

# Prenatal Tdap Workgroup

## August 5, 2019



These slides are posted on the EZIZ  
Prenatal Tdap Toolkit Page:

<http://bit.do/prenatalTdaptoolkit>

<http://eziz.org/resources/pertussis-promo-materials/prenatal-tdap/>

Immunization Branch  
California Department of Public Health

# Agenda

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## I. Special Presentation (20 min + 10 min Q&A)

- Alameda County Efforts in Provider Outreach- Amy Pine, Ella Leung, and Theresa Cereno

## II. Announcements & Feedback (20 min)

- Value Based Payment Program –Amber Christiansen
- RX for Prenatal Vitamins Required at Pharmacies (for Medi-Cal Members)
  - How can we capitalize on this to promote prenatal immunizations?
- CCLHO Letters
  - [Prenatal Tdap Immunizations and Prenatal Care Providers \(12-11-17\)](#) with accompanying [Template Letter for Prenatal Care Providers with Pregnant Patients that did not Receive Prenatal Tdap and Infants Developed Pertussis](#)
  - Have you used them?

# Partnering for Infant Pertussis Prevention by Vaccinating Pregnant Women with Tdap Vaccine

**Ella Leung – Public Health Investigator, Alameda County Public Health**

**Theresa Cereno, LVN – Quality Improvement Project Specialist, Alameda Alliance for Health**

**Amy Pine, MPH – Immunization Section Director, Alameda County Public Health**



Health care you can count on.  
Services you can trust.

**August 5, 2019**



# Protecting Newborns from Pertussis



- CDC Recommendation:

Pregnant women should receive a Tdap vaccine during the 3<sup>rd</sup> trimester of every pregnancy, at 27-36 weeks gestation.

- Tdap Vaccine

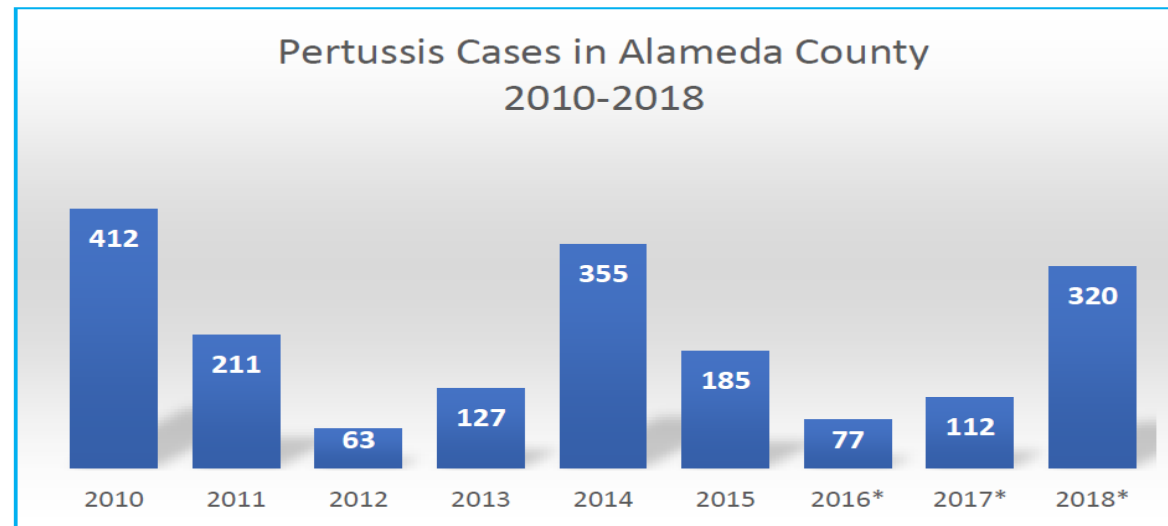
- Safe and effective

- Vaccinated pregnant mom makes antibodies that pass to baby



# Pertussis Disease Burden

- Pertussis: cyclical, peaks 3-5 years California due for epidemic
- California: >9,000 cases in 2010 and 10 infant deaths. >11,200 cases in 2014, 2 infant deaths, hundreds infant hospitalizations
- 2016 Maternal and Infant Health Assessment Survey showed lower Tdap protection rates among pregnant women insured by Medi-Cal (40%) as compared to private insurance coverage (65%)
- Alameda County (2018): approached epidemic levels, over 300 cases, 5 infant pertussis cases < 4 months old
- April (2019): Infant death in Orange County



# Our Quality Improvement Project

Goal: To collaboratively focus on eliminating infant pertussis in Alameda County by vaccinating pregnant women between 27-36 weeks gestation



# Improving Tdap Rates

Pertussis (whooping cough) is a cyclical disease and epidemics in California have traditionally occurred every 3-5 years. California is due for another epidemic, as its last one occurred in 2014.

With the goal of minimizing potential infant hospitalizations and deaths related to Pertussis, the Alliance and the ACPHD will utilize claims and encounter data to examine Tdap immunization rates for women who delivered during a measurement period.

