

PARTNERSHIP TO IMPROVE IMMUNIZATIONS RATES IN THE CA CENTRAL VALLEY



April 4, 2017

Partnership to Improve Immunization Rates in the Central Valley

- The Anthem Blue Cross and CDPH Immunization Branch pilot partnership was created to help increase immunization rates in the California Central Valley

Program Focus included:

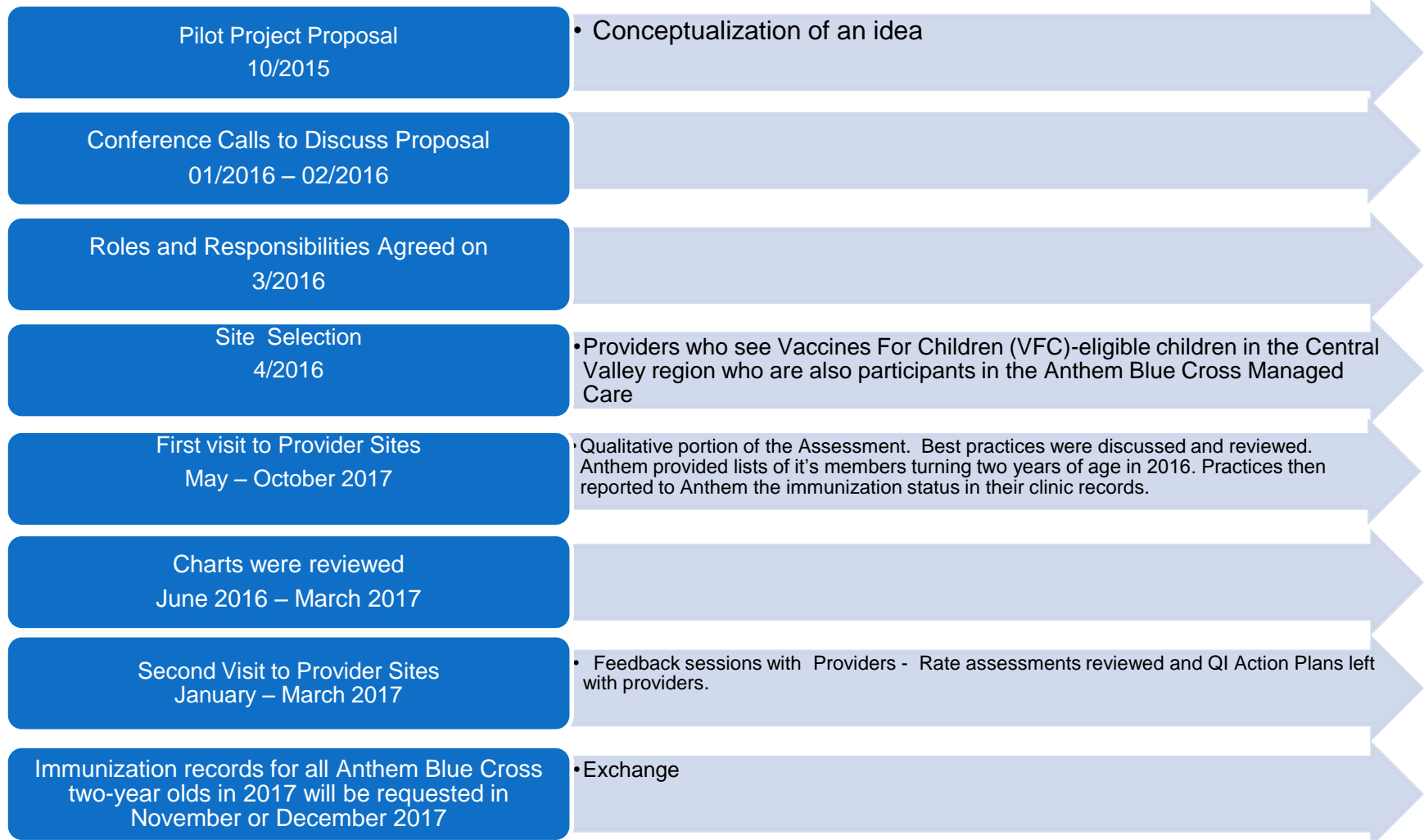
- Using AFIX model to improve immunization rates and practices at the immunization provider level
- Coaching
- Quality
- Opportunities vs. problems
- Improvement efforts focused on systems, not people
- Involvement of clinical and nonclinical personnel

What is AFIX

AFIX as a quality improvement tool consists of:

- A-Assessment of immunization coverage levels
- F-Feedback of information to physicians and staff
- I-Incentives to recognize and reward outstanding and improved performance
- X-eXchange of best practices and follow up with the provider

