



Thank you for joining

**The presentation will
begin shortly**



Rise to Immunize® Monthly Webinar

Learning from the RIZE Pneumococcal Best Practices Collaborative

Senait Temesgen and Meghana Tallam, MPH

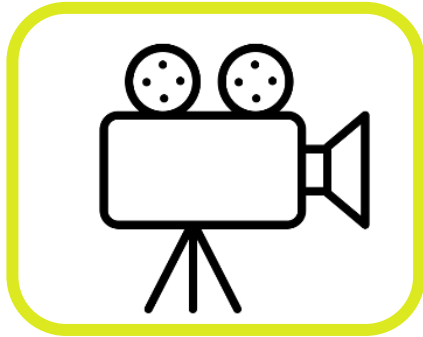
September 19, 2024

Today's Webinar

- **Campaign Updates**
- **Learning from the RIZE
Pneumococcal Best Practices
Collaborative**
 - Senait Temesgen, *AMGA Foundation*
 - Meghana Tallam, MPH, *AMGA*
- **Q&A Session**



Webinar Reminders



Today's webinar recording will be available the **week of 09/23**

- 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")

More Vaccines! More Time!



RSV

Proportion of patients aged 75+ who ever received the RSV vaccination

COVID-19

Proportion of patients aged 19+ who received the COVID-19 vaccination in the Measurement Year

Hepatitis B

Proportion of patients aged 19-59 who completed the hepatitis B series during or prior to the Measurement Year

Together, we can administer 30 million vaccines by 2027 through comprehensive and equitable vaccine initiatives.



18.3 million vaccines

additional **239,181 patients** 66+
received comprehensive
immunization care

Campaign Spotlight



Increasing Adult Vaccine Uptake through the Rise to Immunize® Campaign

Authors: Lisa Cornbrooks; Emily Nick, MPH; Morgan Drexler, MPH, CPH; Marilyn Mazac; Stephen Shields, MPH; Elizabeth Ciemins, PhD, MPH, MA; John W. Kennedy, MD

About AMGA

- AMGA members consist of **400+** medical groups and health system
- 177,000** physicians practice at AMGA member groups
- AMGA physicians treat **142 million** patients across the United States
- Over **1 in 3** Americans visit an AMGA-affiliated provider

CAMPAIGN FRAMEWORK

CAMPAIGN RESOURCES

- Rise to Immunize® Campaign Toolkit
- Monthly Webinars
- Quarterly Blinded Comparative Data Reports
- Provider & Patient Resources
- RIZE Casts (video success stories)
- Annual "RIZE Action Month" Activities
- Community Listserv
- Monthly Newsletter
- In-person Shared Learning Opportunities
- RiseToImmunize.org

About AMGA Foundation

AMGA Foundation brings medical groups and integrated health systems together to tackle the nation's most pressing public health challenges. Together, we are changing the trajectory of chronic conditions and improving the value of health care for millions of patients.

About Rise to Immunize®

Rise to Immunize® is AMGA's national campaign aimed at improving routine adult immunization rates. Learn more at RiseToImmunize.org.

Campaign Reach

- Campaign Participants: **85**
- FTE Physicians: **54,294**
- States: **30**

■ State with RIZE participating Group

RESULTS TO DATE

Over the course of three measurement years, there was a 4.9 percent improvement in the bundle measure (66+ vaccinated with influenza, pneumococcal, Td/Tdap, and zoster), which equates to **239,181 additional adults receiving comprehensive immunization care.**

	Vaccines Administered or Documented in Year 1 (July 2022–June 2022), and Year 2 (July 2022–June 2023)		
	Year 1	Year 2	Year 3
Influenza (3+)	4,361,177	4,484,222	4,621,060
Pneumo. (66+)	234,091	265,374	273,581
Td/Tdap (3+)	713,036	741,397	841,834
Zoster (50+)	607,510	544,234	599,300

18.3 Million

total vaccinations over three years

Group-Weighted Average of Vaccination Rates Across All Organizations, Year-Over-Year

Cumulative Measurement Year (MY) rates as of Q2 in Each Year

Vaccine	Q2 2020	Q2 2021	Q2 2022	Q2 2023	Q2 2024
Pneumo.	77.6%	77.3%	76.3%	77.3%	74.1%
Td/Tdap	56.1%	55.7%	56.3%	57.4%	59.0%
Influenza	40.3%	41.2%	36.7%	34.4%	36.3%
Zoster	11.0%	21.1%	26.7%	30.4%	32.0%
Bundle	11.0%	18.0%	17.4%	18.3%	23.3%

Barriers to Vaccine Uptake

- Vaccine hesitancy among providers and patients
- Provider burnout
- Overburden on primary care
- Lack of vaccine prioritization at leadership level
- Patient mistrust of medical system
- Lack of vaccine access
- Continually changing vaccine recommendations
- Inconsistent patient messaging
- Incomplete immunization data
- Storage and handling challenges
- Limitation around standing orders
- Challenges around Medicare Part D vaccines
- System acquisitions and leadership changes
- IT delays
- Cyber attacks

Drivers of Vaccine Uptake

- Leadership support
- Dedicated immunization champion
- Comprehensive and ongoing provider and staff education
- Engagement of specialty departments
- Alignment of frontline staff
- Comprehensive and proactive patient outreach
- Tailored messaging to target audiences
- Robust community initiatives
- Partnerships with trusted messengers in the community
- Mobile health clinics and drive-through clinics
- Expanded clinic hours
- Performance reports on immunizations by clinic and provider
- Ability to administer Medicare Part D vaccinations in clinic
- In-house pharmacy
- Optimized electronic health record (e.g., point-of-care alerts, dashboards, gap reports)
- Bi-directional data feeds

RiseToImmunize.org

Sponsor Update



Executive Sponsor

GSK

Partner Update

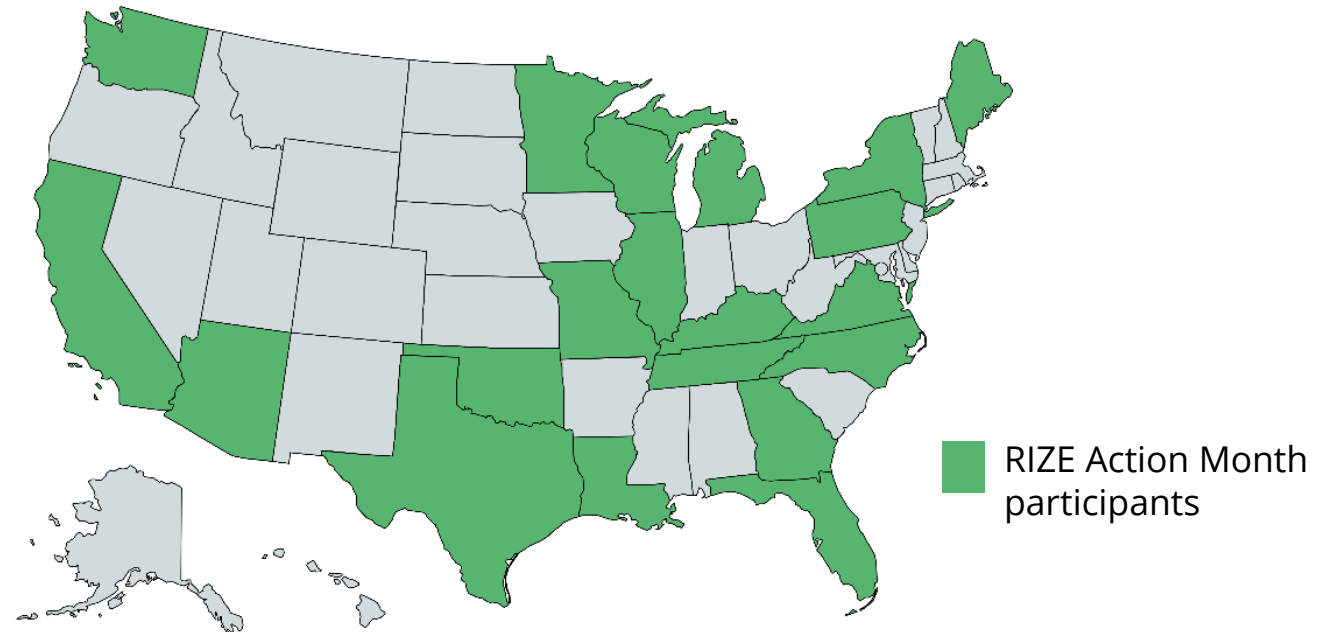


National Hispanic Medical Association

RIZE Action Month Impact



~700 healthcare professionals across 31 AMGA member groups participated in this year's RIZE Action Month





