Increasing Pneumococcal Vaccination Rates in Patients with Inflammatory Bowel Disease

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The Problem

Inflammatory Bowel Disease (IBD) is a chronic medical condition in which a significant number of patients require immunosuppressant therapy including corticosteroids, biologic therapies, or thiopurines. The Advisory Committee on Immunization Practices (ACIP) recommends that adults with chronic medical conditions be vaccinated with the 23-valent pneumococcal polysaccharide (PPV23) for the prevention of invasive pneumococcal disease. Furthermore, documented Pneumococcal vaccination rates are now a Quality Measure set forth by the AGA (American Gastroenterological Association). Historical data demonstrates that pneumococcal vaccination rates among IBD patients have been low. Prior to this project, PPV23 vaccination rates were not being systematically measured at the UCSF Center for Crohn’s and Colitis.

Project Goal(s)

1. Systematically measure PPV23 vaccination rates
2. Increase vaccination rates to >75% among IBD patients seen at the UCSF Center for Crohn’s and Colitis

Project Plan

• We introduced and promoted the project at our monthly IBD conference which is a part of our weekly departmental Grand Rounds. The fellows that rotate through the IBD clinics at the UCSF Center for Crohn’s and Colitis were educated about the importance and necessity of PPV23 documentation.
• Patients who were not vaccinated were given vaccination instructions in their After Visit Summary.
• Documentation of vaccinations is not straightforward in Apex, so instructions were posted on every computer monitor in the clinic.
• Monthly performance reports were generated and emailed out to the fellows.
• We had begun talks with the UCSF Apex team to develop a more streamlined approach for documentation of healthcare maintenance items within the context of the Visit Navigator.

Results / Progress to Date

Inflammatory Bowel Disease (IBD) is a chronic medical condition in which a significant number of patients require immunosuppressant therapy including corticosteroids, biologic therapies, or thiopurines. The Advisory Committee on Immunization Practices (ACIP) recommends that adults with chronic medical conditions be vaccinated with the 23-valent pneumococcal polysaccharide (PPV23) for the prevention of invasive pneumococcal disease. Furthermore, documented Pneumococcal vaccination rates are now a Quality Measure set forth by the AGA (American Gastroenterological Association). Historical data demonstrates that pneumococcal vaccination rates among IBD patients have been low. Prior to this project, PPV23 vaccination rates were not being systematically measured at the UCSF Center for Crohn’s and Colitis.

Lessons Learned & Next Steps

Lessons Learned

By implementing this quality improvement project, we were able to develop a process whereby we could systematically measure pneumococcal vaccination rates, which is a component of a number of quality measures set forth by the AGA and PQRS. This was not being done previously. We found out, however, that simply asking patients about vaccination status and then recommending vaccination (if not done), was not sufficient to raise our documented vaccination rates. For example, a large number of patients received their vaccines through outside pharmacies and providers which are not linked through Apex. Therefore, if they received a vaccination after counseling, the process would not be recorded in Apex. Furthermore, we found that the actual documentation process for immunizations through Apex to be a barrier, since it is actually outside of the Visit Navigator.

Next Steps

For this project to be successful, the EMR needs to be revised in such a way that immunizations are recorded in the same manner as allergies, tobacco status, or medications. There needs to be a “hard stop.” Furthermore, there must be a process to capture outside vaccinations, perhaps through patient generated responses through MyChart.

UCSF Department of Medicine
2013-14 Quality & Safety Innovation Challenge