



Advancing High Performance Health

AMGA Foundation

Adult Immunization  
Best Practices  
Learning Collaborative  
Case Study

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*Watson Clinic*



## Organizational Profile

In 1941, two surgeons, two internists, and a urologist officially organized their Lakeland, Florida, medical group under the name Watson Clinic, LLP. Led by Dr. Herman Watson, their mission was to provide the very best health care to the people of Polk County and beyond.

From these modest beginnings, Watson Clinic has developed into one of the largest and most respected clinics in the Southeast. Their mission remains unchanged.

In response to the needs of the local community—and the ongoing progressive nature of the healthcare field—Watson Clinic continued to recruit physicians from the best medical schools in the world and expanded their roster of specialties and locations.

Watson Clinic now touches every corner of the community. With more than 1,600 employees, 200 physicians, 40 specialties, and 16 state-of-the-art locations in 4 counties, Watson Clinic conducts over 1,000,000 outpatient visits per year.

The growing reputation and range of Watson Clinic operations set the community standard for excellence in health care. Watson Clinic's commitment to the community has remained constant. As medical advancements have developed new and exciting possibilities, Watson Clinic has led the way by continuing to offer the latest innovations in technology and research, becoming a nationally respected healthcare organization.

## Executive Summary

The goal that drove Watson Clinic's participation in AMGA's Adult Immunization Best Practices Learning Collaborative (AI Collaborative) was to increase the percent of its patient population receiving immunizations, thus making that population, as a whole, healthier.

Watson Clinic's AI Collaborative study, initiated in 2015, is based on a team approach. The Physicians, the Patient Care Teams, Quality Improvement, Community Outreach, and Administration in all of the 16 regional centers contributed to the outcomes of the AI Collaborative.

## Program Goals and Measures of Success

The Watson Clinic's focus for the AI Collaborative was to improve the adult immunization rates for the 2015 flu season and to educate its patients, staff, and communities on the importance of receiving the pneumococcal and the influenza vaccines.

In the past, Watson Clinic had not had great success immunizing its patient population with the influenza vaccine during flu season (28.4% in July 2014 to April 2015). The pneumococcal vaccine was given to half (50.3%) of the Watson Clinic's ≥65 years patient population in 2014, while only 13.4% of Watson Clinic's high-risk population (those patients ≥19 years who were determined to be at high risk for developing invasive pneumococcal disease) received the pneumococcal.

These low percentages may have been in part due to the number of patients receiving their injections at local pharmacies. Unfortunately, Watson Clinic's EHR is currently unable to interface with Florida SHOTS to access that data.

At the AI Collaborative kick-off meeting, benchmarks and goals were determined. Optum Analytics provided an in-depth analysis of the data gathered from each group and calculated their baseline immunization rates. After reviewing national goals and data, along with input from the Collaborative advisors, goals were set for Watson Clinic's AI Collaborative.

The minimum goal was based on the Centers for Disease Control and Prevention (CDC) National Health Interview Survey (NHIS) estimates of national immunization rates for 2012-2014 times (the most recent available at the time). Pneumococcal immunization rates in the NHIS were 59.9% for adults aged ≥65 years. For adults aged 19-64 who were determined to be at high risk for developing invasive pneumococcal disease, NHIS rates were 20.0%.<sup>1</sup> For influenza, NHIS immunization rates for adults aged ≥19 years were 43.2% percent.<sup>2</sup>

Healthy People 2020 goals from the federal Office of Disease Prevention and Health Promotion (HP2020) were chosen as challenge goals or goals on the high end. HP2020 goals are: adults aged ≥65 years Pneumococcal 90%, High-Risk Pneumococcal 60%, and Influenza 70%.<sup>3</sup>

A “stretch” goal was established between each group’s baseline and HP2020. The stretch goal was set at 50% of the gap between baseline and HP2020. Where one stretch goal is reported for all groups, it is based on the median.