RIZE

Action Month

August 2024

Deadline to submit
reimbursement
form:

September 30

Influenza Vaccine Products for the 2024–2025 Influenza Season



Manufacturer	Trade Name (vaccine abbreviation) ¹	How Supplied	Mercury Content (mcg Hg/0.5mL)	Age Range	CVX Code	Vaccine Product Billing Code ²
						CPT
AstraZeneca	FluMist (LAIV3)	0.2 mL (single-use nasal spray)	0	2 through 49 years	111	90660
GSK	Fluarix (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
	FluLaval (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
Sanofi	Flublok (RIV3)	0.5 mL (single-dose syringe)	0	18 years & older	155	90673
	Fluzone (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
		0.5 mL (single-dose vial)	0	6 months & older ³	140	90656
		5.0 mL multi-dose vial (0.25 mL dose)	25	6 through 35 months ³	141	90657
		5.0 mL multi-dose vial (0.5 mL dose)	25	6 months & older	141	90658
Fluzone High-Dose (HD-IIV3)	0.5 mL (single-dose syringe)	0	65 years & older ⁴	135	90662	
CSL Seqirus	Afluria (IIV3)	5.0 mL multi-dose vial (0.25 mL dose)	24.5	6 through 35 months ³	141	90657
		5.0 mL multi-dose vial (0.5 mL dose)	24.5	3 years & older ⁵	141	90658
		0.5 mL (single-dose syringe)	0	3 years & older ³	140	90656
	Fluad (aIIV3)	0.5 mL (single-dose syringe)	0	65 years & older ⁴	168	90653
	Flucelvax (cclIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	153	90661
		5.0 mL multi-dose vial (0.5 mL dose)	25	6 months & older ³	320	90661

**Influenza
CPT Codes**

NOTES

- All 2024–2025 seasonal influenza vaccines are trivalent. IIV = egg-based inactivated influenza vaccine (injectable); where necessary to refer to cell culture-based vaccine, the prefix "cc" is used (e.g., cclIV); RIV = recombinant hemagglutinin influenza vaccine (injectable); aIIV = adjuvanted inactivated influenza vaccine.
- An administration code should always be reported in addition to the vaccine product code. Note: Third party payers may have specific policies and guidelines that might require providing additional information on their claim forms.
- Dosing for infants and children age 6 through 35 months:
 - Afluria 0.25 mL
 - Fluarix 0.5 mL
 - Flucelvax 0.5 mL
 - FluLaval 0.5 mL
 - Fluzone 0.25 mL or 0.5 mL
- Solid organ transplant recipients age 18 through 64 years who are on immunosuppression medication regimens may receive HD-IIV influenza vaccine as options for influenza vaccination, without a preference over other age-appropriate IIVs or RIVs.
- Afluria is approved by the Food and Drug Administration for intramuscular administration with the PharmaJet Stratis Needle-Free Injection System for persons age 18 through 64 years.

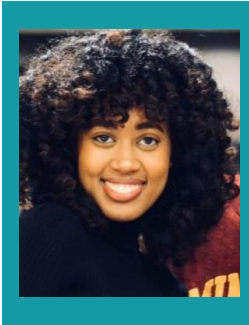




**Data submission
deadline:**

October 15

Today's Speakers



Senait Temesgen, Senior Program Manager,
Population Health, *AMGA Foundation*



Meghana Tallam, MPH, Population Health Research
Analyst, *AMGA*



AMGA Foundation

RIZE Pneumococcal Vaccination Best Practices Learning Collaborative Overview

Agenda

Collaborative Overview

Quality Improvement Strategies

Measurement Outcomes



National Advisory Committee



Carolyn Bridges, MD, FACP
Immunization Action Coalition



Stephen Combs, MD
Ballad Health



Meredreth Maynard, BSN, RN, MBA
Utica Park Clinic

Sponsor Advisor:

- Erica Chilson, PharmD, Senior Director of US Medical Affairs, Pfizer

Participating Organizations



Goal



Participating organizations will work to develop strategies and implement interventions based on the 2022 ACIP guidelines to improve vaccination for adults 19-64 with underlying medical conditions or other risk factors who are at high risk for pneumococcal disease in both primary care and specialty clinical settings.

Objectives



Identify and address gaps in pneumococcal vaccination rates for high risk adults 19-64 years

Identify and select at least one underserved or vulnerable population for improvement

Implement evidence based practices or interventions, for providers, staff and patients, as a means to improve adherence to immunization guidelines.

Innovate patient-centric access to care strategies to improve pneumococcal vaccinations

Evaluate the program's impact on relevant vaccination rates over time.

Identify gaps in capture of vaccination data, ensure reporting to jurisdictions' immunization registries, and improve the accuracy and completeness of pneumococcal vaccination documentation.

Collaborative Timeline



December 2022
– March 2023

April 2023–
April 2024

May–September
2024

On-boarding, Orientation, Baseline
data and QI reports due

Collaborative Implementation
(2 virtual meetings, monthly
webinars, virtual site visits, data/QI
submissions)

