

The American College of Obstetricians and Gynecologists (ACOG)

Debra Hawks, MPH
Senior Director, Practice Activities, Obstetrics and Immunization

95 % of board-certified ob-gyns are members of ACOG
(a total of 58,000 members)

National Adult Influenza Immunization Summit (NAIIS)
Pearls from the Field
Tuesday, May 10, 2016



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



IMMUNIZATION *for* WOMEN
Immunization Information for Ob-Gyns and Their Patients

2009-2010 H1N1 Pandemic Impact on Pregnant Women

- Morbidity and mortality was 6 times greater among pregnant women than non-pregnant adult population
- Increased hospitalization rates
- Triage vaccine dissemination among pregnant women given shortages e.g. prioritize pregnant women with risk factors
- Continued concern about vaccinating pregnant women by patients and some providers
- ACOG's 1st issuance of clinical email blasts and on-line only clinical guidance and patient info

Led to an ACOG Presidential Initiative and strong support
for immunizations by ACOG leadership

Lessons learned from H1N1 Pandemic

- Ob-gyns go to ACOG 1st for clinical guidance.
- Needed rapid mass communication system(s) to ob-gyn members.
- Needed “different” and expedited development of H1N1 specific Ob clinical guidelines.
- Established close direct communication with CDC in developing Ob clinical guidance quickly.
- Collaborated extensively with other professional organizations.
- Increased comfort level of immunizing pregnant women for influenza among ob-gyns and pregnant patients

Immunization Department Launched in 2010

- Maternal IZ rates increased from 15% to 50% during H1N1 pandemic
- Desire to continue momentum of maternal IZ importance, increased IZ rates from H1N1 pandemic, and further enhance the role of ob-gyns as vaccinators
- ACOG’s leadership obtained seed money to launch new IZ dep’t
- Numerous grant funds obtained by ACOG to support national IZ efforts
- Several new IZ resources developed as ACOG publications and widely distributed/promoted with grant funds
- Immunization website, ImmunizationforWomen.org launched in 2011
- New standing ID member on ACOG’s OB and GYN Practice Committees

ACOG's Immunization Expert Work Group (IEWG)

- IEWG serves in advisory and leadership capacity to all ACOG's IZ, ID and Emergency Preparedness (e.g. Zika, Ebola) resources, activities, and programs.
- IEWG are **volunteer** members, comprised of 13 ob-gyns and 1 pediatrician who are experts in ID, IZ, **coding** and emergency response and do most work **virtually**.
- Chair is 1st ob-gyn appointed as voting member on ACIP
- Vice chair is co-chair of NVAC's Maternal IZ Work Group
- Members are liaisons on numerous federal and professional groups e.g. ACIP, AIM, ASCO, IAC, ECBT, NFID, USPSTF, VAMPSS, Families Fighting Flu,

IEWG Guides/Leads ACOG on Emergency Preparedness Response

Ebola

The image displays two screenshots of ACOG web pages related to Ebola. The left screenshot shows the 'Ebola and Women's Health' page on the ACOG website, featuring a search bar, navigation tabs, and a main article titled 'Ebola and Women's Health' with a sub-header '11/11/14 Case of Obstetric Patients During an Ebola Virus Outbreak'. The right screenshot shows the '2014 Ebola Outbreak' page on the 'IMMUNIZATION for WOMEN' website, featuring a search bar, navigation tabs, and a main article titled '2014 Ebola Outbreak' with a sub-header 'ACOG Resources' and 'CDC Resources'.

IEWG Guides/Leads ACOG on Emergency Preparedness Response

Zika

The screenshot shows two web pages. The left page is the ACOG website's Zika virus resource page, featuring a search bar, navigation tabs, and a main article titled 'Zika Virus' with a sub-header 'Stay confident & connected with the ACOG App'. The right page is an 'ACOG Update on Zika Virus' page, which includes a section for an 'Updated ACOG Tool Kit! Influenza Immunization During Pregnancy 2015' and a link for more information.