Project Time Line

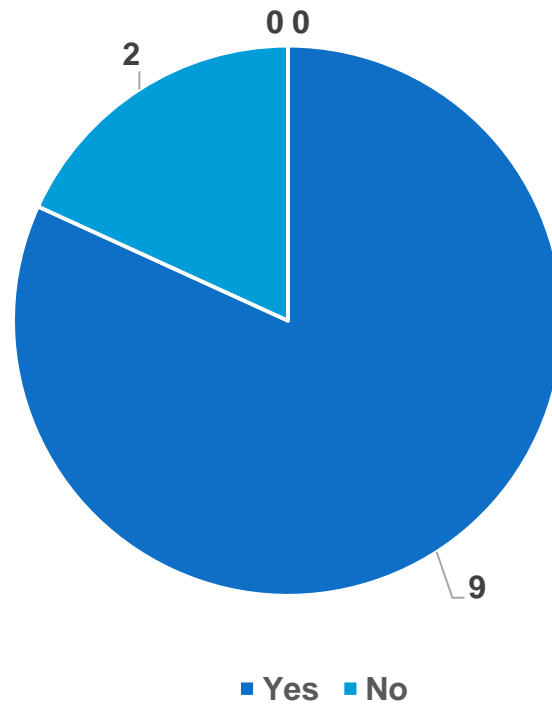


Site Selection

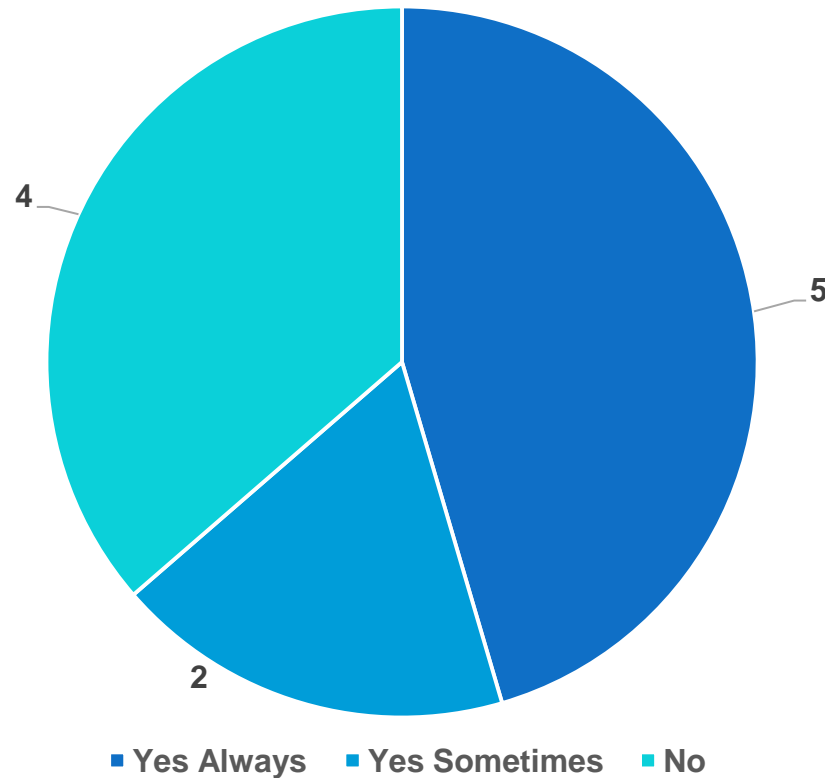
Sites information

- 11 sites total
- 7 private sites
 - ✓ 1 private site had multiple providers
 - ✓ 6 private sites had single provider
- 3 FQHC
- 1 RHC

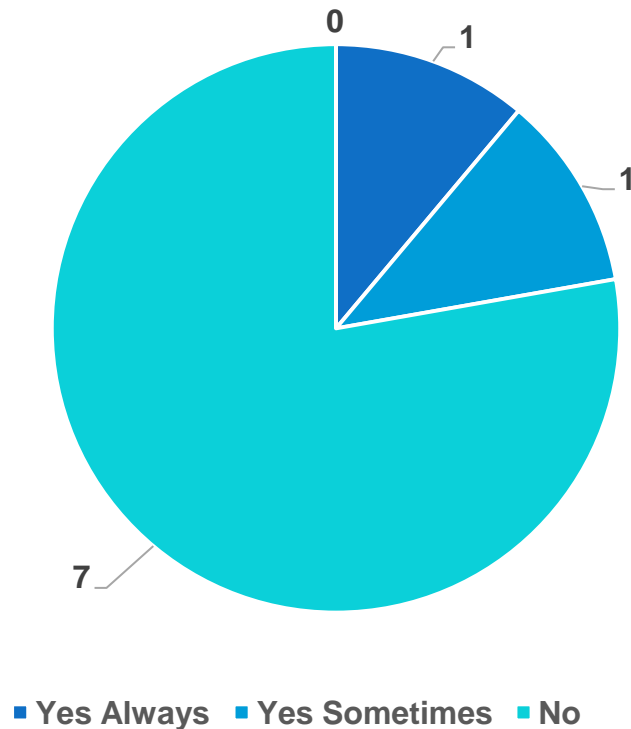
Does the practice use an EHR?



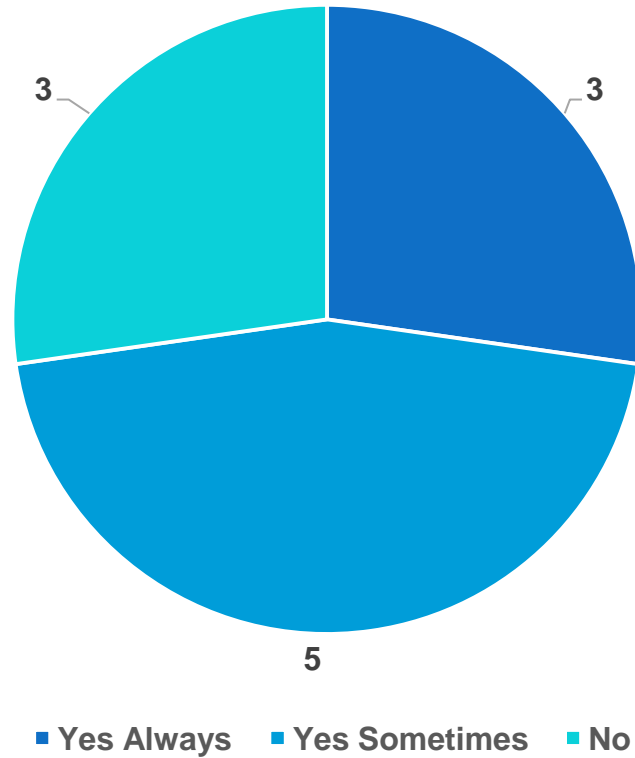
Is the practice enrolled and using CAIR ?



