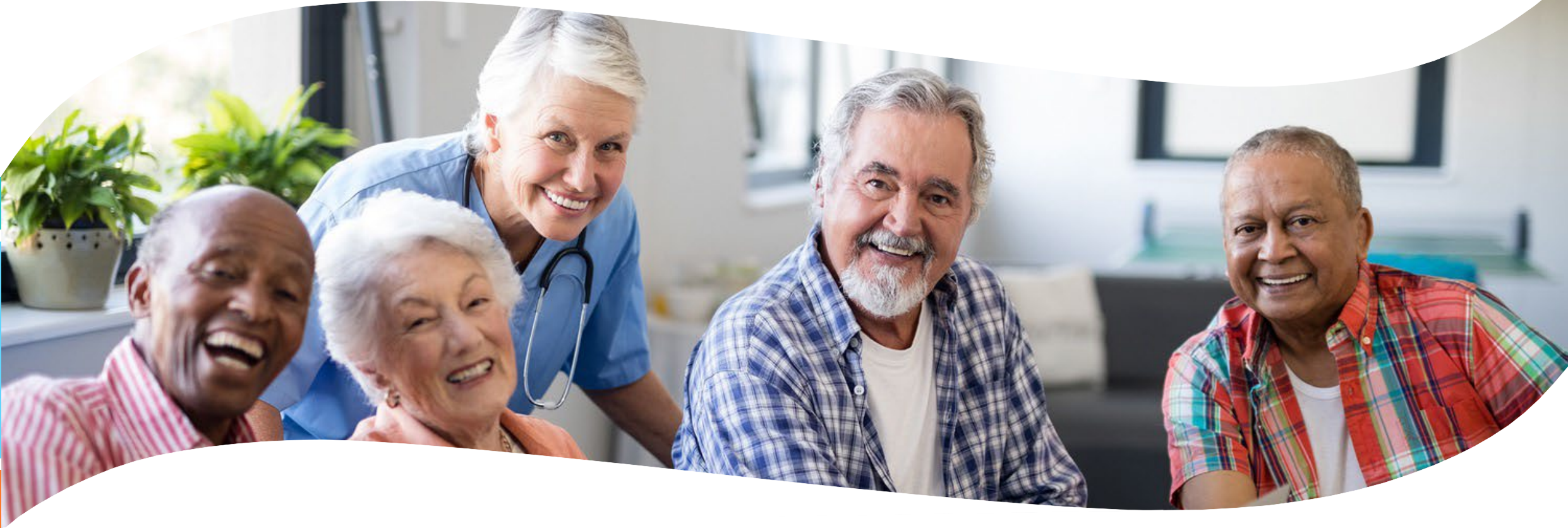


COVID-19, Influenza and Immunization Programs – Oh My!



Presented by: Dr. Swati Gaur and Lisa Davies

September 22, 2022

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Quality Innovation Network -
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CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

DR. SWATI GAUR, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, POST ACUTE CARE
NORTHEAST GEORGIA HEALTH SYSTEM

Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, she is on the EMR transition and implementation team for the health system, providing direction to EMR entity adapt to the LTC environment. She has also consulted with post-acute long-term care companies to optimize medical services into PALTC facilities, integrate medical directors and clinicians into the QAPI framework and create frameworks of interdisciplinary work in the organization. She established the Palliative Care service line at the Northeast Georgia Health System. She also is an attending physician in several nursing facilities. Prior to that, Dr. Gaur was a medical director at the LTC in Carl Vinson VA Medical Center and a member of the G&EC for VISN 7.

