



Advancing High Performance Health

AMGA Foundation

**Adult Immunization (AI)  
Best Practices Learning  
Collaborative, Group 3:  
Case Study**

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***Watson Clinic***  
***Lakeland, FL***



## 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, and their mission remains unchanged.

An independent, physician-owned organization, Watson Clinic touches every corner of the community. With more than 1,600 employees, 216 full-time equivalent (FTE) physicians, and around 290 total physicians, 40 specialties, and 17 state-of-the-art locations in four counties, Watson Clinic conducts over one million 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 same goal continues to drive Watson Clinic's participation in the AMGA Adult Immunization Best Practices Learning Collaborative (AI Collaborative) to increase the percentage of its patient population receiving immunizations, thus making that population healthier as a whole.

Initiated in 2015, Watson Clinic's AI Collaborative participation is based on a team approach. The physicians, patient care teams, Quality Improvement, Community Outreach, and administration in all of the 17 regional centers contributed to the effort. In doing so, Watson Clinic wanted to create awareness throughout the clinic of the importance of vaccinations, open patient access at multiple locations, and improve notifications of patients who needed a vaccination in their electronic health record (EHR).

## Acronym Legend

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

**BPA:** Best Practice Alerts

**EHR:** Electronic Health Record

**FTE:** Full-time Equivalent

**HP2020:** Healthy People 2020

## Program Goals and Measures of Success

Watson Clinic's main goals were to improve adult immunization rates and educate patients, staff, and communities on the importance of receiving pneumococcal and the influenza vaccines, especially in high-risk populations.

### AI Collaborative Goals

Collaborative goals were set for the Adult Immunization Collaborative (Groups 2 and 3 participants). The collaborative goals were set based on reviewing the Healthy People 2020 goals from the federal office of Disease Prevention and Health Promotion (HP2020),<sup>1</sup> baseline data for each group, and with input from the AI Collaborative advisors (see Appendix).

## Data Documentation and Standardization

Watson Clinic LLP used Optum One to monitor and report their selected measures. Optum One creates variables using underlying data from a variety of data sources including Rx tables, Rx history/patient reports, immunization tables, CPT/G codes, health maintenance tables, and ICD codes. Custom denominator lists were created by the Optum Analytics data team and uploaded into the application for each reporting period. These lists, along with reporting templates in the Optum One application, were used to retrieve data needed for AMGA reporting and to identify populations for Watson Clinic interventions.

## Population Identification

Watson Clinic has 17 sites and over 40 specialties. This AI Collaborative period focused on more than one type of patient population. Watson Clinic focused on all sites that could provide one of the vaccinations. Since this collaborative

focused on patients 65 and up for one measure, patients age 19-64 who are high-risk (identified through diagnosis codes) for another measure, and any patient 18 and up for influenza, Watson Clinic was able to branch out to multiple sites and provider specialties to obtain their involvement. Additionally, Watson identified opportunities at their regional sites to provide vaccinations in a clinic-type setting, such as creating a flu clinic or implementing “Flu Fridays.”

## Intervention

Watson Clinic started out with many items on the action list. A few of their goals were staff education, mainly focusing on understanding the pneumonia algorithms. Watson Clinic directors provided and reviewed the algorithm at all staff meetings, laminated the pneumococcal algorithm in all exam rooms, and created pocket-size laminated pneumococcal algorithms for staff to have with them for quick reference. On the patient education side, Watson Clinic posted influenza and pneumococcal signage throughout the clinic in lobbies, physician offices, and also had tent flyers available throughout the clinic. There was also an influenza and pneumococcal phone number for patients to call that provided information on the vaccinations and allowed callers to connect directly to a live person in order to schedule an appointment or ask questions.

