

The American College of Obstetricians and Gynecologists (ACOG)

Immunization Program

ACOG Provider Outreach: Coding and Business Practices

Debra Hawks, MPH

Wednesday May 14th, 2014

www.ImmunizationForWomen.org



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG

- ACOG is a non-profit corporation 501C3, tax-exempt charitable, educational organization
- ACOG is a medical specialty society
- 95 % of board-certified ob-gyns are members of ACOG (over 58,000 members)
- Ob-gyns are a major source of ambulatory care for women in the U.S.
- 85% of deliveries attended by ob-gyns

Operational Mission Statement

The American College of Obstetricians and Gynecologists, the pre eminent authority on women's health, is a professional membership organization **dedicated to advancing women's health by building and sustaining the obstetric and gynecologic community and actively supporting its members. ACOG pursues this mission through education, practice, research, and advocacy.** ACOG will emphasize life-long learning, incorporate new knowledge and information technology, and evolve its governance structure. To achieve its strategic goals, ACOG will develop an operational plan that includes appropriate metrics.

ACOG's Coding & Business Immunization Practice Resources

- Developed by ACOG Committees on Obstetric Practice, Gyn Practice, Coding, Adolescent Health, Underserved Women
- Reviewed by ACOG's Immunization Expert Work Group (IEWG)
- Ob-gyn immunization coding expert on IEWG
- ACOG has Coding department. Collaborates with AMA CPT Committee
- ACOG VP of Health Policy and Advocacy chairs RUC

ACOG's Research Dept

- Conducts surveys on immunizations by ob-gyns.
- Knowledge, practice, attitude
- Several published articles on barriers to immunizations in ob-gyns' practices

ACOG Survey of Ob-Gyns' Attitudes and Barriers

Ob-Gyns Survey

- Kissin DM, Power ML, Kahn EB, Williams JL, Jamieson DJ, MacFarlane K, Schulkin J, Zhang Y, Callaghan WM. Attitudes and practices of obstetrician-gynecologists regarding influenza vaccination in pregnancy. *Obstet Gynecol.* 2011 Nov;118(5):1074-80.

Attitudes and Practices

Attitudes and Practices of Obstetrician-Gynecologists Regarding Influenza Vaccination in Pregnancy

Dorothy M. Kissin, MD, MPH, Michael L. Power, MD, Emily R. Kahn, MD, Jennifer L. Williams, MD, MPH, Christine J. Jamieson, MD, MPH, Kirby MacFarlane, MD, MPH, Jay Schulkin, MD, Yajia Zhang, MD, and William M. Callaghan, MD, MPH

OBJECTIVE: To assess knowledge, attitudes, and practices of obstetrician-gynecologists (ob-gyns) regarding vaccination of pregnant women during the 2009 H1N1 pandemic. **METHODS:** From February to July 2010, a self-administered mail survey was conducted among a random sample of American College of Obstetricians and Gynecologists (ACOG) members involved in obstetric care. We assess predictors of routinely offering influenza vaccination, adjusted prevalence ratios and 95% confidence intervals (CIs) were calculated from survey data. **RESULTS:** Among 1,676 survey respondents, 1,138 (68.2%) responded to the survey, of whom 873 were eligible for participation. The majority of ob-gyns reported routinely offering both seasonal and 2009 H1N1 influenza vaccinations to their pregnant patients (71.6% and 61.6%, respectively during the 2009-2010 season). 21.1% and 13.3% refused patients for other variables. Reported reasons for not offering vaccination included inadequate information, storage limitations, or belief that vaccine should be administered by another provider. Seasonal and 2009 H1N1 influenza vaccination during the first trimester was not recommended by 18.6% and 9.6% of ob-gyns, respectively. Predictors of routinely offering 2009 H1N1 influenza vaccine included considering pregnancy and preventive medicine a very important part of practice (adjusted prevalence ratio [A], CI 1.91-1.94), offering services routinely (adjusted for influenza-like illness [ILI]-adjusted prevalence ratio [A], CI 1.02-1.14), personally vaccinating 2009 H1N1 influenza vaccine (adjusted prevalence ratio [A], CI 1.14-1.46), and practicing in a maternity unit (adjusted prevalence ratio [A], CI 1.14-1.52). Physicians in this practice were less likely to routinely offer influenza vaccine (adjusted prevalence ratio [A], CI 0.62-0.93).