Methodology:

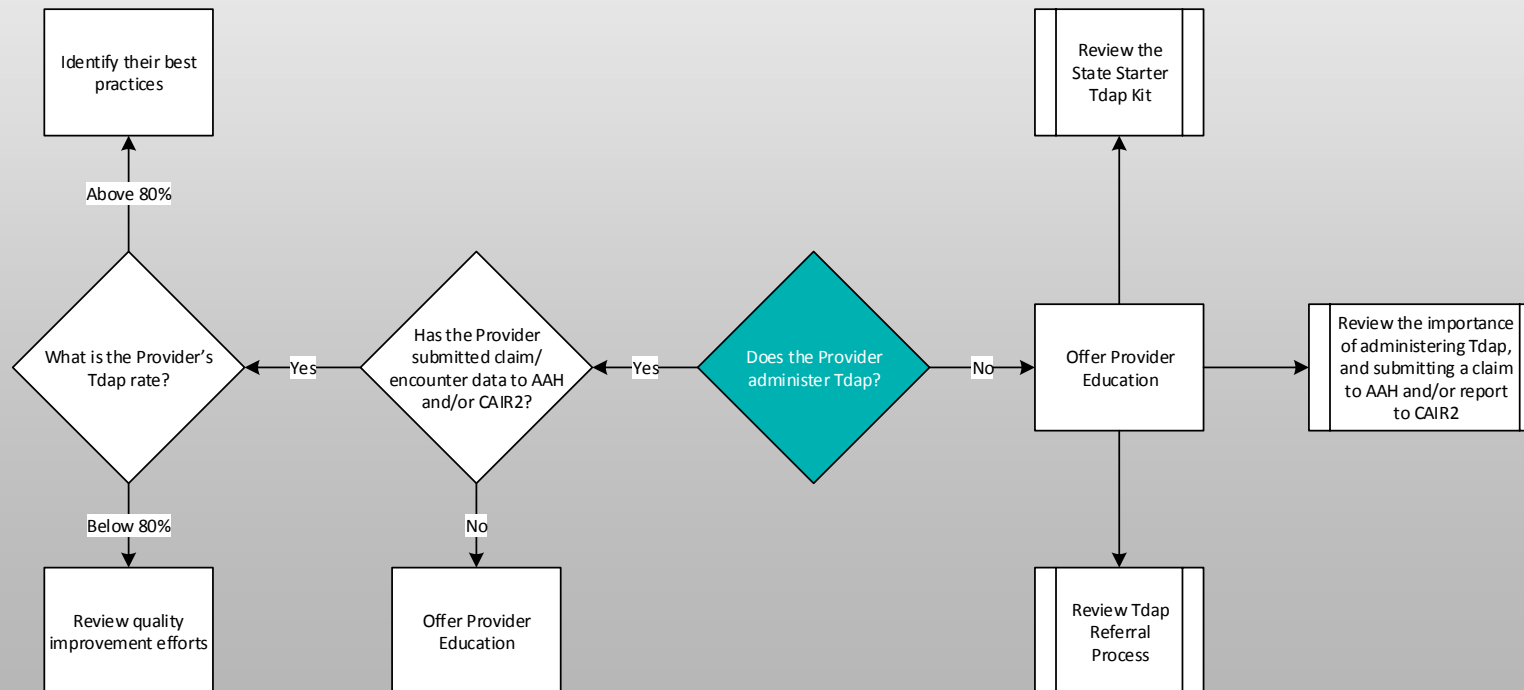
*Denominator:* # of deliveries per provider, reported during the measurement period

*Numerator:* # of members from the denominator, who received Tdap based on claims and encounter data (CPT code 90715, ICD-10 code Z23)

*Exclusions:* Kaiser members, deliveries < 27 weeks gestation

*Rate:* % of members from the denominator, who received Tdap based on the above claims and encounter data

By examining these rates and utilizing the flow chart below, the Alliance and the ACPHD can identify providers without Tdap data, best practices by providers with rates above 90%, and assist with quality improvement efforts to improve rates among providers with rates below 80%.



# Implemented Activities – *Introductory Letter*


## Introductory Letter

- sent letters to Medical Directors of the 19 sites- informing them of their rates & the goal of this project
- contact sites to schedule meetings with Medical Directors & Clinic Leaders



**Alameda Alliance**  
FOR HEALTH

**Infant Pertussis Prevention**  
by  
**Vaccinating Pregnant Women with Tdap Vaccine**



1/15/2019

Highland Outpatient Clinic  
1411 E. 31st Street  
Oakland, CA 94602

Dear Medical Provider/Director at Highland Outpatient Clinic,

We want to eliminate cases of infant pertussis in Alameda County, and we need your help!

As you well know, pertussis is a cyclical disease, with a peak in incidence every 3-5 years, and infants are at highest risk of hospitalization and death.

In 2010, California had over 9,000 cases reported, the most in 60 years, and there were 10 infant deaths. In 2014, 11,209 cases were reported which included two infant deaths and hundreds of hospitalizations. In Alameda County, we had over 300 cases of pertussis in 2018, which was almost as high as prior epidemic years. Five infants younger than 4 months old had pertussis in Alameda County, our goal moving forward is zero. We need your help to ensure that all pregnant women between 27-36 weeks of gestation are immunized with the Tdap vaccine.

Alameda Alliance for Health and the Alameda County Public Health Department have partnered to implement a Quality Improvement Project targeting clinics with *more than 30 births* and a *Tdap vaccination rate less than 80%* between 5/1/2017 and 4/30/18.


| Alameda County Target Rate | Your Tdap Vaccination Rate for Pregnant Women |
|----------------------------|---|
| 90%                        | 54%   |

In an effort to improve and sustain Tdap immunization rates for pregnant women, we will be contacting your office to schedule an appointment with your OB / Prenatal Leadership team to discuss your data, identify barriers, and suggest strategies to improve workflow and quality of care.

