

Creating a Culture of Vaccination

Redwood Community Health Coalition

Promising Practice

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H2QCS30258, Health Center Controlled Networks, for \$1,500,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

PROMISING PRACTICE OVERVIEW

Marin Community Clinics (MCC) has created a culture of updating vaccinations at every opportunity over the course of several years. In this culture, there is an expectation that every patient visit is an opportunity to administer vaccines. MCC believes the key to their success is avoiding these missed opportunities and having all members of their care teams on board.

Dedicated panel management time, patient outreach, and CAIR improvements have also contributed to their success. Panel management allows care teams to get ahead before patients age out of the childhood IZ measure. Outreach ensures patients come in for their well visits where vaccines are given, and CAIR updates improve reliability of their EHR and reduce duplicative work.

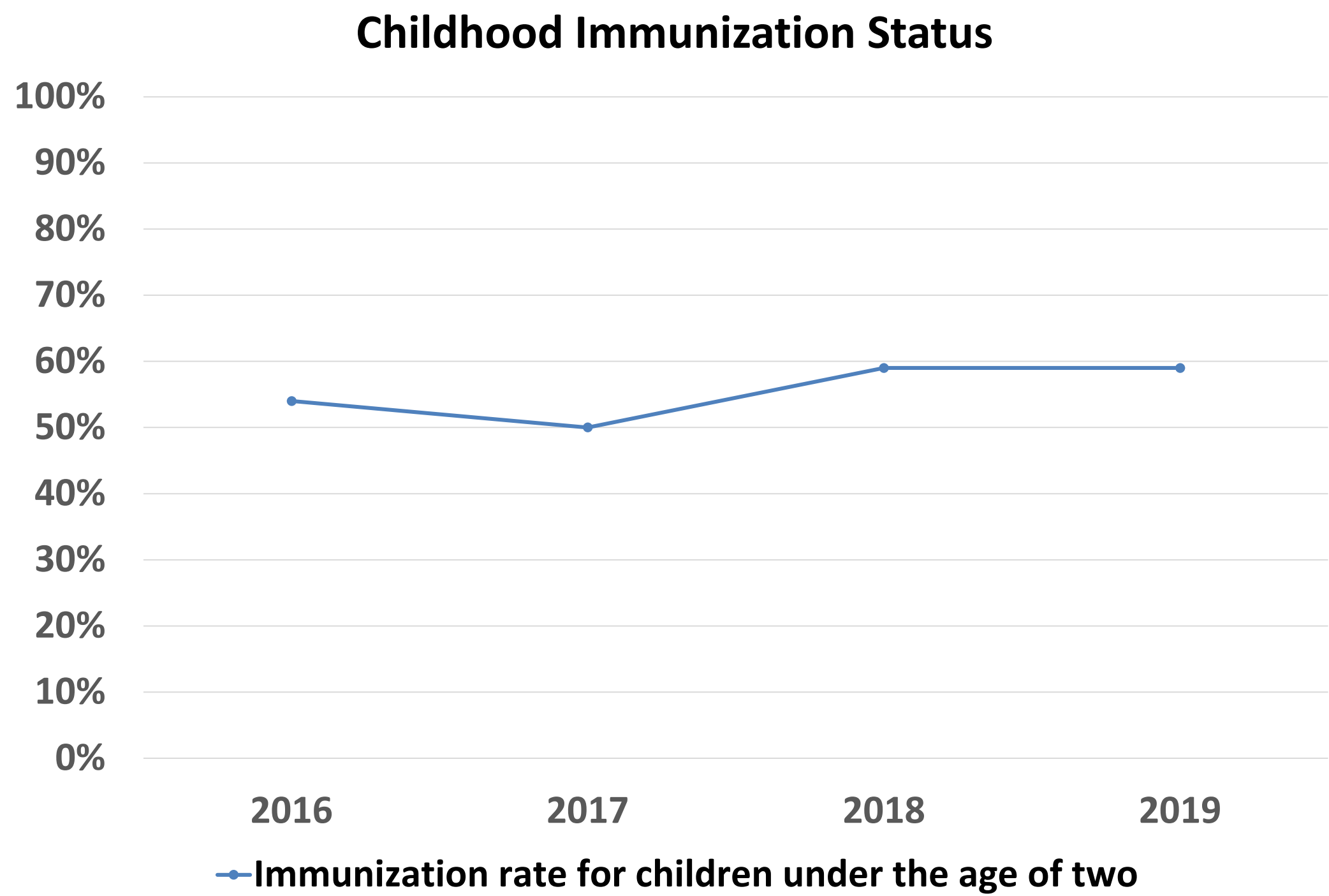
AIM

To complete required immunizations for all patients by their second birthday through a culture of vaccination, including panel management and eliminating missed opportunities.

