Strategies to Improve Adult Immunization Rates and Billing Webinar Transcript

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Hi everyone, good afternoon and welcome. Thank you for joining us for our final session in the immunizations and long-term care facilities four-part series. Today's topic is strategies to improve adult immunization rates as well as billing. And we are gonna jump right into things but just a few housekeeping issues for those of you who joined us for previous calls.

Housekeeping is the same. So, if you have a question, please utilize the Q and A box to ask your question. You can find access to the Q and A box in the lower right-hand corner of your screen. There are three dots next to the chat option called an ellipses, so three dots together. If you click on that, it'll open a menu to additional options where you will. Then be able to access the question-and-answer box. All websites and URLs presented emails included will be shared in the chat (Immunizations in Long-term Care Facilities (www.health.state.mn.us/people/immunize/hcp/ltc.html)). And at the end of the call, a survey link will be provided as well in the chat, participate in a serve quick survey, five questions, and then you will receive one continuing education unit for today's session. As per all the others, today's session is being recorded and the recording and transcript will be available on our immunizations and long-term care facilities website. I am also plopping that in the chat. The first three sessions are currently available on the site for viewing. you can view the recording, you can access. The survey as well as the CEU. just another side note as always, our slides will not be shared, but you will have access to the recording and the transcript with the clickable links included. Today's agenda, we're gonna talk about strategies to improve adult immunization rates. Then we're gonna talk about billing and. And again, at the end we will have a quick Q and A session. But without further ado, I want to expect your time, we're gonna get started with improving adult immunization rates in a PALTC facility type or I'm sorry I'm probably saying that wrong, Heather. our speaker today is Heather Roney and I'm gonna let her introduce herself.

Great, thank you everybody. I'm happy to be here with you today to share some information about the Moving Needles project that I'm part of it. And I am the project manager for Movie Needles, which is a CDC funded project through the American medical Directors Association. So. This project came about as a result of widespread findings that show immunization rates amongst staff and residents in post-acute and long-term care. That's the PALTC and yes, you got it perfectly right, but immunization rates in those settings remain well below the CDC and the Healthy People 2020 recommendations. So AMDA is pleased to be working with CDC on moving needles, which is a five-year cooperative agreement to improve routine adult vaccination rates across PALTC settings. Next slide please.

So, this provides some details about the program. The goal is to make routine adult immunizations a standard of care for PALTC residents and an expectation for the staff. This includes piloting a quality improvement interventions for both residents and staff in a handful of participating in long term care facilities. the participating facilities will incorporate the standards for adult immunization practice. Those are assessed, recommend, administer, and document vaccinations. A deliverable of the project is the

development of an enduring change package that will be available to all PALTC stakeholders, and the change package will include the tested and finalized quality improvement interventions, data, and analyses gained during the five-year project, and also a library of resources to support implementation. Another deliverable that we've actually just completed and is on our website, I'll be talking about later is a white paper of recommendations on linking data in electronic health records, the EHRs, and various state immunization information systems, the IIS programs. And lastly, we will be delivering a cost benefit analysis of increased immunization rates among these targeted populations, and the goal of this is to demonstrate a direct financial incentive for facilities to increase both staff and resident vaccination rates. So that's a broad overview of our program goals. Can move on to the next slide, please.

And this provides a timeline of the five-year cooperative agreement. We're at approximately the midpoint of the project now. We have completed round one of the pilot. I'll be sharing some results of that shortly and we're halfway through round two. These are the quality improvement initiatives that we've or implementing with a select group of long-term care facilities. Next slide, please.

So round one of the pilot project focused on a total of nine facilities. They were three each in each of three chains. So, a chain would be a larger organization that had, that administer Sorry, that administers multiple facilities or communities. So these were three a total of three assisted living communities and six nursing homes that participated in round one of the project. And you can see the geographic spread of the facilities, they included urban, suburban, and rural locations. And the facilities pilot piloted the implementation of various interventions based on elements of the standards. For adult immunization practices. Those are the four that I mentioned earlier, the earlier, the assess recommended administer, and document. And they did these both for residents and for staff. Next slide please.

The structure of the pilot was, there was dedicated staff at each participating facility who met regularly with AMDA staff, both individually for monthly check ins and as a collective group to receive education and training and to share their successes and challenges. They provided monthly data on their rates for the targeted vaccines. Next slide please.

