

Thank you for joining

The presentation will begin shortly





Rise to Immunize™ Monthly Webinar

Year 1 Data Review & RIZE Awards

Rise to Immunize Team and representatives from HealthPartners, Premier Medical Associates, P.C., and Sharp Rees-Stealy Medical Group, Inc.



Today's Webinar

Campaign Updates

- PVAX Collaborative
- Resource of the Month: ICD-10 Codes

Year 1 Data Review

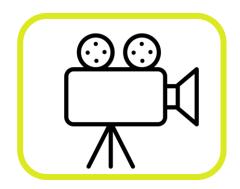
RIZE Awards

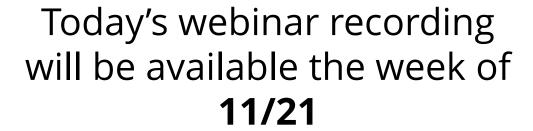
- Jason Maxwell, MD, HealthPartners
- Jennifer Obenrader, PharmD, CDCES, *Premier Medical Associates, P.C.*
- Janet Appel, MSN, RM, CCM, *Sharp Rees-Stealy Medical Group, Inc.*

Q&A Session









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

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



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

 Questions will be answered at the end of the presentation

PVAX Collaborative



Aims to improve pneumococcal 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.





Resource of the Month:

ICD-10

Value Set of ICD-10 Codes

Condition	Code Type	ICD-9	ICD-10
Alcoholism (alcohol use disorder)			
Alcohol abuse	Diagnosis	291.0	F10.121, F10.14, F10.15, F10.18, F10.
Alcohol use, dementia or disorder	Diagnosis	291.1, 291.2, 291.3, 291.5, 291.82, 291.89, 291.9	F10.94, F10.95, F10.96, F10.97, F10.98, F10.
Alcohol withdrawl	Diagnosis	291.81	F10.
Alcohol dependence	Diagnosis	303.9	F10.20, F10.21, F10.24, F10.25, F10.26, F10.27, F10.28, F10.
Asthma			
Asthma with status asthmaticus	Diagnosis	493.01, 493.11, 493.91, 493.21	J45.22, J45.32, J45.42, J45.52, J45.9
Asthma with acute exacerbation	Diagnosis	493.02, 493,12, 493.92, 493.22	J45.21, J45.31, J45.41, J45.51, J45.9
Other unspecified asthma	Diagnosis	493.00, 493.10, 493.90	J45.909, J45.9
Mild or moderate asthma	Diagnosis	-	J45.20, J45.30, J45.
Severe asthma	Diagnosis	-	J45.
Chronic Heart Disease (CHD)			
Chronic rheumatic pericarditis	Diagnosis	393	10
Chronic rheumatic heart diseases	Diagnosis	394-398	105-
Hypertensive heart disease	Diagnosis	402	
Hypertensive heart and chronic kidney disease	Diagnosis	404	
Acute Myocardial Infarction	Diagnosis	410	121.1, 121.2, 121.3, 121.4,
Other acute and subacute forms of ischemic heart disease	Diagnosis	411	1
Old myocardial infarction	Diagnosis	412	125
Angina / Chronic Ischemic Heart Disease	Diagnosis	413	120, 125.1, 125
Other forms of chronic ischemic heart disease	Diagnosis	414	125.3, 125.4, 125.5, 125.6, 125.8, 125
Chronic pulmonary heart disease	Diagnosis	416	



