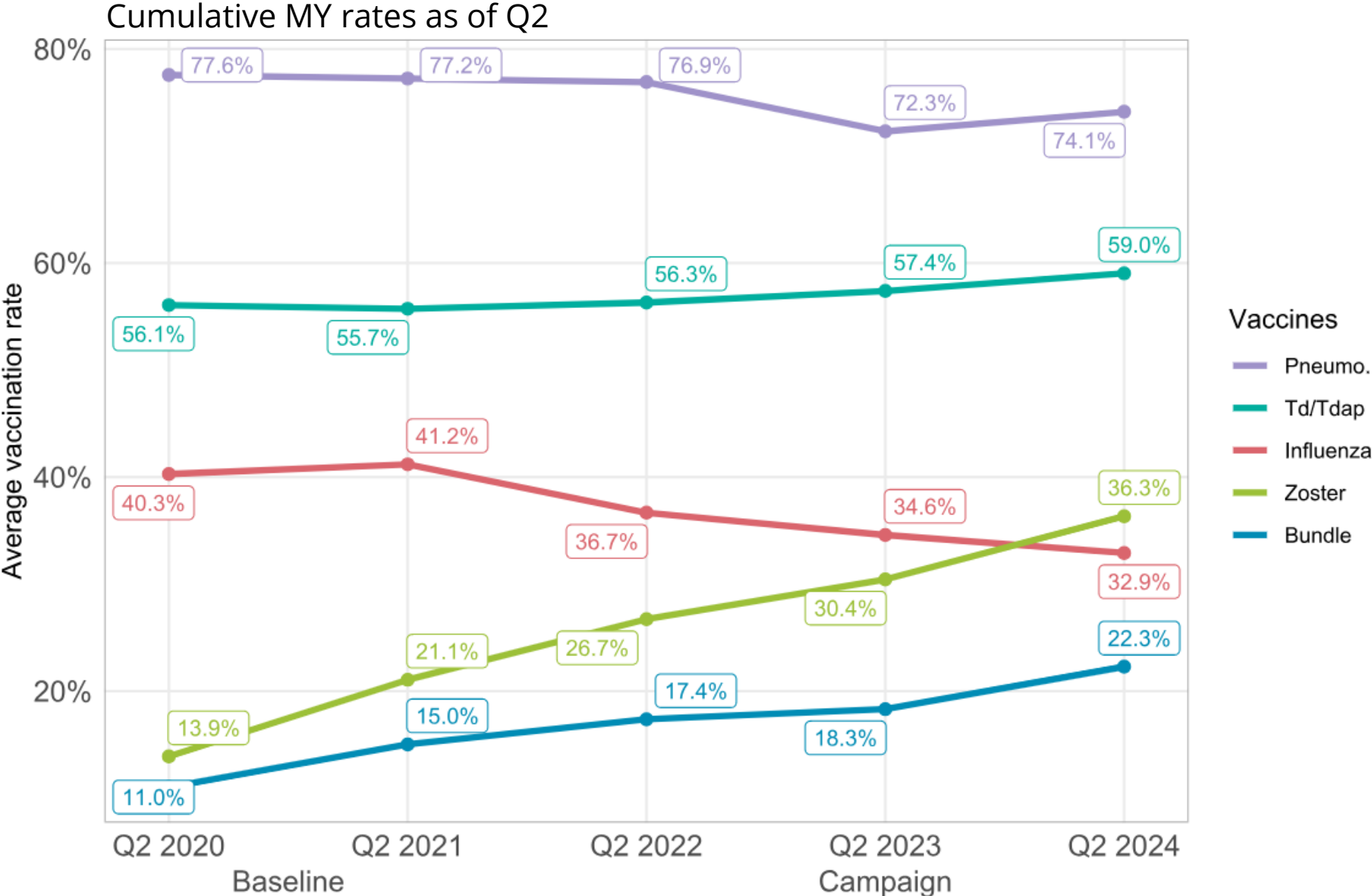
1.8M zoster vaccines (50+)

18.3M total vaccines administered or documented

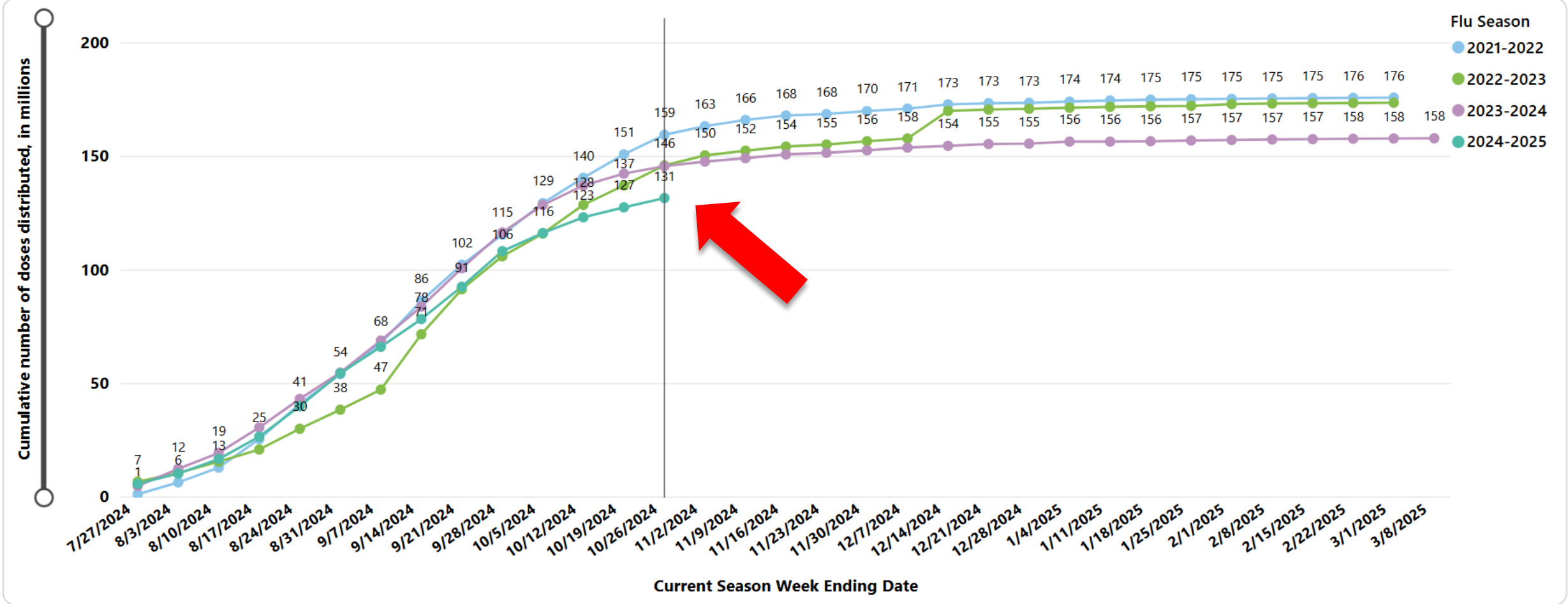


Year 3 Data

Average vaccination rates across all organizations, year-over-year



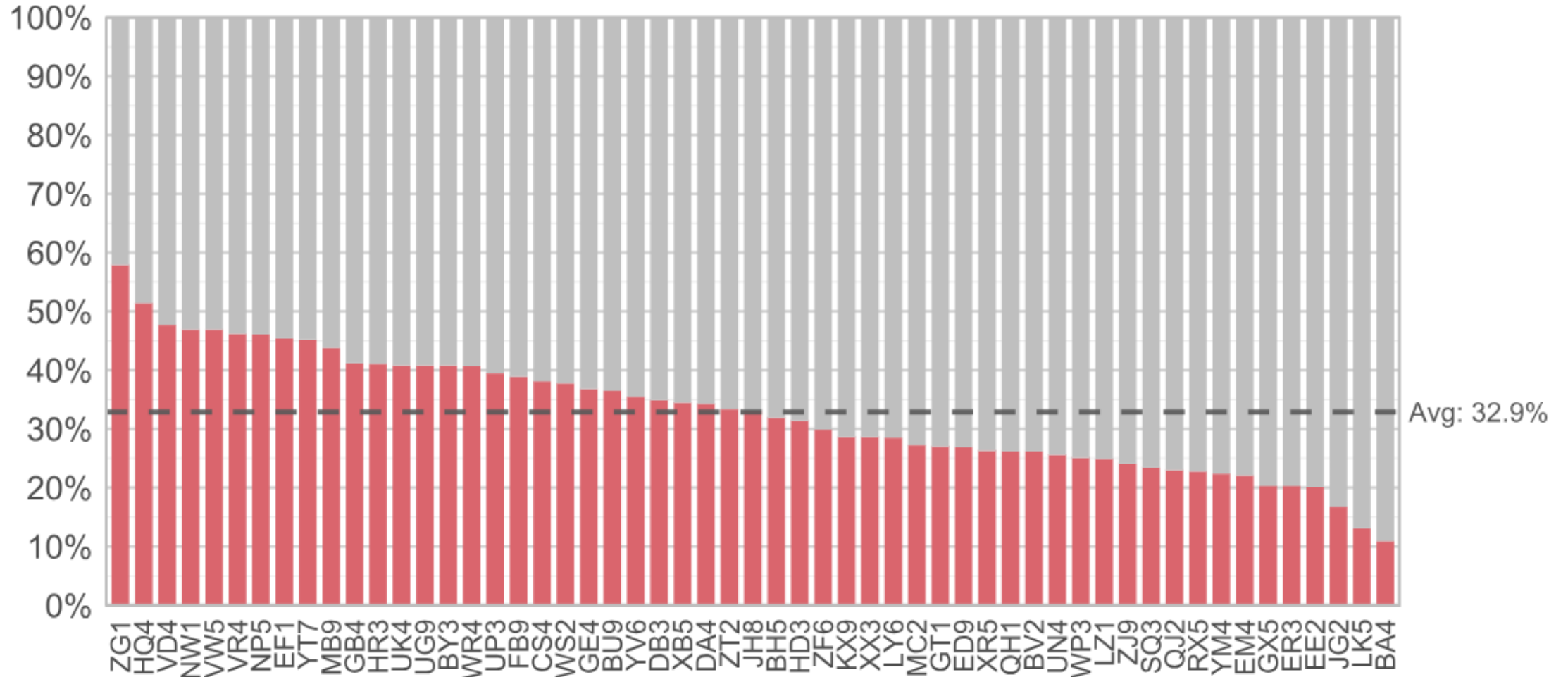
Flu vaccination rates continue to trend downwards nationally