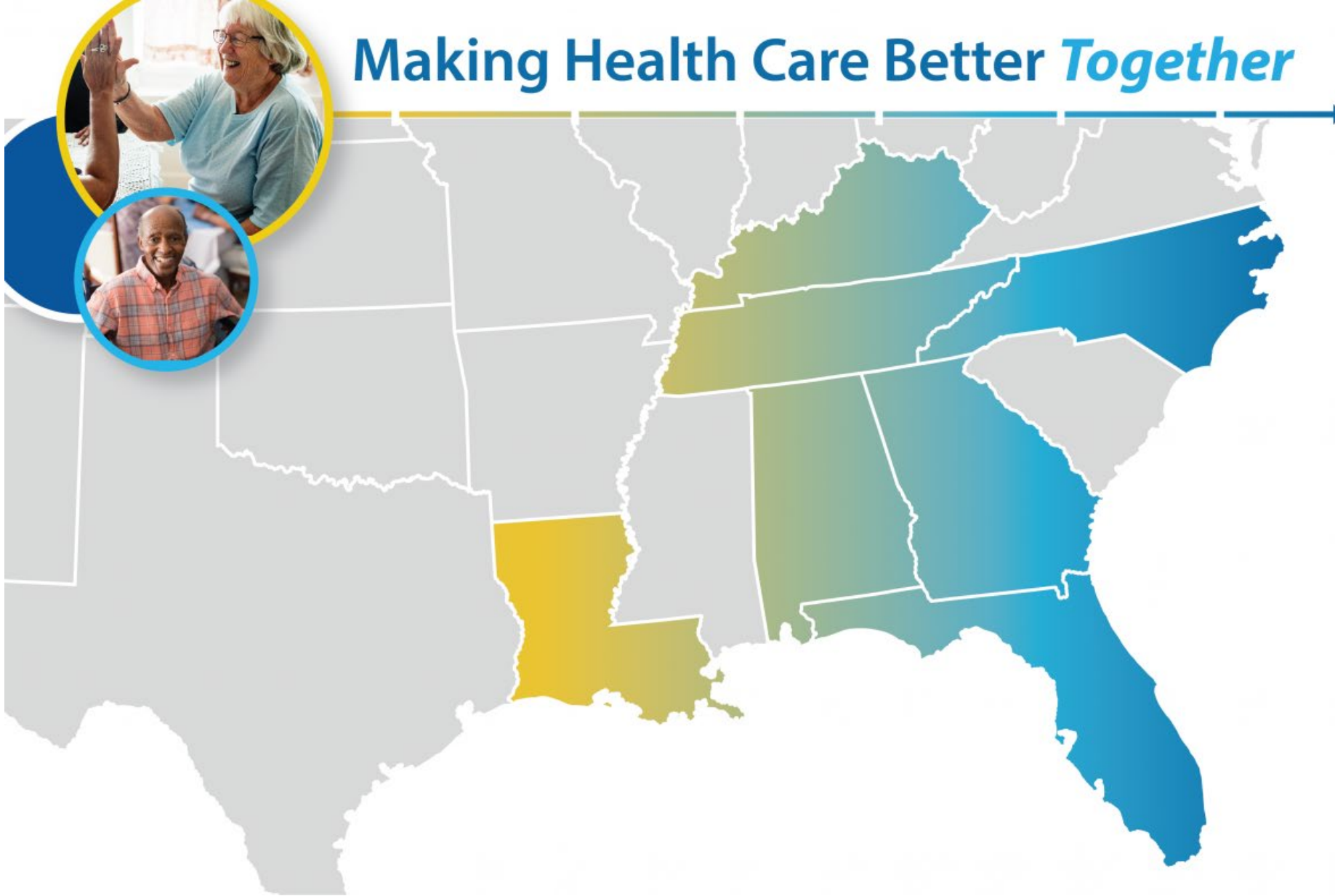


LISA DAVIES, CPHQ, LNHA

QUALITY IMPROVEMENT INITIATIVE MANAGER

Lisa is a health care professional with over 20 years of experience in long-term care. Her work experience includes facility administration, implementation of quality improvement frameworks, legislative affairs and project management. Lisa has served as the Quality Committee Chair for the Georgia Health Care Association, supporting strategic quality initiatives across the state. Her current work includes applying quality improvement methodologies to support improved outcomes across health care organizations as the QII manager with Alliant Health Solutions.