If you have an alternative contact for this project, please provide us with their name, phone number and email address at [immunize@acgov.org](mailto:immunize@acgov.org) and include "Tdap Contacts" in the subject line.

Thank you for partnering with us to protect the health of our community.

Sincerely,



Sanjay Bhatt, MD, MS, MMM  
Medical Director, Quality Improvement  
Alameda Alliance for Health



Erica Pan, MD, MPH  
Interim Health Officer  
Alameda County Public Health Department



# Implemented Activities – *Best Practices Interview*



**Alliance**  
for Health  
Alliance

**Infant Pertussis Prevention**  
by  
**Vaccinating Pregnant Women with Tdap Vaccine**


**Best Practices for Raising Tdap Vaccination Rates among Pregnant Women**

In Alameda County, the San Antonio Neighborhood Health Center La Clínica Site has a Tdap for pregnant women vaccination rate of **92%** -- the highest of any site contracted with the Alameda Alliance. How do they do it? We asked them and this is what we found out...


- 1) They see pediatric patients – and they don't want to see any of their babies getting sick – so they make sure that all moms are protected. Then they begin their DTaP vaccination series at two months, sometimes as early as 6 weeks depending on when people come in.
- 2) Cheat Sheets/Checklists for prenatal staff during the different trimesters. The third trimester sheet absolutely includes Tdap Vaccine – usually at 30 weeks gestation. Keeping it at 30 weeks is easier to remember than between 27-36 weeks and still falls within the best time to vaccinate.
- 3) They customize their care guidelines in their electronic health record system (EHR), and they make sure that all staff who are seeing prenatal appointments are fully oriented to what the prenatal processes look like within their EHR.
- 4) Medical Assistants are empowered to think about what the patient is due for before the doctor enters the room. The MA culture is to be aware of immunizations that might be due and remind physicians along the way. Their culture is one where physicians are happy to be guided by Medical Assistants for things like timing of vaccines, and Medical Assistants are encouraged to speak up along the way.
- 5) They use a presumptive approach when communicating about vaccines. They say things like “Today we’ll be protecting you and your baby from pertussis via the Tdap vaccine, and we’ll be protecting you from flu by giving you the flu vaccine.” Communicating in this straightforward, presumptive way, while still being compassionate and willing to answer any questions, results in much higher vaccination rates.
- 6) They immunize during Centering Pregnancy/Group Appointments. This is a cohort of women who are basically due at the same time who have prenatal visits together. It's easy to vaccinate a group of people together with Tdap vaccine!

Alameda County Public Health Department and the Alameda Alliance for Health  
[www.acphd.org/iz](http://www.acphd.org/iz) [www.alamedaalliance.org](http://www.alamedaalliance.org)

When people are initially pregnant and have their introductory visit/meeting at La Clínica, they get a packet of information – that packet includes <http://eziz.org/assets/docs/IMM-887.pdf>



Then, during the third trimester visit, clients receive a packet of information that includes a flyer about the importance of flu and Tdap vaccines <http://eziz.org/assets/docs/IMM-1146.pdf>





- 8) At their OB High Risk Meetings for third trimesters, staff review all prenatal charts and puts in any relevant notes/alerts in the electronic health record system.
- 9) When they have provider meetings, all types of providers are in the room, so pediatric providers can reiterate how serious the disease is for infants and to make sure that women are protected in their third trimester.

**Additional Tips/Resources that We've Collected Along the Way.....**

A strong recommendation for vaccination from the doctor is the number one indicator that a pregnant woman will be immunized.

- 1) Frequently asked questions and responses from the American College of Obstetricians and Gynecologists regarding Tdap and Pertussis for Providers:  
<http://immunizationforwomen.org/providers/diseases-vaccines/tetanus-diphtheria-pertussis/faqs.php>
- 2) Opinion paper from ACOG Immunization, Infectious Disease, & Public Health Preparedness Expert Work Group -  
<https://www.acog.org/-/media/Committee-Opinions/Immunization-Infectious-Disease-and-Public-Health-Preparedness-Expert-Work-Group/co741.pdf?dmc=1&ts=20180718T1750489844>
- 3) If a woman refuses the vaccine, some practices employ the use of a “refusal form” – if this is something that interests you, there's an example of a refusal form at <http://eziz.org/assets/docs/PrenatalTdapInfluenzaVaccineDeclinationForm.pdf>
- 4) This Flu and Pertussis poster for hanging in an exam or waiting room is also very helpful, comes in multiple languages, and can be ordered from our website for free at <http://www.acphd.org/iz/resources.aspx>



Alameda County Public Health Department and the Alameda Alliance for Health  
[www.acphd.org/iz](http://www.acphd.org/iz) [www.alamedaalliance.org](http://www.alamedaalliance.org)

<http://www.acphd.org/media/540904/best-practices-la-clinica-advice.pdf> or  
<http://www.acphd.org/media/540904/best-practices-la-clinica-advice.pdf>

# Implemented Activities – *Site Visits*

-Participants: Medical Directors, OB Unit Leaders, Clinic Managers,  
Medical Assistants, Support Staff (secretaries, appt. schedulers)

-Project Goal, Best Practices sheet

-Provider Questionnaire (obtain as much info as possible)

