The American College of Obstetricians and Gynecologists (ACOG)

“ACOG Report: Turning Recommendations into Routine Practice for Patient Outreach and Messaging”

Patient Outreach Work Group Panel
Debra Hawks, MPH

Wednesday May 14th, 2014

www.ImmunizationForWomen.org

American College of Obstetricians and Gynecologists (ACOG)

- ACOG is a non-profit corporation 501C3, tax-exempt charitable, educational organization
- ACOG is a medical specialty society
- 95% of board-certified ob-gyns are members of ACOG (a total of 58,000 members)
- Ob-gyns are a major source of ambulatory care for women in the U.S.
- 85% of deliveries attended by ob-gyns
Background

• Current data demonstrate that a strong HCP vaccine recommendation is a major contributor to a successful adult vaccine program

• Numerous surveys indicate that ob-gyns depend on ACOG for practice guidance, education and resource support

• All ACOG patient resources are derived from ACOG’s clinical guidelines for ob-gyns

• Information to follow reviews ACOG patient education resources and initiatives

Ob-Gyns Refer to ACOG Guidelines as Primary Source

• ACOG survey found that 98% of ob-gyns were aware of ACOG guidelines and 96% had used those guidelines over previous 5 years*
• 61% said ACOG guideline changed their practice within last 2 years*
• Survey** found that to stay informed about advances in ob-gyn, ob-gyns refer to:
  • --1st to ACOG Practice Bulletins
  • --2nd to ACOG Committee Opinions
  • --3rd to other sources

ACOG Patient Resources Development

- Based on ACOG’s clinical guidelines
- Developed by ACOG’s Committees on Gyn Practice, Ob Practice, Adolescent Health Care, Health Care for Underserved Women
-Reviewed by ACOG’s Immunization Expert Work Group
- Patient Education Editorial Board review
- Patient literacy medical writer review for print and on-line resources and immunization website

Immunization for Women Website

www.immunizationforwomen.org
Recent Google Analytics

- #1 on Google search since launch in 2011. April 2014 stats:

<table>
<thead>
<tr>
<th>Google Analytics</th>
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<tbody>
<tr>
<td>Site Visitors</td>
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<tr>
<td>Mobile vs. Desktop Traffic</td>
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<tr>
<td>Mobile</td>
<td>807</td>
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<tr>
<td>Tablet</td>
<td>274</td>
</tr>
<tr>
<td>Popular Pages (in order of popularity)</td>
<td></td>
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<tr>
<td>Pertussis</td>
<td></td>
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<tr>
<td>Pregnant/Breastfeeding</td>
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<tr>
<td>FAQs - Tdap</td>
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<tr>
<td>Tetanus/Diphtheria</td>
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<tr>
<td>Affordable Care Act</td>
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<td>Resources</td>
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<td>Google Placement</td>
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<tr>
<td>When search terms “immunize women, immunization women, women and immunization” are used in Google, the Immunization for Women website is the first website result.</td>
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Patient Specific Vaccination Information

Vaccine Preventable Diseases including:
- Seasonal Influenza (Flu)
- Pertussis
- Human Papillomavirus (HPV)
- Pneumococcus
- Varicella
- Meningococcus
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Tetanus/Diphtheria
- Measles, Mumps, and Rubella
- Poliomyelitis (Polio)

Special Populations:
- Pregnant/Breastfeeding
- Adolescents
- Ethnic and Racial Groups
- Medical Conditions
- Seniors
- Travelers

Patient Friendly Website

- Patient tabs and Ob-Gyn tabs on every section and page
- Pregnant, nonpregnant, adolescents, ethnic groups, older
- Patient literacy medical writer reviews all content and rewrites to be user and reader friendly eg 6th-8th grade reading level
- Daily updates and monthly sweep of entire website for any clinical updates and revisions needed with guidelines
- Based on Google analytics 1/3 of searches are from mobile websites, ACOG is developing a mobile platform for its Immunization for Women website
Patient Specific Frequently Asked Question Section

Topics Include:

• Seasonal influenza
• Tdap
• HPV
• Measles, Mumps, and Rubella (MMR)
• Herpes Zoster (Shingles)
• Varicella
• Meningococcus
• Hepatitis A

ACOG’s Response to H1N1

• Pregnant women had 6 xs morbidity and mortality
• Increased hospitalizations
• ACOG mobilized rapid response and resources to ob-gyns, patients and public
• E-communication and web-based guidance
• Collaborated closely with CDC
H1N1 cont’d

• Pregnant Women and the Flu patient tear pad (endorsed by AMA and SMFM). On-line and hard-copy.

• ACOG developed assessment and treatment algorithm to triage pregnant women with ILI symptoms

• H1N1 resources sent to all 35,000 ob-gyns in practice in U.S.