Making Health Care Better *Together*

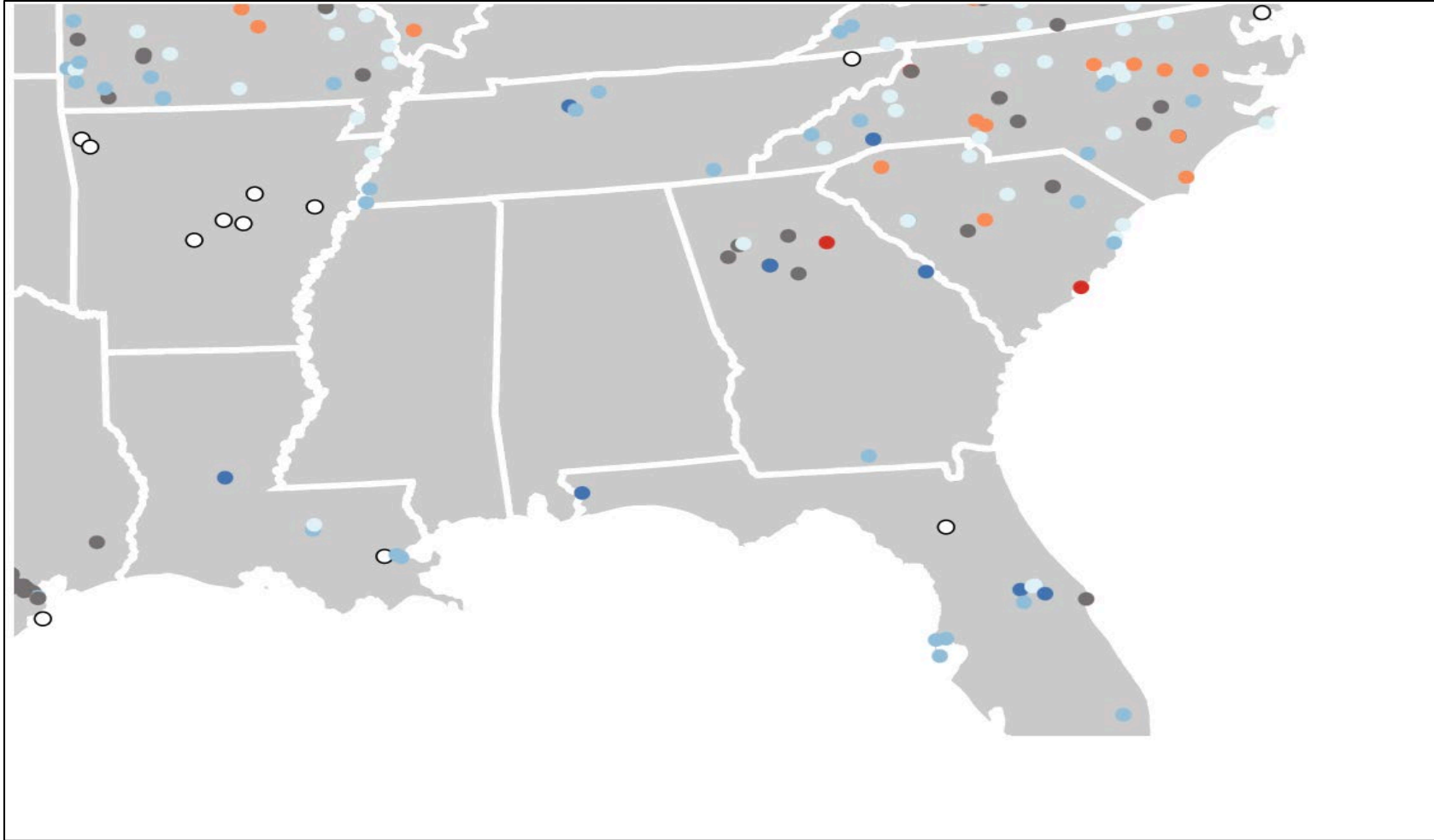


About Alliant Health Solutions

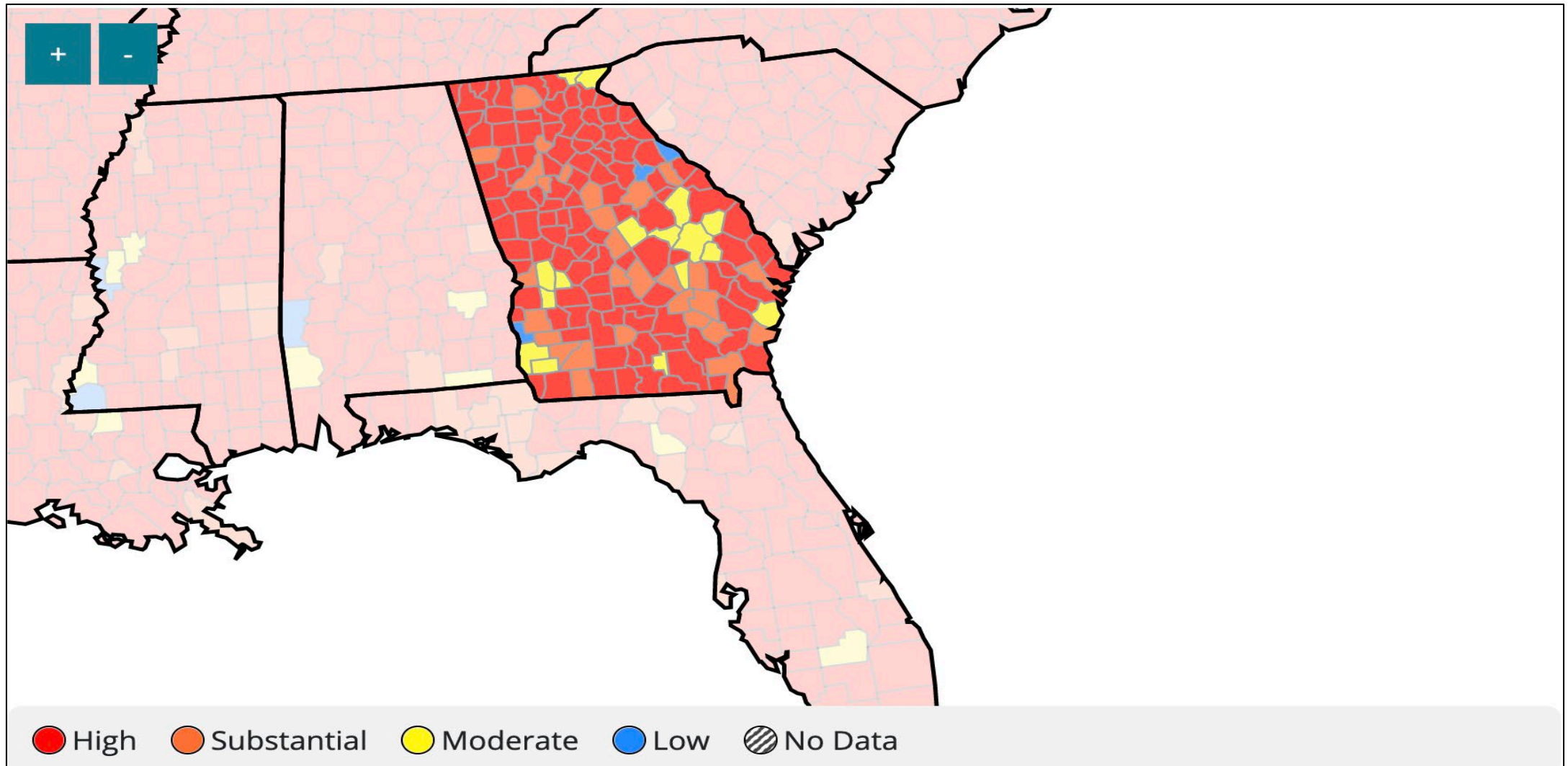
Agenda

- Latest News and Recommendations for COVID-19
- Immunization Impact on Antimicrobial Stewardship Program
- Financial Impact
- Using State-Based Immunization Tracking Systems
- Using QAPI to Improve your Immunization Program

COVID-19: Where Are We Now?



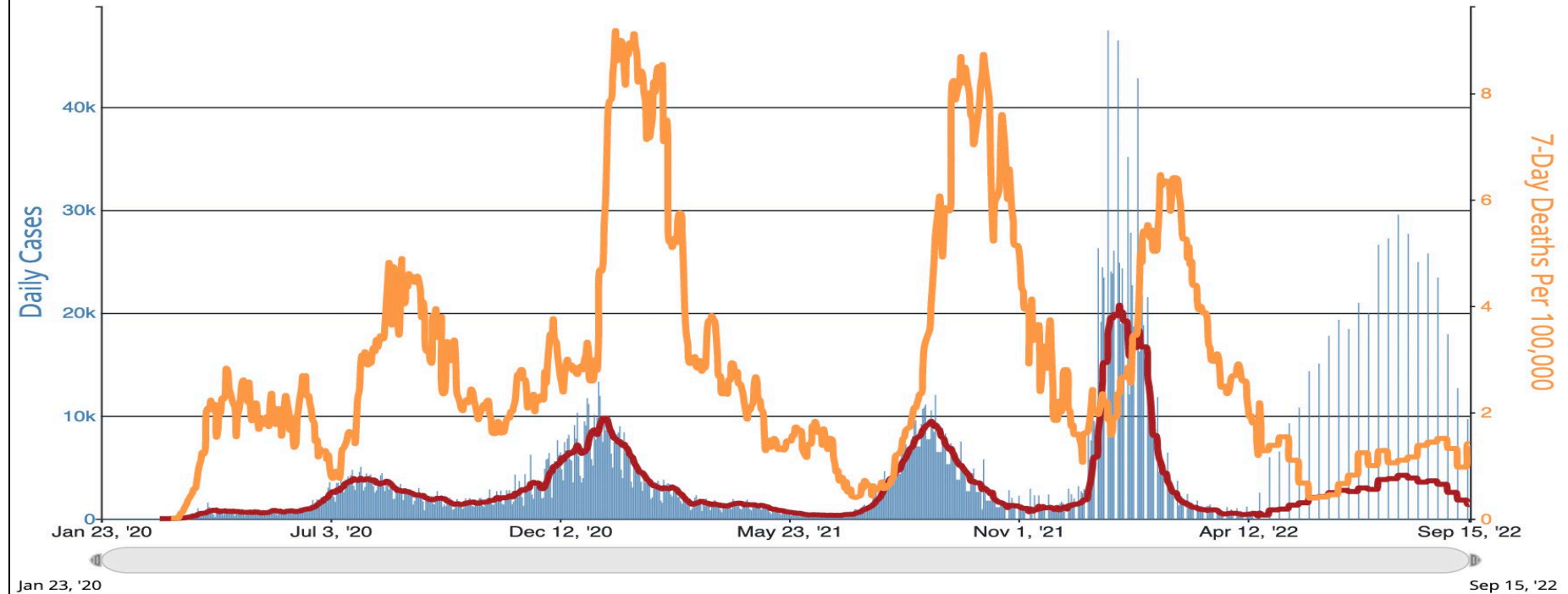
COVID-19: Where Are We Now?



