



## PREVENTIVE CARE RECOGNITION AWARD SUBMISSION

### QUESTIONS

**1. Describe the challenge that needed to be addressed. Include baseline status or performance prior to implementing the improvement strategy.**

In 2014, The Advisory Committee on Immunization Practices (ACIP) recommends the routine administration of the Pevnar vaccine for all adults  $\geq$  age 65. Despite this recommendation, the number of vaccinated seniors remains low. This puts our seniors at an increased risk for pneumonia and pneumonia related complications. Seniors living in assisted living facilities pose additional challenges to receiving the vaccine due to difficulties getting to primary care clinics or pharmacies. Many assisted living dwelling seniors are managed by in-house provider teams, but they also are at a disadvantage to receiving the vaccine due to a lack of a standardized process in receiving vaccines. Pharmacies limit their vaccine administration to Influenza vaccines and occasionally the Pneumovax vaccine, without plans to expand vaccination services. These challenges result in a low administration rate for the Pevnar vaccine, particularly to a population who is high risk. Through 2016, only 31.5% of seniors (age 65 and older) have received the Pevnar vaccine nationally.

**2. How many people might be affected by this strategy at your clinic system?**

The development and implementation of a workflow for screening and administering the Pevnar vaccine is applicable to all assisted living dwelling seniors who are managed by an in-house provider team, which is estimated to be in the thousands. If Metro Alliance adopted this workflow, thousands of Assisted Living dwelling seniors would have access to the Pevnar vaccine.

**3. Describe the goal(s) for the clinical improvement activity and how it advances current screening status and/or targets the challenge(s).**

The implementation of this process improves vaccination rates, reduces the risk for pneumonia and invasive pneumococcal disease in Assisted Living dwelling seniors who are managed by in-house provider teams. As the number of people living in Assisted Living facilities continues to grow, these "virtual" clinics (in-house provider teams) are able to expand their services and capabilities with an increased focus on public health services. Early adoption of new and existing vaccination recommendations improves the quality of public health services offered to Assisted Living dwelling seniors.

**4. Describe what was done to improve this preventive service. (Include changes to your present practice, team and/ or infrastructure changes.)**

Developed and implemented a standardized process for administering Pevnar vaccines. Provider teams assess the vaccination status, provide patient education to the patient and family, and obtain consent to receive the vaccine. In partnership with the organization's internal pharmacy, we set up the ability to order the vaccine through Part B billing and the pharmacy delivers the vaccines to the Assisted Living facility. Provider teams then administer the vaccinations onsite to the patients. Ongoing screening is completed for all new patients and Pevnar vaccination clinics are offered biannually.

Pevnar vaccination rates has been identified as a quality measure for Assisted Living facilities which is tracked monthly. Providers receive their vaccination rates for each Assisted Living they manage, as well as the group's vaccination rate. These results are also reviewed in our assisted living meetings.



## PREVENTIVE CARE RECOGNITION AWARD SUBMISSION

**5. Describe the challenges encountered (e.g. barriers, unexpected and/or unintentional consequences) and how they were overcome. (e.g. important considerations when adopting this change.)**

When this project began in 2015, there was no infrastructure or workflow built to support this type of service. Prior to adopting this service it's important to investigate if the patient is able to receive the Plevnar vaccine through another type of on-site service (for example, the facility pharmacy who administers Influenza vaccines). If this is not an option, is the organization's internal pharmacy willing to partner by providing the vaccines and delivering them to the Assisted Living? It is important to understand the patient's insurance benefits- Medicare part B coverage must have the vaccine administration completed by a health care provider, as opposed to part D with administration by a pharmacist. Part B has better coverage and is more cost effective to the patient when administered by a "clinic".

Workflow for staff was developed and role clarity was identified (for example- who reviews the patient's insurance coverage to determine accurate billing). Accurate review of the patient's vaccination status is also very important to determine if the patient needs the vaccine and the timing in relation to administered Pneumovax vaccine(s). Challenges were encountered when staff only reviewed the patient's chart within our organization's electronic medical record and did not review the Minnesota Immunization Information Connection or review additional outside records. A thorough workflow was developed that included a timeline of the process and responsibilities of each role involved.

