

Critical Vaccines in a Critical Time: *Tools and Tips for Increasing Immunization Rates in Your Community*

Welcome!

- All lines are muted, so please ask your questions in chat
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in the poll that will pop up on the lower righthand side of your screen at the end of the presentation



We will get started shortly!

Libby Massiah, MPA

AIM LEAD, CHRONIC DISEASE

Libby earned her BS in Therapeutic Recreation and Master's in Public Administration. She has worked in mental health and long-term care for a number of years prior to starting her career in public health.

She served as an Immunization Program Consultant for the Georgia Immunization Office for 11 years, working in the field with health care providers through education; VFC quality assurance activities and training on the Georgia immunization information system (GRITS.)

She joined Alliant Quality as the Immunization Task Lead in 2015 and began intensive Quality Improvement work, focusing on improving care for Medicare beneficiaries. In this role, she has lead the effort to improve the immunization rates for seniors in Georgia. Her role was expanded to include the initiative for cardiac improvement (Million Hearts) in Georgia and North Carolina. She is a LEAN/Six Sigma green belt and has completed Leadership in Organizing and Action courses.

Libby enjoys sharing in her grandchildren's activities and spending time with her children. She and her children enjoy completing escape rooms. She enjoys renovating homes; reading; playing pool and poker, developing smart home systems; volunteering; working on her property and taking day trips.

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Objectives

- Learn Today:
 - Hear from a beneficiary about the concerns that affected her decision to get vaccinated and how what she shares can help us encourage those who are reluctant.
 - Learn how a community came together to improve their vaccination rates and gather some ideas for your community.
- Use Tomorrow:
 - Express why vaccines are more important now than ever.

Target Group – Seniors (Over 65)

- Immunizations are needed at every stage of life.
- Seniors are more likely to be hospitalized or die from a vaccine preventable disease.



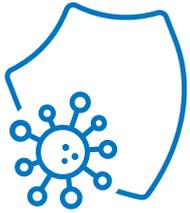
- *Immunization rates have fallen during the public health emergency. This means our most vulnerable population is not prepared for the potential of multiple respiratory illnesses.*

Immunizations and Covid-19

- Immunization rates have dropped during the public health emergency. Estimated decrease of 45%.
- COVID has heightened awareness of need for preventative vaccines- especially and pneumonia.
- A COVID/Influenza/Pneumonia collision offers potential for disaster. Individuals with chronic conditions are more at risk for severe results from each of these diseases.
- A COVID vaccine won't be the immediate solution but being prepared to offer it will be important.

Climbing Over the Fence-

A Beneficiary Story Of Overcoming Vaccine Hesitancy



Rhonda is sharing her story of being concerned about the flu vaccine making her sick or hurting her and how COVID helped her reconsider and choose to be vaccinated.

Rhonda Allenson, BSN, RN

BENEFICIARY AND FAMILY ADVISOR COUNCIL MEMBER



As a registered nurse for 30 plus years, Rhonda's professional expertise includes healthcare quality, utilization, coordination of care, and patient advocacy. She has worked in various leadership positions within acute care settings, community services, insurance industry, regulatory compliance, consulting, education, and advocacy. Currently she is a Senior Certified Volunteer with the Capitol Long Term Care Ombudsman Program.

Her personal experience as a patient and caregiver combined with professional knowledge, experience, and empathy have fueled Rhonda's passion to advocate on behalf of the aging population in the community and long-term care settings. She is dedicated to promoting patient centered care and services that support best practice to enhance wellness, dignity, and quality of life.

Rhonda enjoys crafting wreaths, diaper cakes, and center pieces.

"Treat people the way you want to be treated."

Contact:
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Immunization: A Personal Story

- About Me
 - Flu shot
 - Contributing history
 - Flu illness
 - Cure vs disease
 - Promote immunization
- Barriers
 - Fear (e.g. pain, illness)
 - Efficacy
 - Ingredients
 - Trust
 - Hearsay
 - Pain
- Plan
 - Address concerns
 - Mental Preparation
 - Just “DO IT”
- Outcome
 - Flu shot
 - Fears Realized



Addressing Concerns

There are varying levels of vaccine acceptance

1. Those who seek out immunizations
2. Those who easily accept recommendations.
3. Those who are uncertain or “on the fence” but will be vaccinated with a firm recommendation and opportunity to be vaccinated by a trusted provider.
4. Those who are hesitant but will, eventually be immunized.
5. Those who refuse.
6. Those who refuse and object. Loudly. (Anti-vaxxers)

Coalitions Can...