Year 1 Data Review







Year 1 Data Review



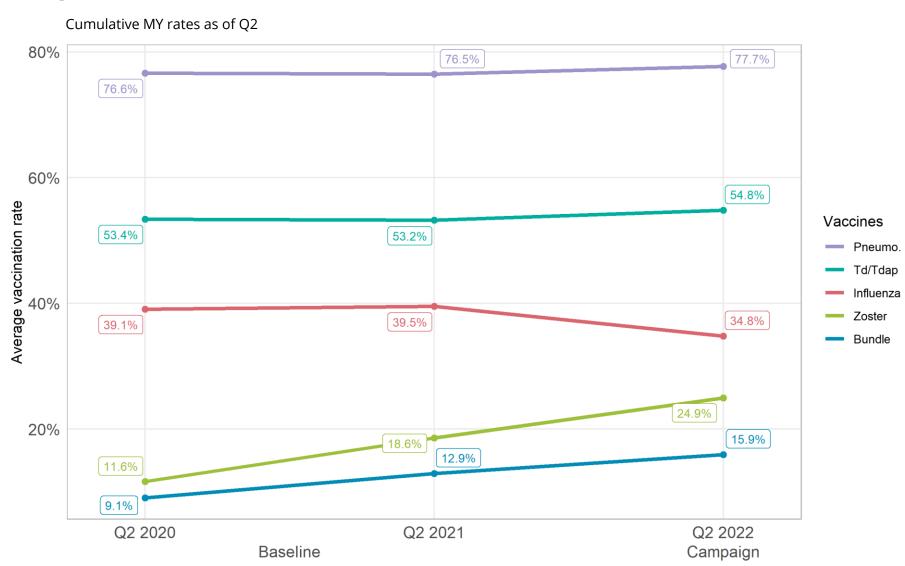
In the first year of the campaign, we have collectively administered or documented

5,078,982 vaccines



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

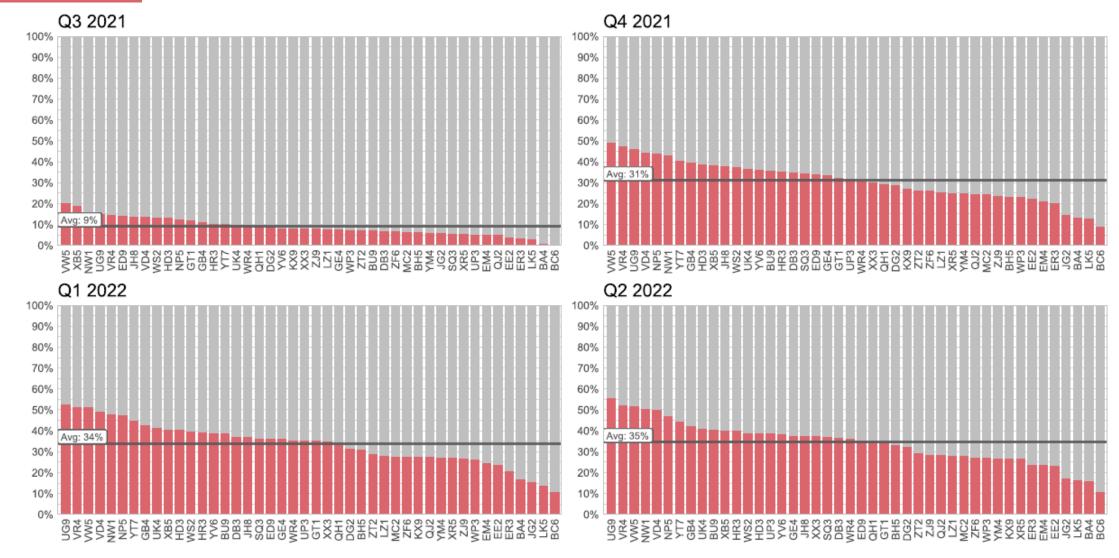




Influenza



3,799,935 vaccinations administered or documented in Year 1



Influenza



Top !	5 Hig	jhest	Infl	uer	ıza
Vaccina	tion	Rates	s in	Q2	2022

Org	Rank	Rate		
UG9	1	56.0%		
VR4	2	52.3%		
VW5	3	52.1%		
NW1	4	50.5%		
VD4	5	50.1%		

