

Prenatal Tdap Workgroup

July 31st, 2017



Immunization Branch
California Department of Public Health

Agenda

- I. Welcome and Introductions
- II. [Prenatal Tdap Vaccination Toolkit](#), *Dr. Cora Hoover, Director of Communicable Disease Control and Prevention, SFDPH*
- III. Discussion: template letter and process to notify provider and Medi-Cal Managed Care Plans when a plan member is not vaccinated
- IV. Report back from local health departments
 - a. Reaching out to providers
 - b. Creating a list of county's [Medi-Cal Managed Care](#) in-network pharmacies
- V. Next Steps

Housekeeping Rules

- Operator will monitor muting and unmuting lines!
- No rules, except for try not to multi-task
- *Please* speak up, ask questions, and share your thoughts/concerns!

The Prenatal Tdap Vaccination Toolkit:

An Opportunity for Quality Improvement in
Prenatal Care

Dr. Cora Hoover

Director, Communicable Disease Control and Prevention,
SFDPH



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Thanks to:

- Carol Schulte and Sona Aggarwal for slides
- The SF Perinatal Pertussis Collaborative members
- Those who reviewed the toolkit



San Francisco Perinatal & Newborn Pertussis and Flu Collaborative

Members:

- SF DPH MCAH staff
- SF DPH Communicable Disease staff
- Anthem Blue Cross and San Francisco Health Plan (two Medi-Cal Managed Care Plans)
- Perinatal providers
- Zuckerberg San Francisco General pharmacist
- CPSP clinic staff



First Meetings: Planning

- Began meeting July 2014, bi-monthly meetings
- Prioritized pertussis due to pertussis epidemic in 2014
- **Developed aim statement:**
To prevent pertussis infections in newborns and infants in San Francisco



Brainstorming Session: High Impact Strategies to improve immunization

- Solve logistics of **cocooning**: how to identify family members, and who pays for immunizing them
- Promote pertussis **QI** measures for prenatal care providers and/or for health plans
- Develop accurate **data collection methods** to determine baseline prenatal Tdap immunization rates
- **Academic detailing** (i.e., technical assistance for providers)
- Vaccine **storage and handling** technical assistance
- **Standing orders or standing workflow** for OB patients: prenatal, postpartum and labor and delivery



What *are* the third trimester Tdap rates in San Francisco?

- Statewide surveys reported low rates
- Our local providers feel they are doing well, but not all are tracking their data
- How can we encourage each prenatal site to assess their third trimester Tdap immunization rate and improve their rate if needed?



Quality Improvement

- Quality Improvement (QI) is routine and/or required in most clinical settings. In primary care, immunization rates are a frequent target for QI activities.
- The QI process could be a vehicle to improve Tdap administration rates in the third trimester in prenatal settings, which could in turn influence the occurrence of pertussis in newborns and infants.



