

“The Real Implementation of the Standards for Adult Immunization Practice”



Friday, May 18, 2018

8:45am-9:30am

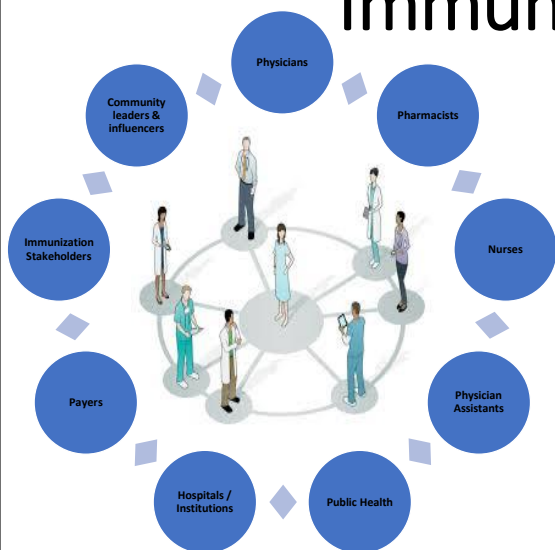


What we hope to do...

- Discuss implementation of the 3 C’s of the ‘Immunization Neighborhood’ and the NVAC Adult Immunization Practice Standard
 - Progress, challenges and opportunities



Immunization Neighborhood



Immunization Neighborhood

Collaboration, **C**oordination, and **C**ommunication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine-preventable diseases.

Coined by APhA in 2012

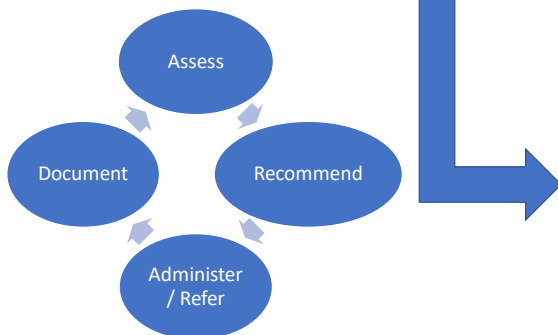


National Adult
and Influenza
Immunization
Summit

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Coined by APhA in 2012



NVAC Adult Immunization Practice Standards

Calls to action for healthcare professionals

Assess immunization status of all patients in every clinical encounter.

Strongly **Recommend** vaccines that patients need.

Administer needed vaccines or **Refer** to a provider who can immunize.

Document vaccines received by patients, including entering immunizations into immunization registries.



National Adult
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Immunization
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VISION

The American Pharmacists Association inspires, innovates and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

MISSION

As the voice of pharmacy, the American Pharmacists Association leads the profession and equips members for their role as the medication expert in team-based, patient-centered care.

Who Is APhA?

- Largest association of pharmacists in the US, with more than 63,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians as members.
- Members from all types of practice settings.
- Recognized provider of information, education, advocacy and activities that empower members to improve medication use and advance patient care.
- Respected facilitator and collaborator within healthcare and public health.



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What is AMGA?



Advocacy: align national payment incentives around population health

Quality Improvement:

- shared learning collaboratives: adult immunization, heart failure, rheumatoid arthritis, COPD, and more
- national campaigns: diabetes, hypertension

Analytics: data from Optum One population health platform, paired with shared learning

Metrics:

- 440 member organizations
- 175,000 physicians
- Average group size is 400 FTE physicians, median 150 FTE physicians



National Adult
and Influenza
Immunization
Summit

Sample of AMGA Members



Approximately 440 Medical Groups made up of 175,000 physicians, including:



Acknowledgements



- This project received funding support from Pfizer.
- Gratitude is extended to Optum Analytics for their extensive collaboration, data provision and support during this initiative.
- And most of all, congratulations to the health care organizations which participated in this learning collaborative, for their hard work and success in improving adult immunization rates!