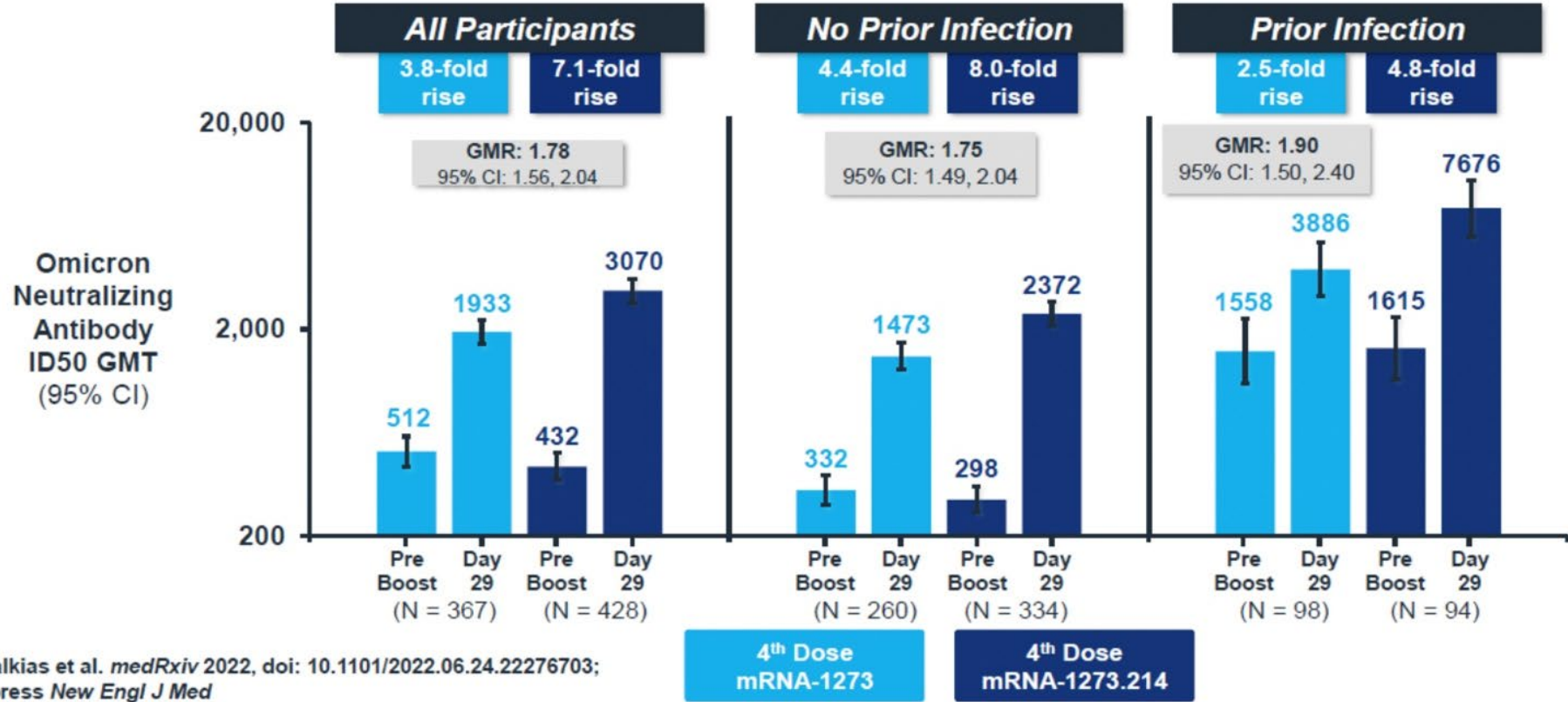
COVID-19: Where Are We Now?

The blue bars show daily cases. The red line is the 7-day moving average of cases. The orange line represents deaths in the last 7 days per 100,000, allowing for comparisons between areas with different population sizes.

Daily Trends in Number of Cases and 7-Day Cumulative Incidence Rate of COVID-19 Deaths in Georgia Reported to CDC, per 100,000 population.



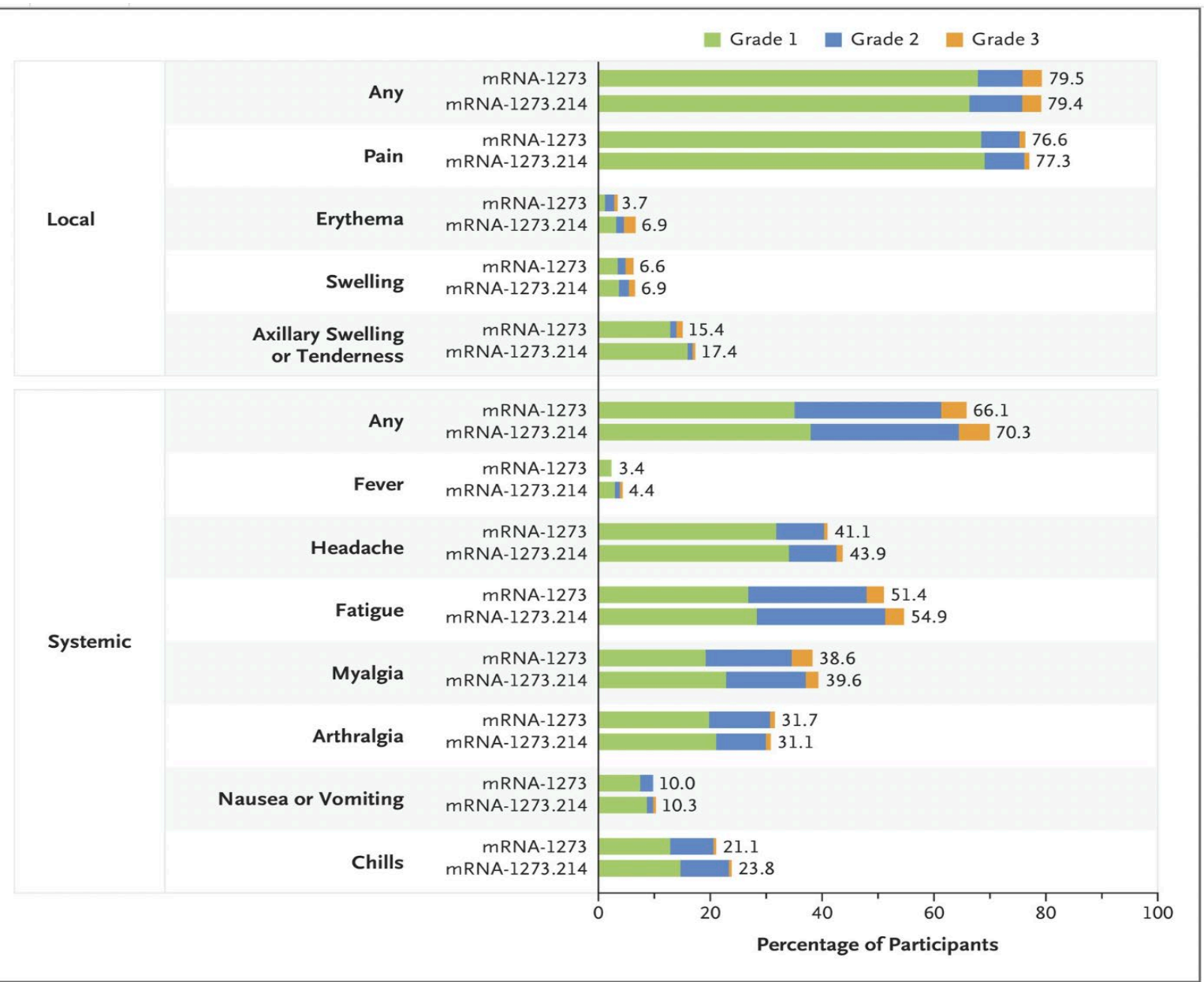
Immunogenicity: Moderna bivalent booster