CONCLUSION: Although most ob-gyns routinely offered influenza vaccination to pregnant patients, vaccination coverage rates may be improved by addressing logistic and financial challenges of vaccine providers.

LEVEL OF EVIDENCE: III
Clinical research 2010;118(5):1074-80
DOI: 10.1097/AOG.0b013e3182162d47

Pregnant women are at increased risk for influenza-related morbidity, adverse pregnancy outcomes, and mortality, especially during pandemics.¹⁻³ During the 2009 H1N1 pandemic, pregnant women are estimated for approximately 2% of influenza-associated deaths in the United States, although they represent only approximately 1% of the population.⁴ Influenza vaccination during pregnancy is the most effective way to prevent influenza virus infection.

Kissin et al cont'd

- Majority (78%, 86%) of ob-gyns offer flu and H1N1 vaccine to pregnant patients; 21% and 13% refer
- Reasons to not offer vaccination: inadequate reimbursement, storage limitations, should be given by other providers
- Reasons to vaccinate: consider primary care within role, seen adverse effects of flu in pregnant women, personally received flu/H1N1 shot, group practice
- Solo practitioners less likely to vaccinate

ACOG Survey of Attitudes Practices

Ob-gyns

- Leddy MA, Anderson BL, Power ML, Gall S, Gonik B, Schulkin J. Changes in and current status of obstetrician-gynecologists' knowledge, attitudes, and practice regarding immunization. *Obstet Gynecol Surv.* 2009 Dec;64(12):823-9.

Immunization Practices

CME REVIEW ARTICLE 35

OBGYN EDUCATION: This article is part of a series of continuing education activities in this Journal through which a total of 35 AMA PRA Category 1 Credits™ can be earned in 2009. Instructions for how CME credits can be earned appear on the last page of the CME Education section.

Changes in and Current Status of Obstetrician-Gynecologists' Knowledge, Attitudes, and Practice Regarding Immunization

Marghan A. Leddy, M.D.,¹ Britta E. Anderson, B.L.,² Michael E. Power, Ph.D.,³ Stanley Gall, M.D.,⁴ Howard Gonik, M.D.,⁵ and Jay Schulkin, Ph.D.^{6*}

¹Obstetrical Gynecology, Department of Obstetrics, Gynecology, and Women's Health, Washington, DC; ²Research Assistant, Human Research Assistant, ³Director of Research, Research Department, American College of Obstetrics and Gynecology, Washington, DC; ⁴Professor, Obstetrics, Department of Obstetrics and Gynecology and Women's Health, University of Louisville School of Medicine, Louisville, KY; and ⁵Professor, Division of Obstetrics and Gynecology, Department of Obstetrics and Gynecology, Wayne State University School of Medicine, Detroit, MI

Women are important targets for disease prevention and, in obstetric patients, to prevent transmission to infants. Obstetrician-gynecologists are well situated to screen for immunization status of women of childbearing age and to provide appropriate vaccination. A series of research methodological obstetrician-gynecologist beliefs, practices, and knowledge regarding immunization. Surveys were used in 2007 to evaluate the American College of Obstetrics and Gynecology (ACOG) member obstetrician-gynecologists' current screening for vaccine-preventable diseases in the workplace professional role, and a majority administered at least some vaccines. Over half agree financial barriers may impede immunization, most of them reported more barriers to vaccine administration. Six other perceived barriers were a concern over safety of vaccine/adjuvants during pregnancy and a new that immunization vaccine was not part of their usual practice. They were also concerned about their level of training. A majority believed their immunization training was less than adequate, and believed that practice would benefit from continuing medical education courses. Over three-fourths believed changes in Michigan obstetrician-gynecologist attitudes, knowledge and practices since 2000. More Michigan ob-gyns are vaccinating pregnant women, among them, in part of their professional practice, and, in general, their knowledge of vaccine-preventable diseases. Clinicians need the ability to vaccinate in pregnancy as well as financial barriers of immunization have increased.

Immunization is an important part of women's health care and has been, at least partially, incorporated into obstetrician-gynecologist practice. Financial barriers and physician concerns over training remain barriers to vaccine administration.

