
Improving Childhood Immunization Rates



Oregon Immunization Program
Erin Corrigan, Scott Jeffries

Oregon
Health
Authority

What are we going to talk about today?

- What impacts rates in your community?
- Running clinic immunization rates
- Assessing clinical practices
- Implementing interventions

What factors impact immunization rates in your community?

- Community level
- Clinic level
- Patient level

Community level



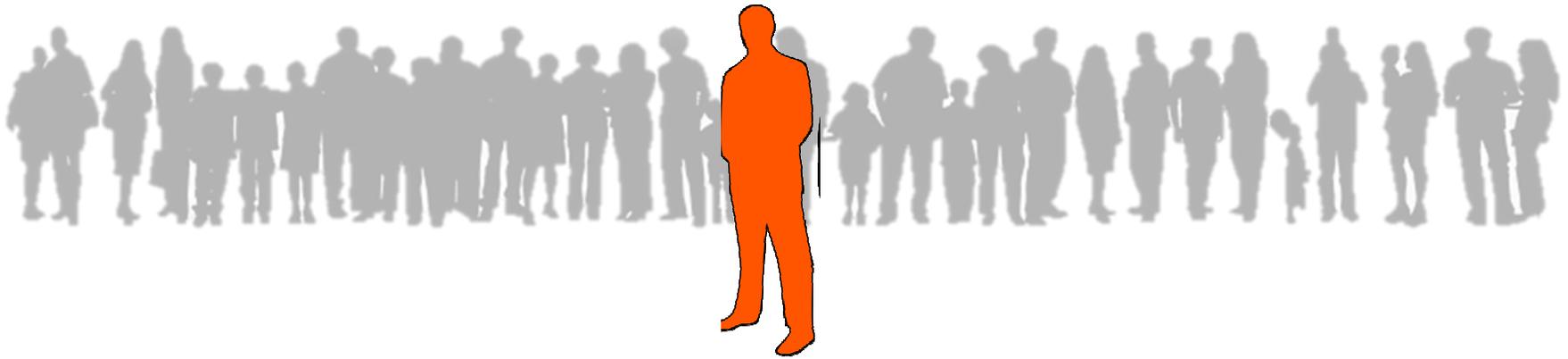
- Public transportation infrastructure
- Non-emergency medical transport
- Lack of awareness in the community
- Recent disease outbreaks in the media or community

Clinic level



- Contacting no-shows
- Staff knowledge of immunizations
- Performing all AAP well child exams
- Administering all doses due at every visit

Patient level



- Educational level
- Transportation issues
- Not being able to take time off of work
- Vaccine hesitancy

Running clinic rates in ALERT IIS

Assessing rates at the clinic level

ALERT IIS assessment reports include all active patients at your clinic

- Assessment Report
- Benchmark Report
- Resources:

- <https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/AFIXResourceCCO.aspx>

Immunization Provider Information

- Vaccines for Children Program (VFC)
- Provider Training
- AFIX Immunization Assessment System
- Model Standing Orders for Immunizations
- Pharmacist Information
- Long-term Care Facilities Immunization Toolkit
- AFIX Resources**
- AFIX Resources for CCOs and Health Plans

Public Health > Prevention and Wellness > Vaccines and Immunization > Immunization Provider Information > AFIX Resources



AFIX Resources

AFIX Resources for Providers and Health Systems

How can AFIX benefit providers?

AFIX allows clinics to make targeted quality improvement projects that will make the biggest impact on rates—this important for the health of the community, and now CCOs and health plans are offering incentives to meet immunization goals.

Tools for starting the AFIX process independently:

- [CDC AFIX Site Visit Questionnaire](#) 
- [AFIX Site Visit Answer Guide](#) 
- [Quality Improvement Action Steps](#) 
- [CCO Resource Guide](#) 
- [ALERT IIS](#)
- [ALERT IIS Tipsheets for Assessing Immunization Rates](#)
 - [Assessment Report Tipsheet](#) 
 - [Benchmark Report Tipsheet](#) 
 - [Reminder/Recall Tipsheet](#) 



Resources

- [Local Health Departments](#)
- [Pharmacy Protocols](#)
- [Provider Resources](#)
- [Find your VFC health educator \(pdf\)](#)

Contact Us

[Oregon Immunization Program](#)



