



Piloting an Expanded Immunization Quality Improvement (QI) Program in Adult Primary Care Practices

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BACKGROUND

In 2023, Rhode Island implemented an initial adult immunization quality improvement program focused on improving practices' influenza vaccine administration rates and immunization information system (IIS) reporting compliance. An expansion of this program, initiated as a pilot in October 2024 and modeled on the Immunization Quality Improvement for Providers (IQIP) program, implements practice-level QI strategies based on the Standards for Adult Immunization Practice. The goal of the pilot program was to test program feasibility and to identify any implementation challenges prior to a broader rollout. Additionally, the program aimed to increase practice-level implementation of the Standards for Adult Immunization Practice as well as uptake of recommended vaccines.

PROGRAM DESCRIPTION

Pilot Group Inclusion Criteria and Group Characteristics:

- Adult practices characterized as PCPs, including adult general practices, adult specialty practices, internists, and obstetrician/gynecologists (OB/GYNs).
- 6 practices enrolled (target group size: 5-10 practices)
 - 4 affiliated with hospital/health system
 - 1 independent nonprofit
 - 1 private practice
- # of patients expected to receive vaccine annually (2024-2025) - range: 500-6,970

QI Measure:

- Proportion of unique patients expected to receive vaccine between July 1, 2024-June 30, 2025, as reported by the practice, that received at least one vaccine at the practice during the 12-month program cycle, compared to the proportion vaccinated during the 12 months prior to program participation.

Program Structure:

- Adult Immunization Coordinator facilitates program activities, including site visits and data collection.
- 4 site visits over 12-month program cycle:
 - **Initial site visit:** practice's immunization delivery practices and workflows assessed and QI strategies (based on the Standards for Adult Immunization Practice) to enhance those workflows and improve vaccine uptake are identified.
 - **2-month follow-up visit:** aid practices in staying on course with their QI strategy implementation.
 - **6-month follow-up visit:** aid practices in staying on course with their QI strategy implementation, assess 6-month preliminary QI measure data.
 - **12-month follow-up visit:** discuss the outcomes of the program (including review of final QI measure data) and sustainability of practice changes.