Top 5 Most Improved Orgs by Rank

of spots moved from Q2 2021 to Q2 2022

Org	Increase in Rank		
UK4	10		
XB5	9		
YT7	6		
UG9	4		
WS2	4		

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

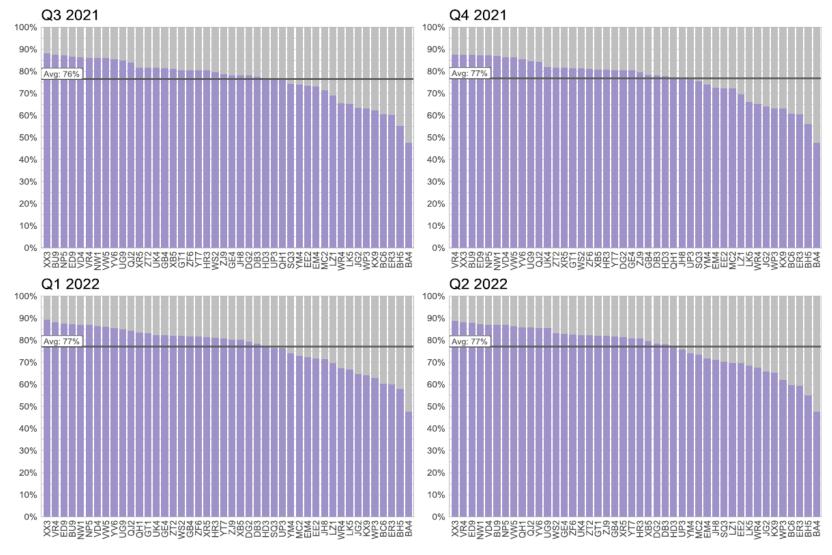
Change from Q2 2021 to Q2 2022

Org	Change in Rate
UG9	1.3%
BA4	0.0%
YT7	-0.4%
XB5	-1.2%
UK4	-1.4%

Pneumococcal (previous criteria)



182,872 vaccinations administered or documented in Year 1



Pneumococcal (previous criteria)