The image shows a screenshot of a questionnaire titled "Infant Pertussis Prevention by Improving Prenatal Tdap Vaccination Rates". The document includes a confidentiality statement, fields for "Clinic Name", "Date & Time of Meeting", and "Clinic Staff Present (Name & Title)". It also features an "Agenda" section with bullet points: "Project Overview—Problem, Purpose, & Goal", "Data", "Best Practices", "Commitment to Change", "Best Contact Persons for Follow-Up", and "Schedule for Quarterly Check-ins". The "Initial Questionnaire" section contains a list of questions with checkboxes and text input fields, such as "Who are the primary vaccinators at your clinic?", "Do you have an immunization (IZ) champion?", "Does your office see pediatric clients?", "Do you have a 3<sup>rd</sup> trimester problem list/check list highlighting Tdap?", "What EHR system do you use?", "Do you use CARR?", "Describe the level of empowerment for MA's at your office.", "Do MA's remind providers about Tdap during a 3<sup>rd</sup> trimester visit?", "How is your staff trained to discuss vaccines?", "Do you have joint meetings with specialists (i.e. pediatricians)?", and "How often do you have staff meetings?".

-Challenges Encountered (difficulty reaching point of contact, scheduling complications,  
relentless efforts)

# Barriers Identified

- Patients enrolled, but never saw PCP
- Missed opportunities among high risk patients
- Patient refusals
- Missed appointments
- Lack of vaccine champions
- Lack of medical assistant empowerment

# Strategies Explored

- The presumptive approach
- Declination forms
- Electronic health records
- Standing orders
- Checklists

## Refusal to be Vaccinated Form

Patient's name: \_\_\_\_\_ Patient's medical record number: \_\_\_\_\_

| Recommended vaccine  | Declined                 | Reason for declining |
|--|--------------------------|----------------------|
| <input type="checkbox"/> Inactivated influenza vaccine                               | <input type="checkbox"/> |                      |
| <input type="checkbox"/> Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine | <input type="checkbox"/> |                      |

I received a copy of and had a chance to read each Vaccine Information Statement from the Centers for Disease Control and Prevention. This handout has information that explains the vaccine(s) and the disease(s) it prevents for each of the recommended vaccine(s) checked above.

I have had the chance to discuss the recommendation and my refusal with my doctor or nurse. My doctor or nurse has answered all of my questions about the recommended vaccine(s). A list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is available at [http://bit.do/vis\\_cdc](http://bit.do/vis_cdc).

I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).

If I do **not** receive the vaccine(s), the consequences include an increased risk of:

- Getting the disease that the vaccine is designed to prevent.
- My newborn baby becoming very ill with the disease that the vaccine is designed to prevent. (During early life, babies rely on their mothers' prenatal immunizations for protection.)

My doctor, the California Academy of Family Physicians, the American College of Obstetrics and Gynecology, and the Centers for Disease Control and Prevention all strongly recommend that the vaccine(s) be given according to recommendations. Yet I have decided at this time to decline or defer the vaccine(s) recommended for me by checking the appropriate box under the column titled "Declined." I know that failure to follow the recommendations about vaccination may endanger my health or the life of my child.

I know that I may talk again with my doctor or nurse about these vaccines at any time and that I may change my mind and accept vaccination in the future. I acknowledge that I have read this entire document and fully understand it. I have had the opportunity to discuss my decision not to receive recommended vaccine(s) and still decline the vaccine(s).

Patient name (print): \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name (print): \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Resources Offered to Clinics

- Delivery of medical assistant trainings by our Immunization Coordinator
- Health education folders (brochures, fact sheets)

**Expecting?**  
Protect yourself and your baby against flu and whooping cough!

You may not realize it, but changes to your body during pregnancy put you and your baby at risk for serious complications from flu or whooping cough. Getting flu and whooping cough shots while you are pregnant can help protect you and your baby against these serious diseases. **The protection you get from the shots passes to your baby in the womb.** This will help protect your baby in early life when she is most vulnerable.

**How common are these diseases?**  
Each year, millions of Californians get flu, and hundreds of babies under 6 months of age are hospitalized due to flu. In 2014, over 11,000 people in California became ill with whooping cough. Hundreds were hospitalized, and three infants died. In 2010, almost 10,000 Californians caught whooping cough, and 10 infants died. Tragically, more than 5 out of 10 babies hospitalized were younger than 6 months old.

**How can I protect my baby and myself?**  
The American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the Centers for Disease Control and Prevention (CDC) recommend that all pregnant women get these life-saving shots:

- Flu Shot**  
By late October (if possible). If you missed it, get it now!
- Whooping Cough Shot ("Cocp")**  
As early as possible during your third trimester—27 to 36 weeks of pregnancy—even if you get the shot before becoming pregnant. You will need to get the Tdap shot during every pregnancy.

**How dangerous is whooping cough?**  
For babies, catching whooping cough can lead to trouble breathing (turning blue or gasping for air), pneumonia, hospitalizations, and death.

For adults, coughing fits can last for months and lead to vomiting, trouble sleeping, and even broken ribs. Whooping cough is highly contagious and can easily spread to others, including babies.

**Pass protection to your baby. Get immunized during pregnancy.**

California Department of Public Health, Immunization Branch • GetImmunized.org

**¿Está embarazada?**  
¡Protéjase a usted y a su bebé contra la influenza y la tos ferina!

Puede no darse cuenta, pero los cambios en su cuerpo durante el embarazo la ponen a usted y a su bebé en riesgo de complicaciones graves a causa de la influenza y la tos ferina.

