Reminder/Recall Practices and Toolkit Overview

Tuesday, February 4, 2020
3 PM ET
Before We Get Started

All phone lines are muted

This meeting is being recorded and will be posted on the AIRA repository
Question & Answer

• How do I ask a question?
  • There will be time allotted for Q&A following the presentation, to unmute your line press *6
  • Via WebEx:
    - Select the chat icon next to the host and type question into the chat box.
    - Select the hand icon next to your name and you will be called on.
Today’s Speakers

• Alison Saville, University of Colorado
• Dennis Gurfinkel, University of Colorado
• Mary Woinarowicz, North Dakota
Reminder/Recall Toolkit and Development

Alison Saville, University of Colorado
Centralized IIS-based Reminder/Recall
Background

- Centralized IIS-based Reminder/Recall (CI-R/R)
  - Reminder/Recall performed using IIS data
  - Performed centrally at a public health department
  - Effective at increasing immunization rates
  - Cost-effective compared to practice-based R/R
Summary

Project summary

IIS community’s involvement

How this series will help you in your day to day lives
Background & Purpose

• Project summary
  • A decade of CI-R/R research trials using IIS funded by AHRQ and NIH
  • IIS survey → IIS interviews → Toolkit development → Webinar Series

• IIS community’s involvement

• How this series will help you in your day to day lives?
  • Find out what other IIS are doing in regards to CI-R/R
  • Using a new toolkit, hear from other IIS about how to address challenges and harness assets to jump-start CI-R/R at your IIS
Objectives

• Week 1:
  • Understand current IIS practices with CI-R/R
    • Surveys
    • Interviews
  • Review components of new toolkit
  • Hear one IIS perspective, from North Dakota

• Week 2:
  • Understand Initiation, Planning and Executing CI-R/R
  • Learn from Colorado, New Mexico, and North Dakota IIS

• Week 3:
  • Understand Monitoring and Controlling, Closing and Sustaining CI-R/R
  • Learn from Minnesota, New York City, and Michigan IIS
Results from a National IIS Survey
Survey Methods

What: a survey was developed by University of Colorado and AIRA. Asked about IIS policies, capabilities, experience and description of CI-R/R activities, assessed future CI-R/R

Who: IIS program managers according to the AIRA email listserv

Where: All U.S. states, regions, and 6 territories (n=62)

When: July-August 2018
Results

• 92% Response Rate
<table>
<thead>
<tr>
<th>Responses</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Receive 75%-100% of data via HL7 exchange</td>
<td>30%</td>
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<tr>
<td>Have a legal mandate that allows for IIS-based R/R</td>
<td>38%</td>
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<td>Mandatory reporting by public and private entities*</td>
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<td>Children ≤19 yo</td>
<td>49%</td>
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<tr>
<td>Adults &gt;19 yo</td>
<td>23%</td>
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</table>

*Responses were asked by age.
Has your IIS ever performed a CI-R/R for any patients?

- Yes, 61%
- No, 39%
What method was used to send CI-R/R?

- 90% Mail
- 33% Autodial
- 10% Text
- 3% Email
What vaccines were the focus of CI-R/R?

- Childhood: 84%
- HPV: 70%
- Influenza - Child: 61%
- Influenza - Adult: 35%
- Other Adolescent Vaccines: 19%
- Other Adult Vaccines: 26%
How likely is it that your health department, where the IIS is located, will conduct CI-R/R for any group within the next 6 months?

- Very Likely: 34%
- Somewhat likely: 14%
- Not very likely: 21%
- Very unlikely: 30%
What vaccines would you focus on for future CI-R/R?

