71272GPmeeting_16: PowerPoint Presentation

Presented by William Calo PhD, Post-Doctoral Fellow, Department of Health Policy and Management

Gillings School of Global Public Health, University of North Carolina at Chapel Hill

"Using webinar technology to increase the efficiency of a nationally implemented approach to immunization quality improvement"

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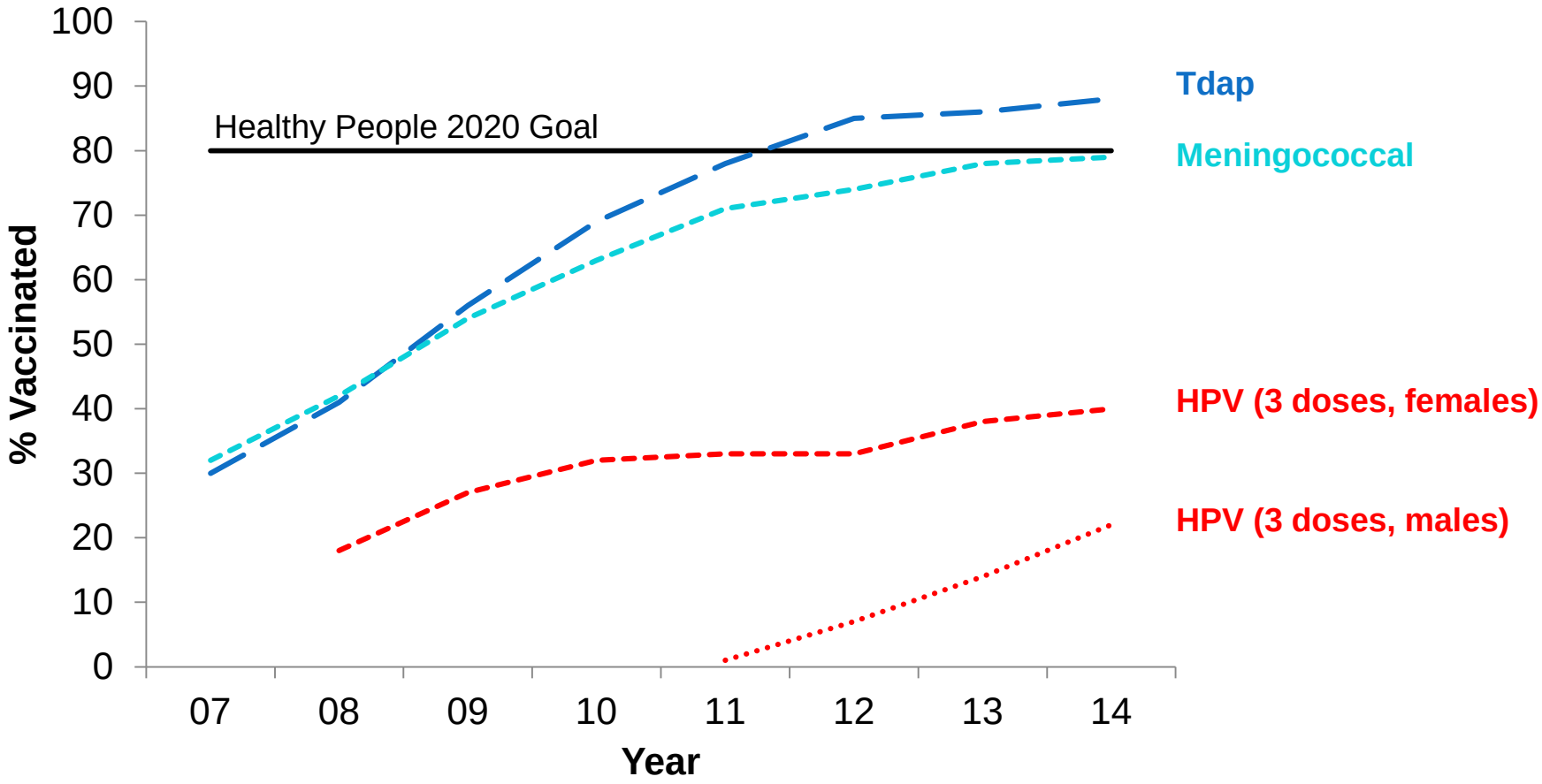
Using webinar technology to increase the efficiency of a nationally implemented approach to immunization quality improvement.