Influenza rates in MY 2023, by HCO



Cumulative rates from July 2023—June 2024



High performers and most improved



Top 5 Highest Influenza Vaccination Rates in Q2 2024

Org	Rank	Rate
ZG1	1	57.9%
HQ4	2	51.4%
VD4	3	47.7%
NW1	4	46.9%
VW5	5	46.9%

Top 5 Most Improved Orgs by Rank

of spots moved from Q2 2023 to Q2 2024

Org	Increase in Rank
GE4	11
FB9	9
EF1	8
ZT2	8
ZF6	8

Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

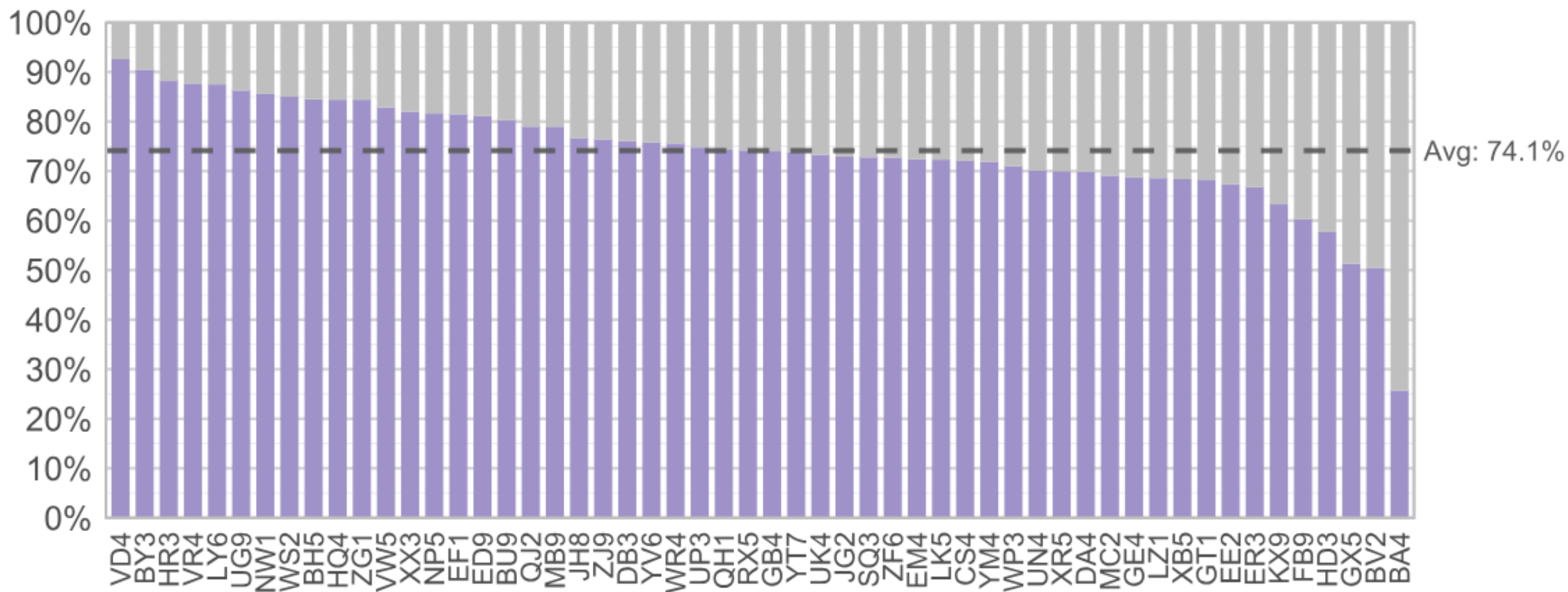
Change from Q2 2023 to Q2 2024

Org	Change in Rate
GX5	5.9%
FB9	5.6%
GE4	5.4%
RX5	3.6%
ZT2	3.2%



Pneumococcal rates in MY 2023 by HCO

Cumulative rates from July 2023—June 2024



High performers and most improved



Top 5 Highest Pneumococcal Vaccination Rates in Q2 2024

Org	Rank	Rate
VD4	1	92.6%
HR3	2	88.3%
VR4	3	87.7%
LY6	4	87.5%
UG9	5	86.3%

Top 5 Most Improved Orgs by Rank

of spots moved from Q2 2023 to Q2 2024

Org	Increase in Rank
DB3	17
YM4	11
DA4	8
UK4	7
HR3	6

Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

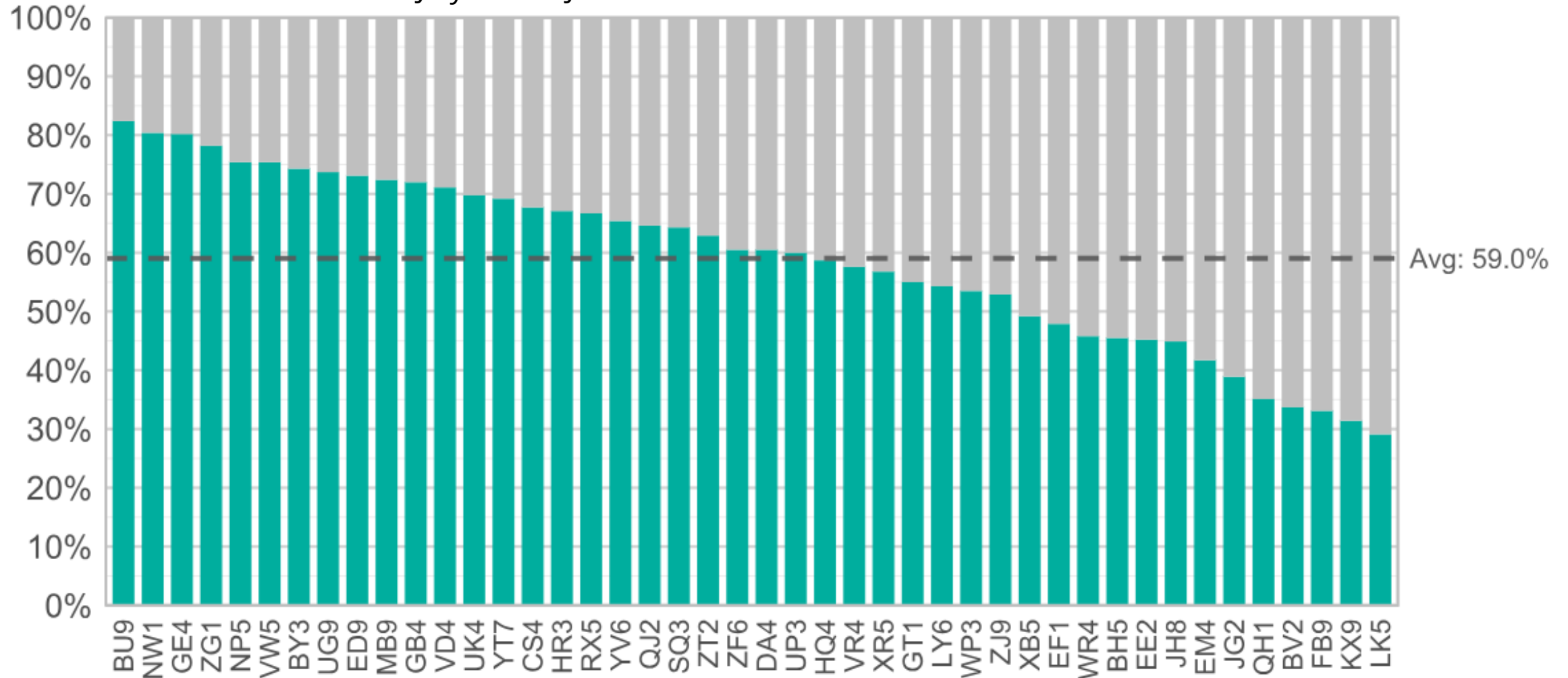
Change from Q2 2023 to Q2 2024

Org	Change in Rate
DB3	7.3%
YM4	6.9%
DA4	5.4%
UK4	4.2%
YT7	4.0%

Td/Tdap rates in MY 2023 by HCO



Cumulative rates from July 2023—June 2024



High performers and most improved



Top 5 Highest Td/Tdap Vaccination Rates in Q2 2024

Org	Rank	Rate
BU9	1	82.4%
NW1	2	80.4%
GE4	3	80.2%
ZG1	4	78.2%
NP5	5	75.4%

Top 5 Most Improved Orgs by Rank

of spots moved from Q2 2023 to Q2 2024

Org	Increase in Rank
NP5	3
UG9	3
SQ3	3
VR4	3
RX5	2

Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

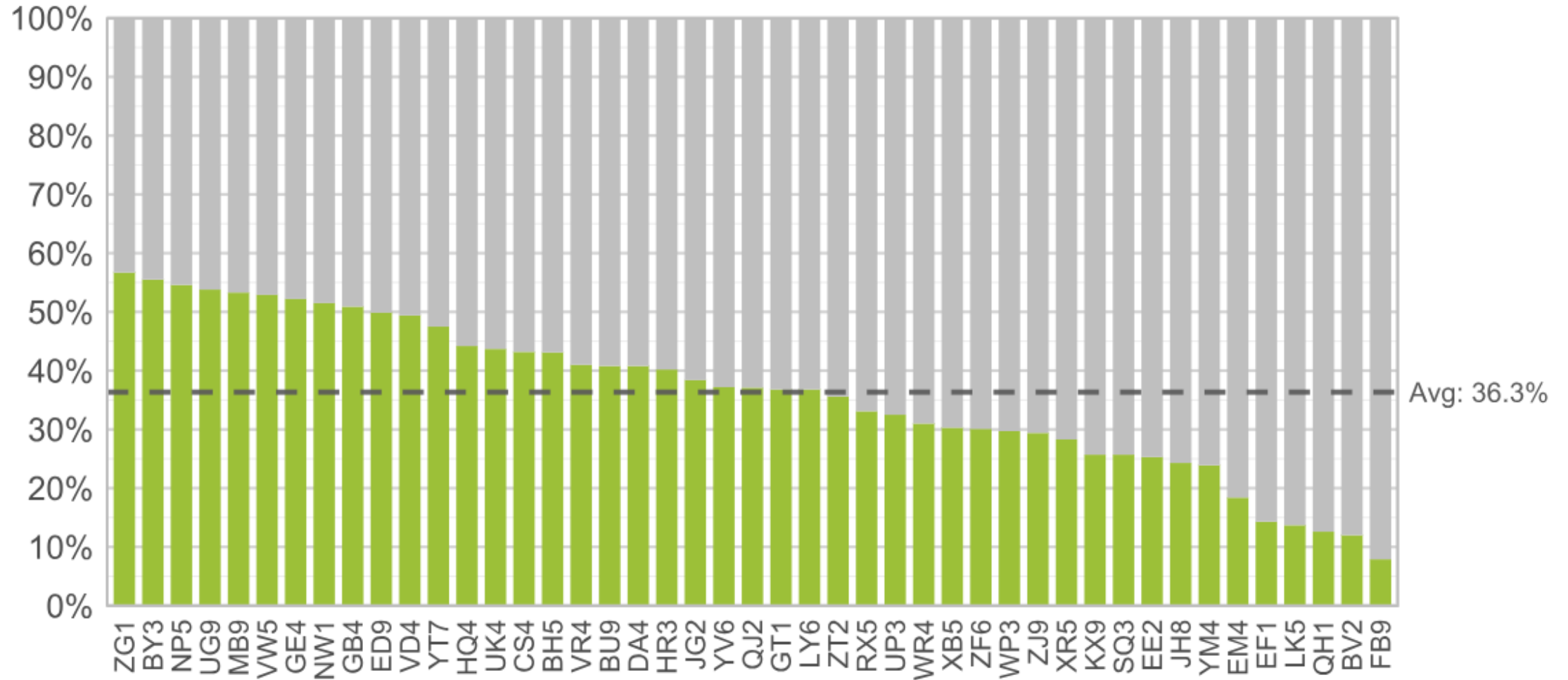
Change from Q2 2023 to Q2 2024

Org	Change in Rate
SQ3	6.7%
BV2	6.5%
RX5	6.1%
LK5	4.4%
VR4	4.2%

Zoster rates in MY 2023 by org.



