Adult Immunization and Health Care Provider Engagement

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Federally Qualified Health Center (FQHC) Collaboration

• Survey of 18 FQHCs
• Adult Immunization Summit
• Adult AFIX (currently IQIP)
CHC Characteristics

- 18 (100%) responses received
- All CHCs administer vaccines to adults
Vaccines Offered to Adults

- Influenza: 20
- Tdap/Td: 18
- Hepatitis B: 16
- PCV13: 14
- HPV: 14
- Hepatitis A: 14
- ppSV23: 12
- Zoster: 10
- Twinrix: 8
Standards Implementation

- Immunization history most commonly reviewed and vaccines offered during routine preventive care visits, follow-up visits and routine problem visits and to a lesser extent urgent/same day or nurse-only visits
- Vaccines typically administered during routine preventive care visits, follow-up visits and routine problem visits and to a lesser extent urgent/same day or nurse-only visits
- All CHC main sites use the Wisconsin Immunization Registry (WIR)
Standards Implementation

• 50% (9/18) of CHCs always or usually assess an adult patient’s immunization history using WIR.
• 61% (11/18) of the time patients accept a recommendation for vaccination.
• 78% (14/18) transmit to WIR using data exchange; all others manually enter vaccine doses administered.
Clinical Tools for Immunization

- Clinical reminder (indicating that patient is due or past due for a vaccine) is sent to the user the majority of the time for influenza, Tdap/Td, PPSV23 and PCV13.
- Nurses (61%; 11/18) and medical assistants (67%; 12/18) vaccinate by standing order.
- 17% (3/18) do not use standing orders to offer vaccines to adult patients.
- 78% (14/18) do not use reminder recall.
### Barriers to Implementing the Standards

<table>
<thead>
<tr>
<th>Adult Immunization Standard</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>Offering/recommending vaccines</td>
<td>Cost of stocking all ACIP-recommended vaccines</td>
</tr>
<tr>
<td>Administering vaccines</td>
<td>Cost of stocking all ACIP-recommended vaccines</td>
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<td></td>
<td>Patients concerned about side effects</td>
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<tr>
<td>Entering vaccine doses administered</td>
<td>Double entry for those doing manual entry (i.e., entry into EMR and WIR)</td>
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<td>Delay in viewing vaccines administered at a hospital, clinic or pharmacy</td>
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<td>Training of support staff</td>
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Adult Immunization Summit

• November 10, 2016 (in Wisconsin Dells)
• Targeted providers, pharmacists, quality improvement personnel and public health
• 62 persons attended
• Archived session and presenter slides available at:
  https://www.acponline.org/about-acp/chapters-regions/united-states/wisconsin-chapter/news-meetings/2016-adult-immunization-summit-presentation-slides
Adult AFIx Site Selection

- Approximately 800 clinics received an invitation, by email, to receive an adult AFIx visit
- Clinic contact information obtained from the Wisconsin Immunization Registry (WIR)
- 124 clinics elected to receive a visit
- In-person visits were conducted during November 2016 - September 2017
Follow Up Visits

• Conducted, by email, at three- and six-month intervals
• Included sharing of coverage rates from WIR
• Opportunity to offer support and encouragement to initiate or continue to fully implement quality improvement strategies selected
Control Clinic Selection

• 124 control clinics selected that did not receive an AFIX visit
• Matched to clinics that received an AFIX visit on practice type, geographic location and clinic size
• Many represented clinics that declined a visit or did not respond to invitation to receive a site visit
Clinic Types Visited

• 124 clinics visited
  – 78 general practice
  – 25 family medicine
  – 7 adult care (e.g., nursing homes, long term care)
  – 6 Federally Qualified Health Centers (FQHCs)
  – 4 internal medicine
  – 3 obstetrics and gynecology
  – 1 tribal health clinic
## Top 3 Strategies

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<thead>
<tr>
<th>Strategy</th>
<th>Implemented % (N)</th>
<th>New Implementation % (N)</th>
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<tr>
<td>Adult immunization resources available to address patient questions</td>
<td>100 (124)</td>
<td>70 (87)</td>
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<tr>
<td>Inactivate patients no longer associated with clinic</td>
<td>14 (17)</td>
<td>58 (72)</td>
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<tr>
<td>Reminder and recall intervention</td>
<td>58 (72)</td>
<td>49 (61)</td>
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</table>
Challenges with Strategy Implementation

- Clinic staff are not scheduling out subsequent dose appointments
- Coverage for zoster varies
- FQHCs unable to stock all adult vaccines
- Gaps in entry of doses administered into WIR
Percent of adults aged 19–64 years who have received one dose of Tdap vaccine, by county, 2016 and 2017

Source: WIR
Percentage of adults aged 19–64 years who received 1 or more doses of influenza vaccine during August 1, 2017, through July 31, 2018, by county

Source: WIR
Percentage of adults aged 65 years and older who received 1 or more doses of influenza vaccine during August 1, 2017, through July 31, 2018, by county.

Source: WIR
Percent of adults aged 65 years and older who have received one dose of PPSV23 on or after their 65th birthday, by county, 2016 and 2017

Source: WIR
Percent of adults aged 65 years and older who have received one dose of PCV13 on or after their 65th birthday, by county, 2016 and 2017

Source: WIR
Percent of adults aged 60 years and older who have received one dose of zoster, by county, 2016 and 2017

Source: WIR
Questions

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