¡Póngase la vacuna contra la influenza y la tos ferina durante el embarazo para ayudar a protegerla a usted y a su bebé contra esas enfermedades graves. La protección que obtiene al vacunarse se pasa a su bebé en el útero. Esto ayudará a proteger a su bebé durante su infancia cuando es más vulnerable.

**¿Qué tan comunes son estas enfermedades?**  
Cada año en California, millones de personas se contagian de influenza, y cientos de bebés menores de 6 meses son hospitalizados por la influenza. En el 2014, más de 11,000 personas en California se contagiaron de la tos ferina, cientos fueron hospitalizados, y 3 bebés murieron. En el 2010, casi 10,000 californianos contrajeron la enfermedad, y 10 bebés murieron. Trágicamente, más de 7 de cada 10 bebés hospitalizados eran bebés menores de 6 meses.

**¿La influenza es realmente peligrosa?**  
Sí. Si se contagia de influenza (también conocida como gripe), no es lo mismo que un resfriado común. Puede contagiarse de influenza aun si es sana y activa.

La influenza puede llevar a complicaciones graves como fiebre alta, neumonía e incluso su muerte y la de su bebé. La influenza también puede llevar a su nacimiento prematuro (antes de tiempo), bajo peso al nacer, o al parto de un bebé muerto.

**¿Cuán peligrosa es la tos ferina?**  
La tos ferina en los bebés puede causar problemas para respirar (los pulmones azules o sus fatis o ahí), neumonía y llevar a la hospitalización y la muerte.

En los adultos, los ataques de tos pueden durar meses y producir vómitos, problemas para dormir e incluso pueden romper los costillos. La tos ferina es muy contagiosa, y se puede transmitir fácilmente a otras personas, incluso a los bebés.

**¿Cómo puedo protegerme y proteger a mi bebé?**  
El Colegio Americano de Obstetras y Ginecólogos, la Academia de Pediatría Americana y los Centros para el Control y Prevención de Enfermedades recomiendan que todas las mujeres embarazadas reciban estas vacunas vitales:

- ✓ Vacuna contra la influenza**  
Vacúnese antes de fines de octubre si es posible. Si no se pudo, vacúnese hoy mismo!
- ✓ Vacuna contra la tos ferina (Tdap)**  
Vacúnese lo antes posible durante el tercer trimestre—semanas 27 a 36 del embarazo—incluso si se vacunó antes de quedar embarazada. Necesita ponerse la vacuna Tdap en cada embarazo.

**Pase protección a su bebé. ¡Vacúnese durante el embarazo!**

California Department of Public Health, Immunization Branch • GetImmunized.org

**You can start protecting your baby from whooping cough before birth**

**Information for pregnant women**

**When you get the whooping cough vaccine during your 3<sup>rd</sup> trimester, your baby will be born with protection against whooping cough.**

**Why do I need to get a whooping cough vaccine while I am pregnant?**  
The whooping cough vaccine is recommended during your third trimester so that your body can create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his or her first whooping cough vaccine at 2 months of age. So long as the first few months of your baby's immune system continue to develop, complications from the disease.

**Is this vaccine safe for me and my baby?**  
Yes. The whooping cough vaccine is safe for you and your baby. The most common side effects are mild, like swollen lymph nodes where the shot is given at the arm. They should go away within the day. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that the whooping cough vaccine is safe and important to get during the third trimester of each pregnancy. Getting the recommended pregnancy dose will protect you and your baby from whooping cough for your entire life.

**If I recently got this vaccine, why do I need to get a booster?**  
The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then starts to decrease over time. That's why the vaccine is recommended during your pregnancy—so that each of your babies gets the greatest amount of protection and antibodies. For you and the best protection possible against this disease.

**Are babies even getting whooping cough anymore in the United States?**  
Yes. In fact, babies are at greatest risk for getting whooping cough. The number of babies in the United States who get ill with whooping cough has increased significantly in recent years. Over 100 babies die from whooping cough each year in the United States. Cases which reduce your child's ability to learn to walk.

**www.cdc.gov/whoopingcough**

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

American Academy of Pediatrics

California Department of Public Health

**ACOG COMMITTEE OPINION**  
Number 504 • June 2016

**Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group**  
The Committee Opinion was drafted by Dr. Jennifer Gilmer, MD, Obstetrics and Gynecology, Massachusetts General Hospital, and Paul B. Reich, PhD, Immunization Work Group, in collaboration with Andrea Davis, L. MD, PhD and Susan E. Riley, MD.

**Maternal Immunization**

**ABSTRACT:** Immunization is an essential part of care for adults, including pregnant women. Influenza vaccination for pregnant women is especially important because pregnant women who contract influenza are at greater risk of hospital admission and mortality. In addition to fetal mortality, including congenital anomalies, spontaneous abortion, preterm birth, and low birth weight. Other vaccines provide maternal protection from disease while reducing specific pathogens such as pertussis, tetanus, diphtheria, and hepatitis for direct pregnant women. Obstetrician-gynecologists and other obstetric care providers should routinely assess their pregnant patients' immunization status. Based on the assessment they should recommend or, when indicated, administer needed vaccines to their pregnant patients. There is no evidence of adverse fetal effects from vaccinating pregnant women with inactivated virus, bacterial vaccines, or toxoids, and a growing body of data demonstrates the safety of such use. Women who are or will be pregnant during influenza season should receive an annual influenza vaccine. All pregnant women should receive a tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine during each pregnancy, no matter in the 27–36 weeks of gestation window as possible.

