

Lehigh Valley Health Network
LVHN Scholarly Works

Department of Family Medicine

Raising Adult Immunization Rates

Madalyn Schaeffgen MD

Lehigh Valley Health Network, Madalyn.Schaeffgen@lvhn.org

Barbara Sikora LPN

Lehigh Valley Health Network, Barbara.Sikora@lvhn.org

Donna Wendling

Lehigh Valley Health Network, Donna.Wendling@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/family-medicine>

Published In/Presented At

Schaeffgen, M. Sikora, B. Wendling, D. (2019, December). *Raising Adult Immunization Rates*. Poster Presented at: Society of Teachers of Family Medicine Conference on Practice and Quality Improvement, Phoenix, AZ.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Raising Adult Immunization Rates

Madalyn Schaefer, MD, FAAFP, Barbara A. Sikora, LPN, Donna Wendling
Lehigh Valley Physician Group Family Medicine—Cetronia Road, Allentown, Pa.

Scope of the Problem

- Costs of vaccine preventable diseases in the US are significant:
 - Influenza: \$87B/yr, 3,000-49,000 deaths/season
 - Herpes Zoster: One million cases/year
 - Pneumococcus: 40,000 cases and 4,000 deaths/year
- Vaccination rates in the United States are below Healthy People 2020 goals

Background

A quality improvement project to work on interventions to improve immunization rates in adults which could be reproduced in other family medicine offices.

- part of the “**Adult Immunization Office Champions Project**”, by the American Academy of Family Physicians (AAFP), supported by a cooperative agreement with the Centers for Disease Control and Prevention
- Lehigh Valley Physician Group (LVPG) Family Medicine—Cetronia Road** – selected as one of 25 family medicine practices and residencies in the United States to participate in the pilot phase.

Methods

- Team identified:
 - Physician Champion – Madalyn Schaefer, MD, FAAFP
 - Nurse Champion – Barbara A. Sikora, LPN
 - Data Analyst – Donna Wendling
- Definitions for Inclusion in the study:
 - LVPF FM at Cetronia for 3 years - Aug. 2016 (baseline), Aug. 2017 and Aug. 2018.
 - Patients – those seen in the practice at least twice during the measurement year and who were within the age range at the time of the evaluation.

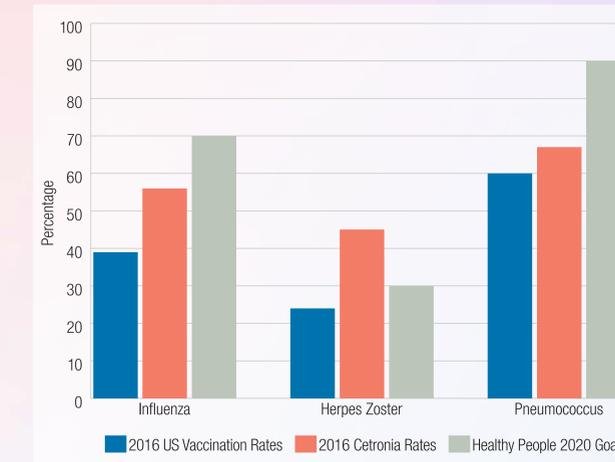
- Data – demographics and vaccination rates for vaccines PCV13 (>= 66 years), PPSV23 (>= 66 years), Influenza (>=19 years) and Zostavax (>=61 years), and for Aug. 2018 added Shingrix (ages 51-60 years and >=61).
- June 2016 pre-planning –
 - Practice Survey of staff regarding immunizations – noted need for education.
 - Met with other 24 practices and CDC to review surveys, current and best practices
 - Met with local hospital Information Systems regarding data analysis and linking with the State Immunization Registry

Practice Improvement Plan

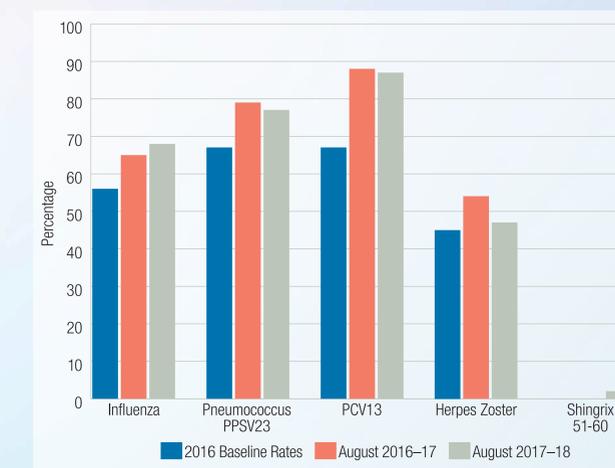
- Staff education** – met Sept. 2016 and Aug. 2017 with champions and pharmaceutical immunization specialist
 - immunizations (schedule and safety)
 - insurance coverage
 - documentation
 - health maintenance
 - quick texts
 - standing orders
 - STRONG recommendations
- Patient education** at every visit
 - STRONG recommendations by ALL staff
 - CDC handout on reasons to immunize if refusing the immunization
 - information on after visit summaries to notify us if getting immunizations outside of the office
 - general and targeted letters regarding need for immunizations
 - posters in waiting room advertising the benefits of vaccine

- Access** – performed vaccine counts weekly with pre-visit planning
 - Influenza vaccine – still ran out early – 2/13/2017 and 2/5/2018
 - Shingrix approved by ACIP 10/25/2017 – No further Zostavax given and no Shingrix available until 5/2018, (and limited thereafter)
- Increase documentation** of data outside of the office –
 - Worked with Information Systems and others to get information from hospital run flu clinics and bidirectional flow from State Immunization Registry (SIIS)
 - Enlisted pharmacies to place information into SIIS
 - Asked patients to notify us of vaccines given outside of the office.
- Incentives** to increase rates –
 - Monthly prizes given to staff during first year – most scheduled, most increased rate
 - Sent reminder letters to patients deficient in vaccines (leveraging EMR)
 - Encouraged use of standing orders with every visit
 - Gave monthly feedback to clinicians and staff on performance rates

2016 Baseline Adult Vaccination Rates



Cetronia Vaccination Rates 2016-2018



Challenges

- Documentation of vaccines given outside of the office – improving
 - Bidirectional SIIS starting daily in Sep 2019
 - Immunizations coming in through EMR from outside sources
 - Hospital flu clinics now automatic
- New zoster vaccine – demand far exceeding supply, recommended over older vaccine, resulting in decreasing immunization rates
- Office mergers with differing immunization rates, differing office procedures
- Significant staff turnover

Lessons Learned

- Increased vaccination rates occurred with
 - Making strong recommendations
 - Offering the vaccine at every eligible visit
 - Using standing orders
- State Immunization Registries need to be more robust.
- Memory is short – need to reinforce behavior frequently
- Change is inevitable – you cannot always predict new vaccines, staff and provider turnover. Expect the unexpected and start all over again!

REFERENCES

12.5 years of patient data from the practice at LVPF FM—Cetronia Road, Allentown, PA 181032) Healthy People 2020 Goals, including data from 2015-2016 influenza and 2016 pneumococcal and zoster rates <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives3>) Adult Vaccination Resources <https://www.cdc.gov/vaccines/hcp/adults/index.html>