

Increasing Adult Immunization Rates through Obstetrician-Gynecologist Partnerships

American College of Obstetricians and Gynecologists



PROJECT BACKGROUND

OVERVIEW

In 2015, ACOG was awarded a four-year cooperative agreement, entitled “Increasing Adult Immunization Rates through Obstetrician-Gynecologist Partnerships,” funded through the Centers for Disease Control and Prevention (CDC) aimed at assisting obstetrician-gynecologists (ob-gyns) in increasing rates of five adult immunizations (Tdap, influenza, pneumococcal, hepatitis B, and herpes zoster) in pregnant and non-pregnant populations. During the project’s three-year demonstration phase, ACOG worked closely with 19 ob-gyns, referred to as “Immunization Champions,” and their practices to improve their immunization processes, increase immunization rates, and learn from their experiences.

RECRUITMENT & SELECTION

Recruitment of the ob-gyn Immunization Champions for participation in the three-year demonstration phase took place in the Boston, MA and LA County, CA areas. These regions were chosen based on their geographic diversity; ACOG’s existing relationships with ACOG leaders, ACOG partners, and state health departments in these areas; and the innovative adult immunization activities carried out in these states. ACOG aimed to recruit a diverse cohort of ob-gyn Immunization Champions so that the findings from the project would be translatable across the greater ACOG membership.

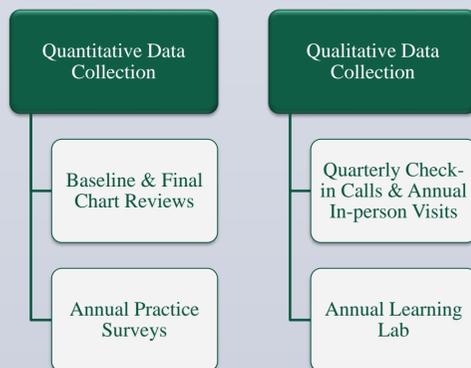
PILOT-TESTED STRATEGIES

Over the course of the demonstration phase, the Immunization Champions were encouraged to implement key strategies for increasing adult immunization rates in their practices. These strategies were based on the National Vaccine Advisory Committee (NVAC) Standards for Adult Immunization Practice and strategies identified through past successful ACOG immunization activities.



DATA COLLECTION

The project’s evaluation process included a combination of qualitative and quantitative data collection.



PROJECT FINDINGS

Over the course of the “Increasing Adult Immunization Rates through Obstetrician-Gynecologist Partnerships” project’s demonstration phase, the activities implemented by the Immunization Champions resulted in *increases* in immunization rates and *decreases* in missed opportunities across all five immunizations targeted. To calculate immunization rates, randomly selected charts from each Champion practice were analyzed for vaccine eligibility (e.g. eligible based on age, pregnancy status, health indicators, lack of contraindications, etc.) and documented receipt of the vaccine for eligible patients. To identify missed opportunities, the randomly selected charts from each Champion practice were analyzed for vaccine eligibility and no associated documentation of receipt or refusal of the vaccine for eligible patients.

Increasing Adult Immunization Rates Project Cohort: Comparisons of Immunization Rates by Immunization and Project Year			
	Immunization Rates at Baseline	Immunization Rates at Year 3	Immunization Rates Percent Change: Baseline to Year 3
Tdap	24%	63%	163%
Influenza	21%	35%	66%
Hepatitis B	55%	72%	31%
Herpes Zoster	10%	33%	233%
Pneumococcal	30%	33%	11%

IDENTIFYING EFFECTIVE STRATEGIES

Through the various data collection methods previously mentioned, ACOG identified a series of strategies being tested across the cohort, with varied levels of implementation and success. Through careful analysis of the data collected, and with the input of the Immunization Champions and ACOG’s Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group, four “Strategies for Effectively Integrating Immunizations into Routine Obstetric-Gynecologic Care” were identified, along with key activities and considerations for their implementation.