Interpreting the assessment report: age specific benchmarks

Assess age specific immunization status retrospectively to identify trends in clinical practice

Age Specific Immunizations Benchmarks							
UTD Grid	DTap	Hep B	Hib	MMR	Polio	Prevnar	Varicella
@ 3 months	1	1	1		1	1	
@ 5 months	2	2	2		2	2	
@ 7 months	3	2	2		2	2	
@ 9 months	3	2	2		2	2	
@ 12 months	3	2	2		2	2	
@ 16 months	4	3	3	1	3	3	1
@ 19 months	4	3	3	1	3	3	1
@ 21 months	4	3	3	1	3	3	1
@ 24 months	4	3	3	1	3	3	1
@ 72 months	5	3	4	2	4	4	1

Age specific benchmark example

Clinic A: What do you see?

Assessment of Patients Meeting Age Specific Benchmarks									
UTD Grid	DTap	Hep B	Hib	MMR	Polio	Prevnar	Varicella	Total Meeting Age Criteria	% Coverage
@ 3 months	590	641	587		590	590		673	86.3%
@ 5 months	515	596	509		515	516		673	73.6%
@ 7 months	460	619	569		572	572		673	68.2%
@ 9 months	508	621	590		590	591		673	75.3%
@ 12 months	539	622	601		602	603		673	79.8%
@ 16 months	368	573	551	507	557	559	498	673	53.3%
@ 19 months	441	582	566	540	570	568	534	673	64.5%
@ 21 months	458	584	567	544	573	570	538	673	66.9%
@ 24 months	481	586	572	551	575	574	547	673	70.6%

Age specific benchmark example

Clinic B: What do you see?

Assessment of Patients Meeting Age Specific Benchmarks									
UTD Age	DTap	Hep B	Hib	MMR	Polio	Prevnar	Varicella	Total Meeting Age Criteria	% Coverage
3 Months	1142	1131	1104		1103	1107		1242	85.2%
5 Months	1041	1065	1009		1011	1006		1242	77.1%
7 Months	950	1111	1074		1079	1096		1242	72.6%
9 Months	1027	1121	1103		1107	1123		1242	78.3%
12 Months	1079	1126	1116		1117	1134		1242	82.0%
16 Months	75	1074	225	977	1062	1039	932	1242	4.8%
19 Months	705	1084	767	1023	1075	1071	983	1242	50.8%
21 Months	811	1091	859	1039	1082	1083	999	1242	58.4%
24 Months	907	1099	942	1078	1095	1097	1037	1242	66.2%
72 Months	0	0	0	0	0	0	0	0	

Age specific benchmark example

Clinic C: What do you see?

Assessment of Patients Meeting Age Specific Benchmarks									
UTD Age	DTap	Hep B	Hib	MMR	Polio	Prevnar	Varicella	Total Meeting Age Criteria	% Coverage
3 Months	84	45	84		28	66		217	10.1%
5 Months	63	20	67		16	43		217	5.5%
7 Months	45	22	81		19	59		217	6.5%
9 Months	54	22	83		23	71		217	6.9%
12 Months	62	22	86		26	78		217	6.9%
16 Months	8	12	75	10	18	64	7	217	.5%
19 Months	33	12	77	13	26	67	9	217	.9%
21 Months	36	12	77	17	26	67	9	217	.9%
24 Months	45	12	80	22	38	69	12	217	1.4%
72 Months	0	0	0	0	0	0	0	0	

Let's run an assessment report

Any Volunteers?



<https://www.alertiis.org/ORPRD/portallInfoManager.do>

What other rates should you be aware of?

<https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/research.aspx>



Oregon Adolescent Immunization Rates

Immunization rates for adolescents age 13 to 17.



Oregon Seasonal Flu Vaccine Uptake

Snapshots of Oregon Influenza vaccine uptake, updated weekly, are presented on this page.



Oregon Child Immunization Rates

Immunization rates for two-year-olds in Oregon.



Oregon Adult Immunization Rates

Oregon immunization rates for adults, including healthcare workers.



Oregon School Immunization and Exemption Data

Oregon's vaccine exemption rate dropped 17 percent as fewer families sought nonmedical exemptions.