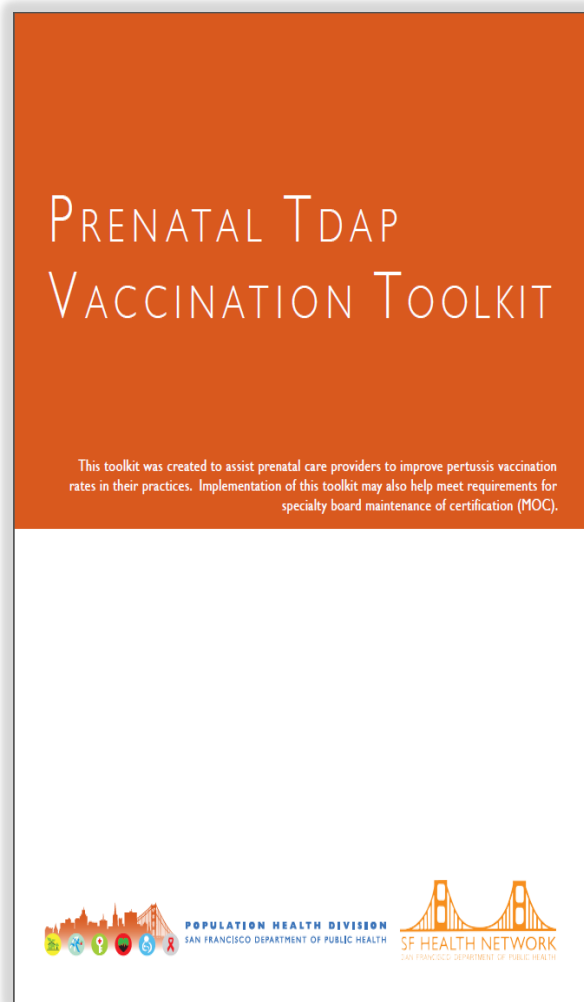
Prenatal Tdap Vaccination (QI) Toolkit

- Developed by two Preventive Medicine Residents with SFPD Communicable Disease.
Monica Kaitz, MD, MPH
Sona Aggarwal, MD, MPH
- Guide for prenatal providers to help them identify their baseline immunization rate, analyze barriers to immunization, assessing potential improvement strategies and measuring changes
- The draft was reviewed by many including prenatal care providers and clinic staff—feedback very positive
- Release in March 2016



Prenatal Tdap QI Toolkit

www.sfcdcp.org/tdaptoolkit



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The QI Process—Toolkit Highlights

- ❖ AIM statement – page 8
- ❖ Get your baseline data – page 9
Which patients to include and exclude based on recommended interval for immunization during pregnancy .
- ❖ Sample calculation – page 10
- ❖ Sample size – page 10 and 11



❖ Selecting Potential Changes – page 12

- ✓ Understand the current process of Tdap immunization in the clinic setting
- ✓ *Identify **barriers** (Root Cause Analysis) and **solutions***
- ✓ Determine the measures of success (can use intermediate measures)
- ✓ Select a change to test



Establish your baseline before you set your goals

Prospective approach: review charts for the next 30 patients (meeting the criteria above) consecutively seen in your practice. This should be performed before any process changes or provider education is implemented to avoid falsely elevating the baseline rate.

Retrospective approach: review charts for the last patients consecutively seen in your practice until you obtain 30 that meet the criteria

Calculate an estimated vaccination rate:

$$\text{Vaccination rate}^* = \left(\frac{\text{Number of pregnant women vaccinated during weeks 27 through 36 weeks of pregnancy}}{\text{Total number of patients seen during weeks 27 through 36 of pregnancy who do not have a contraindication to}} \right) \times 100$$



Aim statement: should be a SMART goal

- Specific
- Measurable
- Achievable
- Results-focused
- Time-bound

We will increase Tdap vaccination rates during gestational weeks 27 through 36 by 10% from a baseline of 50% to a goal of 60% by January 1, 2018



Measures of success (examples)

$$\frac{\# \text{ patients offered vaccine}}{\# \text{ patients seen}}$$

$$\frac{\# \text{ visits using vaccine standing orders}}{\# \text{ visits}}$$



Root Cause Analysis (example)

- **Barrier:** Tdap vaccination not offered to patient or not offered at the correct visit.
- **Root Causes:** Lack of time during busy clinic visits, lack of appropriate reminder cues for providers and staff.



