

## Report on a QI Project Eligible for MOC – ABMS Part IV and NCCPA PI-CME

### Improving Geriatric Pneumococcal Vaccination Rate

#### Instructions

**Determine eligibility.** Before starting to complete this report, go to the Michigan Medicine MOC website [<http://www.med.umich.edu/moc-qi/index.html>], click on “Part IV Credit Designation,” and review sections 1 and 2. Complete and submit a “QI Project Preliminary Worksheet for Part IV Eligibility.” Staff from the Michigan Medicine Part IV MOC Program will review the worksheet with you to explain any adjustments needed to be eligible. (The approved Worksheet provides an outline to complete this report.)

**Completing the report.** The report documents completion of each phase of the QI project. (See section 3 of the website.) Final confirmation of Part IV MOC for a project occurs when the full report is submitted and approved.

An option for preliminary review (strongly recommended) is to complete a description of activities through the intervention phase and submit the partially completed report. (Complete at least items 1-18.) Staff from the Michigan Medicine Part IV MOC Program will provide a preliminary review, checking that the information is sufficiently clear, but not overly detailed. This simplifies completion and review of descriptions of remaining activities.

Questions are in bold font. Answers should be in regular font (generally immediately below or beside the questions). To check boxes, hover pointer over the box and click (usual “left” click).

For further information and to submit completed applications, contact either:

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#### Report Outline

Section	Items
<b>A. Introduction</b>	1-6. Current date, title, time frame, key individuals, participants, funding
<b>B. Plan</b>	7-8. Patient population, general goal 9-11. Measures, baseline performance, specific aims 12-15. Baseline data review, underlying (root) causes, interventions, who will implement
<b>C. Do</b>	16. Intervention implementation date
<b>D. Check</b>	17-18. Post-intervention performance
<b>E. Adjust</b>	19-22. Post-intervention data review, underlying causes, adjustments, who will implement
<b>I. Participation for MOC</b>	23-25. Participation in key activities, other options, other requirements
<b>J. Sharing results</b>	26. Plans for report, presentation, publication
<b>K. Organization affiliation</b>	27. Part of UMHS, AAVA, other affiliation with UMHS

## QI Project Report for Part IV MOC Eligibility

### A. Introduction

1. **Date** (*this version of the-report*): 9/9/2021

2. **Title of QI effort/project** (*also insert at top of front page*): Improving Geriatric Pneumococcal Vaccination Rate

3. **Time frame**

a. **MOC participation beginning date – date that health care providers seeking MOC began participating in the documented QI project** (*e.g. date of general review of baseline data, item #12c*): 8/19/2019

b. **MOC participation end date – date that health care providers seeking MOC completed participating in the documented QI project** (*e.g., date of general review of post-adjustment data, item #26c*): 12/30/2020  
Participation in the project continued through CY2020, but was delayed due to the COVID-19 pandemic.

4. **Key individuals**

a. **QI project leader** [*also responsible for confirming individual's participation in the project*]

**Name:** NiJuanna Irby-Johnson

**Title:** Internal Medicine - General Medicine Faculty, Service Chief

**Organizational unit:** General Medicine Ambulatory Care

**Phone number:** 734-998-2020

**Email address:** nijuanna@med.umich.edu

**Mailing address:** 39901 Traditions Drive, Floor 2, Northville, MI 48168

b. **Clinical leader who oversees project leader regarding the project** [*responsible for overseeing/"sponsoring" the project within the specific clinical setting*]

**Name:** Laurence McMahon

**Title:** Internal Medicine Faculty, Service Chief

**Organizational unit:** General Medicine Ambulatory Care

**Phone number:** 734-998-2020

**Email address:** lmcmahon@med.umich.edu

**Mailing address:** 1500 E Medical Center Dr, Ann Arbor, MI 48109

5. **Participants. Approximately how many physicians (by specialty/subspecialty and by training level) and physicians' assistants participated for MOC?**

Participating for MOC	Primary Specialty	Subspecialty, if any	Number
Practicing physicians	Internal Medicine	General Medicine	83
Residents/Fellows	(N/A)	(N/A)	0
Physicians' Assistants	(N/A)	(N/A)	0

6. **How was the QI effort funded?** (*Check all that apply.*)

- ☒ Internal institutional funds (e.g., regular pay/work, specially allocated)
- ☐ Grant/gift from pharmaceutical or medical device manufacturer
- ☐ Grant/gift from other source (e.g., government, insurance company)

- ☐ Subscription payments by participants
- ☐ Other source (*describe*):

*The Multi-Specialty Part IV MOC Program requires that QI efforts include at least one complete cycle of data-guided improvement. Some projects may have only one cycle while others may have additional cycles – particularly those involving rapid cycle improvement. The items below provide some flexibility in describing project methods and activities. If the items do not allow you to reasonably describe the steps of your specific project, please contact the UMHS Part IV MOC Program Office.*

## B. Plan

### 7. Patient population. What patient population does this project address (e.g., age, medical condition, where seen/treated):

This project addresses “active” University of Michigan General Medicine Patients age 65 years and older who were seen by General Medicine faculty within 36 months of the measurement period. An “active” General Medicine patient is defined as a patient who has had an office visit with a General Faculty within the last 36 months (University of Michigan Ambulatory Care guidelines).