Administer routinely discussed and recommended vaccines, which at a minimum include influenza, Tdap, and HPV.

- Talk to each patient directly, using a **strong recommendation** that includes the recommendation, a timeframe, and a benefit to the patient.
- Train staff** on how to deliver strong immunization recommendations
- Document declinations** and reintroduce the discussion at subsequent visits
- Order vaccine early**—pre-booking flu vaccine helps secure lower pricing
- Develop a referral system**—if feasible, establish a relationship with an existing pharmacy, health care provider, or clinic for referrals

Create a culture of immunization by educating and involving all staff in immunization processes. Delegate the responsibilities of maintaining and championing an immunization program to a team of staff, as appropriate for your practice structure.

- Educate clinicians and staff on importance of immunizations** for patients & themselves at regular intervals
- Educate clinicians and staff on the **role non-physician staff can play**
- Develop scripts** for staff to follow when promoting immunizations
- Utilize front desk staff** to promote immunizations as appropriate
- Display **patient education materials**
- Delegate immunization program duties to an **immunization champion team or individual**

Utilize existing systems and resources to conduct periodic assessments of immunization rates among patients to determine if and where progress is needed.

- Periodic assessments can highlight if and where improvements are needed; **develop a plan** for how to use findings of such assessments
- Examples include chart reviews; comparisons of immunization billing codes to the number of patients seen over a certain timeframe; and comparisons of vaccine purchasing and doses administered to the number of vaccine eligible patients over a certain timeframe
- When assessing immunization rates, consider starting with just one population group or immunization over a specific timeframe

Develop a standard process for assessing, recommending, administering, and documenting vaccination status of patients.

- Consider implementing immunization **standing orders** for vaccines carried on-site
- When standing orders are not feasible, develop a **standard immunization process**
- Gather input from staff** prior to implementation of process improvements
- Consider shifting **administration of immunizations to early in the patient visit**
- Create a **natural prompt** for Tdap administration, such as at or near the glucose visit
- Build immunization reminder language** into intake, check-in, and check-out forms

PROJECT RESOURCES



DISSEMINATION

Dissemination of the findings from the demonstration phase are ongoing during the fourth and final year of the project. The above **Strategies for Integrating Immunizations into Routine Obstetric-Gynecologic Care** tip sheet and the **Optimizing Immunization Programs in Obstetric-Gynecologic Practices** tool kit have and will be shared at many touch points with ACOG members, ACOG partners, and other immunization stakeholders via email, the ImmunizationforWomen.org website, the acog.org website, internal newsletters, and paid and organic social media. The effectiveness of these promotion efforts, and the usefulness of these resources overall, will be evaluated through surveys and focus groups of ACOG members.

COLLABORATIONS

This project benefited greatly from extensive collaboration throughout its demonstration phase with other immunization partners, including the Centers for Disease Control and Prevention (CDC), Immunization Action Coalition (IAC), the American Pharmacists Association (APhA), the National Association of Chain Drug Stores (NACDS), and the Massachusetts, California, and Los Angeles **Departments of Public Health**.

BENEFITS OF A DEMONSTRATION PROJECT

This project highlighted several advantages to the implementation of a demonstration project—which other health care provider and public health organizations may learn from. Some benefits include:

Continuous Quality Improvement

Opportunity to troubleshoot challenges, continuously pilot-test new strategies, and tweak previously implemented processes

Sharing of Lessons Learned

Both between participants in the cohort and with other immunization stakeholders

Flexibility & Adaptability

To respond to feedback and emerging needs

Learn What Works & What Does Not

Ability to identify common successes, challenges, and barriers across a cohort, which can then be translated to a larger population

ACOG IMMUNIZATION, INFECTIOUS DISEASE, AND PUBLIC HEALTH PREPAREDNESS DEPARTMENT

Debra Hawks, MPH, Senior Director
dhawks@acog.org

Sarah Carroll, MPH, Director
scarroll@acog.org

Sarah Wright, MA, Senior Program Manager
swright@acog.org