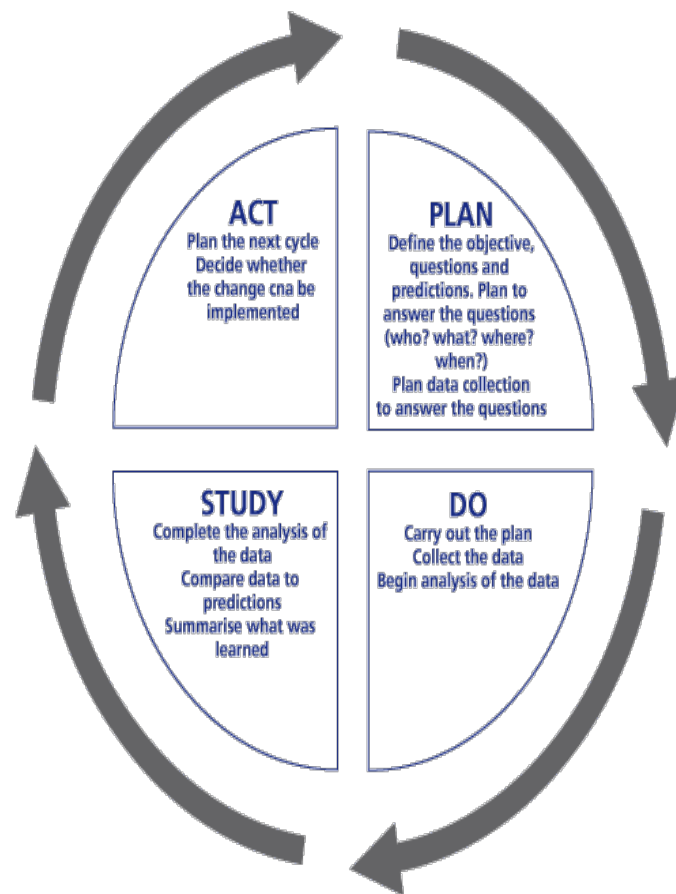
Solutions (examples)

- Add Tdap education/referral, and/or administration to the standard workflow for the 28 week clinic visit.
- Implement standing orders that allow nursing staff to discuss and administer vaccine without MD involvement.
- Electronic Medical Record (EMR) reminders
- Performance feedback for individual providers/clinical teams



Rapid Cycle Tests of Change (PDSA)

- Plan: Small scale
- Do: Try it out in real life
- Study: Adjust
- Act: Try again



The QI Process

- ❖ Testing Changes – PDSA Cycle – page 12
- ❖ Implementing Changes – page 13
- ❖ Track, Document and Report Results – page 13



Appendix A

Contraindications to Tdap Vaccine – page 14

Appendix B

Power Calculation Tables – page 15

Appendix C

Examples of Barriers, Root Causes & Potential Solutions – pages 16, 17, 18

Appendix D

Pertussis Facts for Discussion with Patients – page 19



Appendix E

Patient Referral to Pharmacy for Tdap – page 20

Appendix F

PDSA Worksheet - page 21

Appendix G

Standing Orders – pages 22 – 23

Appendix H

Tracking Log (sample and empty template) –
pages 24 – 25



Appendix I

Action Plan (sample and empty template) –
pages 24 – 25

Appendix J

QI Practice Report (samples) – page 28

Appendix K

Prioritization Grid (sample) – page 29

Appendix L

Cocooning Flyer (sample) – page 30

Appendix M

Storage and Handling Flyer – page 31



Posters: Simple messages, low literacy, three languages

Pregnant?

Get the whooping cough (pertussis) vaccine, called Tdap, during each pregnancy.



The protection you get from the Tdap shot passes to your baby during pregnancy. This is the only way to protect your baby during the first few months of life.

Whooping cough

is dangerous for babies. It may cause:

- Coughing fits
- Breathing problems
- Hospitalization
- Death

Family members who will be in close contact with you or your baby should also get the vaccine. Protect yourself and your baby. Get the Tdap vaccine, in the 3rd trimester.

¿Está embarazada?

Póngase la vacuna contra la tos ferina (o pertussis), conocida como la vacuna Tdap, en cada embarazo.



La protección que obtiene de la vacuna Tdap se transmite a su bebé durante el embarazo. Esta es la única manera de proteger a su bebé durante los primeros meses de vida.

La tos ferina

es peligrosa para los bebés. Puede causar:

- ataques de tos
- problemas para respirar
- hospitalización
- la muerte

Los familiares que tengan contacto cercano con usted o su bebé también deben ponerse la vacuna. Protéjase usted y a su bebé. Aplíquese la vacuna Tdap en el 3er trimestre de embarazo.