William A. Calo,[1] Melissa B. Gilkey,[2] Jennifer L. Moss,[3] Jennifer Leeman,[1] Jen MacKinnon,[1] Noel T. Brewer[1]

[1]University of North Carolina-Chapel Hill
[2]Harvard Medical School & Harvard Pilgrim Health Care Institute
[3]National Cancer Institute

U.S. adolescent immunization coverage



Data from National Immunization Survey-Teen

CDC's AFIX Model

- Brief in-person consultation
- Delivered by immunization specialists from state health departments
- Health departments provide early childhood AFIX consultations to at least one-quarter of federally funded vaccine providers

Example: North Carolina AFIX

- Collaboration between UNC researchers and the NC Immunization Branch
- Modified version of AFIX consultations to
  - Address low adolescent vaccine coverage levels
  - Explore webinar delivery
- Consultations were equally effective when delivered in-person or by webinar

Gilkey et al. Implement Sci. 2014;9:21.
Gilkey et al. Pediatrics. 2014;134(2):e346-53.

Purpose

- Understand how vaccine providers receive AFIX in terms of their satisfaction and engagement.

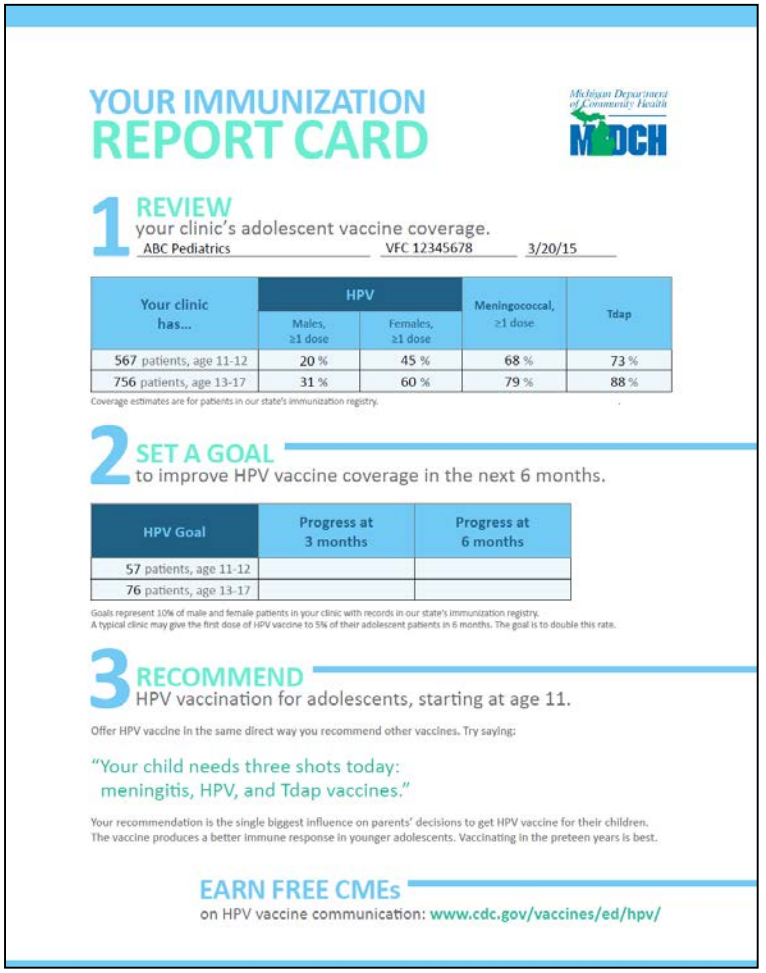
3-arm RCT

- Random sample of 225 high-volume primary care clinics in Illinois, Michigan, and Washington

In-person consultation	Webinar consultation	Control
• k=78 • Face-to-face meetings in clinics	• k=72 • Real-time online meetings using video conferencing software	• k=75 • No intervention

Intervention

- Report Card
  - Communicate the problem
  - Set a goal
  - Give a solution



YOUR IMMUNIZATION REPORT CARD

Michigan Department of Community Health MDCH

1 REVIEW your clinic's adolescent vaccine coverage.

ABC Pediatrics VFC 12345678 3/20/15

Your clinic has...	HPV		Meningococcal, ≥1 dose	Tdap
	Males, ≥1 dose	Females, ≥1 dose		
567 patients, age 11-12	20 %	45 %	68 %	73 %
756 patients, age 13-17	31 %	60 %	79 %	88 %

Coverage estimates are for patients in our state's immunization registry.

