AMGA Foundation

Adult Immunization (AI) Best Practices Learning Collaborative, Group 2: Case Study

UnityPoint Accountable Care, L.C.

West Des Moines, IA

Organizational Profile

UnityPoint Accountable Care, L.C. (UAC) brings together a diverse group of employed and independent health care providers, including hospitals, physicians, and home health entities across Iowa, Illinois, and Wisconsin. UAC serves approximately 250,000 patients from over 1,200 clinic, hospital, and home care locations. Primary care represents approximately 28.5% of services from 6,578 providers (2,365 employed and 4,213 independent). UAC is led by a physician governance structure and works to achieve the triple aim of providing better care, lower costs, and improved health.

Acronym Legend

ACIP: Advisory Committee on Immunization Practices

ACO: Accountable Care Organization

AI Collaborative: AMGA's Adult Immunization Best Practices Collaborative

CDC: Centers for Disease Control and Prevention

CMS: Centers for Medicare and Medicaid Services

EMR: Electronic medical record

HP2020: Healthy People 2020

UAC: UnityPoint Accountable Care, L.C.

Executive Summary

UAC engaged two clinics to serve as improvement catalysts for increasing pneumococcal and influenza vaccination rates. Overall, both clinics realized gains in both vaccination rates, with the most significant improvements seen in rates of pneumococcal vaccinations for high-risk and at-risk populations. Provider and staff education on the most recent guidelines with standardized workflows designed to capture immunization status at every visit was key to improvement. The teams gave credit to strong provider support and persistence on the importance of vaccination for patients and peers alike as critical for successful improvement efforts within the clinic.

Program Goals and Measures of Success

The AI Collaborative goals were set by AMGA Foundation based on reviewing the Healthy People 2020 goals from the federal Office of Disease Prevention and Health Promotion (HP2020)[1], baseline data for each group, and with input from the Collaborative advisors (see Appendix).

At UAC, each payer group contract measures results across a number of different quality components, encompassing patient experience, care for at-risk patients, preventive care, and patient safety. UAC compiles these results to help participating providers understand overall how their patients are doing in key aspects of their care, potential complications, as well as to identify ways to positively impact a patient's care and quality of life.

Immunizations are aligned across all quality components and are one of the most cost-effective interventions for population health. The goal for UAC is to increase immunization rates for pneumococcal and influenza immunizations to levels equivalent to top decile performance through innovation, sharing strategies learned from best performers, and standardizing ways to positively impact a patient's care and quality of life across the UAC network.

Data Documentation and Standardization

UAC is a user of Optum One and was supported by Optum One with reports matching the AI Collaborative specifications throughout the measurement and reporting periods. The AI Collaborative-specific report combined claims and electronic medical record (EMR) data fields to identify patients with a vaccination gap and immunization rates of the participating sites.

Population Identification

As an Accountable Care Organization (ACO), UAC purposefully selected two clinics as representations of our network (multistate, independent, and employed). One location was staffed by UnityPoint Health-employed providers and personnel; another location was independent but in partnership with the ACO. The two clinics crossed state lines, with Family Care Partners of the Quad Cities being located in Iowa and UnityPoint Clinic Family Medicine-Moline in Illinois. Both clinics had experience with the foundations of process improvement and measurements and they were close enough in proximity that one regional team could be established.

Intervention

Themes emerged for intervention under education, standard process development, and reporting as the teams selected their action items to reach the AI Collaborative goals.

For educational interventions, both clinics chose high-traffic marketing to spread the message of vaccination importance to patients via posters and educational materials placed in waiting and patient exam rooms.

Education wasn't just for patients; it was also critical that the message of vaccine importance our providers and staff discussed with patients was accurate and free from bias. Dr. Alla and her team from UnityPoint Clinic Family Medicine-Moline, created a PowerPoint presentation for physicians and clinical staff on the latest Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) recommendations for pneumococcal and influenza immunizations. Scripted materials (including examples of tone and delivery) were supplied as a supplement, which staff and providers could use when conversing with patients on the subject.

The UAC pneumococcal protocol was distributed to central areas and by vaccine storage to increase clinical support and reference. Standard processes developed included updating current vaccination status to the health maintenance review and the lead-time needed to prep patients' charts prior to scheduled appointments.