ACOG Research: Findings on Reimbursement Issues

Obstetrician-gynecologists and the HPV vaccine: practice patterns, beliefs, and knowledge. *Journal of Pediatric & Adolescent Gynecology*. August 2009

- Of ob-gyns who administer vaccines, most offer HPV
- Majority of ob-gyns assess need for an offer HPV vaccine during gyn practice
- 20% of respondents only offer HPV vaccine so see special relevance of HPV for patient population
- Most were knowledgeable about HPV vaccine benefits
- Financial concerns may limit widespread immunization

Original Study

Obstetrician-gynecologists and the HPV Vaccine: Practice Patterns, Beliefs, and Knowledge

Magyar A, Leddy MA,^{1,2} Britta L, Anderson BA,^{1,2} Stanley Gall, MD,^{1,2} and Jay Schulkin, PhD,^{1,2} Journal of Pediatric and Adolescent Gynecology, Volume 20, Supplement 1, February 2009, Pages S39-S46

Abstract: Study objective: Human papillomavirus (HPV) vaccination remains a controversial issue in the United States. Obstetrician-gynecologists (ob-gyns) are well positioned to provide patient education about HPV vaccination and to provide patient education about HPV vaccination during their practice.

Design: A cross-sectional survey was conducted by the American College of Obstetrics and Gynecology (ACOG) in 2007. The survey included 1,000 ob-gyns who were practicing in the United States. The survey included questions about HPV vaccination practice patterns, beliefs, and knowledge.

Results: The majority of ob-gyns (78%) reported that they offer HPV vaccination to their patients. The majority of ob-gyns (78%) reported that they believe that HPV vaccination is important for their patients.

Conclusion: The majority of ob-gyns offer HPV vaccination to their patients. The majority of ob-gyns believe that HPV vaccination is important for their patients.

Leddy MA, Anderson BA, Gall S, Schulkin J. Obstetrician-gynecologists and the HPV vaccine: practice patterns, beliefs, and knowledge. *J Pediatr Adolesc Gynecol*. 2009 Aug;22(4):339-46.

ACOG Research: Findings on Reimbursement Issues

Changes in and current status of obstetrician-gynecologists' knowledge, attitudes, and practice regarding immunization *Obstetrical & Gynecological Survey*. December 2009

- Most ob-gyns offer vaccines
- Most ob-gyns view screening for ID within their scope
- **Several barriers especially financial (reimbursement, cost of vaccines)**
- Majority find immunization training in medical school inadequate
- Many felt their immunization practice would benefit from CME courses

CME REVIEW ARTICLE 35

Changes in and Current Status of Obstetrician-Gynecologists' Knowledge, Attitudes, and Practice Regarding Immunization

Michelle A. Leddy, MD, MPH, Robert L. Anderson, MD, MPH, and Jay Schulkin, PhD

Michelle A. Leddy, Department of Obstetrics, Gynecology, and Women's Health, Michigan State University, East Lansing, Michigan; Robert L. Anderson, Department of Obstetrics and Gynecology, Michigan State University, East Lansing, Michigan; Jay Schulkin, Department of Obstetrics and Gynecology, Michigan State University, East Lansing, Michigan

Background: Immunization of obstetrician-gynecologists (ob-gyns) is a critical public health issue. This study examined changes in and current status of ob-gyns' knowledge, attitudes, and practice regarding immunization. Methods: A cross-sectional survey of 1,000 ob-gyns was conducted in 2009. Results: Most ob-gyns (80%) offer immunization services. Most ob-gyns (70%) view screening for immunization status as within their scope of practice. Financial barriers (reimbursement, cost of vaccines) were the most commonly cited barriers to immunization. Most ob-gyns (70%) felt that their immunization training in medical school was inadequate. Conclusion: Financial barriers are a major barrier to immunization. Most ob-gyns feel that their immunization training in medical school was inadequate. Further research is needed to address these issues.

Leddy MA, Anderson BL, Power ML, Gall S, Gonik B, Schulkin J. Changes in and current status of obstetrician-gynecologists' knowledge, attitudes, and practice regarding immunization. *Obstet Gynecol Surv*. 2009 Dec;64(12):823-9.