• Email blasts

• H1N1 webpage

• CDC and DHHS reported ob-gyns were most active HCP

H1N1 Influenza Pregnancy Assessment and Treatment

![Influenza Pregnancy Assessment and Treatment Diagram]
H1N1 Patient FAQ Fact Sheet
Endorsed by AMA and Society for Maternal Fetal Medicine

Immunization Tool Kits

Influenza Immunization During Pregnancy
- August 2012
- Distributed to 35,000 active Fellows and Jr. Fellows in practice; residency directors

Immunization Resources for Obstetrician-Gynecologists
- May 2013
- Distributed to 35,000 active Fellows and Jr. Fellows in practice; residency directors

Tdap Immunization
- September 2013
- Distributed to 35,000 active Fellows and Jr. Fellows in practice; residency directors
Evidence-based Toolkit Mailings with Patient Materials

Seasonal Influenza (Flu) 2011-2012:
- Flu Vaccine FAQ tear pad for patients
- Physician script for introducing topic to patient
- Vaccine Information Statement
- ACOG clinical guidelines

Evidence-based Toolkit Mailings with Patient Materials, cont.

Seasonal Influenza 2012-2013:
- Flu Vaccine FAQ tear pad for patients
- Vaccine Safety FAQ tear pad for patients
- Physician script for introducing topic to patients
- Vaccine Information Statement
- ACOG clinical guidelines
Evidence-based Toolkit Mailings with Patient Materials, cont.

Tdap May 2012:

• Tdap FAQ tear pad for patients
• Vaccine Safety FAQ tear pad for patients
• Physician script for introducing topics to patients
• Vaccine Information Statement
• ACOG clinical guidelines

Updated Tdap Tool Kit: September 2013

• Distributed to over 35,000 practicing ob-gyns in the US
• Joint letter from ACOG and Every Child By Two (ECBT)
• Frequently Asked Questions tear pad for patients
• Physician Script
• Laminated coding guide
• Updated ACOG Tdap Committee Opinion based on new ACIP recs
  • 1st to include patient scenarios
• ECBT Fact Sheet
• ECBT Poster

Tool kit is available electronically on the Immunization for Women website!
Evidence-based Toolkit Mailings with Patient Materials, cont.

**Routine Practice Immunization Tool Kit Mailing, Summer 2013:**
- Frequently Asked Questions for Patients Concerning Vaccine Safety
- Physician Scripts
- Adult Immunization Record
- Text4Baby Patient Material
- Spanish language Patient Frequently Asked Questions
- ACOG clinical guidelines

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**Adult & Pregnancy Immunization Record Card**

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Patients FAQ Tear Pads

Endorsed by AMA and Society for Maternal Fetal Medicine

Text4Baby Materials
Text4baby Ob-Gyn customized flyer

Evidence-based

- Individual patient immunization text messaging based on their response why they didn’t get immunized

- Highlights efficacy of Text4baby to increase immunization rates based on 2011-12 flu data

For Ob-gyns and Patients

HPV Vaccination Patient Resources
Ob-gyns’ Response to Tool-kits

- Numerous requests for FAQs for patients
- Depleted ACOG inventory
- Prompted ob-gyns to institute immunization practices
- For example, following Tdap toolkit, an ob-gyn practice requested 200 Tdap packets per month to begin Tdap vaccine program and put in “new ob patient pack” as part of routine practice for all new ob patients
- Resources/toolkits have greatest hits on Immunization for Women website after toolkit distribution and promotion
- High demand for Vaccine Safety FAQs and Influenza Vaccination FAQs

New Online FAQs for Ob-Gyns

Tdap and HPV

- Tdap and HPV FAQs for ob-gyns on website
- Most common patient clinical cases and questions
- Based on new CDC and ACOG guidance to assist ob-gyns in implementing and interpreting new ACIP recs and increase vaccination rates

On-line MD FAQs

FAQs for Ob-Gyns: Tdap (Tetanus, Diphtheria and Acellular Pertussis)

What is the Tdap vaccine?

Tdap is a combination vaccine that contains a tetanus toxoid, diphtheria toxoid, and acellular pertussis vaccine (aP). This formulation is given as a single injection. The 3d component provides protection against diphtheria and tetanus and the aP component provides protection against pertussis. There is no additional meningitis type B in the Tdap vaccine. The Tdap vaccine is used to prevent tetanus, diphtheria, and pertussis in adolescents and young adults, aged 11 to 18 years. The Tdap vaccination is recommended for all adolescents and young adults who have not previously received the Tdap vaccine.

CDC/ACOG recommends Tdap vaccine during pregnancy was released Final 2013.

Yes! That sounds like a good idea to implement and anticipate seeing better compliance.