Top 5	Highe	est Pne	eur	noc	occal
Vaccir	nation	Rates	in	Q2	2022

Org	Rank	Rate
XX3	1	88.8%
VR4	2	88.4%
ED9	3	87.9%
NW1	4	87.3%
VD4	5	87.2%

Top 5 Most Improved Orgs by Rank

of spots moved from Q2 2021 to Q2 2022

Org	Increase in Rank		
QH1	17		
NW1	7		
XX3	6		
DG2	5		
VW5	4		

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

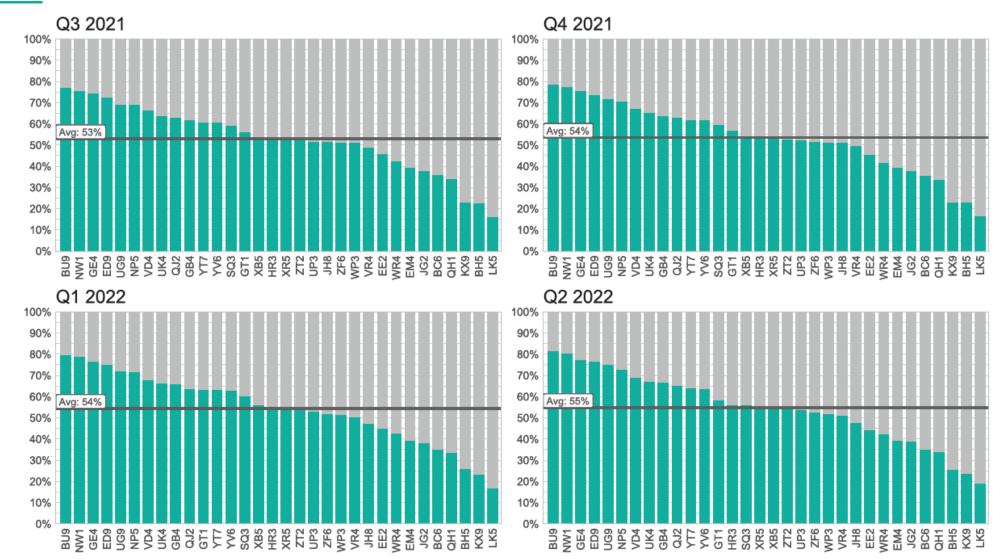
Change from Q2 2021 to Q2 2022

Org	Change in Rate
QH1	8.0%
KX9	4.0%
DG2	3.6%
JG2	3.3%
WR4	2.8%





586,153 vaccinations administered or documented in Year 1



Td/Tdap



Тор	5 F	lighes	st Td	/Tda	ар
V accina	tio	n Rat	es in	Q2	2022

Org	Rank	Rate
BU9	1	81.5%
NW1	2	80.6%
GE4	3	77.3%
ED9	4	76.6%
UG9	5	75.3%

Top 5 Most Improved Orgs by Rank

of spots moved from Q2 2021 to Q2 2022

Org	Increase in Rank
HR3	4
ZT2	4
UP3	2
WR4	1
BU9	0

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

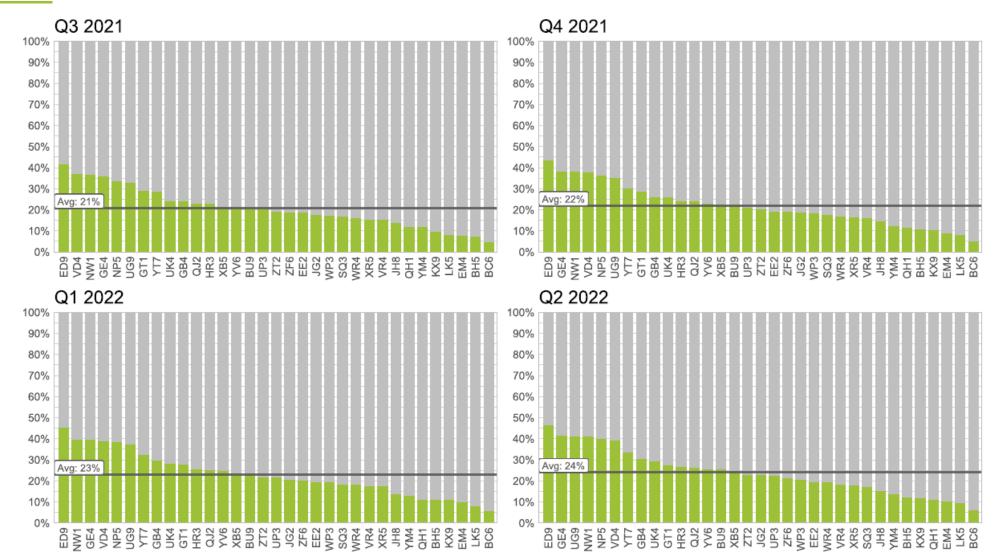
Change from Q2 2021 to Q2 2022

Org	Change in Rate
UG9	4.0%
GB4	3.7%
BH5	3.5%
LK5	3.5%
QH1	3.2%

Zoster



510,022 vaccinations administered or documented in Year 1



Zoster



Top 5 H	ighest 2	Zoste	r
Vaccination	Rates in	n Q2	2022

Org	Rank	Rate
ED9	1	46.5%
GE4	2	41.6%
UG9	3	41.2%
NW1	4	41.1%
NP5	5	40.2%

Top 5 Most Improved Orgs by Rank

of spots moved from Q2 2021 to Q2 2022

Org	Increase in Rank
JG2	2
UG9	1
YV6	1
ZT2	1
BH5	1

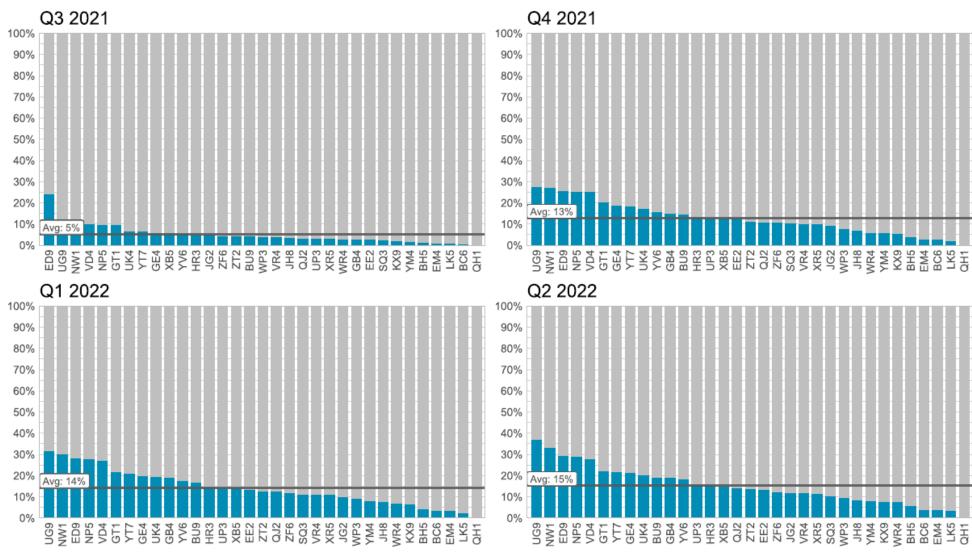
Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