2 SET A GOAL to improve HPV vaccine coverage in the next 6 months.

HPV Goal	Progress at 3 months	Progress at 6 months
57 patients, age 11-12		
76 patients, age 13-17		

Goals represent 10% of male and female patients in your clinic with records in our state's immunization registry.
A typical clinic may give the first dose of HPV vaccine to 5% of their adolescent patients in 6 months. The goal is to double this rate.

3 RECOMMEND HPV vaccination for adolescents, starting at age 11.

Offer HPV vaccine in the same direct way you recommend other vaccines. Try saying:

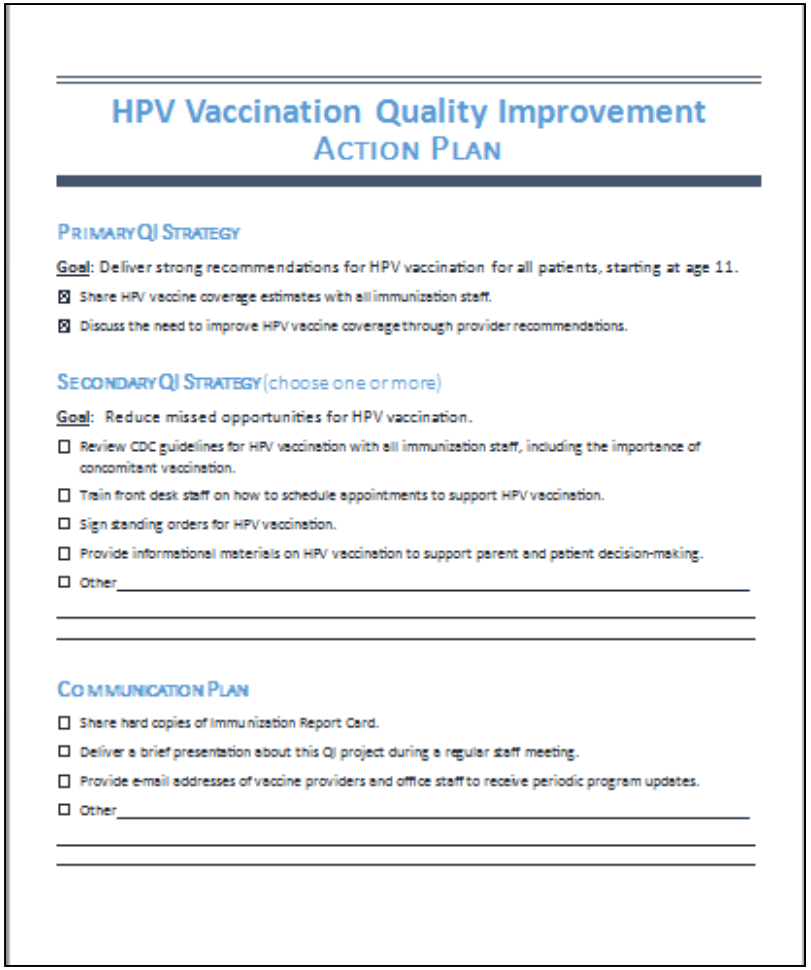
"Your child needs three shots today: meningitis, HPV, and Tdap vaccines."

Your recommendation is the single biggest influence on parents' decisions to get HPV vaccine for their children.
The vaccine produces a better immune response in younger adolescents. Vaccinating in the preteen years is best.

EARN FREE CMEs on HPV vaccine communication: www.cdc.gov/vaccines/ed/hpv/

Intervention

- QI Action Plan
  - Primary strategy
  - Secondary strategy
  - Communication plan



HPV Vaccination Quality Improvement
Action Plan

Primary QI Strategy

Goal: Deliver strong recommendations for HPV vaccination for all patients, starting at age 11.

- ☒ Share HPV vaccine coverage estimates with all immunization staff.
- ☒ Discuss the need to improve HPV vaccine coverage through provider recommendations.

Secondary QI Strategy (choose one or more)

Goal: Reduce missed opportunities for HPV vaccination.