- Met superiority criteria* in participants ≥ 18 years with or without evidence of infection on day 29

*Superiority criterion: the lower bound of the 95% CI for GMR is >1.0

<https://www.medrxiv.org/content/10.1101/2022.06.24.22276703v1.full.pdf>



Local and Systemic Adverse Reactions

Bivalent COVID-19 vaccines:


What we know


- COVID-19 vaccines have a **high degree** of safety
 - Rare events of myocarditis seen after mRNA COVID-19 vaccines in post-authorization studies; cases of myocarditis attributed to the vaccine were detected in Novavax COVID-19 vaccines clinical trials
- COVID-19 vaccines provide **high levels** of protection against **severe disease**
 - Initially, COVID-19 vaccines also provided high levels of protection against infection and transmission
 - As the virus evolved, noted rapid waning of protection against asymptomatic or mild disease
- COVID-19 booster doses **further increase** protection against **severe disease**
- Bivalent COVID-19 vaccines **expand immune response** after vaccination
 - Vaccines that contain Omicron will improve antibody response to Omicron
 - Bivalent vaccines appear to provide more diverse response overall, likely improving response to future variants

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/08-COVID-Oliver-508.pdf>

Summary


Current (Monovalent) COVID-19 vaccines


50µg  Moderna COVID-19 vaccine
50µg of spike protein from
'ancestral' ('original') SARS-CoV-2

30µg  Pfizer-BioNTech COVID-19 vaccine
30µg of spike protein from
'ancestral' ('original') SARS-CoV-2

Bivalent vaccines have the
same total antigen amount
as monovalent vaccines

Updated (Bivalent) COVID-19 vaccines

50µg  Moderna COVID-19 vaccine
25µg of spike protein from
'ancestral' ('original') SARS-CoV-2
25µg of spike protein from
Omicron (BA.4/BA.5) SARS-CoV-2

30µg  Pfizer-BioNTech COVID-19 vaccine
15µg of spike protein from
'ancestral' ('original') SARS-CoV-2
15µg of spike protein from
Omicron (BA.4/BA.5) SARS-CoV-2

Flu Vaccine

- Can keep you from getting sick with the flu.
- Has been shown in several studies to reduce the severity of illness in people who get vaccinated but still get sick.
- Can reduce the risk of flu-associated hospitalization.
- Is an important preventive tool for people with certain chronic health conditions.
- Getting vaccinated may also protect people around you.

<https://www.cdc.gov/flu/prevent/flushot.htm>

Flu Vaccine-ACIP Recommendation

Adults aged ≥ 65 years preferentially receive any one of the following higher dose or adjuvanted influenza vaccines:

- Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4)
- Quadrivalent recombinant influenza vaccine (RIV4)
- Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4)

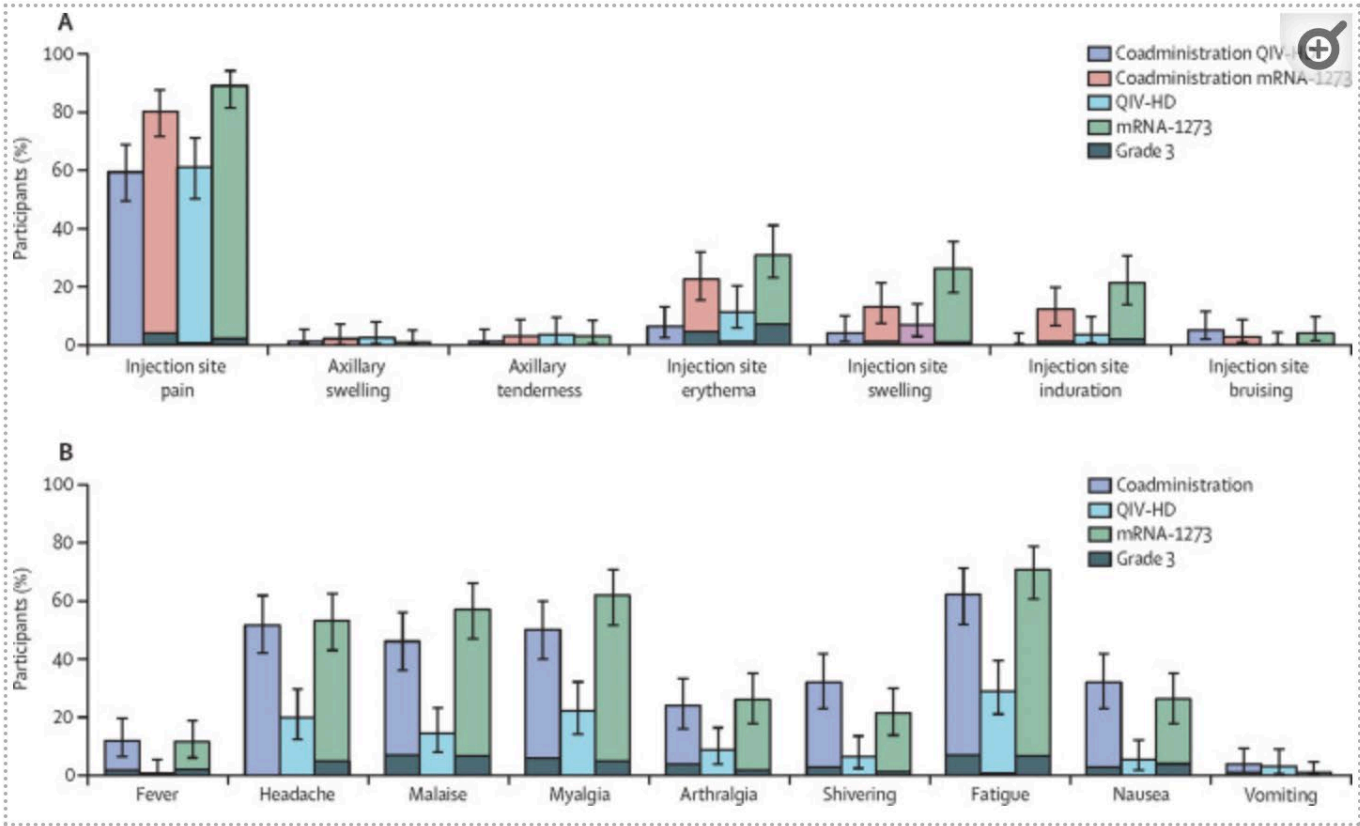
https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm?s_cid=rr7101a1_w#suggestedcitation