Target Audience: Obstetricians & Gynecologists, Family Physicians
Learning Objectives: After completion of this educational activity, the participant should be able to identify immunization practices in pregnancy, the role of appropriate use of vaccination in the care of women, identify and then teach barriers to practice to proper administration of vaccines, and recall the immunization recommendations for pregnant women.

Leddy et al

- Most ob-gyns offer vaccines
- Most ob-gyns view screening for ID within their scope
- Several barriers especially financial (reimbursement, cost of vaccines)
- Majority find immunization training in medical school inadequate
- Many felt their immunization practice would benefit from CME courses

ACOG Survey Ob-Gyns in MI

Leddy et al

- Leddy MA, Anderson BL, Gall S, Gonik B, Schulkin J. Changes in Immunization Practices, Knowledge and Beliefs of Michigan Obstetrician-Gynecologists Since 2000. *Mich J of Pub Health* 2009;3(1):20-46

Practice Changes

Changes in Immunization

RESEARCH AND PRACTICE ARTICLE

Changes in Immunization Practices, Knowledge and Beliefs of Michigan Obstetrician-Gynecologists Since 2000

Meraghan A. Leddy, MA, American College of Obstetricians and Gynecologists

Bernard Gonik, MD, Wayne State University

Stanley A. Gall, MD, University of Louisville

Britta A. Anderson, BA, American College of Obstetricians and Gynecologists

Jay Schulkin, PhD, American College of Obstetricians and Gynecologists

ACKNOWLEDGMENTS:

This study was supported in part by the Centers for Disease Control and Prevention and Grant #R60 MC 05674 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

Leddy MI Survey cont'd

- Increased # of MI ob-gyns assessing patients' needs for vaccines
- Ob-gyns knowledgeable re vaccine recs
- Some barriers decreased (available vaccines, awareness of vaccine recs)
- Financial concerns continued to be deterrent from adopting immunization into routine practice

AOG Survey Ob-Gyns' Practices & Immunization Knowledge

Power et al

Ob Gyns Practices

- Power ML, Leddy MA, Anderson BL, Gall SA, Gonik B, Schulkin J. Obstetrician-gynecologists' practices and perceived knowledge regarding immunization. *Am J Prev Med.* 2009 Sep;37(3):231-4. Epub 2009 Jul 10.

Obstetrician-Gynecologists' Practices and Perceived Knowledge Regarding Immunization

Michael L. Power, PhD; Meghan A. Leddy, MA; Rita L. Anderson, BA; Stanley A. Gall, MD; Bernard Gonik, MD; Jer Schulkin, PhD

Background: Obstetrician-gynecologists can play a key role in providing appropriate vaccinations to women of childbearing age.

Purpose: This study investigated immunization knowledge and practices, and opinions concerning potential barriers to immunization, among obstetrician-gynecologists.

Methods: In 2007, surveys were sent to Collaborative Ambulatory Research Network members, a representative sample of practicing fellows of the American College of Obstetricians and Gynecologists. 391 responded (31.2%). Data analysis was completed in 2008.

Results: Most responding obstetrician-gynecologists disagreed that "routine screening for vaccine-preventable diseases falls outside of the routine practice of an ob-gyn." A majority (78.7%) work and administer at least some vaccines. Among those who stock vaccines, 93.0% stock the human papillomavirus vaccine, and 66.6% stock the influenza vaccine. All other vaccines were stocked by <20% of practices that stock vaccines. A majority of obstetricians agreed that financial factors (e.g., inadequate reimbursement) were barriers to vaccine administration. Most were aware that the influenza (89.6%), hepatitis B (68.0%), and tetanus, diphtheria, pertussis (58.6%) vaccines are safe to administer during pregnancy, and that the measles, mumps, rubella (97.3%), and varicella (92.3%) vaccines are not. Most (84.5%) were in concordance with recommendations that all pregnant women should receive the rubella vaccine. A majority believed their immunization training was both adequate and believed their practice would benefit from continuing medical education courses.