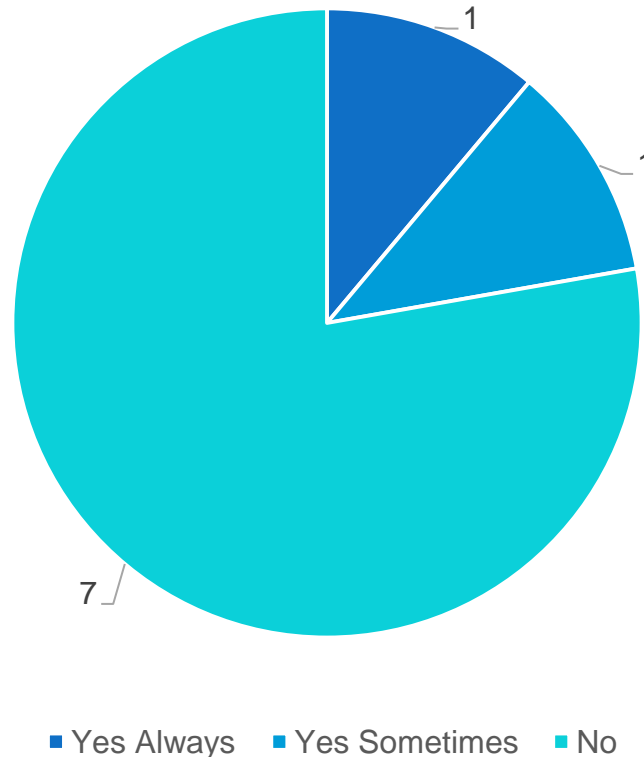
Does the practice use Registry to determine which Immunizations are due for each Patient at every visit?



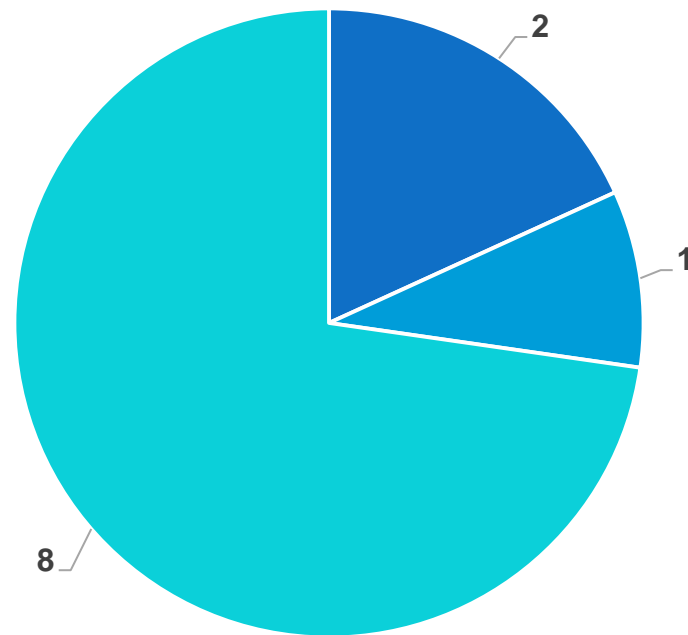
Does Site offer Immunization only visits?



Does the practice have a system in place to schedule wellness visits for patients 11-12 years old ?



Does the practice routinely measure pediatric/adolescent immunization coverage rates and share with staff?



■ Yes Always ■ Yes, Sometimes ■ No

All 11 Sites Agreed that....

- The practice scheduled next vaccination visits before patient and parents left the office
- The practice always educated parents about Immunizations and the diseases they prevent
- All sites reported having an immunization champion

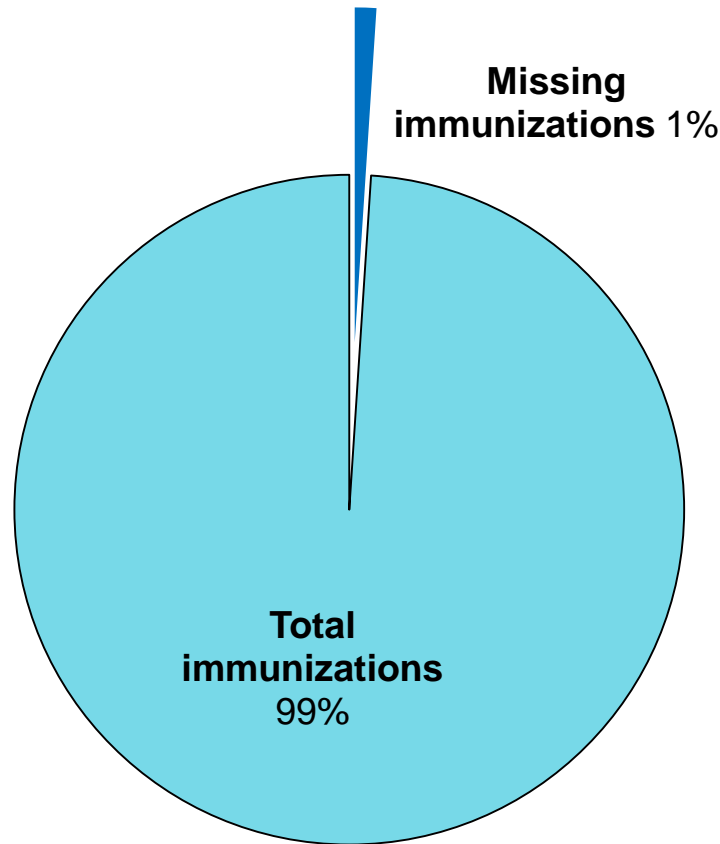
Site Locations and characteristics

- 3 in the North of Fresno (considered more upscale area)
- 3 in the South of Fresno (not considered upscale area)
- 1 in smaller town north of Fresno
- 1 RHC was very rural
- 3 FQHC sites
 - ✓ 1 feeder from multiple cities
 - ✓ 1 in middle size town south of Fresno
 - ✓ 1 in smaller town south of Fresno

Record Review

- 878 immunization records reviewed
- 22,828 total number of immunizations needed for these records
- 2,393 missing or out of time frame immunizations found