Cumulative rates from July 2023—June 2024



High performers and most improved



Top 5 Highest Zoster Vaccination Rates in Q2 2024

Org	Rank	Rate
ZG1	1	56.7%
NP5	2	54.6%
UG9	3	53.8%
MB9	4	53.3%
VW5	5	52.9%

Top 5 Most Improved Orgs by Rank

of spots moved from Q2 2023 to Q2 2024

Org	Increase in Rank
VR4	8
GB4	7
RX5	5
NP5	4
VW5	2

Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

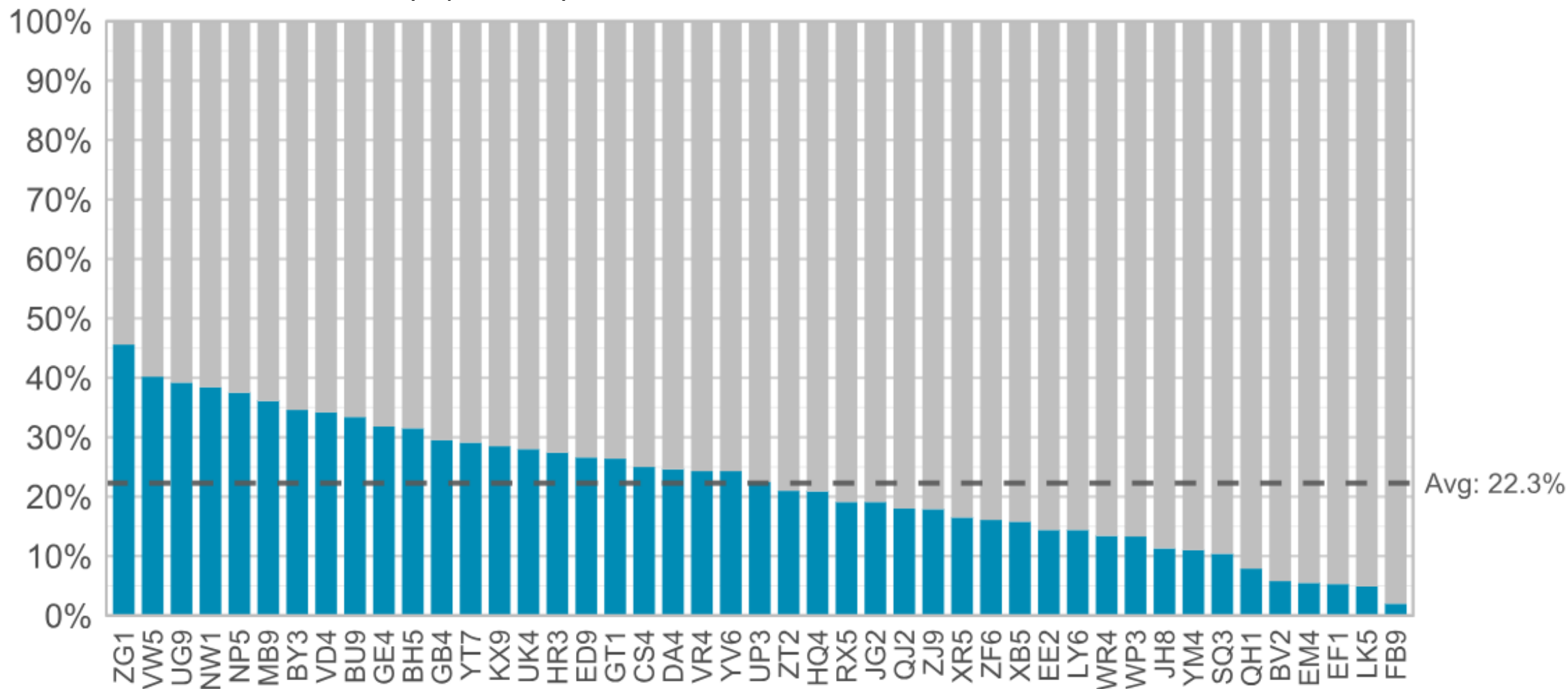
Change from Q2 2023 to Q2 2024

Org	Change in Rate
GB4	14.3%
VR4	12.2%
RX5	8.6%
YM4	8.3%
BU9	8.1%



Bundle rates in MY 2023 by org.

Cumulative rates from July 2023—June 2024



High performers and most improved



Top 5 Highest Bundle Vaccination Rates in Q2 2024

Org	Rank	Rate
ZG1	1	45.6%
VW5	2	40.2%
UG9	3	39.2%
NW1	4	38.4%
NP5	5	37.5%

Top 5 Most Improved Orgs by Rank

of spots moved from Q2 2023 to Q2 2024

Org	Increase in Rank
GE4	11
BU9	7
RX5	7
KX9	6
GB4	5

Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

Change from Q2 2023 to Q2 2024

Org	Change in Rate
GE4	13.4%
BU9	11.1%
KX9	9.6%
GB4	7.7%
RX5	7.0%

Health system engagement increases vax rates



Figure 3: Estimated National Adult Vaccination Rates, by Vaccine Type and Factors Related to Health Care System Engagement, 2020



^a The difference between this rate and the rate for those who had coverage was not statistically significant for the shingles vaccine.



What's next?

The next report will contain expansion measure data



New measures

1. RSV (ages 75+)
2. COVID-19 (ages 19+)
3. Hepatitis B (ages 19–59)

The data dashboard is live!



- All future blinded comparative data will be accessed via the data dashboard instead of the pdf
- Each quarter, the dashboard will be refreshed with the latest data

You can access the dashboard any time at
<https://rize.shinyapps.io/dashboard/>

RIZE Award Winners


rise to
immunize
AMGA Foundation

2024
RIZE to the Challenge
Award

presented to

Coastal Carolina
Health Care P.A.




rise to
immunize
AMGA Foundation

2024
RIZE to the Challenge
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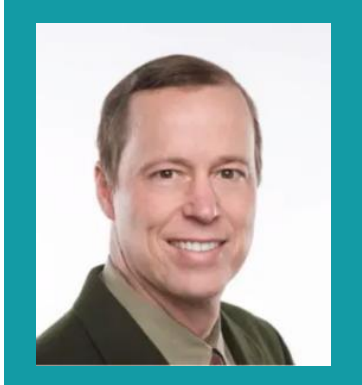
2024
RIZE to the Challenge
Award

presented to

Sutter Health –
Palo Alto Medical Foundation



Today's Speakers



Eric Ringwalt, MD, Chief Medical Officer,
Coastal Carolina Health Care, P.A.



Julianne Willis, MBA, Chief Operating
Officer, Coastal Carolina Health Care, P.A.



Advanced Medicine. Trusted Care.



Coastal Carolina Health Care, P.A.

60+ Providers (60% PCP)

- Internal Medicine
- Family Medicine
- Emergency Medicine
- Cardiology
- Hematology/Oncology
- Gastroenterology
- Neurology
- Pulmonary/CC
- Rheumatology
- Endocrinology
- Orthopedics
- Podiatry
- Psychiatry

Single Enterprise-Wide EHR

More Concentrated/Rural Market

78% of PCP Patients in Total Cost of Care Contracts

18 Clinic Locations

- Urgent Care
- Imaging Center
- Sleep Lab
- GI ASC



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All Coastal Carolina data over time

Proportion of patients ever vaccinated or documented, as of the most recently reported quarter

This plot displays the most recently reported RQ compared to same RQ's in previous years (e.g., if the current RQ is Q3 2022, this plot will display all Q3's)

Currently displaying:

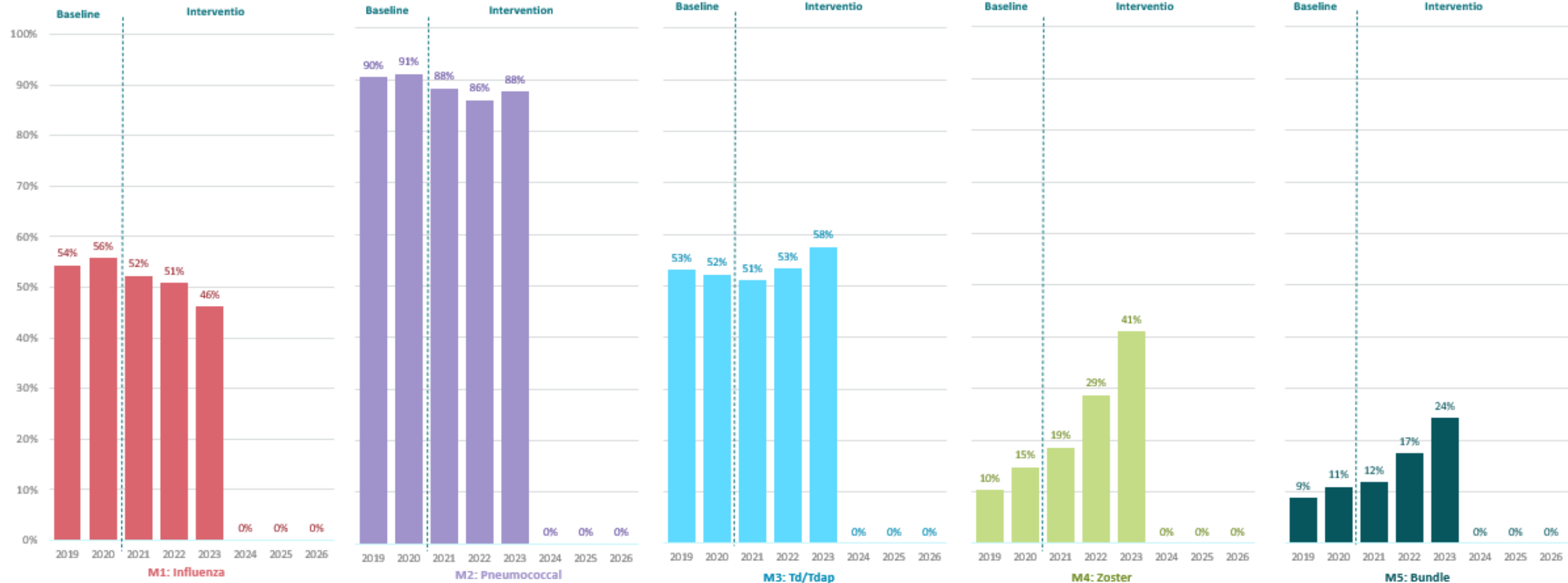
Q2

Q2

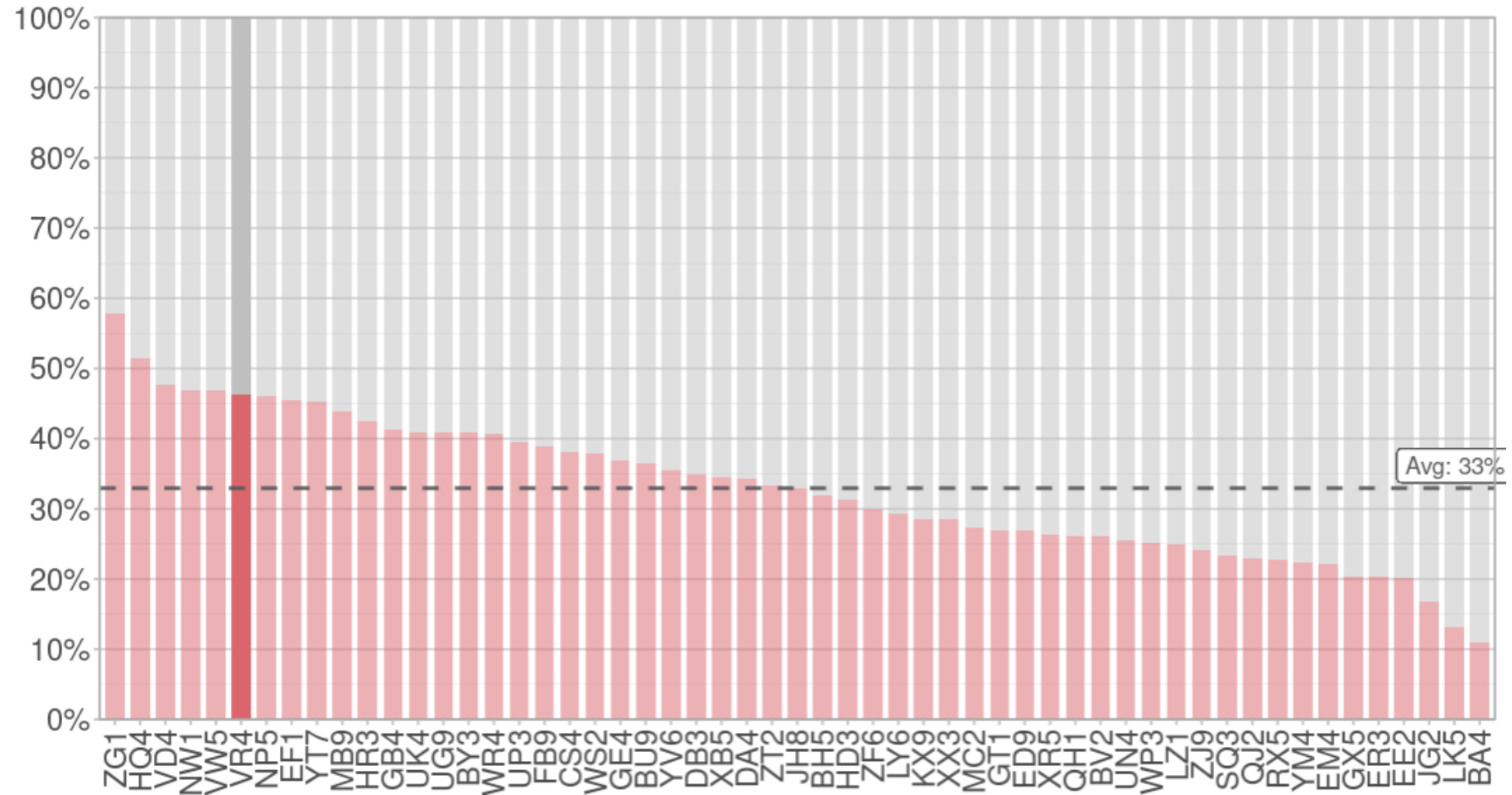
Q2

Q2

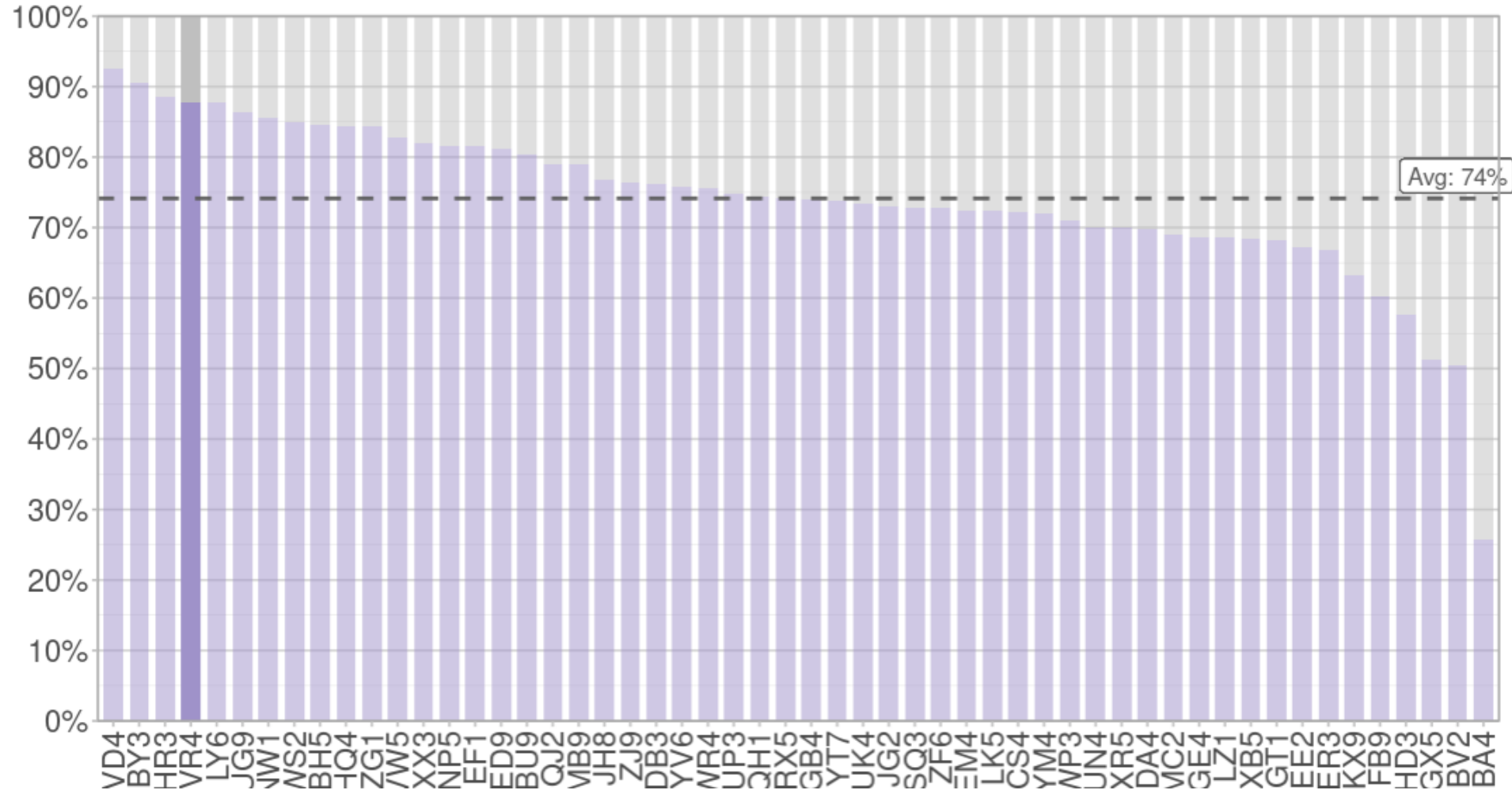
Q2



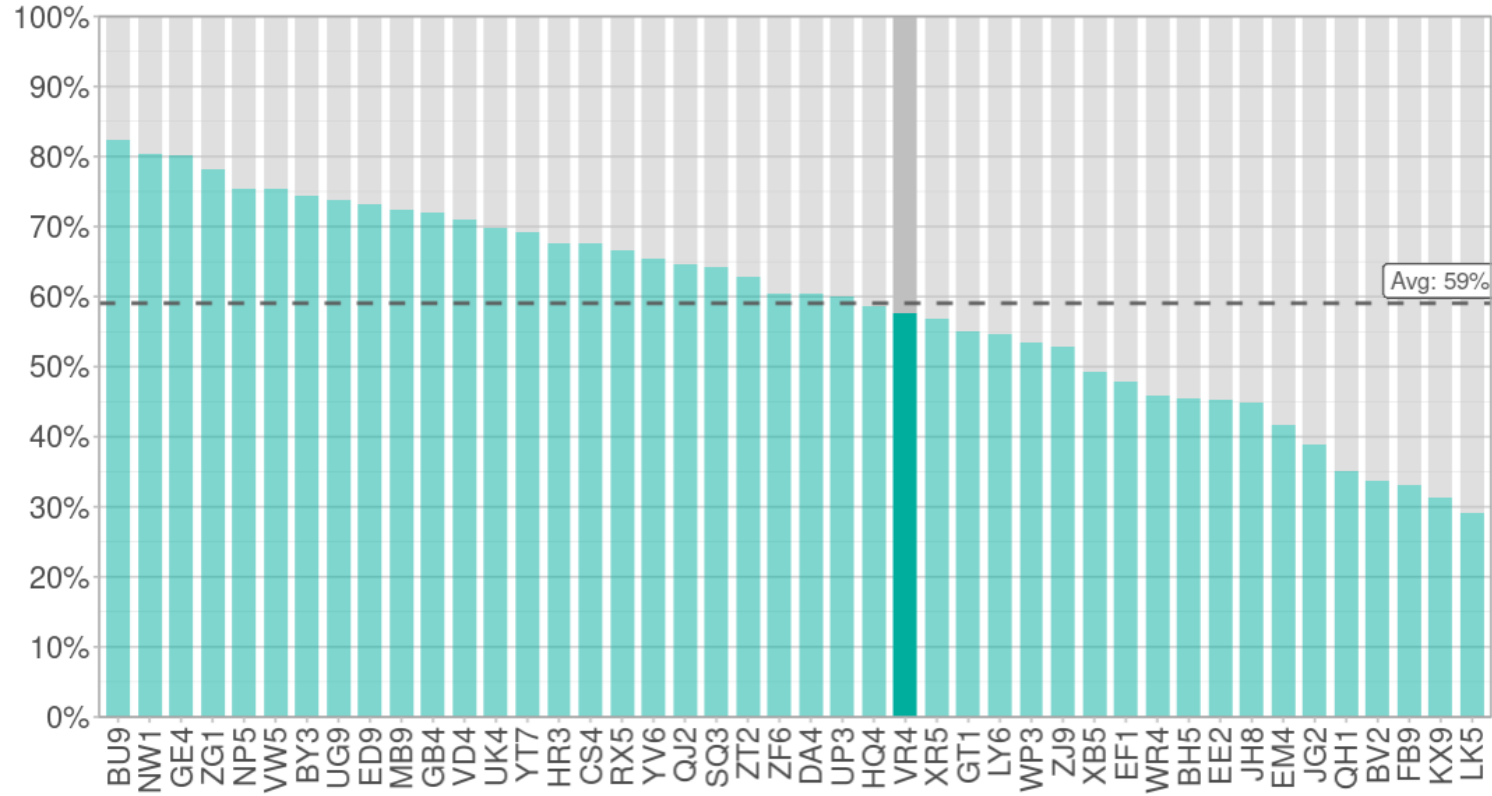
Influenza Q2 2024



Pnemo Q2 2024



Td/Tdap Q2 2024



Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

Change from Q2 2023 to Q2 2024

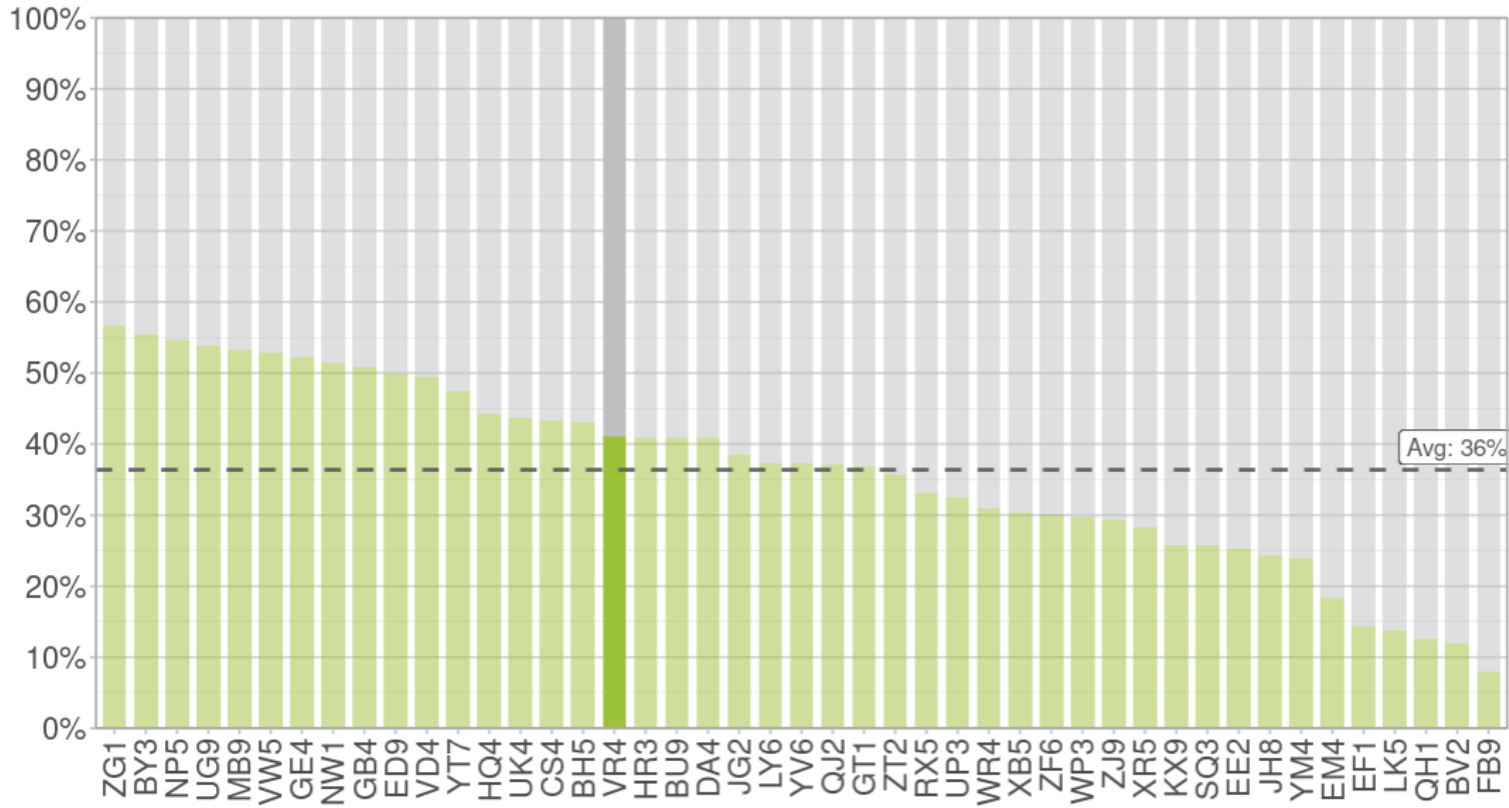
Org	Change in Rate
SQ3	6.7%
BV2	6.5%
RX5	6.1%
LK5	4.4%
VR4	4.2%

Top 5 Most Improved Orgs by Rank

of spots moved from Q2 2023 to Q2 2024

Org	Increase in Rank
VR4	4
SQ3	3
BV2	3
NP5	2
UG9	2

Zoster Q2 2024



Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

Change from Q2 2023 to Q2 2024

Org	Change in Rate
GB4	14.3%
VR4	12.2%
RX5	8.6%
YM4	8.3%
BU9	8.1%

Top 5 Most Improved Orgs by Rank

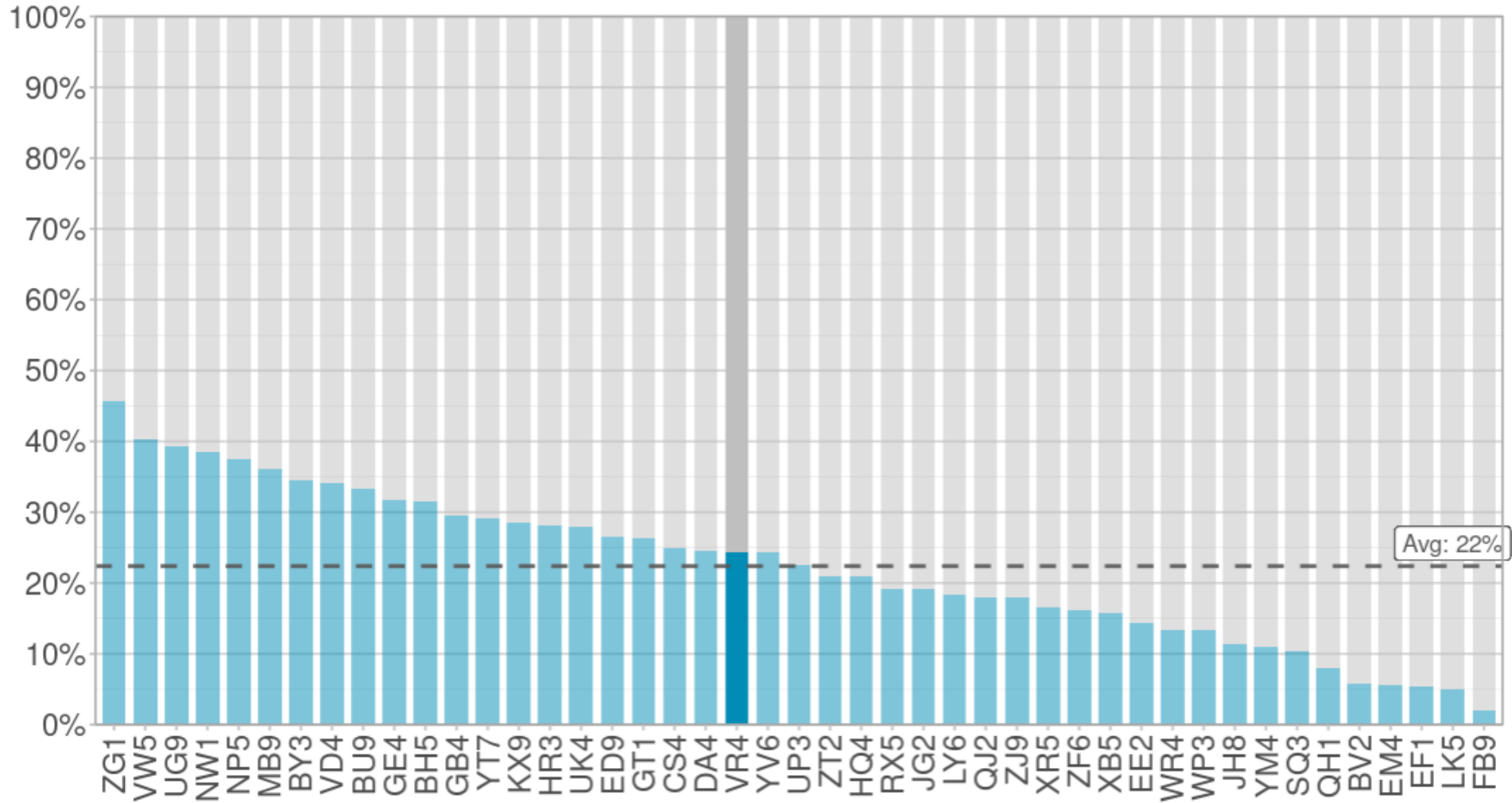
of spots moved from Q2 2023 to Q2 2024

Org	Increase in Rank
VR4	9
GB4	7
RX5	6
NP5	4
VW5	2



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Bundle Q2 2024



Key Elements to Our Success

- NC Immunization Registry
- Part D billing process
- Pre-visit process
- Patient Education
- Quality-Focused
- Streamlined Decision Making