AMGA's Adult Immunization Best Practices Learning Collaborative



Objectives



Identify gaps and ways to address gaps in recommended vaccination practices

Encourage use of a combination of intervention tools

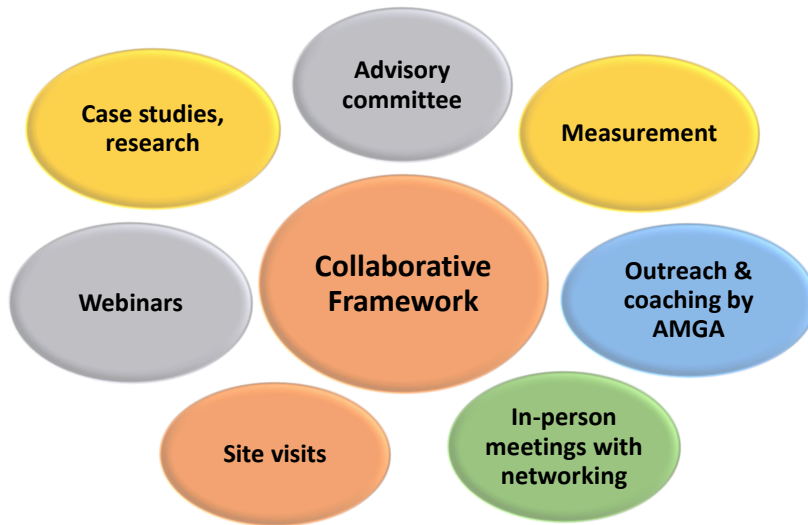
Evaluate the program's impact

Identify gaps in data capture

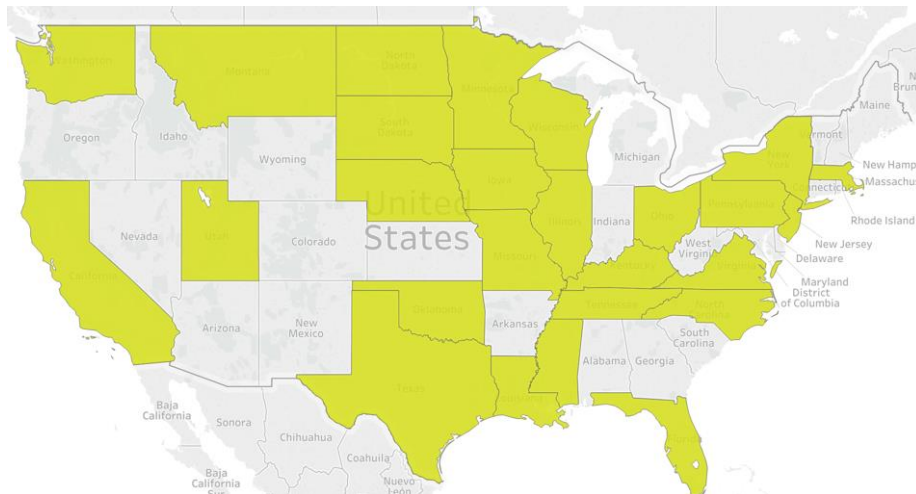
Demonstrate value of a data-driven partnership



Adult Immunization Best Practices Learning Collaborative



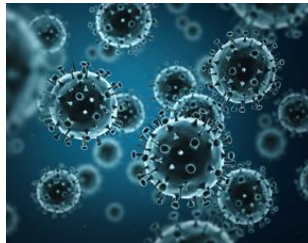
Participants (Groups 2 & 3) 39 organizations in 26 states



Learning Collaborative: increasing Influenza and Pneumococcal immunizations in adults



Influenza



Pneumococcus



This initiative addressed both pneumococcal vaccines: PCV and PPSV



Custom Measures for Collaborative



M#	Measure	Population (Denominator)	Numerator
1	Pneumococcal age 65+	Age 65+ <i>n=494,898</i>	Evidence of pneumococcal vaccine received
2	Pneumo age 19-64 -High Risk	Age 19-64, with 1 or more High Risk conditions ¹ ; <i>n=145,679</i>	Evidence of pneumococcal vaccine received
2a	-At Risk (optional measure)	Age 19-64, with 1 or more At Risk conditions ² ; <i>n=230,833</i>	
3	Influenza age 18+	Age 18+ <i>n=1,521,389</i>	Evidence of influenza vaccine received between July 1–June 30

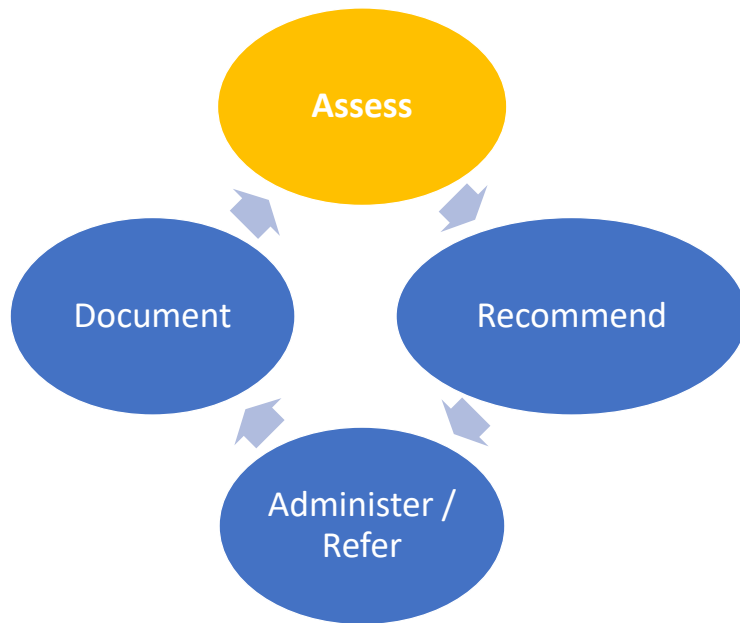
n is for Group 2 and represents the most recent quarter. Group 3 will include approx. equal no. of patients.

Attribution: All patients were seen by PCP, or linked to PCP, and had E/M visit during the reporting period.

¹ High risk conditions require both PCV and PPSV before age 65. Example: immunocompromising conditions.

Optum provided ICD codes. ² At risk conditions require PPSV before age 65. Examples: chronic heart/liver/lung, diabetes, smokers. Optum provided ICD codes.

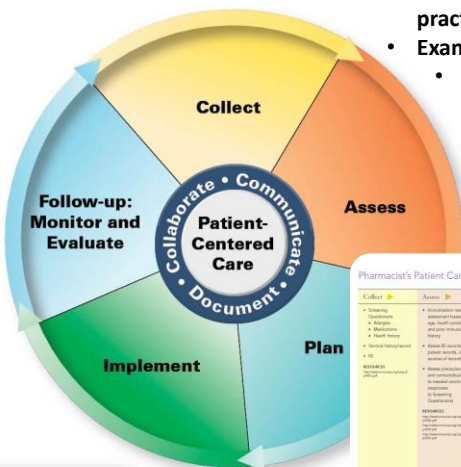




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Pharmacists' Patient Care Process: Providing consistency for patients and health care

- Applies to all patient care services delivered by pharmacists in any practice setting
- Example –
 - Immunizations: assessing, administering, and/or referring



