First STEPS Learning Initiative: Raising Immunization Rates Celebration Dinner

Friday Night Lights
Put Your Best Arm Forward!

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The First STEPS Learning Initiative is part of the Maine Improving Health Outcomes for Children demonstration grant awarded by the Centers for Medicare and Medicaid Services to MaineCare in partnership with the Maine Center for Disease Control and Prevention, the Muskie School of Public Service at the University of Southern Maine, Vermont’s Medicaid Program, and the University of Vermont.

The Celebration Dinner is Sponsored by the MaineHealth Childhood Immunization Task Force

Game Plan for the Evening

• The First Steps Highlight Reel
• The 5\textsuperscript{th} Quarter- The Work Continues
• The Awards Ceremony
• The “Booster” Club- How Your Work Continues to Impact Immunization Rates and Improve the Lives of Children in Maine
Why is it important to work on Immunizations now?

- Decreasing vaccine-preventable disease: one of the decade’s top ten greatest public health achievements
- Maine has experienced an increase in vaccine hesitancy, refusals and delays
- Outbreaks of Pertussis and Measles the last 2 yrs
- Immunization rates stagnant: hovering between 62-74% over the past ten years (4.3.1.3.1.4); rank dropped to 41st

First STEPS: Get Everyone Moving Towards the Same Goal

Need coordinated leadership and action to improve immunization rates, decrease preventable diseases, hospitalizations, deaths, and improve the quality life of children and families.

Need to Build on Existing Payment Initiatives, Quality Improvement Infrastructure, and Metrics:

- First STEPS is a Project of the Improving Health Outcomes for Children (IHOC)/CHIPRA Grant
- Accountable Care
- Maine Universal Childhood Immunization Program, January 2012
- Patient Centered Medical Home
- Meaningful Use Immunization Metrics, CHIPRA 24 Metrics
- Pathways to Excellence
Identify the League

Need to Organize the League:
Maine Child Health Improvement Partnership (ME CHIP)

- **Mission**
  To optimize the health of Maine children by initiating and supporting *measurement-based* efforts to enhance child health care by fostering public/private partnerships.

- **Vision**
  All practices providing health care to children will have the skills, support, and opportunities for collaborative learning needed to deliver high quality health care.

- **Current Project**
  Overseeing the First STEPS (Strengthening Together Early Preventive Services) Learning Initiative
Setting the Goal:

- Improve preventive services for Maine's children.
- **Between Sept 2011 & Sept 2012, improve immunization rates (2010) by \( > 4 \) percentage points in practices that serve a high volume of MaineCare.
- Goal for each vaccine (based on NIS data, not ImmPact2):
  - increase by 4 percentage points if baseline rate >80%
  - increase by 10 percentage points if baseline rate <80%
- Outcome: By 7 months, we had reached 3 percentage point improvement overall (April 2012)

Recruit the “I” Teams

- 22 Practices
- 2 Hospitalist groups
- 96 physicians
- 30,666 children with MaineCare covered by practices by Aug 2010 numbers
Run Practice Sessions

- Very important to name the team captains - office champions to run the project and leaders to work at the state and community level
- Develop a learning community - 2 conferences and monthly phone calls
- Monthly Data to Review
- Recruit and organize coaches to work with the practices
- Develop educational strategies to work with children and families

Reviewing the Stats

- 15 out of 21 practices (70%) reporting in IMMPACT demonstrated improvement in overall immunization rates through April 2012
- 12 practices (57%) increased their overall rates by 3 percentage points or more.
- Rates of improvement ranged from 0.4 to 16 percentage points from baseline
- Practices reviewing their data on a consistent basis increased from 40 to 82% by the end of the collaborative

Source: Muskie School of Public Service, University of Southern Maine
The average percentage point change between each practice site's total immunization rates from September 2011-April 2012

Source: First STEPS Phase I Evaluation Report, Muskie School of Public Service, University of Southern Maine

Average percentage point change across First STEPS Phase I practices’ ImmPact2 combination and individual rates, 9/11 – 4/12.

2-Year-Olds
- Up-to-date on all vaccines
- Diphtheria, Tetanus & Pertussis
- Haemophilus influenza type B
- Hepatitis A
- Hepatitis B
- Measles, Mumps, & Rubella
- Pneumococcal conjugate vaccine
- Polio
- Rotavirus
- Varicella (chickenpox)

6-Year-Olds
- Up-to-date on all vaccines
- Diphtheria, Tetanus & Pertussis
- Measles, Mumps, & Rubella
- Polio
- Varicella (chickenpox)

13-Year-Olds
- Up-to-date on MCV and Tdap
- Meningococcal vaccine (MCV)
- Tetanus, Diphtheria (Tdap)
- Human Papillomavirus (girls only)

Source: First STEPS Phase I Evaluation Report, Muskie School of Public Service, University of Southern Maine
Data doesn’t tell the whole story….

