

Expert Teams – Vaccination

Case-Based Learning & Mentorship

Thursday, July 27, 2023

Facilitator: Julie Moss, MS

ESRD National Coordinating Center



Meeting Logistics

- Call is being recorded
- Participants can unmute themselves
 - Please stay on mute unless you are speaking
 - Do not place the call on “hold”
- Everyone is encouraged to use the video and chat features
- Meeting materials will be posted to the ESRD NCC website.



Who Is On The Call?

Clinician and
Practitioner
Subject Matter
Experts

Dialysis Facility
and Transplant
Professionals

ESRD Network
Staff

Centers for
Medicare &
Medicaid Services
(CMS) Leadership

Kidney Care
Trade Association
Members



What are Expert Teams?



Participants from varying levels of organizational performance, each with lived experience and knowledge, come together to support continual learning and improvement



Help others learn faster by sharing what worked and what didn't work around a particular case, situation, or circumstance



Bring the best possible solutions to the table

Expert Team Call Objectives



Prepare for improvement using shared clinical cases



Test processes through the application of knowledge from the cases



Use inquiry-based learning to problem solve



Examine clinical reasoning, problem solving, and decision making through lived experience



Act as a consultancy for behavior change and improvement

Questions to Run On



How Might We ...

- Ensure all eligible patients are vaccinated?
- Improve communication about the importance of vaccination? What the message be?
- Overcome vaccination hesitancy?
- Improve patient adherence to booster requirements for some vaccines?

Guest Expert

Karen Krueger, MD

Assistant Professor of Medicine

Clinical Director, Travel and Immunization Clinic

Division of Infectious Diseases

Northwestern University Feinberg School of Medicine



Vaccination Uptake: Strategies for your Patients

ESRD NCC Vaccination Team Call
July 27, 2023

Karen Krueger, MD
Director of Travel and Immunization Clinic
Assistant Professor of Medicine
Infectious Disease

Background

Vaccination in Persons with Chronic Kidney Disease (CKD)

- Infection is among the leading causes of morbidity and mortality in persons with CKD
- Kidney disease results in a state of global immunosuppression, infection risk increases with progressive renal failure
- All people with CKD should receive age-appropriate vaccinations (e.g. shingles, tetanus boosters)
- The ACIP places a special emphasis on **Hepatitis B, Influenza, and Pneumococcal** vaccines for persons with CKD
- This fall we will also need to think about **RSV (60+)** and updated **COVID-19 boosters**
- Live vaccinations are generally considered appropriate although data limited

Vaccine Uptake

Where do we stand?

Pneumococcal coverage

- Adults 19-64 at increased risk: 23%
- Adults >64: 63.6%
- Dialysis Centers: 44%

Hepatitis B coverage

- Adults 19-49: 32%
- Adults >49: 16.5%
- Dialysis Centers: 73%

Influenza coverage

- Adults >18: 45% (goal 70%)
- Dialysis Centers: 76%

COVID-19 Coverage

- General population: 70%
- Dialysis Centers: 69.8%
 - Hispanic, Black, and Asian patients were more likely than non-Hispanic White persons to receive in a dialysis clinic

*Significant disparities exist among racial and socioeconomic groups

MMWR Surveill Summ 2017;66; Bond et al AJKD 2009; Patel et al. *JAMA Intern Med.* 2022

Vaccine Uptake

Common Barriers

Structural

Equity
Cost
Access
Policies

Behavioral

Inertia
Forgetfulness
Mistrust
Political beliefs
Social norms

Information

Cultural beliefs
Health literacy
Misinformation
Lack of information

Providing immunization in dialysis centers can remove some of the above barriers

Adapted from <https://www.cdc.gov/vaccines/covid-19/downloads/vaccination-strategies.pdf>

Vaccine Uptake

Understanding your Community

1. Learn about your patient population: social vulnerability, language, cultural beliefs, etc.
2. Learn more about vaccine knowledge and confidence

Factors that Build Intention	Assessment of Factors
Recommendation	Are they aware what is recommended for them?
Availability	Are they aware where vaccine is available and when?
Safety	Do they believe the vaccine is safe?
Efficacy	Do they believe the vaccines will protect them against getting sick?
Trust	Do they trust the institutions involved in the vaccination process?

Adapted from CDC Diagnostic Tool for Addressing COVID-19 Vaccine Confidence
<https://www.cdc.gov/vaccines/covid-19/downloads/vaccination-strategies.pdf>

Vaccine Uptake

Strategies to improve uptake that have shown varying success

- System protocol
- Order sets
- Default scheduling
- Train staff to provide accurate information
- Presumptive approval
- Reminders
- Social norms
- Incentives
- Provider feedback/quality metrics
- Educational Materials
- Motivational Interviewing

Vaccine Uptake

Summary

- There is not one universal strategy to solve issue of low vaccine uptake
 - Strategies must be employed and studied at policy, system, provider, and patient levels
- We must advocate for further research of vaccine efficacy and optimal timing in persons with CKD
- Understand your community/cultural competency, tailor materials and training to demographic population
- Trusted messengers are vital to deliver accurate information



“...in-depth understanding of a group targeted for change is important for planning ethical interventions that honor individual choices and empower the group.”