Immunization Registry

- Only 12% of our locations were connected to the NC Immunization Registry
- Centralized User Registration to increase engagement
- Utilize registry as part of pre-visit work along with our health management dashboard
- Prevent over-immunization

Part D Billing Process

- Improve compliance
- Spread to practices using standard work flowchart to communicate changes in centralized billing office
- Opportunity to provide accurate information to our patients about the benefits of vaccines and address any concerns the patient may have


Pre-Visit Process

- Pre-visit work is completed prior to patient visit, insurance reviewed for eligibility
- Centralized User Registration to increase staff engagement
- Utilize registry and health management dashboard

	Last Given	1	2	3	4	5
DTP/DTaP (0)						
FLU (0)		Permanently Deferred				
Fluzone High-Dose Quadrivalen...	15-Sep-2022	15-Sep-2022				
Hepatitis A (0)						
Hepatitis B (0)						
HIB (0)						
HPV (0)						
Influenza (6)	08-Jul-2022	Permanently Deferred	19-Aug-2010	01-Oct-2012	19-Nov-2014	13-Oct-2017
Meningococcal (0)						
MMR (0)						
PCV (0)						
PPSV (1)	10-Mar-2015	10-Mar-2015				
Pfizer-BioNTech COVID-19 Vac...	18-Jun-2021	* 18-Jun-2021				
Polio (0)						
PPD (1)	21-Apr-2010	* 21-Apr-2010				
Rotavirus (0)						
Td/DT (0)						
Varicella (0)						
Zoster (1)	11-Mar-2010	11-Mar-2010				

Patient Education

- Posters in the patient rooms
- Flyers given to the patient



**ARE YOU AT RISK FOR
Pneumonia?**

You might be if you smoke or have:

- Asthma
- Diabetes
- A Weakened Immune System

If you are 19 or older and at risk, ask your doctor about getting a pneumonia shot.

**Pneumococcal
Disease** *nōo-muh-kok'-əl*

*Pronouncing it is hard.
Getting vaccinated is easy!*

Call your CCHC provider
to make an appointment:

Phone: (252) 633-4111

Quality-Focused

- Monthly physician-led quality meeting
- Discuss current vaccine recommendations/changes
- Review transparent clinic and provider data monthly
- Healthy competition

Coastal Carolina Health Care, P.A.

Shingrix Vaccination

July 2023

	Panel Size		% two doses Shingrix		
	Jul-23	Pts Age 50+ Jul-23	Jul-23	Jun-23	May-23
Clinic A					
Clinician A	1,276	1,014	29.78%	27.69%	25.73 %
Clinician B	1,376	1,096	45.99%	44.73%	44.39 %
Clinician C	695	574	42.16%	41.59%	40.65 %
Clinic A Total	3,347	2,684	39.05%	37.61%	36.51 %
Clinic B					
Clinician A	936	796	27.14%	25.88%	25.13 %
Clinician B	1,417	1,166	44.77%	44.51%	44.01 %
Clinician C	1,397	1,183	28.66%	27.81%	26.16 %
Clinician D	1,072	771	33.98%	32.18%	29.40%
Clinician E	1,254	1,070	43.93%	41.45%	39.09%
Clinic B Total	6,076	4,986	36.28%	35.00%	33.41%
Clinic C					
Clinician A	914	499	34.07%	33.73%	33.00 %
Clinician B	943	749	44.73%	43.37%	41.30 %
Clinician C	1,159	866	27.60%	25.72%	24.88%
Clinician D	1,222	1,051	25.69%	24.05%	21.64 %
Clinician E	1,397	1,044	52.49%	51.44%	50.24 %
Clinician F	1,341	856	41.71%	40.58%	39.02 %
Clinician G	1,217	980	43.67%	41.44%	40.18 %
Clinic C Total	8,193	6,045	38.83%	37.36%	35.87%
CCHC Total	33,459	25,844	29.67%	28.28%	26.74%



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Calculating Quality Scores

		Dept 1	Dept 2	Dept 3	Dept 4	Dept 5	Dept 6	Dept 7
Preventive Health Domain								
	Influenza Immunization	58.40%	57.08%	74.47%	62.00%	43.21%	43.39%	47.34%
	Points Earned (P4R)	1.40	1.40	1.70	1.55	1.25	1.25	1.25
	Pneumococcal	81.88%	89.27%	92.12%	78.10%	75.75%	72.04%	72.35%
	Points Earned	1.85	1.85	2.00	1.70	1.70	1.70	1.70
	TDaP	65.29%	65.25%	71.35%	30.95%	45.49%	50.85%	31.98%
	Points Earned	1.55	1.55	1.70	1.10	1.25	1.40	1.10
	Shingrix	39.05%	36.28%	38.83%	18.01%	29.21%	15.23%	23.09%
	Points Earned	1.10	1.10	1.10	-	-	-	-
	Total Points Earned	5.90	5.90	6.50	4.35	4.20	4.35	4.05
	Domain Score	59.00%	59.00%	65.00%	43.50%	42.00%	43.50%	40.50%

Streamlined Decision Making

			Quality		Amount	
		Distributable	Score	Keep	Redist.	Total
Primary Care						
	Depart A	357,398	96.34%	344,315	23,122	367,436
	Depart B	396,817	96.70%	383,708	25,767	409,475
	Depart C	885,117	92.41%	817,943	54,927	872,870
	Depart D	663,785	92.23%	612,223	41,113	653,336
		<u>2,303,117</u>		<u>2,158,189</u>	<u>144,928</u>	<u>2,303,117</u>
Specialty Care						
	Depart A	188,440				188,440
	Depart B	43,052				43,052
	Depart C	165,391				165,391
		<u>396,883</u>				<u>396,883</u>
		<u>2,700,000</u>				<u>2,700,000</u>

Today's Speakers



Steven Fried, MD, Medical Director Quality Primary Care, Henry Ford Medical Group

Gina Aquino, DNP, RN, CHSP, RN-Clinical Quality Facilitator, Henry Ford Medical Group



HENRY FORD HEALTH®

Henry Ford Medical Group Rise to Immunize

Gina Aquino, DNP, RN, CHSP

Clinical Quality Facilitator

Steve Fried, MD, Family Medicine

Medical Director Quality Primary Care

We are Henry!



About HFMG:

- Founded in 1915, the Henry Ford Medical Group (HFMG) is one of the nation's largest and most experience group practices, with 1,900 physicians and researchers in more than 40 specialties.

Rise to Immunize Team:

- Gina Aquino, DNP, RN, CHSP, Clinical Quality Facilitator
- Steven Fried, MD, Medical Director for Quality and Resource Stewardship for HFMG Primary care and Family Practice
- Eugene Berezovsky, Analytics Manager
- Dhinakaran "DK" Rajendran, Analyst
- Laurie Kortas, RN, Director, Service Line Quality & Safety
- Population Health Team- Populance
- Systemwide Immunization Task Force
- Many other HFMG outstanding team members

All HFHS data over time

Proportion of patients ever vaccinated or documented, as of the most recently reported quarter

This plot displays the most recently reported RQ compared to same RQ's in previous years (e.g., if the current RQ is Q3 2022, this plot will display all Q3's)

Currently displaying:

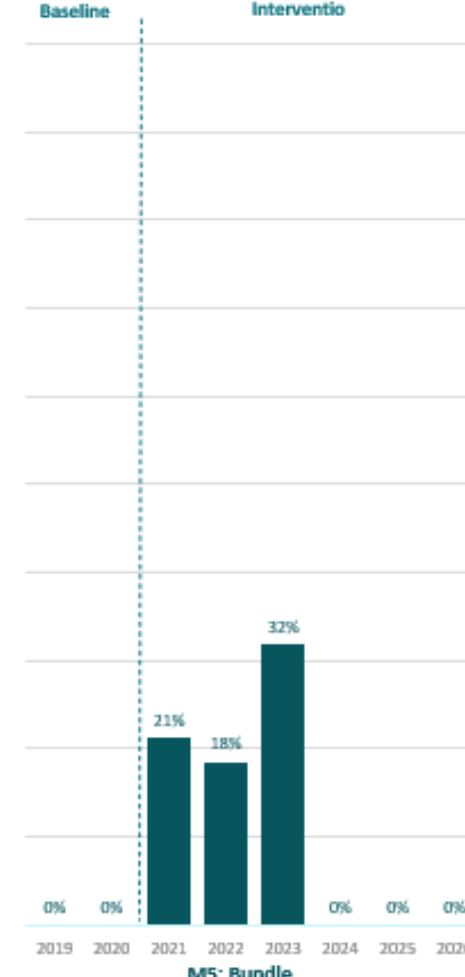
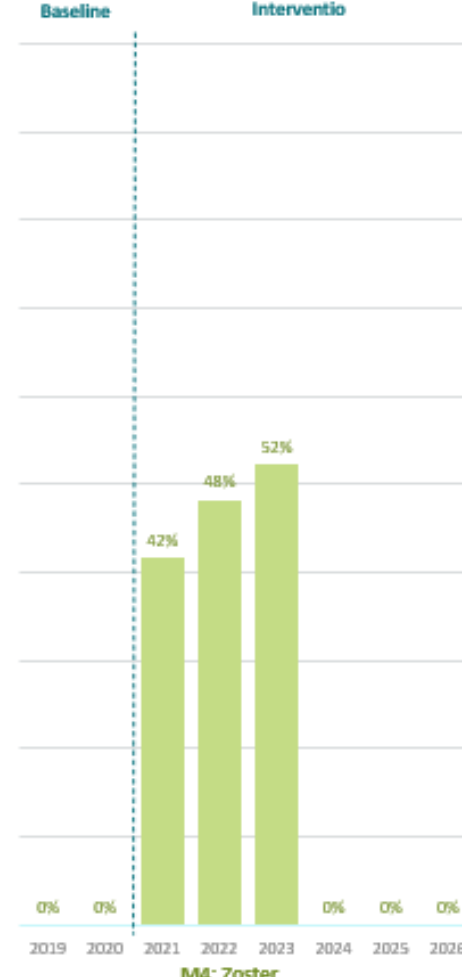
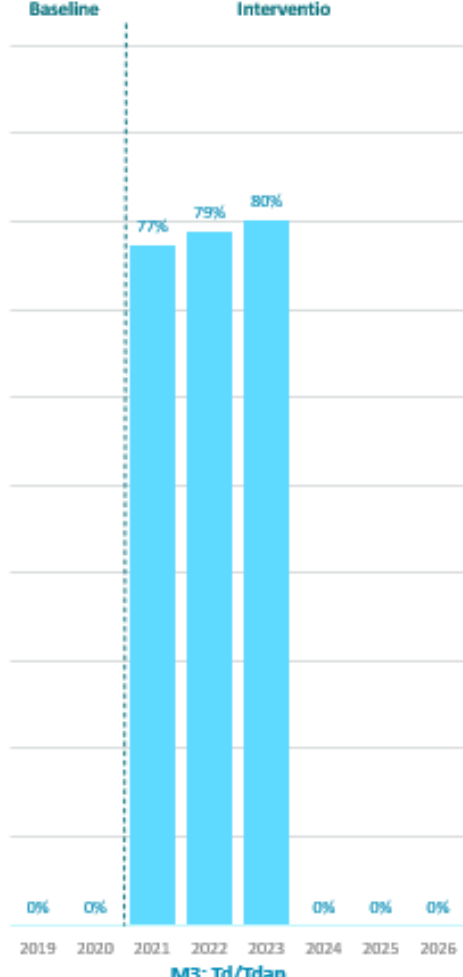
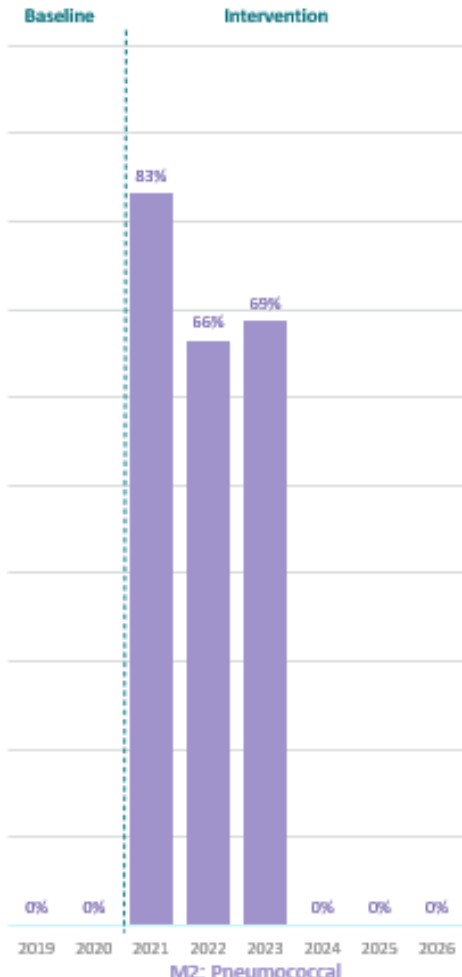
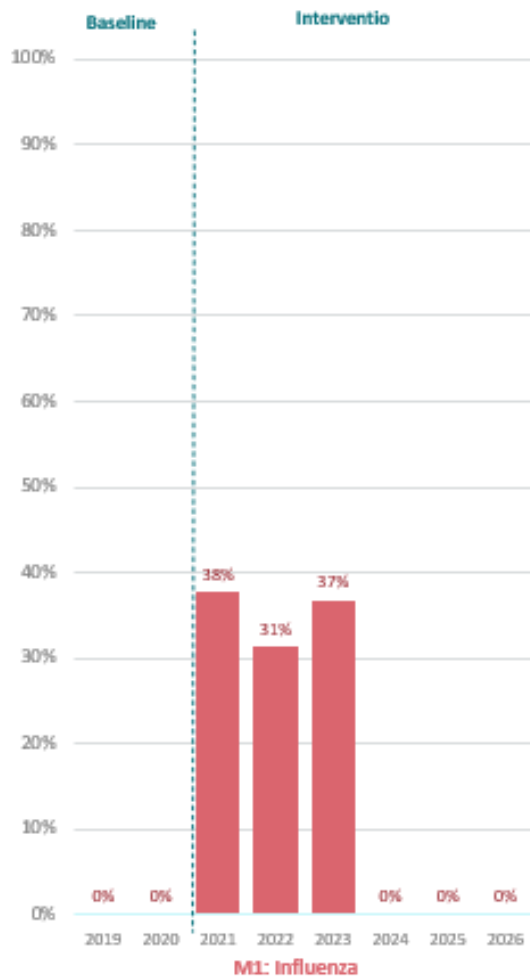
Q2

Q2

Q2

Q2

Q2



Plank 1. Provider and Staff Education:



Plank 2. Clinical Support Tools:

Use of Standing Orders



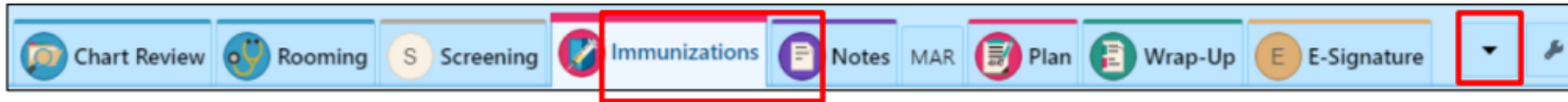
Standing Orders are in place for each of the 4 immunizations of focus (and others).

This facilitates staff members, including Medical Assistants to administer vaccinations outside of a physician office visit.

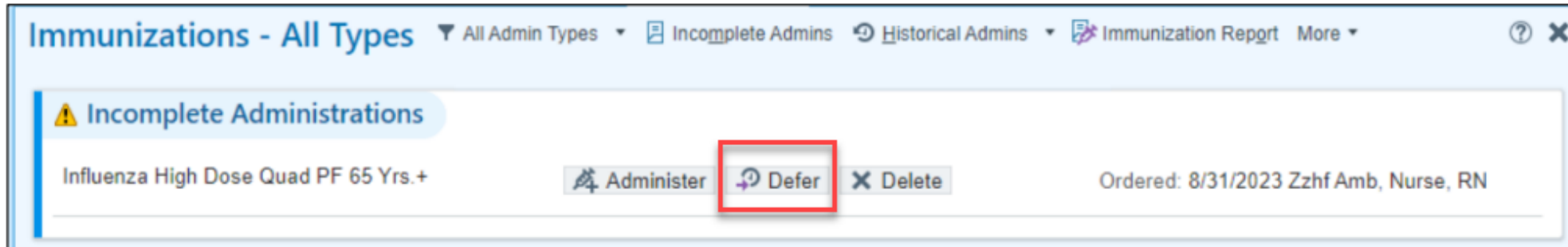
Medical Assistants (MA) in Primary Care and Specialty routinely "Tee up" orders for needed vaccinations in the EMR (Epic) upon rooming patients, per standardized rooming protocol. This facilitates communication with the physician.

Prior to the patient leaving the clinic, reminders and follow-up appointments are scheduled for any additional doses in a vaccine series.

Vaccine Declination Process



- If the patient does not receive the ordered vaccine, the Nurse or MA will document the reason for non-administration in the EHR.



- The Care Gaps alert is deferred for one year which allows staff to readdress at subsequent visits
- Vaccine declination is transferred to our State's immunization registry for documentation purposes as well.
 - Immunization Information System (IIS) or "registry"- Henry Ford Health's EHR has an interface with the Michigan Care Immunization Registry (MCIR) and documentation will upload from the EHR to MCIR automatically.

Plank 3. IT/Documentation: Two-Way feed- Michigan Care Improvement Registry (MCIR) & Care Everywhere Features

Immunizations - All Types All Admin Types Incomplete Admins Historical Admins Immunization Report **Query Imm Registry** Refresh

! Immunizations from outside sources need attention. **Go Reconcile**

"Query Imm Registry"

Click the "Go Reconcile" Banner for External Immunizations

MCIR-Michigan Care Improvement Registry

Immunizations as of 11/5/2024 at 3:29 PM

Vaccine	Admin Dates
COVID-19 PFR 30 mcg (COVID-19 Pfizer Monovalent 12 yr.+ (Purple Cap))	4/28/2021, 4/7/2021
COVID-19 PFR Bivalent 30mcg/0.3mL (COVID-19, Pfizer Bivalent Tris- Sucrose, 12 Yr. +)	5/24/2023
Influenza IIV4 (Inject) (Influenza Quad w/Preservative)	12/28/2020, 12/24/2019, 9/14/2016
Tdap (adol/adult) (Tdap)	5/3/2016
Zoster RZV (Shingrix) (Zoster Recombinant)	9/12/2023, 7/6/2023











Standardized Rooming Process & Two-Way MCIR Query

- Daily, weekly, and monthly huddles are performed to determine what services are needed for our patients.
- Staff routinely review our EMR's Health Maintenance Advisory (HM) screen to identify services due; i.e., tests, vaccines, etc.
- By preplanning for visits, this facilitates our rooming workflow and encourages administration of needed vaccines.

At the time of the clinic encounter, the Nurse or MA will:

- Review the immunization history, perform a MCIR query or use Care Everywhere to pull data into the patient's medical record.
- Staff reviews with patient/family their immunization record to ensure accuracy.
- If patient self-reports that they received a vaccine dose elsewhere, staff will document under historical immunization section after confirmation.
- For immunizations that are due, staff will interview the patient or family for indications and contraindications to vaccination and obtain consent.
- Patients who meet the inclusion criteria and do not meet any of the exclusion criteria will receive the vaccine that is due.
- Staff also "Tee-up" order(s) for vaccines that are due for the provider to further address, if needed.

CARE GAPS

-  Colorectal Cancer Scree...
-  SDOH FOOD
-  BMI/BMI PERCENTILE A...
-  HEPATITIS B VACCINES (...)
-  Depression Screening
-  Hypertension Control
-  INFLUENZA VACCINE (1)
-  COVID- 19 Vaccine (4 - ...)
-  BASIC METABOLIC PRO...
-  Show fewer

Plank 4. Patient Education: Benefits of Outreach & Educational Tools



Performing outreach through various campaigns and use of standing orders provides consistency and prevents missed opportunities for vaccination.



Ability to send messages through text, email, MyChart Education Window/Message, inpatient TVs, MyChart Bedside, or print with the After-Visit Summary (AVS).



Ability to see what education has previously been assigned.



Ability to see if patient or their caregiver viewed the education.



Able to reinforce education, if needed.

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Patient Educational Materials

- Patient educational materials were created to support immunizing patients of all ages.
- Educational Messages are routinely sent to patients via MyChart (Epic's EMR patient portal) or letter reminding patients of preventive services and other gaps in care due, such as needing a flu shot.
- **Examples:**
 - Tdap Vaccine During Pregnancy
 - Importance of Flu Vaccine
 - Pneumococcal Vaccine
 - Shingrix Vaccine

Tdap Vaccine During Pregnancy

What is whooping cough?