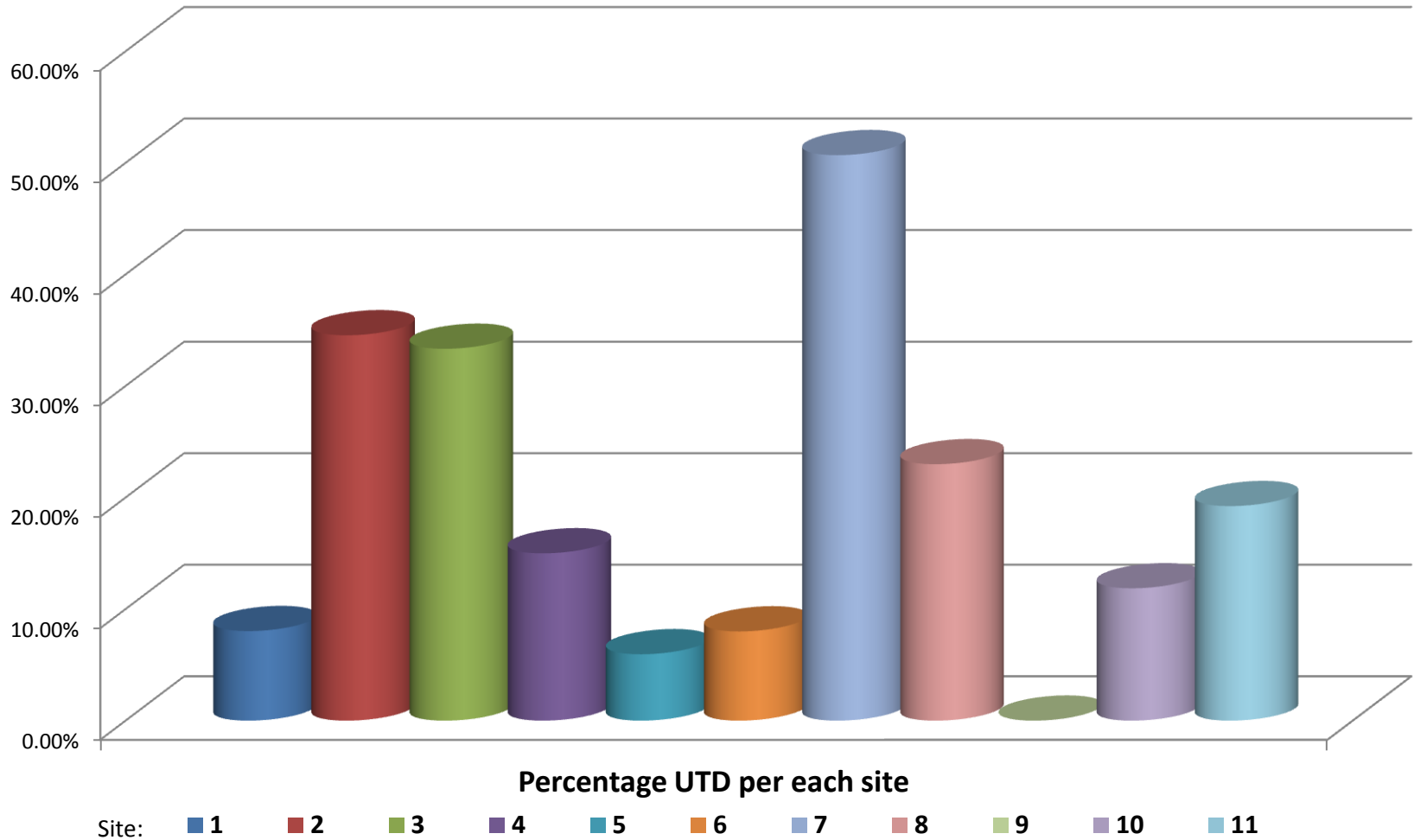
Total Number of Missing Immunizations



Issues identified

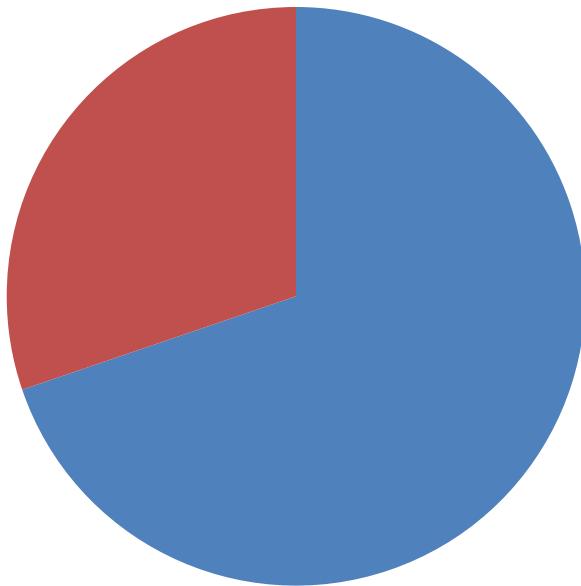
- We identified 15 two-year-olds who were never seen or the records had been misplaced (1 record).
 - ✓ Each child was counted as missing ALL immunizations
 - ✓ Sites reached out to each of the families to set up a visit
- We had one site disenroll a child before reaching 2 years so this child was not counted
- We had one site with a child with a disease where immunizations were not recommended until treatment completed for a condition so this child was not counted
- If family refused and it was documented, it was not included in the count