- 80% Childhood
- 60% HPV
- 56% Other Adolescent Vaccines
- 27% Influenza - Child
- 18% Influenza - Adult
- 26% Other Adult Vaccines
## Major Barriers to CI-R/R

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<td>Legality concerns</td>
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<td>Parents object</td>
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- **Major barrier**
- **Moderate Barrier**
- **Minor barrier**
- **Not at all**
Attitudes about CI-R/R

• 62% are in favor of IIS sending out CI-R/R

• 85% think CI-R/R by the IIS would increase immunization rates

• 77% think practice-based R/R is preferable to CI-R/R
Interviews
(Dennis Gurfinkel)

Interview Methods

Who: Selectively sampled subset of IIS program managers who had responded to our survey saying that they have done CI-R/R (n=10). Selectively sampled healthcare industry personnel (non-IIS) with experience or knowledge of R/R (n=13).

What: Semi-structured phone interviews conducted by University of Colorado. Questions asked about CI-R/R initiatives, decision and sustainability factors, and funding and administrative mechanisms

When: September 2018 – March 2019
Results

IIS who were interviewed (n=10)
• 5 had ongoing (sustained) CI-R/R efforts
• 3 had sporadic CI-R/R, but no ongoing CI-R/R
• 2 had previously done CI-R/R, but unable to continue

Non-IIS who were interviewed (n=13)
• Health systems conducting CI-R/R (8)
• Pharmaceutical companies (2)
• Advocacy organizations (3)
Results

How do IIS perform CI-R/R?

• Used existing IIS staff or pool of temps
• Primarily used mail, but some autodial and text
• Sent R/R for variety of vaccines (childhood series most common)
• Used generic language on the reminder notification
Results

Major Theme: Stakeholder buy-in
- Leadership support reported by all
- Public (providers and parents) perceived to be generally supportive
- Partnerships for funding and resources reported
Results

Major Theme: Funding

• Sustained funding sources required to sustain CI-R/R
• Funding includes staff effort and supplies
• Funding predominantly came from CDC
• Other sources of funding identified as well (pharmaceutical, grants, coalitions etc.)
Results

Major Theme: Data quality

• Ongoing IIS data improvement
• Contact information within the IIS is still an issue for CI-R/R
• Maintaining data quality has large impact on Return on Investment (ROI) for CI-R/R
Results

Major Theme: Evaluation

• Different evaluation of CI-R/R projects reported
• Generally positive outcomes reported of CI-R/R
• Some did not feel CI-R/R worked well
• Evaluation viewed as necessary to justify sustainability
Results from Non-IIS Interviewees

Major Theme: Future Collaboration
- Mostly open and excited for collaborations with IIS
- Data sharing between IIS and non-IIS
- Funding opportunities
- Barriers identified
Conclusions

• The majority of IIS have tried CI-R/R.
• IIS have mostly positive attitudes towards CI-R/R.
• There are few major barriers.
• A “How To Guide” and learning from others IIS experiences doing CI-R/R could be beneficial.
Centralized IIS-Based Reminder/Recall Toolkit and Development
Toolkit Development

• Collaborative Work!
  • University of Colorado research staff who have conducted CI-R/R studies since 2009
  • Colorado IIS staff
  • AIRA staff
  • Three additional IIS Managers

Available on AIRA Repository
https://repository.immregistries.org/files/resources/5d43264137042/accords_centralized_reminder-recall_toolkit.pdf
Scope and Intended Audience

• Developed with IIS in mind

• High level, as each IIS will face unique challenges

• Organized from a project life cycle perspective
Project Life Cycle Perspective

Initiation

Closing

Planning

Monitoring and Controlling

Executing
Acknowledgments

University of Colorado Anschutz Medical Campus
Allison Kempe, MD MPH (PI)
Alison Saville, MSPH, MSW
Dennis Gurfinkel, MPH
Brenda Beaty, MSPH
Laura Hurley, MD MPH

American Immunization Registry Association
Alison Chi, MPH
Amanda Dayton, MS
Ketti Turcato, MPH

Immunization Information Systems
Heather Roth, MA (CIIS)
Mary Woinarowicz, MA (NDIIS)
Megan Meldrum, BS (NYSIIS)
Elena Rosenberg-Carlson, MPH
and Miriam Muscoplat, MPH (MIIC)