Watson Clinic focused on two important EHR/IT improvements during this collaborative period. One was to create two best practice alerts (BPAs): one for the pneumococcal 65 and above group and one for the high-risk group. Watson Clinic was able to work with the Clinical Informatics team and implement both BPAs in the EHR. Additionally, they implemented a bidirectional feed with the state registry, Florida Shots. These were two very time-consuming and labor-intensive interventions that Watson Clinic is very proud of and it is hoped that with time they will improve vaccination rates and maintain accurate immunization histories for their patients.

Watson Clinic wanted to focus on their high-risk patients to see if it was possible to move the bar on the percentage of patients immunized, which was very low. With the help of the clinical directors and the Clinical Informatics team, the clinic worked on a campaign to send generic letters to high-risk patients through the patient portal in their EHR. If the patient did not have a patient portal, a letter was sent via mail. Watson Clinic sent around 8,200 letters to its high-risk patients, educating

them on the importance of getting vaccinated. Watson staggered the mailing of letters to 1,000 letters a week.

In addition to the above, Watson Clinic had flu clinics set up at its main location and regional sites, and advertised this throughout the facilities and their website. As well, Watson Clinic focused on creating awareness throughout the clinic of the importance of vaccinations and ensuring there were multiple access points for patients to obtain vaccinations at both the main location and the regional sites.

## Outcomes and Results

Watson Clinic had small improvements throughout this collaborative period. However, when compared to where the clinic started in their very first AI Collaborative, they have made positive strides in the right direction. Watson Clinic’s baseline for Measure 1 went from a baseline of 70.7% to 77.8% percent at the end of the collaborative period. Despite Watson Clinic’s efforts and focus on Measure 2 (high-risk patients), the percentage remained consistent at 23% from a baseline of 20.5%. Starting at 29.3% and ending at 40.3%, Measure 3 (influenza) showed a very nice and steady increase from baseline and through each measurement period (see Appendix).

At this time, Watson Clinic has not been tracking any additional measure internally, but this is part of their next steps.

## Lessons Learned and Ongoing Activities

Overall, Watson Clinic is moving in the right direction but still has work to do. One of the areas that the organization believes did help the influenza numbers was the bidirectional feed from the local state registry. It was identified during the collaborative period that offices were not reconciling the immunizations from Florida Shots into patient records consistently. Watson Clinic began going through and reconciling patient charts, which is why there may have been a positive increase toward the end of this collaborative period.

In general, the interventions and approaches that worked best for Watson Clinic were ones that ensured the team was on the same page in regards to the areas of focus for the project. It is challenging when there are several different management members, staff, and departments all working together to reach goals. The action plan provided by AMGA was very helpful in

staying on track and focused. It allowed for the team as well to determine what action items needed to be put on hold. Watson Clinic does not believe there were any action items or interventions at this time that did not work. The only item Watson would do differently is scheduling monthly 30-minute meetings to touch base, review action items, provide updates, share challenges, and ensure the team was on track with the implementation.

A few of the challenges experienced throughout this collaborative period were related to the complexity of EHR/ Epic when implementing changes, especially in regards to the implementation of BPAs. Another challenge identified was, after implementing the bidirectional feed for Florida Shots, there was no means of auto-reconciliation and clinical staff was not consistently reconciling the information from Florida Shots into the EHR. Other challenges included maintaining communication to general and specialty providers that is meaningful and gets them engaged.

Watson Clinic's next steps include updating patient education materials and posting them in patient exam rooms. Watson Clinic will also utilize Optum and build a registry for high-risk patients aged 19-64. Additionally, the organization will perform analysis of the data from the high-risk letter campaign to see what type of response those letters generated. In order to establish more transparency around immunizations, an additional goal is to begin presenting data to providers that references missed vaccination opportunities along with their percentage of patients vaccinated. Finally, Watson Clinic is exploring the possibility of automated calls to patients regarding vaccinations.

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## References

1. Office of Disease Prevention and Health Promotion (ODPHP). Healthy People 2020. [healthypeople.gov](https://www.healthypeople.gov).