懷孕了？

請在每次懷孕時注射名為Tdap的哮喘（百日咳）疫苗。

若您在懷孕期間接種Tdap疫苗，其保護效果可傳遞給嬰兒。這是在出生數月內保護嬰兒的唯一方式。

哮喘

對嬰兒來說很危險。此病可能會導致：

- 咳嗽發作
- 呼吸問題
- 住院
- 死亡

將與嬰兒密切接觸的人也應接種此疫苗。保護您自己和嬰兒。在第三孕期接種疫苗。

www.sfcddcp.org/tdaptoolkit



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Parting thoughts

- There is more QI expertise in the clinical realm than the public health realm; we should be humble when approaching clinicians
- Public Health needs to develop strategies to “sell” IZ QI to prenatal providers
- Infant with pertussis in the setting of an unimmunized mother may be a “teachable moment”
- Baseline data is key—QI may not be needed in all settings
- Could Medi-Cal Managed Care plans adopt Tdap immunization as a QI measure for prenatal providers?



Questions?

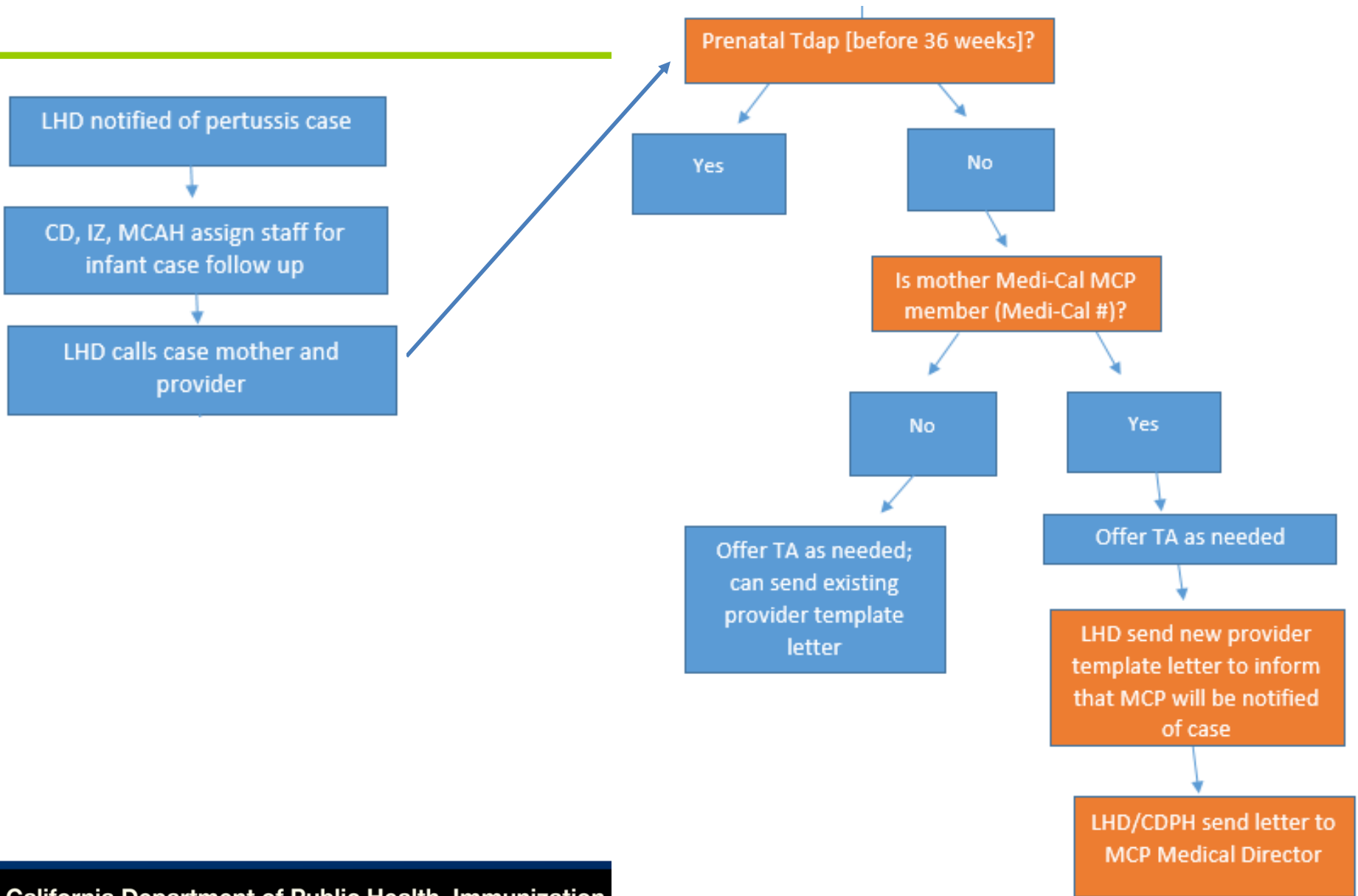


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Prenatal Tdap as Quality of Care Issue

- MCPs required to monitor, evaluate, and take effective action to address any needed improvements in the quality of care delivered by providers.
- MCP Quality Improvement Committees review issues
- Quality of care issue: no receipt of Tdap between 27-36 weeks gestation
- Strategy: notify MCP if infant pertussis case and mother did not receive prenatal Tdap in appropriate timeframe

Potential Workflow of Infant Pertussis Case Follow Up + Quality of Care Issue



Prenatal Care Provider and MCP Template Letters

- Existing template letter for prenatal providers with patient of severe infant pertussis case --
<https://archive.cdph.ca.gov/HealthInfo/discond/Documents/TemplateLetterForPrenatalCareProvidersAfterCaseOfSevereInfantPertussis.docx>
- Revised above letter for Medi-Cal Managed Care members
- CDPH to develop letter for MCP Medical Directors

Prenatal Care Provider-MCP Template Letter

Dear Dr. [Provider's Name]:

Recently, the infant of [Mother's First and Last Name], a patient who received prenatal care from your practice, [was hospitalized/died] due to pertussis infection. It is our understanding that [Mother's First Name] did not receive tetanus, diphtheria and acellular pertussis (Tdap) vaccine between 27-36 weeks gestation of pregnancy and is insured by a Medi-Cal Managed Care Health Plan (MCP). [According to our records, [Mother's First Name] received Tdap after 36 weeks gestation on xx/xx/xxxx.] If this information is incorrect, please let us know as soon as possible.

[ACOG](#), [CDC](#), and the [California Department of Public Health](#) (CDPH) recommend that women receive Tdap vaccine at the earliest opportunity between 27 and 36 weeks gestation of **every** pregnancy, regardless of their Tdap vaccination history. Transplacental transfer of maternal pertussis antibodies from mother to infant can provide protection against pertussis in early life, before infants receive the first dose of diphtheria, tetanus, and pertussis (DTaP) vaccine at age 6-8 weeks.

[Rates of prenatal immunization](#) are highest when prenatal providers recommend and administer vaccine onsite rather than refer patients for vaccination. For providers that do not stock vaccine, patients may be referred to a pharmacy for vaccination. Medi-Cal covers prenatal immunizations as both a medical and [pharmacy](#) benefit.

Although prenatal immunization is covered by Medi-Cal, we are aware there are still barriers to administering and stocking vaccine or referring patients for immunization. Therefore, we will notify your patient's MCP Medical Director that prenatal Tdap was not administered to your patient, and her infant developed pertussis. We are requesting that the Medi-Cal MCP evaluate and reduce barriers in order to address this potential quality of care issue.

