Prenatal Tdap Workgroup
August 5, 2019

Immunization Branch
California Department of Public Health

These slides are posted on the EZIZ Prenatal Tdap Toolkit Page:
http://bit.do/prenatalTdaptoolkit

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

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

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Theresa Cereno, LVN – Quality Improvement Project Specialist, Alameda Alliance for Health
Amy Pine, MPH – Immunization Section Director, Alameda County Public Health

August 5, 2019
Protecting Newborns from Pertussis

• CDC Recommendation:
  Pregnant women should receive a Tdap vaccine during the 3rd 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
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%.

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**Flow Chart:**

1. **Identify their best practices**
   - Above 80%
   - Review quality improvement efforts
   - **Below 80%**
   - Offer Provider Education

2. **Has the Provider submitted claim/encounter data to AAH and/or CAIR2?**
   - **Yes**
   - Review the State Starter Tdap Kit
   - **No**
   - Offer Provider Education

3. **Does the Provider administer Tdap?**
   - **Yes**
   - Review Tdap Referral Process
   - **No**
   - Review the importance of administering Tdap, and submitting a claim to AAH and/or report to CAIR2

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*Improving Tdap Rates*
Implemented Activities – 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
Implemented Activities – Best Practices Interview

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 Clinica Site has a Tdap for pregnant women vaccination rate of 98% – 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 theyleigh their Tdap vaccination series at two months, sometimes as early as 6 weeks depending on when people come in.

2. They create a 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.

3. 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.

4. They use a prescriptive approach when communicating about vaccines. They say things like “Today we will 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, prescriptive way, while still being compassionate and willing to answer any questions, results in much higher vaccination rates.

5. 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 women at the same time.

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)

- 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
Resources Offered to Clinics

• Delivery of medical assistant trainings by our Immunization Coordinator

• Health education folders (brochures, fact sheets)
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
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
  - Delivery Period: 4/1/2018 – 3/31/2019

- Member Level Report to be distributed quarterly or per provider request
Data Challenges

Providers

- Pregnancy Test Only
- No Prenatal Care with PCP
- Transfer of Care before 27 weeks
- Changes in Staff and EMR
- Cost of Purchasing Tdap
- CAIR 2.0 Interfacing
Data Challenges

- Identifying Codes Specific to Vaccine Refusal
- Capturing Data for a Historical Vaccine Intake
- Proactive Approach: Identifying Members between 27-36 weeks
- Claims Lag
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?

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DHCS Value Based Payment Program
Background

• 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

• 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
Measure: Prenatal Tdap Vaccine

- 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

• 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

- 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

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!

• **~ 20,000 doses of Tdap** (Adacel®, 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.
  – 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](mailto:amberchristiansen@cdph.ca.gov) to referring prenatal care providers.

Prenatal Vitamins

• 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?
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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