## Data Documentation and Standardization

At the initiation of the Collaborative, Optum One analyzed the potential areas of immunization documentation sources for the groups in this Collaborative and determined that immunizations were captured in:

- Rx Tables
- Rx Patient Reports
- Immunization Tables
- Health Maintenance Tables
- CPT/G codes
- ICD-9 codes

Significant variation in documentation patterns can be seen across groups, resulting from variations in EMR provider and configuration, immunization documentation protocols, and adherence to documentation protocols. For the groups in the Collaborative, pneumococcal and influenza vaccinations were most commonly documented in Immunization Tables, Health Maintenance Tables, and CPT/G codes. The least commonly used sources for documentation among the groups were Rx Tables and Rx Patient Reports.

For the AI Collaborative groups that demonstrated documentation between multiple sources, the Optum team provided this data so that groups could determine a standardized documentation best practice internally.

## Population Identification

Watson Clinic has a patient population of approximately 55% Medicare, which is the demographic for the AI Collaborative. A sizable percentage of this population travel to the Watson Clinic service area from the north during the winter months; this period coincides with the flu season.

## Intervention

Watson Clinic primary care providers, Watson Clinic XpressCare, Watson Clinic Urgent Care, and Watson Clinic Flu Clinic provide influenza and pneumococcal vaccines at all seven of their locations. Although these are not new services, the Watson Clinic did offer extended hours and more locations during the flu season in 2015.

A new service implemented for the first time in 2015 was the Watson Clinic Flu Hot Line. Patients were able to reach out and call the Flu Hot Line for information on what locations were offering the influenza vaccine, the hours of each location, and influenza-related updates. The Watson Clinic offered the pneumococcal vaccine at the centers in addition to the influenza vaccine.

The Watson Clinic Main location operates the Nurse Clinic, staffed by registered nurses, where patients may walk in and request a pneumococcal or influenza vaccine. Standing orders were used for both of these vaccines.

The Watson Clinic implemented an algorithm in 2015 designed to help the Patient Care Team administer Pneumococcal Polysaccharide Vaccine (PPSV23) and Pneumococcal Conjugate Vaccine (PCV13). This algorithm determines the correct vaccine for each specific patient based on age and immunization history.

The Marketing Department at the Watson Clinic performed community outreach on social media like Facebook, LinkedIn, and YouTube. They conducted e-blasts and mail-outs and created fliers. The Quality Improvement Department set up educational displays for staff, physicians, and patients at multiple locations. There was continuous outreach by both of these departments, with initiatives conducted repeatedly throughout 2015.

## Outcomes and Results

The Watson Clinic AI Collaborative was successful and had nothing but positive outcomes. All of the numbers moved in a positive direction. With the patients aged  $\geq 65$  years, the pneumococcal immunizations not only met, but well exceeded the goal set by the AI Collaborative.

Influenza vaccinations came in at 28%. Watson Clinic did not meet the AI Collaborative goal of 43.2%.

Pneumococcal vaccinations in patients aged  $\geq 65$  years rose by 14% and came in at 64.3%. Watson Clinic exceeded the AI Collaborative Goal of 59.9%.

Pneumococcal vaccinations in high-risk patients aged 19-64 rose by 3.0% and came in at 16.3%. Watson Clinic did not meet the AI Collaborative goal of 20%.

## Lessons Learned and Ongoing Activities

One major challenge to the AI Collaborative study was Watson Clinic's NextGen electronic health record, which is unable to interface with Florida SHOTS. This program is lacking critical data elements that, if available, would boost Watson Clinic numbers. Watson Clinic is exploring budget-friendly programs to harvest data from Florida Shots.

Watson Clinic also is seeking to identify a Physician Champion. Every quality project needs physician buy-in to be fully effective.

As future steps, Watson Clinic intends to encourage data sharing among all healthcare providers within the state to ensure accuracy of data.

To increase immunization rates internally, Watson Clinic plans to encourage competition between the physicians' offices. Watson Clinic believes that making the data reporting a transparent process will boost competition and increase successful outcomes.