### 8. General purpose.

#### a. Problem with patient care (“gap” between desired state and current state)

##### (1) What should be occurring and why should it occur (benefits of doing this)?

Patients age 65 years and older should receive pneumococcal vaccination to prevent serious disease such as meningitis, bloodstream infections, and pneumonia. Center of Disease Control recommends this vaccine for all adults 65 years and older.

##### (2) What is occurring now and why is this a concern (costs/harms)?

Currently, the geriatric pneumococcal vaccination rate is below goal across multiple General Medicine sites. Patients who do not receive the vaccine are at a higher risk of developing illness due to pneumococcal bacteria such as meningitis, bloodstream infections, and pneumonia.

#### b. Project goal. What general outcome regarding the problem should result from this project?

*(State general goal here. Specific aims/performance targets are addressed in #11.)*

Increase or sustain pneumococcal vaccination rate to greater than or equal to the 90th percentile (91%) across all General Medicine Sites (10 sites).

### 9. Describe the measure(s) of performance: (QI efforts must have at least one measure that is tracked across the project for two measurement periods: baseline and post-intervention.)

#### Measure 1

##### • **Name of measure** (e.g., Percent of . . ., Mean of . . ., Frequency of . . .):

Percent of active general medicine patients age 65 or older who received a pneumococcal vaccination.

##### • **Measure components – describe the:**

Denominator (e.g., for percent, often the number of patients eligible for the measure):

Active patients, age 65 years or older, with a general medicine primary care physician

Numerator (e.g., for percent, often the number of those in the denominator who also meet the performance expectation):

Active (patients seen within 36 months of the measurement period) patients, age 65 years or older, with a general medicine primary care physician, who received a pneumococcal vaccination

- **The source of the measure is:**

- ☐ An external organization/agency, which is (*name the source, e.g., HEDIS*):
- ☒ Internal to our organization

- **This is a measure of:**

- ☐ Process – activities of delivering health care to patients
- ☒ Outcome – health state of a patient resulting from health care

## 10. Baseline performance

### a. What were the beginning and end dates for the time period for baseline data on the measure(s)?

1/1/2019-6/30/2019

### b. What was (were) the performance level(s) at baseline? *Display in a data table, bar graph, or run chart (line graph). Can show baseline data only here or refer to a display of data for all time periods attached at end of report. Show baseline time period, measure names, number of observations for each measure, and performance level for each measure.*

<b>Outcome Measures:</b>													
1. Geriatric Pneumococcal Vaccine CY 2019													
<b>Current State: 8/2019</b>													
	Jan	Feb	Mar	Apr	May	Jun		Jan	Feb	Mar	Apr	May	Jun
Site 1	86%	87%	87%	87%	87%	87%	Site 6	86%	87%	88%	88%	88%	88%
Site 2	87%	87%	87%	88%	88%	89%	Site 7	90%	90%	90%	90%	90%	90%
Site 3	89%	89%	89%	89%	89%	89%	Site 8	87%	86%	87%	87%	86%	87%
Site 4	90%	89%	89%	89%	89%	89%	Site 9	69%	70%	70%	71%	72%	69%
Site 5a	87%	87%	87%	88%	88%	89%	Site 10	91%	92%	92%	92%	92%	92%
Site 5b	91%	91%	90%	90%	91%	91%							

## 11. Specific performance aim(s)/objective(s)

### a. What is the specific aim of the QI effort? *“The Aim Statement should include: (1) a specific and measurable improvement goal, (2) a specific target population, and (3) a specific target date/time period. For example: We will [improve, increase, decrease] the [number, amount percent of [the process/outcome]] from [baseline measure] to [goal measure] by [date].”*

Increase or sustain pneumococcal vaccination rate for general medicine patients 65 years or older to greater than or equal to the 90th percentile (91%) across all General Medicine Sites (10 sites) by April 2020.

### b. How were the performance targets determined, e.g., regional or national benchmarks?

The performance targets were determined by UMMG Quality team. The General Medicine clinical council agreed on using this target for this quality improvement project.