University of California Los Angeles,
Department of Pediatrics
Peter Szilagyi, MD, MPH (PI)
Christina Albertin, MPH, BSN
Abigail Breck, MPH
Rebecca Valderrama, MPH

Funding: This project was funded with help by three grants: the Agency for Healthcare and Research Quality (AHRQ) under award 1R18HS022648-01, the National Institute of Allergy And Infectious Diseases of the National Institutes of Health (NIH) under Award Number R01AI114903, and the National Cancer Institute of the NIH under Award Number R01CA187707. The findings do not necessarily represent the AHRQ or NIH and are only the author’s viewpoints.
IIS Perspective
Mary Woinarowicz, North Dakota
Brief Overview of Reminder/Recall at Your IIS
ND Reminder/Recall

• Conducting centralized reminder/recall since 2012
  • Started with a small pilot project in a few counties
  • Was expanded to state-wide reminder/recall in 2013
• Get feedback from providers and immunization advisory committee before and after adding a new mailing to our reminder/recall program
• Use a combination of letters and postcards
• Conduct at least one mailing per month
  • If more than one per month, they are spread out and target different age groups
• Publish a schedule on our immunization program website
• Send email notifications to our immunization providers in advance of each mailing
Immunization Program Schedule of Reminder and Recall Mailings

- **March 9, 2020**: Adolescent Letters
- **April 13, 2020**: HPV Postcards
- **May 27, 2020**: Adolescent Letters
- **July 13, 2020**: HPV Postcards
- **November 16, 2020**: Adolescent Letters

- **January 13, 2020**: HPV Postcards
- **February 10, 2020**: Infant Letters
- **May 11, 2020**: Infant Letters
- **August 17, 2020**: Infant Letters
- **November 2, 2020**: Infant Letters

- **June 8, 2020**: Back-to-School Letters
- **October 5, 2020**: Flu Reminder Postcards
- **December 14, 2020**: Pediatric Flu Letters
ND Reminder/Recall

- Recall letters for infants 24-35 months who are 30 or more days past due on 4:3:1:3:3:1:4 series
- Recall letters for teens 12-17 years who are 30 or more days past due for Tdap, MCV4 (dose 1 and 2), varicella, HPV (dose 2 or 3)
- Reminder postcards to kids who turned 11 years who have not started the HPV series
- Reminder/recall letters for kids entering kindergarten, 7th grade and 11th grade who need school-required immunizations before the start of the school year
- Recall letters for infants 7-23 months living in counties with high Native American populations and low infant immunization rates
- Recall letters for kids 6 months through 8 years who need a second dose of influenza vaccine for the current flu season
- Influenza reminder postcards for kids 6 months through 17 years living in counties with high Native American populations
Toolkit Development

• How your IIS was involved in developing and informing the toolkit?
  • North Dakota participated in interviews at the start of the project
  • Provided detailed information about our reminder/recall mailings and lessons learned
    • Shared feedback received from legal counsel and compliance officer regarding:
      • Language that could be used on a postcard vs. sealed letter
      • “Do not call” laws not allowing the use of auto-dialer in ND
  • Provided examples of language used in letters and on postcards
  • Described tracking of reminder/recall program activities and impact on coverage rates
  • Provided detailed feedback on drafts of the toolkit
Toolkit Value

• The toolkit is a single resource that provides detailed steps for how to implement a centralized reminder/recall program in your jurisdiction.

• Each step provides a great level of detail on decision making and considerations.

• Provides cost estimates for different methods of reminder/recall as well as pros and cons for the use of each method.

• Reminder/recall is an effective way to increase immunization coverage rates and IIS are a key partner for successful reminder/recall.
Questions?
Questions, Comments, Discussion?

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Thank You!