- ***Work with various groups within their community- providers; consumers; faith-based; health and fitness; business and other organizations to rally around getting all immunized.***
- Share immunizer locations and encourage community members to get vaccinated.
- Encourage all immunizing partners to assess all immunizations every time and make a firm recommendation to get vaccinated at that visit.
- Challenge immunizing partners to give
- Encourage all non-immunizing partners to assess and refer to a nearby immunizing partner for immediate vaccine- send patient right over.
- Encourage all to keep immunization catch-up and improvement at top of mind.
- Share the method that we protect most to protect the most vulnerable few; reduce heart attacks; keep babies healthy and other messaging the will resonate in the specific community.

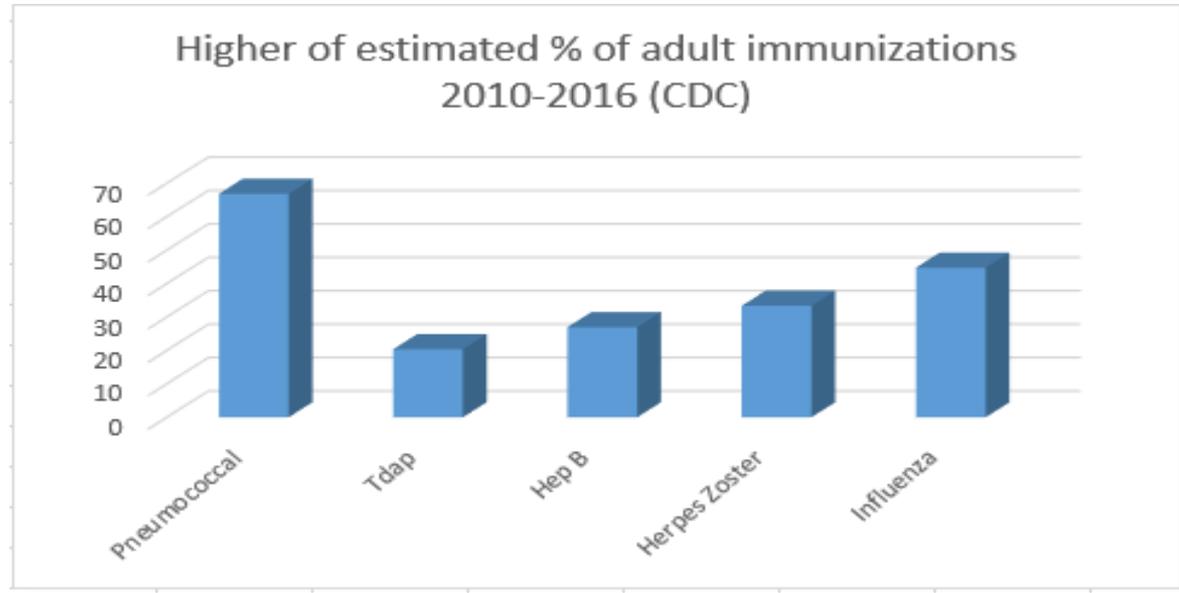
Which Immunizations Do Seniors Need? Is there a COVID connection?

- Flu- Creates serious illness, especially in seniors. Frequently, other diseases are experienced secondary to influenza, especially pneumonia. Severe outcomes, including death, especially for those with chronic conditions or other outcomes, occur. Collision with COVID could be severe.
- Pneumococcal- Can be acquired in hospital and when other illnesses or immunocompromising conditions (age, chronic conditions) are present. Is sometimes the cause of meningitis in healthy individuals. Collision with influenza is bad. It would be as bad as collision with COVID or COVID and flu.
- Tdap- Tdap is one of the tetanus combo vaccines. It contains vaccine for Pertussis (Whooping Cough.) Everyone over 11 needs at least one. Whooping Cough is a respiratory illness. It too would be a nasty mix with flu, pneumonia or COVID.
- Hepatitis B- Individuals with diabetes and other chronic or high-risk conditions are recommended to have this.
- Shingles- This painful infection tends to occur when a person is immunocompromised. Chronic conditions or other illnesses and age increase the risk.