Since 2005 a dose of Tdap vaccine has been recommended for any adolescent who has not received all 3 doses of tetanus toxoid conjugate vaccine (TTs) or 2 doses of tetanus toxoid-Reduced Diphtheria vaccine (Td) in the very recent past. In addition to Tdap vaccination, women should also receive the influenza vaccine during the influenza season. Women groups recommend a minimum of 2 doses of influenza vaccine for all pregnant women. When administering influenza vaccine to pregnant women, care should be taken to round up services that is high risk and provide early identification and prompt treatment. The Tdap vaccine is recommended for all pregnant women who have not previously received Tdap vaccine during pregnancy. The Tdap vaccine is also recommended for all other pregnant women who have not previously received Tdap vaccine.

Procedure was redefined as a combination vaccine for Tdap. In special situations such as maternal admission during pregnancy and complicated, abnormal, or maternal and fetal abnormalities, etc. It has been shown that those methods in which the vaccine is administered to the mother.

Why is it necessary to administer booster a pertussis vaccine?

Even though the response to pertussis vaccines have proven difficult in treatment, and what factors contribute to severe respiratory illness, there are still important clinical variables. The most significant variable of concern is the duration represented by an uncontrolled epidemic, which needs the routine administration of the vaccine to pregnant women. The Tdap vaccine is a combination vaccine that contains both diphtheria and tetanus toxoids, as well as pertussis toxoids. The vaccine is administered as a single injection.

The National Advisory Committee on Immunization recommends that all pregnant women aged 15-49 years receive a dose of Tdap vaccine as part of routine care, within 28 days of delivery, to reduce the risk of serious illness or death due to pertussis. These recommendations are based on the results of clinical trials that showed the safety and effectiveness of Tdap vaccine in pregnant women. The vaccine is also recommended for all other pregnant women who have not previously received Tdap vaccine.

On-line MD FAQs

5/14/2014
ACOG Immunization App

**Smartphone App**
- Apple and Android
- Launched 2013
- Free for public
- Interactive Applet in ACOG’s App
- Patient profile
- FAQs, resources, alerts
- 14,500 downloads as of March 2014

**ACOG App & Immunization Applet**

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Social Media

- Webinars
  - Joint with ASTHO and AIM
  - SHD Linkages
  - Pregnancy and Flu
  - Adult Vaccines
- Twitter chats
  - HPV
  - Flu
  - Adult Vaccines Nov. 2012
    - 280,000 Followers
    - 548,000 Impressions
- Facebook
Program Evaluation

- PRAMS data in 29 states in 2009-10 found influenza/H1N1 immunization rates for pregnant women increased from 15% to 47%/40%.*
- 50% Rate maintained in 2010-11, 2011-12 flu seasons**†
- 63% of pregnant women received a provider recommendation for influenza vaccination in 2011-12 flu season‡
- 51% of pregnant women were immunized for influenza during the 2012-2013 flu season§

*CDC. Influenza Vaccination Coverage Among Pregnant Women—29 States and New York City, 2009-10 Season. MMWR 2012;61:113-118
**CDC. Influenza vaccine Coverage Among Pregnant Women—US—2010-2011 Influenza Season. MMWR 2011; 60: 1078-1082
†http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6138a2.htm
‡MMWR September 28, 2012;61(8):758-763
§http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6238a3.htm?s_cid=mm6238a3_e

Immunization Activity Evaluation

- Pre-Survey to Fellows
  - National randomized survey January 2013 to help determine:
    - If practices are receiving and reviewing ACOG immunization materials
    - How many practices offer flu/Tdap
    - Usefulness of ACOG materials
    - What are the barriers to immunization?

- Post-Survey to Fellows
  - After mailing
    - Did you receive the mailing?
    - Did it meet your expectations?
    - Did it provide useful materials to increase vaccination at your practice?
    - What can we do moving forward?
Focus Group: ACM May 2012

Received feedback on print mailings from focus group of ACOG members

• How many provide patient education around immunization? 100%
• How many provide printed material to your patients on immunization? 100%
• How many remember receiving either of the two immunization educational materials' mailings? 86%
• Would you use these materials in your practice? Yes 100%

Through these focus groups ACOG explored the type of materials members wanted and the usefulness of recent ACOG initiatives

Immunizers

• 25% of respondents want printed materials for themselves.
• 75% of respondents want printed materials for their patients.
• 75% of respondents are familiar with the ACOG’s immunization toolkits.
• 50% of respondents have read the materials in the toolkits.
• General Consensus: printed materials are useful for patients but not for providers. Providers want access online and the option to print off-line if they want.

Non-Immunizers

• 100% of participants remember getting the immunization toolkits;
• 2/3 of participants read the toolkits
• Participants have found that the toolkits are simple to follow, and easy for their patient population to read.
• Participants do not like that they have to pay for additional materials (tear pads etc).
• 100% of respondents would like to have staff training around immunization, and have it tied into SCOPE certification. The suggestion was made that this training could be offered as a webinar.
ACOG’S Immunization Dept
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