Both teams utilized reports from their clinic's EMR systems to identify patients that needed influenza and/or pneumonia vaccinations. They reached out to patients with a gap in health maintenance to schedule vaccinations via phone, reminder letters, and the patient portal. UnityPoint Clinic Family Medicine-Moline engaged in targeted patient outreach through Emmi Solutions as an added layer of connection to patients identified. Two outreach campaigns with Optum One and Emmi solutions were conducted. The first campaign included patients who were either 65+ years old or patients between 19 and 64 years old with at least 1 high risk condition. Any patient who required one or more pneumococcal vaccines was included. The second campaign targeted patients 19 – 64 years old with at least one of the 'at risk' conditions who needed PPSV vaccine.

Calls were customized to identify the call as coming from the clinic and to introduce the call with the provider's name. Once connected, patients were told that a pneumonia vaccine was due, and given education about the importance of vaccination. The patient could then elect a soft transfer to schedule an appointment, make a note of provider contact information to schedule at a later date, or state that the vaccination had been received.

The Emmi Solutions outreach was able to engage 48% of pneumococcal naïve individuals age 65 and older and capture 36% of those for vaccination. High risk patients age 19-64, were engaged by 35% and captured 7% of those individuals for vaccination. At risk individuals age 19-64, were engaged by 47%, and of those 10% were captured for vaccination. Emmi solutions was an added benefit for the clinic in that it was able to save on administrative time and functions so that they could focus on other patient care and quality improvements.

A collateral enhancement that proved successful for UnityPoint Clinic Family Medicine-Moline in patient identification as well as preparing for a visit was the interface between the Epic EMR system and multiple state immunization registries. Successfully integrated in December of 2017, this interface allows for a bi-directional feed of state immunization information to and from the EMR system used by UnityPoint Clinic Family Medicine-Moline. In anticipation of this flow of information, regional operations worked closely with local pharmacies in both states to garner an agreement that the pharmacy would input vaccine information into state registries when vaccines were given at their location. Since the bi-directional feed has been successful in Iowa, the state pharmacies are now required to input immunizations given by pharmacies into the state registry.

Once the EMR, state registries, and local pharmacies were interfaced and engaged, another area that came into focus for immunization data capture was large employee health departments and organizations. Taking a look internally at current process first, the Quad Cities region of UnityPoint Health realized Employee Health was not recording vaccinations to state registries or within the EMR to keep the employee health record separate from the patient's general medical record. UnityPoint Health of Quad Cities worked closely with the UnityPoint Health legal department to understand what information was permissible to exchange with an employee's primary care provider and how they could share the immunization information with the clinic. A decision was reached determining that the employee health department could fax a list to primary care offices on a routine basis regarding vaccinations that were given by the department. The receiving clinic could then manually enter the information into the patient's health maintenance history.

Through the UAC Funds Flow program, both employed and independent ACO-participating providers are eligible to participate in an incentive-based payment system that rewards high-performers on key quality/utilization targets. The rewards are distributed from accrued withheld amounts from network provider's fee-for-service payments and shared savings/losses under their value-based agreements with the payer-sponsor. This model also provides for similar arrangements with respect to third party payers, including the value-based or shared savings/losses with UAC, and network providers that elect to participate. Common to most measures is a focus on preventative care, including pneumococcal and influenza vaccination rates.

Outcomes and Results

The two clinics that participated in the AI Collaborative each saw improvement from baseline overall, with the most improvement seen in high-risk and at-risk populations for pneumococcal vaccination. On the whole, the clinics saw an increase of 1% for Measure 1; an increase of 12.2% for Measure 2; an increase of 12.6% for optional Measure 2a; and an increase of 11.1% for Measure 3. Slight increase in vaccination rates noticed at or around the time of the start of the influenza vaccination season and organized education or messaging pointed to increased awareness and focus.

UnityPoint Clinic Family Medicine-Moline realized the most significant improvements with a gain from baseline of 5.57% for Measure 1; 25.81% for Measure 2; 29.77% for optional Measure 2a; and 18.52% for Measure 3.

Lessons Learned and Ongoing Activities

Both clinics responded they could clearly see a spike in the data that reflected where interventions were renewed or energized. Moving forward, having regular and scheduled vaccination topics and updates added to standing provider meetings and staff monthly agendas should help to keep vaccination momentum and be relevant to everyday patient interactions.