Final Analysis, Synthesis, Publication

Collaborative Activities



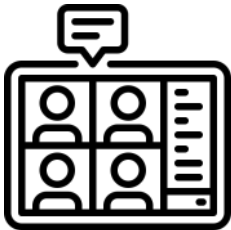
Clinical Outreach and Coaching



Quality Improvement



Measures and Benchmarking



Webinars/Meetings



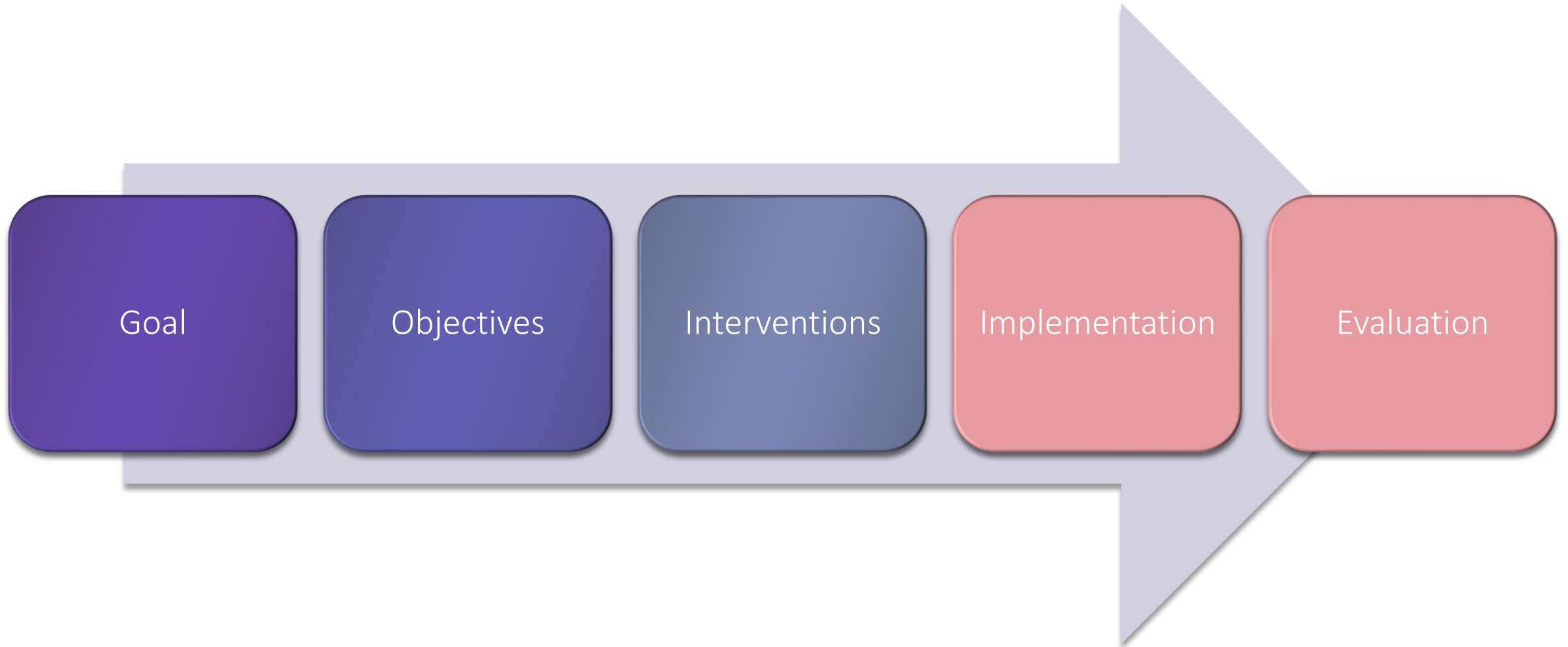
Virtual Site Visits



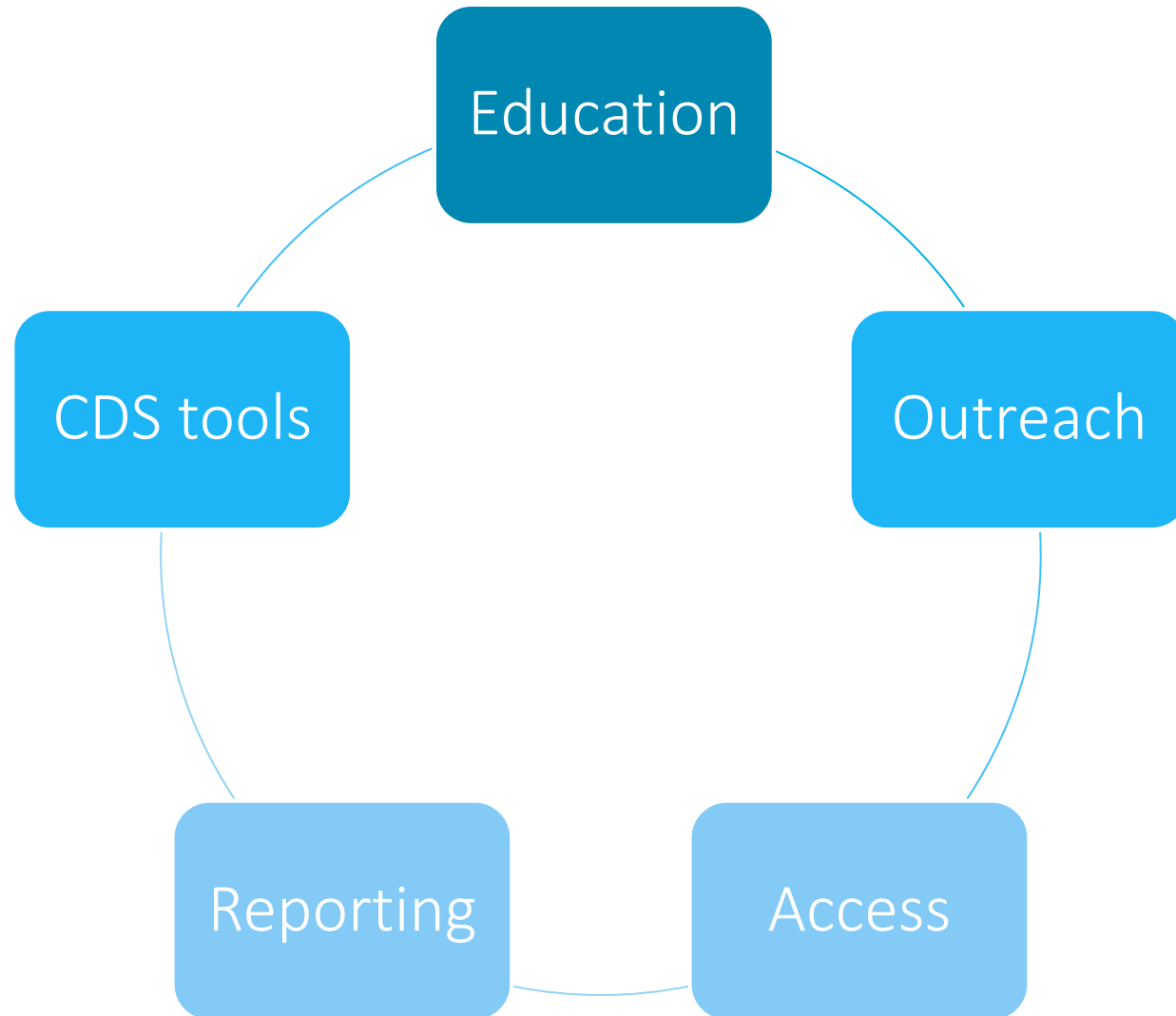
Resources and publications

Quality Improvement

Quality Improvement Process



Areas of Focus for Improvement



Strategies for Improvement



Education

- Providers (forum: monthly meetings/ include specialty departments)
- Clinic Rounds
- Staff education
- Patients

Outreach

- Bulk Messaging
- My Chart messaging in Spanish
- Letters to patient in their spoken language
- Target for patients with diabetes

Access

- Primary Care Clinic Appointments
- Nurse Visits
- Flu Clinic
- Population Health Clinic
- Cardiology
- Endocrinology
- MAT Clinic

Strategies for Improvement



Reports

- Transparent Reports
- Care Gap Reports
- Pre-visit Planning

CDS Tools

- Wellness Dashboard
- Best Practice Alerts
- Health Maintenance

Challenges



Senior
leadership
changes

System
Growth

IT Delays

Cyber attack

Vaccine
fatigue

Competing
Priorities

Health Equity



Identify and improve pneumococcal vaccination rates among a selected vulnerable population.