Bivalent Vaccine: Schedule

- Recommendations are simplified
- Change from dose counting to 1 bivalent booster for everyone eligible
- If eligible, a bivalent should not be denied based on total number of doses

Vaccination history	→	Next dose
Primary series	At least 2 months →	1 bivalent booster dose
Primary series + 1 booster	At least 2 months →	1 bivalent booster dose
Primary series + 2 booster	At least 2 months →	1 bivalent booster dose

Figure 2



Solicited injection site reactions (A) and solicited systemic reactions (B) occurring up to 7 days after injection (immunogenicity analysis set)

Error bars show 95% CIs. Coadministration QIV-HD shows the solicited reactions observed in the QIV-HD-injected limb of participants in the coadministration group. Coadministration mRNA-1273 shows the solicited reactions observed in the mRNA-1273-injected limb of participants in the coadministration group. QIV-HD=high-dose quadrivalent influenza vaccine.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8803382/>

Pneumonia Vaccine

For those who have never received a pneumococcal vaccine or those with unknown vaccination history

Administer one dose of PCV15 or PCV20.

If **PCV20** is used, their pneumococcal vaccinations are complete.

PCV20

If **PCV15** is used, follow with one dose of PPSV23.

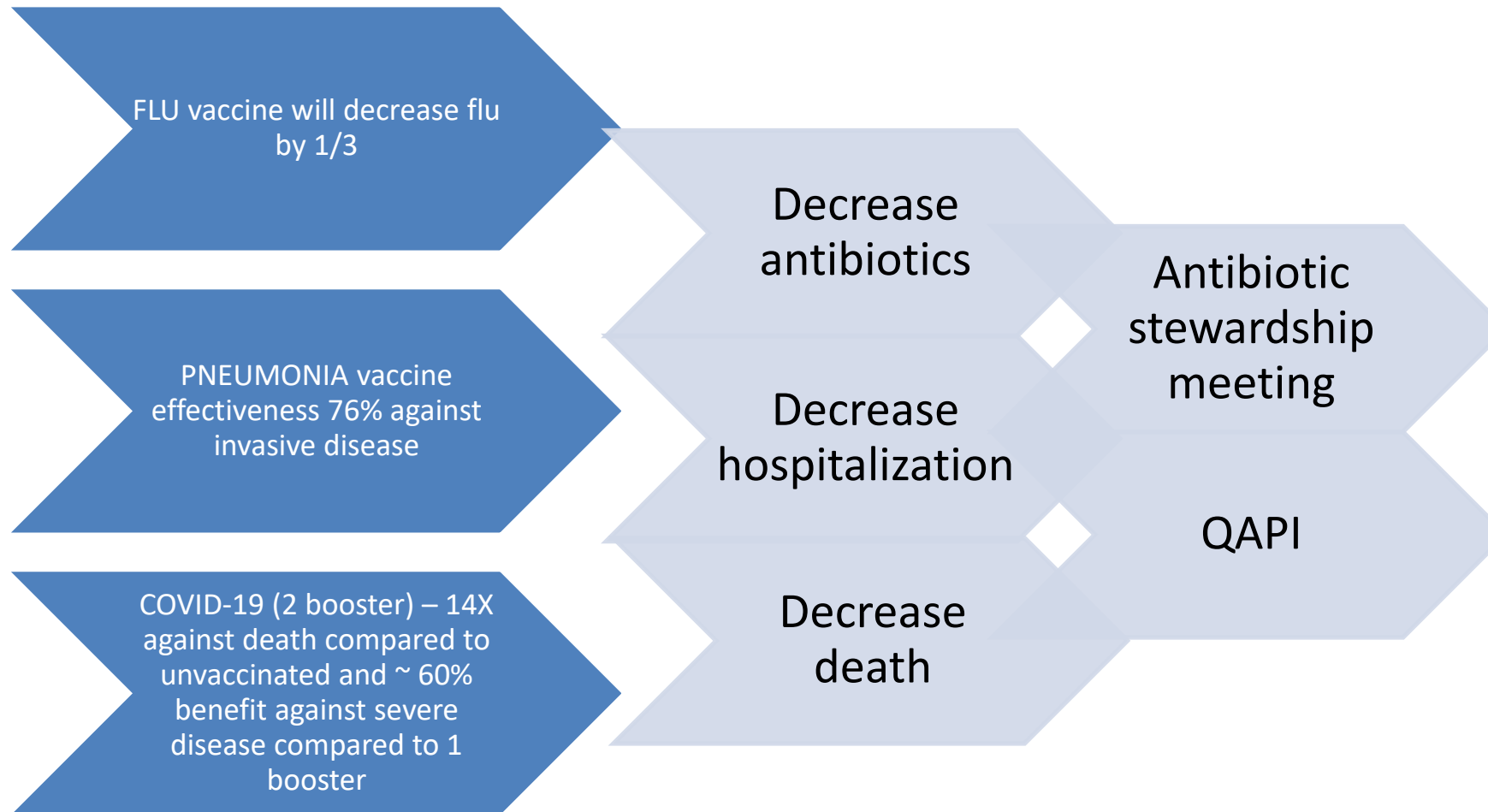
- The recommended interval is at least 1 year.
- The minimum interval is 8 weeks and can be considered in adults with an immunocompromising condition*, cochlear implant, or cerebrospinal fluid leak.
- Their pneumococcal vaccinations are complete.