Doing so helps to reinforce and refresh the educational interventions the clinics had spent time developing while also instructing physicians, advanced practice professionals, and staff on when to give the vaccine. Having the list of high-risk and at-risk conditions on hand was also found to be beneficial. Additionally, it's important to acknowledge the impact of persistence with health maintenance reminders. As one clinic commented: "It may take the fourth or fifth time a patient hears the message before they agree to receive the vaccine."

UnityPoint conducted a pilot program with two clinics. Two outreach campaigns with Optum One and Emmi solutions were conducted. The first campaign included patients who were either 65+ years old or patients between 19 and 64 years old with at least 1 high risk condition. Any patient who required one or more pneumococcal vaccines was included. The second campaign targeted patients 19 – 64 years old with at least one of the 'at risk' conditions who needed PPSV vaccine.

Calls were customized to identify the call as coming from the clinic and to introduce the call with the provider's name. Once connected, patients were told that a pneumonia vaccine was due, and given education about the importance of vaccination. The patient could then elect a soft transfer to schedule an appointment, make a note of provider contact information to schedule at a later date, or state that the vaccination had been received.

Population	# Patients Identified	# Engaged	% Engaged	Engaged Patients Vaccinated	% Engaged Patients Vaccinated
> 65 years old, pneumococcal naïve	285	137	48%	49	36%
19 – 64 years old, High Risk	303	105	35%	7	7%
19 – 64 years old, At Risk	452	214	47%	22	10%

Keeping in line with their intervention themes, the clinics recognized the importance of standardization. For example, using every patient encounter to assess all immunization statuses (as opposed to only a provider's own patient panel management) for identifying gaps in care and looking ahead to the next week and one day prior to an appointment to detect any changes could produce better results if such actions were hardwired into current processes.

Dr. Alla commented to the effect that improvement is a continual work in progress. Her clinic (UnityPoint Clinic Family Medicine-Moline) did not see an overnight change and she estimated it could take up to 18 months or more to see goals met. Her advice to others is to be persistent and to celebrate wins. Her clinic staff recognized her focus on prevention through immunizations and her provider support as critical to success for the overall clinic.

The clinics that participated on behalf of UAC would like to see the interventions and lessons learned spread to others across their region and the system as a whole. As part of an ACO, patients and providers should see more patient-centered and coordinated health care across all sites of care, and in their community and workplaces.

References

1. Office of Disease Prevention and Health Promotion (ODPHP). Healthy People 2020. healthypeople.gov.

Appendix

Collaborative Goals

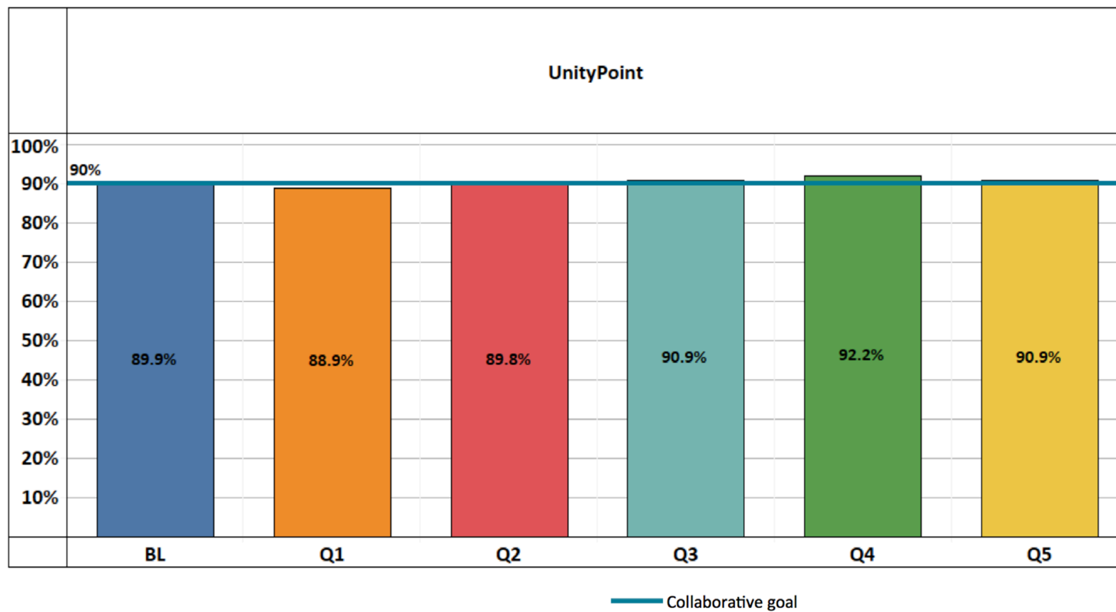
Measure	Healthy People 2020	Collaborative Goal
Measure 1 (65+) Any	90%	90%
Measure 1 (65+) Both PPSV and PCV*	90%	60%
Measure 2 (High-Risk)	60%	45%
Optional Measure 2a (At-Risk)**		
Measure 3 (Flu)	70%/90%***	45%

