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Influenza and Pneumococcal Immunization Toolkit

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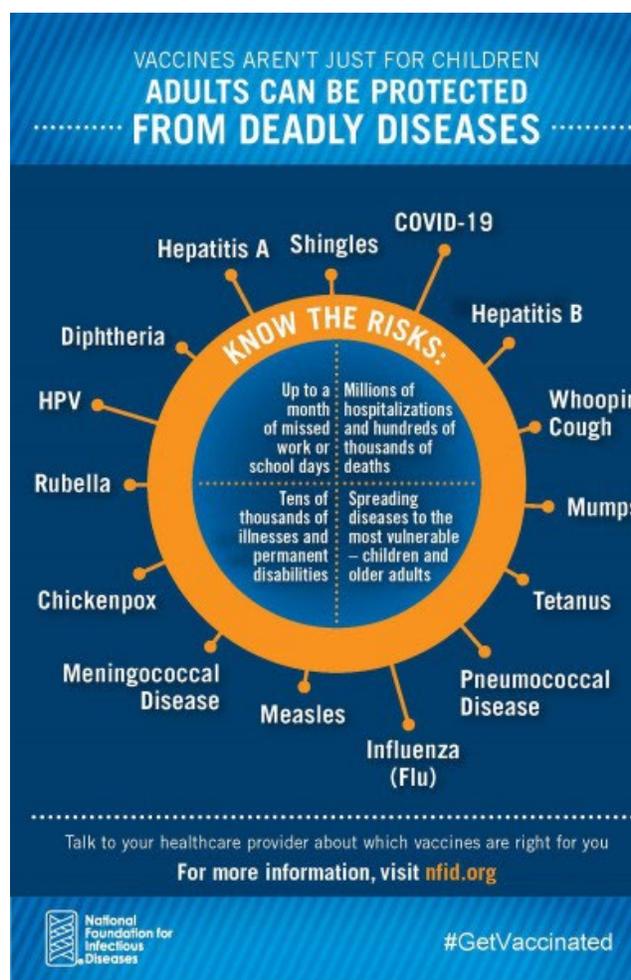
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Introduction

[Influenza vaccination](#) is recommended for all people six months of age and older, and the [pneumococcal vaccination](#) is recommended for all those under the age of two and all those 65 years and older. Those between the ages of two and 64 years with certain medical conditions should also receive a pneumococcal vaccine. This guide serves as a resource in assisting healthcare organizations with routine vaccination assessment in an effort to vaccinate more adults according to the recommendations.



Source: [National Foundation for Infectious Diseases](#)

Fact:

During the 2018-2019 influenza season, influenza vaccination prevented an estimated 4.4 million illnesses, 58,000 hospitalizations, and 3,500 deaths associated with influenza.¹ —Centers for Disease Control and Prevention (CDC)

Fact:

Pneumococcal pneumonia kills about one in 20 older adults who get it. Pneumococcal bloodstream infection kills about one in six older adults who get it.² —CDC

Healthy People 2030 Goal:

Increase the proportion of persons aged six months and over who are vaccinated annually against seasonal influenza to 70%.³

¹ [CDC | 2018-19 Estimated Flu Illnesses, Medical Visits, Hospitalizations, and Deaths Prevented by Vaccination](#)

² [CDC | Pneumococcal Disease in Adults and the Vaccines to Prevent It](#)

³ [Healthy People 2030 | Increase the proportion of people who get the flu vaccine every year - IID-09](#)



Influenza

Influenza, also known as the “flu,” is a respiratory illness that infects the nose, throat and sometimes lungs. Influenza may lead to hospitalization or death. The best way to prevent influenza is to receive an annual influenza vaccination.