Vulnerable Populations



Collab Participant	Population
Houston Methodist	Female patients
Kelsey-Seybold Clinic	Hispanic patients
McFarland Clinic	Rural/small town
Norton Healthcare	Latino patients
Olmstead Medical Center	Patients with substance use disorder, secondary focus on English as second language pts
Sharp Rees Stealy	Female patients
St. Elizabeth Physicians	Hispanic patients
Sutter Health/ PAMF	Patients age 19-50

Vulnerable Population Interventions



Organization	Intervention	Helpful Tip
Kelsey-Seybold Clinic	Epic messaging outreach to the at-risk population based on language preference. The message explained the vaccine and why it was important to be immunized.	Confirm that translation services use native language preferences
Olmsted Medical Center	Education to MAT clinic staff regarding the importance of pneumococcal vaccination for those patients at risk.	Include your specialty areas to offer pneumonia vaccinations to the high-risk patients seen in those areas
Olmsted Medical Center	English as a second language letters sent to Arabic, Somali and Spanish in their preferred languages.	Tailor your communication based on preferred language
Sharp Rees-Stealy	Ran lists of qualifying women with upcoming PCP appointments. Pre-visit outreach to offer Prevnar 20 and answer questions. Enter order timed for day before the visit with qualifying reason.	Take as much work away from the physicians and clinic staff as possible

Vulnerable Population Interventions



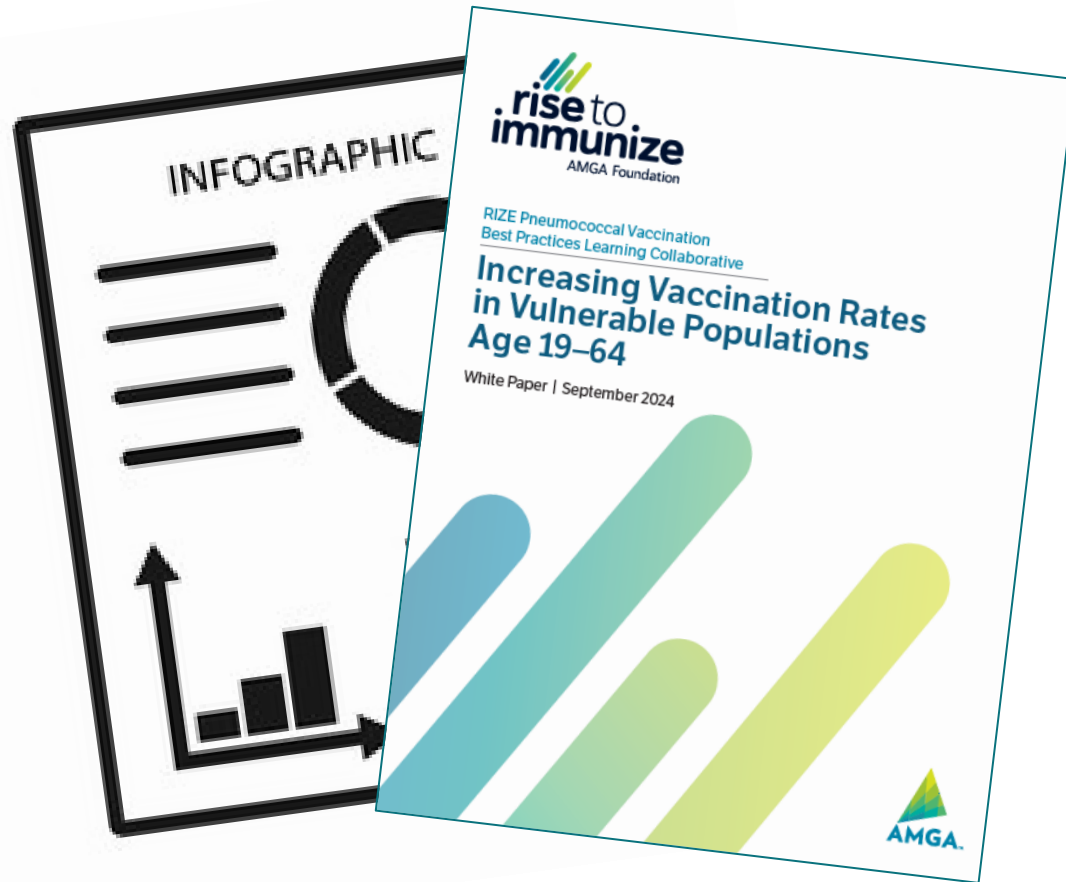
Organization	Intervention	Helpful Tip
Houston Methodist	Promote vaccine confidence and vaccination updates through EHR functionality. With the addition of an actionable care gap item, the provider and staff can initiate the ordering process directly from the storyboard.	Engage early with various key stakeholders to ensure the EHR triggers help identify patients with selected conditions who would benefit from pneumococcal immunization
Norton Medical Group	Epic Health Maintenance High Risk Pneumococcal build. Educated on identifying high risk patients eligible for the vaccine in huddles and education to patients on need for the vaccine.	Leveraging your EMR for patient identification is key to success due to all the competing priorities for patients.
McFarland Clinic	Providers had been encouraged to download the Pneumorecs app to assist in decision making as to who should receive this vaccine. Staff were reminded to reconcile immunizations from the state data base and close care gaps at each visit as part of standard rooming procedures, which also included recommended vaccines.	Utilize tools that are available for you to use. There is so much information out there and it keeps changing. You think you might know it, have it down, only to find out it has change.

It Takes a Team



- Leadership support
- Expansion of team members
- Immunization Champions

Lessons Learned



White Paper & Infographic
available
September 30, 2024!

Measurement Outcomes

*Meghana Tallam, MPH, Population
Health Research Analyst, AMGA*

Collaborative Measures



- Primary Measure:
 - Pneumococcal conjugate vaccination (PCV) rates among patients aged 19-64 who have certain underlying conditions or risk factors.
- Health Equity Measure:
 - Organizations chose one target population with lower pneumococcal vaccination rates within their organization by which to stratify their measure data and on which to focus certain interventions.
- Reference Measure
 - Organizations chose one reference population by which to stratify their measure data for comparison with the target population.

¹PCV13, PCV15 or PCV20 are counted for vaccination status

List of Underlying Conditions or Risk Factors



Underlying conditions or risk factors, include:

- Alcoholism
- Cerebrospinal fluid leak
- Chronic heart disease, including congestive heart failure and cardiomyopathies
- Chronic liver disease
- Chronic lung disease, including chronic obstructive pulmonary disease, emphysema, and asthma
- Chronic renal failure
- Cigarette smoking
- Cochlear implant
- Congenital or acquired asplenia
- Congenital or acquired immunodeficiency
 - B- (humoral) or T-lymphocyte deficiency
 - Complement deficiency, particularly C1, C2, C3, or C4 deficiency
 - Phagocytic disorder, excluding chronic granulomatous disease
- Diabetes mellitus
- Generalized malignancy
- HIV infection
- Hodgkin disease
- Iatrogenic immunosuppression, including long-term systemic corticosteroids and radiation therapy
- Leukemia
- Lymphoma
- Multiple myeloma
- Nephrotic syndrome
- Sickle cell disease or other hemoglobinopathies
- Solid organ transplant