* Increasing "Both" is a good goal for Groups which are already doing well on "Any"

** According to CDC guidelines, it is not currently recommended that the at-risk population receive PCV. Therefore, "PPSV" or "Unknown pneumococcal vacination" are numerator options for Measure 2a.

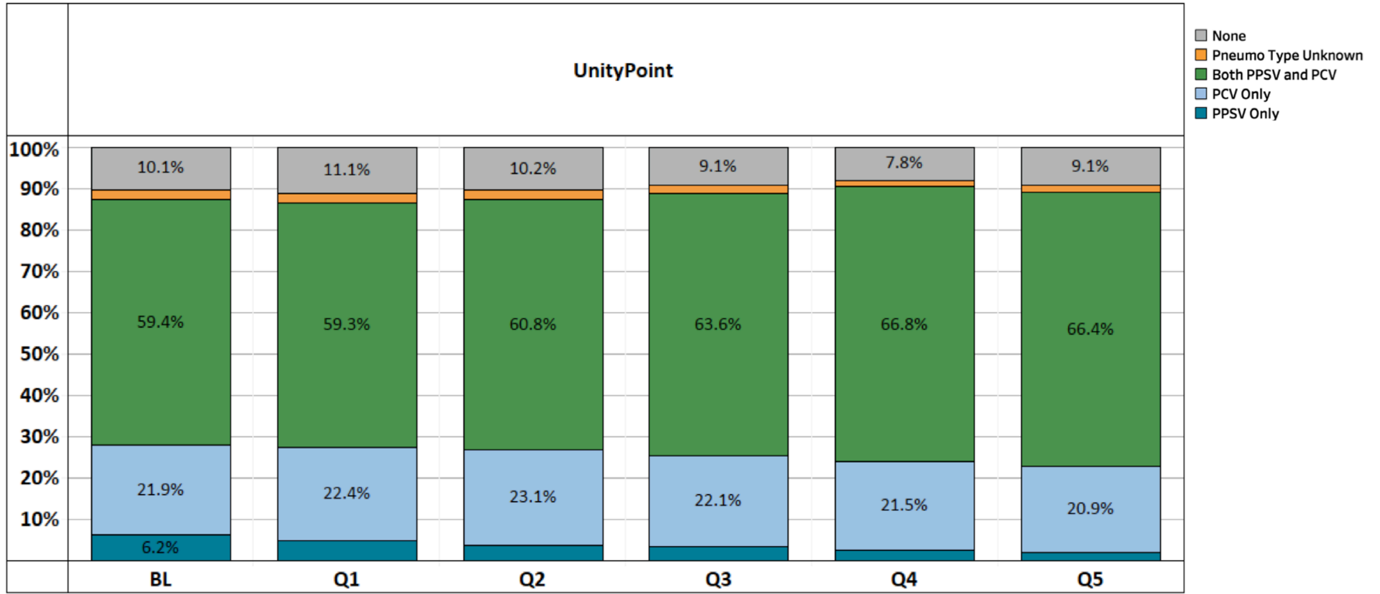
*** 70% for all patients, 90% for Medicare patients