So, a little bit about these interventions. You can see here where the focus was for round one, the facilities piloted the QI interventions that integrate the four elements of the standards for adult immunization practice into the standard care for their residents. And they also designed and deployed quality improvement interventions that addressed vaccination rates amongst staff. To align with those same standards. And in both cases, offering vaccines on site standardizing operating procedures and addressing concerns were paramount. Next slide please.

So, this shows the initiative focus on five vaccines for residents, and those vaccines were COVID-19, influenza, pneumococcal, Tdap, and shingles. And we included very specific definitions for what fully vaccinated was and the parameters for including residents in our data sets. I'm not gonna go too much into detail here. You're probably familiar with what fully vaccinated is for these vaccines. I do just want to note that the definition of fully vaccinated for COVID-19 has changed for the round two, the pilot that we're in now with the introduction of the new monovalent vaccine this past September. Next slide please.

So, this slide shows the results of tracking eleven months of data from those nine participating facilities. Each color represents one of the five vaccines, not the not the facilities but the vaccines themselves. So,

the steep dip that you'll notice toward the beginning was for September of 2022, when all the facilities had their COVID, and influencer rates reset to zero for the new season. So, you will notice an upward trend for all the facilities, most showed an increase in flu and COVID vaccination rates higher than their state and the national average. Pneumococcal rates also trended upward overall. And we attribute these accomplishments to the improved accessibility of the vaccines. Pneumococcal vaccination rates, which are significantly higher at some sites as much as sixty five percent. they're related to interventions such as reminder recall to identify those who needed to be vaccinated. And we realized less dramatic but still slightly upward trending numbers for T and shingles vaccination rates. These two vaccines were not a major focus for the facilities, but several noted sizeable increases in rates by simply offering the vaccines. Next slide, please.

So, a little bit about what were for increasing rates among residents. Largely implementing standard operating procedures was key. Checking vaccination status and recommendations upon admission and on a regular schedule thereafter was critical. Where possible expanding vaccine availability dates and times, and using the state IIS, that's immunization information systems to verify vaccination status also helped increase rates. Making getting vaccinated a norm and celebrating vaccine status was effective. Incentives also prove popular and effective. Some facilities provided t-shirts to residents at the vaccine clinics. When one started a resident choir, and as we all know that respiratory diseases can spread easily by close contact and singing, being fully vaccinated was a requirement for being in the choir. Choir require members also received a t-shirt, which helped further this sense of community that being vaccinated created. And next slide please.

Alright, so a little bit about the pain points because that's not to say that there were no challenges. You saw some of those. Graph bars didn't go up nearly as much as we would have liked. And many of these were related to billing issues because during a resident's initial Medicare part A stay in a facility vaccines are bundled, and they're not reimbursed at their actual or full rate. So, facilities lose money by providing the vaccines creating an administrative. Disincentive to vaccinate residents during their part A stay. And pharmacies cannot build during this time facilities must do the billing. And when a resident was in a part D vaccine or part D Medicare stay, in cases where pharmacies provide the vaccines but do not administer them, there was lack of clarity on whether facilities can bill for the administration. And the has confirmed that they can bill for administration and we're trying to make facilities aware of this so that they can adjust their processes accordingly and during the public health emergency pharmacies were able to build Medicare and Medicaid on behalf of LTC facilities directly, but now that the public health emergency declaration has ended facilities have to build directly for residents in Part A stay, which is a confusing and time-consuming process. And I'll talk a little bit about billing later in the presentation we have developed a billing guide with some hopefully easy to follow instructions that make a little bit more sense of this. But even aside from billing issues, finding vaccine records was often a challenge for residents as was getting consent from family members for residents who were unable to consent themselves. And next slide please.

So, I'm gonna move on to talking a little bit about vaccine initiatives for staff at PALTC facilities. For staff, the initiative addresses COVID-19 Influenza and hepatitis B vaccines. And just like we did for the PALTC residents, we included very specific definitions for what is fully vaccinated and the parameters for including staff in our data sets. And again, just like for the residents, the definition of fully vaccinated for

COVID-19 is now different for our round two facilities because of the new model vaccine. Next slide please.

