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Introduction

In order to improve immunization rates among Medicare beneficiaries, the Centers for Medicare & Medicaid Services (CMS) and the Center for Clinical Standards and Quality (CCSQ) are working to promote healthcare quality improvement services, which involves collaboration between Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) and home health agencies (HHAs). This guide serves as a resource to help HHAs include vaccination assessment — especially for influenza and pneumonia — during visits, and provide follow up as needed. Please note, adults between 19 and 64 should be assessed for other vaccines that they may require.

From the Healthy People 2020 Initiative, “Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the United States, accounting for 56,000 deaths annually.”

The material presented within this guide were adapted from a toolkit created years ago, as well as various toolkits from the Nursing Home Immunization Workgroup, the Centers for Disease Control and Prevention (CDC) and other resources through the Michigan Department of Health and Human Services (MDHHS).

Challenges in Immunization

Influenza and pneumonia are the fifth leading cause of death in the U.S. for those 65 and older. Healthy People 2020 goals include reducing the incidence and prevalence of these diseases, which would also lead to a decrease in healthcare costs.

Goal: HHAs should have a 90 percent immunization rate for both influenza and pneumonia.

Sources

Morbidity and Mortality Weekly Report (MMWR), Centers for Disease Control and Prevention

Estimating Seasonal Influenza-Associated Deaths in the United States, Centers for Disease Control and Prevention
Basic Facts

Influenza

Facts
- CDC study found that 90 percent of influenza death are attributed to those 65+
- Symptoms: fever, malaise, body aches, cough, headache, increased confusion
- Common side effect is pneumonia
- Seasonal: most active times are early fall through late spring, peaking during winter

Prevention Control
- HHA staff, patients and close contacts should be immunized early each autumn
- Frequent handwashing is essential
- Assess patients and vaccinate if needed; document in MCIR* to maximize patient healthcare

Vaccination Side Effects
- Soreness at the vaccination site (10-50 percent of individuals); lasts 24-48 hours
- Less common: muscle or systemic symptoms (6-12 hours after vaccination)
- Very rare: allergic reaction, hives, asthma (treat with epinephrine)

Pneumonia

Facts
- Mainly a result of bacterial infection — streptococcus pneumoniae
- Often a result of other infections, especially in those 65+
- Infection occurs year-round; peaks in winter
- Symptoms: trouble breathing, fever, chills, confusion, sleepiness, ear pain, nausea, sinus pressure

Prevention Control
- HHA staff should conduct annual assessments and vaccinate patients as required
- Both PCV13 and PPSV23 should be administered as per ACIP guidelines
- Document in MCIR *to maximize patient healthcare

Vaccination Side Effects
- Soreness at the vaccination site (30-50 percent of individuals); lasts 24-48 hours
- Less common: muscle pain, fever
- Extreme reactions are incredibly rare, even in those who are re-immunized

*Michigan Care Improvement Registry (MCIR): Michigan’s immunization registry that tracks patient vaccination records to help decrease missed opportunities and provides records that can be accessed by multiple providers involved in a patient’s healthcare.
Preparing for the Campaign

HHA Immunizations Campaign Strategy
The previous campaign’s strategy can be used this year as well. The steps below can be modified to best fit the need of your organization and patient population:

1. Identify one immunization champion for your HHA – they will be responsible for coordinating efforts to ensure vaccination to Medicare beneficiaries come flu season.
2. Develop a plan of action for your HHA to integrate this immunization plan into your other quality improvement activities. Collecting data helps monitor trends and provides a snapshot of your community; MPRO can help make this process smooth and efficient for you.
   > Ensure that the HHA staff are aware of the immunization campaign.
   > Discuss strategies and methods that will facilitate cost-effective vaccination practices, for example:
     > Have a nurse administer flu vaccine during a regular visit.
     > Assign one nurse as a flu nurse; s/he can visit and provide all patients who need flu vaccine (make sure to bill as a flu shot visit).
     > Host flu clinics within the community.
3. Identify your vaccine source (if you have not yet ordered your vaccines).
4. Order a supply of anaphylaxis kits (or make your own) to have on-hand in the event of severe allergic reactions.
5. Streamline billing information:
   > Medicare billing.
   > Individual billing.
6. Modify any standing orders to reflect updated needs in your organization.
7. Ensure screening for flu and pneumococcal vaccination is included in OASIS assessment tools.
8. Ask your medical director to sign standing orders that will cover all your patients and any other Medicare beneficiary that may also be in need of the vaccine.
9. Visit the CDC website to download current posters and/or other promotional material that may be relevant to you.
10. Instruct clinicians to educate patients about the importance of the flu vaccine; try to address fears and fix misconceptions as much as possible.
11. If your HHA does not have a standing order policy in place, instruct clinicians to obtain orders for flu and pneumonia vaccination from patient’s primary care provider.
12. Keep records of all patients who have received vaccines and share with the patient’s primary care provider and through MCIR.
13. Follow the Checklist for Safe Vaccine Storage and Handling, created by the Immunization Action Coalition in Minnesota.
14. Make sure to maintain proper vaccination temperatures during transportation, using the Transporting Refrigerated Vaccine guide created by the California Department of Public Health.
Sample Letters

Sample Physician Letter

Dear [doctor],

As you are most likely aware, each year nearly 80,000 people die from vaccine preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80 percent of these deaths — most of which occur in persons over 65 years of age — could be prevented with timely and widespread vaccination.