## Acronym Legend

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**AI Collaborative:** AMGA's Adult Immunization Best Practices Collaborative

**CDC:** Centers for Disease Control and Prevention

**HP2020:** Healthy People 2020

**NHIS:** National Health Interview Survey

**PCV13:** Pneumococcal Conjugate Vaccine

**PPSV23:** Pneumococcal Polysaccharide Vaccine

## References

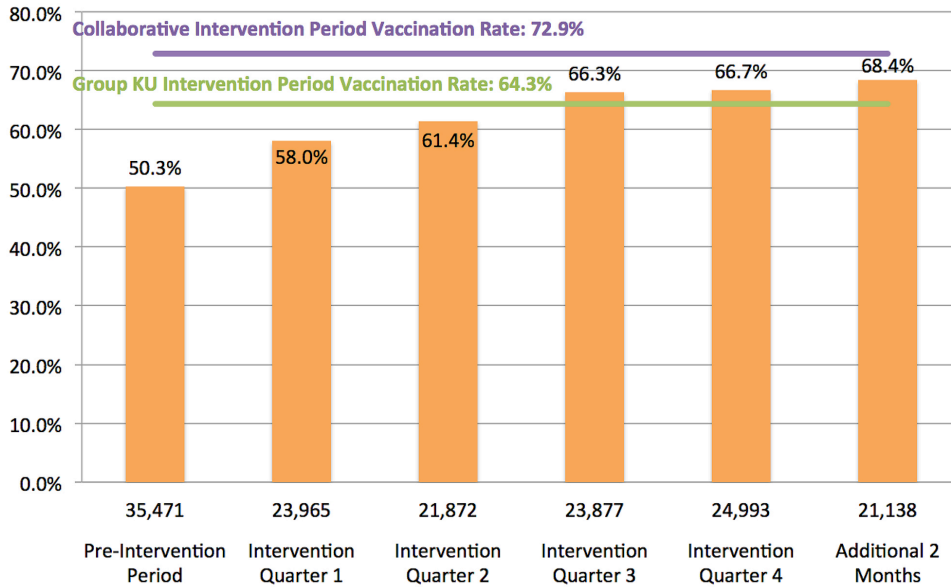
1. Williams WW, Lu, PJ, O'Halloran, A, Bridges, CB, Pilishvili, T, Hales, CM, & Markowitz, LE. (2014) Centers for Disease Control and Prevention (CDC). *MMWR MorbMortal Wkly Rep.* 2014;63(5):95-102 [www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm).
2. Williams, WW, Lu, PJ, O'Halloran, A, Kim, DK, Grohskopf, LA, Pilishvili, T, Skoff, TH, Nelson, NP, Harpaz, R, Markowitz, LE, Rodriguez-Lainz, A, & Bridges, CB. (2016) Surveillance of Vaccination Coverage Among Adult Populations — United States, 2014; *Surveillance Summaries / February 5, 2016 / 65(1):1–36* [www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm](http://www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm).
3. Office of Disease Prevention and Health Promotion (ODPHP). Healthy People 2020. [www.healthypeople.gov](http://www.healthypeople.gov).

## **Intervention Period Definitions**

- Pre-Intervention: 03/01/2013 - 02/28/2015
- Quarter 1: 03/01/2015 - 05/31/2015
- Quarter 2: 06/01/2015 - 08/31/2015
- Quarter 3: 09/01/2015 - 11/30/2015
- Quarter 4: 12/01/2015 - 02/28/2016
- Additional 2 Months: 03/01/2016 - 04/30/2016
- Intervention Period: 03/01/2015 - 04/30/2016