Thank You

Case Study Presenters

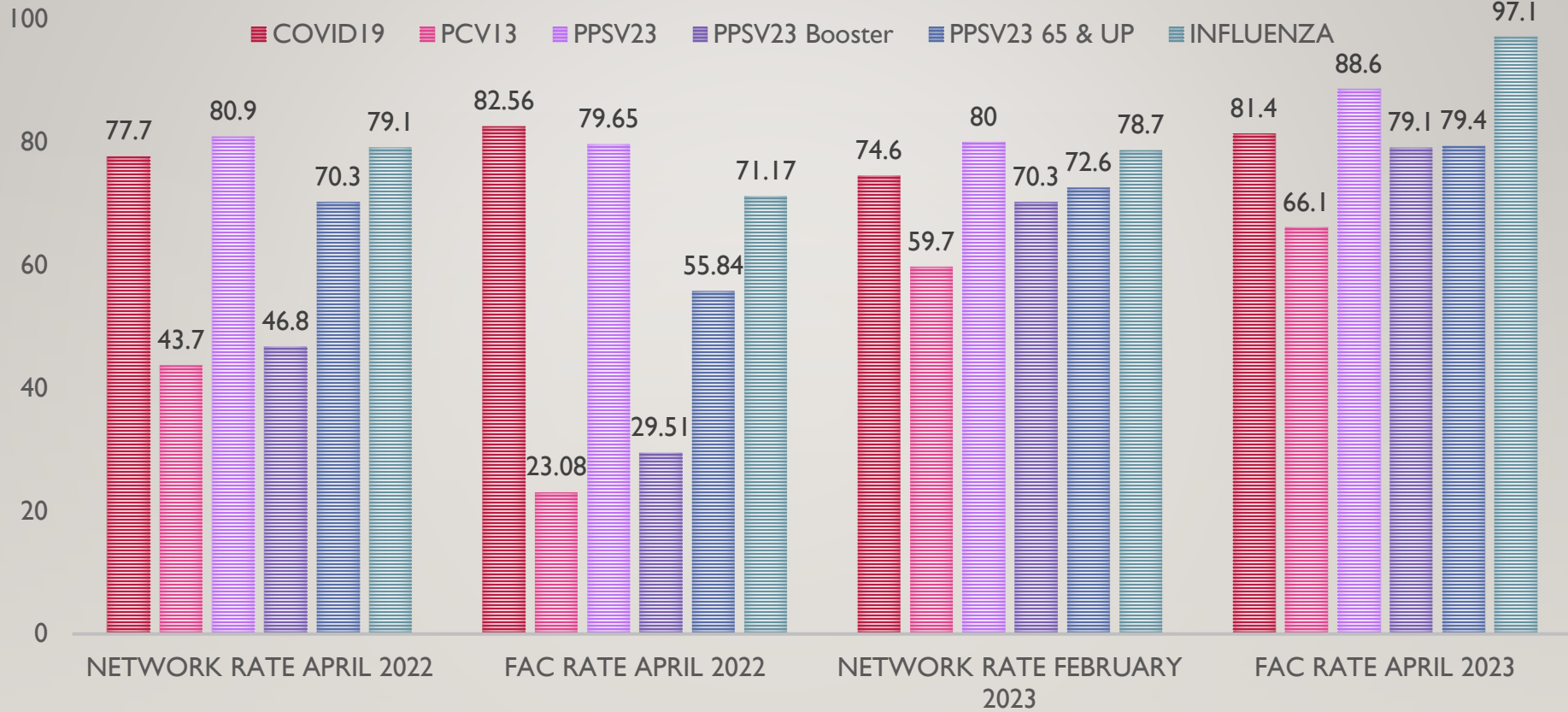
Joma Lynn Jumoad, BS, RN
Clinical Coordinator
United Dialysis



DAVITA UNITED DIALYSIS CENTER

VACCINATION QIA BDP

CHART TITLE



VACCINATION GOALS, NATIONAL & NETWORK RATES & FACILITY LEVEL RATES

- 2022

Vaccination	CMS QIA Goal by April 30, 2023	National Rate	Network Rate	Your Facility's Rate
Patient COVID-19 (April 2022)	80%	74.0%	77.7%	82.56%
PCV 13 (May 2022)	20% increase	47.1%	43.7%	23.08%
PPSV 23 (May 2022)	90%	82.8%	80.9%	79.65%
PPSV 23 Booster (May 2022)	20% increase	59.8%	46.8%	29.51%
65 and older initial PPSV 23 (May 2022)	85%	79.7%	70.3%	55.84%
Influenza- Patients (April 2022)	90%	78.7%	79.1%	71.18%