In an effort to better protect our patients, our agency has set an immunization goal of 90 percent or higher for both influenza and pneumonia. Enclosed is our guideline for immunization at ___________________. We seek your support and ask that you continue to encourage patients and their family members/caregivers to be immunized.

In addition, for patients under 65 years of age, it is important to assess for other vaccinations that they may need based on their health conditions, age, occupation and/or participation in risky behaviors.

Thank you, as always, for making a difference.

Sincerely,
[Name]

Sample HHA Staff Letter

Dear [employee],

Each year, nearly 80,000 people die from vaccine-preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80 percent of these deaths could be prevented with timely and widespread vaccination.

You can protect yourself and prevent passing these serious illnesses and their complications to our patients by being immunized. Getting immunized is one way you can demonstrate your professional and ethical commitment to providing exemplary healthcare to our patients.

Our goal is to increase influenza immunization rates to 90 percent or higher this year. If you have any questions please contact ________________________________.

Thank you, as always, for making a difference.

Sincerely,
[Name]
Sample Patient/Family Letter

Dear [patient/family member],

Each year, nearly 80,000 people die from vaccine-preventable flu and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80 percent of these deaths — most of which occur in persons over 65 years of age — could be prevented with timely and widespread vaccination.

We strongly encourage you to get immunized unless there is a medical reason that prevents you from being able to. With your approval, we will make arrangements to provide these immunizations.

You can protect loved ones from flu and pneumonia by making sure that you are immunized each year. An influenza vaccination will protect you from getting the flu and from passing this serious illness to our most vulnerable patients. Getting immunized against the flu demonstrates your commitment to preserving the health of your loved ones. Additionally, vaccines are recommended for all ages based on each individual’s health conditions and age — talk to your doctor to make sure that you are also up-to-date on all your other immunizations.

Ask your employer, health plan, family doctor or pharmacist about getting a flu shot. It’s the right thing to do!

Sincerely,

[Name]
Implementing Evidence-based Practices and Guidelines

Standing Orders
With standing orders, there is increased access to vaccination for community members. These programs can be instituted in inpatient and outpatient facilities, long-term care facilities, managed-care organizations, assisted living facilities, correctional facilities, pharmacies and workplaces. The Immunization Action Coalition has sample standing orders available for influenza and pneumonia.

Sample Vaccination Log
Use Minnesota’s Immunization Action Coalition’s Vaccine Administration Record for Adults as a guideline for creating your own. It is a great resource that can be used for roster billing and general record keeping.

Screening Questionnaire for Adult Immunization
Use the Screening Checklist for Contraindications to Vaccines for Adults, put together by the Immunization Action Coalition and adapted by the CDC, as a way to assess adults to determine contraindications, if any, to vaccines.

Treatment of Adverse Reactions
The Model Standing Orders: Emergency Treatment for Vaccine Reactions guide created by the Massachusetts Department of Public Health’s Immunization Program indicates what to do in the event of adverse reactions.

Adverse Event Reporting Guidelines
All vaccination adverse events need to be reported through the Food and Drug Administration (FDA) national vaccine safety surveillance program: Vaccines Adverse Events Reporting System (VAERS). VAERS monitors how many people experience adverse reactions to vaccination and identifies new measures for increased safety. Instructions for reporting adverse reactions your patients experience can be found on the VAERS website.
Notification of Vaccination Letter

Dear doctor or nurse at [primary care site],

We have provided vaccination services today to the patient named below. You were identified as the primary care provider for this patient. An immunization record card was filled out and given to the patient. Please update your patient’s clinic chart to include the vaccination information listed below.

Patient’s name: __________________________________________________________

Patient’s birth date: _____________________________________________________

Date vaccine(s) administered: _____________________________________________

The vaccines given today were:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose # (if known)</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23 and/or PCV13)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sincerely,

[Staff member’s name]
Home health agency name
Patient Education/ Self-Management

Vaccine Information Statements
Vaccine information statements (VIS) documents are one–two page sheets the CDC puts out to inform vaccine recipients about the benefits and risks of vaccines. These must be given out prior to vaccine administration, and though this is not a requirement for HHAs, it is considered a best practice to do so.

MDHHS has adapted the CDC’s VIS for influenza, pneumonia (PCV13) and pneumonia (PPSV23) to highlight the importance of using MCIR to document immunizations.

Vaccine Myths
The Immunization Action Coalition has presentation slides that help to diminish fears and provides information to patients and families about the composition of vaccines and the way in which they work.

Vaccinations for Adults
The CDC’s 2016 Recommended Immunizations for Adults schedule outlines all the available and recommended vaccines for adults 19 and older. Pay special attention to the 65 years and older column for Medicare beneficiaries.
Tips for Billing Medicare and Documentation Required

Medicare Part B covers the influenza and pneumococcal vaccines. Other vaccines as recommended for certain Medicare beneficiaries are covered by Part D. The CMS Medicare Part B Immunizations Billing guide provides detailed information about billing codes, coverage and required documentation for proper reimbursement.

Billing Forms

Since the influenza and pneumococcal vaccines are covered by Medicare Part B, and with the switch to ICD 10, there are some changes that are summarized in the Roster Billing Guide for Influenza and Pneumonia Immunizations To Medicare Part B from Palmetto GBA, a Medicare contractor.

Resources

MPRO, as part of Lake Superior Quality Innovation Network (QIN), is a great resource for any quality improvement questions and resource needs, including learning session events.

The CDC and MDHHS also routinely put out new and improved resources to take the confusion out of immunizations.

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