PCV15

At least 1 year apart
(8 weeks can be considered)

PPSV23

Vaccine Impact



<https://www.acpjournals.org/doi/10.7326/M22-2042>

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-06-22-23/02-influenza-Chung-508.pdf>

<https://academic.oup.com/cid/article/40/9/1250/369981>

Financial Impact of Immunization Program

- Beginning Oct. 1, 2025, the VBP program will include two additional measures. One of those will be infections requiring hospitalization (exact details yet to be determined).
- As it relates to the SNF QRP, a new measure being adopted is the process measure "Influenza Vaccination Coverage among Healthcare Personnel" (HCP) (NQF #0432). The measure reports the percentage of HCP who receive an influenza vaccine any time from when it first becomes available through March 31 of the following year. CMS proposed adding this measure beginning FY 2025 in the proposed rule but revised the requirement in the final rule to start with the FY 2024 SNF QRP (at risk is a 2% rate reduction on Medicare FFS).
- SNFs will need to begin reporting data on this measure through the CDC National Healthcare Safety Network (NHSN) for Oct. 1, 2022, through March 31, 2023, with a reporting deadline of May 15, 2023. To meet the minimum data submission requirements, SNFs would enter a single influenza vaccination summary report at the end of the measure reporting period (May 15, 2023).

Source: <https://www.leadingagemn.org/news/cms-releases-final-snf-pps-rule-includes-cuts-related-to-impact-of-pdpm/>

Financial Impact of Immunization Program

- Lastly, CMS is revising the regulatory text to include a new paragraph to reflect that SNFs must meet or exceed two separate data completeness thresholds to meet the compliance thresholds for the annual payment update. One threshold is set at 80% for completion of required quality measures data, and standardized patient assessment data is collected using the MDS submitted through the CMS-designated data submission system. A second threshold is set at 100% for measures collected and submitted through the CDC NHSN beginning with FY 2023 and for all subsequent payment updates. Currently, this threshold change would impact two SNF QRP measures: 1) the HCP COVID-19 Vaccine measure and 2) the newly added HCP Influenza Vaccine measure.

Source: <https://www.leadingagemn.org/news/cms-releases-final-snf-pps-rule-includes-cuts-related-to-impact-of-pdpm/>

Immunization Program Best Practices

- Integrate immunization discussions as part of your admission screening and touring process.
- Vaccine assessments should be integrated into routine clinical care—coordinate with your provider.
- Staff lead assigned to order, organize distribution and coordinate reimbursement.
- All staff members need to be able to have discussions with patients and families to overcome objections.
- Resident and Staff Immunization Rates should be a routine QAPI Measure.

Source: OIG Report on Healthy People 2010

Alabama-Imprint

<https://www.alabamapublichealth.gov/immunization/immprint.html>

immprint@adph.state.al.us

1-800-469-4599

Florida-SHOTS

877.888.7468

<https://www.flshotsusers.com/>

Email: flshots@flhealth.gov

Georgia-GRITS

dph-immreg@dph.ga.gov

<https://dph.georgia.gov/immunization-section/georgia-immunization-registry-grits>

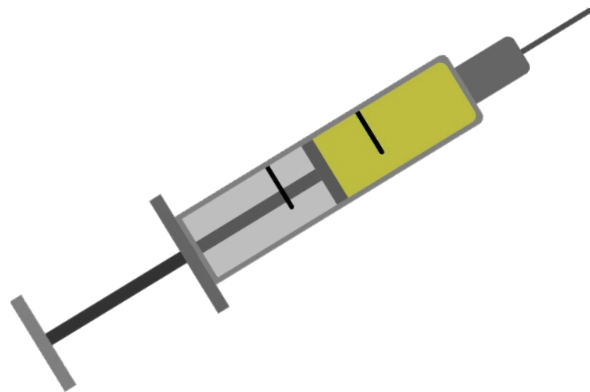
404.463.0810

Kentucky-KYIR

<https://chfs.ky.gov/agencies/dph/dehp/idb/Pages/kyir.aspx>

(502) 564-0038

KYIRHelpdesk@ky.gov



Louisiana- LINKS

<https://ldh.la.gov/index.cfm/form/67-> online email for info request

<https://ldh.la.gov/page/3660>

504.568.2600

North Carolina- NCIR

877.873.6247

<https://immunization.dph.ncdhhs.gov/providers/ncir.htm>

NCIRHelp@dhhs.nc.gov

Tennessee- TennIIS

800.342.1813

<https://www.tennesseeiis.gov/tnsiis/>

TennIIS.Help@tn.gov

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Immunization as Part of QAPI

Process Measures

- % of residents with immunization status documented on admission
- % of residents offered immunizations not complete on admission

Outcome Measures

- % of residents up to date on COVID vaccination
- % of residents current on pneumococcal vaccination
- % of residents with current influenza vaccination
- % of staff up to date on COVID vaccination
- % of staff with current influenza vaccination

Questions?



Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS



OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
-
- Reduce opioid adverse drug events in all settings



PATIENT SAFETY

- Reduce hospitalizations due to c. diff
-
- Reduce adverse drug events
-
- Reduce facility acquired infections



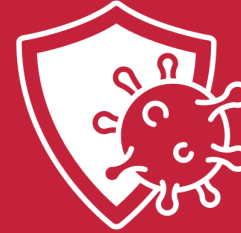
CHRONIC DISEASE SELF- MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
-
- Increase use of cardiac rehabilitation programs
-
- Reduce instances of uncontrolled diabetes
-
- Identify patients at high-risk for kidney disease and improve outcomes



CARE COORDINATION

- Convene community coalitions
-
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
-
- Identify and promote optimal care for super utilizers



COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
-
- Provide virtual events to support infection control and prevention
-
- Support nursing homes and community coalitions with emergency preparedness plans



IMMUNIZATION

- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

Scan the QR codes or Click the Links to Complete the Assessments!