Please join us next Tuesday, February 11, 2020, at 3 PM ET.
Initiating, Planning, and Executing Reminder/Recall

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Today’s Speakers

• Heather Roth, Colorado
• Katie Cruz, New Mexico
• Mary Woinarowicz, North Dakota
Welcome & Brief Recap of Reminder/Recall Toolkit

Alison Saville, University of Colorado
Summary

How this series will help you in your day to day lives

IIS community’s involvement

Project summary
Objectives

• Today:
  • Understand Initiation, Planning and Executing CI-R/R
  • Learn from Colorado, New Mexico, and North Dakota IIS

• Next Tuesday, February 18:
  • Understand Monitoring and Controlling, Closing and Sustaining CI-R/R
  • Learn from Minnesota, New York City, and Michigan IIS
Initiation

Heather Roth, Colorado
Brief Overview of Reminder/Recall at Your IIS
Stakeholders

• Internal: Department Executive Director/Chief Medical Officer, Immunization Program Manager, IIS staff
• External: Local public health agencies, provider offices

• Getting buy-in:
  • Stressed collaboration even with statutory authority for R/R;
  • Involved stakeholders in crafting messaging;
  • Collaborated for endorsement;
  • Evaluated and communicated potential increased demand;
  • Took burden off of providers;
  • Supported EHR interface implementations for practices
Funding

• Multi-year contract funds from University of Colorado Denver for some personnel costs for FTE involved in efforts and portion of annual IIS maintenance and support
• One-time state funds allocated to purchase a health messaging system to support statewide IIS-based R/R
• Annual state funds support FTE working on IIS-based R/R
Regulatory Issues

- **Telephone Consumer Protection Act (TCPA)**
  - Prohibits telemarketing and automated messaging with few exceptions
  - Could be interpreted in a variety of ways

- **Compensations**
  - Obtained informal opinions from Attorney General prior to proceeding
  - Provider “opt in” required, including from local public health agencies who had been included by default in the absence of a medical home
    - Affirmative request that the R/R be done on their behalf
  - Nixed plan to trial text messages
Other IIS Perspectives
Planning
Katie Cruz, New Mexico
Brief Overview of Reminder/Recall at Your IIS
Budget and Staff

• Free for New Mexico through partnership with Pfizer and West
• Two NMSIIS staff members handle the reminder/recall process for NM
• Database Analyst from IT runs reports monthly
Target Population

• Reminder recall is run for several targeted age groups:
  • 6 month
  • 8 month
  • 10 month
  • 16 month

• Currently working on running reports for 65+ but running into issues with the reports being too large
Stakeholders

• NM Department of Health Immunization Program
• Pfizer, Inc.
• West Interactive Services Corporation
• New Mexico Immunization Coalition (NMIC)
• Recipients of the reminder/recall post cards
• Providers throughout NM

• Communication with Pfizer and West are conducted via a specified point of contact for each company
Reminder/Recall Materials

- Post cards with DOH logo sent from Pfizer
- Bilingual (English and Spanish)
Other IIS Perspectives
Execution

Mary Woinarowicz, North Dakota
Brief Overview of Reminder/Recall at Your IIS
Reminder/Recall List

- Using our IIS reminder/recall module, we generate a report that:
  - includes kids with an address in all North Dakota counties,
  - excludes kids with an address on one of the two Air Force Bases
  - includes specific age-appropriate vaccines,
  - and indicates how many days past due the kid needs to be in order to be included, based on our IIS CDSi
Uploading List

- NDIIS reminder/recall module gives the option to directly print labels or postcards, or to download report output into Excel
- Once the list has been downloaded, we review the Excel document for:
  - duplicate client records to merge
  - records with invalid or incomplete address information
    - Use Smarty Streets to fix abbreviations and zip codes
    - Inactivate records with no valid address
  - records with an address on the state’s Air Force Bases to exclude those kids from mailing
    - Kids are vaccinated on the Base but the doses are not entered into the NDIIS
Uploading List