## 12. Baseline data review and planning. Who was involved in reviewing the baseline data, identifying underlying (root) causes of problem(s) resulting in these data, and considering possible interventions (“countermeasures”) to address the causes? *(Briefly describe the following.)*

### a. Who was involved? *(e.g., by profession or role)*

The General Medicine clinical council and faculty were involved in reviewing the baseline data, identifying underlying causes of the problems and considering possible interventions to address the causes.

### b. How? *(e.g., in a meeting of clinic staff)*

The project was initially discussed at a General Medicine Clinical council meeting. Then the council members reviewed, discussed, and solicited feedback from faculty and staff at the monthly faculty and staff meeting and email

- c. **When?** (e.g., date(s) when baseline data were reviewed and discussed)  
8/19/2019-8/26/2019

**Use the following table to outline the plan that was developed: #13 the primary causes, #14 the intervention(s) that addressed each cause, and #15 who carried out each intervention.** This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a. As background, some summary examples of common causes and interventions to address them are:

Common Causes	Common Relevant Interventions
Individuals: Are not aware of, don't understand.	Education about evidence and importance of goal.
Individuals: Believe performance is OK.	Feedback of performance data.
Individuals: Cannot remember.	Checklists, reminders.
Team: Individuals vary in how work is done.	Develop standard work processes.
Workload: Not enough time.	Reallocate roles and work, review work priorities.
Suppliers: Problems with provided information/materials.	Work with suppliers to address problems there.

13. What were the primary underlying/root causes for the <u>problem(s)</u> at <u>baseline</u> that the project can address?	14. What intervention(s) addressed this cause?	15. Who was involved in carrying out each intervention? (List the professions/roles involved.)
Patients are not aware or lack understanding of the pneumococcal vaccination	Provide patients with a 2-sided pneumococcal vaccination educational flyer from the Center of Disease Control at each visit prior to provider entering examination room.  Physicians will address any questions about flyer, and counsel patients about vaccination.	Physicians Medical Assistants Office Staff
MAs are not acting on the Pneumococcal Vaccination alert, within the electronic health record, that identifies patients that are due to for the vaccination due to lack of understanding.	MAs will be re-educated about the alert within the electronic health record and provided with a weekly report of alert response.	Physicians Medical Assistants

*Note: If additional causes were identified that are to be addressed, insert additional rows.*

## C. Do

16. **By what date was (were) the intervention(s) initiated?** (If multiple interventions, date by when all were initiated.)  
09/03/2019

## D. Check

**17. Post-intervention performance measurement. Are the population and measures the same as those for the collection of baseline data (see item 9)?**

☒ Yes ☐ No – If no, describe how the population or measures differ:

**18. Post-intervention performance**

**a. What were the beginning and end dates for the time period for post-intervention data on the measure(s)?**

09/09/2019-10/07/2019

**b. What was (were) the overall performance level(s) post-intervention? Add post-intervention data to the data table, bar graph, or run chart (line graph) that displays baseline data. Can show baseline and post-intervention data incrementally here or refer to a display of data for all time periods attached at end of report. Show baseline and post-intervention time periods and measure names and for each time period and measure show number of observations and performance level.**

	Jan	Apr	Jul	Aug	Sept	Oct
Site 1	86%	87%	87%	87%	88%	88%
Site 2	87%	88%	89%	89%	89%	89%
Site 3	89%	89%	89%	90%	90%	90%
Site 4	90%	89%	89%	89%	89%	88%
Site 5a	87%	88%	89%	90%	89%	89%
Site 5b	91%	90%	91%	92%	94%	93%

  

	Jan	Apr	Jul	Aug	Sept	Oct
Site 6	86%	88%	88%	88%	88%	88%
Site 7	90%	90%	90%	90%	90%	90%
Site 8	87%	87%	87%	87%	88%	87%
Site 9	69%	71%	70%	72%	71%	72%
Site 10	91%	92%	92%	92%	92%	91%

September and October 2019 (post intervention)

**c. Did the intervention(s) produce the expected improvement toward meeting the project's specific aim (item 11.a)?**

No

**E. Adjust – Replan**

**19. Post-intervention data review and further planning. Who was involved in reviewing the post-intervention data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions ("countermeasures") to address the causes? (Briefly describe the following.)**

**a. Who was involved? (e.g., by profession or role)**

☒ Same as #12? ☐ Different than #12 (describe):

**b. How? (e.g., in a meeting of clinic staff)**

☒ Same as #12? ☐ Different than #12 (describe):

**c. When? (e.g., date(s) when post-intervention data were reviewed and discussed)**

12/9/2019 – 12/20/2019

**Use the following table to outline the next plan that was developed: #20 the primary causes, #21 the adjustments(s)/second intervention(s) that addressed each cause, and #22 who carried out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a.**