MEASURES

Childhood Immunization Status (UDS)

Definition: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.



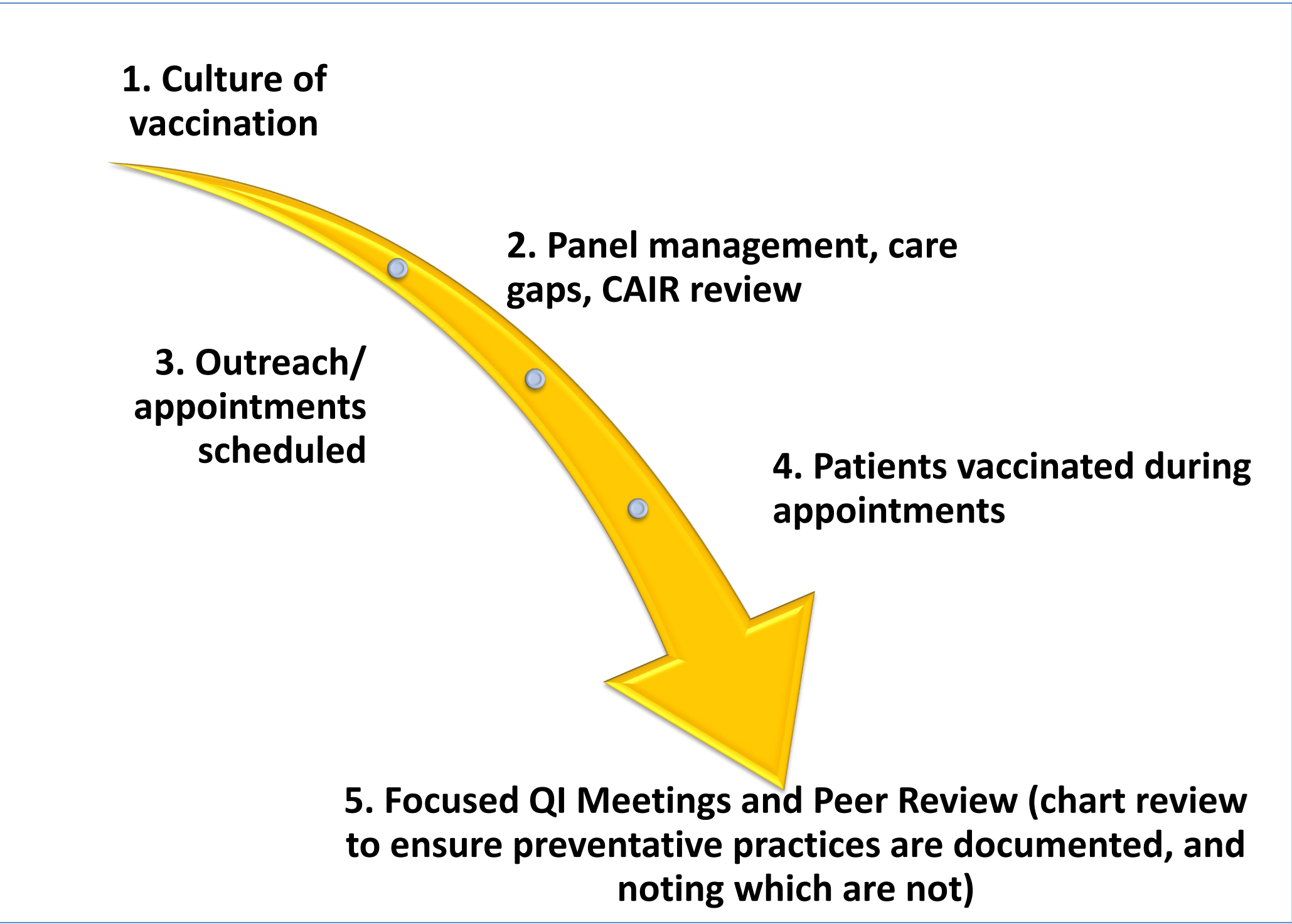
LESSONS LEARNED

Messaging around vaccination expectations needs to be consistent across the health center and over time. MCC recognizes that they do have to adjust their messaging slightly each year when new providers join the team. Redundancy in the EHR system, such as multiple reminders for MAs, has been beneficial. Thankfully MCC doesn't have a large anti-vaccination population, however they've found that vaccine hesitant parents respond well to providers giving immunization education in a positive way. Similarly providers encourage complete immunization at once, rather than spreading them out, to both minimize the visits parents need to schedule and number of times their child will be upset.

ACTIONS TAKEN

- **Culture:** Created a culture of providing vaccines at every visit and consistent messaging to staff. Required that if IZ isn't given at visit, provider must note why in chart notes.
- **Dedicated Panel Mgmt:** Care teams (including MAs) review patient records to identify those overdue (or soon to be due) for IZ. MAs schedule visits as needed and administer IZ at next visit.
- **Outreach:** Conduct aggressive outreach to get patients scheduled for well visits. IZ are administered at that time.
- **CAIR:** MAs review CAIR and EHR (NextGen) to ensure records match as part of routine pre-visit preparation to understand what IZ patients are due for.
- **Care Gaps:** Created patient lists in i2i to identify patients overdue, or soon to be due, for IZ. Working to create similar lists in Relevant. MCC tries to catch patients around 15 months old to have enough time to vaccinate. A separate report for patients over two years old with missing IZ will be created, since they've phased out of the measure.
- **Refusal Form:** Require parents to complete a vaccine refusal form stating that they received education on IZ and are refusing.
- **QI Meetings:** Focus on IZs at monthly QI meetings.

WORKFLOW



RESULTS TO DATE

The culture and workflows MCC has created, has lead to an overall increase in vaccination rates for the past several years. Encouraging care teams to work together on the same goals, benefits everyone (especially the patients). MCC has found that the CAIR system has improved and become more reliable, which makes their job administering vaccines easier.