**Recommendations**  
The American College of Obstetricians and Gynecologists recommends the following immunizations:  
• Obstetrician-gynecologists and other obstetric care providers should routinely assess their pregnant patients' immunization status.  
• Obstetrician-gynecologists and other obstetric care providers should recommend, when possible, administer needed vaccines to their pregnant patients.  
• Women who are or will be pregnant during influenza season should receive an annual influenza vaccine.  
• All pregnant women should receive a tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine during each pregnancy, no matter in the 27–36 weeks of gestation window as possible.  
• Other vaccines may be recommended during pregnancy depending on the patient's age, prior immunizations, occupational or travel risk factors.

**Background**  
Immunization is an essential part of care for adults, including pregnant women. Influenza vaccination for pregnant women is especially important because pregnant women who contract influenza are at greater risk of hospital admission and mortality and mortality in addition to fetal mortality, including congenital anomalies, spontaneous abortion, preterm birth, and low birth weight (LBW). Vaccines such as Tdap provide fetal and maternal benefits through passive transfer of protective antibodies across the placenta. Other vaccines provide maternal protection from severe morbidity related to specific pathogens such as pertussis, tetanus, diphtheria, and hepatitis for or direct pregnant women should receive an annual influenza vaccine. All pregnant women should receive a tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine during each pregnancy, no matter in the 27–36 weeks of gestation window as possible. Other vaccines may be recommended during pregnancy depending on the patient's age, prior immunizations, occupational or travel risk factors.

OBSTETRICS & GYNECOLOGY

**IMMUNIZATIONS**  
for a **Healthy**  
Pregnancy

**CSPH**  
California Department of Public Health

# Resources Offered to Clinics

- 11 x 17 Tdap posters for pregnant women (English, Spanish, & Chinese)
- ACPHD translated this poster to Arabic
- Distributed to clinic to post in exam rooms, waiting areas

**Your baby may be at risk** for flu and whooping cough

**Flu can be dangerous for you and your baby, causing:**

- Low birth weight
- Premature birth
- Stillbirth
- Hospitalization
- Death

**Whooping cough can also be dangerous for babies, causing:**

- Coughing fits
- Gaspings for air
- Serious lung infections
- Hospitalization
- Death

**If you're pregnant:**

- Get flu vaccine as soon as possible and
- Whooping cough (Tdap) vaccine in your third trimester of every pregnancy

The protection you get from these vaccines passes to your baby during pregnancy. Your baby counts on you for protection.

**Talk to your doctor for more information**

California Department of Public Health, Immunization Branch  
This publication was supported by Grant Number 1231-CO002007 from the Centers for Disease Control and Prevention (CDC).  
BMA-1145E (1-15)

**Su bebé puede estar en riesgo** de contraer la influenza y la tos ferina

**La influenza (gripe) puede ser peligrosa para usted y su bebé, produciendo:**

- Bajo peso al nacer
- Nacimiento prematuro (antes de tiempo)
- Parto de bebé muerto
- Hospitalización
- Muerte

**La tos ferina también puede ser peligrosa para los bebés y causar:**

- Ataques de tos
- Falta de aire
- Infecciones graves en los pulmones
- Hospitalización
- Muerte

**Si está embarazada:**

- Póngase la vacuna contra la influenza lo antes posible y
- la vacuna contra la tos ferina (Tdap) en el tercer trimestre de cada embarazo

La protección que obtiene de esas vacunas se pasa a su bebé en la matriz. Su bebé cuenta con usted para su protección.

**Hable con su doctor para obtener más información.**

California Department of Public Health, Immunization Branch  
Esta publicación fue apoyada por el subvención número 1231-CO002007 de los Centros para el Control y Prevención de Enfermedades (CDC, Center for Disease Control and Prevention).  
BMA-1145E (1-15)

**您的寶寶可能** 罹患流感和百日咳

**流感對您和您的寶寶都很危險，可能引起：**

- 低體重兒
- 早產
- 死胎
- 住院
- 死亡

**百日咳對嬰兒也很危險，可能引起：**

- 咳嗽發作
- 不停地喘氣
- 嚴重的肺部感染
- 住院
- 死亡

**如果您已懷孕：**

- 請儘早接種流感疫苗
- 在每次懷孕的妊娠晚期接種百日咳(Tdap)疫苗

您將自己從疫苗獲得的免疫力傳遞給了子宮內的寶寶。寶寶將依賴您的免疫力。

**向醫生瞭解更多情況**

California Department of Public Health, Immunization Branch  
此出版物由撥款編號為 1231-CO002007 的 CDC 撥款支持。  
BMA-1145C (1-15)

**قد يكون طفلك عرضة لخطر** الإصابة بالإنفلونزا والسعال الديكي

**من الممكن أن تمثل الإنفلونزا خطراً عليك وعلى طفلك، وتؤدي إلى:**

- نوبات السعال
- التنفس اللاهت
- التهابات الرئة الخطيرة
- دخول المستشفى لتلقي العلاج
- الوفاة

**من الممكن أن تمثل الإنفلونزا خطراً عليك وعلى طفلك، وتؤدي إلى:**

- الوزن المنخفض عند الولادة
- الولادة المبكرة
- ولادة جنين ميت
- دخول المستشفى لتلقي العلاج
- الوفاة

**إذا كنتِ حاملاً:**

- احصلي على لقاح الإنفلونزا بأسرع ما يمكن و
- لقاح السعال الديكي (Tdap) في الثلاثة أشهر الأخيرة من كل حمل

ينتقل التحصين الذي تحصلين عليه من هذه اللقاحات إلى طفلك أثناء الحمل، يعتمد طفلك عليك من أجل الحصول على التحصين.