- Practices did great work catching up kids who missed vaccines after age 2, 6, and 13 yrs- not captured in the data
- Rotavirus-won’t see improvement for 1-2 years because vaccine not recommend after 8 mo - no catch up time prior to 2 years
- Practices still encountering resistance to HPV

Change Package—The Playbook!

- Reach agreement at each practice on vaccination schedule, catch up schedule, and contraindication lists
- Develop systems to constantly update registries, standardize recall/reminders system, and utilize MOGE document: increased from 25 to 72% in First STEPS
- Make immunization improvement part of office work flows and performance reviews
- Provide adequate staff training
**Aim:**
To improve preventive services for Maine’s children.

**Aim/Outcome:** Between September 2011 & September 2012, improve immunization rates (2010) by ≥ 4% in practices that serve a high volume of MaineCare.

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**Immunization Rates Change Package (DRAFT Updated 09.12.12)**

**Immunization Rates for:**
- 2-Year Olds
- 6 Year Olds
- 13 Year Olds

**Drivers:**
- Leaders as champions for change.
- Team based and evidence-based system of care with informed, engaged, and competent staff.
- Access to care.
- Immunization information and tracking systems (HIT) that support improving immunizations.
- Engage partners in improving immunization rates.
Look for every opportunity to minimize and eliminate missed opportunities to vaccinate

Tasks and Specific Tests of Change

- Health care professionals review vaccination status of all patients at all health care visits (e.g., well child visit, acute, sick, and follow up) to determine status and if don't provide vaccinations, provide referral to provider who does.

- Health care professionals honor only medically-accepted contraindications.

- Track children who do not receive vaccinations and for what reasons.

- Use recommended "Catch Up" schedule for children who have missed or delayed immunizations.

- Adjust check-out routine to ensure that all parents schedule the next visit before they leave the office.

- Test and standardize time for immunization records to be reviewed prior to patient appointment (e.g., day before, morning of visit, time patient arrives)

- Include an age-specific visit/encounter form or message that indicates immunizations due.
Vaccination protocols accessible in all locations where vaccines administered

**Resources**
- CDC's Chart of Contraindications and Precautions to Commonly Used Vaccines
- 2012 Immunization and Catch up Schedule-AAP
- CISP Immunization Quality Improvement Website

**Standing orders for all routine immunizations**

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<td>Review existing example standing orders from evidence based resources.</td>
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<td>Customize standard order set based on individual practice and provider needs.</td>
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<td>Review standing orders with clinical support staff to identify potential challenges, including processes related to where standing orders will be available for staff to use (EMR, binder, etc.)- revise orders as necessary.</td>
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<td>Seek any necessary approvals and test standing orders using PDSA cycles.</td>
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<td>Implement standing orders to allow staff to independently screen patients, identify opportunities for immunization, and administer vaccines under physician supervision (or in accordance with local regulations).</td>
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Standing orders for all routine immunizations

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<td>• Sample standing orders and resources from the Immunization Action Coalition</td>
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Implement ways to ensure vaccinations are readily available to patients

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<tr>
<td>Hold flexible office hours at non-traditional times such as weekends, evenings, early mornings or lunch hours.</td>
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<td>Open access (walk in or same day) immunization availability</td>
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<td>Establish opportunities for walk in &quot;nurse only&quot; and/or &quot;nurse only&quot; vaccination visits.</td>
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<td>Ensure immunizations are available at all visits, sick or well, regular hours, or weekend clinics.</td>
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<td>Increase hours during peak demand (i.e., back to school, flu season)</td>
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<td>Provide routine and &quot;catch up&quot; vaccine clinic (e.g., once a week during normal office hours; hire temporary staff to cover a temporary clinic; hold clinics after hours or on weekends using permanent or temporary staff as practice sees fit)</td>
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<td>Recognize staff role models and celebrate successes.</td>
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**Resources**

- Recommendations from the National Vaccine Advisory Council
- Immunization in the Medical Home David Wood Powerpoint

**Office policies and procedures**

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<td>Participate in Maine’s Universal Childhood Immunization Program.</td>
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<td>Vaccines for Children (VFC) at every encounter.</td>
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Thanks Specifically to…

- Brunswick Pediatrics
- Waterville Pediatrics
- MaineHealth Childhood Immunization Task Force
- The many other individuals

Who helped create and improve your “Legacy”
Spread the Change

• Reward Immunization Work
• Recognize Immunization Rates with Public Reporting- Pathways to Excellence
• Design infrastructure to support practices’ QI improvement including HIT and ImmPact2
• Get the message out to families- VaxMaineKids Facebook, Twitter, Web site

5th Quarter

Award Ceremony

Booster Club