

Improving Pneumococcal Immunization Rates in New Jersey through Collaboration

- **Scope:**
 - New Jersey fourth worst state, with vaccination rate of 64.3% for adults 65 or older who have ever received a pneumococcal vaccine¹
 - New Jersey tenth worst state for influenza and pneumonia deaths¹
- **Purpose:** Increase pneumococcal immunization rates by addressing barriers and enhancing communication and collaboration.
- **Objectives:**
 - Increase adult pneumococcal immunizations by approximately 5% by implementing practice protocols to identify, address and overcome physician and patient barriers contributing to low immunization rates;
 - Develop and expand activities across vaccine provider and healthcare settings to foster communication and coordination of adult pneumococcal immunization by creating a patient-centered medical community;
 - Identify and implement interventions to address and overcome financial barriers related to adult pneumococcal vaccinations; and
 - Disseminate educational information via publications, presentations and the development of an online Toolkit containing materials, resources and information to increase pneumococcal immunization rates.



¹ CDC, 2010. *Prevalence and Trends Data: Immunization*

Study Design & Intervention

- Pre-intervention and post-intervention data sets were collected from all practices in the intervention group. This data included the total number of patients and the total number of patients who received a pneumococcal immunization.
- Collaborative and consultative interventional approach using the Institute for Healthcare Improvement (IHI) Breakthrough Series model as the foundation - assists providers in engaging in rapid cycle Quality Improvement within the practice.
- Interventions included data collection, quality improvement plans and change packets, including standing orders and working with a community-based healthcare partner to foster enhanced communications regarding patients' pneumococcal immunization status.

Assessments & Measures

- Quantitative measures compared baseline and remeasurement numbers to determine % change in pneumococcal vaccination rates.
- Qualitative measures used to determine efficacy of physician education and communication tools and impact of community partners.

Quantitative Results

| Intervention Group | | | | | | | |
|--------------------|----------------------------|---|---|----------------------------|---|---|----------|
| | Baseline | | | Remeasurement | | | % Change |
| | # of patients in practices | # of patients with current pneumococcal vaccine | % of patients with current pneumococcal vaccine | # of patients in practices | # of patients with current pneumococcal vaccine | % of patients with current pneumococcal vaccine | |
| Age 19 to <65 | 38,556 | 2,866 | 7.4% | 45,378 | 4,139 | 9.1% | 22.70% |
| Age ≥65 | 12,554 | 5,644 | 45.0% | 16,391 | 9,030 | 55.1% | 22.50% |

Qualitative Results

- Most **participants**, compared to just over half of nonparticipants, have communicated with other local healthcare providers to coordinate care regarding pneumococcal vaccinations.
- **Participants** are significantly more likely than nonparticipants to have reviewed practice data regarding pneumococcal vaccinations in the past three months.
- **Participants** are significantly less likely than nonparticipants to find lack of reimbursement, lack of standing orders, lack of educational materials, and lack of staff knowledge to be barriers to care.
- **Participants** are significantly less likely than nonparticipants to find patient financial issues or lack of access to be barriers to care.
- To counter barriers, **participants** regularly monitor their patient system/records, and make changes as needed; and are proactively identifying patients who need vaccinations, identifying an internal immunization champion, and placing increased emphasis on physician/patient communication regarding importance of vaccinations.