Assessing clinical practices

Assessing clinical practices

- CDC AFIX site visit questionnaire
- Community Guide for Preventive Services
- Resources:
 - <https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/AFIXResource.aspx>
 - <http://www.thecommunityguide.org/vaccines/index.html>

1. STRATEGIES TO IMPROVE THE QUALITY OF IMMUNIZATION SERVICES

QUESTIONS	CHILD	ADOL	Selected QI Strategy
1. Do you have a reminder/recall process in place for pediatric/adolescent patients?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
2. Do you offer walk-in or "immunization only" visits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
3. Do you routinely measure your clinic's pediatric/adolescent immunization coverage levels and share the results with your staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
4. Do you schedule the next vaccination visit before the patients/parents leave the office?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
5. Do you contact patient/parents within 3-5 days when a "well-child" or "immunization only" visit is a "no show" and reschedule it for as soon as possible?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
6. Do you have a system in place to schedule wellness visits for patients at 11-12 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
7. Do you have an immunization champion at this practice that focuses on QI measures, reducing barriers and improving coverage levels?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>

8. Do you regularly document vaccine refusals and the reasons for the refusal (parent choosing to delay, parent has vaccine safety concern, medical contraindication, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
--	---	---	--------------------------

2. STRATEGIES TO DECREASE MISSED OPPORTUNITIES

QUESTIONS	CHILD	ADOL	Selected QI Strategy
1. Does your immunization staff educate parents about immunizations and the diseases they prevent, even when the parents refuse to immunize?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
2. Do you have immunization information resources to help answer questions from patients/parents?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
3. Is your immunization staff knowledgeable and comfortable with current ACIP recommendations, including minimum intervals, contraindications, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
4. Do you train front desk/scheduling staff so they know when it's appropriate to schedule immunization appointments?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
5. Do you have standing orders for registered nurses, physician assistants, and medical assistants to identify opportunities to administer all recommended pediatric vaccines?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
6. Is your immunization staff knowledgeable and comfortable with administering all recommended vaccinations to patients at every visit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>

3. STRATEGIES TO IMPROVE IIS FUNCTIONALITY AND DATA QUALITY

QUESTIONS	CHILD	ADOL	Selected QI Strategy
1. Does your staff report all immunizations you administer at your practice to your state/ city IIS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
2. Does your staff report immunizations previously administered to your patients by other providers to the IIS (e.g. official shot record, other IIS report, copy of medical record)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
3. Do you inactivate patients in the IIS who are no longer seen by your practice?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
4. Do you use your IIS to determine which immunizations are due for each patient at every visit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>

Implementing interventions

Intervention examples

- AFIX Recommended QI Action Steps
- Reminder Recall
- Using ALERT IIS to forecast doses
- Changing your clinic's immunization schedule
- Educating staff to address vaccine hesitancy

- Resources:
 - <https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/vfc/Documents/AFIXQIActionSteps.pdf>

Recommended Quality Improvement Action Steps



Quality Improvement Strategy	Action Steps	Point Person	Time Frame	Initial eXchange (Follow-up) Date	Subsequent eXchange (Follow-up) Date	Additional Resources
Strategies to Increase the Quality of Immunization Services						
1) Develop a reminder/recall process for your practice	<ul style="list-style-type: none"> Designate an immunization champion to lead and coordinate the reminder/recall* efforts. Develop reminder/recall procedures for your office. This will include: frequency, methodology, age cohort, and responsible personnel. Utilize the IIS to run and send reminder/recall notifications to child and adolescent patients <p><i>*Reminder/recall consists of communication by the provider office to the patients via phone, email, postcard or other to remind of upcoming vaccination visits or recall those patients who missed their scheduled vaccination</i></p>	Immunization Champion: John Doe	3 months 1/1/2016 – 4/1/2016	4/4/2016	TBD (based on subsequent need)	<p><i>American Academy of Pediatrics</i></p> <p>Immunization Reminder & Recall Systems</p> <p>http://www2.aap.org/immunization/pediatricians/pdf/ReminderRecall.pdf</p> <p>Using registry to do reminder recall</p> <p>http://www.immregistries.org/resources/AIRA-MIROW-RR_miniguide.pdf</p> <p>Sending patient reminders through</p>

ALERT IIS reminder recall

- Allows users to recall patients that need to come in for immunizations
- Recall at 13 months: ensure they don't fall behind
- Recall at 19 months: capture kids that haven't had all doses necessary in the second year of life
- Resources:
 - <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/alert/Pages/Reports-Training.aspx>



