IIS & Immunization Best Practice Quality Improvement Project in Southeast Michigan

Chelsea Harmell, PIP Program Director
Kris Dupuis, Region 1 MCIR Manager
Wendy Nye, Region 1 MCIR Manager
Partnering for Immunizations Project (PIP)

- Grant funded quality improvement effort
- Led by the Southeastern Michigan Health Association (SEMHA) & Michigan Association for Local Public Health (MALPH)
- Partnered with the Michigan Department of Health and Human Services (MDHHS) and the Michigan Care Improvement Registry (MCIR - Region 1 in SE-MI)
PIP Project Focus

- Targeted pediatric & adolescent physician practices
- Plan-Do-Study-Act (P-D-S-A) initiatives
- Evidence-based strategies
- Emphasized increasing up-to-date ACIP-recommended vaccines
- Offer a provider incentive
PIP Project Focus

• Targeted age groups
  • Children (19-35 mos)
  • Adolescents (13-17 yrs)

• Provider Report Card
  • Baseline, 3-month & 6 month data checks

• Personalized, practice-specific intervention(s)
  • Evidence-based strategies (CDC Community Guide)
  • Antigen-specific or Age-specific
Project Process

• Project Director/MCIR Staff
  • Identify practices - high volume with low immunization rates
  • Targeted site data clean-up
  • Run coverage level reports to track progress
  • Prepare Provider Report Cards for baseline, 3 & 6 month visits
  • Run 2 targeted recalls between visits
  • Compile returned recall letter data for updates
  • Follow-up with sites
Provider Report Card
Project Process

• Provider Site
  • Physician attends baseline, 3 and 6 month visits
  • Letter of intent
  • Identify targeted strategy or strategies
  • Monthly team huddles
  • 2 progress reports
  • Assist with patient updates after recalls
  • MOC Attestation
### Practice-Specific Interventions (Evidence-based)

- Patient reminder system (call, text, email before appointment)
- Follow up after missed appointment or period of no-show (call, text, email, postcard)
- EMR alert when patient is due for vaccine
- HPV/other key antigen talking script (examples can be provided)
- Create MCIR daily batch reporting for all children with appointments each day
- Standing orders for vaccines
- Patient incentives (e.g. monthly raffle, gift card, etc.)
- Scheduling all future vaccine appointments on the day of the family’s appointment
- Vaccine-only appointments/clinics
- Free educational training from physician peer educators with CMEs (MDHHS) or nurse peer educators with CEUs (MDHHS or LHD)
- AFIx Quality Improvement visit (MDHHS)
- MCIR Recall
Practice-Specific Interventions

- Co-branded HPV or HPV/Tdap/MCV4 postcard reminders with American Cancer Society
- Declinations for refusing or delaying vaccines
- Assess high-risk patients on accelerated schedule (e.g. 4th DTaP at 12-15 months, HPV at 9-10 years)
- Propose your own QI project, subject to MOC Project Staff approval
- Manufacturer sponsored tools (e.g. reminder systems, educational materials, etc.)
<table>
<thead>
<tr>
<th>Site</th>
<th>Intervention(s)</th>
<th>4313314</th>
<th>43133142</th>
<th>2+HepA</th>
<th>4+DTaP</th>
<th>132321</th>
<th>1323213</th>
<th>HPV1+</th>
<th>HPV UTD</th>
</tr>
</thead>
</table>
| 1    | • Offer HPV at ages 9/10  
      • Reschedule no-shows for HPV2/3  
      • Schedule appts for doses 2/3 @ 1st appt  
      • Begin using combo vaccines       | -5%     | 7%      | 10%    | 1%     | -15%   | -5%     | 0%    | 2%     |
| 2    | • Call no-shows for nurse visits/physical exams                              | 6%      | 14%     | 15%    | 5%     | -7%    | 3%      | 1%    | 7%     |
| 3    | • Call pts missing/overdue for 2nd Hep A  
      • Patient status cleanup  
      • Staff ed. RE: strong recommendation   | 3%      | -1%     | 1%     | 4%     | 0%     | 1%      | 0%    | 1%     |
| 4    | • Begin immunizing during sick visits                                         | -4%     | 2%      | 1%     | -5%    | 5%     | 1%      | 0%    | -1%    |
| 5    | • Intensive MCIR data cleanup  
      • HPV Scripts for parents wanting school-req’d shots)  
      • HPV assessment at age 9-10     | 11%     | 18%     | 22%    | 13%    | 6%     | 7%      | 6%    | 7%     |
### Project Results