Percentage of 2 yr-olds UTD when records were initially requested per site



Comparing FP to Pediatric sites – UTD at initial request of records

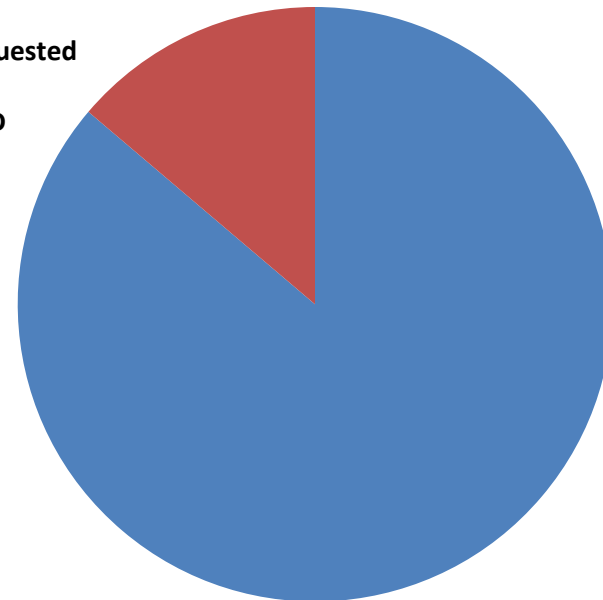
FP/Ped group



Ped group

390 requested

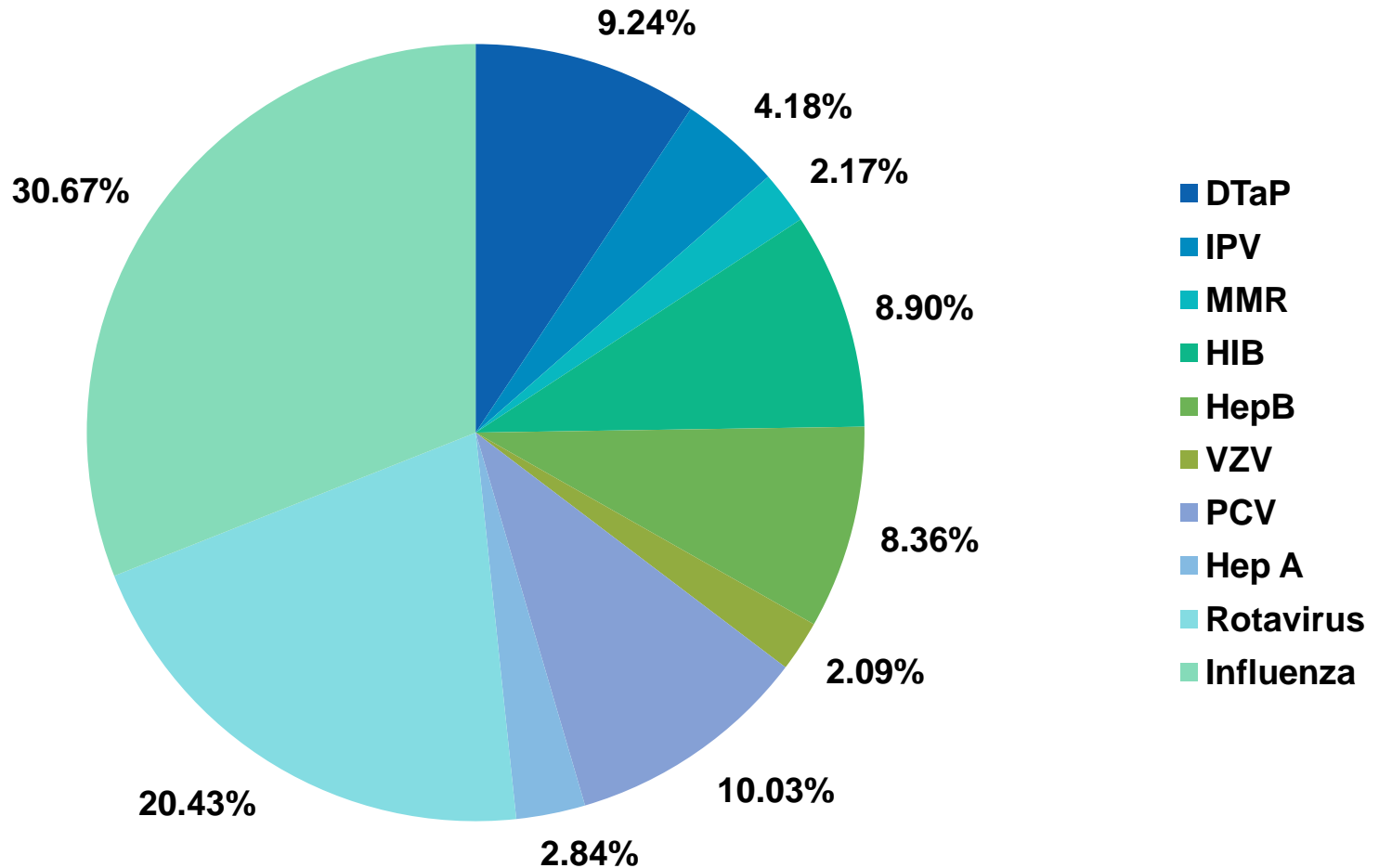
169 UTD



625 requested

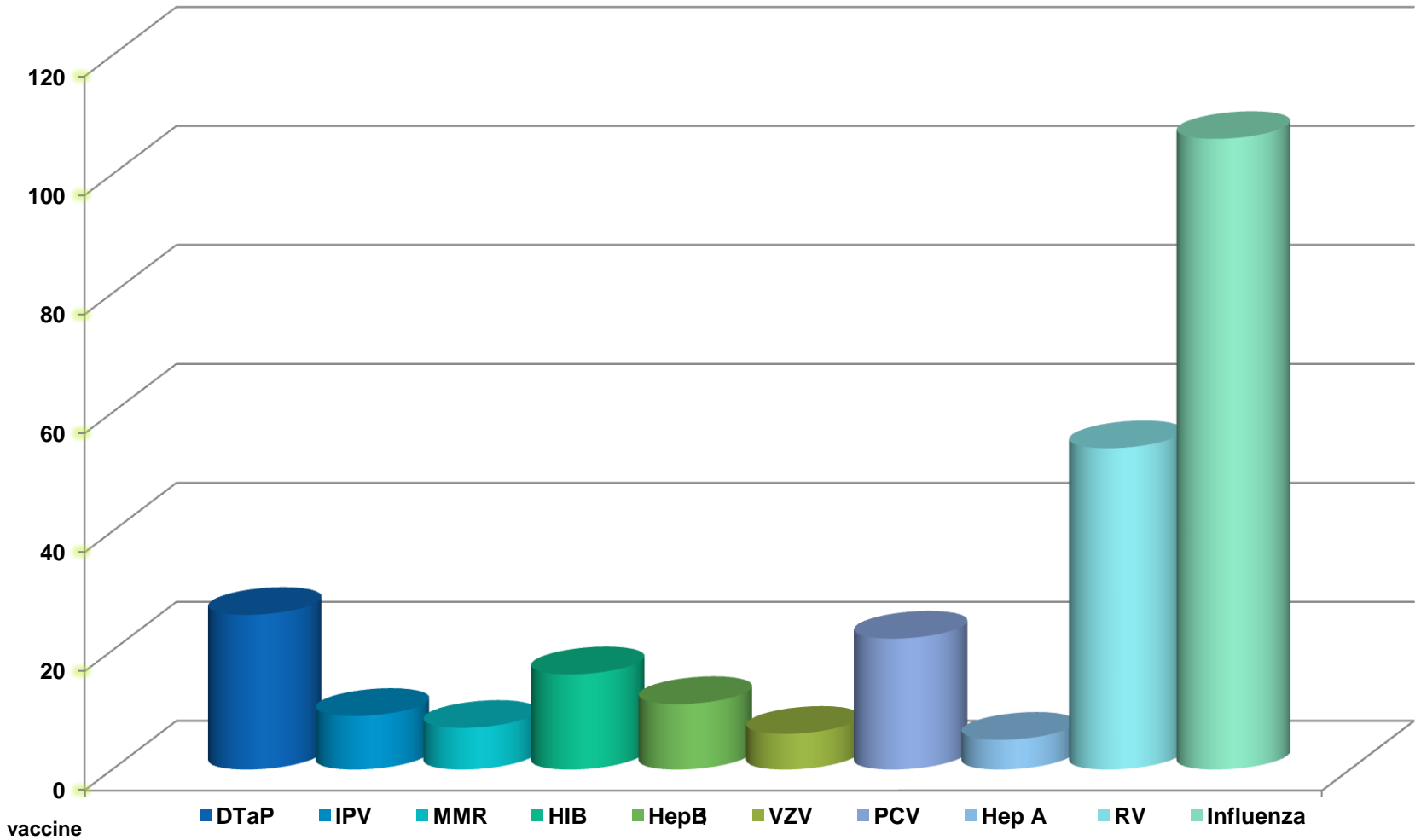
100 UTD by DOB

Percentage missing per vaccine - What vaccine was missed most frequently?



