

Improving Adult Influenza Vaccination and Routine Vaccination Services for Adults in Community Health Centers

PURPOSE

To improve delivery of adult influenza and routine vaccination services and to reduce vaccination service disparities among underserved adult populations in health centers.

BACKGROUND

Vaccines are among the most cost-effective clinical preventive services. While significant progress has been made in improving pediatric immunization rates, adult immunizations have received comparatively less attention. Contributing factors include access to vaccine supply, immunization insurance coverage and reimbursement, and policies around reporting and consent. As a result, adult immunization rates in the United States remain well below Healthy People 2020 goals with substantial ethnic and racial disparities. According to the National Foundation for Infectious Diseases, approximately 50,000 adults die each year from vaccine-preventable diseases in the United States.

GOAL

Increase adoption of the widely accepted Standards for Adult Immunization Practice updated yearly by the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention (CDC).

POPULATION OF FOCUS

Adult patients at risk for not receiving timely and appropriate vaccinations, including Latino males engaged in dirty and dangerous jobs, LGBT people, African Americans, and rural populations.

APPROACH

Collaborate with 4 health center controlled networks (HCCN) and their population health management vendors to develop clinical criteria for an algorithm to identify adult patients at risk for not receiving timely and appropriate vaccinations and assist a total of 16 health centers to implement this algorithm into care processes:

- Initial data run to inform goal
- Advisory group meetings to develop an algorithm to identify at risk adult patients
- Write a screening algorithm, clinical decision support, and report dashboard
- Configure reporting systems with algorithm criteria and develop measure specifications to run baseline report
- Build immunization screening algorithm into health centers' clinical systems for population management, pre-visit planning, and decision support to improve detection of high risk patients who would benefit from increased immunizations
- Facilitate vaccine management and accountability and explore strategies to engage high risk and vulnerable adult populations in need of vaccination



TIMELINE | 1/1/2019 – 7/31/2019



FUNDING | CDC



TYPE OF INTERVENTION

HIT-enabled Quality Improvement, Analytics and Reporting

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- Leverage results from the 2018 Vaccination Capacity Inventory of Community, Migrant, and Homeless Health Centers conducted by NACHC and A.T. Still University to drive improvement strategies
- Learning community: monthly web-based check-ins with expert faculty and peer learning
- Quality Improvement Coaching/Practice Facilitation
- Pre/post project and monthly data reporting

MEASURES

- Improvement in vaccination rate of adults who are at risk
- Increase in systems-level, evidence based quality improvement changes

COLLABORATORS

CDC	Project Officer. Financial and technical support.
NACHC	Establish national leadership role around adult immunizations for HCCN and health centers. Project design, support, and management. Consultation and assistance on the adult vaccinations screening algorithm, quality improvement strategies for identifying adults at risk of not getting vaccinations, data reporting, and other relevant content.
Migrant Clinicians Network	National organization working at the intersection of poverty, migration and health. Expert faculty for learning community in English and Spanish on adult immunizations for community health workers engaging migrants and Latino men who do dirty and dangerous jobs.
HCCN	Assist NACHC/population health management vendors by reviewing published adult immunization standards and recommendations, identifying decidable activities, and creating algorithm specifications. Assist health centers in identifying adult patients at risk for not being vaccinated and engaging them in care. Participate in learning community, provide health information technology-specific training, technical assistance, and implementation support to health centers, and report aggregated results from data warehouse.
Health Center	Partner with associated HCCN to identify and engage patients at risk for not receiving timely and appropriate vaccinations. Participate in learning community.