

# IIS & Immunization Best Practice Quality Improvement Project in Southeast Michigan

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# Partnering for Immunizations Project (PIP) Partners

- Southeastern Michigan Health Association (SEMHA)
- Michigan Care Improvement Registry (MCIR)
- Michigan Association for Local Public Health (MALPH)
- Local & State Health Departments

# PIP Project Focus

- Adapted from earlier MCIR pilot in Detroit
- Targeted pediatric & adolescent physician practices
- Quality improvement model - Plan-Do-Study-Act (P-D-S-A)
- Emphasized increasing up-to-date ACIP-recommended vaccines



# PIP Project Focus

- Targeted age groups
  - Children (19-35 mos)
  - Adolescents (13-17 yrs)
- Provider Report Card
  - Baseline, 3-month & 6 month data checks
- Personalized, practice-specific intervention(s)
  - Evidence-based strategies & Promising practices
  - Antigen-specific or Age-specific

# Project Process

- Project Director
  - Develop intervention and apply to become ABP MOC sponsor
  - Create materials for provider participation
  - Guide quality improvement activities with practices
  - Assist with provider report cards
  - Monitor data
  - Certify MOC credits upon completion

# Project Process

- MCIR Staff
  - Identify practices
  - Targeted site data clean-up
  - Prepare provider report cards & participate in visits
  - Run 2 targeted recalls between visits
  - Train practice staff in MCIR
  - Compile returned recall letter data for updates



# Project Process

- Provider Site
  - Physician and staff attend baseline, 3 and 6 mos. visits
  - Letter of intent
  - Identify targeted strategy or strategies
  - Monthly team huddles
  - 2 progress reports
  - Assist with patient updates after recalls
  - MOC attestation

# Practice-Specific Interventions

- Patient reminder system
- Missed appt/no show follow-up
- Scripts for providers/staff
- Scheduling future appts at first visit
- Immunization integration into non-well visits
- Data clean-up
- Assessment ages



# Provider Report Card

**Macomb County Provider Immunization Report Card**

**Dr ABC**  
MCIR ID: XXXXXXXXXX

Individual site data from the Michigan Care Improvement Registry Data current as of: 3/22/2018

Doses Reported and Patient Population in MCIR			
	County Rank	# of Patients	rank chg. from baseline
Children 19-36months	7th / 45	433 (+11)	+3
Adolescents 13-18 years	45th / 150	1807(+60)	+11

Coverage Comparison	
Child:	75%
(43133142 coverage %)	
Adolescent:	46%
(1323213 coverage %)	

**Percent Coverage by Vaccine/Series**

	Site Coverage (%)	MI Coverage (%)	US Average (%)	HP 2020 Goal (%)	HEDIS Measure
<b>Child Vaccinations (19 through 35 months of age)</b>	<b>MCIR (Aug '17)</b>	<b>2015 NIS</b>			
4313314 Coverage*	88%	75.5%	72.2%	80%	✓
43133142 Coverage*	75%	56.1%			
1+ Hep A	93%				
2+ Hep A	79%	57.9%	59.6%	85%	
4+ DTaP	94%	78.9%	84.6%	90%	✓
3+ DTaP	96%	N/A			✓
4+ PCV	97%	84.9%	84.1%	90%	✓
<b>Adolescent Vaccinations (13 through 17 years of age)</b>		<b>2015 NIS Teen</b>			
132321 Coverage**	91%	75.6%			
132321 (UTD) Coverage**	40%	36%			
1+ Tdap	93%	79.8%	86.4%	80%††	✓
1+ MCV4	93%	79.9%	81.3%	80%††	✓
HPV 1+	54%	32.1%	41.9%	80%††	✓
Complete Series HPV	46%	N/A	28.1%		✓
	Site Coverage (%)	Site Coverage (%)	Site Coverage (%)	% Change from baseline	
4313314 Coverage*	88%	88%		2%	
43133142 Coverage*	74%	75%		1%	
2+ Hep A	77%	79%		2%	
132321 Coverage**	90%	91%		1%	
132321 (UTD) Coverage**	40%	46%		6%	
HPV 1+	52%	54%		2%	
Complete Series HPV	46%	46%		no change	

\* 4313314(2): 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, 4 PCV, (2 HepA)  
 \*\* 132321(2-3): 1 Tdap, 3 Polio, 2 MMR, 3 HepB, 2 Varicella, 1 MCV4, (2-3 HPV)  
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**MCIR** MICHIGAN CARE IMPROVEMENT REGISTRY

Partnering for Immunizations

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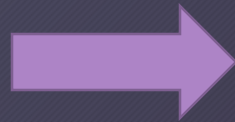
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# Lessons Learned

- 5-10 sites per jurisdiction is enough
- Non-VFC practices need more attention
- Easy access to data drives buy-in & ownership
- Face-to-face visits preferred
- Communication with community partners



# Project Challenges

- Provider buy-in is a *MUST* for success
- Local & state provider messages should be consistent
- Report cards and recall are time intensive
- Providers seem shocked with their low rates
- Competing messages from payers

# Project Findings

- Assessment flexibility for some antigens
- Scheduling and follow-up is extremely impactful
- Scripts work
- Immunize at med checks, sick visits, etc.
- MOCs are a great incentive for most pediatricians

Preliminary Results: % Change from Baseline	Site	4313314	43133142	2+HepA	132321	1323213	HPV1+	HPV UTD
	1	-5%	7%	10%	-15%	-5%	No chg	2%
	2	6%	14%	15%	-7%	3%	1%	7%
	3	3%	-1%	1%	No chg	1%	No chg	1%
	4	-4%	2%	1%	5%	1%	No chg	-1%
	5	11%	18%	22%	6%	7%	6%	7%
	6	-5%	2%	5%	13%	15%	14%	15%
	7	-2%	-4%	-4%	8%	5%	-1%	-3%
	8	3%	6%	7%	5%	11%	7%	5%
	9	2%	4%	5%	No chg	8%	5%	13%
	10	-1%	2%	12%	4%	11%	4%	10%
	11	2%	4%	5%	No chg	8%	5%	13%
	12	-1%	2%	12%	4%	11%	4%	10%
	13	1%	8%	9%	1%	4%	2%	3%
	14	1%	8%	9%	1%	4%	2%	3%
	15	-4%	4%	4%	2%	2%	No chg	2%
	16	8%	14%	13%	17%	12%	20%	22%



# Project Successes

- Higher coverage levels = increased herd immunity
- Sustainable integration of chosen strategies
- AFIX report promotion
- Data quality improvement
- Report cards are motivating
- Participation led to a better understanding of MCIR
- Identified more immunization champions

# Policy Recommendations

- Explore broadening routine ages for HPV vaccine
- Increased interoperability between IIS and other programs
- Allow providers to search for patients with DOB wildcard
- Enhance/expand MCIR training
- Separate compliance & QI activities
- Investigate ways to better align state measures & HEDIS

# Questions?

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- Kris Dupuis, Region 1 MCIR Manager
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