- ☐ Review CDC guidelines for HPV vaccination with all immunization staff, including the importance of concomitant vaccination.
- ☐ Train front desk staff on how to schedule appointments to support HPV vaccination.
- ☐ Sign standing orders for HPV vaccination.
- ☐ Provide informational materials on HPV vaccination to support parent and patient decision-making.
- ☐ Other_____

Communication Plan

- ☐ Share hard copies of Immunization Report Card.
- ☐ Deliver a brief presentation about this QI project during a regular staff meeting.
- ☐ Provide e-mail addresses of vaccine providers and office staff to receive periodic program updates.
- ☐ Other_____

Key findings (Preliminary)




Characteristics

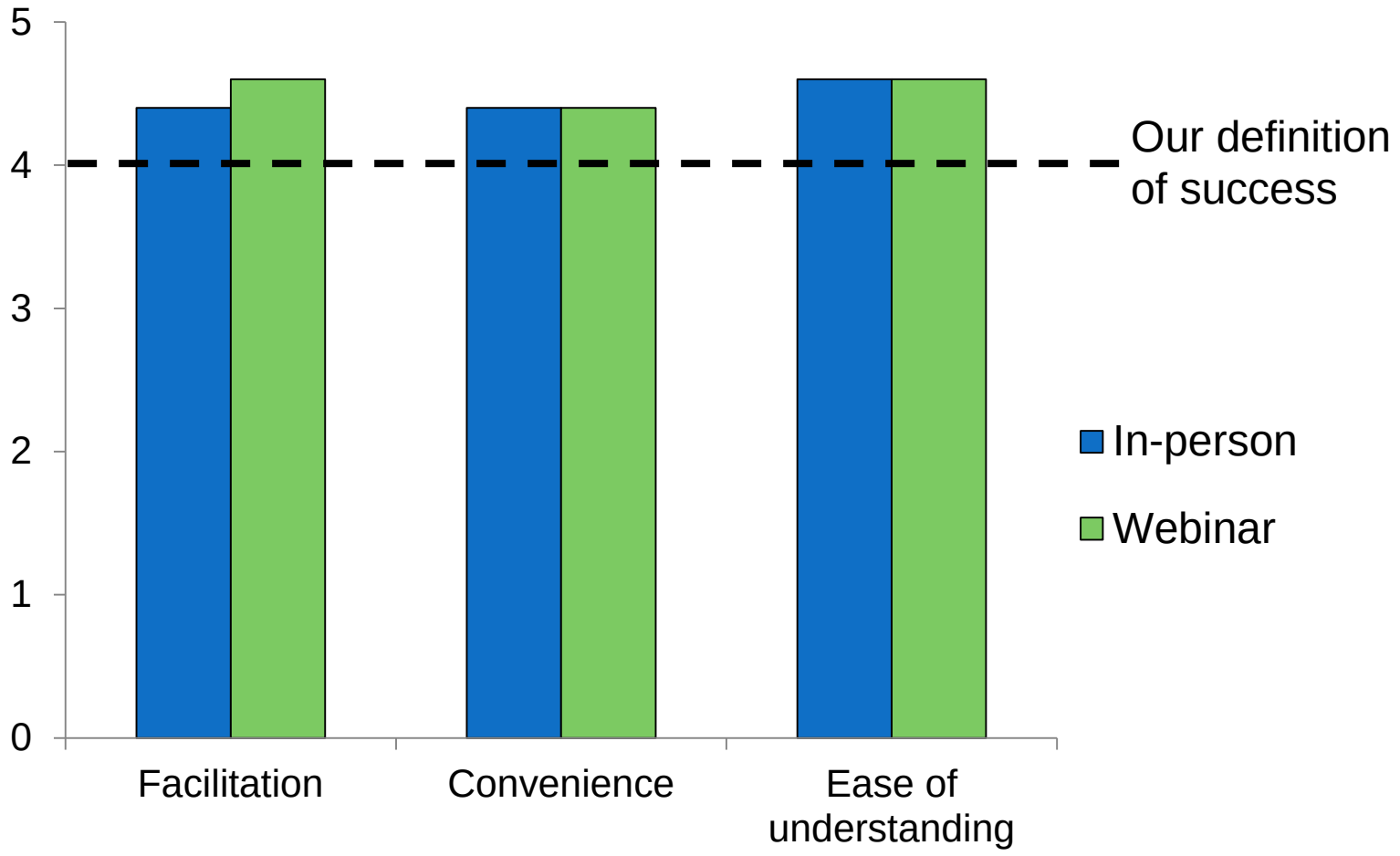
- Respondents (n=182)