Trends in Adult Immunizations in the U.S. 2010-2016

Data based on following ages:

- Pneumococcal- one dose to individuals over 65.
- Tdap- adults over 65.
- Hep B- individuals over 19.
- Herpes Zoster (Shingles)- individuals over 60.
- Influenza- individuals over 19.



COVID-19 & Flu Season: *Potential for Collision*

- Older individuals, especially those with chronic conditions are more likely to suffer more severe effects of either COVID or the flu. It is possible to get both at once (coinfection or multiple infections.)
- Many are likely to be behind on disease maintenance and needed immunizations.
- Vaccines can help take influenza (and pneumonia) out of the equation.
- The CDC has prepared several items to utilize in finding and giving vaccines during COVID-19. Take a look at their Flu FAQs.
- <https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.html>

The Tale of a Small, Rural Success...

- Stewart County, GA is rural, with approximately 700 Medicare beneficiaries and the influenza and pneumonia immunization rates fall well below the state average.
- Alliant Quality collaborated with stakeholders in Stewart County on developing a plan to improve their influenza and pneumococcal immunization rates.
- A group was formed to focus on vaccinations rates and other local health concerns. The committee included three of the seven health providers in the county: the health department nurse; an in-dependent pharmacist; the FQHC nurse practitioner and the Family Connections Coordinator.

Adams Family Cares for Patients in Rural Georgia

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Karen Berger, PharmD

Meet Nikki Adams Bryant: Rural Georgia Pharmacist, Pharmacy and Clinic Owner

Third-generation business owner Nikki Bryant, PharmD, owns Adams Family Pharmacy in Preston, Adams Family Pharmacy, Too in Cuthbert, and a rural primary care clinic, Preston Family Medicine, all based in Georgia.

A graduate of Mercer University College of Pharmacy in Atlanta, Georgia, she opened her first pharmacy in 2014. "I recognized a need in my community for a pharmacy," Bryant said. At the time, she was working for a large chain and traveling 30 miles each way to and from work.

Like many chain pharmacists, "I always gave my very best, and it never seemed to be enough. My store's growth and sales were always in the top percentages for my district, but I was never exempt from calls on improvement and giving more. Exhausted from never measuring up, I decided to invest my all into my community," Bryant said.

Her father owned a grocery store in Preston that had been there for 35 years. "We added a pharmacy and began to provide pharmacy services to a community that had gone without them for over 60 years," she said.

Webster County was one of 9 in Georgia without a provider. Partnering with her high school classmate Brent Hixon, Bryant opened Adams Family Pharmacy, Too, followed by Preston Family Medicine, a primary care health clinic. The clinic also offers telehealth services to patients who have had kidney transplants and plans to expand this service to neurology, pediatrics, and psychiatry.



We Kept it Simple and Succeeded

Some of the activities/efforts included:

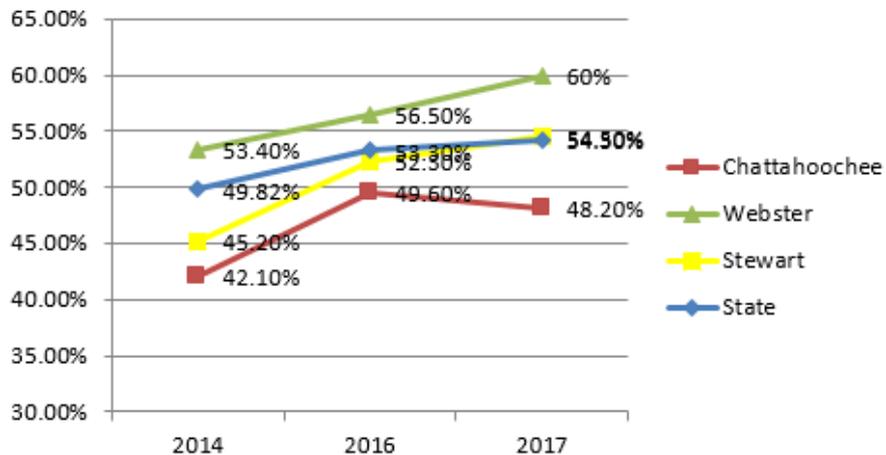
- **Goal setting meetings**, partner identification and planning sessions. Meetings were held in-person monthly for three months and by phone afterwards. Frequent communications via text and phone calls as needed.
- **Individual/Technical assistance with PDSA cycles to pharmacists and nurse practitioners**. The focus was improving immunization practices, patient assessments and use of the Immunization Information System
- **Working with Family Connections partners**, planning and participating in a health/resource fair.
- **Announcements** in local paper.
- **Social media** to promote events.
- **Increased referrals to one another.**