Baseline and Intervention Time Periods

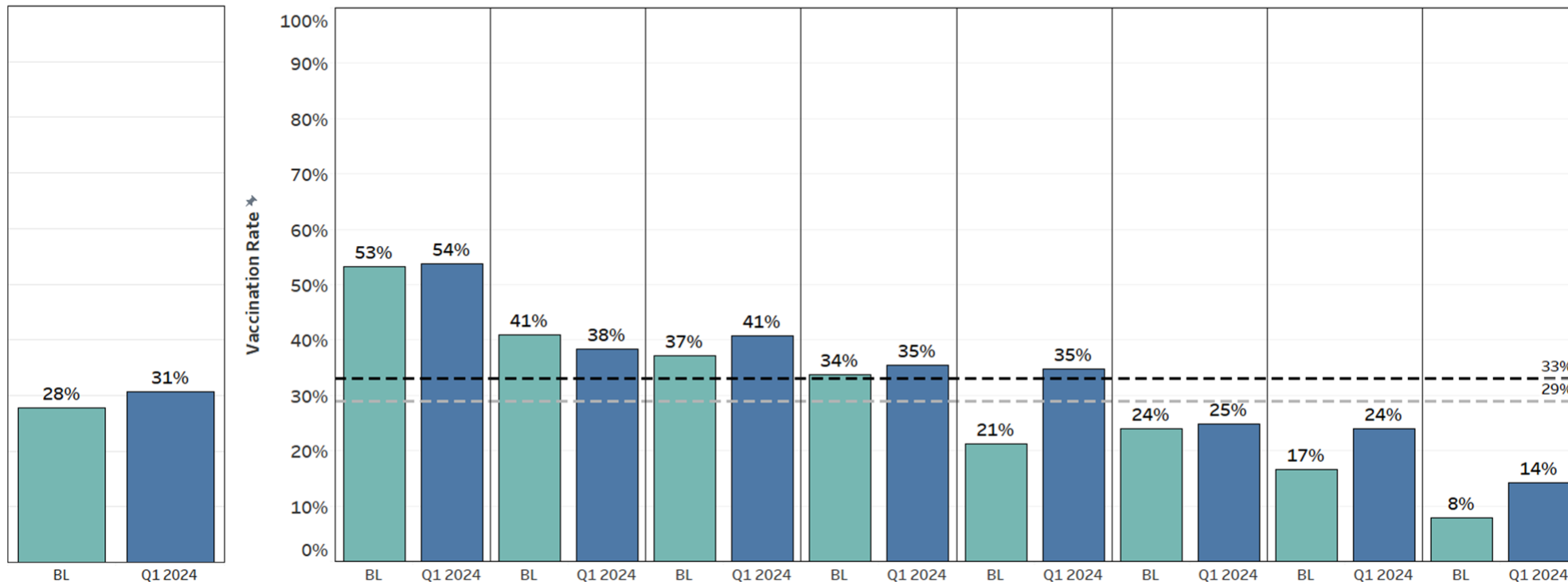
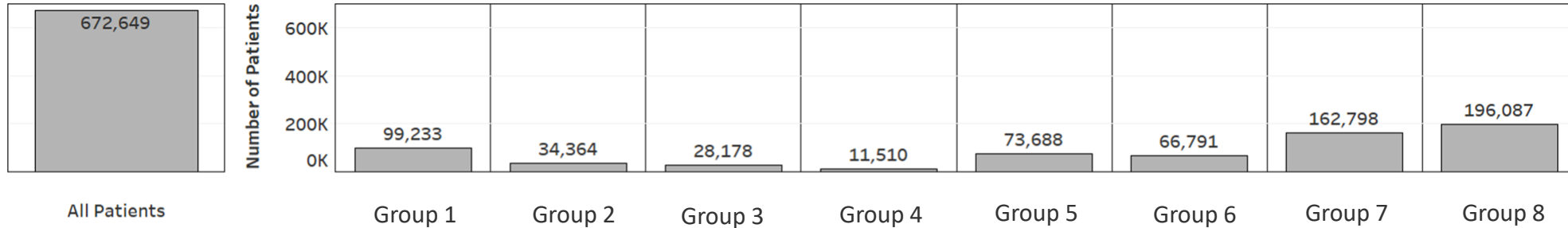


Q4 2022 is used for baseline comparisons

Reporting Period	Reporting Quarter	Report Due Date	Blinded Comparative Report Provided
Baseline	Q1 2022	Feb 17, 2023	Mar 24, 2023
	Q2 2022		
	Q3 2022		
	Q4 2022		
Intervention	Q1 2023	Apr 14, 2023	May 19, 2023
	Q2 2023	Jul 14, 2023	Aug 18, 2023
	Q3 2023	Oct 13, 2023	Nov 17, 2023
	Q4 2023	Jan 12, 2024	Feb 16, 2024
	Q1 2024	Apr 12, 2024	Final Virtual Meeting May 1st

Primary Measure – (Baseline & Q1 2024)

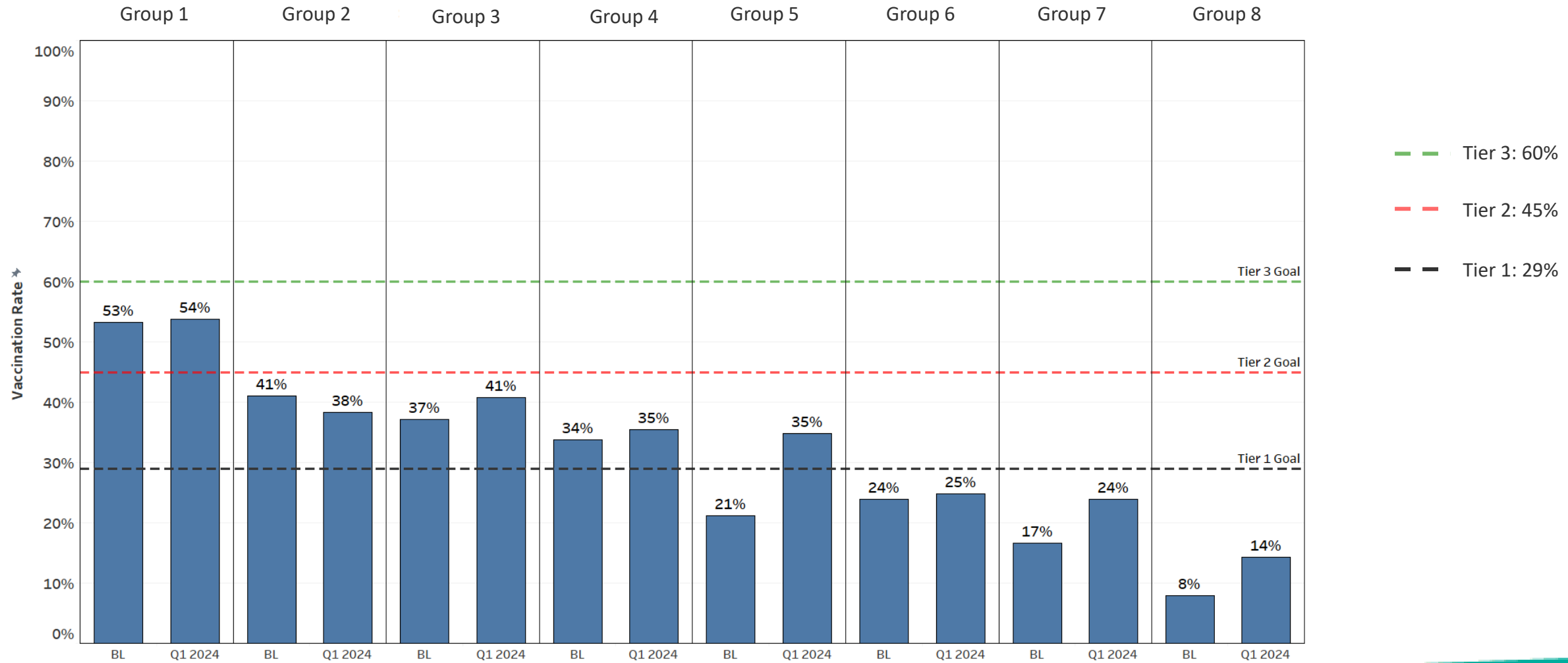
Percentage of patients aged 19-64 with underlying conditions or risk factors who have received a pneumococcal vaccination. The rates for Q1 2024 ranged from 14-54% with the group weighted average at 33% and patient weighted average at 31%.