• Insert a “Prefix” column to the Excel document that states “To the parent/guardian of:”
  • This prefix is inserted above the client name on the postcard or envelope for the mailing

• For letters, use the Mail Merge function in Word to generate individualized letters for each client included in the reminder/recall list generated from the NDIIS
  • Word document and Excel spreadsheet are sent to a local vendor, PreSort Plus, that has contracted with the NDDoH to complete mass mailings on our behalf

• For postcards, the Excel list of clients generated from the NDIIS is sent to PreSort Plus
Sending Remind/Recall

• Use a combination of letters and postcards

• Letters are used for:
  • Infant recall
    • Including targeted infant recall
  • Adolescent recall
  • Back-to-School reminders
  • Influenza 2nd dose recall

• Postcards are used for:
  • HPV reminders
  • Targeted flu reminders
November 4, 2019

Dear Parent/Guardian,

The North Dakota Department of Health (NDDoH) recommends all children receive a series of vaccinations in order to stay protected against many serious illnesses. These immunizations are also required to attend child care. By age 2, all children should receive four doses of diphtheria, tetanus and acellular pertussis (DTaP), three doses of hepatitis B, one dose of measles, mumps and rubella (MMR), two or three doses of Haemophilus influenzae type b (Hib), three doses of polio, one dose of varicella (chickenpox), four doses pneumococcal conjugate (PCV13) and two doses of hepatitis A vaccines.

According to the North Dakota Immunization Information System, <first_name> needs one or more of his/her infant immunizations. The table below lists the vaccine(s) that are past due for your child. Please contact your child's doctor's office or local public health unit to make an appointment for your child to be vaccinated.

<table>
<thead>
<tr>
<th>Vaccine(s) Recommended</th>
<th>Vaccine(s) Selected Due</th>
</tr>
</thead>
</table>

While at your child’s healthcare provider office, please also get your child immunized against influenza. Some children will need two doses of influenza vaccine to be protected if it is their first year of vaccination or if they have not received a total of two doses of influenza vaccine prior to the start of the current season.

Please also be sure to get a copy of your child’s immunization record to keep for your records.

If you received this letter in error or would like to opt out of receiving immunization reminders from the NDDoH, please complete an online form at https://www.ndhealth.gov/Immunize/Reminders/

If you have any questions, please contact the NDDoH Immunization Program at 701.226.3306 or 800.472.2180.

Sincerely,

Molly Howell
Molly Howell, MPH
Immunization Program Manager
Sending Remind/Recall

HPV VACCINE IS CANCER PREVENTION

Every 20 minutes, someone in the U.S. is diagnosed with an HPV-related cancer.

20 min.

NORTH DAKOTA DEPARTMENT OF HEALTH

Immunization Program
2635 East Main Ave., P.O. Box 5520
Bismarck, ND 58506-5520

Save YOUR CHILD from HPV cancers.

- Human Papillomavirus (HPV) cancers affect both GIRLS and BOYS.
- The HPV vaccine works best and is recommended for boys and girls at age 11 or 12.
- If your child is 13 or older, it is not too late to get them vaccinated.
- HPV vaccine is SAFE. More than 80 million doses have been distributed in the U.S.

The NDDoH urges you to contact your child’s health care provider or local public health unit to have your child immunized.

For more information, visit www.cdc.gov/hpv/.
Exclusions

- NDIIS has a checkbox on the client demographics page that, when checked, excludes that record from being included in any reminder/recall list.
- Parents/individuals can contact the immunization program and request to be excluded OR can complete an online exclusion form.
  - Online form goes into an Access database that is monitored by IIS staff and updated after each mailing.
  - Receive small number of requests for exclusion from mailings.
Sending Reminder/Recall

• Rely on mailed notices because North Dakota has a “Do Not Call” law that precludes the Department of Health from making automated phone calls