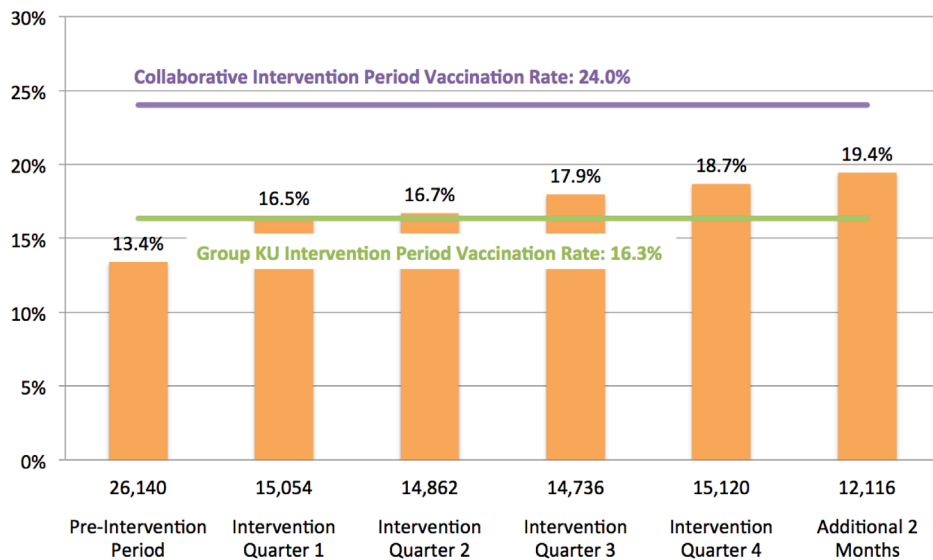
**Figure 1: Watson Clinic AI Collaborative Results: Pneumococcal Vaccines**

**Group KU: Pneumococcal Vaccine Rates  
(Any PV, Age 65+) Multiple Periods**



Net Change in % Patient Vaccination Rate (Pre-Intervention to Intervention): 14%

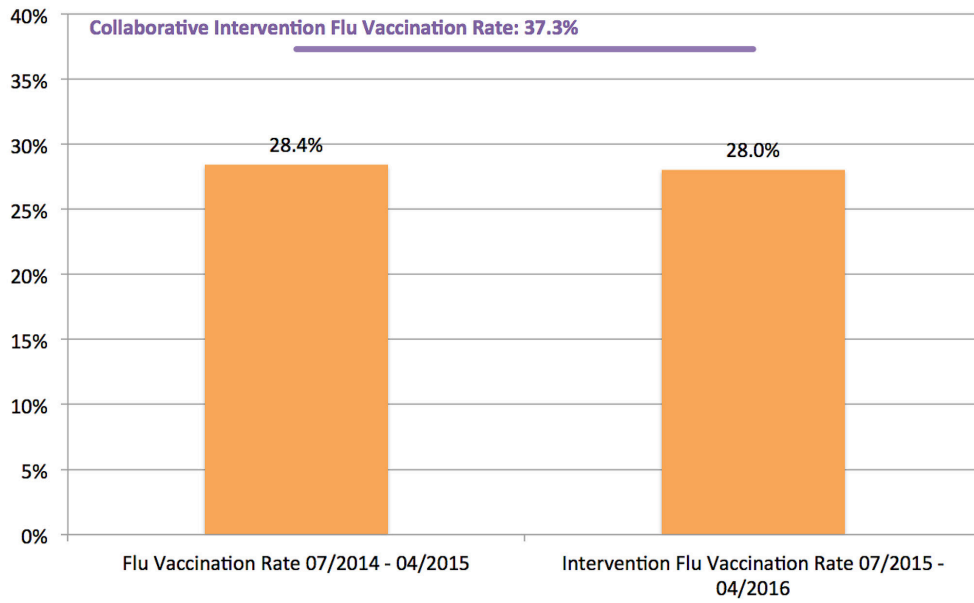
**Group KU: Pneumococcal Vaccine Rates  
(Any PV, Age 19-64, High Risk) Multiple Periods**



Net Change in % Patient Vaccination Rate (Pre-Intervention to Intervention): 3.0%

Figure 2: Watson Clinic AI Collaborative Results: Influenza Vaccines

**Group KU: Influenza Vaccine Rates  
Multiple Periods**



## Project Team

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