Pharmacist's Patient Care Process Module for Immunization Service

Collect	Assess	Plan	Implement	Follow-Up
<ul style="list-style-type: none"> • Identify patient's immunization status and other immunization history • Review immunization history • Assess if needed, patient needs, other immunization services 	<ul style="list-style-type: none"> • Assess patient's immunization status and other immunization history • Review immunization history • Assess if needed, patient needs, other immunization services 	<ul style="list-style-type: none"> • Develop immunization plan based on patient's needs and preferences • Consider patient's preferences, beliefs, and values • Consider patient's ability to pay for services • Consider patient's ability to access services 	<ul style="list-style-type: none"> • Administer immunization services • Refer patient to other health care providers for services • Refer patient to other health care providers for services 	<ul style="list-style-type: none"> • Monitor patient for adverse reactions • Monitor patient for adverse reactions • Monitor patient for adverse reactions

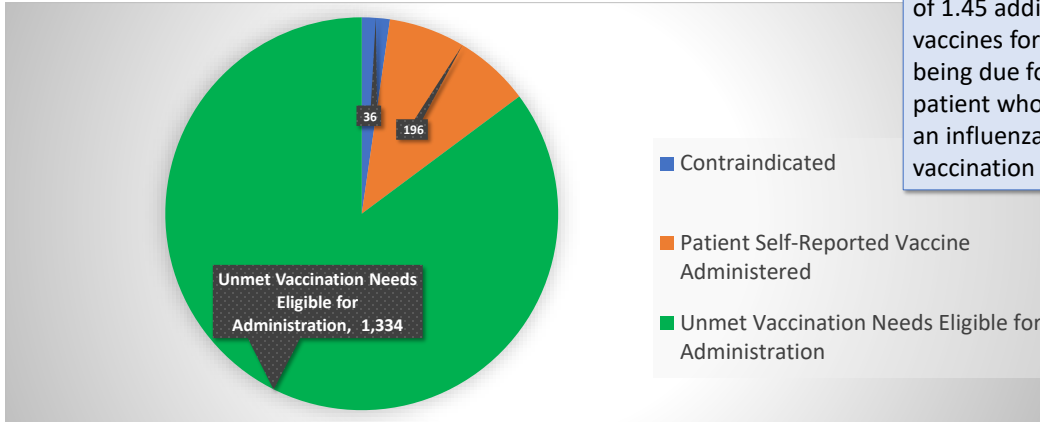
Pharmacist's Patient Care Process Module for Immunization Services

American Pharmacists Association
Advancing patient care. Advancing pharmacy.

<http://www.pharmacist.com/resource-guide-immunization-services?dfptag=imz>



Project IMPACT Immunizations Pilot Results: Distribution of Forecasted Unmet Vaccination Needs



There was an average of 1.45 additional vaccines forecast as being due for each patient who requested an influenza vaccination

Population Health Management (available online; DOI: 10.1089/pop.2017.0049, June 2017)



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Conclusion: Project IMPACT Immunizations – Pilot

*With proper tools,
pharmacists
increase adult
vaccination rates*



- The Project IMPACT Immunizations innovative practice model enabled pharmacists to conduct comprehensive vaccination history reviews at the point-of-care, which allowed them to:
 - Identify a significant number of unmet vaccination needs
 - Educate patients about their vaccination needs
 - Increase the number of vaccines administered
 - Improve vaccination rates for routinely recommended adult vaccinations
- **As a result of using the innovative process of care, the number of vaccines administered increased by 41.4%**
- We need to continue exploring how to successfully integrate and sustain streamlined principle-centered processes of care that allow pharmacists and other health care providers to utilize actionable point-of-care data to effectively engage and educate patients to improve vaccination rates



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Assess – Best Practices



Pre-Visit planning

Point of Care

- PCP office
- Specialty Departments
- Annual Wellness Visits

EHR

- Best Practice Alerts
- Patient Registries

Reminder Messaging

- Patient portal
- Automated phone calls
- Letters

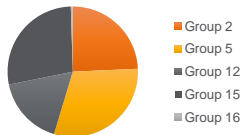


Automated Patient Outreach & Engagement

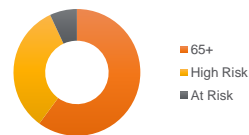
Interactive voice recording phone calls went out to patients identified as needing one or more vaccinations based on the Collaborative measures. The data below highlights early findings of the intervention success.



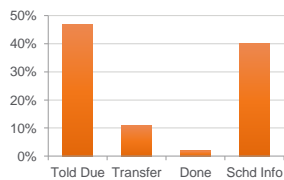
Patients Called:
109,246



Patients Engaged:
49,888 (45.7%)



Engagement Type:



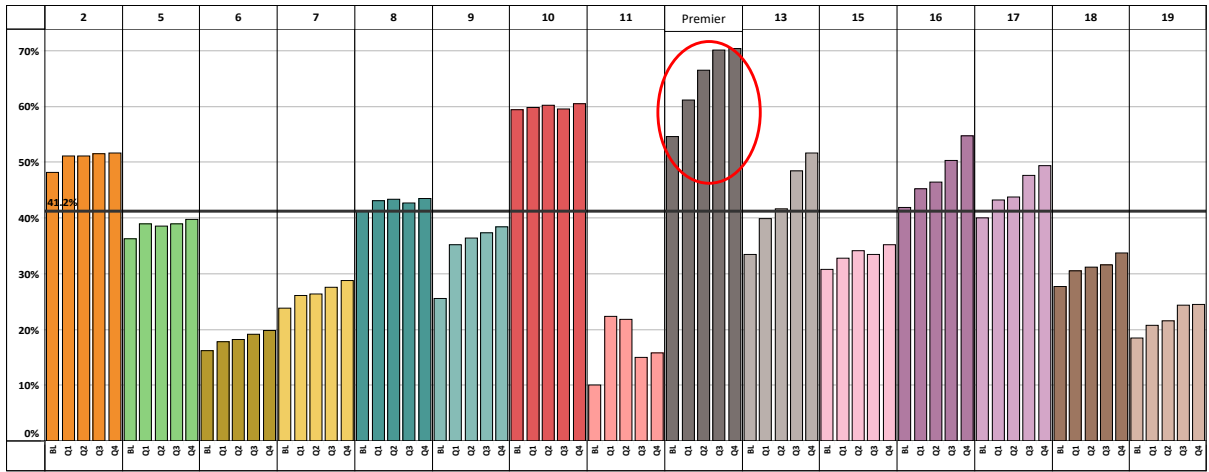
Early Results:

- Based on patients who engaged in the outreach, **26.1% of age 65+** population had a **change in vaccination status** after >3 months of the outreach
 - This % change was fairly consistent across the groups
- The populations age **19-64 high risk and at-risk** were more challenging to engage, with **5.3% and 6.5%** having a change in vaccination status, respectively



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Measure 2a (Optional) – Pneumococcal Immunization for adults ages 19–64 with At Risk Conditions



BL: 1/1/16–12/31/16 Q1: 1/1/17–3/31/17 Q2: 4/1/17–6/30/17 Q3: 7/1/17–9/30/17 Q4: 10/1/17–12/31/17
 — Group weighted average (QTR 4)
 Note: Of 15 total groups, 10 self-reported using measure specifications and 5 groups' data were provided by Optum Analytics



NVAC Adult Immunization Standards

- **Assessing, Recommending, Administering, and/or Referring** patients to receive appropriate vaccines.
- Supports the **sharing and exchanging** of immunization **data** among providers
 - can be focused on populations (pediatric, adolescent and adult), and/or
 - preventable diseases (HPV, pertussis, etc.) to meet the needs of patients and the communities served
- All providers, caregivers and community advocates **have a role** with everyone focused on meeting the needs of the patient.
 - **Advocate, Facilitate, Immunize**
- Patient **education, comfort level, trusted providers, and timely access** all can influence vaccine uptake and are areas that stakeholders can impact.
- Can complete the self-assessment at: <https://fs3.formsite.com/apha/IZRecommendation/index.html>



Snapshot – Recommendation to Patients

	Consistently	Some extent / somewhat consistently	No or rarely
Educational info in waiting area	86%	14%	
Immunization info in areas where vaccines administered	43%	43%	14%
Immunization info in patient portals / reminders	57%	14%	14%
Convey strong recommendation	86%	14%	
Share your own experiences with IZ (walk the walk)	29%	71%	
Remind patient – vaccine protects them and loved ones	100%		
Use open-ended questions	57%	43%	

Survey of community pharmacies in California and Michigan – Sept 2016



Snapshot – Recommendation to Patients

	Consistently	Some extent / somewhat consistently	No or rarely
Provide immunization education tools / surveys at check-in for patients to review/complete while waiting	57%	29%	14%
Provide patient access to the immunization records	71%	29%	
You and your staff clearly convey your strong vaccine recommendation (“I recommend you receive vaccine X because...,” or “Vaccine X is recommended for you because...” vs saying “Vaccine X is an option if you want it.”)	86%	14%	
HIGHLIGHT positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.	57%	43%	
ADDRESS patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language	100%		
EXPLAIN the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs.	86%	14%	
If you don't stock the vaccine, ensure the patient has clear directions about which vaccine to get and where to get it.	71%		
Encourage patients to carry immunization record cards/ access to electronic immunization records	43%	87%	
Patients take action based on your recommendation (vaccinated by you or someone else)	57%	43%	

Survey of community pharmacies in California and Michigan – Sept 2016

75% ← GOAL



National Adult and Influenza Immunization Summit

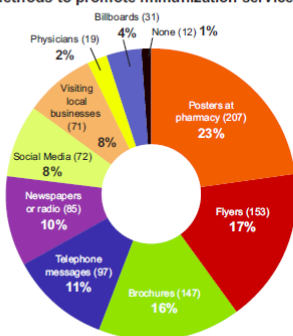


Message Delivery

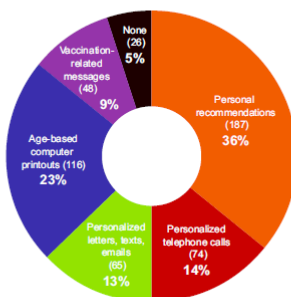
Five modes: Posters, Flyers / Brochures, Personal Recommendations, Record cards, Phone reminders

Figure 2. Promotional strategies to enhance immunization services*

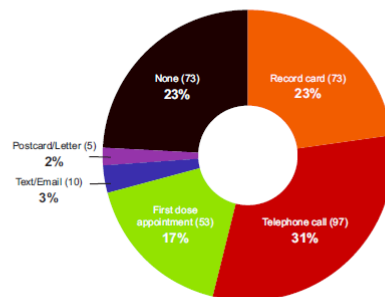
Methods to promote immunization services



Methods to deliver targeted messages



Methods to remind patients of multiple doses



* Respondents may select more than one response.

NATIONAL SURVEY OF PHARMACY-BASED IMMUNIZATION SERVICES
Sally C. Butts, PhD, Kathleen L. Peterson, PhD, Margaret L. Sauer, PhD, Jennifer K. Smith, PhD, PhD, D. Scott, PhD, William C. S. Smith, PhD
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Presented at APHA2018 Poster Session