• Have consulted with our attorney about moving towards text reminders
  • Attorney’s opinion was that our “Do Not Call” law would require parents and patients to opt in for text reminders
  • Our IIS does not currently have a way to indicate if someone has opted in for text reminders, only have a way to opt individuals out of all reminder/recall

• Letters allow us to provide a greater level of detail but are more expensive
Sending Remind/Recall

• Almost all reminder/recall in North Dakota includes all counties
  • Based on IIS address information
• In 2019, started with targeted reminder/recall for kids in select counties
  • The selected counties have lower vaccination coverage than other areas of the state and have higher Native America populations
  • Targeting these counties since ND has lower infant immunization coverage in Native American population
    • Trying to decrease disparity
Sending Remind/Recall

Number of Reminder/Recall Notices Sent

- Adolescent phone calls: 137,786
- Adolescent postcards: 229,840
- Adolescent letters: 341,722
- Infant letters: 68,976
- Back-to-school letters: 73,267
- HPV postcards: 87,124
- Pediatric flu letters: 15,549
- Targeted flu postcards: 9,435
Other IIS Perspectives
Questions?
Questions, Comments, Discussion?

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Today’s Speakers

• Sydney Kuramoto, Minnesota
• Alyssa Strouse, Michigan
• Amy Metroka, New York City
Welcome & Brief Recap of Reminder/Recall Toolkit

University of Colorado
Summary

- Project summary
- How this series will help you in your day to day lives
- IIS community's involvement
This Week’s Objectives

• Understand Monitoring and Controlling, Closing and Sustaining CI-R/R

• Learn from Minnesota, New York City, and Michigan
Monitoring/Controlling

Sydney Kuramoto, Minnesota
Brief Overview of Reminder/Recall at Your IIS
Managing Responses to Reminder/Recall

• What did you do if parents called or emailed about the reminders you sent out?
  • Developed document for triaging calls
  • Developed FAQ sheet for calls

• How did you handle providers or practices that called with questions about centralized reminder/recall?
  • Direct to reminder/recall coordinator
  • Do pre-communications before reminder/recall to providers/practices.
Updating Records

- Did you update IIS records as part of this centralized reminder/recall?
  - Yes

- If so, how? If not, why not?
  - If parent/guardian provided a immunization history from a provider.
Review and Evaluate

• Did you measure your results?
  • Yes

• If so, how did you measure results? What did you find?
  • Undeliverable mail
  • Opt-outs
  • Vaccination status

• If not, why not?
Other IIS Perspectives
Closing

Alyssa Strouse, Michigan
Brief Overview of Reminder/Recall at Your IIS
Lessons Learned

• Identified ways to streamline the process within the division and the department

• Identified errors with 2D Barcode scanning of RTS letters
  • Distinguishing RTS letters based on USPS yellow sticker
    • Person no longer at this address
    • Invalid USPS address

• Evaluation of IIS R/R report data indicates success
  • Number of Vaccinations Resulting from Recalls

• Ability to conduct recalls on a large (>30,000 letters) scale
Stakeholders

• Communicate with partners before and after centralized R/R
  • Identify regions being recalled, vaccine type, dose #, targeted ages and total number of letters generated

• Generate R/R evaluation reports via the IIS to share with partners
  • Total number of vaccinations resulting from recalls
  • Number of specific vaccinations resulting from vaccine-specific recalls (i.e. HPV vaccinations from HPV recall)

• Identify and communicate cost effectiveness and overall public health benefit of R/R
Other IIS Perspectives
Sustainability
Amy Metroka, New York City
Brief Overview of Reminder/Recall at Your IIS
New York City (NYC) Background

- Enabled printing of recall lists (phone numbers) and letters from the IIS Online Registry in 2010
  - Used centrally and by providers
- Requires sender to query IIS to identify the population to recall
  - Parameters: age, vaccine(s) missing, zip code, provider
- During 2014 measles outbreak, we printed letters on Health Department stationery on behalf of providers and sent out
  - We paid for postage
  - The practice return address was on the letter, Health Department address on envelope
2015: NYC Introduced Text Messaging