ACOG Research: Findings on Reimbursement Issues

Changes in Immunization Practices, Knowledge and Beliefs of Michigan Obstetrician-Gynecologists Since 2000. *Michigan Journal of Public Health* 2009

- Increased # of MI ob-gyns assessing patients' needs for vaccines
- Ob-gyns knowledgeable regarding vaccine recommendations
- Some barriers decreased (available vaccines, awareness of vaccine recs)
- **Financial concerns continued to be deterrent from adopting immunization into routine practice**

Changes in Immunization

RESEARCH AND PRACTICE ARTICLE

Changes in Immunization Practices, Knowledge and Beliefs of Michigan Obstetrician-Gynecologists Since 2000

Michelle A. Leddy, MD, American College of Obstetricians and Gynecologists

Robert L. Anderson, MD, Wayne State University

Stanley A. Gall, MD, University of Louisville

Britta A. Anderson, BA, American College of Obstetricians and Gynecologists

Jay Schulkin, PhD, American College of Obstetricians and Gynecologists

ACKNOWLEDGMENTS:

This study was supported in part by the Centers for Disease Control and Prevention and Grant #R01CE001633 from the National and Child Health Research Institute, Social Security Act, Health Resources and Services Administration, Department of Health and Human Services.

Leddy MA, Anderson BL, Gall S, Gonik B, Schulkin J. Changes in Immunization Practices, Knowledge and Beliefs of Michigan Obstetrician-Gynecologists Since 2000. *Mich J of Pub Health* 2009;3(1):20-46

ACOG Annual Focus Groups of Members

- Annual Focus Groups at ACOG's Annual Meeting of ob-gyn "vaccinators" and "nonvaccinators"
- Get feedback on ACOG's IZ resources and efforts
- Sample findings e.g. prefer paper resources for patients, online for ob-gyns.
- 2016 Focus Groups to focus on reimbursement problems with pre-survey of office managers on actual reimbursement issues and examples
- **Proper IZ coding is major issue.**

ACOG Annual Focus Groups: comments regarding reimbursement

2015 Focus Groups:

- "I think it is the main reason among those I know who are not currently providing immunizations in their practices."
- "too many barriers for a lot of ob-gyns to address to just break even."
- "insurance companies need to realize that immunizations are preventive services that should be covered regardless of meeting deductibles"
- Most participants said that providing immunizations in their practice is at least somewhat driven by reimbursement

2014 Focus Groups:

- Reimbursement is a huge barrier.
- Participants made decision to provide immunizations in their practice even if they lose money as they believe it is the right thing to do.
- A few refer out but monitor to make sure their patients do get the vaccines elsewhere.

2013 Focus Groups:

- Reimbursement is an issue because the cost of vaccines can be more than the reimbursement.
- One participant gives HPV in their office. The low reimbursement rate limits the number of immunizations they can provide.

Ob-gyn practice seeking help with HPV vaccine reimbursement:

Ob-gyn practice reimbursement issue:

- "Our cost per Gardasil injection \$183.95
- Reimbursement for injection \$167.00
- Reimbursement for Inj Fee \$ 11.00
- Some insurances would only pay for 2 injections and wouldn't pay for the 3rd. I can't give you specific's as to which insurance this was applicable to. We haven't given injections since 2013. Some of the other issues are applicable to our office only. Fee Ticket not getting marked with the injection so we lost the entire cost. Not sure this would be any better now, even though doctors are doing their own billing."

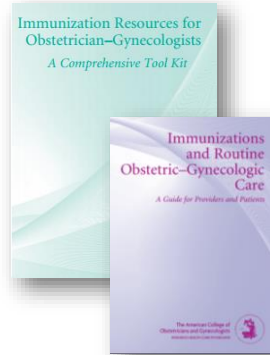
Ob-gyn practice seeking help with HPV vaccine reimbursement:

What went wrong and how can this be fixed?

- They were paying nearly \$50 per dose above the manufacturer's own list price.
- They lost money on the purchase price of the vaccine. If they had purchased from the manufacturer, they would have made a margin on the vaccine product alone.
- **This is a very common, local problem that is unfortunately seen all the time, where practices either marginally cover or do not cover all the cost of the product.**
- As for not being paid for the 3rd dose, it is possible that they were using the wrong CPT code.
- Bottom line, it boils down to buying the product at a price which is at or lower than the CDC vaccine price list and negotiating contracts with insurance companies.