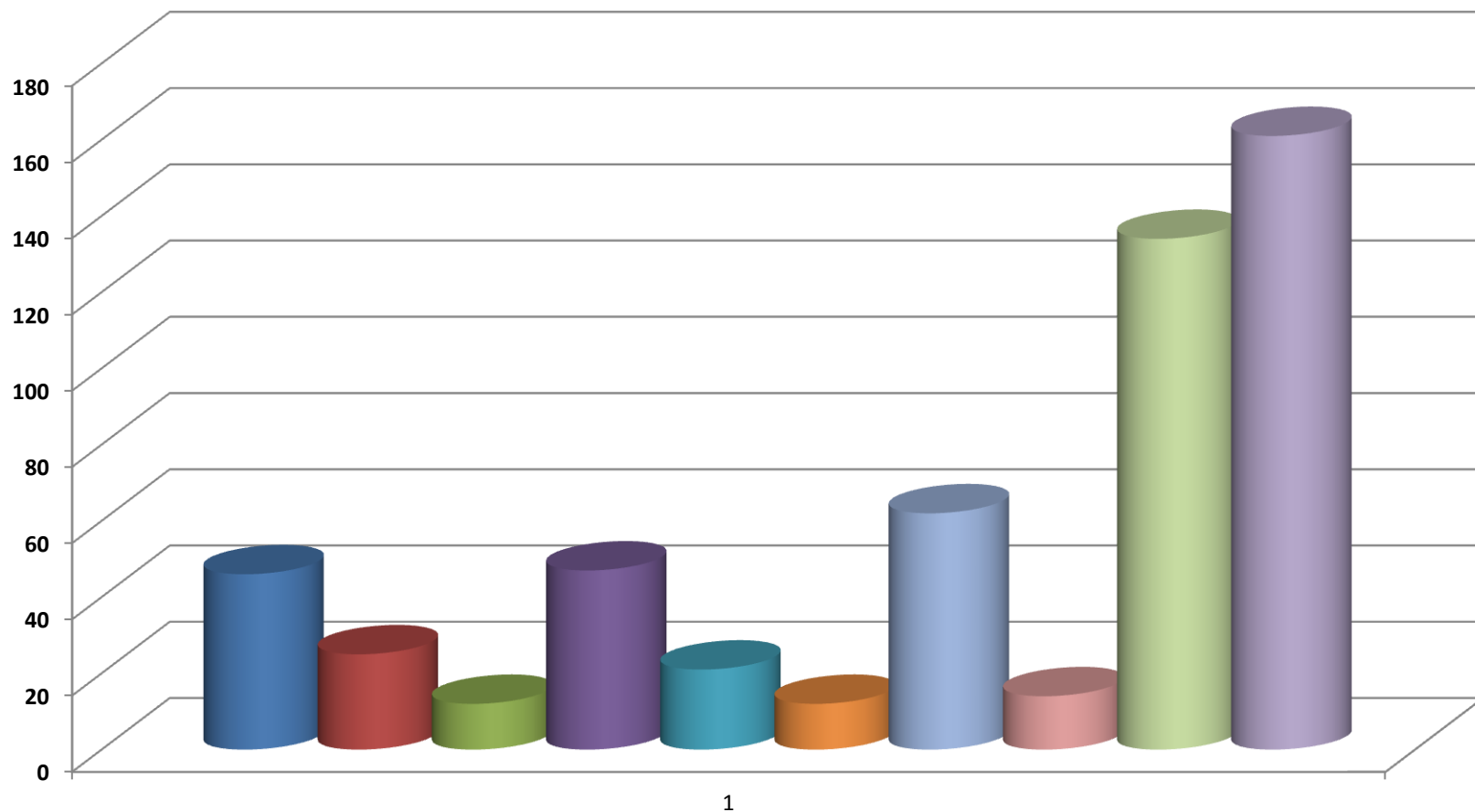
FQHC – mid-size

of missing doses



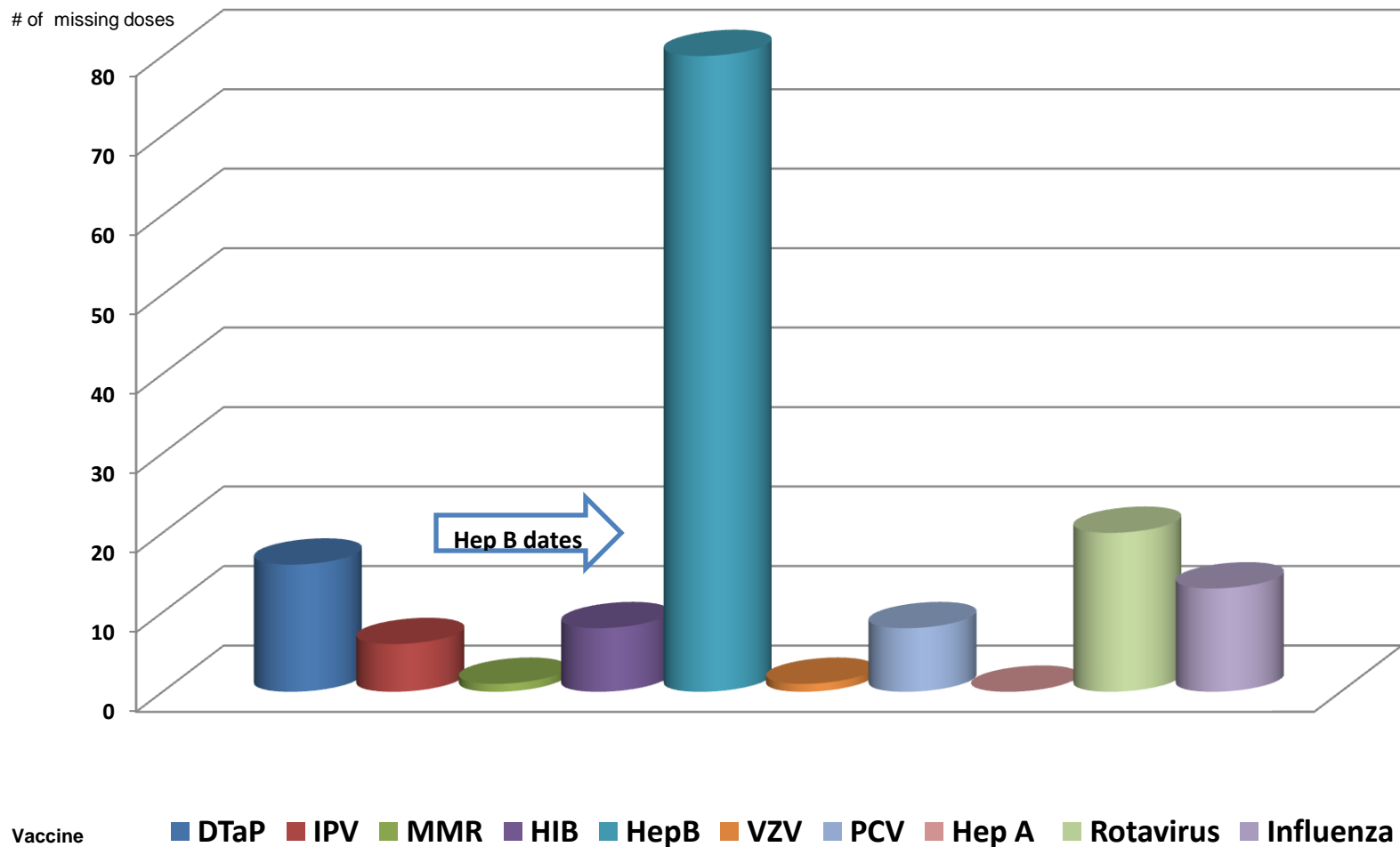
FQHC – largest site

of missing doses

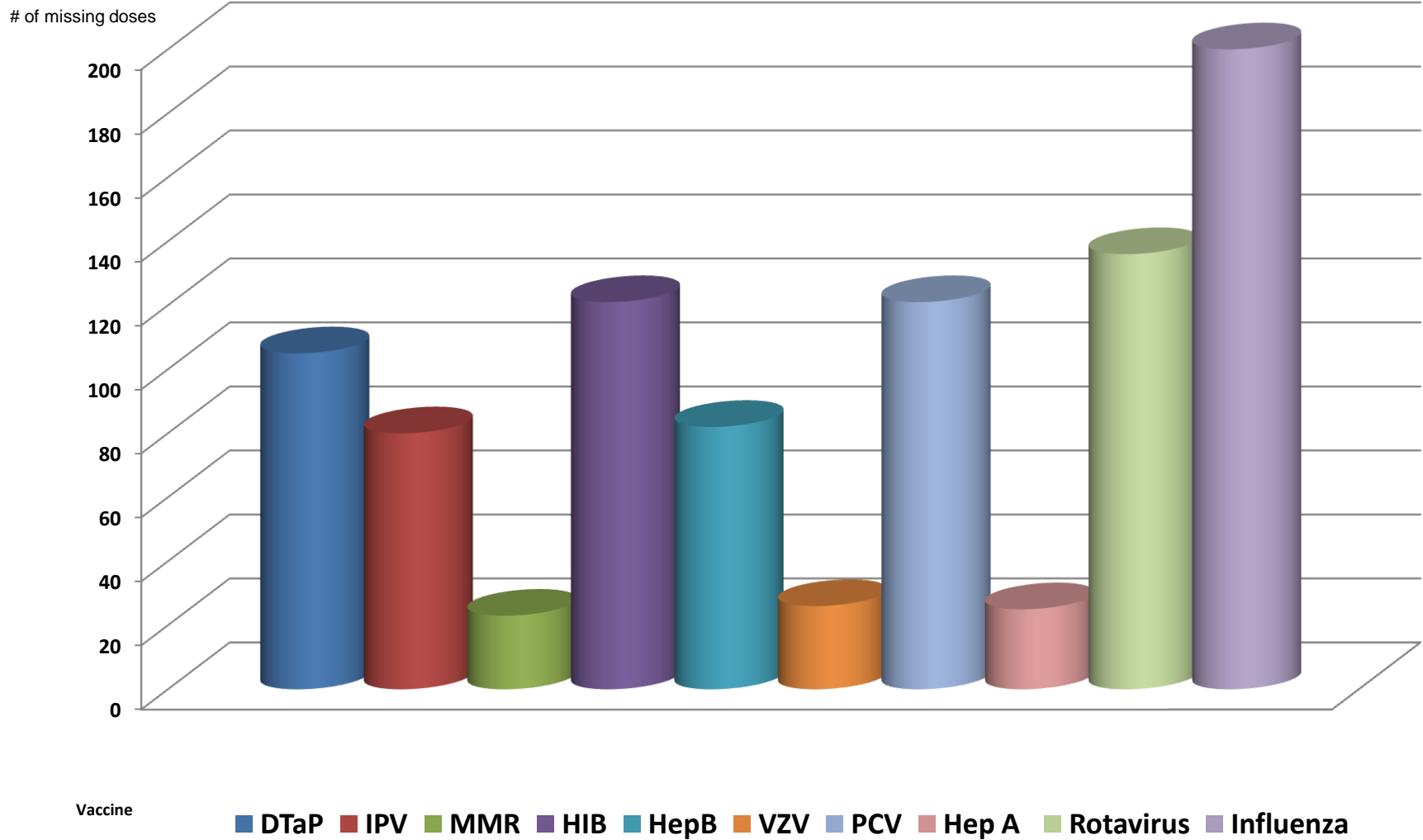


Vaccine ■ DTaP ■ IPV ■ MMR ■ HIB ■ HepB ■ VZV ■ PCV ■ Hep A ■ RV ■ Influenza

Hep B issue – entering history



Data entry issue?



What did we learn?

- Site information
 - ✓ Site size does not dictate if immunizations are UTD
 - ✓ Small size doesn't mean increased focus on immunizations
 - ✓ Site practice type/focus is not an indicator if immunizations UTD
 - ✓ Pediatric only site may not be better than FP/Ped sites
 - ✓ Sites have difficulty with immunization history in the EMR
 - ✓ Some sites don't allow immunization history to be entered
- All sites believe they do everything to get everyone immunized per AFIX discussions
 - ✓ Sites are not focused on the patients they don't see regularly
 - ✓ If the parent doesn't make an appointment as they leave, it doesn't get tracked
 - ✓ Some sites don't book any further out than 6 months
 - ✓ Some don't make an appointment as they leave or when cancelled
- Each site had a different approach to immunizations so they had to be analyzed individually to determine what approach to use to improve the immunization rate for their office

What did we learn, continued

- EMRs can really impact immunization rates
 - ✓ Depends on how they are utilized by the site
- EMR data can help (data accountability increases rates)