Measure 1 – Pneumococcal (Any) Immunization for Adults Ages ≥ 65

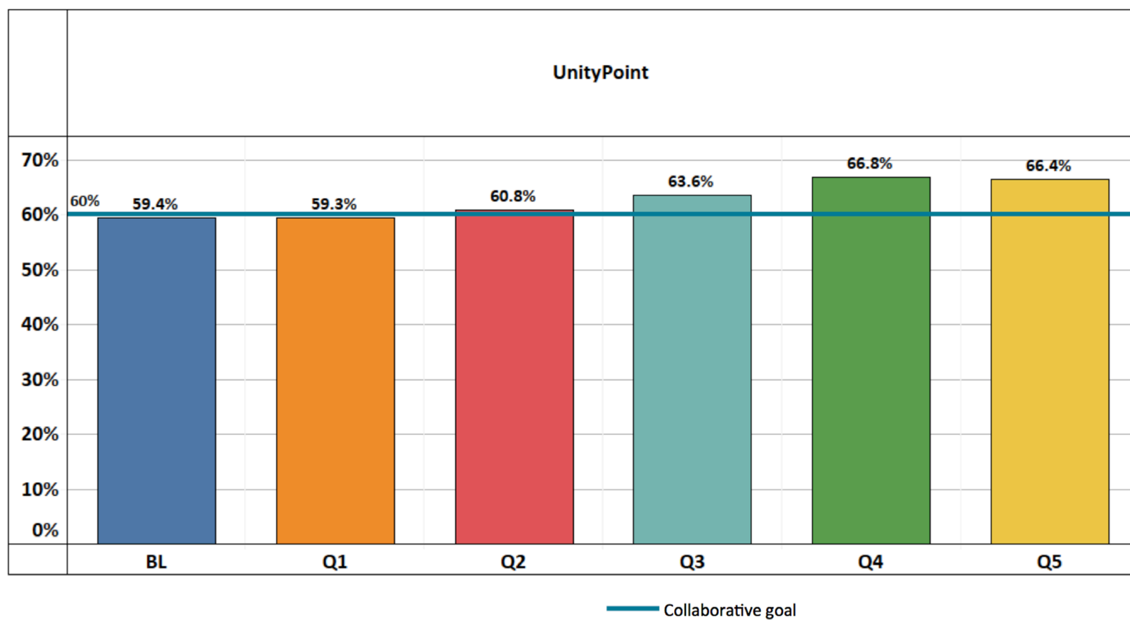


Appendix

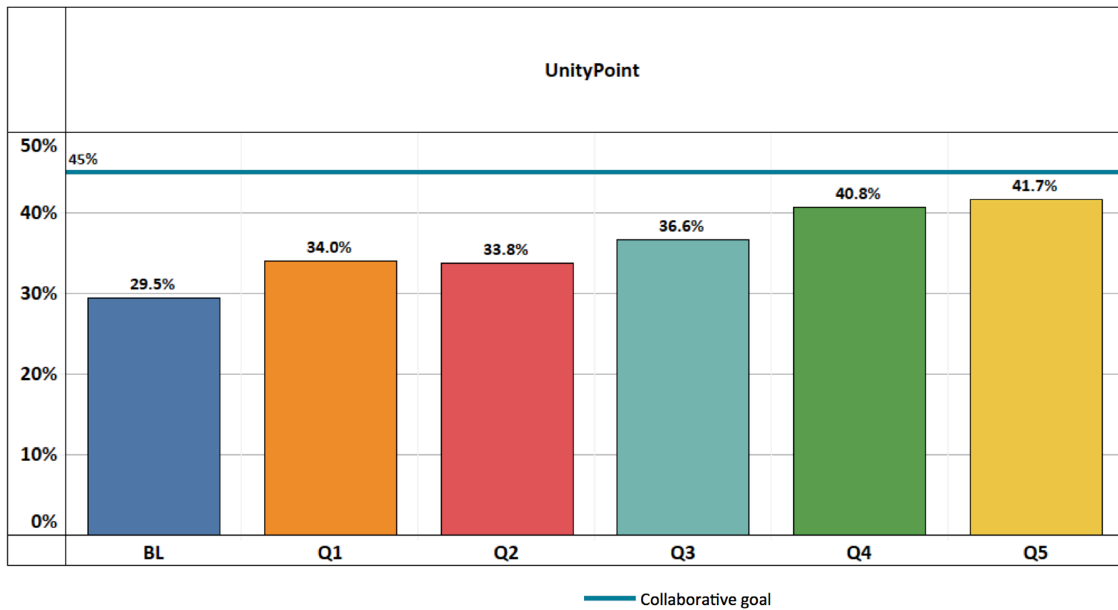
Measure 1 – Pneumococcal (Any) Immunization for Adults Ages ≥ 65



