Each year thousands of adults in the United States suffer serious illness, are hospitalized, and even die due to diseases for which vaccines are available. Adult vaccination coverage rates in Wisconsin remain below the Center for Disease Control and Prevention’s (CDC) Healthy People 2020 targets of 70% coverage for influenza, 30% coverage for zoster, and 90% coverage for pneumococcal vaccines (PCV13 and PPSV23). To address this issue, the Wisconsin Immunization Program implemented the CDC’s Assessment, Feedback, Incentives, and eXchange (AFIX) quality improvement (QI) model in 119 clinics across Wisconsin.

Influenza coverage, ages 19-64 years, WI Immunization Registry, Aug 1, 2015–June 30, 2016

Zoster coverage, ages 60+ years, Wisconsin Immunization Registry, 2016

Healthy People 2020 Goal: 70%

PCV13 coverage, ages 65+, Wisconsin Immunization Registry, 2016

PPSV23 coverage, ages 65+, Wisconsin Immunization Registry, 2016

Healthy People 2020 Goal: 90% (for both pneumococcal doses combined)

Population and Setting
Clinics administering adult vaccinations were eligible to participate. Over 800 clinics were offered an AFIX visit; 119 clinics elected participation. These include public and private primary care clinics, federally qualified health centers (FQHCs), OB-Gyn clinics, adult care centers, and tribal health centers. Wisconsin adults aged 19-100 years who had a prior immunization reported to the Wisconsin Immunization Registry (WIR) and an “Active” status at a health care organization within Wisconsin were included in the immunization coverage assessment.

Assessment of the health care provider’s vaccination coverage levels and immunization practices:

• Adult coverage rates were evaluated for the following vaccines: Tdap, patients 19-100 years; influenza, patients 19-100 years; HPV, patients 19-26 years; zoster, patients 60-100 years; pneumococcal (PPSV23/PPCV13), patients 67-100 years.

Methods

WIR Assessment Summary

Of the 119 participating clinics, 13 have reached their three-month follow-up date, and none have completed their six-month follow-up. Preliminary, three-month coverage rate changes are shown to the right. HPV3 three-month changes have been omitted as WIR is currently having a forecasting error due to the new 2 dose HPV recommendation. Coverage rate changes for participating clinics will be calculated as six-month follow-ups are completed.

Results

BARRIERS

Common barriers to adult vaccination at AFIX participating clinics included the following:

• Reminder/recall is minimal for adult patients.
• Clinics are unaware of adult immunization coverage rates.
• Clinic staff are not always scheduling subsequent dose appointments.
• Insurance/Medicare coverage for Zoster is minimal; clinics often refer out to pharmacies and patients are paying high out-of-pocket costs.
• Small, non-profit, and FQHC clinics not able to consistently stock adult vaccines. Pharmacies are not always entering vaccines they administered in WIR, or there is a significant delay in entry.

CONCLUSIONS

While it is too early in the project to determine effectiveness of the adult AFIX site visits, preliminary results and discussion with clinic staff are promising. Programmatic priorities to improve adult vaccination coverage rates include the following:

• Work with clinics to improve scheduling processes, i.e., in-room scheduling, reminder/recall, contacting no-show appointments.
• Ensure clinics have CDC adult immunization resources to give to patients.
• Keep clinic staff up-to-date on current ACIP recommendations for adult vaccines.
• Advocate for Medicare/insurance policy improvements that improve vaccination coverage for patients and clinics.

REFERENCES


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