Change from Q2 2021 to Q2 2022

Org	Change in Rate
NP5	10.7%
UG9	10.4%
ED9	9.2%
UK4	8.3%
GB4	8.2%

Bundle





Bundle



Top 5 Hi	ighest	Βι	ınd	le
Vaccination	Rates	in	Q2	2022

Org	Rank	Rate
UG9	1	37.2%
NW1	2	33.1%
ED9	3	29.3%
NP5	4	29.1%
VD4	5	27.8%

Top 5 Most Improved Orgs by Rank

of spots moved from Q2 2021 to Q2 2022

Org	Increase in Rank
ED9	3
GB4	3
HR3	2
JG2	2
UG9	1

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

Change from Q2 2021 to Q2 2022

Org	Change in Rate
UG9	10.8%
ED9	7.3%
NP5	6.3%
GB4	5.2%
UK4	5.1%

RIZE to the Challenge Awards





Today's Speakers



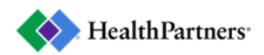


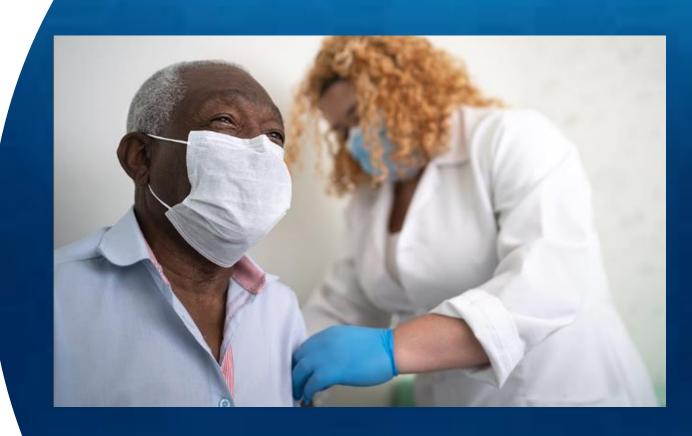
Jason Maxwell, MD
Medical Director, HealthPartners



AMGA Rize To Immunize Improving Vaccination Rates.

Jason Maxwell, MD.
Chair, Department of Pediatrics
Medical Director
HealthPartners Medical Group





HealthPartners Integrated Care



Health Plan

- 1.8 million members
- Consumer cost sharing





Medical Clinics

- 1.2 million patients
- 26,000 employees
- 1,800 physicians
- 55+ specialties
- 55 primary care

Nonprofit, Consumer

Dental Clinics

- 24 dental clinics
- 60+ dentists



Hospitals

- Amery
- Hudson
- Hutchinson
- Lakeview
- Methodist
- Olivia
- Regions
- Westfields



Research, Education, **Foundations**

- 400 research projects
- 500 resident physicians
- UMN rotation
- Active simulation center





Standardized approach Our most successful "intervention"