For additional information on prenatal Tdap immunization, please review resources from
ACOG: <http://www.immunizationforwomen.org/>
CDPH: <http://eziz.org/resources/pertussis-promo-materials/tdap-webinar-obs/>
CDC: <https://www.cdc.gov/pertussis/pregnant/index.html>

Sincerely,

Latest version is available [here](#).

Local Health Department Scope of Work



In effect
NOW

Objective 6.1: Assist with the prevention, surveillance and control of vaccine preventable disease (VPD) within the jurisdiction.

Required Activities:

iv. Support investigation of infant pertussis cases. Inform LHD Maternal, Child and Adolescent Health (MCAH) Program of each new infant case, and work together to contact the mother's prenatal care provider to determine barriers to prenatal Tdap vaccination. Follow up and assist the provider to meet the standard of care including providing strong recommendations for Tdap and a strong referral (if Tdap is not offered on-site).

Questions for LHDs:

- How is this activity going thus far?
- CDPH has been notifying MCAH staff of infant pertussis cases <4 mos. of age.
 - Has this helped facilitate communication between the two programs?
 - Is there anything else CDPH can do?

Questions for LHDs:

- Were you able to create/obtain a list of your MCP's in-network pharmacies?
- If you encounter problems try to:
 - Work with the plan first
 - [Medi-Cal FAQs](#) may help
 - For additional help, contact:
Amber Christiansen
510-620-3759
Amber.Christiansen@cdph.ca.gov

NEW!

<http://eziz.org/assets/docs/IMM-1251.pdf>

Medi-Cal Managed Care All Plan Letter:

<http://www.dhcs.ca.gov/for/msandpubs/Documents/MCDAPLsandPolicyLetters/APL2017/APL17-010.pdf>

NEED A RIDE?



Your Medi-Cal health plan can help members get to a doctor or clinic.

- Call the member services (or transportation) number on your health plan card or speak to your doctor to see if you qualify.
- For patients with straight Medi-Cal, also called Fee-for-service, call 1-800-541-5555. If you have a non-California phone number, call 916-636-1980.

¿NECESITA TRANSPORTE?

Su plan de Medi-Cal puede ayudar a miembros llegar al doctor o la clínica.

- Llame al número de servicios para miembros (o de transporte) en su tarjeta del plan de salud, o consulte a su doctor para ver si reúne los requisitos.
- Para pacientes en planes de Medi-Cal de pago por servicios, también conocido como Fee-For-Service, llame al 1-800-541-5555. Si usa un teléfono fuera de California, llame al 916-636-1980.

Template letter for Pharmacists

Pharmacy Logo Here

Next Pertussis Epidemic Anticipated as Early as this Year

Dear Physician,

As pertussis epidemics are cyclical and tend to peak every 3-5 years, now is the time to act before the next epidemic hits California.

During the last epidemic in 2014:

- Over 11, 000 cases were reported, resulting in 2 infant deaths
- The most severe cases occurred in infants younger than 4 months of age

Both ACIP and ACOG recommend Tdap vaccination of pregnant women during **EACH pregnancy** as the optimal strategy to protect young infants from pertussis through transplacental transfer of pertussis antibodies.

We can help you prevent pertussis in infants by vaccinating your pregnant patients. If you don't stock Tdap, please make a strong recommendation and refer your pregnant patients to us for Tdap vaccine at the earliest opportunity between 27-36 weeks gestation during EACH pregnancy.

No prescription is necessary for a pharmacist to administer the Tdap vaccine to your pregnant patients.

(PHARMACY NAME) regularly stocks Tdap and other vaccines. We accept Medi-Cal and most other types of insurance.

We will provide your patient with a vaccination record, notify you via fax and record the vaccine dose in the state immunization registry within 14 days of administration of the vaccine.

No appointment is necessary! Patients can walk in during the following times: **(LIST HOURS/DAYS)**

We appreciate the opportunity to partner with you in the preventive care of your patients.

