



## Senior Immunization Awards CASE STUDY

### Pomona Valley Hospital Medical Center Family Medicine Residency

### THE “PERSONAL TOUCH” PROVES A POWERFUL ALLY IN CHOICE TO IMMUNIZE

For Tracy Yee, DO, the mere process of writing up a Senior Immunization Grant application proved “eye-opening.” Then in her first year of residency in Family Medicine at Pomona Valley Hospital Medical Center, Dr. Yee had been looking to get involved in a quality improvement project of some sort, and “this one looked promising.”

“But when I began researching the public health statistics surrounding the impact of influenza and pneumococcal viruses on the elderly, I was shocked,” she said. “Preparing this application was really the start of a year-long learning process for me, beginning with increased awareness that just one shot can prevent some of the most dangerous illnesses!” The Senior Immunization Grants were offered through the American Academy of Family Physicians (AAFP) Foundation to encourage improved influenza and pneumococcal vaccine rates in patients age 65 and older during the 2014-15 flu season.

The proposed project set out to improve vaccination rates by 25% among Pomona Valley Family Health Center’s senior patients by the end of the grant period (October 2014-March 2015). Although three additional “Champion” resident physicians joined Dr. Yee in leading Pomona Valley’s effort, the project’s multi-dimensional approach required broad support. All of the hospital’s 18 Family Medicine residents and medical assistant (MA) staff were

enlisted; backing from attending physicians and all administrative stakeholders further boosted cooperation.

Medical staff and residents were engaged early in the process through in-service training sessions to outline grant goals and activities. MAs were asked to help capture each incoming patient’s current immunization status by asking the patient to complete a “self-report card.” Unvaccinated patients were offered a flu shot on the spot and if they refused, were asked to explain why; patients who had received their flu vaccinations elsewhere were asked for details. The “report cards” were collected by the MA for later review.

The in-service session attended by resident and attending physician emphasized the “how-to’s” of educating the patient about flu and pneumonia vaccinations. To help spark interest and conversation, physicians were asked to wear a pin that read, “Ask me about the flu/pneumococcal shot!” Once the physician had personally received a flu shot, a sticker was added which said, “I got the flu shot.” As Dr. Yee explained, “Especially for those who are ‘on the fence,’ it sometimes helps to show a patient that we physicians have been vaccinated too.”

From the onset, effective communication aimed at senior patients proved challenging. Outreach began with postcard notifications mailed

directly to patients who had received services at the clinic. The cards announced availability of flu and pneumonia vaccines and encouraged patients to call for an appointment. Homebound or transportation-challenged individuals were promised a visit from a resident physician during designated mobile vaccination clinic days. All patients who scheduled an appointment encountered an automated message while on hold that once again encouraged vaccinations and having a vaccination-related discussion with their doctor.



Ultimately, however, the postcard strategy failed to meet expectations. “We received feedback that the postcards were too generic-looking, did not clearly identify the Pomona Valley Family Health Center and were mistaken by some for junk mail,” said Dr. Yee. Although one of the most expensive interventions, the postcards had the lowest yield in terms of impact. “Even though we mailed out 1,200 pieces, not one staff person reported seeing a patient come back into the clinic with one of those postcards.”

The team also came up empty-handed when searching for suitable “off-the-shelf” patient education resources. “We went to the Centers

for Disease Control and Prevention (CDC) website looking for materials, but didn’t find anything that fit us. So...we decided to make our own!” Their creative venture resulted in a variety of bilingual (English and Spanish) communication pieces: posters, low-literacy patient information flyers, A-board lobby displays and outside banners advertising vaccine availability.

Unimpressed by the generic nature of stock images, the Champions elected instead to feature personal photos of Pomona Valley’s own Family Medicine resident and attending physicians in all house-made brochures and posters. The team even filmed a short educational video highlighting the many benefits of flu and pneumonia vaccinations. “We used our own patient exam rooms, and everyone had a photo shoot,” explained Dr. Yee. The video was intended to run on waiting room televisions and tablet computers available for use in the patient exam rooms.

Unlike the generic postcards, the personalized posters were a huge hit with patients of all ages. Placed in patient exam rooms, some posters showed staff giving vaccines, while others displayed staff receiving vaccines. “I can’t even count the numbers of times a patient said to me, ‘Oh, YOU’RE the doctor on that poster!’ Some even wanted to take a picture with the two of us standing in front of the poster.” For Yee, “It seemed to give me instant credibility. It shows that we stand behind what we say.”

Conversely, the report cards and video message on the tablets were not very effective due to difficulties integrating them into the physician’s and MA’s workflow. “Not every patient received report cards or saw the videos as we expected,”

admitted Yee, “in part due to the time it took to produce the video.” The report cards did, however, lead to another strategy that proved successful in boosting senior pneumococcal vaccination rates. “In the course of performing a manual chart review for each report card we did get back, I noticed a significant number of patients who had received the flu vaccine, but not the pneumococcal vaccine,” observed Dr. Yee. Since clearly not vaccination-adverse, she identified this as a group who should, at least in theory, be receptive to receiving a pneumonia shot as well.

“So, we decided to reach out to these patients through personal phone calls,” said Dr. Yee. Working from a prepared script, a scheduler called each of these patients back into the clinic for the specific purpose of discussing the pneumonia vaccine with his/her doctor. The message conveyed was something along the lines of, “(Fill in name of patient’s physician) believes in the benefits of pneumonia vaccine and strongly recommends it to keep you healthy.” This personal appeal coming directly from the patient’s physician had significant impact, perhaps because it “strongly conveys

that we really care about each individual patient’s health,” Dr. Yee adds. At the end of the project and after implementing the phone call outreach, a total of 203 seniors had been vaccinated with the pneumococcal vaccine – an impressive 32% increase over the previous year.

For Dr. Yee, creating and using customized signs, brochures, posters, pins and individualized phone calls strongly reinforced how potent the personal touch can be in reaching and educating patients. “There really isn’t anything more powerful than relating person-to-person,” she said. Pomona Valley Hospital Medical Center will continue to utilize these successful products and strategies, and Dr. Yee credits the senior immunization project with having really put influenza and pneumonia vaccinations “on the map and into the heads” of all providers and staff members. “In previous years,” she said, “there wasn’t really a big push or incentive to make that extra click and order vaccines for the patient if s/he is willing. This project provided a good stepping stone as we go into the next flu season. We are all on the same page now.”