## Collaborative Goals

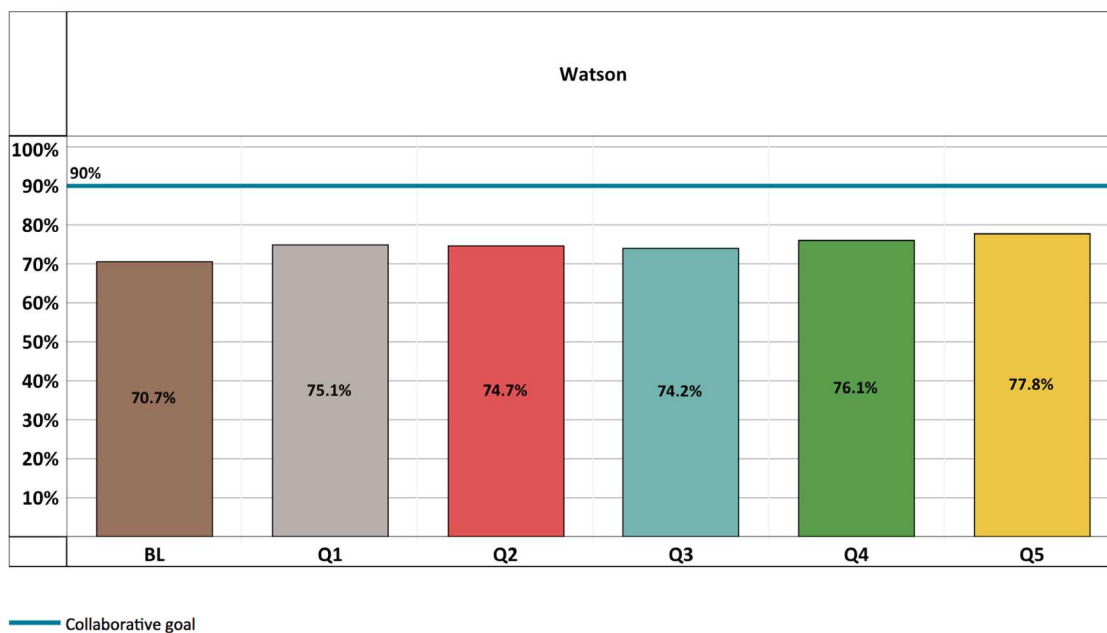
| Measure                            | Healthy People 2020 | Collaborative Goal |
|------------------------------------|---------------------|--------------------|
| Measure 1 (65+) Any                | 90%                 | 90%                |
| Measure 1 (65+) Both PPSV and PCV* | 90%                 | 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”