- Staff are empowered and expected to discuss and administer immunizations at all visit types within primary care
- Repetition, "muscle memory," and accountability are key!
- Standard workflows for all staff, and all roles
- "Health Maintenance" reminder in our EMR
- Dynamic "Smart Sets" that predict and order all required immunizations. Takes all guesswork out of equation
- Staff are given monthly Practice Overview reports to track their outcomes (not specific to these immunizations, but the concepts "bleed" into other areas)



Standing Orders Second most successful "intervention"

- All LPN/CMA/RN are able to give any vaccine, at any type of visit, using a Standing Order
- Intervention/approval by clinician is not needed
- This spurs conversation with LPN/CMA/RN, and often leads to completion
- If patient declines: order remains pended, which spurs a second conversation between clinician and patient
- Clinician must cancel the Standing Order
- **Immunizations subject to Medicare Part D can still be given by our LPN/CMA/RN team after waiver is signed



EMR: Dynamic Smart Sets

- Our EMR can automatically predict all immunizations that are due, and automatically pend the orders
- LPN/CMA open up a "Smart Set" and pend it on day of visit. No thinking is required
- This spurs conversation between the LPN/CMA and the patient
- If patient agrees: immunization is given
- If patient declines, order remains pended. This spurs a second conversation between clinician and patient. Order must be deleted by the clinician if not carried out



Practice Overview Report

- "Scorecard" shared with the clinician and their Rooming person (LPN/CMA) every month
- In person meeting with Clinic Leader every Quarter
- Includes childhood and adolescent immunizations, but does <u>not</u> actually include "adult" Pneumococcal, zoster, influenza, Td/Tdap.
- However: clinicians (and Care Teams) who get this monthly report for childhood/adolescent immunizations show improvement across <u>all</u> immunizations



Don't forget the support staff!





Meeting patient where they are

- Immunizations are offered and recommended at <u>all</u> visits. Medicare Annual, Well Visits/Physicals, Acute Visits
- Future State: Offering Immunizations at Urgent Care Visits
 - Sizeable proportion of our patients receive a significant amount of their care in Urgent Care
 - Pilot ongoing using childhood/adolescent immunizations. Hopeful expansion to all immunizations in near future
 - Patient seen in Urgent Care.
 - Immunizations are recommended by EMR
 - Warm Handoff from UC to Primary Care for Immunizations (during Primary Care Business Hours)



"Quick Schedule"

- All Clinicians/Care Teams can schedule patients for follow up nurse visit for a future "nurse visit" for Immunizations
- Occurs during the visit
- Clinician/Care Team enters information
- Patient sent a Text Message to schedule the appointment
- Works well for patients who decline an immunization during a visit, but who are willing to do the vaccine in the future



Outreach

- Increased Digital outreach to all of our patients
 - Email. Text Messages. Online Portal. Snail Mail
- Central Team can outreach to select populations
 - When due. 6 months "behind"
 - Batch letters and/or digital
- Outreach can be targeted to subpopulations
 - Race
 - Payor
 - Zip Code
 - Patients who already received one of recommended series
- Insurance Plan also does outreach



Thank you! Any Questions?





Today's Speakers





Jennifer Obenrader, PharmD, CDCES Pharmacy Manager, Clinical Interdisciplinary Team, *Premier Medical Associates, P.C.*







Team Work Makes the Dream Work! (in Increasing Vaccination Rates)

Jennifer Obenrader, PharmD, CDCES

November 17, 2022



Premier Medical Associates' Rise to ImmunizeTM Action Month Event







Premier Medical Associates' Rise to ImmunizeTM Action Month Event



- gathered physicians and managers in our primary care and pediatric departments for an educational event
- watched 5 Strategies to Strengthen Your Vaccine Recommendations, a video developed by the Rise to Immunize™ campaign and the National Foundation for Infectious Diseases (NFID)
- discussed how to apply these strategies in our practices



Premier Medical Associates' Rise to ImmunizeTM Action Month Event



- resulting conversation between physicians and managers was an excellent exercise in preparing for the 2022-2023 flu season
- identified how our team-based approach informs and supports vaccine recommendations
 - utilize pre-visit planning and team huddles to identify patients due for vaccines
 - elevate patient refusals to the appropriate provider for a follow-up conversation



What works for our team and how can we improve??