National Adult and Influenza Immunization Summit

Recommend – Best Practices



Begins with provider & employee education

At the POC

Marketing

Mandatory employee influenza vaccination

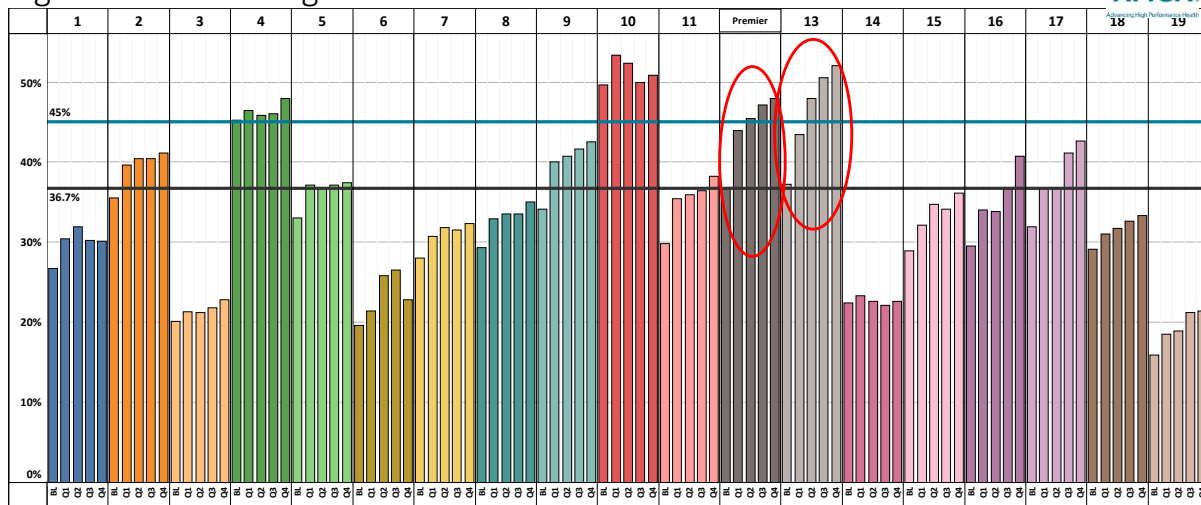
- Develop Influenza and pneumococcal policies
- New ACIP recommendations for high risk pneumonia
- Physician/Staff Engagement (Champions)
- Orientation and Annual Competencies

- Discussion during the rooming-in process and with the Provider

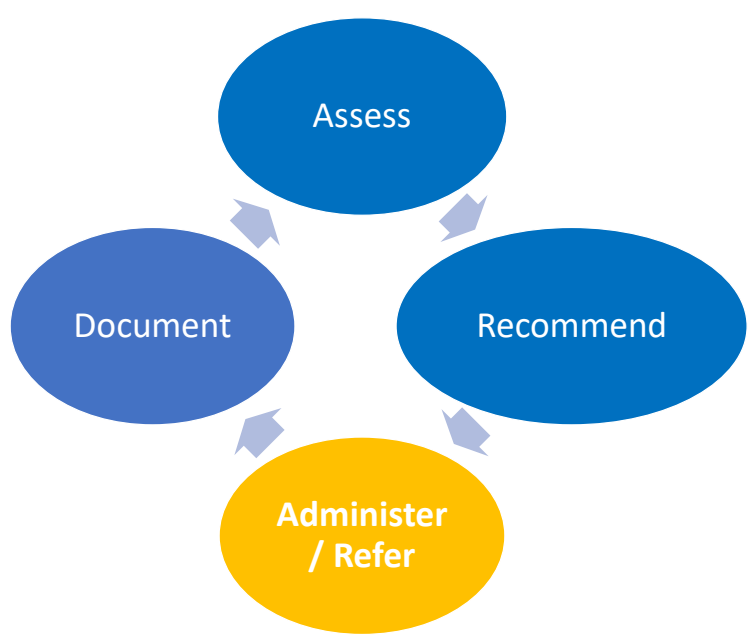
- “Ask Me about CDC recommended pneumococcal vaccine for adults” Button for providers and staff
- Patient flyers
- Signage (waiting area and exam room)
 - Pneumococcal vaccine for high risk patients
- Patient portal messaging
- Website



Measure 2 – Pneumococcal (Any) Immunization for adults ages 19–64 with High Risk Conditions



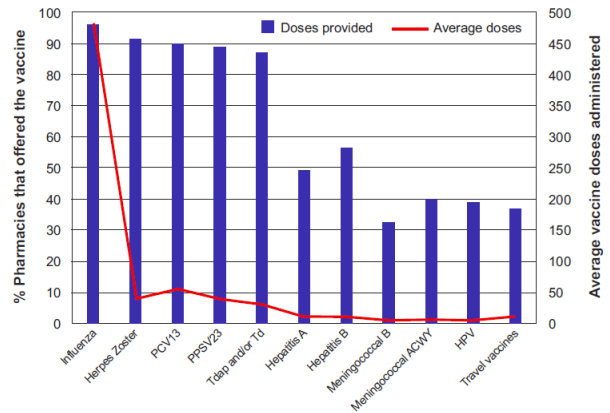
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 — Collaborative goal — Group weighted average (QTR 4)
 Note: Of 19 total groups, 14 self-reported using measure specifications and 5 groups' data were provided by Optum Analytics



Percent of pharmacies serving as vaccine providers

- 79.5% reported offering at least one type of vaccine
- Most common administered:
 - Influenza
 - Herpes zoster
 - PCV13
 - PPSV23

Figure 1. Percent of pharmacies serving as vaccine providers and average number of doses among 11 vaccines (N=292)^a



^aNot all community pharmacies reported the doses administered in 2016. Specific vaccines (% immunizing pharmacies that provided dose data): Influenza (75), Herpes Zoster (76), PCV13 (77), PPSV23 (76), Tdap/Td (77), Hepatitis A (72), Hepatitis B (71), Meningococcal B (63), Meningococcal ACWY (639), HPV (66) and Travel vaccines (75).
HPV: Human Papillomavirus; PCV13: Pneumococcal 13-valent conjugate; PPSV23: Pneumococcal polysaccharide; Tdap/Td: Tetanus and Diphtheria or Tetanus, Diphtheria and Pertussis