Initially MAs were hesitant to give vaccines at any visit other than a well-check (e.g. if the child was sick). It took awhile, but now MAs understand the importance of immunizing at every visit. They can administer vaccines and will work with parents if they don't want to give all vaccines at once. Emphasizing that spreading out the vaccines will only require the parent to come back for another appointment, and upset their child again, is a helpful persuader to do more at once. If a parent still doesn't want to complete all vaccines, the Provider can help prioritize the most important vaccines. MCC has found that combination vaccines are generally well received by parents that are concerned about the "number of pokes" at one visit.



PLACE STICKER HERE

NAME _____

DOB _____

REFUSAL TO VACCINATE

My/my child's doctor/nurse, has advised me that I/my child (named above) should receive the following vaccines:

Recommended

- ☐ Hepatitis B vaccine
- ☐ Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine
- ☐ Diphtheria tetanus (DT or Td) vaccine
- ☐ *Haemophilus influenzae* type b (Hib) vaccine
- ☐ Pneumococcal conjugate or polysaccharide vaccine
- ☐ Inactivated poliovirus (IPV) vaccine
- ☐ Measles-mumps-rubella (MMR) vaccine
- ☐ Varicella (chickenpox) vaccine
- ☐ Influenza (flu) vaccine
- ☐ Meningococcal conjugate or polysaccharide vaccine
- ☐ Hepatitis A vaccine
- ☐ Rotavirus vaccine
- ☐ Human papilloma virus vaccine
- ☐ Other

Declined

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

I have received the Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents. I have had the opportunity to discuss this with my doctor/my child's doctor or nurse, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- The **purpose** of and the need for the recommended vaccine(s)
- The **risks and benefits** of the recommended vaccine(s)
- If I/my child do not receive the vaccine(s) according to the medically accepted schedule, **the consequences** may include:
 - Contracting the illness the vaccine should prevent (The outcomes of these illnesses may include one or more of the following: certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness. Other severe and permanent effects from these vaccine-preventable diseases are possible as well)
 - Transmitting the disease to others
 - Requiring me/my child to stay out of work, child care or school during disease outbreaks
- My doctor/my child's doctor or nurse, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly recommend vaccine(s) be given according to recommendations.