Coding and Reimbursement Resources: Immunizations and Routine Ob-gyn Care Guide

- *Immunization Resources for Ob-Gyns: A Comprehensive Tool Kit*
- *Immunizations and Routine Obstetric-Gynecologic Care* is manual on reimbursement, standing orders, coding, vax stocking etc
- Available in ACOG's Bookstore and electronically on the Immunization for Women website



Immunizations and Routine Ob-gyn Care Guide

Coding and Reimbursement

Immunization is coming to the forefront of obstetric-gynecologic practices. Therefore, the College and the Immunization Expert Work Group recognized a need for a coding guide solely focused on immunization. Correct coding enables practices to receive appropriate payment for immunizations and satisfies payer scrutiny. The College has published *Immunization Coding for Obstetrician-Gynecologists 2013*, a coding guide solely focused on immunization. This coding guide provides information and tips for how to obtain maximum reimbursement for immunizations (see Appendix D for information on *Immunization Coding for Obstetrician-Gynecologists 2013*). The College's "Immunization for Women" web site has a section on coding and reimbursement (see Appendix D). The College's Coding department maintains a section on the College web site that addresses coding issues for obstetrician-gynecologists.

Many obstetrician-gynecologists and other health care providers perceive a lack of reimbursement as a major barrier to including immunization

15

Many obstetrician-gynecologists and other health care providers perceive a lack of reimbursement as a major barrier to including immunization in their practices. However, with proper coding, reimbursement for immunization can be maximized. A common question from obstetrician-gynecologists is "Are immunizations part of the global fee for prenatal care?" Immunizations are not bundled into payments for obstetric care. Reimbursement will depend on the specific payer because not all payers follow *Current Procedural Terminology Coding System (CPT)* guidelines for the global obstetric package content. An additional factor to consider is whether the patient's plan has coverage for the service. The following example explains billing for immunization services for a pregnant patient:

A 25-year-old nulligravid patient is receiving prenatal care in the office. At 12 weeks of gestation, she requests an influenza vaccination.

Comment:

Pregnant patients will request, and in some instances require, vaccinations during their pregnancies. Vaccination services performed during pregnancy should be billed separately at the time of the service. A secondary *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)* code to indicate any condition that puts the patient at a high risk of influenza also can be linked to the immunization on the claim. This will facilitate payment from plans that only cover vaccinations for patients identified as "high-risk patients." A separate Evaluation and Management (E/M) service should not be reported because the office visit is part of the global obstetric package.

90656 Preservative-free influenza vaccine (drug), IM
V04.81 Need for prophylactic vaccination— influenza
V22.2 Pregnancy (single) (uterine) (without sickness)

90471 Vaccine administration
V04.81 Need for prophylactic vaccination— influenza
V22.2 Pregnancy (single) (uterine) (without sickness)

Coding and Reimbursement Resources: Immunization Coding Guide

- *Immunization Coding for Obstetrician-Gynecologists* provides common IZ codes as part of a comprehensive Immunization Resources tool kit.
- **Proper IZ coding is major issue.**
- Distributed to over 35,000 active practice ob-gyns in US
- Available electronically on the Immunization for Women website



Online Resources: Immunization for Women website- Practice Management

The screenshot shows the 'Practice Management Overview' page on the Immunization for Women website. The page has a teal header with navigation links: 'About Us | Diseases & Vaccines | Pregnancy | Resources | Vaccine Safety | Practice Management'. Below the header is a breadcrumb trail: 'Home > Providers > Practice Management > Practice Management Overview'. The main content area is titled 'Practice Management Overview' and features a list of links on the left and a central image of a smiling female doctor in blue scrubs. To the right of the image is a 'In This Section' sidebar with a list of links. The links in the main area include: 'How to Start an Office-based Immunization Program', 'Coding', 'Financing & the Affordable Care Act', 'Storage & Handling', 'Liability & Adverse Events Reporting (VAERS)', 'Communicating with Patients', 'Increasing Immunization Rates', 'Leading by Example', 'Office Forms', 'Immunization Information Systems (IIS)', and 'Practice Management Resources'. The 'In This Section' sidebar includes: 'How to Start an Office-based Immunization Program', 'Coding', 'Financing & the Affordable Care Act', 'Storage & Handling', 'Liability & Adverse Events Reporting (VAERS)', 'Communicating with Patients', 'Increasing Immunization Rates', 'Standing Orders', 'Leading by Example', 'Office Forms', 'Immunization Information Systems (IIS)', and 'Practice Management Resources'.

Online Resources: Immunization for Women website- Coding section

The screenshot shows the 'Coding' section of the Immunization for Women website. It includes a search bar, navigation tabs for 'For Providers' and 'For Patients', and a 'Search Immunization Site' button. The main content area is titled 'Coding' and contains several paragraphs of text and a list of links under the heading 'In This Section'. The text discusses the effective date of April 6, 2015, for ACOG Fellows and staff to submit specific CPT/HCPC coding questions to the ACOG Coding Assistance team. It also provides information on current coding help, proper coding practices, and the implementation of ICD-10. The 'In This Section' list includes links for: How to Submit an Official Immunization Request, Coding, Current & New Effective Date List, Global & Multiple Care Billing, Coding & Billing Alerts, Communication with Patients, Immunization Status, Billing Orders, Links to ICD-10, Office Hours, Immunization Information Systems (IIS), and Practice Management Resources.