Figure 1: Standards for Adult Immunization Practice

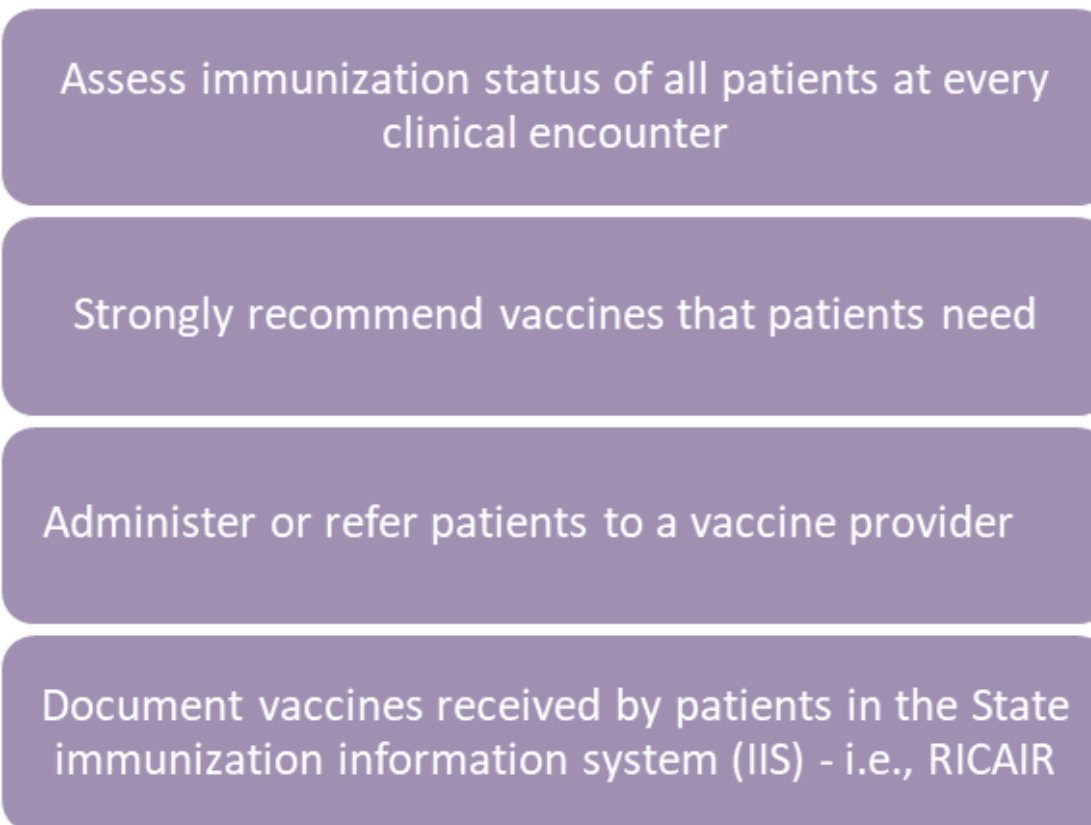


Table 2: Sample QI Strategies Implemented

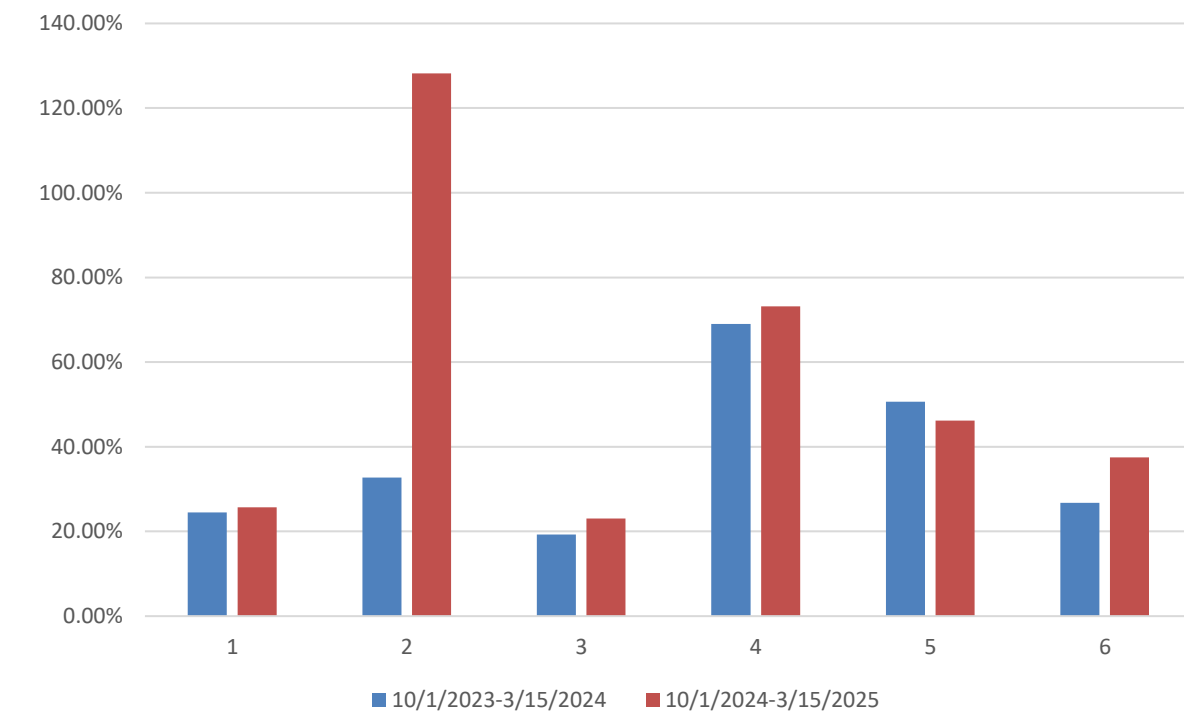
Standard	Sample QI Strategies
Assess immunization status of all patients at every clinical encounter	Running reports to identify patients missing recommended vaccines and flagging charts prior to scheduled visits
Strongly recommend vaccines that patients need	<p>Increasing availability and visibility of promotional materials regarding recommended vaccines for adults</p> <p>Training non-clinical professionals and medical assistants to offer needed vaccines to patients during visit check-in and room-in processes</p>
Administer or refer patients to a vaccine provider	Scheduling vaccine-only appointments with a nurse or other available clinician
Document vaccines received by patients in the State immunization information system (IIS) and internal HER	Improving data systems and staff workflows to better support reconciliation of outside immunization records and identification of patients missing needed vaccines

PRELIMINARY FINDINGS

Limitations of the program design and implementation challenges include: 1) limited practice-level data availability resulting in difficulty capturing accurate baseline data and meaningfully measuring change; 2) limited practice capacity (e.g., technology, staff time/effort) to implement certain potentially impactful workflow changes.

Figure 2: Preliminary Data

Practice-Level Rate of Unique Patient Immunization, 10/1/2023-3/15/2024 vs. 10/1/2024-3/15/2025



Preliminary data was assessed as the 6-month timepoint since program initiation approached. The number of unique patients immunized by the pilot group practices between October 1, 2024 and March 15, 2025, as a proportion of the total number of patients they anticipated vaccinating during the current SSV program year, was compared to the rate during the same interval one year prior. 5 of 6 practices observed a higher unique patient immunization rate since program initiation compared to their rate during the same interval one year prior. A single practice (#5 in Figure 2) observed a decrease; however, this practice was the last to initiate their participation in the program (December 2024) and had only completed 3 months of QI strategy implementation at the assessment point.

NEXT STEPS

Final visits will be conducted at the 12-month timepoint, beginning in October 2025. Pilot group feedback will be used to inform further program evaluation and improvement. A new QI program cycle, planned for 2025-2026, will tentatively focus on enrolling long-term care facilities and OB/GYN practices and targeting QI strategies towards increasing uptake of specific vaccines in older adults as well as uptake of specific vaccines during pregnancy. Collaboration with Rhode Island's IQIP program to incorporate adult immunization QI at family practices enrolled in IQIP is also planned for 2025-2026.

ACKNOWLEDGEMENTS

The authors report no financial conflicts of interest or other relevant disclosures. This work was funded by CDC Cooperative Agreement NH23IP922618-05-03.

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