Conclusion: Immunization is an important part of women's health care and has been, at least partially, incorporated into obstetrician-gynecologic practice. Financial barriers and knowledge

Power et al cont'd

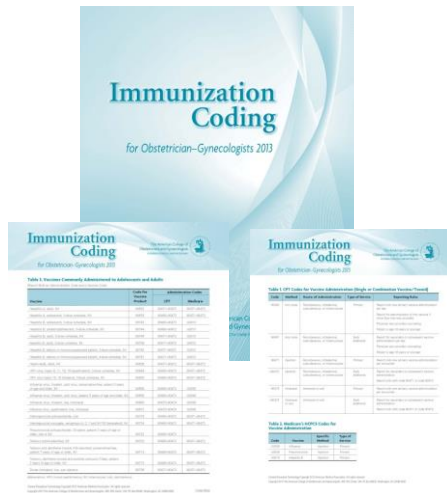
- 80% of ob-gyns stock and administer at least some vaccines
- 90% stock HPV, 67% flu
- Majority of ob-gyns agree financial factors (inadequate reimbursement) barriers to vaccine administration
- Most aware of safe vaccines during pregnancy
- Majority think medical school immunization training inadequate and benefit from CME courses

Immunization Champion & Staff Support

- Information is relevant to providers beyond just obstetrician-gynecologists.
- Important for entire office staff to support the immunization program, including front desk staff, nurses, physician assistants, and physician.
- Immunization Office Champion/Coordinator Responsibilities:
 - Orders and maintains vaccines, syringes, and other supplies
 - Implements standing orders
 - Monitors storage and handling
 - Verifies and manages vaccine record system
 - Up to date on current immunization recommendations

Immunization Coding Guide

- Published in 2011, revised and updated in 2013 as part of a comprehensive Immunization Resources tool kit.
- Distributed to over 35,000 active practice physicians in the United States
- Available electronically on the Immunization for Women website



Immunization Coding Guide, cont.

- Revised and published Immunization Coding for Obstetrician-Gynecologists in 2013.
- Topics covered include:
 - Case Examples
 - Additional Resources
 - Reimbursement for Vaccinations
 - Medicare
 - Medicaid
 - Vaccines for Children (VFS) Program
 - Commercial Health Insurance Plans

Immunization Coding Guide, cont.

- Quick-glance laminated card with CPT Administration codes and Medicare codes for the following vaccines:

- Hepatitis A
- Hepatitis B
- HPV
- Influenza
- Meningococcal
- Pneumococcal
- Td
- Tdap
- Zoster



Table 3. Vaccines Commonly Administered to Adolescents and Adults
(Report Both an Administration Code and a Vaccine Code)

Vaccine	Code for Vaccine Product	CPT	Medicare
Hepatitis A, HAV, HA	050512	90471-90473	80471-80472
Hepatitis A, adjuvanted, 2-dose schedule, HA	909213	90969-90471	80471-90472
Hepatitis B, adjuvanted, 2-dose schedule, HA	807243	90969-90471	90919
Hepatitis B, recombinant/adsorbed, 2-dose schedule, HA	807344	90969-90471	90919
Hepatitis B, HBeS, 2-dose schedule, HA	907146	90471-90473	90919
Hepatitis B, HBeS, 2-dose schedule, HA	907238	90471-90473	90919
Hepatitis B, HBeS or recombinant/adsorbed, 3-dose schedule, HA	801240	90471-90473	90919
Hepatitis B, HBeS or recombinant/adsorbed, 3-dose schedule, HA	801747	90471-90473	90919
Human rhinovirus, HA	909200	90471-90473	80471-80473
Influenza virus, H1N1, 150, T80 equivalent, 3-dose schedule, HA	906920	90969-90471	80471-80472
Influenza virus, H1N1, 150, T80 equivalent, 3-dose schedule, HA	906920	90969-90471	80471-80472
Influenza virus, trivalent, split virus, preservative-free, patient 3 years of age and older, HA	906920	90969-90471	90939
Influenza virus, trivalent, split virus, patient 3 years of age and older, HA	906920	90969-90471	90939
Influenza virus, trivalent, split virus, preservative-free, patient 3 years of age and older, HA	906920	90969-90471	90939
Influenza virus, trivalent, split virus, patient 3 years of age and older, HA	906920	90969-90471	90939
Influenza virus, quadrivalent, live, attenuated	908712	90471-90474	90939
Cholera vibrio, bivalent, HA	907210	90969-90471	80471-80473
Cholera vibrio, bivalent, HA, C, Y and D (US), bivalent, HA	907210	90969-90471	80471-80473
Pneumococcal polysaccharide, 23-valent, patient 2 years of age or older, HA or HA	907310	90969-90471	90471-90473
Tetanus toxoid, adsorbed, HA	907310	90969-90471	90471-90473
Tetanus and diphtheria toxoids (TD), adsorbed, preservative-free, patient 7 years of age or older, HA	801714	90969-90471	80471-80473
Tetanus, diphtheria, pertussis and acellular pertussis (Tdap), patient 7 years of age or older, HA	801715	90969-90471	80471-80473
Zoster (shingles), live, subcutaneous	801738	90471-90473	80471-80473

