Background

- Current data demonstrate that a strong HCP vaccine recommendation is a major contributor to a successful adult vaccine program.
- Numerous surveys indicate that Ob/Gyn’s depend on ACOG for practice guidance, education and resource support.
- The information to follow reviews recent ACOG adult/adolescent vaccine activities.
Overview

• Expert Working Group
• District II Well-Woman Educational Initiative
• Immunization for Women Website
• District V Demonstration Project
• Direct Fellow Mailings
• Coding Monograph
• Immunization Smartphone Application
• Legislative “on-the-hill” Activities
• ACM Vaccine Course

ACOG-sponsored Website
Website Content and Activities

- Includes CDC vaccine schedule, office start-up instructions, patient communication advice, coding, finances, ordering, liability, links to other sites, and specific vaccine topics that focus on the pregnant patient.
- Metrics (3/30/11 to 2/29/12) show 10,353 visits, 2.75 pages/visit, 2 minutes/visit, 18% return visitors, 32% “direct” traffic vs. 16% “searched” traffic.
- Most frequently visited pages: Home > Preg/breastfeeding > VPD > Flu > CDC schedule.

District II Immunization Guide
District II Well-Woman

• CDC funded multi-year project
• 1st year initiative “Incorporating vaccines into routine care: Immunization resource guide for Ob-Gyn’s and their patients”
• Hard copy mailed to 4,200 NY Ob-Gyn’s
• www.nywell-woman.org
• Guidelines include
  – Introducing vaccine discussion
  – Laws and regulations
  – Office readiness
  – Tracking and support systems
  – FAQ and resource list
• Patient vaccine questionnaire

ACOG Vaccine Direct Mailings
CDC and ASTHO supported

Seasonal Influenza (Flu) 2011-2012 Included:
• Flu Vaccine FAQ tear pad for patients
• Physician Script with Coding information
• ACOG Committee Opinion 468 “Influenza Vaccination During Pregnancy”
• Vaccine Information Statement

Seasonal Influenza (Flu) 2012-2013 Mailing in development now!
Mailings (con’t)

Tdap, May 2012, Will Include:
• Tdap tear pad for patients
• Vaccine Safety
• Physician Script
• Coding Information
• Vaccine Information Statement
• Committee Opinion No. 521 “Update on Immunization and Pregnancy: Tetanus, Diptheria, and Pertussis Vaccination”

2009-2010 Influenza Pregnancy Assessment and Treatment
Building Partnerships Between Ob-Gyns and State Health Department Immunization Programs

- **Project Goals:**
  - CDC funded one year demonstration project
  - To create and expand ob-gyn office-based immunization programs in ACOG District V (MI, OH, IN, KY)
  - To increase the types and doses of immunizations given in ob-gyn practices
  - To build sustainable partnerships with each respective state health department (SHD) immunization program

- **Project Methodology:**
  - Recruit total of 60 ob-gyn practices, 15 selected from each state (MI, OH, IN, KY)
  - One hour on-site training, given by the SHD and College program staff
  - Set of core immunization materials jointly developed by SHD and ACOG staff
  - Contact information for SHD Immunization Program staff as an expert resource for future immunization questions and concerns
  - Pre-test was given to the 60 practices; 3 months post-test after intervention. 58 practice completed the post-test
Pre-test Outcomes

- 95% offered any vaccine
  - HPV > Flu > Tdap
- 54% identified “vaccine coordinator”
  - Office manager or nurse
- 48% had contact with local health dept re: vaccine issue
- 56% familiar with VFC (30% enrolled)
- 64% (MI, OH, IN) aware of State registry
- 63% aware ACOG supports office-based vaccinations

Post-test Outcomes

- 1/3 of sites added at least one vaccine
- 19% giving more vaccine doses
- 86% identified “vaccine coordinator”
- 48% participate in State registry
- 83% have SHD contact person
- 41% actively working on office vaccine program
- Resource utilization
  - 35% ACOG website
  - 49% CDC website
  - 44% vaccine schedule
- Other practice changes
  - 39% integrate vaccine discussion during visits
  - 19% added vaccine info to chart
  - 14% added recall system for multi-dose call backs
Other Lessons Learned

• Practitioners and staff recognize the importance of office-based vaccination programs, and are appreciative of efforts to encourage this practice
• Address all office staff during training; this helps maintain consistent, positive messaging
• Each office must commit to a “vaccine coordinator”
• Provide office with SHD contact information; face to face is always preferred
• Make clear ACOG’s commitment to this process
• Provide State-specific and patient-specific data; make it relevant to the practice
• Provide practical examples and solutions
• Recognize that establishing a viable and sustainable vaccine program requires a paradigm shift that includes a culture change

Working Group Perceived “Needs” List

• Pregnancy-specific vaccine research
  – FDA approval for established vaccines
  – New vaccines (GBS, CMV, HSV, etc)
• Reimbursement
  – Broader adult vaccine financing
  – Pregnancy-specific (bundled fees)
• Vaccinee status
  – Lack of adult-based reliable registries
  – Poor understanding of transitioning care
• Nontraditional vaccination venues
  – Medical homes
  – Pharmacies, etc.
  – Significant others
• Pregnancy-related liability
• Quality indicators