Some of the ancillary successes reported included:

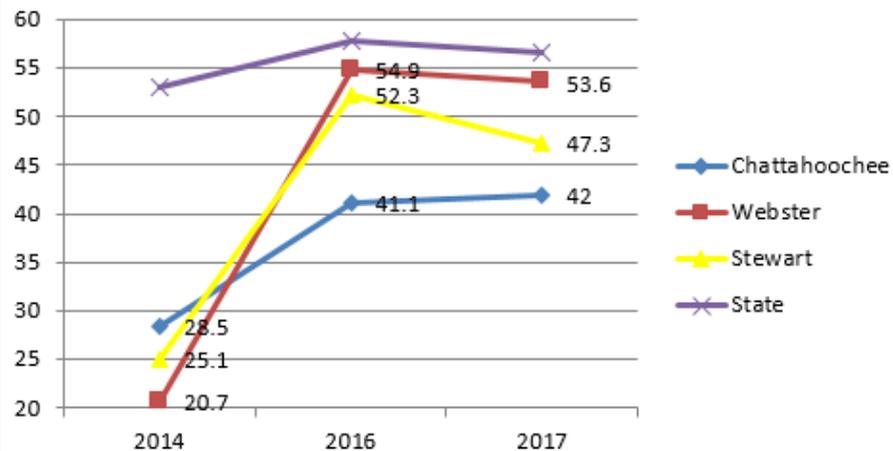
- A provider that was unable to participate started providing some immunizations and referring for others.
- A provider who declined initially asked to be included on information being sharing and improved their immunization services.
- Team members stated a better understanding of abilities and limitations, based on insurance, special programs, etc.
- The health department nurse manager reported a feeling of shared concern and effort “There is a “we” instead of just “me.””
- Two adjacent counties, primarily served by the same providers, demonstrated increased rates.

Results...

Pilot- Influenza rates

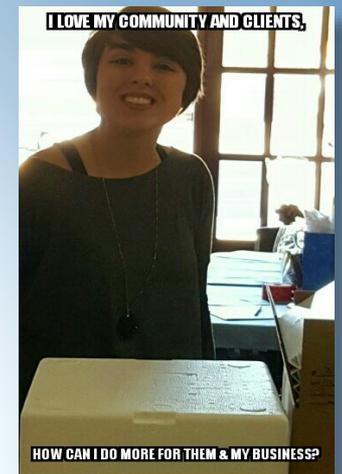


Pilot- Pneumococcal





Suzanne Stark, FNP
Stewart Webster
Rural Health Clinic



Nikki Bryant, Pharmacist/Owner,
Adams Family Pharmacy



Edwin Turner,
Director, Family
Connections

Stewart Health Resource Committee

Teresa Thomas, County
Nurse Mgr., Stewart and
Chattahoochee
Counties



What Can Your Coalition Do?

- *Identify a shared vision or goal. (Consider Medicare data or number of doses given by participating providers compared to last year.)*
- *Identify immunizers and seek partnership and sharing. Share the vision.*
- *Assure all immunizers are working toward excellence and best practices. Improving individual practices improves progress for all. **All join the state immunization registry.***
- *Share with one another challenges, insurance issues, free or reduced programs. Refer to each other when needed.*
- *Recommend all immunizations to every patient, every contact. Vaccinate or refer.*
- *15 minute check in once a week to identify and mitigate challenges like vaccine shortages. Discuss one other challenge and make a brief plan to mitigate- pharmacists and health departments provide in-home immunizations; coordinate small drive up clinics in rural area; TAKE vaccines to health fairs or grocery stores or places people will be.*
- *Share cell phone numbers or other ways to communicate.*
- *Monitor individual and county/area data.*
- *This is a community goal that all can find a way to help reach.*

What Should Immunization Providers Consider Doing Right Now?

