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ABSTRACT

The CDC currently estimates that less than half of pregnant women receive their recommended seasonal influenza vaccine before or during pregnancy, leaving pregnant women and their babies vulnerable to serious complications. As first-line vaccination providers for pregnant women, Ob-Gyns play a key role in ensuring more receive this critical protection. Unfortunately, many Ob-Gyns are not connected with immunization information systems (IIS) and other tools to help prevent missed opportunities for vaccination. Over the last three years, the Minnesota Department of Health Immunization Program has been working with the Minnesota Section of the American College of Obstetricians and Gynecologists to support IIS use and vaccination improvement activities among Ob-Gyns. This poster will tell the story of that work, beginning with a needs assessment and culminating in a Maintenance of Certification Part IV (MOC4) opportunity for Ob-Gyns that uses IIS tools and quality improvement strategies to improve influenza vaccination rates among pregnant women.

BACKGROUND

- The seasonal influenza vaccine is recommended to pregnant women to protect them and their babies from serious complications.
- The CDC estimates that less than half of pregnant women currently receive this crucial protection.
- Ob-Gyns play a key role in vaccinating pregnant women, but many are not connected with IIS and other tools to help prevent missed opportunities.
- The Minnesota Department of Health (MDH) Immunization Program has been working with the Minnesota Section of the American College of Obstetricians and Gynecologists (MNACOG) and other partners to support IIS use and vaccination improvement activities among Ob-Gyns.
- This work has culminated in a Maintenance of Certification Part IV (MOC4) opportunity for Ob-Gyns that uses IIS tools and quality improvement strategies to improve influenza vaccination rates among pregnant women.

MOC4 POSTCARD



Front

Pregnant women are at increased risk for complications of influenza.

Improve flu vaccination coverage among your pregnant patients.

- Work with the Minnesota Dept. of Health to choose and implement two quality improvement strategies.
- Use the Minnesota Immunization Information Connection (MIIC) to establish baseline vaccination rates and track changes over the project period.

Email elena.rosenberg-carlson@state.mn.us by **May 31, 2018** to sign up.

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PROCESS



Step 1: Assess Needs

- The MDH Immunization Program developed a survey-based needs assessment for Ob-Gyns focused on vaccination practice and use of Minnesota's IIS, the Minnesota Immunization Information Connection (MIIC).
- MNACOG and national ACOG provided consultation during survey development and assisted with survey distribution.
- Participation was low (n=38).
- Results suggested:
 - o Missed opportunities for vaccination due to vaccine hesitancy among patients, staff capacity issues, billing and reimbursement issues, and other reported barriers.
 - o MIIC education and training needs among Ob-Gyns and their colleagues.



Step 3: Educate

- The MDH Immunization Program exhibited and co-presented with the MNACOG chairperson at the 2017 MNACOG Fall Meeting.
- The presentation focused on Ob-Gyns' roles as vaccinators and how to use MIIC to support their vaccination practice.



Step 2: Focus In

- The MDH Immunization Program partnered with MNACOG to supplement the needs assessment by forming an Ob-Gyn advisory group on MIIC.
- The advisory group provided in-depth feedback on their current MIIC use, barriers they face to MIIC use, preferred communications and training methods, and strategies for engaging more Ob-Gyns.
- Results suggested:
 - o Having an electronic interface between their electronic health record (EHR) and MIIC is key to Ob-Gyns using MIIC.
 - o Communication through and/or in partnership with MNACOG is recommended.
 - o Providing in-person training at clinics, e-learning, and/or presentations at MNACOG meetings about MIIC is recommended.



Step 4: Act

- The MDH Immunization Program developed a MOC4 opportunity for Ob-Gyns.
- The MOC4 uses MIIC and quality improvement strategies to improve influenza vaccination rates among pregnant women.
- MNACOG and national ACOG partners consulted on MOC4 development and assisted with recruitment.

MOC4: STRATEGIES IMPLEMENTED

Strategy	Percent of Participants (n=12)
Identify an immunization champion for your clinic.	42%
Remind staff to recommend influenza vaccination through systems like EHR best practice alerts or a patient rooming checklist.	25%
Establish a vaccine administration process to allow trained clinic staff to vaccinate pregnant patients.	8%
Educate all clinic staff on the CDC and ACOG recommendations for providing influenza vaccine to pregnant patients.	100%
Train clinic staff on how to make a strong recommendation for vaccination to help prevent influenza.	100%
Train clinic staff on common vaccine hesitancy concerns and supportive resources to help address these concerns.	100%
Use MIIC to routinely assess influenza vaccination rates among your clinic's pregnant patients and share assessments with all clinic staff.	17%
Use MIIC's Client Follow-Up feature to facilitate reminder/recall to pregnant patients due for influenza immunization.	8%

MOC4: LESSONS LEARNED

- Partnering with a trusted professional organization is a huge promotional asset.
- Recruitment is tough – started with 12 providers from two facilities after multiple promotional attempts.
- Keeping participants engaged is tougher – providers are very busy, and the MOC4 credit has not been as much of an incentive as anticipated.
- Involve NPs, RNs, LPNs, etc. whenever possible as they play key roles in vaccination and quality improvement programming in Ob-Gyn care settings.

MOC4: NEXT STEPS

- Wrap up and evaluate the pilot year.
- Plan for another year of programming with expanded recruitment efforts.

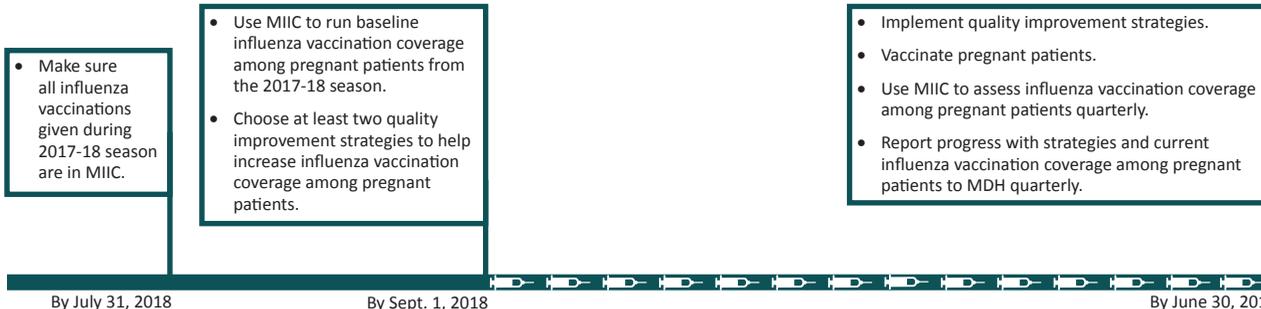
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MOC4: THE PILOT YEAR

Activity summary: MDH supports Ob-Gyns to choose and implement quality improvement strategies focused on improving influenza vaccination coverage among pregnant patients. Ob-Gyns use MIIC to establish baseline vaccination rates and track changes over the project period.

Improvement aim: Increase influenza vaccination coverage among pregnant patients by 20 percentage points or meet the Healthy People 2020 target of 80% coverage by the end of the project period.



Timeline