**تحدثي مع طبيبك للحصول على مزيد من المعلومات**

California Department of Public Health, Immunization Branch  
This publication was supported by Grant Number 1231-CO002007 from the Centers for Disease Control and Prevention (CDC).  
BMA-1145D (1-15)

# Follow-up Efforts & Impact

- Raised awareness among clinics with our presence
- Tdap topic has come up in leadership meetings
- Immunizations added as standing agenda item at high-risk meetings

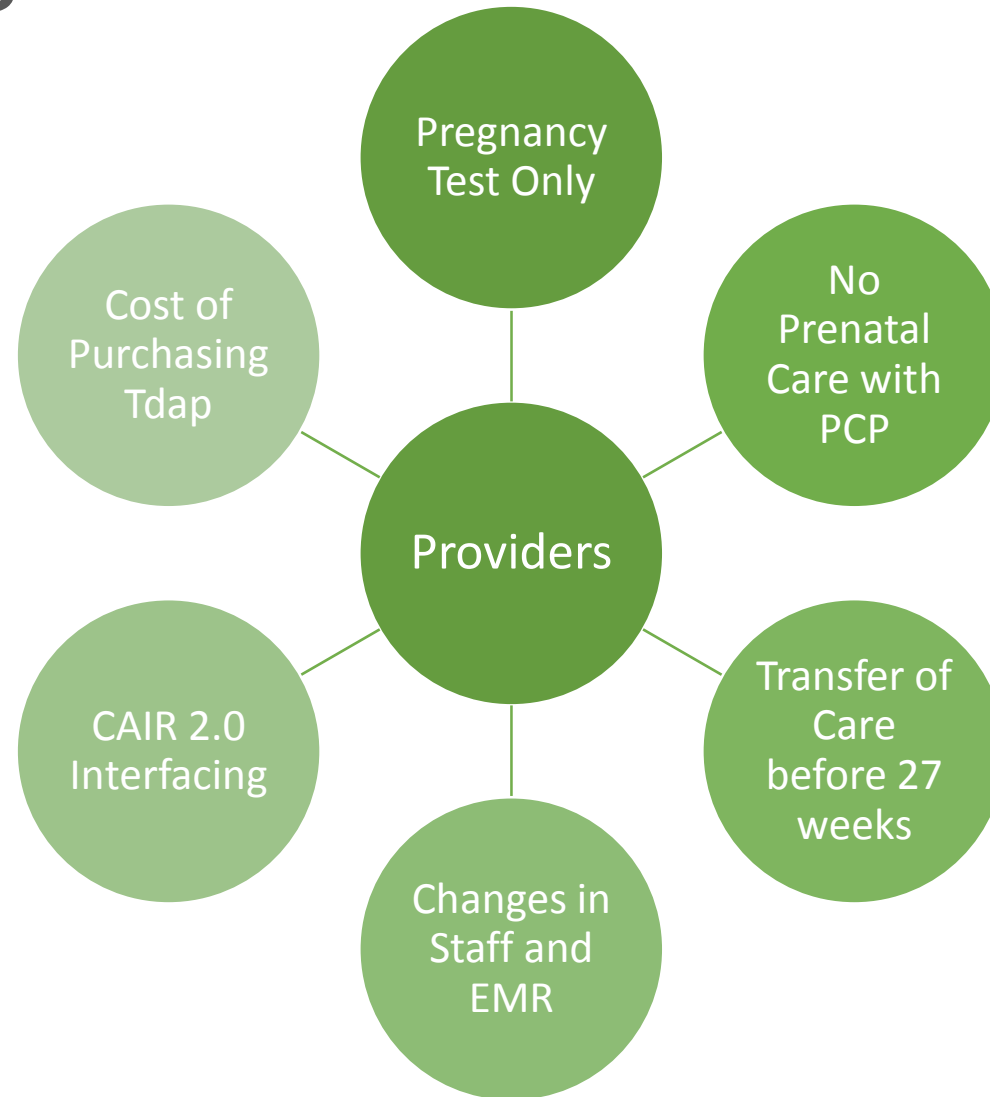


# Data Run

- Start Date: 8/28/2018
  - Delivery Period: 5/1/2017 – 4/30/2018
- End Date: Ongoing
- Report Frequency: Quarterly
- Current Extraction Date: 7/21/2019
  - Delivery Period: 4/1/2018 – 3/31/2019
- Member Level Report to be distributed quarterly or per provider request



# Data Challenges



# Data Challenges



# Successes/Incremental Progress

- ✓ No reported issues of vaccine availability
- ✓ Sites want to eliminate missed opportunities
- ✓ In-person visits to practices have been valuable
- ✓ High Risk pregnancy site has decided to start stocking Tdap!!