ACOG Frequently Asked Coding Questions

Many obstetric-gynecologic practices now routinely offer immunization services to their patients. Correct coding enables a physician's office to report these services to third-party payers and to receive appropriate reimbursement for these services.

What codes should I submit for vaccine administration services?

The appropriate CPT vaccine administration code should be submitted in addition to the appropriate CPT or Healthcare Common Procedure Coding System vaccine product code. These codes should be linked to the appropriate ICD-9 code to support the medical necessity of the vaccine administration services.

Are vaccine administration services included in a preventive medicine service?

Although the general discussion of vaccines is part of age-appropriate preventive medicine counseling, the actual administration of the vaccine and the vaccine product should be billed separately.

Are vaccine administration services included in global obstetric care?

No. Vaccination services performed during pregnancy should be billed separately at the time of service. A separate E/M services should not be reported because the obstetric office visit is part of the global obstetric package.

How are vaccine administration services reported when a nurse or qualified health care professional provides the service?

The appropriate CPT vaccine administration code and CPT or Healthcare Common Procedure Coding System vaccine product code should be reported and linked to the appropriate ICD-10 code. If a significant separately identifiable E/M services is performed by the nurse at the time of the visit, it may be appropriate to report E/M code 95211 in addition to the vaccine administration services.

What services are considered inherent components of a vaccine administration code?

Inherent components include making an appointment for the patient, pulling the chart, billing, and filing the chart. Clinical services such as greeting the patient, taking vital signs, reviewing vaccine history and allergies, and noting vaccine administration on the chart are also considered inherent components of this service.

Does Medicare cover vaccine administration services?

Medicare covers the cost and administration of influenza vaccine (yearly), pneumococcal vaccine (once per lifetime), and hepatitis B vaccine (for those in medium-risk to high-risk categories). Medicare does not cover other vaccines unless they are directly related to the treatment of an injury or direct exposure to a disease or condition (eg, tetanus or rabies exposure).

Toolkit Resources: Immunization toolkits with Coding Information Cards

This image displays a collection of immunization toolkit resources. On the left, there is a 'Comprehensive Tool Kit' for Immunization Coding for Obstetrician-Gynecologists. In the center, there is a 'Tdap Immunization Fall 2013' toolkit with a coding information card. On the right, there is a 'Human Papillomavirus Vaccination 2016' toolkit with a coding information card. The coding information cards provide detailed instructions on how to report vaccine administration services, including CPT codes, HCPC codes, and ICD-9/ICD-10 codes. They also include information on billing and reimbursement for these services.

ACOG Survey* of Efforts to Improve IZ Coverage in Pregnancy among Ob-Gyns published January 2016

- ACOG's Research department and IZ staff conducted a prospective, longitudinal study to determine ACOG's efforts to increase ob-gyn use of ACOG IZ toolkits and vax administration were effective
- Pre- and post-intervention surveys to random sample 1,500 ACOG members between August 2012 and July 2015. ACOG distributed 3 IZ toolkits (Tdap, flu IZ) between August 2012 and March 2013 to 35,000 active practice ob-gyn members
- 88% of survey ob-gyns reviewed the IZ toolkits
- Large majority reported that they offered or planned to offer flu and Tdap vax to patients
- Postintervention respondents significantly more likely to use standing orders, had increased access to patient records and decreased cost as a barrier to IZ
- Ob-gyns in group practice more likely to offer Tdap, flu and have standing orders than solo practice or academic

*Supported by CDC Cooperative Agreement 5U661P000667

ACOG Research: Efforts to Improve Immunization Coverage during Pregnancy among Ob-Gyns

TABLE 3: Statistically significant differences between pre- and postintervention study providers.