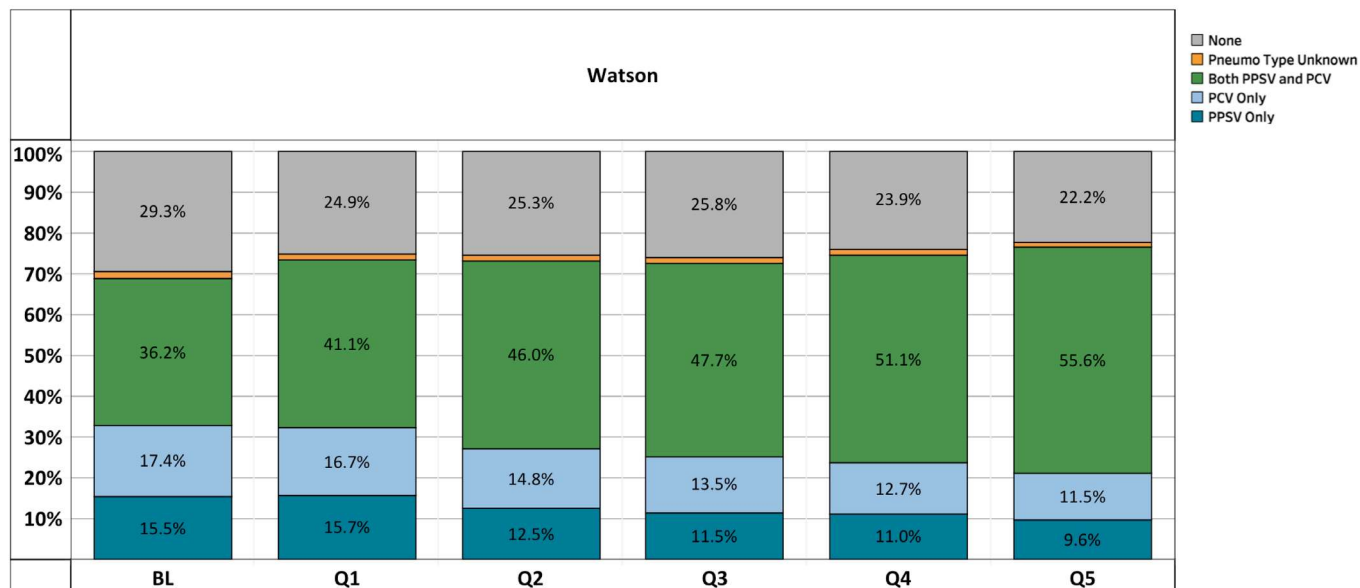
\*\* According to CDC guidelines, it is not currently recommended that the at-risk population receive PCV. Therefore, “PPSV” or “Unknown pneumococcal vaccination” are numerator options for Measure 2a.

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

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



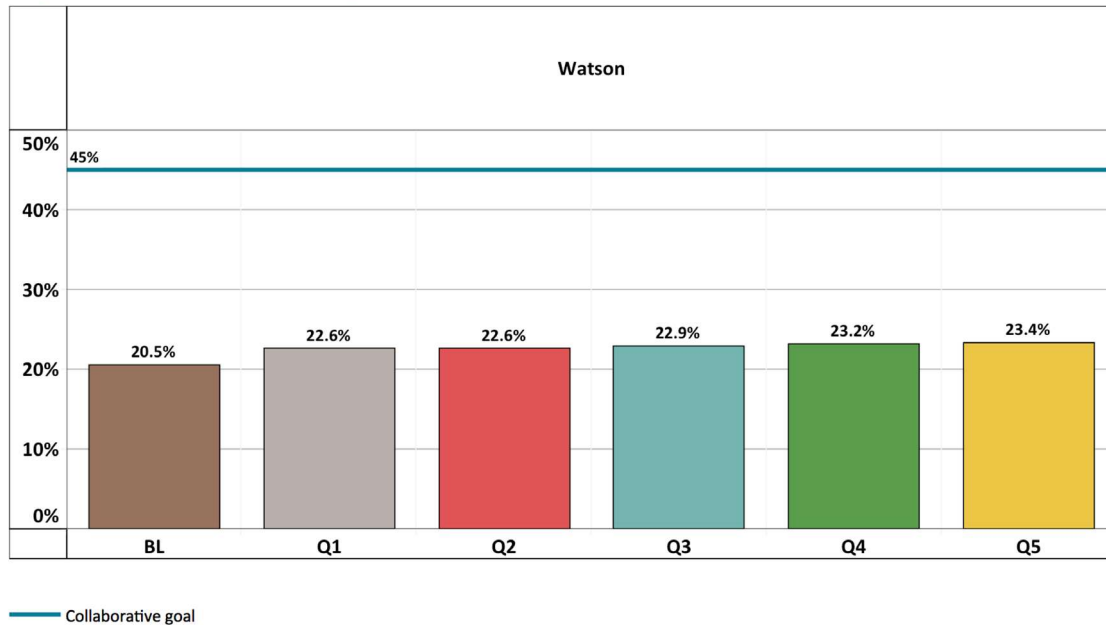
## Measure 1 – Pneumococcal (Any) Immunization for Adults Ages ≥ 65