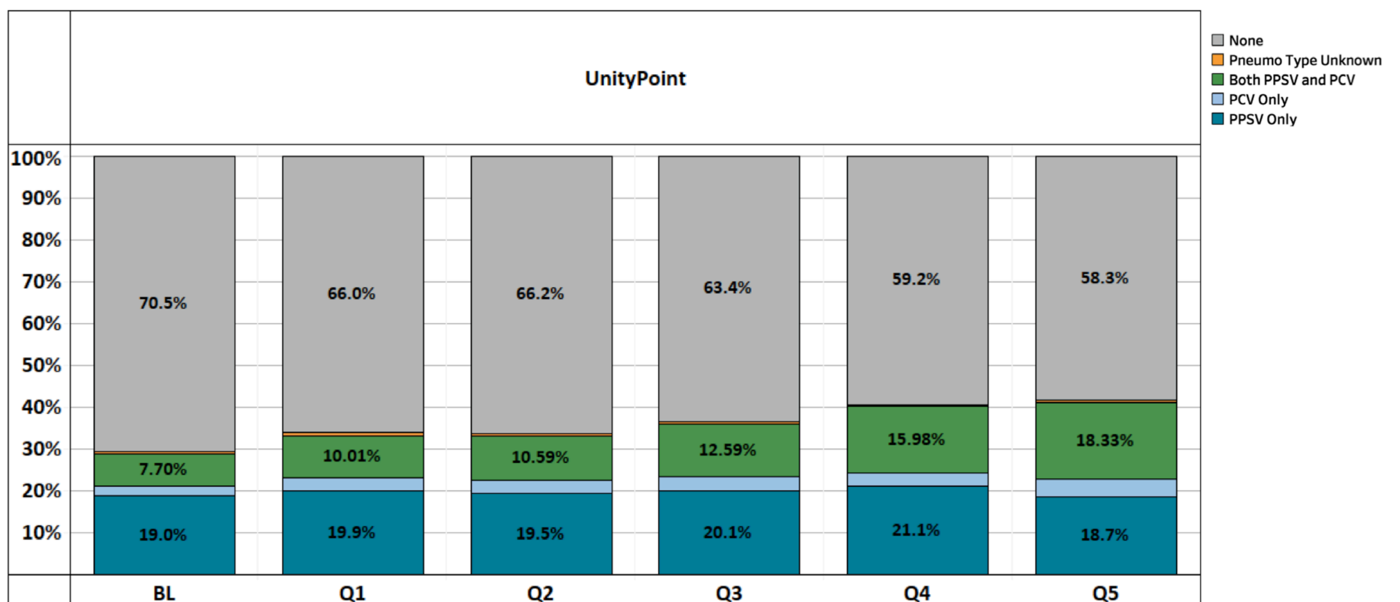
Measure 1 – Both PPSV and PCV Immunization for Adults Ages ≥ 65



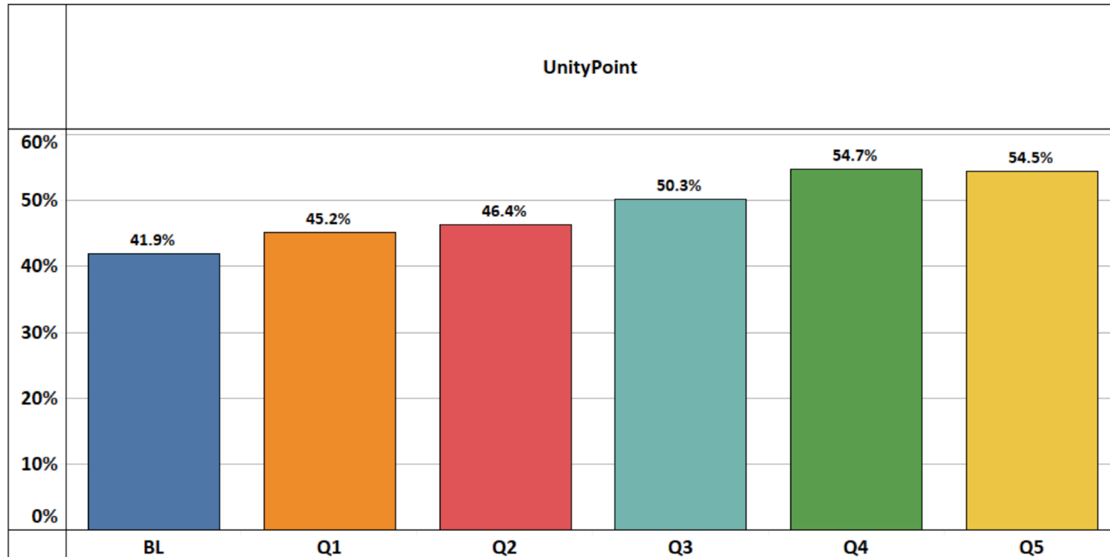
Measure 2 – Pneumococcal (Any) Immunization for Adults Ages 19–64 with High-Risk Conditions