NATIONAL SURVEY OF PHARMACY-BASED IMMUNIZATION SERVICES
APHA AMERICAN PHARMACISTS ASSOCIATION

Presented at APhA2018 Poster Session

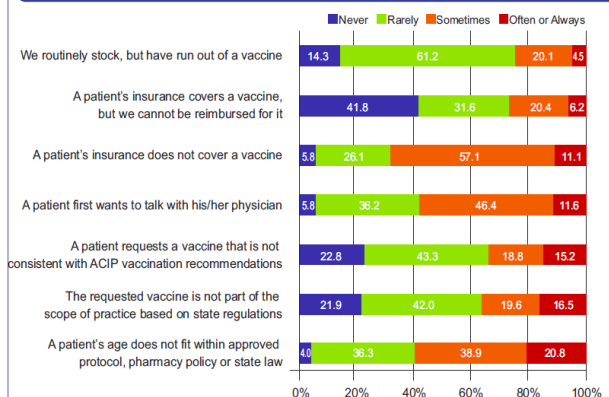


Referral by pharmacists to other providers

- Most common
 - Insurance doesn't cover a vaccine (and in pharmacy)
 - Patient age not aligned with approved protocol, pharmacy policy or state law
 - Patient first wants to talk with his/her physician

Most frequently reported reasons for referral elsewhere were: the patient's insurance did not cover the vaccine in the pharmacy setting and the patient's age did not fit within approved protocol, pharmacy policy or state law (Figure 3).

Figure 3. Self-reported reasons for referring patients to other providers for vaccination (N=292)



ACIP: Advisory Committee on Immunization Practices

NATIONAL SURVEY OF PHARMACY-BASED IMMUNIZATION SERVICES
APHA AMERICAN PHARMACISTS ASSOCIATION

Presented at APhA2018 Poster Session



Referral Tools – examples

are there components within these you can use in your system?

Template Referral Form from Pharmacist to Physician for Adult Patient

American Pharmacists Association
APhA

Patient Name: _____ Date of Birth: ____/____/____
 Referring Pharmacist: _____
 Pharmacy Practice: _____ Phone Number: _____
 Email: _____ Date of Referral: _____

Signature: _____ Date: _____

The above patient was seen our practice today. In the course of working with the patient the below item(s) were identified as needing follow-up with your practice. Feel free to contact us if you have further questions. We would appreciate receiving an update after you have seen the patient so that we can update our records and support your treatment plan.

Reason for Referral:

<p>Patient needs immunization</p> <p><input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Tdap <input type="checkbox"/> High Dose <input type="checkbox"/> PCV13 <input type="checkbox"/> Inactivated <input type="checkbox"/> PPSV23 <input type="checkbox"/> Live nasal <input type="checkbox"/> Intradermal <input type="checkbox"/> Recombinant <input type="checkbox"/> Zoster <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis A <input type="checkbox"/> <input type="checkbox"/> HPV <input type="checkbox"/> Meningococcal <input type="checkbox"/> MMR <input type="checkbox"/> Other: _____</p> <p>Comments: _____</p>	<p>Patient needs an immunization follow-up (questions about vaccination for this patient) Comment: _____</p> <p>Evaluation of post-vaccination reaction Comment: _____</p>
<p>Patient needs wellness/screening follow-up Based upon the patient's age and information provided the patient may need:</p> <p><input type="checkbox"/> Eye check-up <input type="checkbox"/> Colon-cancer screening <input type="checkbox"/> Mammogram <input type="checkbox"/> Prostate cancer <input type="checkbox"/> Skin cancer <input type="checkbox"/> Other: _____</p> <p>Comments: _____</p> <p>Other evaluation: _____</p> <p>Comments from Physician: _____</p>	<p>Medication Therapy Follow-up</p> <p><input type="checkbox"/> Blood Pressure <input type="checkbox"/> Cholesterol <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Other: _____</p> <p>Comments: _____</p>

Vaccine Report Tool

American College of Physicians
ACPP
American Pharmacists Association
APhA

Patient Name: _____
 Date: _____

Vaccines	Vaccines Recommended	Vaccines Administered	Vaccination reported to HIS
Influenza, standard dose, inactivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, high dose, inactivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, intradermal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, recombinant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR (measles, mumps, and rubella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal polysaccharide (PPSV23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal 13-valent conjugate (PCV13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Td (tetanus and diphtheria only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tdap (Td plus pertussis, "whooping cough")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoster (shingles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combination Hepatitis A and B vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV (Human papillomavirus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Vaccine: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referring Healthcare Provider: _____
 Signature: _____
 Contact information: _____
 Date: _____
 Comments: _____

Administering Healthcare Provider: _____
 Signature: _____
 Contact information: _____
 Date: _____
 Comments: _____



Administer/Refer – Best Practices



✓ Improve access to vaccines at the point of care

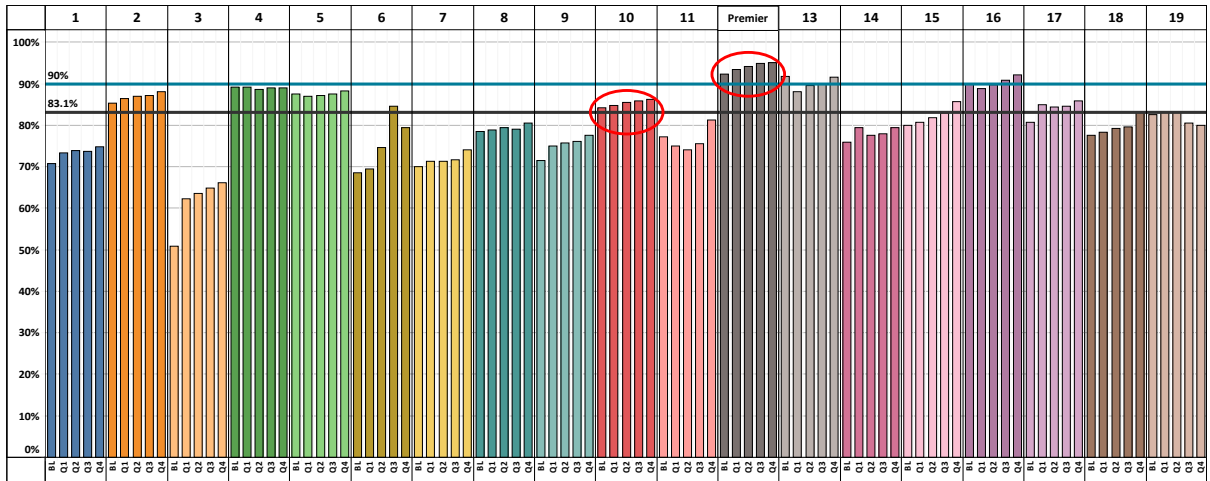
- PCP Office
- Pharmacy
- Nurse clinic
- Free standing flu stations
- Specialty Departments

