Increasing the Rate of Pneumococcal Vaccination in Patients over 65 at HCA Florida Osceola Primary Care Clinic

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Background

- Pneumococcal vaccination is a vital preventive healthcare measure for our elderly patients.
- Pneumococcal vaccination protects up to 50 to 85% of relatively healthy adult recipients against invasive pneumococcal disease and is recommended by the CDC.1, 2
- In 2021, at the HCA Florida Osceola Primary Care Clinic, the yearly metric for Preventive Care and Screening for Pneumococcal vaccination for patients 65 years and older was at an average of 23%, which is below the target goal of 71.82% as set by Centers for Medicare and Medicaid Services in 2021. This goal for 2022 was 72.88%.
- The main barriers to achieving the target goal were hypothesized to be that patients are either unvaccinated by choice or are vaccinated but vaccination status is not documented in a way that will count towards the eClinicalWorks (eCW) metric.
- Screening for Pneumococcal vaccination is a measure within the eCW quality measures. A below target goal for a metric affects the clinic rating and Medicare reimbursement.
- Correct documentation of immunization records helps to increase efficiency with clinic workflow and ensures that patients are getting high quality care for preventable diseases.

Objective/AIM Statement

- To increase proper documentation of preventative care and screening for pneumococcal vaccination for patients 65 years or older (111-eCQM) to 40% by 12/31/22 (and ideally to goal of > 72.88%).
- Increase preventative care and screening for pneumococcal vaccination (documented anywhere in the chart) for patients 65 years or older (111-eCQM) to 50% by 12/31/22.

Current condition

- Post-intervention: Sample size of 230 records/ 492 patients >= 65 yo seen between 1/22-7/22

Results

- Pre-intervention: Sample size of 100 records/ 622 patients >= 65 yo seen in 2021

<table>
<thead>
<tr>
<th>Vaccinated and documented in proper place</th>
<th>Vaccinated and documented in wrong place</th>
<th>No Documentation of vaccination discussion at all</th>
<th>Documentation of vaccine being offered but declined</th>
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<tbody>
<tr>
<td>16%</td>
<td>32%</td>
<td>43%</td>
<td>9%</td>
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Interventions

- Multiple interventions were performed including verbal reminders to ask patients about pneumococcal vaccination status, verbal reminders about how to document vaccination status in eCW, visual reminders in resident and attending rooms about pneumococcal vaccination status and how to document, and flyers in patient rooms about the pneumococcal vaccine.
- Attempts were also made to simplify eCW vaccine documentation workflow, but suggestions were declined by eCW.

Discussion and Conclusion

- Analysis showed various causes for why the HCA Florida Osceola Primary Care yearly metric for pneumococcal vaccination was below the target goal. This included: Patients not being vaccinated, Vaccination but improper documentation, Vaccination discussion but declined per patient preference.
- Residents not having access to Florida Shots to confirm vaccination status when patients were unsure.
- Electronic medical record (EMR) limitations, such as location of where to document the vaccination for it to count towards the eCW metric and many fields required for documentation.
- Post-intervention analysis showed improvement in vaccination and proper documentation and a reduction in vaccination with improper documentation.
- A significant limitation of this study is that HCA Florida Osceola Primary Care Clinic was closed from September 2022-February 2023 due to flooding from Hurricane Ian, and appointments were virtual only. This significantly limited patient access to pneumococcal vaccines.
- After the clinic reopened, we began to carry the PCV20 vaccine, which is the first-line recommended pneumococcal vaccine in patients that qualify for the vaccine.
- Future directions would be to reinstate and reassess these interventions after the clinic reopening and now that the clinic carries the one time dose PCV20 vaccine .

References