Nevertheless, I have decided at this time to decline or defer the vaccine(s) recommended for myself/my child, as indicated above, by checking the appropriate box under the column titled "Declined."

I know that failure to follow the recommendations about vaccination may endanger my/my child's health or life and others with which I/my child might come into contact.

I know that I may readdress this issue with my doctor/my child's doctor or nurse at any time and that I may change my mind and accept vaccination for myself/my child anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

Patient/Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

NAME	_____
DOB	_____

RECHAZO A VACUNAR

Mi médico/pediatra de mi hijo(a) o enfermero(a), me ha informado de que yo/mi niño(a) (nombrado arriba) debo/debe recibir las siguientes vacunas:

Recomendada	Rechazado
<input type="checkbox"/> Vacuna de Hepatitis B	<input type="checkbox"/>
<input type="checkbox"/> Difteria, el tétanos, la tos ferina acelular (DTaP o Tdap)	<input type="checkbox"/>
<input type="checkbox"/> Difteria, el tétanos, (DT or Td) vacuna	<input type="checkbox"/>
<input type="checkbox"/> Haemophilus influenzae tipo b (Hib)	<input type="checkbox"/>
<input type="checkbox"/> Antineumocócica conjugada de polisacáridos o de la vacuna	<input type="checkbox"/>
<input type="checkbox"/> Antipoliomielítica inactivada (IPV)	<input type="checkbox"/>
<input type="checkbox"/> Sarampión-paperas-rubéola (MMR)	<input type="checkbox"/>
<input type="checkbox"/> Varicela	<input type="checkbox"/>
<input type="checkbox"/> Influenza	<input type="checkbox"/>
<input type="checkbox"/> Meningocócica conjugada o polisacárida vacuna	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/>
<input type="checkbox"/> Vacuna rotavirus	<input type="checkbox"/>
<input type="checkbox"/> Papiloma humano	<input type="checkbox"/>
<input type="checkbox"/> Otra	<input type="checkbox"/>

He recibido la Declaración de la información de Vacunas del Centers for Disease Control and Prevention (CDC) explicando las vacunas y las enfermedades que impiden. He tenido la oportunidad de discutir esto con mi médico/médico de mi hijo o enfermero/a, y ha respondido a todas mis preguntas con respecto a las vacunas recomendadas. Yo entiendo lo siguiente:

- El propósito y la necesidad de las vacunas recomendadas
- Los riesgos y beneficios de las vacunas recomendadas
- Si yo o mi hijo/a no recibimos las vacunas de acuerdo a la lista médicamente programada y aceptada, las consecuencias pueden incluir:
 - Contraer la enfermedad que la vacuna debe prevenir (Los resultados de estas enfermedades pueden incluir uno o más de los siguientes: ciertos tipos de cáncer, neumonía, enfermedad que requiera hospitalización, muerte, daño cerebral, parálisis, meningitis, convulsiones, y la sordera. Otra grave y los efectos permanentes de estas enfermedades prevenibles por vacunación son posibles también)
 - Transmitiéndole las enfermedades a otros
 - Requiriendo que yo/mi hijo/a faltemos al trabajo, guardería, o escuela durante brotes de enfermedades
- Mi médico/médico de mi hijo/a o enfermero/a, la Academia Americana de Pediatría, la Academia Americana de Médicos de Familia y el Centro Para Control y Prevención recomiendan las vacunas que se administran de acuerdo a las recomendaciones.

Sin embargo, he decidido en este momento a disminuir o aplazar la vacunas recomendadas para mí mismo o para mi hijo/a, como se indica más arriba, marcando la casilla correspondiente en la columna titulada "rechazado".

Yo sé que el no seguir las recomendaciones sobre la vacunación puede poner en peligro mi salud/salud de mi hijo/a o la vida de otras personas con las que yo/mi hijo puedan estar en contacto.

Sé que puedo volver a tomar este tema con mi médico o médico de mi hijo(a) o enfermero(a) en cualquier momento y que puedo cambiar de opinión y recibir las vacunas para mí/mi hijo en cualquier momento en un futuro.

Yo reconozco que he leído y comprendido completamente este documento.