What is working?

- Pre-visit Planning
 - Dashboard utilization
 - Standing orders
 - Daily Huddles
 - Quality team outreach
- Engagement of Specialist Offices
 - Cardiology and Pulmonology
- Flu Clinics





How can we improve??



- **Vaccine Bundle Measure Quick Win**
 - Focus on patients who had 3 of the 4 vaccines
 - Intentional outreach to this cohort of patients
- Continued efforts with TransactRx for Medicare D covered vaccines
- **Ongoing outreach efforts**
 - Quality team care gap efforts
 - Virtual nurse calls
 - E.H.R. portal campaigns



Claims and Payment Management Solution





- Includes all Part D covered vaccines, including zoster and Td/Tdap
- Convenient for patients, do not have to go to pharmacy for Part D vaccines
- Simple online provider credentialing set up process
- Check patient eligibility in real time
- More detailed information included in the RIZE Campaign Toolkit



QUESTIONS?



Together, we will administer 25 million immunizations by 2025!





Today's Speakers





Janet Appel, MSN, RN, CCM Director, Population Health, *Sharp Rees-Stealy Medical Group, Inc.*



Sharp Rees-Stealy Medical Group San Diego, CA

Janet Appel, RN, MSN, CCM Director, Population Health





Reflection

"Progress means getting nearer to the place you want to be"

C.S. Lewis



Who We Are: Sharp Rees-Stealy

23 locations throughout San Diego Numerous services under one roof, at most locations

2,800 employees600 physicians1.5 million visits per year

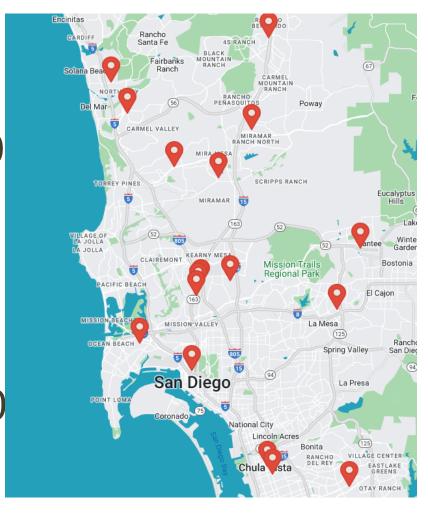
Secure Electronic Health Record





Our Population

- ► Managed care lives: ~185,00
- ► Commercial: ~158,000
- ➤ Seniors: ~27,000
- ► ACO lives: ~13,000
- ► PPO/FFS lives: ~ 260,000
- ► Total membership: ~ 458,000





Transparent Monthly Reporting

Site	SRS Current PCP Name	SHC#	Full Name	DOB	Infuenza	Pnemococ cal	Td/TDAP	Zoster	Next Appt Date
CARMEL DEL MAR	MARTIN M.D., MICHAEL C	XXX-XXX- XXX	Smith, John	12/22/195 7	x		x		
CARMEL DEL MAR	MESSOLINE, MATTHEW FRANCIS	XXX-XXX- XXX	Washington, George	11/25/196 0					9/29/2022
DEL MAR	PEGG, JANELLE DONAHUE	XXX-XXX-	Ross, Betsy	11/15/195 2	×	X			
DEL MAR	RATHBUN MD, BRENT	xxx-xxx- xxx	Franklin, Ben	10/15/196 1				X	10/20/2022



Lean Six Sigma/Primary Care Transformation

Flow Managers prepping for next day visits for Care Gaps:

- Immunizations
- Diabetes Measures
- HTN measures
- Cancer Screenings
- Fall Screening
- Depression Screen
- Advanced Directives/POLST