Primary Measure with Goals



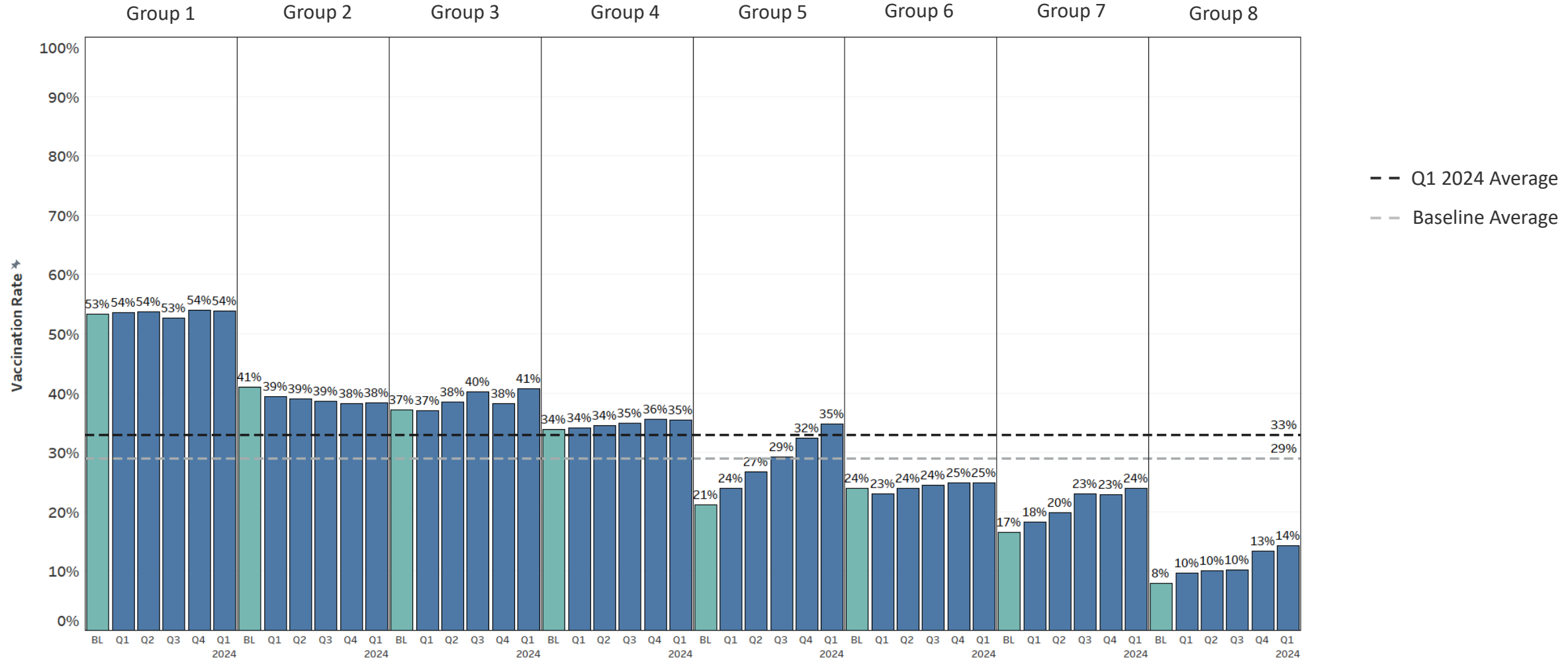
There were 3 tiers of goals that reflected the baseline average of 29%, the HP2020 goal of 60% as well as the midpoint goal of 45%. Each organization had these three goal options, depending on their baseline vaccination rate. The figure below shows each organization's rate at baseline and Q1 2024 to show if their goal was met.



Primary Measure Improvement



Change in vaccination rates from baseline to Q1 2024 ranged from -3% to 14%. Overall, the collaborative group weighted average has improved 4% since baseline.