Abbreviations: HAV, human papillomavirus; HA, intramuscular; HBeS, hepatitis B; HA, intramuscular. Copyright © 2012 American Medical Association. All rights reserved. Reprinted with permission from the American College of Obstetricians and Gynecologists, 410 10th Street, NW, Box 9600, Washington, DC 20008-0006. (504)875-1234

Committee Opinion: Integrating Immunizations into Practice

- Routine Immunizer Recs
- Recs for ob-gyns to integrate immunizations into ob-gyn practice
- Res for adult women, pregnant and non-pregnant
- Routinize immunizations into practice
- Recs for ob-gyns to discuss and offer immunizations with patients

New ACOG Committee Opinion



Integrating Immunizations into Practice

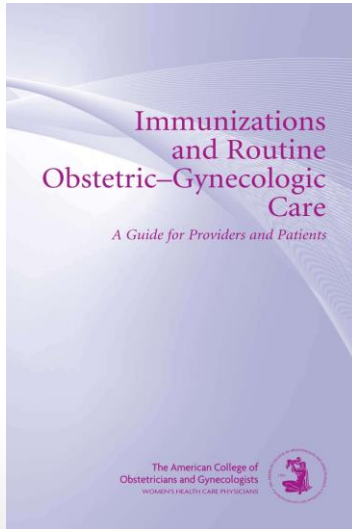
ABSTRACT: Lower administrative burden, without loss of care, is the best solution for integration of immunizations into obstetric, gynecologic, and family practice. Obstetrician-gynecologists should embrace immunizations as an integral part of their current health care practice. To provide their patients with evidence-based recommendations for immunizations, obstetrician-gynecologists should be familiar with the following recommendations and resources. © 2013 American Medical Association. All rights reserved. DOI: 10.1097/AOG.0000000000000100

Background: Immunization remains an important public health strategy to reduce the burden of infectious disease. Obstetrician-gynecologists (ob-gyns) play a critical role in ensuring that their patients receive appropriate immunizations. However, many ob-gyns face barriers to providing immunizations, including time constraints, administrative burden, and limited resources. This Committee Opinion discusses strategies for integrating immunizations into obstetric, gynecologic, and family practice, and provides resources to help ob-gyns overcome these barriers.

Steps for Office Vaccination Programs

Recent investigations have identified successful steps that ob-gyns can take to develop or improve office-based immunization programs. These steps include: (1) developing a clear plan of action; (2) identifying and addressing barriers; (3) developing a referral system; (4) developing a referral system; (5) developing a referral system; (6) developing a referral system; (7) developing a referral system; (8) developing a referral system; (9) developing a referral system; (10) developing a referral system.

Immunizations and Routine Obstetric-Gynecologic Care: A Guide for Providers and Patients



- A guide to help Ob-Gyns integrate immunizations into routine clinical practice
- Includes:
 - **Coding Q&A**
 - Storage and Handling
 - VAERS
 - Documentation and Record Keeping
 - Vaccine Conversations with Patients
 - Screening Questionnaires
 - Standing Orders
 - Office Readiness Tools & Checklists
 - Information about ACOG's new App, which includes an interactive immunization applet

Immunization Coding Quick-Glance Guides

- Laminated quick-glance guides with CPT codes for vaccine administration of adults and adolescents for the following three vaccines:
 - Tdap
 - HPV
 - Influenza
- Distributed to 35,000 active practice ob-gyns in the United States



Immunization Coding Quick-Glance Guides: Physician Response

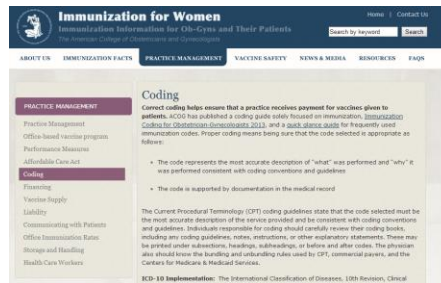
- Feedback has been extremely positive, multiple calls and emails are fielded weekly with requests for additional copies of the coding information.
- Coding quick-glance guides are available on the Immunization for Women Website in PDF form.
- Additionally, quick-glance guides are included in FAQ tear pad 10-packs available in the ACOG Bookstore.