- Pertussis, or whooping cough, is a serious disease that can cause babies to stop breathing.
- Unfortunately, babies must be 2 months old before they can get their whooping cough vaccine.
- You can help protect baby by getting a whooping cough vaccine, called Tdap, during your pregnancy.
- The recommended time to get the shot is between your 27th to 36th week of pregnancy.

How dangerous is whooping cough for babies?

- It can be deadly. About 7 in 10 deaths from whooping cough occur in babies younger than 2 months old.
- In the United States, about half of babies younger than 1 year old who get whooping cough are hospitalized.
- Whooping cough can cause your baby to have coughing fits, gasp for air, and turn blue from lack of oxygen.
- While many babies with whooping cough don't cough at all, it can cause them to stop breathing.

How is whooping cough spread?

- Whooping cough spreads from person to person when coughing or sneezing.
- Whooping cough can spread when people spend a lot of time together in an enclosed space.
- Symptoms can vary, or even seem mild. Children and adults may not know they have whooping cough and can end up spreading it to babies they are in close contact with.

Why do I need to get the Tdap vaccine while I am pregnant?

- Antibodies from the vaccine will be passed to baby, meaning they will be born with protection against whooping cough.
- These antibodies will help protect baby right after birth and until they can get their vaccine.
- Baby is most vulnerable to developing serious complications from this disease during the first few months of life.
- Getting the vaccine during pregnancy **does not** put you at increased risk for pregnancy complications like low birth weight or preterm delivery.

Is the Tdap vaccine safe for me and baby?

- Yes, the Tdap vaccine is very safe for you and baby.
- You cannot get whooping cough from the vaccine.
- The most common side effects are mild and can include redness, swelling, or pain where the shot is given. Side effects should go away within a few days.

Additional Resources

- Visit the Centers for Disease Control and Prevention (CDC) website for more information.
 - cdc.gov/vaccines/pregnancy/hcp-toolkit/tdap-vaccine-pregnancy.html
- Watch this video: **Are You Pregnant? Help Protect Your Baby from Whooping Cough**
 - youtube.com/watch?v=SkafS5pwMuo



To scan the QR code:

1. Open the camera on your smartphone.
2. Place the QR directly in the center of the camera and the link should appear on the screen.
3. Click the link that appears. This link will take you to the video.



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Plank 5. Financial Management

Billing and Coding

- Provide aid for adult patients without insurance coverage
- Plan to automate billing of the 25-modifier when vaccines are administered, currently this is a manual process

Use of TransactRx

- TransactRx is a real-time portal which enables medical professionals to bill for Part D-covered vaccines with minimal time and effort.
- Allows for Pharmacy Medical billing.
 - Currently the build is strictly for Hospital Billing when benefits are provided at a PBB site.
- Vaccine Manager's web-based features enable healthcare professionals to quickly determine important billing factors such as:
 - Whether a patient has Medicare Part D coverage for Shingrix, Tdap, and RSV Vaccines
 - Which Part D plan the facility will need to bill
 - What the patient's financial responsibility is for a specific vaccine and date of service
 - How much the physician will be reimbursed

Thank you!

HENRY FORD HEALTH[®]

Today's Speaker



Chhavi Mehta, MD, Medical Director of Quality, Sutter Health – Palo Alto Medical Foundation



Sutter Health
Palo Alto Medical
Foundation



RIZE to Immunize Palo Alto Foundation Medical Group

Chhavi Mehta MD

Medical Director of Quality and Value Based Care

Nov 21st, 2024



Palo Alto Foundation Medical Group



Multispecialty Group in Northern California



Physicians: 1,830



Advanced Practice Clinicians : 227



Alameda County, Santa Clara County, Santa Cruz County, San Mateo County



Primary Care: 1,133



Specialty: 924



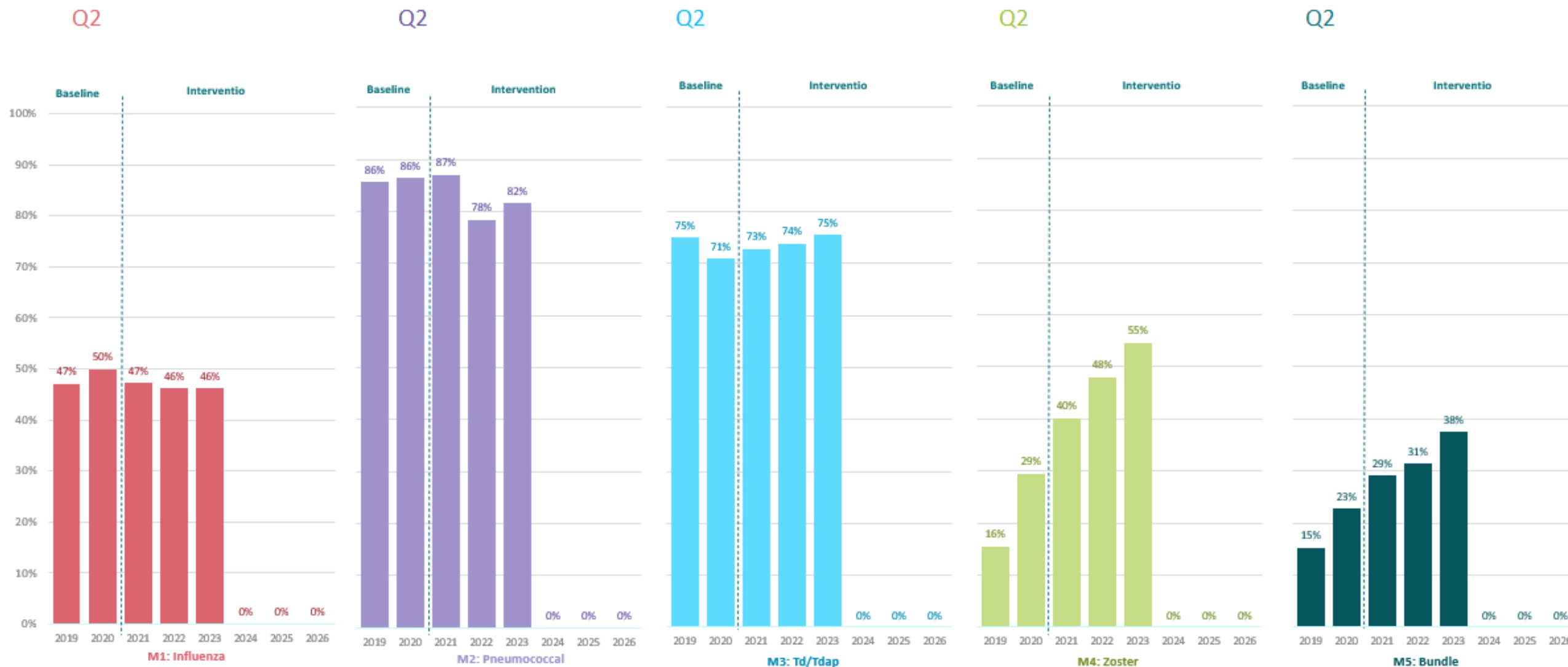
All PAMF data over time



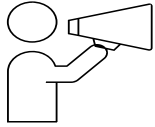
Proportion of patients ever vaccinated or documented, as of the most recently reported quarter

This plot displays the most recently reported RQ compared to same RQ's in previous years (e.g., if the current RQ is Q3 2022, this plot will display all Q3's)

Currently displaying:



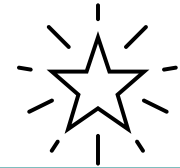
Outreach



Marketing emails
reminding patients
that are due for
COVID and Flu



Bulk messages
sent to patients
with Vaccine gaps



Patient Education

Vaccine care gaps addressed in multiple ways

During Office Visit

- Vaccine care gaps built in EMR addressed at each visit

Outside of Office Visit

- Primary Care embedded RN/LVN Vaccine clinic by appointment

Central Clinics

- Flu Vaccines, COVID vaccines

County Services

- In home Vaccine services for Flu an COVID.

Local Pharmacies

- Encourage patients to get vaccines at the local pharmacy

POINT OF CARE REMINDER FOR STANDARD MA ROOMING PROCEDURE

Addressed at each visit

Allergies: No Known Allergies

11/6 RETURN OFFICE VISIT
for Follow up test results

Weight: 77.6 kg (171 lb)

BMI: **28.46 kg/m² !**

Ht: 1.651 m (5' 5")

BP: 163/53 >1 day

SINCE YOUR LAST VISIT

📄 ENDO (2), LAB

🚫 Lab (8)

CARE GAPS

- 🔴 ZOSTER VACCINE (Shingrix w...
- 🔴 PNEUMOCOCCAL VACCINE 6...
- 🔴 DIABETIC FOOT EXAM
- 🔴 ADVANCE DIRECTIVE DISCUS...
- 🔴 3 more care gaps

PROBLEM LIST (13)

GLYCOHEMOGLOBIN

Next due on 2/4/2025



CREATININE

Next due on 11/4/2025



POTASSIUM

Next due on 11/4/2025



HEMOGRAM

Next due on 11/4/2025



LIPID SCREENING

Next due on 11/4/2025



MICROALBUMIN

Next due on 11/4/2025



Immunizations

ZOSTER VACCINE (Shingrix w/wo Zostavax) (2 of 3)

🔴 **Overdue since 11/15/2013**



PNEUMOCOCCAL VACCINE 65+ YEARS (2 of 2 - PCV)

🔴 **Overdue since 8/22/2015**



DTaP,Tdap,or Td Vaccine (2 - Td or Tdap)

🔴 **Overdue since 9/20/2023**



COVID-19 Vaccine (6 - 2024-25 season)

🔴 **Overdue since 9/1/2024**



RSV VACCINE 60+ YEARS OR PREGNANT (1 - 1-dose 75+ series)

🔴 **Never done**



HPV VACCINE

Aged Out

MENINGOCOCCAL ACWY VACCINE

Aged Out

HEPATITIS A VACCINE

Aged Out

INFLUENZA VACCINE

Discontinued 🧑



OPPORTUNITIES



Partner with Ops to understand capacity in Resource clinics.



Central Immunization clinics – expansion to include other vaccines like Pneumonia.



Send Bulk MHOL messages to patients due for other vaccines.



Communication to Physicians and APC's.

Vaccine Hesitancy

- Santa Cruz footprint
- Race and Ethnicity Data
- Surveys to understand the cause
- Develop plans to improve vaccination rates based on data





Chhavi Mehta MD
chhavi.mehta@sutterhealth.org

Questions?



Submit your questions using the **Q&A feature** at the bottom of the screen





Happy holidays!

Join us **January 16, 2025** for the
next Rise to Immunize campaign
webinar