Right, this shows the results of eleven months of data on staff from the persist participating facilities, and each color again represents one of the three targeted vaccines, and just like with the resident data, the dip in September twenty two is when all facilities were reset to zero for the new COVID-19 and influenza vaccine and you'll notice a somewhat upper trend for flu less so for COVID-19, and not much at all for hepatitis B So it's clear that vaccination of staff definitely lagged behind that of the residents. I'll talk about that, about some reasons behind that on the next slide.

Thank you. There was definite hesitancy among staff to receive the COVID-19 booster and some of that hesitancy spilled over into other vaccines, including Influenza. And in some cases, incentives improve vaccination rates for staff while in other cases better availability of the vaccines and offering them has been. Later in the project, the quality improvement initiative focused on building trust between staff and administrators aiming for more long-term benefits over time. Facilities tried a variety of incentives to encourage staff vaccination and having funding from the movie Needles project allowed them to be somewhat creative. Some facilities offered food or carnival type activities in conjunction with their vaccine clinics. Some offered gift cards for restaurants, groceries, or gas, and when administrators were in tune to the needs. Of their staff, those were sometimes effective. But interestingly, it was incentives that built the sense of community among the staff that were often the most effective. T-shirts and jackets that promoted and celebrated being vaccinated were very popular. Many staff would see their coworkers and even the facility residents wearing t-shirts or jacket that proclaim their vaccination status and they wanted those for themselves. To some specific examples of incentives that helped create increase rates of COVID and flu vaccination included, first of all, increasing the accessibility of the vaccines, having clinics and incentives for all shifts so that staff didn't have to come in during off hours to receive the vaccine or the incentive. One facility held a barbecue to reward staff for receiving the vaccines and they made sure to have a barbecue also have an additional barbecue at midnight to accommodate the night shift staff. And another example of an effective intervention was having a peer champion who offered the vaccine three or more times. We found that sometimes three was the key number. By the third time of staff member was more likely to agree to receive the vaccine. But at the same time, some facilities found that vaccine fatigue led to more resistance with continued offerings, so it was a balancing act of continuing to offer it to push gently but also knowing when to back away. Three of the nine facilities exceeded the National healthcare Safety Network rate for long term care staff, and almost all exceeded the average for their local areas, which was an interesting but not surprising finding that the staff largely reflect the attitudes about vaccines of their local communities. So that's something to keep in mind that you need to know where, where you're working and what the local situation is when you're talking about staff in a long-term care facility. Next slide please.

So, we found that vaccine fatigues build over from COVID into flu for staff. And even mandates were met with resistance and often failure. Three of the sites in part of our pilot project had a flu mandate and still could not bring their numbers up. And at the same point they could not let staff go because they were short staffed and didn't have the flexibility to do that. As far as hepatitis B, which was the third vaccine that we initiated for the quality improvement project, it was not a focus for most of the facilities. the zeros in compliance for hepatitis B were largely a lack of access to data, and also hepatitis B is a multidose vaccine. So, it would be difficult for a staff to complete the full vaccination process during the

pilot project and just like with the residents, there were many billing issues with staff as vaccines maybe billed as out of network and many staff in long term care facilities are uninsured making it all the more difficult to get vaccinated. And next slide please.

So, a little bit about where we are now. As I mentioned, we completed round one of the project. We launched round two in July of 2023. This time we have four chains participating. Again, each one of those chains has three facilities. So, we've got a total of twelve facilities that we're working with now. They are more geographically diverse and include skilled nursing, assisted living for profit and nonprofit facilities as well. And in the second pilot, we have the advantage of adjusting some of the strategies based on our findings and lessons learned from round one. We're also introducing a traveling nurse model into an additional chain and facilities to deliver an administer vaccines to adults in assisted living facilities, independent living facilities, and continuing care retirement communities. We have the same process as we did in round one with monthly check ins and data reporting. Next slide please.

Move ahead to the next slide is a map that shows some greater geographic diversity. So, you'll see we're in many more parts of the country, and again, in urban world and suburban settings. And next slide.