• Considered auto dialer, but decided to go for text messaging
• Obtained General Counsel approval to send unsolicited messages
  • No personal identifiers
  • Required opt out option: Receiver can text back “Stop”
• Communications Dept required the message to identify it is from Health Department and includes 311 phone number
• Implemented option to generate one-time or recurrent “set it and forget it” text messages, every 28 days
• Can customize message or use the default template
  • Used centrally and by providers
NYC Evaluation

- 2018: Flu vaccine text message recall project
  - Evaluation found small impact of text messaging on vaccine uptake among children
  - Challenging population (no flu vaccine in previous year) and vaccine
Maintaining Centralized Reminder/Recall

• How do you keep centralized reminder/recall going in your organization?
  • Funding
  • Staff
  • Leadership
  • Stakeholders
How do you keep centralized reminder/recall going in your organization?

| Funding:                          | • Functionality built by IIS vendor with supplemental Prevention and Public Health Funding from CDC in 2013  
|                                  | • Sustaining with annual CDC Cooperative Agreement (staff) and local funding (IIS vendor for software development, support and maintenance; vendor to identify mobile phone numbers in IIS)  
|                                  | • Piggybacking on Health Department Communications agency-wide contract with vendor for text message services – cost-sharing |
| Staff:                           | • 2 IIS staff implement and monitor centralized text message reminder/recall jobs and update mobile phone numbers (use vendor to identify which numbers in IIS are mobile numbers and populate the correct fields) |
| Leadership:                      | • Bureau of Immunization (BOI) Assistant Commissioner/Immunization Program Manager |
| Stakeholders:                    | • Health Department: Bureau of Immunization, Healthy Homes Lead Poisoning Prevention Program |
Maintain Centralized Reminder/Recall

• How your IIS views IIS-based and provider-based reminder/recall
  • Pros and cons of each
  • How you promote each and keep them complementary to one another instead of redundant
Centralized pros: NYC

- Certain messages are better received from Health Department
  - During measles outbreak, providers wanted letters to go out in envelopes with Health Department label
- Centralized reminder/recall can be used to reach patients without a current medical home
- As bi-directional data exchange and real-time reporting increase, centralized reminder/recall accuracy improves
  - Better data – we require providers to report mobile phone numbers to the IIS
Centralized cons: NYC

• Text messaging requires some initial manual set-up to run recurrent jobs
  • “Set it and forget it”- central staff monitor, providers may not
• In general, provider-based messages may be better received by the public
  • Providers can control when to recall and manage patient scheduling accordingly
  • Provider contact information to schedule appointment is at receiver’s fingertips
• Unable to customize provider contact information inside text message at this time
• High volume: e.g., implementing centralized text messaging for 24-35 month-olds alone would mean sending ~50,000 messages at a time, for example, monthly
Efforts to promote each method to keep them complementary, not redundant?

| Complementary | | |
|---|---|
| Centralized: | • Use by Bureau of Immunization has been mostly for public health emergencies  
  • Planning a large HPV vaccine project |
| Provider-based | • Provider-based use has been more for ongoing patient care activity  
  • Custom messages to alert their patients of seasonal flu vaccine availability  
  • Custom recall to target patient populations and vaccines |

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<thead>
<tr>
<th>Redundant</th>
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<td>Use for each method is not high yet, so has not reach point of being redundant</td>
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| To be considered: | Individual choice of recall process  
  Frequency limit to prevent opt-out response |
Other IIS Perspectives
Questions?
Questions, Comments, Discussion?

• How do I ask a question?
  • To unmute your line press *6
  • Via WebEx:
    Select the chat icon next to the host and type question into the chat box.
    Select the hand icon next to your name and you will be called on.
Thank you to our presenters, and thanks to all of you for joining us!

A brief evaluation survey will be sent out following this webinar.