Coordination and partnership with Assisted Living facilities is important in the process. Assisted Living staff can assist in distributing vaccine information and obtaining consent for patients without decision making capacity. The staff can also accept the delivery of the vaccines from the pharmacy and store in a refrigerator until administered.

Completing the initial round of Plevnar vaccinations with high volumes at each Assisted Living is much more time intensive than secondary rounds with smaller volumes. Staggering the initial Plevnar clinics allows the work to be more incorporated into daily functions and is much more manageable. Providers prioritized their Assisted Living sites and completed an initial Plevnar clinic every 1-3 months. After the initial clinic is completed, the Plevnar status is reviewed for each admission and a list of those patients who need to be vaccinated at the next clinic. Ongoing Plevnar clinics are offered biannually.

Another challenge was how to document and capture vaccine refusals in the patient's vaccine record and capture this in our data tracking. Staff learned how to document refusals within the patient's vaccine record and data analyst were able to adjust the tracking to include vaccine refusals to count within our metric for it not to be counted against the quality data and vaccine rates.

It's also important for provider's to adopt the mentality of providing population health and increase the focus of public health. This helps the providers shift from traditional roles of providing episodic based visits to patient care across the continuum. It's also crucial that the provider and support staff prioritize this workflow. Identifying this Plevnar workflow as a quality measure that is reported monthly has helped staff to prioritize, understand and support this initiative.

**6. Describe the metric(s) developed to evaluate success of the improvement strategy.**

1. Overall Plevnar vaccination rate: this rate includes all Assisted Livings in our group and is reported as a quality metric monthly
2. Assisted Living site specific vaccination rates: providers receive the vaccination rate for each of their Assisted Living facilities
3. Provider specific vaccination rates: providers receive their overall vaccination rate which is an average of the assisted living sites the provider manages



## PREVENTIVE CARE RECOGNITION AWARD SUBMISSION

4. Number of vaccines: the number of vaccines administered by providers in our group to patients in our Assisted Living facilities
5. Number of sites that have held an initial on-site vaccination clinic

### 7. Based on the metric(s) above:

a. **Describe the result(s) and include detailed data supporting a change in the outcomes.**

1. Overall Prevnar vaccination rate

2015: 23%

2016: 47% (Nationally reported Prevnar Vaccine rate for ages  $\geq 65$ : 31.5%)

2017: 71%

2018: 83% (YTD through 6/2018)

2 & 3. Assisted Living site specific vaccination rates & provider specific vaccination rates

Current Assisted Living site vaccination rates range from 65-100%

4. Number of vaccines provided by our providers from 2015 through 6/2018: 324

5. Number of sites that have held an initial on-site vaccination clinic: All Assisted Living facilities have completed the initial clinic to this date. As new facilities are entered, we will continue to track and report how many have been completed.

b. **Do the results demonstrate success for your clinical improvement activity? If so, please explain.**

The results show a significant improvement in the rates for Prevnar vaccines for our patients living in Assisted Living facilities. Our overall Prevnar vaccine rate increased from 23% in 2015 to 83% through June 2018. The Center for Disease Control (CDC) reported the a national average for Prevnar administration at 31.5% in 2016. Our results are significantly higher than the national average due to our development and implementation of our Prevnar program.

### 8. Describe what steps you have done or will take to sustain your improvement.

(Recommendations for sustaining the gains.)

Prevnar vaccination rates is a quality measure that is tracked and reported to providers monthly. With this ongoing monitoring and reporting of rates, providers are prioritizing and supporting this initiative. Since initial vaccine clinics have been completed at each Assisted Living, staff are now screening all admissions for Prevnar status and tracking who needs the vaccine at biannual Prevnar clinics. All new assisted living providers and support staff are trained on the developed workflow during orientation. It will also be important to adapt to any future changes in recommendations.