Variable	Preintervention study (%)	Postintervention study (%)	p value
Received ACOG's immunization toolkit mailings [†]	67.0	84.5	<.001
Valuable immunization resources to include in future toolkit mailings			
Clinical guidelines from ACOG [†]	71.2	58.0	.001
Coding information and tips [†]	30.7	18.0	<.001
Reimbursement information and tips [†]	15.2	9.4	<.001
Barriers to offering immunizations			
Cost [†]	45.5	34.8	.006
Time [†]	25.4	33.0	.036
Lack of access to patient records [†]	7.5	3.7	.048
Lack of patient interest [†]	29.9	37.5	.043
Use standing orders for immunizations [†]	36.5	46.6	.011
Routinely offer Tdap to all pregnant patients [†]	59.3	76.8	<.001
Common reasons patients decline vaccinations			
They do not think they need vaccines [†]	70.4	80.6	.003
Percentage of patients that decline vaccinations			
Less than one-third [†]	64.4	76.5	.001
Receive annual influenza vaccination themselves [†]	90.7	96.1	.024
Require staff to receive annual influenza vaccination [†]	78.1	86.2	.011

ACOG, American College of Obstetricians and Gynecologists; Tdap, tetanus-diphtheria-acellular pertussis.

[†] p < .05, [‡] p < .01.

88% of respondents from pre and post surveys reviewed ACOG toolkits

Jones, K., Carroll, S., Hawks, D., McElwain, C., McElwain, C. (2016). Efforts to improve immunization coverage during pregnancy among OB/GYNs. *Infectious Diseases in Obstetrics and Gynecology* 2016 (6120701):1-9. <http://dx.doi.org/10.1155/2016/6120701>

ACOG Research: Efforts to Improve Immunization Coverage during Pregnancy among Ob-Gyns

TABLE 4: Barriers to offering immunizations among ob-gyns.

Barrier	Overall % of ob-gyns who agreed		p value
	Preintervention study	Postintervention study	
Inadequate reimbursement	51.4	44.6	.085
Cost [†]	45.5	34.8	.006
Lack of interest from patients [‡]	29.9	37.5	.043
Lack of time [‡]	25.4	33.0	.036
Lack of storage for vaccine/supplies	24.2	18.0	.059
Concerns about vaccine safety	18.5	18.4	.959
Lack of staff	16.7	19.5	.363
Participating in immunization registries	10.5	9.0	.514
Lack of access to patient records [‡]	7.5	3.7	.048

[‡] p < .05, [†] p < .01.

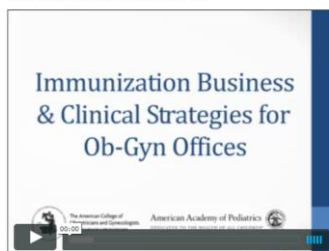
Jones, K., Carroll, S., Hawks, D., McElwain, C., McElwain, C. (2016). Efforts to improve immunization coverage during pregnancy among OBGYNs. *Infectious Diseases in Obstetrics and Gynecology* 2016 (6120701):1-9. <http://dx.doi.org/10.1155/2016/6120701>

ACOG & AAP Webinar on Business Practices

Strong interest in this area as this was ACOG's highest attended webinar

Immunization Business & Clinical Strategies Webinar

Immunization Business & Clinical Strategies for Ob-Gyn Practices
Originally presented on July 30, 2015 at 12:1pm ET



The webinar, was presented by ACOG's Immunization Program in collaboration with the American Academy of Pediatrics (AAP).

Building on the successful implementation of immunizations in pediatric care, the webinar focuses on the application of strategies used successfully for years by pediatricians as a model for immunization programs in ob-gyn practices.

Other ACOG Resources & Efforts

- Maintenance of Certification, ABOG
 - ACOG IZ program regularly suggests new IZ articles for ABOG to include in MOC
 - Part 2 Articles—ACOG clinical IZ recs for required reading
 - Part 4 QI Project on chart review for prenatal Tdap immunization
- SCOPE: Safety Certification in Outpatient Practice Excellence for women's health
 - SCOPE is voluntary patient safety review program for ob-gyn practices
 - SCOPE practice certification reviews immunization practices e.g. vaccine storage, records

ACOG's Immunization Department

Debra Hawks, MPH, Senior Director Practice Activities, Obstetrics, & Immunization

dhawks@acog.org

Sarah Carroll, MPH, Senior Manager, Immunization

scarroll@acog.org

Valerie Echeveste, Program Specialist, Immunization

vecheveste@acog.org

Amy Feinberg, MPH, CHES, Program Administrator, Immunization (Grant)

afeinberg@acog.org