# Thank You!

## Questions?

Ella Leung

[Ella.Leung@acgov.org](mailto:Ella.Leung@acgov.org)

Theresa Cereno

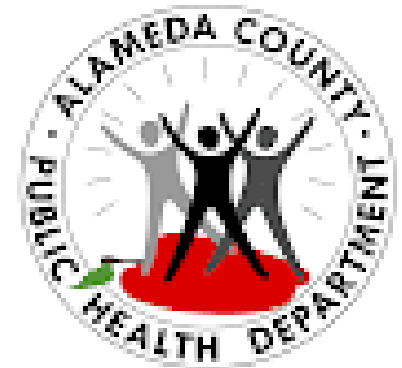
[TCereno@alamedaalliance.org](mailto:TCereno@alamedaalliance.org)

Amy Pine

[Amy.Pine@acgov.org](mailto:Amy.Pine@acgov.org)



Health care you can count on.  
Service you can trust.



# DHCS Value Based Payment Program Background

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- Governor's Budget FY 19-20 proposes a VBP through Medi-Cal managed care health plans (MCPs)
- VBP program will provide **incentive payments to providers for meeting specific measures** aimed at improving care for certain high-cost or high-need populations
- Risk-based incentive payments will be targeted at providers that meet specific achievement on metrics targeting areas such as:
  - behavioral health integration
  - chronic disease management
  - **prenatal/post-partum care**
  - **early childhood prevention**

# VBP Program Implementation

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- Implementation date July 1, 2019
- VBP program will be implemented for at least three years in the Medi-Cal Managed Care delivery system
- Does not apply to FQHCs
  
- DHCS VBP Program website - [https://www.dhcs.ca.gov/provgovpart/Pages/VBP Measures 19.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/VBP_Measures_19.aspx)

# Measure: Prenatal Tdap Vaccine

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- Incentive payment to the provider for the administration of the pertussis vaccination to women who are pregnant
- Payment to rendering or prescribing provider for Tdap vaccine anytime in the measurement year

# Measure: Adult Influenza Vaccine

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- Incentive payment to a provider for ensuring influenza vaccine administered to members 19 years and older
- Payment to rendering or prescribing provider for up to two flu shots given throughout the year for patients 19 and older at the time of the flu shot
- No more than one payment per patient per quarter for the first quarter of the year (January through March) or the last quarter of the year (October through December)



# Measure: Prenatal Care Visit

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- Incentive payment to the provider for ensuring that the woman comes in for her initial, first trimester prenatal visit
- Payment to rendering provider for provision of prenatal and preventive care on a routine, outpatient basis
- No more than one payment per pregnancy
- Payment for the first visit in a plan that is for pregnancy

# Measures: Postpartum and Early Childhood

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## Postpartum Care Visits

- Incentive payment for completion of recommended postpartum care visits after a woman gives birth
- Payment to rendering provider for provision of an Early Postpartum Visit (a postpartum visit on or between 1 and 21 days after delivery)
- Payment to rendering provider for provision of a Late Postpartum Visit (a postpartum visit on or between 22 and 84 days after delivery)

## Postpartum Birth Control

- Payment to rendering or prescribing provider for provision of most effective method, moderately effective method, or long-acting reversible method of contraception within 60 days of delivery

## Well Child Visits

## Two-Year Old Child Vaccines

# SGF Prenatal Tdap Program-One last push!

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- **~ 20,000 doses of Tdap** (Adacel<sup>®</sup>, single dose vials) to jumpstart prenatal care provider offices not offering Tdap
  - Can providers who already stock Tdap onsite sign up?
    - No. This program is only for providers who do NOT stock Tdap. Providers with Tdap in stock should be immunizing ALL pregnant women with private or public insurance. If you hear otherwise, please email [amberchristiansen@cdph.ca.gov](mailto:amberchristiansen@cdph.ca.gov).
  - Can doses be shipped directly to providers?
    - We can ship to non-profit providers only. For-profit providers must get their Tdap from the local health department.
  - Can local health departments order Tdap for their own clinics?
    - Yes! BUT LHDs must agree to send a [letter](#) to referring prenatal care providers

For more info: <http://izcoordinators.org/flu/pagesflustate-purchase-tdap/>

# Prenatal Vitamins

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- **Medi-Cal requires RX for prenatal vitamins**
  - No minimum quantity
  - Pharmacy claims restricted to maximum of 100 calendar day supply per dispensing per regulation, CCR Title 22, section 51313 (b).
- **Question for the group:** How can we capitalize on this to encourage pharmacies to offer prenatal immunizations?

# CCLHO Letters

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- In August 2017, CLLHO voted to encourage Health Officers to inform the mother's prenatal care provider and health plan if a woman did not receive Tdap in the appropriate window and her infant went on to develop pertussis before four months of age.
  - [Prenatal Tdap Immunizations and Prenatal Care Providers \(12-11-17\)](#) with accompanying [Template Letter for Prenatal Care Providers with Pregnant Patients that did not Receive Prenatal Tdap and Infants Developed Pertussis](#)
- **Question to workgroup:** Have you used the template letter?

# Questions?

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As always, these slides are posted on Prenatal Tdap Toolkit page: <http://eziz.org/resources/pertussis-promo-materials/prenatal-tdap/>.

Rebeca Montealegre Boyte

510-620-3762

[Rebeca.Boyte@cdph.ca.gov](mailto:Rebeca.Boyte@cdph.ca.gov)