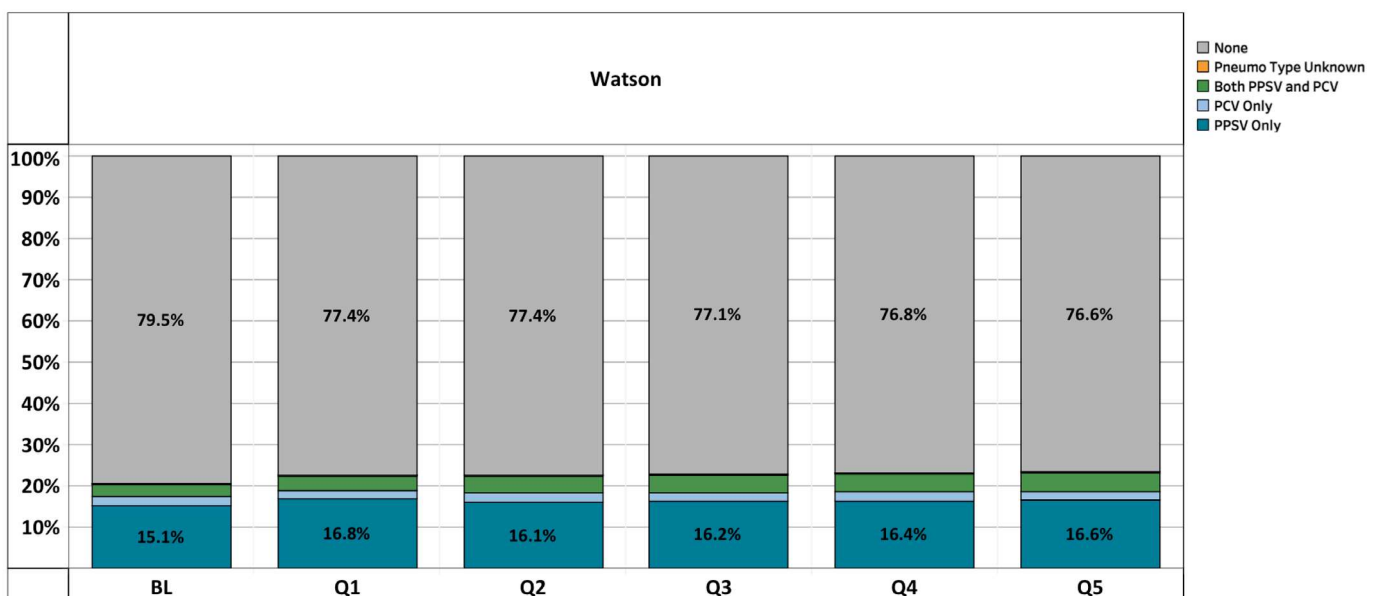
## Measure 1 – Both PPSV and PCV Immunization for Adults Ages ≥ 65