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</thead>
<tbody>
<tr>
<td>6</td>
<td>• Begin pulling MCIR records and immunizing during sick visits</td>
<td>-5%</td>
<td>2%</td>
<td>5%</td>
<td>-3%</td>
<td>13%</td>
<td>15%</td>
<td>14%</td>
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<tr>
<td></td>
<td>• HPV head/neck cancer prev. ed. Resources</td>
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<td></td>
<td>• HPV scripts</td>
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<td>7</td>
<td>• Visual posters (HPV-related cancers)</td>
<td>-2%</td>
<td>-4%</td>
<td>-4%</td>
<td>-1%</td>
<td>8%</td>
<td>5%</td>
<td>-1%</td>
<td>-3%</td>
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<tr>
<td></td>
<td>• Brochures given at all 10 yr. shot visits</td>
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<td>9</td>
<td>• Schedule 18-mos visit at least 6-mos after 1-yr visit so that patients return</td>
<td>pending</td>
<td>pending</td>
<td>pending</td>
<td>pending</td>
<td>pending</td>
<td>pending</td>
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<td>for next dose(s)</td>
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<td>10</td>
<td>• Assess for HPV at age 10</td>
<td>2%</td>
<td>4%</td>
<td>5%</td>
<td>2%</td>
<td>0</td>
<td>8%</td>
<td>5%</td>
<td>13%</td>
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<tr>
<td>11</td>
<td>• Schedule nurse visits for HPV vaccine 6 months after first HPV dose admin.</td>
<td>-1%</td>
<td>2%</td>
<td>12%</td>
<td>1%</td>
<td>4%</td>
<td>11%</td>
<td>4%</td>
<td>10%</td>
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<tbody>
<tr>
<td>12</td>
<td>• Schedule 2&lt;sup&gt;nd&lt;/sup&gt; dose Hep A at 12 month visit (@18- or 24- mos)</td>
<td>2%</td>
<td>4%</td>
<td>5%</td>
<td>2%</td>
<td>0</td>
<td>8%</td>
<td>5%</td>
<td>13%</td>
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<tr>
<td></td>
<td>• Assess for HPV at ages 9-10</td>
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<td>13</td>
<td>• Reminder calls on day before shot appts</td>
<td>-1%</td>
<td>2%</td>
<td>12%</td>
<td>1%</td>
<td>4%</td>
<td>11%</td>
<td>4%</td>
<td>10%</td>
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<tr>
<td></td>
<td>• Intensive MCIR data cleanup</td>
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<td>• Hired new staff to call missing patients &amp; update addresses/pt status</td>
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<td>14</td>
<td>• Call and/or text after missed appts</td>
<td>pending</td>
<td>pending</td>
<td>pending</td>
<td>pending</td>
<td>pending</td>
<td>pending</td>
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<td></td>
<td>• HPV scripted recommendation</td>
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<td>15</td>
<td>• Recommend vaccines during med reviews</td>
<td>pending</td>
<td>pending</td>
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<td>pending</td>
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<td></td>
<td>• MCIR data cleanup</td>
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<td>16</td>
<td>• Recommend hepatitis A at earlier visit to ensure 2nd dose completion</td>
<td>1%</td>
<td>8%</td>
<td>9%</td>
<td>1%</td>
<td>1%</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
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Project Findings

- There is flexibility with assessments (start earlier, finish on-time)
- Younger children have less “vaccinating power” over parents
- Cancer prevention message is key with HPV promotion
- Scheduling and follow-up is extremely impactful
- Scripts work (sandwiching tough vaccines)
- Include immunizations in med checks, sick visits, etc.
- Providers want report cards
- MOCs are a great incentive
- Recall saturation
Lessons Learned

• 5-10 sites per jurisdiction is enough
• Survey Monkey not needed
• Non-VFC practices need more attention
• AFIx reports are hidden treasures in MCIR
• Face-to-face visits preferred
• Communicate with community partners
Project Barriers

• Provider buy-in is a MUST for success
• Provider organizations can be gatekeepers
• Local & state provider messages should be consistent
• PDF reports aren’t easy to manipulate
• Report cards and recall are time intensive
• Providers seem shocked with their low rates
• Competing messages from payers
Project Successes

- More patients protected = higher coverage levels
- Sustainable integration of evidence-based best practices
- Non-threatening provider support through MCIR
- AFIIX report promotion
- Data quality improvement
- Report cards are motivating
- Participation led to a better understanding of MCIR
- Identified more Immunization Champions
Questions?

- Chelsea Harmell, Project Director
  - charmell@semha.org

- Kris Dupuis, Region 1 MCIR Manager
  - kdupuis@hline.org

- Wendy Nye, Region 1 MCIR Manager
  - wnye@hline.org