*Note: Initial intervention(s) occasionally result in performance achieving the targeted specific aims and the review of post-intervention data identifies no further causes that are feasible or cost/effective to address. If so, the plan for the second cycle should be to continue the interventions initiated in the first cycle and check that performance level(s) are stable and sustained through the next observation period.*

<b>20. What were the primary underlying/root causes for the <u>problem(s)</u> following the <u>intervention(s)</u> that the project can address?</b>	<b>21. What adjustments/second intervention(s) addressed this cause?</b>	<b>22. Who was involved in carrying out each adjustment/second intervention? (List the professions/roles involved.)</b>
Medical assistants did not have educational flyer during rooming process.	Laminated the educational flyer and leaving in patient's room	General Medicine Faculty Medical Assistants in General Medicine Clinics
Physicians forgot to counsel patients about pneumococcal vaccine	MAs placed reminder stickers/notes on paper check- in documents (i.e. medication lists, chief complaint and vital sheets, etc.) handed to physicians prior to entering patients rooms.	General Medicine Faculty Medical Assistants in General Medicine Clinics
Not enough time in cycle to adapt to new intervention for noticeable outcome	Continue intervention for 1 year or more.	General Medicine Faculty Medical Assistants in General Medicine Clinics

*Note: If additional causes were identified that are to be addressed, insert additional rows.*

**23. Are additional PDCA cycles to occur for this specific performance effort?**

☐ No further cycles will occur.

☒ Further cycles will occur but will not be documented for MOC. *If checked, summarize plans:*

## **I. Minimum Participation for MOC**

**31. Participating directly in providing patient care.**

**a. Did any individuals seeking MOC participate directly in providing care to the patient population?**

☒ Yes    ☐ No *If "No," go to item #32.*

**b. Did these individuals participate in the following five key activities over the two cycles of data-guided improvement?**

- Reviewing and interpreting baseline data, considering underlying causes, and planning intervention as described in item #12.
- Implementing interventions described in item #14.

- Reviewing and interpreting post-intervention data, considering underlying causes, and planning intervention as described in item #19.
- Implementing adjustments/second interventions described in item #21.
- Reviewing and interpreting post-adjustment data, considering underlying causes, and planning intervention as described in item #26.

☒ Yes    ☐ No    *If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 33.*

### 32. Not participating directly in providing patient care.

#### a. Did any individuals seeking MOC not participate directly in providing care to the patient population?

☐ Yes    ☒ No    *If “No,” go to item 33.*

#### b. Were the individual(s) involved in the conceptualization, design, implementation, and assessment/evaluation of the cycles of improvement? (E.g., a supervisor or consultant who is involved in all phases, but does not provide direct care to the patient population.)

☐ Yes    ☐ No    *If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 33. If “No,” continue to #32c.*

#### c. Did the individual(s) supervise residents or fellows throughout their performing the entire QI effort?

☐ Yes    ☐ No    *If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 33.*

### 33. Did this specific QI effort have any additional participation requirement for MOC? (E.g., participants required to collect data regarding their patients.)

☐ Yes    ☒ No    *If “Yes,” describe:*

*Individuals who want their participation documented for MOC must additionally complete an attestation form, confirming that they met/worked with others as described in this report and reflecting on the impact of the QI initiative on their practice or organizational role. Following approval of this report, the UMHS QI MOC Program will send to participants an email message with a link to the online attestation form.*

## J. Sharing Results

### 34. Are you planning to present this QI project and its results in a:

- ☐ Yes    ☒ No    Formal report to clinical leaders?
- ☐ Yes    ☒ No    Presentation (verbal or poster) at a regional or national meeting?
- ☐ Yes    ☒ No    Manuscript for publication?

## K. Project Organizational Role and Structure

### 35. UMHS QI/Part IV MOC oversight – indicate whether this project occurs within UMHS, AAVA, or an affiliated organization and provide the requested information.

☒ University of Michigan Health System

• **Overseen by what UMHS Unit/Group? (name):** UMMG and Internal Medicine

• **Is the activity part of a larger UMHS institutional or departmental initiative?**

☒ No    ☐ Yes – the initiative is (name or describe):



☐ **Veterans Administration Ann Arbor Healthcare System**

- **Overseen by what AAVA Unit/Group? (*name*):**

- **Is the activity part of a larger AAVA institutional or departmental initiative?**

☐ No    ☐ Yes – the initiative is:

☐ **An organization affiliated with UMHS to improve clinical care**

- **The organization is (*name*):**

- **The type of affiliation with UMHS is:**

☐ **Accountable Care Organization** (*specify which member institution*):

☐ **BCBSM funded, UMHS lead state-wide Collaborative Quality Initiative** (*specify which*):

☐ **Other** (*specify*):