Production Region 4.1.0

Patients

- manage patient
- enter new patient
- merge patients
- upload list
- check roster status
- manage roster list

Immunizations

- manage immunizations

Reports

- reminder / recall
- check reminder status
- check reminder list
- manage custom letters
- cocasa extract
- check request status
- vaccine eligibility
- check vaccine elig status
- doses administered
- group patients
- check group status
- assessment report
- check assessment
- benchmark report
- check benchmark
- ad hoc list report
- ad hoc count report
- ad hoc report status
- billing report request
- check billing report
- provider report
- check provider status
- accountability report request
- check accountability report

Inventory

- manage inventory
- manage orders
- manage transfers

home

manage access/account

forms

related links

logout

help desk



organization Oregon Immunization Program • user Rex Larsen • role ALERT System Administrator

Reminder/Recall Request

Create New List ...

- Enter new Reminder Recall Request Criteria List Name
- Use a previous Reminder Recall Request Criteria

Select Patient Population ...

- Patients Associated with Oregon Immunization Program
- Patients participating in statewide recall
- Patients Residing in Selected County
- Patients Associated with Oregon Immunization Program or Residing in Selected County

Available Counties

Indicate the Tracking Schedule ...

- Use Tracking Schedule Associated with Each Patient
- Use Tracking Schedule Selected for All Patients

Select the Vaccine Group To Report on ...

- Use All Vaccine Groups
- Use Vaccine Groups Selected

- Vaccines Due Now
- Vaccines Past Due
- Both

Custom Letter Setup

Top Margin
Number of blank lines at the top of the letter: 10
Patient Address
Include a name with the patient address: To the parent/guardian of patient name
<input checked="" type="checkbox"/> Include patient address
Salutation
Enter a salutation for the letter: To
Include a name at the end of the salutation: Responsible person
Paragraph 1
First Part
According to our records, your child
Include a name between the first and second parts of this paragraph: Patient name
Second Part
is due for immunizations. Below is their full immunization history:
Immunization History
<input checked="" type="checkbox"/> Include immunization history
Paragraph 2
Your child is due for the following vaccines:
Immunization Recommendations
<input checked="" type="checkbox"/> Include immunization recommendations
Paragraph 3
Please call our office to schedule an appointment at your earliest convenience. If our records are incomplete, please bring this to our attention so we may correct them.
Closing
Enter a closing for the letter: Regards,
<input checked="" type="checkbox"/> Include provider organization name in the closing
<input checked="" type="checkbox"/> Include provider organization phone number in the closing
Name and save the custom letter
Name the custom letter: Training letter
Save Cancel

Sample Reminder/Recall Letter

Dear Parent/Guardian of Richard Starkey

Our records indicate that Richard Starkey , has received the following immunizations:

Immunization Record		Tracking Schedule: ACIP	
Vaccine Group	Date Administered	Series	Vaccine
HPV	07/07/2010	1 of 3	HPV, NOS
Td/Tdap	07/07/2011	1 of 1	Td (adult), NOS

Our records also show that Richard Starkey may be due for the following immunizations. If Richard received these or other immunizations from another health care provider, please call our office so that we can update Richard's record. Otherwise please take Richard to a health care provider to receive them.

Immunizations Due
HPV, Quadrivalent
Meningococcal, NOS

Please call our clinic to schedule a vaccination appointment.

The number for our office is: 971-673-0300

Addressing vaccine hesitancy



How to talk to parents

- Acknowledge their primary concern (ask what it is)
- Ease the concern by explaining the science behind it
- Make a **strong personal recommendation** to vaccinate
 - “I have vaccinated my own children and want to protect your child as well.”
- If the concern is about a specific vaccine, be specific in your recommendation.

Vaccine Education Resources

Immunization Action Coalition, Talking About Vaccines:
Responding to Parents

<http://www.immunize.org/talking-about-vaccines/responding-to-parents.asp>

Boost Oregon, parent-led community that educates other
parents about vaccines <http://www.boostoregon.org/parents>

Children's Hospital of Philadelphia, Vaccine Education
Center

<http://www.chop.edu/centers-programs/vaccine-education-center#.V4aSFvkrKUK>

Questions?

Oregon
Health
Authority