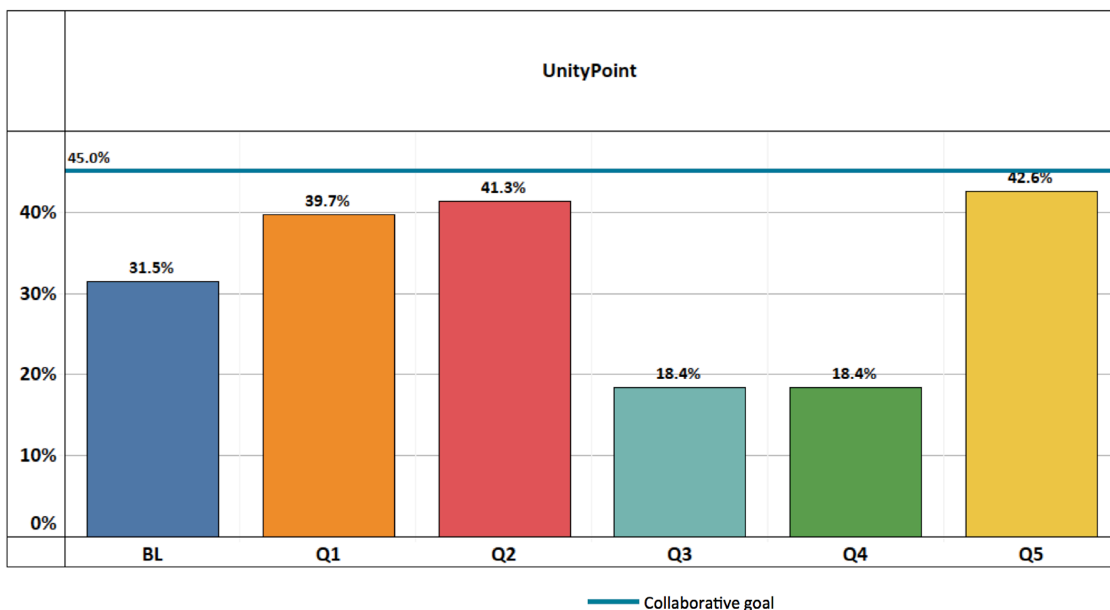
Measure 2 – Pneumococcal (Any) Immunization for Adults Ages 19–64 with High-Risk Conditions



Measure 2A – Pneumococcal (Any) Immunization for Adults Ages 19–64 with At-Risk Conditions



Measure 3 – Influenza Immunization, Age ≥ 18



Project Team

UnityPoint Clinic Family Medicine-Moline (Illinois):

Himabindu Alla, M.D.

Ashley Adolphson

Jessica Miller

Family Care Partners – Bettendorf (Iowa)

Roxanne Sorgenfry

Ronda Becker

Chasidy Mejia-Biswell

UnityPoint Accountable Care (West Des Moines, IA and Quad Cities Region)

Lynn Ripple

Dee Ahuja, M.D.

Julia Jenkins, M.D.

Jordan Russell

Kim Walters

AMGA Foundation

One Prince Street
Alexandria, VA 22314-3318

amga.org/foundation

AMGA's Distinguished Data and Analytics Collaborator

This project was sponsored by Pfizer Inc. Pfizer was not involved in the development of content for this publication.