CMS requested Alliant Health Solutions, your QIN-QIO, to work with select nursing homes to understand emerging healthcare needs in nursing homes. Alliant Health Solutions is engaging nursing home leadership on each of these key areas to ensure plans are in place to achieve and maintain health quality and equity!

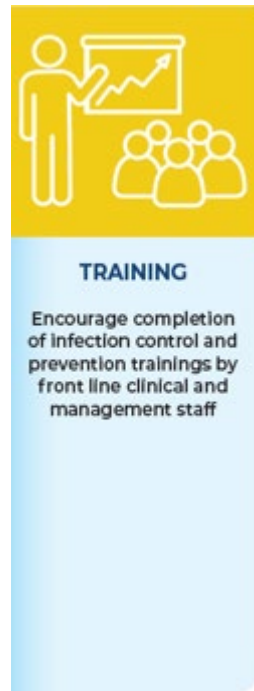
Please scan the QR codes below and complete the assessments.



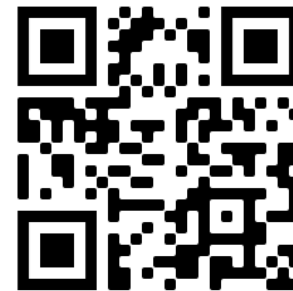
Nursing Home Emergency Preparedness Program (NH EPP) Self-Assessment



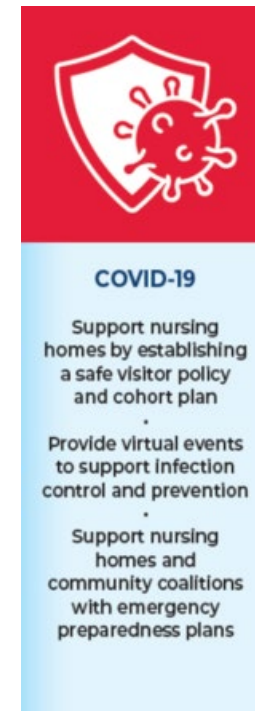
https://bit.ly/AHS_NHEPPAssessment



Nursing Home Infection Prevention (NHIP) Initiative Training Assessment



<https://bit.ly/NHIPAssessment>

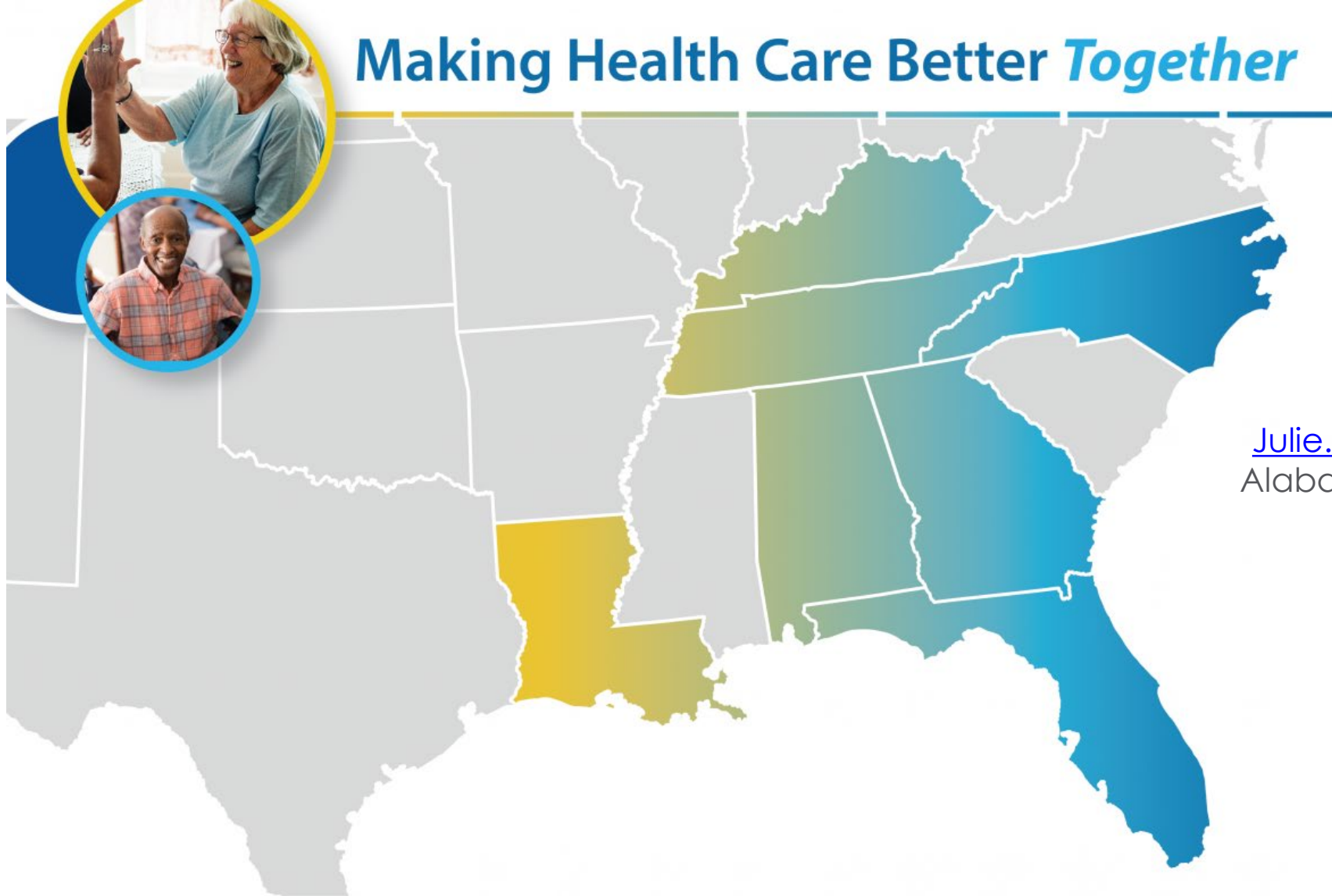


Nursing Home Safe Visitor Policy and Cohorting Plan Verification



<https://bit.ly/SafeVisitorVerification>

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