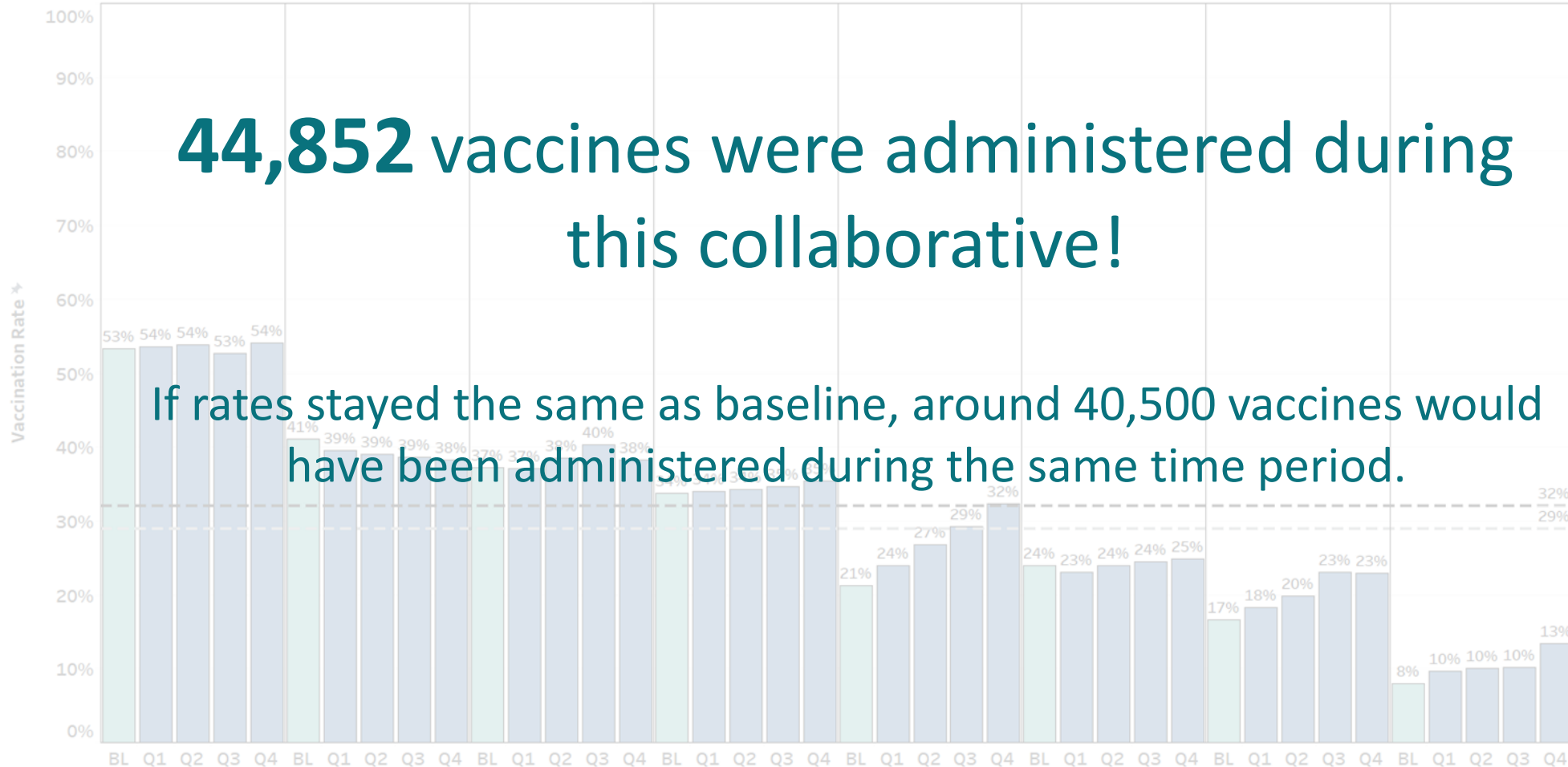


Primary Measure Improvement



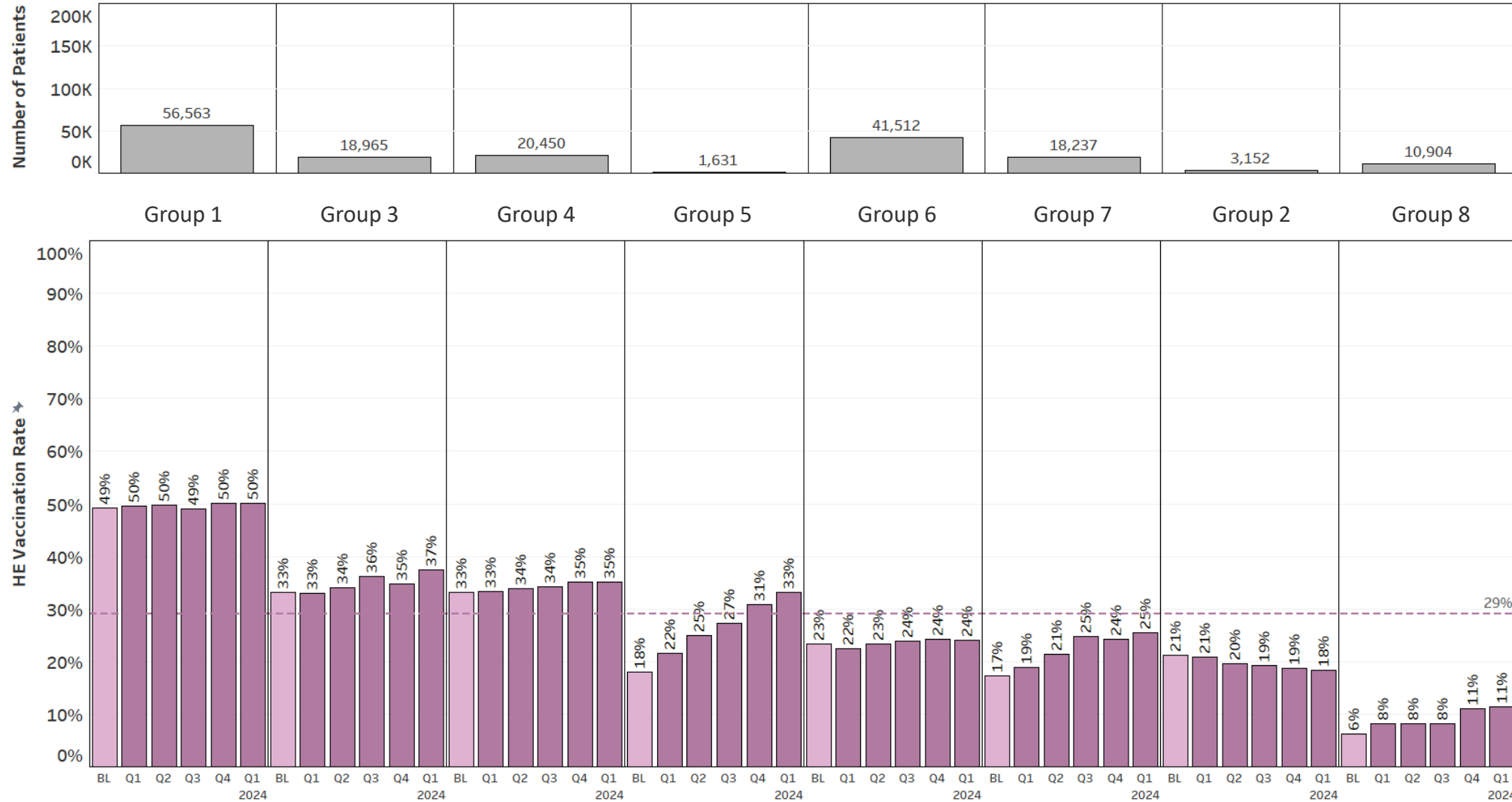
44,852 vaccines were administered during this collaborative!

If rates stayed the same as baseline, around 40,500 vaccines would have been administered during the same time period.



Health Equity Population Measure

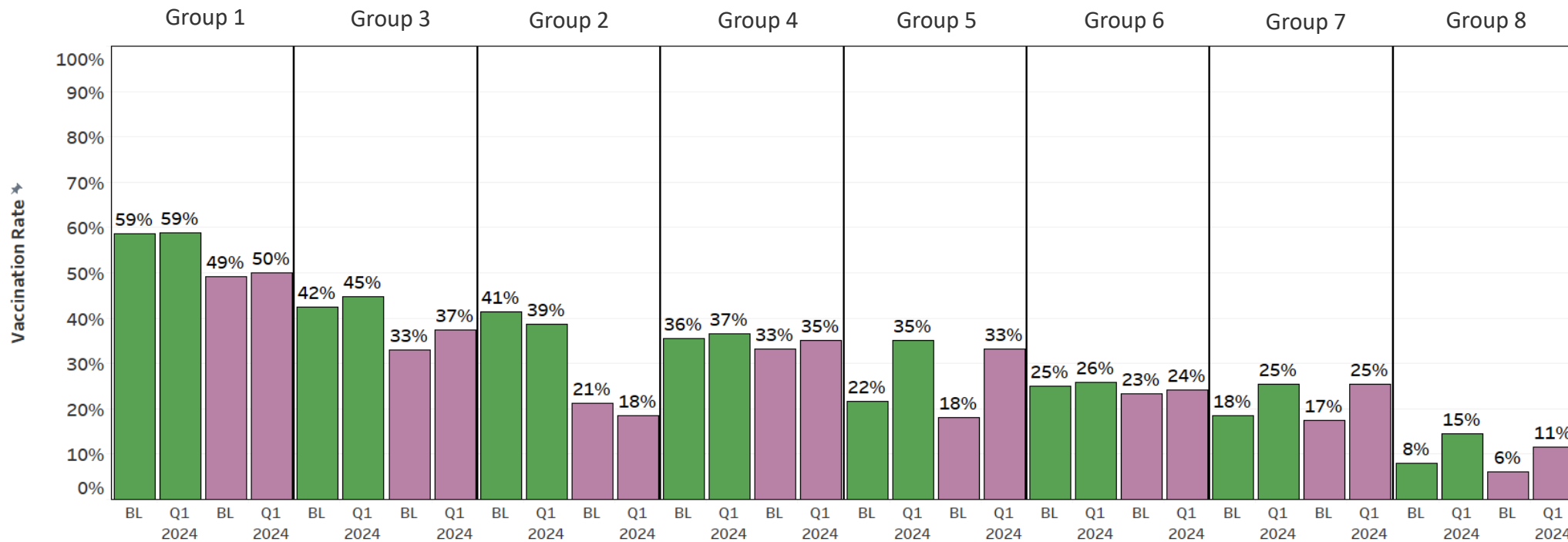
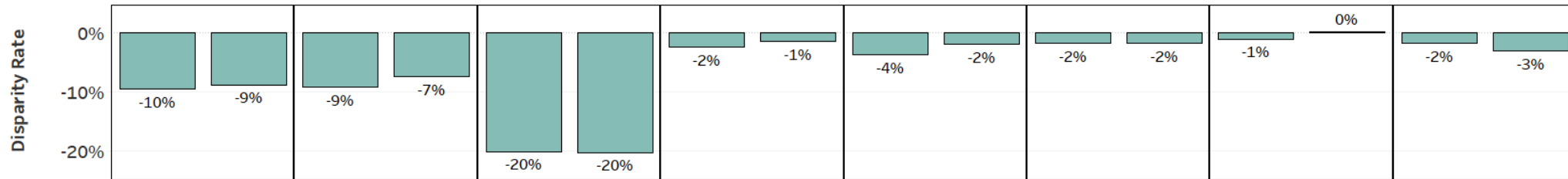
Change in vaccination rates from baseline to Q1 2024 ranged from -3% to 15%. Overall, the collaborative average has improved 4% since baseline.