Firma del Paciente/Padre o Madre o Tutor Legal _____ Fecha _____

Testigo _____ Fecha _____

Pediatric Panel Management Activity: July 11, 2018

Childhood Immunizations

Pediatric Providers:

As the year marches on, more of our patients celebrate their 2nd and 13th birthdays and our opportunity to complete primary vaccination series for patients turning 2 yo and adolescent vaccines for patients turning 13yo in 2018 narrows. As you recall, both UDS and Partnership QIP grade us on how many children complete their primary vaccine series by 24 months and Partnership QIP looks at number of children completing adolescent vaccines by age 13. For the purposes of routine outreach, we will be focusing on completion of the “Combo 3” vaccine series by age 2. Combo 3 includes:

4 Dtap, 3 IPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV

The adolescent vaccine measure for QIP requires the following vaccines by age 13:

2HPV, 1MCV, 1 tdap

Fortunately, the QI Department has been working to create new tools and workflows that should help us focus our outreach and education efforts to be high yield. This month we will introduce those tools and workflows.

Activity:

1. Open the attached Comprehensive Pediatric Immunization Outreach List. The list is separated by site and organized by PCP. Review your portion of the list with your MA to become familiar with the information it provides.
2. Strategize with your MA around how to address the outstanding immunization needs of your patients *by 24 months for toddlers and 13 years for adolescents when possible*. Consider the following approaches:
 - a. **For patients with 2nd birthdays in the next 1-2 months or 13th birthdays in the next 3- 6 months** and no visit scheduled before their birthdays, ask MAs to schedule MA vaccine visits to complete the needed vaccines
 - b. **For toddlers with birthdays 3-8 months out and adolescents with birthdays 6-9 months out**, make sure they have an upcoming appointment scheduled and that this appointment will allow sufficient time to complete all need IZs by their upcoming birthday. If not, consider scheduling sooner (if possible) or scheduling an MA Vaccine visit in the interim.
 - c. **For patients with a large number of outstanding vaccines** (yellow, orange or red) and no recent appointment, check the chart for possible evidence that the patient transferred care. Also instruct your MA to review CAIR for evidence of vaccines administered elsewhere and UPDATE NEXTGEN IF NECESSARY. Task your MA, Care Navigator or FO to contact the parent and verify current PCP. If you can confirm that the patient has transferred care elsewhere, CHANGE THE PCP FIELD TO “OUTSIDE PCP”.

- d. For patients who you know are un- or under-immunized due to parent refusal, please take the following steps so that this information can be added to the outreach list:
 - i. For patients whose **parents REFUSE one or more of the vaccines listed above**, add the following code to their Problem List: **Z28.82**. Also take this opportunity to make sure that a Vaccine Declination form is signed and present in the chart for the refused vaccines. NOTE: These children will be removed from the outreach list in the future
 - ii. For patients who are **behind schedule due to parent preference but will eventually get the vaccines listed above** (delayed schedules), add the following code to their Problem List: **Z28.3** NOTE: These children will remain on the outreach list in the future, but this status will be noted.
- e. For patients with anaphylactic reactions to any of the vaccines listed above, add a specific code describing the anaphylactic reaction to the particular vaccine to the patient's Problem List (be sure it is specific)
- f. For patients with contraindications to any of the listed vaccines due to intrinsic immunodeficiency or acquired immunocompromised state (cancer, transplant, HIV, etc) please make sure that the specific immunocompromising condition is present in the Problem List.

As always, if you print your list, be sure to keep it secure and shred it when done as it contains PHI

Pediatric Panel Management Activity: August 8, 2018

Childhood Immunizations

Pediatric Providers:

Happy Immunization Awareness Month!! This month we will continue our efforts to boost our timely immunization rates for our toddlers and adolescents. Here, again, are the measures we will be focusing on (both QIP measures in 2018).