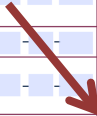
Sincerely,

_____, PharmD

Pharmacy Contact Info Here

ACOG's Antepartum Record

Laboratory and Screening Tests (continued)				Comments/Additional Labs
Late Pregnancy Labs and Screening	Date	Result	Reviewed	
Tdap Vaccination (Every Pregnancy; 27-36 Weeks)				
Complete Blood Count		HCT/HGB: _____ % g/dl. MCV: _____ PLT: _____		
Diabetes Screen (24-28 Weeks)				
GTT (If Screen Abnormal)				
D (Rh) Antibody Screen (When Indicated)				
Anti-D Immune Globulin (Rhlg) Given (28 Wks Or Greater) (When Indicated)				
Complete Blood Count				
Ultrasonography (18-24 Weeks) (When Indicated)				
HIV (When Indicated)*				
VDRL/RPR (Syphilis) (When Indicated)				
Gonorrhea (When Indicated)				
Chlamydia (When Indicated)				
Group B Strep (35-37 Weeks)				
Resistance Testing if Penicillin Allergic				
Other:				



Laboratory and Screening Tests (continued)			
Late Pregnancy Labs and Screening	Date	Result	Reviewed
Tdap Vaccination (Every Pregnancy; 27-36 Weeks)			

*Check state requirements before recording results.

Comments

ANTEPARTUM RECORD (FORM



Antepartum Survey Results

- Results (n=21); nearly 50% are Perinatal Services Coordinators
- Distribution efforts include:
 - Hand-delivering copies to CPSP providers
 - Including a copy in provider information packets
 - Sharing at OB provider meetings/roundtables
 - Disseminating to Medi-Cal Managed Care providers and local area hospitals/clinics.
- Interested in ordering copies of the antepartum record?
Complete the survey!
 - <https://www.surveymonkey.com/r/R7NKB23>

NEW!

Pertussis disease cases and incidence rates per 1,000 population for infants < 4 months of age, by local health jurisdiction and year of disease onset -- California, 2012-2016

	2012		2013		2014		2015		2016		SUM	AVE
	Cases	Rates**	Cases	Rates**	Cases	Rates**	Cases	Rates**	Cases	Rates**	Cases	Rates**
CALIFORNIA	145	0.88	220	1.32	626	3.72	351	2.07	126	0.74	1468	1.75
Los Angeles	32	0.80	41	1.01	140	3.30	104	2.44	21	0.49	338	1.62
San Diego	19	1.30	28	1.91	75	5.14	47	3.22	27	1.85	196	2.68
Orange	16	1.27	10	0.80	53	4.26	19	1.52	13	1.04	111	1.77
Riverside	9	0.90	10	1.00	38	3.78	21	2.05	13	1.27	91	1.80
Fresno	5	0.94	17	3.26	40	7.56	11	2.05	1	0.19	74	2.79
San Bernardino	10	1.00	7	0.69	38	3.66	12	1.15	2	0.19	69	1.34
Santa Clara	6	0.77	21	2.59	23	2.92	7	0.89	4	0.51	61	1.54
Kern	0	0.00	7	1.47	21	4.45	19	3.97	2	0.42	49	2.06
Contra Costa	3	0.75	2	0.49	30	7.27	4	0.96	3	0.72	42	2.04
Alameda	6	0.99	6	0.96	10	1.64	13	2.12	6	0.98	41	1.34

Look up your rates!

http://izcoordinators.org/web_assets/files/Ranked_infant_pertussis_by_county_year_2012-2016.xlsx

Tasks For LHDs

- Review Tdap Tool Kits available:
 - San Francisco:
<http://www.sfcdcp.org/tdaptoolkit.html>
 - ACOG :
<http://immunizationforwomen.org/providers/resources/toolkits/tdap.php>
 - San Diego:
<http://www.sdiz.org/HealthcarePros/Tdap-Toolkit2016.html>

Questions?

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