Facts

- The CDC estimates that 70% - 85% of seasonal influenza deaths are attributed to those 65+.⁴
- A serious complication of influenza is pneumonia.
- Occurs seasonally from early fall through late spring, peaking during winter.
- Symptoms include fever, sore throat, body aches, cough, headache and fatigue.
- Patients who have received an influenza vaccine were found to have 24% lower odds of testing positive for Coronavirus Disease 2019 (COVID-19).⁵

Prevention Control

- Practice frequent handwashing to prevent the spread of infection.
- Use tissues to cover the mouth and nose when coughing or sneezing to prevent the spread of infection to others.
- Disinfect surfaces that are touched frequently.
- Document vaccination in your electronic health record (EHR) and State Immunization Registry to maximize patient healthcare.

Vaccination Side Effects

- Soreness, redness or swelling at the vaccination site
- Headache, fever, muscle aches, nausea
- Occasionally more serious allergic reactions, such as hives, difficulty breathing and swelling of the face occur; seek immediate medical attention in these instances.

⁴ [CDC | Influenza \(Flu\)](#)

⁵ [American Journal of Infection Control | Impact of the influenza vaccine on COVID-19 infection rates and severity](#)



Pneumonia

Pneumonia is an infection of the lungs that can be caused by bacteria, viruses or fungi. Older adults and those with chronic conditions are at an increased risk of developing complications from pneumonia.

Facts

- A common cause of pneumonia are viruses, such as influenza and COVID-19.
- Approximately 1 million individuals 65+ are hospitalized each year with pneumonia.⁶
- Infection occurs year-round, peaking in winter.
- Common symptoms include cough, shortness of breath, chest pain and fever.

Prevention Control

- Frequent handwashing prevents the spread of infection.
- Use tissues to cover the mouth and nose when coughing or sneezing to prevent the spread of infection to others.
- Disinfect surfaces that are touched frequently.
- Avoid or reduce smoking.
- Document vaccination in your EHR and State Immunization Registry to maximize patient healthcare.

Vaccination Side Effects

- Soreness, redness or swelling at the vaccination site
- Chills, muscles aches, headache, fever
- Occasionally more serious allergic reactions, such as hives, difficulty breathing and swelling of the face occur; seek immediate medical attention in these instances.

⁶ [CDC | Pneumonia](#)



Preparing an Immunization Campaign

Immunization Campaign Strategy

Preparing a campaign strategy allows you to define an immunization goal and organize your goal into manageable steps to increase vaccination rates for your facility or organization. If needed, modify the steps below to best fit the need of your facility/organization and patient population.

Step 1: Develop



Plan of action for your Immunization Campaign



The Institute for Healthcare Improvement (IHI) has free [Quality Improvement \(QI\) tools](#)



[Plan-Do-Study Act Model](#) to guide through campaign plan



Strategies to ensure cost-effective practices



Have appropriate staff administer vaccines during a hospitalization, clinic office visit, home care visit, or a nursing home stay



OR Assign one nurse to visit and provide all home care patients/nursing home/assisted living residents with vaccines.



OR Host vaccine clinics in the community



Processes to streamline billing for:



Medicare billing



Individual billing



Technique to integrate other [QI priorities](#) within immunization plan



Collect and monitor data trend



Step 2: Identify



Immunization
champion



Champion is responsible
for coordinating
immunization efforts



Ensure staff are aware
of campaign



Vaccine source (if you
have not yet ordered
vaccines)



Order supply of
anaphylaxis kits



OR
make your own



Standing Order Policy



Modify any standing
orders to meet your
organization's needs



Ask Medical Director/
Primary Care Provider
(PCP) or appropriate
provider to sign standing
orders



If there's no policy in
place, instruct clinicians
to obtain vaccine orders
from PCP



Ensure screening for
vaccination is included in
assessment tools



Step 3: Educate



Visit the CDC website and download current resources relevant to your patients

[CDC Influenza Resources](#)

[CDC Pneumococcal Resources](#)



Instruct clinicians to educate patients

[Importance of vaccinations](#)

[Address fears and misconceptions](#)



Keep records of all patients who received vaccines and document in your own records or EHR

[Notify patient's PCP](#)

Document in your state immunization registry and your records/EHR



[Follow Checklist for Safe Vaccine Storage and Handling](#)



Maintain proper vaccine temperatures at all times including during transportation of the vaccine

[Transporting Refrigerated Vaccine Guides](#)



Sample Letters

Increasing awareness of program goals amongst staff, providers and caregivers not only helps to ensure a successful campaign but ultimately improves patient care. One way to do this is by communicating project goals to those directly involved in treatment as outlined in the sample letters found in the addendum.