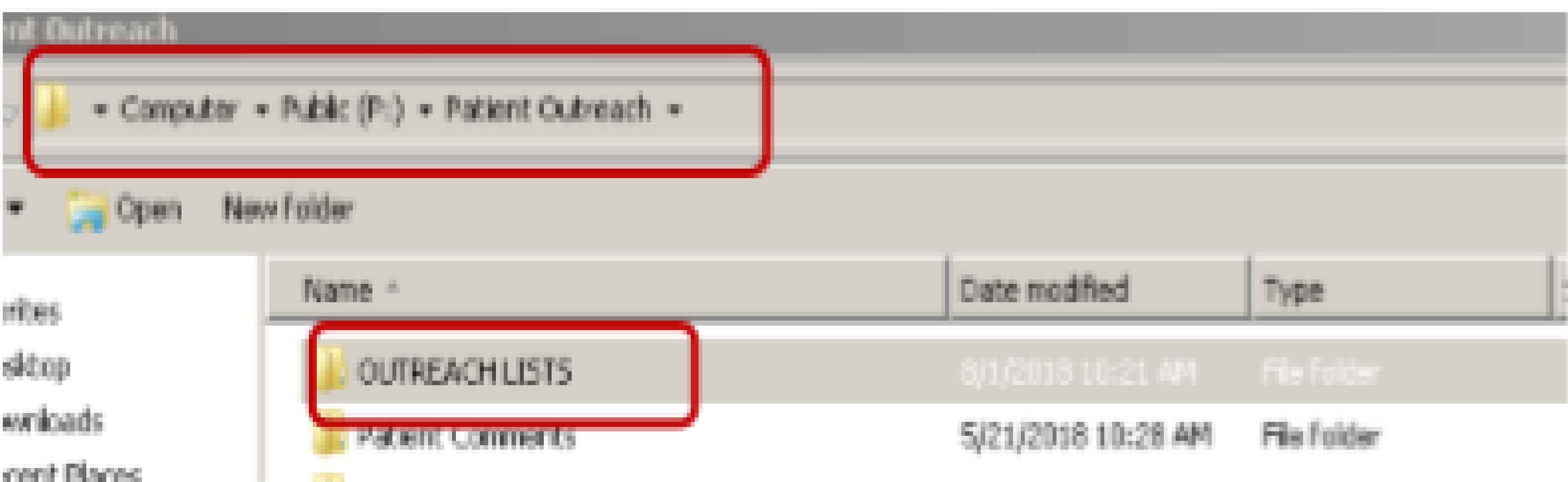
Toddler Combo 3 measure requires the following vaccines be given by age 24 months:

4 Dtap, 3 IPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV

Adolescent vaccine measure for QIP requires the following vaccines be given by age 13:

2HPV, 1MCV, 1 tdap

The QI department will continue to generate Immunization Outreach Lists on a monthly basis for each site and post them in the Patient Outreach folder in the P-drive:



****The list will exclude the following patients:**

- Patients with “Outside PCP”, indicating they are no longer in care with MOC or have transferred care elsewhere
- Patients with code Z28.83 in their Problem List (“Immunization Not carried Out Because of caregiver refusal”)

Activity:

1. Open the Pediatric Immunization Outreach List for your site (attached or in the P-drive). The list is separated by site and organized by PCP. Review your portion of the list with your MA to become familiar with the information it provides.
2. Strategize with your MA around how to address the outstanding immunization needs of your patients *by 24 months for toddlers and 13 years for adolescents when possible*. Consider the following approaches:
 - a. For patients with 2nd birthdays in the next 1-2 months or 13th birthdays in the next 3- 6 months and no visit scheduled before their birthdays, ask MAs to schedule MA vaccine visits to complete the needed vaccines

- b. **For toddlers with birthdays 3-8 months out and adolescents with birthdays 6-9 months out**, make sure they have an upcoming appointment scheduled and that this appointment will allow sufficient time to complete all need IZs by their upcoming birthday. If not, consider scheduling sooner (if possible) or scheduling an MA Vaccine visit in the interim.
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- e. **For patients with anaphylactic reactions to any of the vaccines listed above**, add a specific code describing the anaphylactic reaction to the particular vaccine to the patient's Problem List (be sure it is specific)
- f. **For patients with contraindications to any of the listed vaccines due to intrinsic immunodeficiency or acquired immunocompromised state (cancer, transplant, HIV, etc)** please make sure that the specific immunocompromising condition is present in the Problem List.

As always, if you print your list, be sure to keep it secure and shred it when done as it contains PHI

Pediatric Provider QI Activity: Wednesday, October 10th, 2018

Pedi Providers:

QIP Season is once again upon us! We have 3 more months before year's end to get our young patients the care they need in a timely way so that we can earn QIP points and incentive dollars that will funnel back into the clinic to support patients, providers and staff in 2019.