Role	%
Nurses	42
Office managers	17
Physicians	10
Other	31

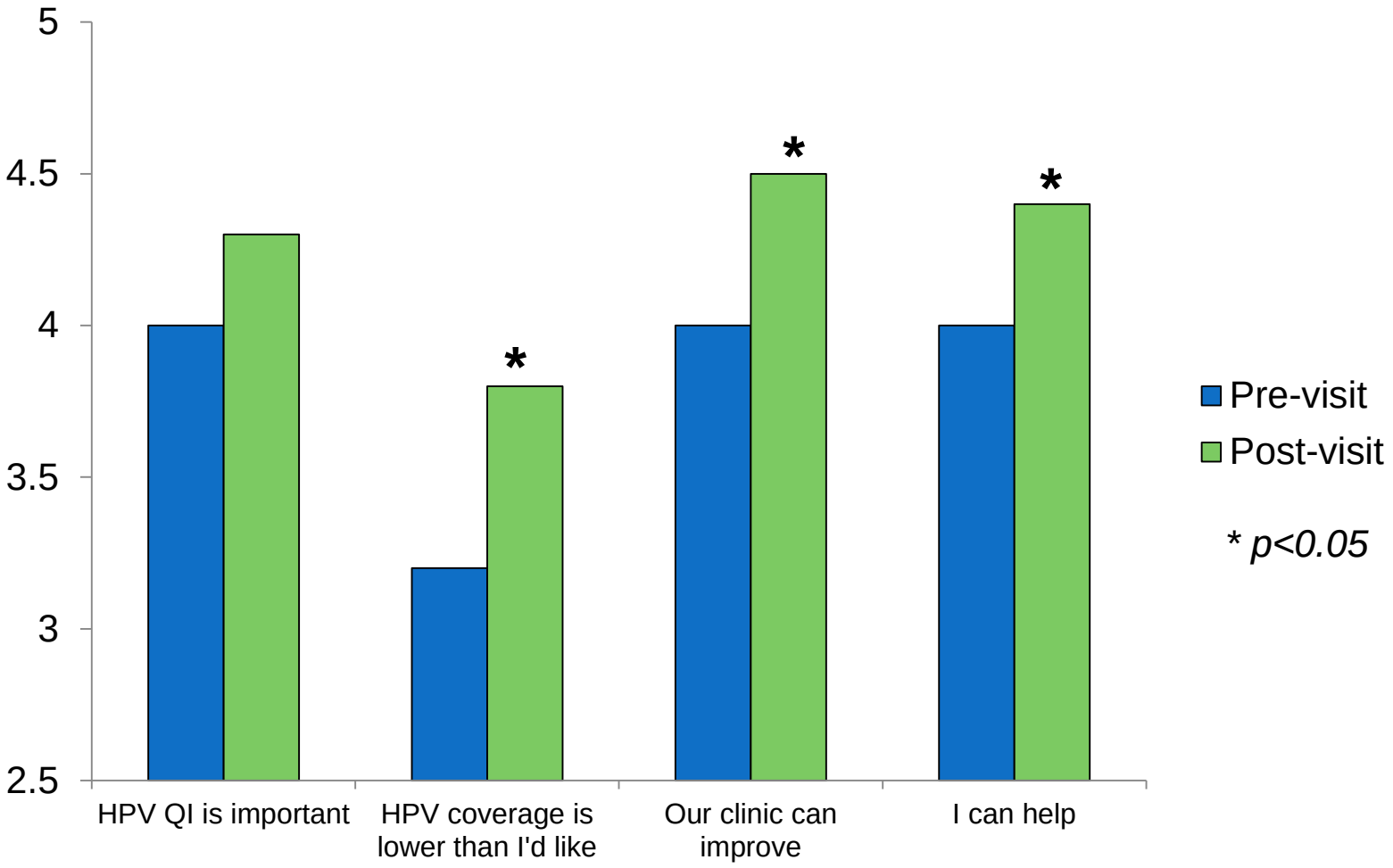
- Clinics

Practice	%
Private	53
Community health centers	20
Hospital-based	17
Other	10

Satisfaction scores



Intermediate outcomes



Incentives

- 62% of participants claimed the CME credit we offered
- By role
  - 75% physicians
  - 62% nurses
  - 94% other vaccine providers

Implications for D & I

- In-person and webinar delivery modes were both well received
- Webinar delivery could increase the reach of CDC-funded immunization quality improvement consultations
- Health departments have begun using our intervention materials

Next steps

- Completion of data collection (summer 2016)
- Best practice assessment survey data
- Cost data analysis

Thank you

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