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

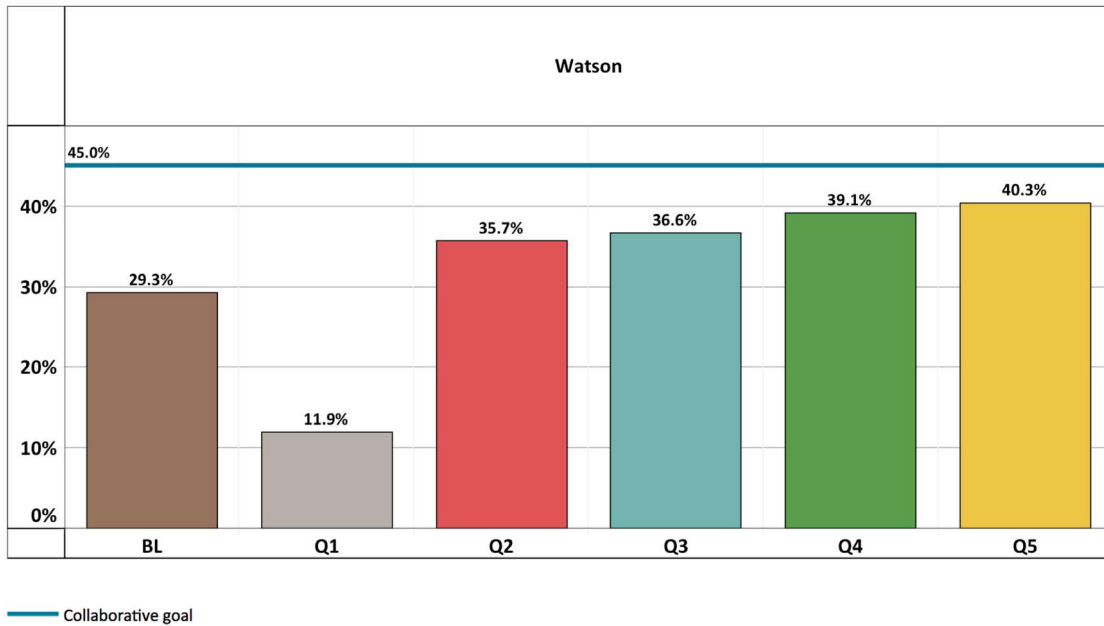


## Measure 2 – Pneumococcal (Any) Immunization for Adults Ages 19–64 with High-Risk Conditions

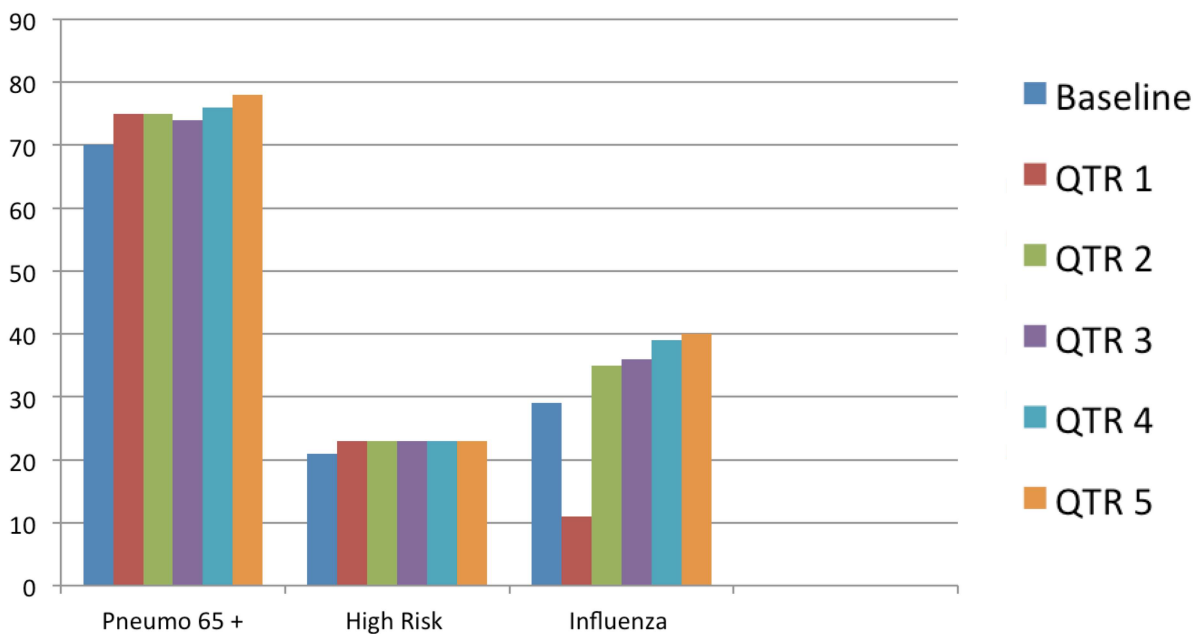




## Measure 3 – Influenza Immunization, Age ≥ 18



## Outcomes by Quarter





## Project Team

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