- [Sample Physician Letter](#)
- [Sample Staff Letter](#)
- [Sample Patient/Patient Representative/Family Letter](#)

Make a Strong Vaccine Recommendation

As healthcare professionals, it is important to provide patients with a strong recommendation for vaccination.

SHARE

The CDC recommends the [SHARE](#) method.

S: SHARE the reasons why the influenza/pneumococcal vaccine is right for the patient given his or her age, health status, lifestyle, occupation or other risk factors.

H: HIGHLIGHT positive experiences with influenza/pneumococcal vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.

A: ADDRESS patient questions and any concerns about the influenza/pneumococcal vaccine, including side effects, safety and vaccine effectiveness in plain and understandable language.

R: REMIND patients that influenza/pneumococcal vaccines protect them and their loved ones from serious illness and other complications.

E: EXPLAIN the potential costs of getting influenza/pneumonia, including serious health effects, time lost (such as missing work or family obligations) and financial costs.



Motivational Interviewing

Motivational Interviewing (MI) strategies can also be beneficial when initiating conversations to boost vaccine acceptance. The following information was gathered from the supplemental material for [*Using Best Practices to Address COVID-19 Vaccine Hesitancy: The Case for the Motivational Interviewing Approach*](#) by Amanda Gabarda, EdD, MPH, CHES and Susan W. Butterworth, PhD, MS.

Incorporate the “Spirit of MI” in your conversations about vaccine acceptance.

- Partnership:** Building trust and rapport and being together on equal ground.
Example: “Together, we will find a solution that you are comfortable with.”
- Acceptance:** Prizing the inherent worth and potential of every patient, acknowledging their strengths and supporting autonomy.
Example: “The choice is yours, and you are the expert on what will work for you and your family.”
- Compassion:** Actively promoting another’s welfare and giving priority to their needs.
Example: “Your well-being is our top priority.”
- Evocation:** Drawing out the patient’s strengths, resources, ideas, feelings and motivations.
Example: “What are some possible benefits you might get from being vaccinated?”

OARS

Another strategy is using OARS (Open-ended questions, Affirming, Reflective listening and Summarizing):

- Open Questions:** “Tell me more about your thoughts on the influenza vaccine?” “What are your concerns about the pneumococcal vaccine?”
- Affirmation:** “You’ve already done quite a bit of research and are well-informed.” “You value your family and want to make sure they are safe.”
- Reflection:** “You’re feeling pressured, and you need more time to determine if this is the best decision for you.” “You are eager to get the vaccine because it will provide a sense of security for you and your family.”
- Summary:** “We’ve discussed both the pros and the cons, and you seem to be leaning in favor of getting vaccinated. You are reassured that the benefits outweigh the risks now that you’ve learned more about the clinical trial process. Would it be okay to talk about next steps for you and your family?”



Coordination of Care

It is important to update the patient's primary care provider whenever a vaccine is administered. An up-to-date vaccination record can help to improve health outcomes, as well as streamline provider interventions. If possible, see if you are able to communicate via EHR. With COVID-19 vaccinations under way, it is also important to know that co-administration of vaccines has been approved. If a patient is interested in getting the influenza or pneumococcal vaccine but has not yet gotten a COVID-19 vaccine, encourage them to do so. Information on co-administration is available on the [CDC website](#). Below is a sample letter to use to coordinate care.

- [Coordination of Care – Sample Notification of Vaccination Letter](#)

Standing Orders

With standing orders, there is increased access to vaccination for community members. These programs can be instituted in inpatient and outpatient organizations, long-term care facilities, managed-care assisted living, correctional facilities, pharmacies and workplaces. Immunize.org (formerly the Immunization Action Coalition) provides [sample standing orders](#) for influenza, pneumococcal and COVID-19.