✓ Eliminated need for immunization appointments

✓ Standing Orders



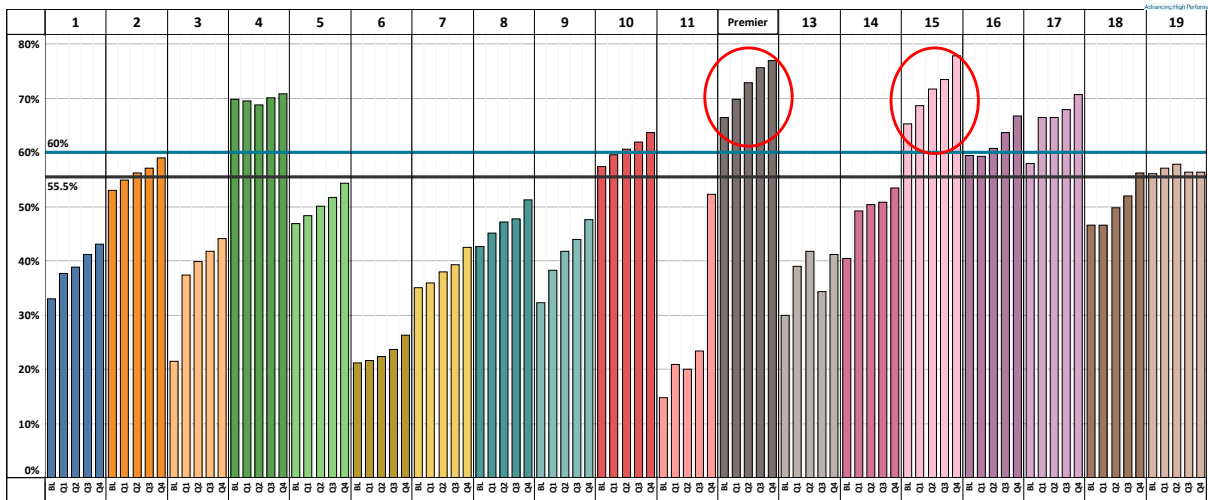
Measure 1 – Pneumococcal (Any) Immunization for adults ages ≥ 65



BL: 1/1/16–12/31/16 Q1: 1/1/17–3/31/17 Q2: 4/1/17–6/30/17 Q3: 7/1/17–9/30/17 Q4: 10/1/17–12/31/17
 Collaborative goal Group weighted average (QTR 4)
 Note: Of 19 total groups, 14 self-reported using measure specifications and 5 groups' data were provided by Optum Analytics

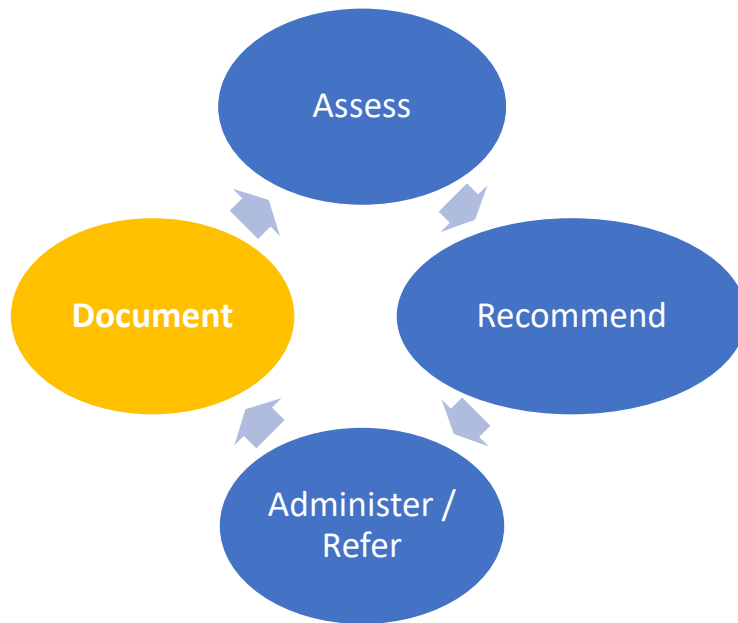


Measure 1 – Both PPSV and PCV Immunization for adults ages ≥ 65



BL: 1/1/16–12/31/16 Q1: 1/1/17–3/31/17 Q2: 4/1/17–6/30/17 Q3: 7/1/17–9/30/17 Q4: 10/1/17–12/31/17
 Collaborative goal Group weighted average (QTR 4)
 Note: Of 19 total groups, 14 self-reported using measure specifications and 5 groups' data were provided by Optum Analytics





Increase public understanding Communication / Documentation *engagement of providers and patients*

- Update
- Report
- Carry
- Share

Protect **yourself**, your **family**, and your **community** by keeping your immunization record up-to-date



After **YOU** receive any immunization:

- Ask your pharmacist and other health care providers to **UPDATE** your Immunization Record Card
- Ask your pharmacist and other health care providers to **REPORT** the vaccination to the Immunization Registry
- CARRY** and **SHARE** your updated Immunization Record / Card with every member of your health care team

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number: 4U29CE00064, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.