This month we are asking for your help as we zero in on our toddler and adolescent vaccine rates. As a reminder, the vaccine measures associated with the QIP require children to receive a series of vaccines by their 2nd and 13th birthdays. That is to say, *even if children are up-to-date with these vaccine sets by the end of the year, if they received required doses after their 2nd or 13th birthdays, they do not count toward the measure. That means that we need to focus our attention on getting soon-to-be 2 year olds and soon-to-be 13 year olds in for their outstanding immunizations before their upcoming birthdays, not just before the end of the year.*

As a reminder, the vaccines series required for the QIP are:

- **BY 2nd BIRTHDAY:** Four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV).
- **BY AGE 13th BIRTHDAY:** One dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and two doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

Activity:

1. Please find your clinic's attached Actionable IZ QIP List and locate your set of patients within the list. These lists represent children with 2nd or 13th birthdays between today and the end of the year who have one or more toddler or adolescent vaccines.
2. Ensure that all children due for immunizations who are not yet 2 or 13 have an appointment (WCC or Immunization MA visit) scheduled PRIOR to their upcoming birthday. If this is not the case, please work with your MA to reach out to these patients TODAY to arrange an IZ visit prior to their birthday.
 - a. If MA IZ only appointments are made please be sure you, the provider, document in a communication which IZs should be given when the patient comes in.

Thank you for helping ensure that we are capturing the few kids that can still be added to our immunization rates in 2018.

As always, if you print your list, be sure to keep it secure and shred it when done as it contains PHI



marin community clinics

Quick Guide: Outreach Communication

From the Communication Template:

1: Select Outreach

13/29/2016 02:03 PM: "Communication Template" x

Specialty: Internal Medicine Visit Type: Patient Communication PCP Confirmed By: Jennifer Durst, QI 06/09/2015

Telephone Call Provider Test Action Document Library Order Management Chart Abstraction Birth History Care Management

Peds Immunizations Adult Immunizations Procedures Screening Tools

Care Guidelines Encounter Remarks: This is a test

Patient Contact Info View Scheduled Appointments Telephone Call Summary PCP: Peter Simon Panel Control: Toggle Cycle

Communication:

Medication Management Test Result Request Forms/Records Other **Outreach 1**

Medical Question Referral Request Billing Question Outgoing Call

Communications: Display: Send letter to patient due to inability to contact Transitioning into care Medications reconciled

Date	Contact Time	Reason	Concerns/Issues	Comments	Employee
[Empty table body]					

Refresh Remove

Orders

Biobreference Req Quest Req Order Management Immunizations

View of All Orders Status: Ordered Order Timeframe Comments

2: Select the type of outreach

MCC Outreach

Adult Annual Exam
Colorectal Cancer
Labs
PAP
Vaccines
Well Child

Close

3: Enter the date of the appointment that was scheduled (if one was scheduled)

4: If the patient would like to be excluded from any of the types of outreach, check the box for the one that applies

5: If the patient would like to be excluded from all outreach, check the **Exclude All** box

6. When complete, click **Save & Close**, or

a. If something needs to be updated in the patient's chart, click **Send & Close** and send it to the appropriate clinical staff

MCC03 Tele Outreach

Call Information:

Contact type: Spoke with: ☐ Patient

Name: Relationship:

Date of call: 12/29/2016 Time of call: 2:05 PM

☐ After hours

Urgency:

◆ HIPAA

Communication: 2

Outreach Type: 3

Vaccines Date Appointment Scheduled For: 11/05/2017

Comment: Sort By: Summary Phrase My Phrases | Manage My Phrases

Patient Outreach: Vaccines. Date Scheduled 01/05/2017

Meds/Allergies/Chronic Problems

This Communication History:

Date	Time	Concerns/Issues	Comments	Employee
[Empty table body]				

Send & Close a

Telephone Call Summary

6 Save & Close Cancel

Contact Information:

Home: (949) 933-4381 Alternate: (415) 777-6656 Ext:

Day: (415) 112-1111 Ext: Cell: () -

Other: (this call only) Email: test@marindinics.org

* = Preferred contact

Exclusion Requests: ☐ Exclude All 5

☐ Adult Annual Exam ☐ Well Child ☐

☐ Colorectal Cancer ☐ Other ☐

☐ Labs ☐

☐ PAP ☐

☐ Vaccines ☐

Release of Info Log (PHI)