Change in Disparity Rate From Baseline to Q1 2024



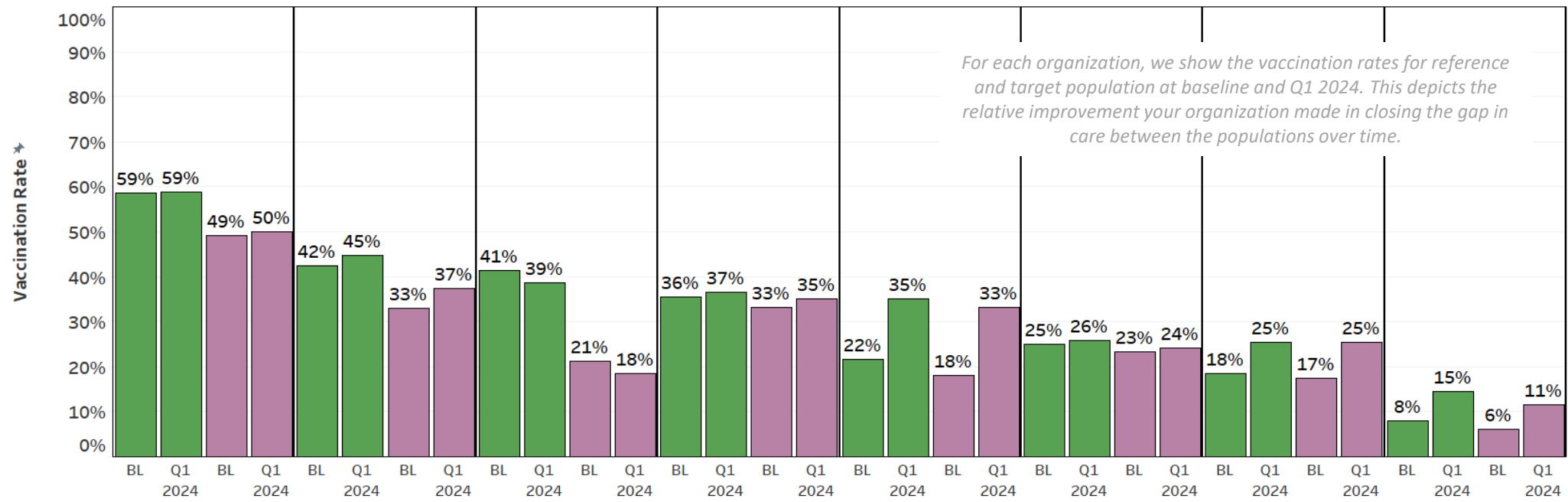
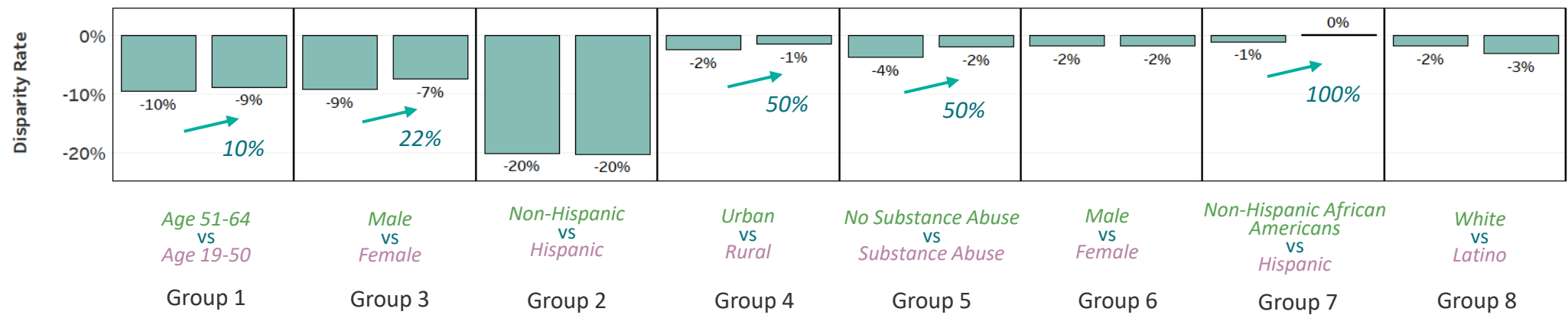
← vaccination gap between reference and target population at baseline and most recent quarter →



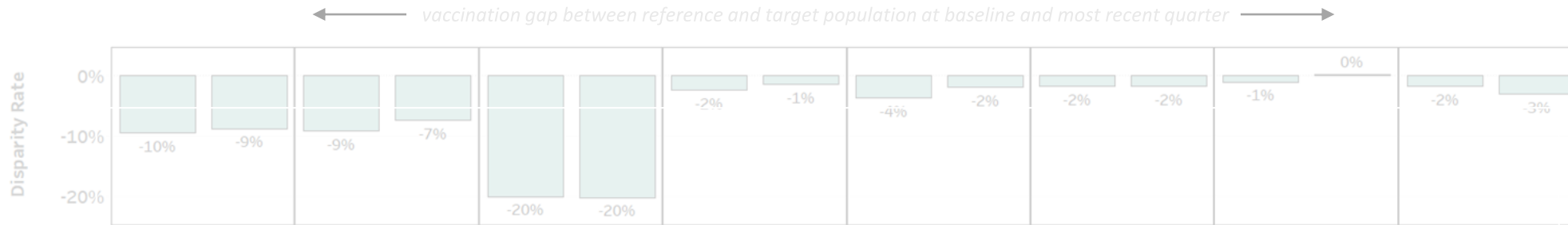
Change in Disparity Rate From Baseline to Q1 2024



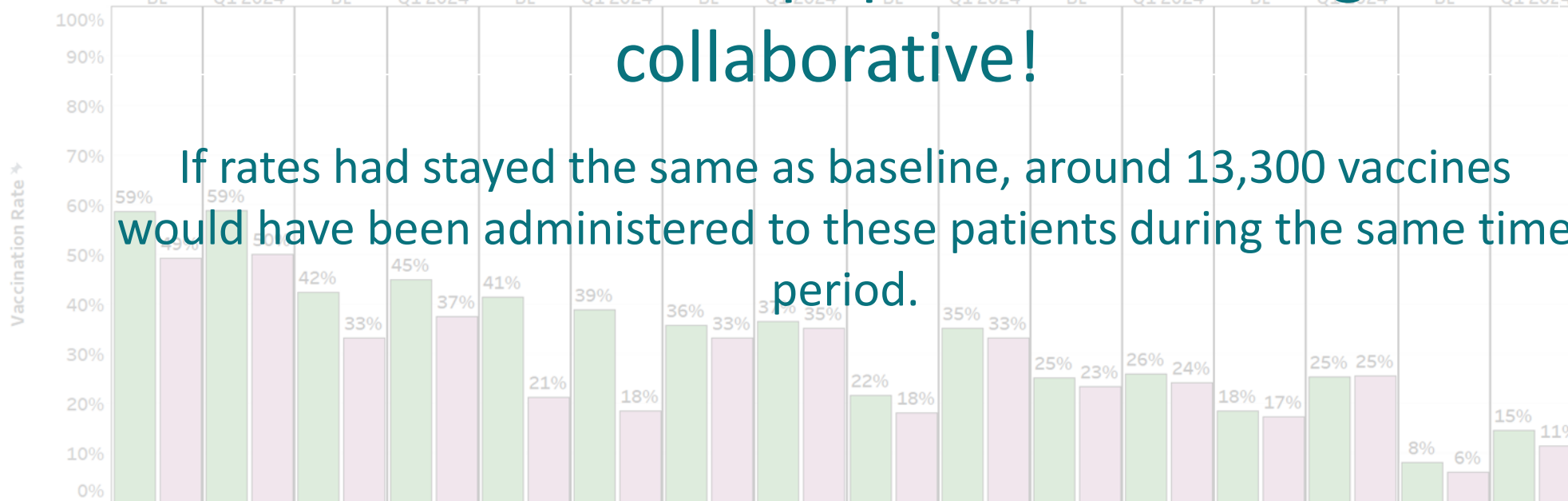
← vaccination gap between reference and target population at baseline and most recent quarter →



Change in Disparity Rate From Baseline to Q1 2024



14,138 vaccines were administered to selected vulnerable populations during this collaborative!



If rates had stayed the same as baseline, around 13,300 vaccines would have been administered to these patients during the same time period.



Questions? Please email Meghana at MTallam@amga.org

Upcoming Webinar



Topic: Screening for Gaps in Hepatitis B Vaccines in your EHR



Date/ Time: Thursday, October 17 at 2pm ET



Presenters: Camilla Graham, MD, MPH, *Harvard Medicine*

Questions?



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