Alright, so a little bit about what we're repeating from round one and what we're doing differently. We're encouraging facilities to identify peer champions. These are individuals within the facility who are willing to advocate for vaccine acceptance, so these are people who believe in vaccines who are probably vaccinated themselves willing to share their story and their and encourage others in the facility to get vaccinated. Building trust across all levels, we found this was very important and administration administrators are key to this. We're also using CDC share method, which is an acronym, it is share the reasons why an influence of vaccine is right for the patient, highlight positive experiences with vaccines, address patient questions, remind patients the vaccines help protect them and their loved ones and explain the potential costs of getting vaccine. And as always, it never ending, we are countering vaccine misinformation and disinformation constantly. And next slide please. All right. One of our other deliverables is an in-service training model. Both for facility administrators to prevent clear and unbiased information on vaccines safety and efficacy. And we launched a survey last summer and used the results of that survey to design this the in service. The survey indicated that staff really want information about the pros and cons of vaccines and the diseases they prevent. the survey gauged staff attitudes about vaccination and how and from whom they want to receive continuing education that's related to their jobs. Next slide.

So, the survey of frontline staff in long term care and post-acute facilities, we had both an online and a paper survey. It was just the paper survey was distributed at three PALTC facilities in Ohio, Colorado, and Connecticut. There was an online version of the survey that was shared via email to Knocka members. the online and paper versions were available both in English and Spanish. We received two hundred valid responses from the surveys and of those ninety percent were staff who worked in nursing homes. We had another fourteen percent in assisted living, thirteen percent. In home health care and fifteen percent in other long term care settings. And if anybody was doing their math quickly, you would realize those numbers easily add up to over a hundred percent, and that was because a fair number of the respondents worked in more than one facility, or type facility. Next slide please.

So, what we learned from the results of this survey is that particularly on how staff viewed the benefits of vaccination. It showed that staff are motivated to protect themselves and other others from illness.

They feel responsibility for protecting their residents. But unfortunately, if we can move to the next slide, you'll see from these results many staff don't believe in the efficacy of vaccines and they have concerns about vaccine safety. So, they want to protect their, themselves, they want to protect their family members, they want to protect the residents that they work with, they just don't see vaccines as the key to that. And they don't feel that vaccines are as, as necessary. Next slide please.

So, when we surveyed frontline staff about their views specific, their specific views, their answers were a little more nuanced. Half agreed that getting vaccinated was responsible was a responsibility in their, in their work, but nearly as many viewed vaccination as a personal decision that should not impact their work. There were strong feelings about personal choice and about not being subject to vaccine mandates. We found that there was a lot of anger from residents who were forced to be vaccinated during early COVID and didn't want to continue with the vaccine boosters. They do not, and we're very resistant to vaccine mandates. Next slide please.

So, we asked staff to tell us what they want to know. So that we could tailor our training module to provide this information in a neutral and balanced way. And you can see from the side graph who they prefer to get their information from, which includes their own doctors and pharmacists as clear leaders, but they did indicate a fair amount of trust in government agencies and coworkers with medical training, and this was key because we can now have facility administrators and supervisors. As, as part of delivering this continuing education as trusted resources using information that would also be available from their doctor pharmacist or government agencies. Next slide.

We asked the staff how they want to receive training and education, and you'll notice some clear preferences here for the in these graphs. They preferred an in-service in their facility during work hours. By dedicate and they prefer that that training come from a direct supervisor or a facility administrator. So, with this information, we have the train-the-trainer model that is geared toward facility supervisors and administrators to prepare and provide this information. I shouldn't say prepare. We've prepared it for them. They are, they are tasked with providing the information and training to their staff. next slide please.

So, some key takeaways that we heard when planning how to address this need is respondents had a very nuanced view of vaccinations and how they wanted to receive it. They want definitely the pros and cons; they want balanced information, and they want the ability to make the decisions themselves and not be forced. So, with this in mind, we designed the in-service, which I'll talk about. We're ready to move to the next slide, please.

So, the module for staff includes a primer on the value of immunization in long term care settings. It includes information about which vaccines are recommended for staff and residents and the pros and cons of each. The train the trainer module describes the results of the survey that I just went over with you and how that informed the training module. It prepares a facility administrator or supervisor to customize and deliver the training. These modules are finalized and available on our website. If anybody can view them and use them at this time. I encourage you to look at them to use them, and if you're so inclined, we ask you to participate in an evaluation of them. We want to assess their value, their impact, and if necessary to make any changes to them to make them even more effective. So, these are, these are on our website just in the last I would say in the last two weeks they went up live and the, the train

the trainer and there's a downloadable presentation can be given to staff in long-term care facilities. I'd encourage you to look for that. Next slide please.