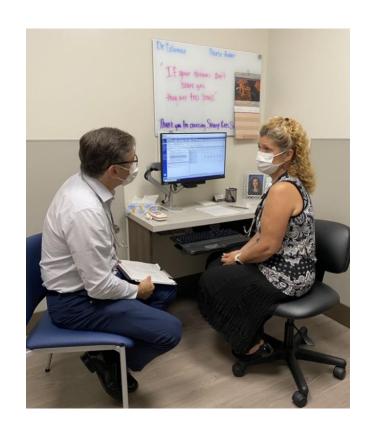




Embedded Nurse Case Managers

Weekly Rounding with Staff
Personalized PCP assistance with panel lists
Population Health Clinics to close Care Gaps:

- Blood Pressure
- Retina Vue eye exams
- POS HgA1C
- Immunizations





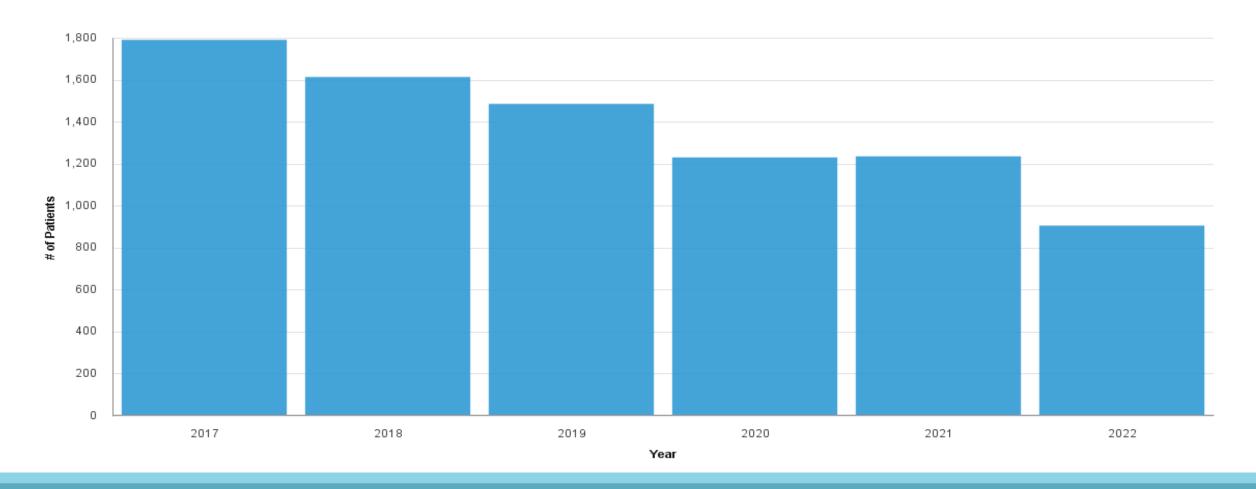
Performance Improvement Committee

Meets Bi-monthly
Multi-Discipline Attendance
Updated Performance Metrics
Strategy Planning
Small Workgroups





Special Initiatives# of Patients with New Zoster DX per Year





Special Initiatives

LMC	Proumo COPD Compliance Poport			
ПМС	Pneumo COPD Compliance Report			
HMO Population: Non-deceased pa	tients with active enrollment in senior, commercial, or	exchange HMO Plans		
COPD Population: Non-deceased patien	ts diagnosed with any of the following ICD10 diagnosi	s codes J44.0, J44.1, J44.9		
Time	Frame: 12 month lookback from Oct 2, 2020			
COPD Compliant Total (Numerator)	COPD Population Total (Denominator)	COPD Compliance Rate		
1855	2149	86.32%		
Report Run Date: Oct 2, 2020				
Prepared by Health Services Data Management				
HMO Pneumo COPD Compliance Report				
HMO Population: Non-deceased patients with active e	nrollment in senior, commercial, or exchange HMO Plans			
COPD Population: Non-deceased patients diagnosed v	vith any of the following ICD10 diagnosis codes J44.0, J4	4.1, J44.9		
Time Frame: 12 month lookback from Apr 2, 2020				
COPD Compliant Total (Numerator)	COPD Population Total (Denominator)	COPD Compliance Rate		
1918	2200	87.18%		
Report Run Date: Apr 2, 2020				
Prepared by Health Services Data Management				



Question?



Questions?





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