 - Immunization record set-up makes a difference
 - What sort do they utilize if in a table format? (example next slide)
 - Record appearance – Word or table format?
 - Flags or alerts can help if available (and utilized)
- Documentation is an issue with providers
 - ✓ Hep B history or other provider historical information
 - ✓ Documenting if 2-dose or 3-dose series for rotavirus
- Not every source of data available is being utilized by providers
 - ✓ Member list
 - ✓ New member list (Initial Health Assessment – IHA)
 - ✓ CAIR documentation of patients who require IZs or behind on IZs
 - ✓ Most sites don't know about these important lists or how to access them

Example of axis change

Sort by date			
3/9/2014	DTaP	IPV	HIB
9/13/14	Hep A		
10/21/14	DTaP	IPV	PCV
1/10/15	DTaP	IPV	HIB

Sort by vaccine	DTaP	IPV	Hep A	HIB
	3/9/14	3/9/14		3/9/14
			9/13/15	
	10/21/14	10/21/14		
	1/10/15	1/10/15		1/10/15

Unexpected benefits

- Information on possible improvements to be shared
 - ✓ CDPH staff given opportunities to focus on Quality Improvement during their provider visits
 - ✓ Anthem staff given opportunities to focus on facility site reviews as well as provider visits
- Sites like to talk about their practice during free lunch
 - ✓ Share information on community resources
 - ✓ CAIR 2 updates
- Opportunities to train and answer questions while on-site
 - ✓ Refrigerator checks with discussion on DDLs and Storage and Handling
 - ✓ We found syringes prefilled at one location