I mentioned some other deliverables of the project, one is the cost benefit analysis and the goal of this is to understand the cost and revenues associated with immunizing staff and residents in long-term care. This includes skilled nursing, assisted living home and community-based programs. We want to demonstrate the value of vaccination to a facility's bottom line, and the surveys will be going out in the coming months they've been finalized. we will post results of these on our website when they're available. So, I continue by urge you to continue to check our website to look for those when they are ready. We also, and this is already published, and, on our website, we have two documents related to EHR and IIS interoperability. These, the first is a mapping document that identifies elements needed to ensure transfer of data between EHRs and IIS. We found this is a major obstacle in increasing vaccination rates is not knowing or being able to access information about what vaccines residents already have and what they need. The second document is a white paper with consensus recommendations on how to address the challenges related to implementing this interoperability. And this was based on AMDA interviews with both EHR vendors and IIS systems administrators. They're on our website and available for you to look at any time. Next slide please.

Alright, our billing guide, this is also brand new, and, on our website, we developed this to assist post-acute and long-term care facilities in determining how to code and to bill for resident vaccines based on Medicare A or B status of the residents. You can't see it very clearly here, but it is on our website and there is a flow chart which you can probably see the parameters of but not read all that clearly, a flow chart of pathways for billing. So, we encourage you to use this and hope that you find it useful. Next slide.

Alright, that brings me to the end of this presentation. thank you for listening. I encourage you to learn more about the project and our strategies for success by subscribing to our quarterly newsletter, you can just send an email to the address listed here to be added to the distribution list. And again, please check our website regularly as we have posted a lot very recently, some of the deliverables that I talked about, and there is more to come. I'm happy to answer any questions if anything's come up or right now or if you want to, my name and email address are on this slide and feel free to contact me (hroney@paltc.org). Thank you.

We do have a couple of questions, so one is you mentioned building trust with staff and addressing concerns of residents. Were there any specific approaches or techniques that were utilized or was that up to the administration to determine?

We did. With our pilot facilities that we were using, we did incorporate some elements of there's a building trust, I believe it's on the AMDA website. A couple of webinars about it. And we did incorporate those into some of our group calls with the facilities. It's mainly getting facility administrators in tune and visible in front of the staff in the individual facilities that, that is key, but I would encourage you, there's a section on our website on building trust and with links to those resources.

Thank you for anybody too. And then there was, let's see, let me just scrolling back a little bit. it was about resistance, so was it the residents who were resistant about being vaccinated the staff or both risk. It's both, but, more so staff.

Okay.

We had lower rates of, of compliance with COVID and flu specifically with staff than we did with residents that we noticed.

Okay, thank you. And then just kind of there was a question about vaccines involved in LNC survey, so please reach out Sarah put the information or Caitlyn put the information about survey questions for HRD in the chat to reach out to them directly.

Let's see, and then Sarah put Moving Needles, so movingneedles.org is the best place to access all of your information, Heather, and I'm putting your email address in the chat as well movingneedles.org

Alright, and if there aren't any further questions, I am going to go ahead and end today's call. So, we are gonna round things out. Let's see, I'm gonna move to the next slide here.

So, our survey is available, and I will put that link for you in the chat right now, the webinar survey number four. So, to get your CEU for today, please complete this quick five question survey. I just put the link in the chat (https://survey.vovici.com/se/56206EE317EEDA50), and then again also all of the recordings for all of the sessions, including today's when it is ready, will be posted to our long-term care webinar site, and I am putting that link in the chat for you as well (Immunizations in Long-term Care Facilities (www.health.state.mn.us/people/immunize/hcp/ltc.html)). Any questions come up? You have Heather's email, and then also if you have questions related to vaccinations from our team, you can reach out to health.vaccineSME@state.mn.us. And again, I'm gonna put that in the chat for you. So, it's health.vaccineSME@state.mn.us. Thank you all for participating in our four-part series. We hope that you were able to get something out of this and moving forward, you know, with the recordings available, please share them with your colleagues to review, and reach out if you have any questions. Sarah, Caitlyn, do you have anything else to add?

I'm not too much to add. We just hope that you were able to view each of the four webinars because I think we built on each webinar as it went along, and so hopefully we gave you a pretty well-rounded picture of immunizations in long term care settings and we definitely want to encourage you to view the other webinars if you didn't do so, so thank you so much.

Alright. Thank you all for attending, thank you to Heather for presenting and have a wonderful rest of your day.

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