Standing orders allow nurses and pharmacists to administer vaccinations per a physician- or agency-approved protocol.

State Resources/Registries

Please refer to your state's immunization program for additional information, resources and links to your State Immunization Registry.

- [Colorado](#)
- [Illinois](#)
- [Iowa](#)
- [Oklahoma](#)

Screening Questionnaire for Adult Immunization

Use the [Screening Checklist for Contraindications to Vaccines for Adults](#), put together by Immunize.org and adapted by the CDC, as a way to assess adults to determine contraindications, if any, to vaccines. The CDC also provides a [Prevaccination Checklist for COVID-19 Vaccination](#).

Treatment of Adverse Reactions

The [Medical Management of Vaccine Reactions in Adults in a Community Setting](#), created by Immunize.org, indicates what to do in the event of adverse reactions.



Adverse Event Reporting Guidelines

Report all vaccination adverse events through the U.S. Food and Drug Administration (FDA) Vaccine Adverse Event Reporting System (VAERS). Instructions for reporting adverse reactions your patients experience can be found on the [VAERS website](#). [V-safe After Vaccination Health Checker](#) is a smartphone app that reports side effects to the CDC and provides reminders if you need a second dose.

Patient Education and Self-Management

Vaccine Information Statements

Vaccine information statements (VISs) are information sheets the CDC puts out to inform vaccine recipients about the benefits and risks of vaccines. VISs must be given out prior to vaccine administration, and it is considered a best practice to do so.

- [Inactivated Influenza](#)
- [Pneumococcal Conjugate](#)
- [Pneumococcal Polysaccharide](#)

Vaccine Myths

Immunize.org has [presentation slides](#) that help to diminish fears and provides information to patients and families about the composition of vaccines and the way in which they work.

Vaccinations for Adults

The CDC's [Adult Immunization Schedule](#) outlines all the available and recommended vaccines for adults 19 and older. Pay special attention to the 65 years and older column for Medicare beneficiaries.

Trusted Sources for Patients and Providers

Developed by Telligen, this [document](#) offers trusted online sources for credible immunization information for patients and families to explore outside of the doctor's office.



Systems Management Billing

Resources for Medicare Billing and Immunizations Education

Medicare Part B covers the influenza and pneumococcal vaccine. In 2012, to coincide with the CDC recommendations to begin vaccination efforts as soon as the influenza vaccine becomes available, the payment limit effective date was altered from September 1 to August 1. Updated information on payment allowances for influenza vaccines can be found in the [CMS annual update](#).

Influenza and pneumococcal vaccines are covered by Medicare Part B. Since the switch to ICD 10, coding changes are summarized in the [Roster Billing Guide for Influenza and Pneumonia Immunizations to Medicare Part B](#) (updated July 2020) from Palmetto GBA, a Medicare contractor.

The Medicare Learning Network (MLN) Medicare Preventative Services tool provides information and resources for various preventative services, including information on [influenza virus vaccine](#) and administration and [pneumococcal vaccine](#) and administration.

Additional Resources

The CDC's [Seasonal Influenza Vaccination Resources for Health Professionals](#) includes great resources, including toolkits, videos and flyers that can be used within your organization.

Telligen Contact

Jaime Zapata, CIC, LSSGB
Infection Prevention Specialist
jzapata@telligen.com

In order to improve immunization rates among Medicare beneficiaries, the Centers for Medicare & Medicaid Services (CMS) and the Center for Clinical Standards and Quality (CCSQ) are working to promote healthcare quality improvement services, which involves collaboration between Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) and home health agencies (HHAs).



Addendum

Sample Physician Letter

Dear [doctor],

As you are most likely aware, each year nearly 80,000 people die from vaccine preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80 percent of these deaths — most of which occur in persons over 65 years of age — could be prevented with timely and widespread vaccination.