- 2023

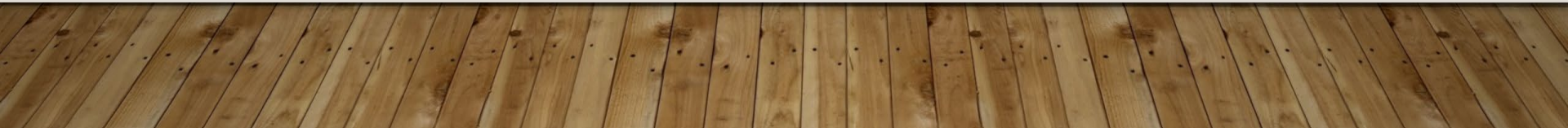
Vaccination	CMS QIA Goal	February 2023 Facility Rate	February 2023 Network Rate
Patient COVID-19	80%	81.4%	74.6 %
PCV 13	20% increase	66.1%	16.0% Increase
PPSV 23	90%	88.6%	80.0%
PPSV 23 Booster	20% increase	79.1%	70.3%
65 and older initial PPSV 23	85%	79.4%	72.6 %
Influenza- Patients	90%	97.1%	78.7%

- ❖ Establish a baseline vaccination status to all patients under our care who are eligible. Identify eligible patients who need vaccination.
- ❖ Coordinate with IDT members. Social Worker helps in talking with patients specially the ones who are refusing to take the vaccine. Nurses are encouraged to educate patient regarding vaccination.
- ❖ Clinic activities such as lobby days with taglines “Don’t hesitate, vaccinate and you’ll be great!” (August 2022), with follow up “A little pain for a lot of gain” during scheduled vaccination days.
- ❖ Utilize “A change package to increase vaccinations” packet guide given by ESRD NCC. Identifying primary and secondary drivers to increase vaccination rates.

✓ **PERSISTENT FOLLOW UP AND SURVEILLANCE**



- ❖ For new admissions: Establish vaccination records (PCP, SNF, other clinics). Obtain order from MD to vaccinate unvaccinated patients, during the first week of admission.
- We also have access to EHR from neighboring hospital to check on their vaccination records. Establish good relationship with PCP and other health care entities.
- When offering vaccines, educate patient what the vaccine is about and its importance and benefits upon receiving the vaccine.
- Give vaccine information sheet from CDC to all patients, may they be accepting or refusing to get the vaccine.
- Giving of educational handouts about available vaccines from CDC or Network 18 (preferably a 1 pager handout so that patient is not overwhelmed as patient tend to just read the first few sentences)



- ❖ MEASURING AND MONITORING OF IMPROVEMENT BY HAVING A SPREADSHEET TO MONITOR WHO HAS RECEIVED, REFUSED, PENDING VACCINATION AND NEEDING BOOSTER DOSES.

PNEUMONIA VACCINATION		Pprevnar 13	Pneumo 23	Pneumo 23	Pneumo 23 @ 65	comments
	MWF	4/13/2023			2/2/2023	completed
	TTS	4/4/2020	6/4/2011	6/9/2011	2030	>5 years, waiting at 65 but up to date
	TTS	6/6/2020	3/15/2012	5/14/2019	2046	up to date
	MWF		8/29/2005		2/7/2018	completed
	MWF				6/5/2023	completed
	MWF	REFUSAL	REFUSAL			refusal
	TTS	4/16/2020	8/21/2012	8/8/2017	2024	up to date
	TTS	4/4/2020			6/30/2016	completed
	MWF	4/29/2020	8/7/2020	2025	2030	up to date
	MWF	2/7/2020			5/20/2020	completed
	MWF	11/14/2017			5/20/2020	completed
	TTS	10/1/2019			1/12/2021	completed
	MWF	REFUSAL	REFUSAL			refusal

Questions and Answer Discussion

Top Take-Aways



What is one thing you learned today that you could start doing immediately?



How will this action improve your current way of doing the practice/process?



Who is involved and how can they support the action to make it sustainable?

Recap & Next Steps

- Additional pathways for learning
 - Sharing Best Practices to a greater community through coalition meetings
 - Using Case Study examples to identify new ways of doing something and missed opportunities
- Next meeting – Thursday, October 26, 2023 @ 2 pm ET

Visit the ESRD NCC website to find materials and share <https://esrdncc.org/en/professionals/expert-teams/>



Social Media



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@esrd_ncc



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Expert Teams – Case-Based Learning & Mentorship

Thank You

Julie Moss

jmoss@hsag.com

813-300-6145

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