- Assure that they are registered with, trained on and using your state immunization registry. (Bonus, it will help identify patients who need specific vaccines.)
- Assure that they have all vaccines needed (or a great nearby partner) to be able to give all needed at one time.
- Assess each patient at every opportunity and give a firm recommendation for receiving vaccines. Then give them all that are needed.
- Create a workflow that allows for COVID-19 precautions and efficient/effective immunization services.
- Call in patients who need immunizations or check ups.
- Contact their state immunization office and get all the information needed, if they plan on providing COVID vaccines when they are distributed.

Immunization Registries

- Most states have one.
- It is a great system for reviewing patient immunization history, documenting immunizations and maintaining vaccine ordering/usage.
- Many states have legislation requiring use by immunizers.
- Can help track goals/data.
- **May be required during COVID roll out, based on similar historical immunization distributions.**

BUT... What About COVID-19???

- At the time of this presentation development, COVID-19 vaccines are in a unique development/testing/approval process called “warp speed.”
- The vaccine could be licensed for and being distributed as early as November. Or maybe early in 2021. Stay tuned.
- The CDCs Advisory Council on Immunization Practices has made some recommendations for initial distribution.
- Long Term Care Facilities and providers who expect to be able to give the vaccines should be in contact with their state immunization office.
- The vaccines in development will have two-dose series; NOT be interchangeable and may have very special storage and handling requirements.

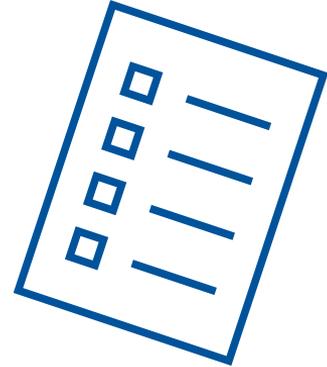
Nobody Knows for Sure... But...

- During the CDC's Advisory Committee on Immunization Practices, a five-tier plan was suggested. States are currently instructed to prepare for receipt and distribution of COVID vaccines to an initial set of the population.
Initial distribution groups: Health care professional, essential works, national security and Long-Term Care Facilities (staff and residents.)
- Based on the H1N1 vaccine distribution in 2009, it is easily assumed that the state immunization offices will manage and administer the distribution of COVID vaccines in each state.
- Long Term Care vaccinators and other immunizers should be in discussion with their state immunization offices now.
- Historically, utilization of the state's immunization registry was required for ordering/reporting usage of vaccines in similar situations.

What is Your Plan?

- Place two activities in chat that your coalition or practice will implement within the next two weeks:

- 1.
- 2.



Vaccination Resources

- Your state immunization program office.
 - <https://www.cdc.gov/vaccines/imz-managers/awardee-imz-websites.html>
(CDC Listing of all state immunization office websites)
- State Immunization Information System (registry)
 - <https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html>
(CDC listing of all immunization registries)
- Alliant Quality Resource links page
 - www.alliantquality.org
- CDC Flu Vax View
 - <http://www.cdc.gov/flu/fluview/index.html>
- Immunization Action Coalition/Ask the Experts
 - www.immunize.org

We have pasted several resources in chat. Copy/paste and save to a word document for future reference.

Contact Information:

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Aim Lead, Chronic Disease

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CMS 12th SOW Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

Making Health Care Better *Together*



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Carolina and Tennessee
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Program Directors

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Tennessee 211	Georgia 261
Alabama 132	Florida 246
Louisiana 197	

<https://www.alliantquality.org/news/space-agreement/>

The Southern Partners Action Collaborative for Excellence (SPACE) is a cooperative project between Alliant Quality and nursing homes. As a SPACE participant, your facility agrees to participate with Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), which is the Medicare QIO for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee and their partners.



Upcoming Events

Nursing Homes

Tuesdays, 2pm ET/1pm CT

Community Coalitions

Thursdays, 12:30 pm ET/11:30am CT

November 17 th , 2020: Prevention/Management of C diff	November 19 th , 2020: How Medication Reconciliation can Reduce Hospital Utilization and Readmissions
December 15 th ,2020: Preventing Healthcare Acquired Infections	December 17 th , 2020: Gear up for the New Year! Positioning your Organization to Gather, Track, and Use Data in 2021
January 2020: TBD	January 2020: TBD

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