Immunization Website: Business Practices

Website includes practice management information, including:

- Starting an office-based vaccine program
- **Coding**
- Financing
- Supply
- Liability
- Refusal
- Communicating with Patients
- Storage and Handling
- Healthcare Workers
- **Affordable Care Act**



Immunization Website, cont.: Coding Frequently Asked Questions for Physicians

- In addition to extensive practice management resources, the website includes a Coding Frequently Asked Question section for providers.
- The ACOG Coding Department takes questions from ACOG Fellows and their contact information is available on the Immunization for Women coding page.

Frequently Asked Coding Questions

Many obstetric-gynecologic practices now routinely offer immunization services to their patients. Correct coding enables a physician's office to report these services to third-party payers and to receive appropriate reimbursement for these services.

What codes should I submit for vaccine administration services?

The appropriate CPT vaccine administration code should be submitted in addition to the appropriate CPT or Healthcare Common Procedure Coding System vaccine product code. These codes should be linked to the appropriate ICD-9 code to support the medical necessity of the vaccine administration services.

Are vaccine administration services included in a preventive medicine service?

Although the general discussion of vaccines is part of age-appropriate preventive medicine counseling, the actual administration of the vaccine and the vaccine product should be billed separately.

Are vaccine administration services included in global obstetric care?

No. Vaccination services performed during pregnancy should be billed separately at the time of service. A separate E/M services should not be reported because the obstetric office visit is part of the global obstetric package.

How are vaccine administration services reported when a nurse or qualified health care professional provides the service?

The appropriate CPT vaccine administration code and CPT or Healthcare Common Procedure Coding System vaccine product code should be reported and linked to the appropriate ICD-9 code. If a significant separately identifiable E/M services is performed by the nurse at the time of the visit, it may be appropriate to report E/M code 99211 in addition to the vaccine administration

Immunization Website, cont.: Affordable Care Act

- A webpage dedicated to the Affordable Care Act and its impact on ob-gyn practice is included on the website.
- The page includes information about new vaccination coverage requirements.
- Links to ACOG's Government Relations Department and Health and Human Services are included.
- Weekly ACA updates

ACOG Resources:

http://www.acog.org/About_ACOG/ACOG_Departments/Government_Relations_and_Outreach/HCRImplementation/HRACDirectAccess

http://www.immunizationforwomen.org/practice_management/affordable_care_act

ACOG's Ob-Gyn Office-based Training

- Demonstration project to create and expand ob-gyn office-based immunization programs in 6 states ACOG District V (MI, OH, IN, KY) and District XI (TX)
- --To increase the types and doses of immunizations given in ob-gyn practices
- **Project Methodology:**
 - Recruit total of 75 ob-gyn practices
 - One hour on-site training, given by SHD and ACOG program staff
 - Core immunization materials jointly developed by SHD and ACOG
 - --Contact information for SHD Immunization Program staff as expert resource for future immunization questions and concerns
 - --Pre- and post-tests of ob-gyn practices 3 months and q 6 months after training

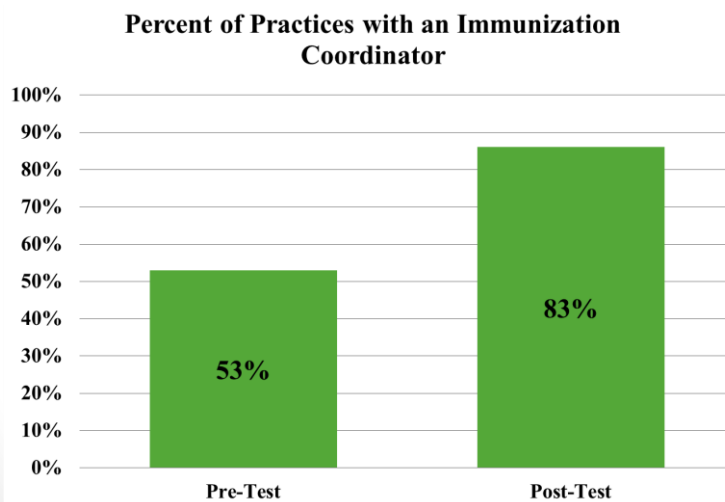
District V Post-test Outcomes

- 1/3 of sites added at least one vaccine
- 29% 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