In an effort to better protect our patients, our agency has set an immunization goal of [xx] percent or higher for both influenza and pneumonia. Enclosed is our guideline for immunization at [xx]. We seek your support and ask that you continue to encourage patients and their family members/caregivers to be immunized.

In addition, for patients under 65 years of age, it is important to assess for other vaccinations that they may need based on their health conditions, age, occupation and/or participation in risky behaviors.

Thank you, as always, for making a difference.

Sincerely,

[Name]



Sample Staff Letter

Dear [employee],

Each year, nearly 80,000 people die from vaccine-preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80 percent of these deaths could be prevented with timely and widespread vaccination.

You can protect yourself and prevent passing these serious illnesses and their complications to our patients by being immunized. Getting immunized is one way you can demonstrate your professional and ethical commitment to providing exemplary healthcare to our patients.

Our goal is to increase influenza immunization rates to [xx] percent or higher this year. If you have any questions, please contact [xx].

Thank you, as always, for making a difference.

Sincerely,

[Name]



Sample Patient/Patient Representative/Family Letter

Dear [patient name] and family,

Each year, nearly 80,000 people die from vaccine-preventable flu and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80 percent of these deaths — most of which occur in persons over 65 years of age — could be prevented with timely and widespread vaccination.

We strongly encourage you to get immunized unless there is a medical reason that prevents you from being able to. With your approval, we will make arrangements to provide these immunizations.

You can protect your loved ones from flu and pneumonia by making sure that you are immunized each year. An influenza vaccination will protect you from getting the flu and from passing this serious illness to our most vulnerable patients. Getting immunized against the flu demonstrates your commitment to preserving the health of your loved ones. Additionally, vaccines are recommended for all ages based on each individual's health conditions and age. Talk to your doctor to make sure that you are also up to date on all your other immunizations.

Ask your employer, health plan, family doctor or pharmacist about getting a flu shot. It's the right thing to do!

Sincerely,

[Name]



Coordination of Care – Sample Notification of Vaccination Letter

Dear doctor or nurse at [primary care site],

We provided vaccination services today to the patient named below. You were identified as the primary care provider for this patient. An immunization record card was filled out and given to the patient. Please update your patient’s clinic chart to include the vaccination information listed below.

Patient’s name:

Patient’s birth date:

Vaccine	Date(s) Administered	Dose #/Lot # (if known)	Brand/Manufacturer
Influenza			
Pneumococcal polysaccharide (PPSV23 and/or PCV13, PCV 15, PCV 20)			
COVID-19			

Sincerely,

[Staff member’s name, organization name]



Sources

1. [CDC | 2018-19 Estimated Flu Illnesses, Medical Visits, Hospitalizations, and Deaths Prevented by Vaccination](#)
2. [CDC | Pneumococcal Disease in Adults and the Vaccines to Prevent It](#)
3. [Healthy People 2030 | Increase the proportion of people who get the flu vaccine every year - IID-09](#)
4. [CDC | Influenza \(Flu\)](#)
5. [American Journal of Infection Control | Impact of the influenza vaccine on COVID-19 infection rates and severity](#)
6. [CDC | Pneumonia](#)
7. [Centers for Medicare & Medicaid Services \(CMS\) | OASIS User Manuals](#)
8. [CDC | The Adult Vaccine Assessment Tool](#)
9. [CDC | Advisory Committee on Immunization Practices \(ACIP\) Vaccine Recommendations and Guidelines](#)
10. [Colorado Department of Public Health & Environment | Colorado Immunization Information System](#)
11. [Illinois Department of Public Health | Illinois Comprehensive Automated Immunization Registry Exchange \(I-CARE\)](#)
12. [Iowa Department of Public Health | Immunization Registry Information System \(IRIS\)](#)
13. [Oklahoma State Department of Health | Oklahoma State Immunization Information System \(OSIIS\)](#)
14. [California Department of Public Health, Immunization Branch, Vaccines for Children Program | Transporting Refrigerated Vaccine](#)
15. [CDC | Vaccine Storage and Handling Resources](#)