Considerations to achieve the 3 C's

Coordination, Collaboration, Communication

- Recommendations from recent CDC Cooperative Agreement
 - Enhance support, through **onboarding programs**, from State Public Health Departments.
 - Pharmacies need to **connect into the registry** and work with pharmacy administration, information technology staff, and other pharmacy personnel.
 - **Enhance procedures** for IISs to remove duplicate entries and streamline access.
 - Pharmacists need to continue to **provide information to primary care** providers via fax while work continues to seamlessly integrate pharmacy data systems into the EHR and IIS.
 - Pharmacists should proactively **assess a patient's immunization history**. Requirements for reporting of vaccination data should be **consistently applied** across all immunization providers.
 - Continue **educating patients** about the importance of tracking their vaccine history.
 - Further development and testing of a **referral** sheet for other healthcare providers to refer patients to a pharmacy for necessary immunizations.

Pharmacists: Advancing Core Elements of the Immunization Neighborhood and the Adult Immunization Standards (funded by the CDC Cooperative Agreement number H23IP000984)



2018 APhA House of Delegates (March 2018)

Proactive Immunization Assessment and Immunization Information Systems

1. APhA supports mandatory requirements for ALL immunization providers to report pertinent immunization data into Immunization Information Systems (IIS).
2. APhA calls for government entities to fund enrollment and engagement of all immunization providers in Immunization Information Systems (IIS). This engagement should support lifetime tracking of immunizations for patients.
3. APhA supports nationwide integration of Immunization Information Systems (IIS) that incorporate federal, state, and local databases for the purpose of providing health care professionals with accurate and timely information to assist in clinical decision making related to immunization services.
4. APhA advocates that all appropriate health care personnel involved in the patient care process have timely access to Immunization Information Systems (IIS) and other pertinent data sources to support proactive patient assessment and delivery of immunization services while maintaining confidentiality.
5. APhA urges pharmacy management system vendors to include functionality that uses established and adopted electronic health record standards for the bidirectional exchange of data with Immunization Information Systems (IIS).



Document – Best Practices



Electronic Health Record

- Create field for both pneumococcal vaccines

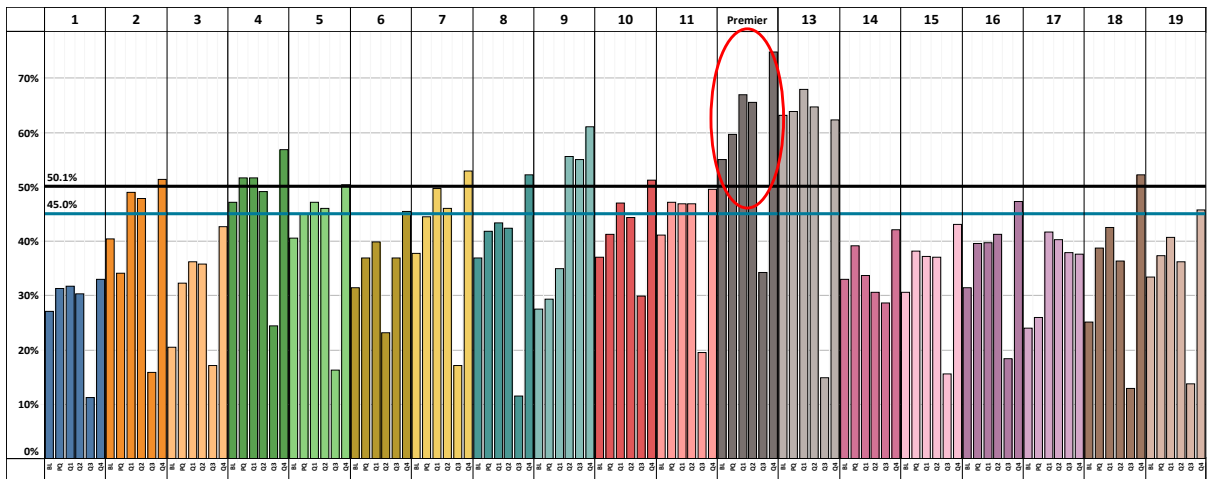
State Registry

- Unidirectional/ Bidirectional Interface

Employee vaccinations



Measure 3 – Influenza Immunization, age ≥ 18 (quarterly trend)



BL: 7/1/15–6/30/16 PQ: 7/1/16–12/31/16 Q1: 1/1/17–3/31/17 Q2: 4/1/17–6/30/17 Q3: 7/1/17–9/30/17 Q4: 10/1/17–12/31/17

— Collaborative goal — Group weighted average (QTR4)

Note: Of 19 total groups, 14 self-reported using measure specifications and 5 groups' data were provided by Optum Analytics



Lessons learned /Feedback from the organizations





- ✓ Need more specific ACIP recommendations – too vague
- ✓ To identify high risk/at-risk patients for pneumococcal - want SNOMED-CT codes as well as ICD-10 diagnoses (Optum helpfully provided ICD-10 dx list)
- ✓ Bi-directional registry issue – not working well in some states
- ✓ Challenge in building BPA's for high risk pneumococcal vaccine in EHR.
- ✓ Continued focus on adult immunizations despite competing priorities.



Minute to Win... (Starbucks cards – up to 12 winners) Creative Ideas for overcoming perceived barriers

What Barrier Did You Encounter?

How Did You Address?

- ASSESS 
- RECOMMEND 
- ADMINISTER 
- REFER 
- DOCUMENT 

**Engaging Immunization
Neighborhood Stakeholder...** 

