

# AAFP Adult Immunization Office Champions Project Family Medicine Practice Results 2018 National Adult and Influenza Immunization Summit

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## INTRODUCTION

The American Academy of Family Physicians (AAFP) was awarded a four-year (September 2015-September 2019) grant to improve adult immunization rates, through a multi-faceted approach within the patient-centered medical home.

The AAFP conducted the Adult Immunization Office Champions Project to educate family physicians and their health care teams about effective strategies to measure and improve adult immunizations. Physician and non-physician champions were essential elements in the project design.

### Key areas addressed:

- Improving strong recommendations for adult vaccines,
- Reducing missed opportunities to immunize,
- Increasing documentation in Immunization Information Systems (IIS),
- Implementing evidence-based strategies to improve immunization rates,
- Increasing adult immunization rates in underserved populations.

The *Office Champion Quality Improvement Model* is a performance improvement framework used in the project.

The model includes performance improvement activities, educational resources, and strategies to increase adult immunizations rates.

Twenty-Five family medicine practices, including residency programs, participated in the project.

PRACTICE TYPE (N=25)	
Urban	32% (n=8)
Suburban	52% (n=13)
Rural	16% (n=4)

## METHODS

The *Office Champions Quality Improvement Model* consisted of two performance measurement phases.

25 practices collected data on 50 adult immunization charts for each measurement phase.

Data was entered into the "AAFP Adult Immunization Data Collection Form."

1<sup>st</sup> measurement chart reviews were conducted in September 2016, for the period March 31-2015-March 31, 2016. This established a baseline.

Data was collected on influenza, zoster, and pneumococcal (PCV13 and PPSV23) for adult patients 19 years and older.

Action Plans were developed and implemented by the practices.

2<sup>nd</sup> measurement chart reviews were conducted in August 2017, for the period August 15, 2016-August 15, 2017, after implementation of interventions.

The practices entered into a sustainability phase of the project in September 2017.

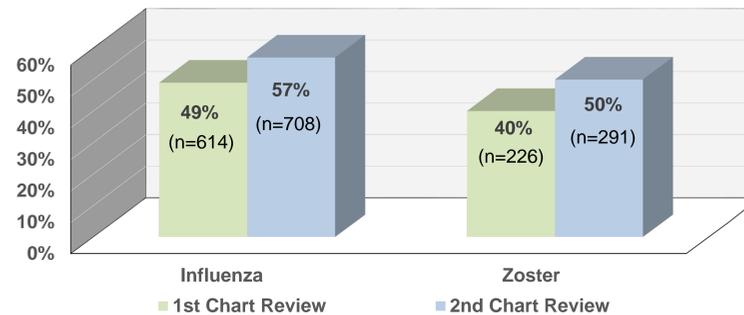
The practices continued to identify areas within their action plan that needed improvement or revisions.

3<sup>rd</sup> measurement chart reviews will occur in August 2018, during the sustainability phase the 25 practices will demonstrate that they can sustain and/or improve adult immunization rates.

## RESULTS

Adult vaccination rates for influenza vaccines (Adults 19 years and older) and Zoster vaccine (Adults 60 years and older) improved from baseline to 2<sup>nd</sup> measurement.

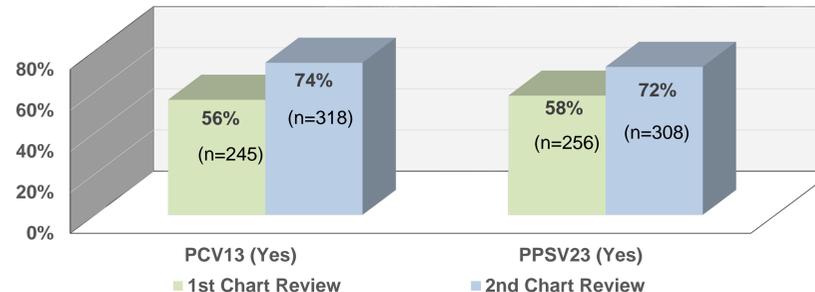
Figure 1: Influenza and Zoster Vaccination Rates



## RESULTS

Adult vaccination rates for pneumococcal (PCV13 and PPSV23) improved from baseline to 2<sup>nd</sup> measurement.