 - ✓ Reviewed documentation requirements
 - ✓ ACIP recommendations especially with rotavirus

New ideas

- New ideas that were shared with us
 - ✓ Dashboard accountability – MA status on wall
 - ✓ Morning huddle with immunizations listed on status sheet
 - ✓ Dedicated front desk clerk checking immunizations status on patient and siblings at check in for visit
 - Implement front desk training rather than MA training in future
 - ✓ Cell phone text-messaging reminders
 - ✓ Recall Reminder calls 30 minutes after missed appointment

Opportunities and Challenges

- Able to understand more about VFC and Managed Care Plans(MCPs)
 - Increased visits with providers demonstrated our focus on immunizations
 - Able to discuss challenges with offices especially with EMRs
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- Difficult to coordinate visits with everyone
 - Obtaining time with physicians is difficult at times
 - Difficult to running CoCasa reports with CAIR 1 to share with providers

Next Steps

- Immunization records for all Anthem Blue Cross two-year olds in 2017 will be requested in November and December 2017 to be analyzed
 - ✓ Will compare to CAIR2 records at next analysis
 - ✓ Run CoCasa reports for providers using CAIR 2
- Comparison results will be given to the sites in early 2018 to show progress during 2017 compared to 2016 with the initial AFIX visit

Thank you

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