Post-test Outcomes, continued

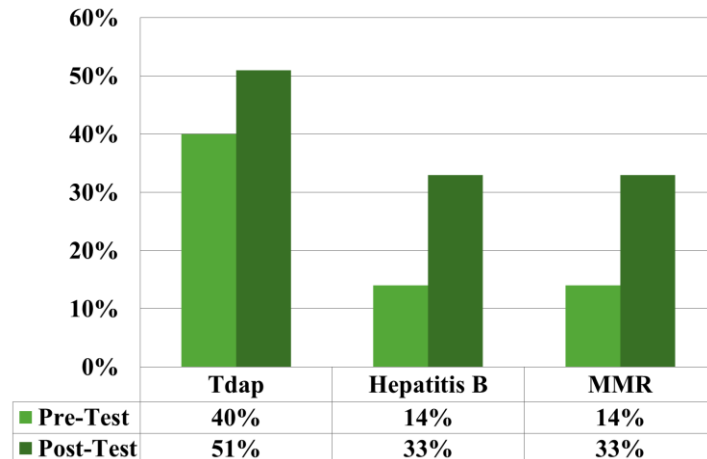
- Resource utilization :
 - 35% ACOG website
 - 49% CDC website
 - 44% vaccine schedule
- Other practice changes
 - 39% integrate vaccine discussion during visits
 - 19% added vaccine info to chart
 - 14% added recall system for multi-dose call backs

District V Training Results



District V Training Results cont'd

Increases in Type of Immunization



ACOG SCOPE

- SCOPE Safety Certification in Outpatient Practice Excellence for women's health
- SCOPE is voluntary patient safety review program for ob-gyn practices
- SCOPE practice certification reviews immunization practices e.g. vaccine storage, records
- Does the office have a system that ensures that all outdated or recalled medications are replaced?
- Training provided to clinical and nonclinical staff?
- Name of med, lot #, expiration date, dose, injections site, provider name, date of administration?
- All meds stored and secured properly?

ACOG's Immunization Business Practices Webinar

ACOG has developed a webinar focused on addressing the business practice needs of ob-gyn immunization programs.

The webinar is free and open to the public and will take place on
Wednesday, July 30th, 2014 from 12-1pm EDT.

Building on the successful implementation of immunizations in pediatric care, ACOG is collaborating with AAP on this webinar focusing on the application of strategies used successfully for years by pediatricians as a model for immunization programs in ob-gyn practices. The goal of the program is to provide concrete business strategies for creating sustainable immunization programs in ob-gyn practices.

Attendance from all professions is encouraged. The target audience is ob-gyns and also nursing and office staff who may also be involved in immunization programs.

Stayed tuned for more information regarding registration!

www.immunizationforwomen.org

www.acog.org

NVAC Adult Immunization Standards

Through the advice and support of ACOG's Immunization Expert Work Group and Committee on Gynecologic Practice, ACOG is promoting the NVAC Adult Immunization Standards.

- Incorporate the standards into the Well Woman Task Force and well woman care messaging, i.e. incorporating immunization as part of routine preventative well woman care
- Promote ACOG Committee Opinion: [Integrating Immunizations into Practice](#) and [Immunization Manual](#)
- Promote the standards on various websites and other ACOG channels including Well Woman website, Immunization for Women website, ACOG Immunization page, Government Relations Newsletter, and e-mail blasts.
- Promote the standards through giving examples of practices successful in implementing the standards
- Work with ACOG's education staff to incorporate a question into the MOC
- Continue to push to include and standardize immunization pop-ups and questions in EHR systems

ACOG's Immunization Dept Contact Information

www.Immunizationforwomen.org

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