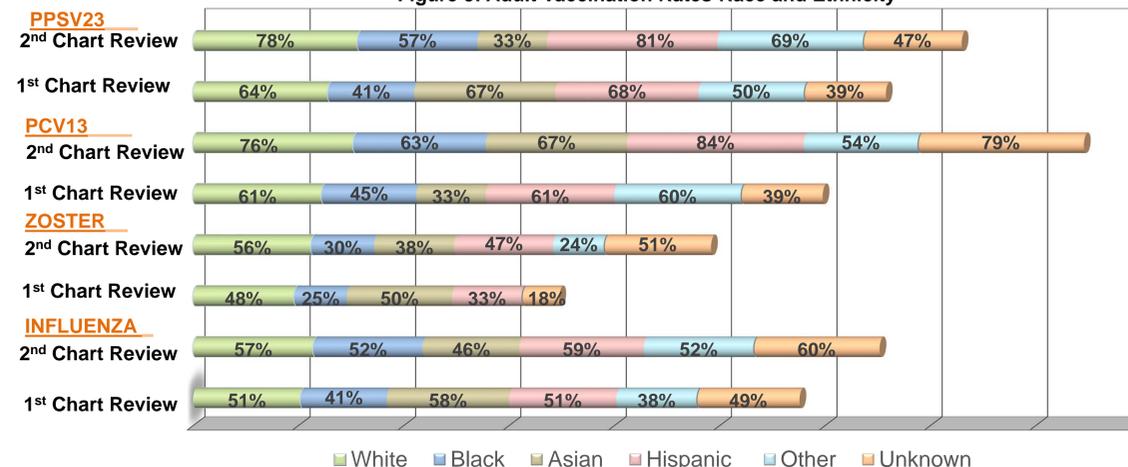
Figure 2: Pneumococcal Vaccination Administration



## RESULTS

Adult vaccination rates within different races and ethnicities improved from baseline to 2<sup>nd</sup> measurement

Figure 3: Adult Vaccination Rates-Race and Ethnicity



## RESULTS

Action plan strategies and interventions identified by practices to increase adult immunization rates.

Figure 4: Action Plan Strategies/Interventions

Number of Practices that implemented Strategies/ Interventions (N=25)

<b>Vaccination Assessment</b> : Incorporating immunization status into the routine clinical examination	64% (n=16)
<b>Recordkeeping &amp; Immunization Information Systems</b> : Using immunization registries, creating Electronic Medical Records (EMR) alerts when vaccines are due, and utilizing state registries.	64% (n=16)
<b>Recommendations &amp; Reinforcement</b> : Strong recommendations from healthcare providers for patients to receive the vaccine, and reinforcement of the need to return.	68% (n=17)
<b>Reminder &amp; Recall (Patients and Providers)</b> : Specific notification (telephone, email, etc.) to inform why vaccines are due. Educational messages to providers regarding the importance of immunizations.	38% (n=9)
<b>Reduction of Missed Opportunities &amp; Reduction of Barriers to Immunizations</b> : Standing orders, extended hours, educating healthcare providers on vaccines needs.	92% (n=23)

## DISCUSSION

Main concerns regarding adult immunization included myths, misconceptions, and physicians not strongly recommending the vaccines.

Results show marked improvement in adult immunization rates, especially those in underserved populations.

The measurement process allowed for review of patients charts and examination of immunization patterns within the practice setting.

Findings indicate that 84% of adults received influenza vaccine in the practice setting.

Data show that 19% of patients not given the Zoster vaccine were referred elsewhere (e.g. pharmacy, health department, work, etc.).

Over 20% of patients who refused PCV13 and PPSV23 vaccines, indicated personal belief or gave no reason for refusal.

Based on early results, practices demonstrated sustainability and/or improvement of their adult immunization rates.

Each practice will continue to focus on strategies and interventions to improve adult immunization rates.

## LIMITATIONS

One practice was only able to enter 42 patient charts instead of 50 into the "AAFP Adult Immunization Data Collection Form," during the 2<sup>nd</sup> measurement phase.

Several practices did not administer the Zoster vaccine, which may have affected the rates for this vaccine.

Practices self-reported immunization data from patient charts which may be subject to bias.

Influenza, Zoster and PPSV23 vaccination rates did not improve for Asian patients during the 2<sup>nd</sup> measurement review, due to a limited number of Asian patients included in the 2<sup>nd</sup> chart review process.

## CONCLUSION

Specific quality improvement interventions, as listed in the action plans, resulted in increased immunization delivery rates.

Data has shown that vaccination rates can increase when evidence-based interventions and strategies are implemented within the practice.

The *Office Champion Quality Improvement Model* is a useful tool when measuring immunization rates and implementing interventions.

The model was a key factor in successfully implementing adult immunization recommendations.

The practice teams successfully implemented elements of the model to increase adult immunization rates.

## REFERENCES

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