AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

Pfizer Immunization Awards

Award Track: ***2010 System Implementation***

Wesley Family Medicine Residency
✷ Wichita, KS

Program Director:	**Paul A Callaway, MD, FAAFP**
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No. of Residents:	**27 residents**
Patient Base:	**6,980 all ages**
Reporting Period**:**	**April 1, 2009 to April 1, 2010**
Number Audited:	**118 children ages 19-35 months**

Wesley Family Medicine Residency is located in the poorest zip code in Wichita, Kansas. Our patient population largely consists of people who are low-income or Medicaid eligible, as well as families with cultural and linguistic barriers. The payor mix for the residency is Medicare 18.66%; Medicaid 43.28%; Commercial 29.91%; and Uninsured 9.16%. The largest population in our practice with linguistic barriers is the Hispanic population, with parents who only speak Spanish.

Last year, our office had 90 newborns that were "continuity" deliveries from our office, as well as multiple pediatric patients for whom we were serving only as the pediatrician. The economic impact of the recession has been significant in Wichita due to the presence here of the aircraft industry. Families that were previously above the poverty level have become eligible for services due to extended unemployment. The residency is one of a few offices in town providing care to Medicaid patients, so our total number of Medicaid patients is expected to continue to rise.

Best Practices Currently in Place

The best practices we already have implemented target all children in need of vaccination.

- ✓ We are a ***Vaccine For Children provider***, which allows us to provide vaccines at no cost to children who qualify (Medicaid, No Insurance coverage, or Insurance that does not cover Immunizations). We are reviewed annually by VFC for our immunization percentages. This information is relayed to both the staff and providers (residents and faculty) as part of ongoing practice management data at Residency Section Meetings.
- ✓ With the ***implementation of EHR, we have changed work flow in the office surrounding Well Child Checks***. We use structured, age-specific WCC templates for these visits.
- ✓ ***Providers review immunization status before entering the exam room, and enter the orders for the immunizations at that time***.
- ✓ ***Current ACIP recommendations, as well as the "catch up" recommendations for children who are behind on immunizations, are posted at each nurse's station***. This allows the nursing staff to draw up the immunizations while the physician or ARNP is with the child. It also serves to focus all members of the team on the issue of immunizations.

Proposed System's Goals and Objectives:

#1. ***Exceed the U.S. Overall National Immunization Survey Data*** at the time of yearly reviews. In light of our Hepatitis A numbers, this will require a significant office-wide education of providers, staff, and parents regarding the recommendations for Hepatitis A vaccine. Review immunization status every 3 months using the EHR registry and expanded search tools. The families with children identified as being behind on their shots will be sent postcard reminders. These postcards are provided to us free of charge from VFC.

#2. ***Enhance our ability to complete clinical searches more readily and gain skill in looking at performance data***. Obtaining the data for this application required us to work to blend information from two charting systems, and to learn how to use the EHR capabilities in searching for the data. There is training available for using EBO Cognos, which is a software tool that allows for more complex search of clinical data. At the minimum, we plan to obtain this training for the physician and ARNP that co-chair our Performance Improvement Committee, as well as our Office Manager. These skills will enable us to complete clinical searches more readily, and gain skill in looking at performance data.

#3. ***Send a team to the State Immunization Conference and after the conference present an education session to the office that focuses on communicating with families about immunizations***. The Kansas Immunization Program Annual Conference is scheduled for October 27th through 29th, 2010. It is to be held here, in Wichita, and the theme this year is "Communicating the Facts". Our goal would be to be able to send our two nurse "champions" to this conference, in addition to a faculty member, and possibly a resident physician. The group that attends the conference would be given the task of developing an educational session for the entire office summarizing information they have learned regarding communicating with families about immunizations.

#4. ***Provided education regarding immunizations and our office work flow to the new first year residents during our Family Medicine Month in July, 2010***. July serves as an extended orientation to both our outpatient clinical setting and the hospital. Incorporating a pre-test and post-test specifically focused on immunization recommendations will allow us to measure base knowledge regarding immunizations.

#5. ***Build in immunization review alerts/prompts to our EMR***. As we continue to learn how to use the EHR more effectively we will determine how to build in "immunization review" alerts or prompts on any pediatric visit. We will be able to examine immunization rates and number of postcard reminders needed at the quarterly reviews from before and after the institution of the prompts.

#6. ***Reinstate the practice of immunization review at sick visits.*** Prior to the initiation of the EHR, we had used acute care or "ill child" visit templates that all had reminders to review immunizations. At this point in time, we find that the majority of our providers do not use structured templates for the majority of acute care visits, so this prompt has fallen away. It is our plan to continue to learn how to use the capabilities of the EHR to reinstate the practice of immunization review at sick visits.

#6. ***Use education materials that bridge the specific barriers and needs of our medically underserved community***. Most of the children in our practice fit the definition of "Medically Underserved" and the global approaches we take to improving immunization rates in our office, and knowledge regarding immunizations in our providers, will impact these children. Specific strategies to address specific barriers need to be implemented as well. Postcard reminders are available in Spanish, and we will use those for Spanish speaking families. Communicating to families during prenatal care is also a strategy we have discussed, especially for teen mothers and first-time mothers who have not experienced an entire immunization cycle with an infant. We will look for, or develop, simple summary

information regarding the immunization schedule to provide to the mothers in the 36th to 38th week of their pregnancy, or in the hospital after delivery.

SUMMARY OF CURRENT IMMUNIZATION RATES

VACCINE	U.S. Overall Q1-Q4 2008, NIS Compliance %	Current Compliance %
4+ DTaP ≥4 doses of any diphtheria and tetanus toxoids and pertussis vaccines including diptheira and tetanus toxoids, and any acellular pertussis vaccine TP/DTaP/DT	84.6 ± 1.0	85.59
3+ Polio ≥3 doses of any poliovirus vaccine	93.6 ± 0.6	92.37
1+ MMR ≥1 dose of measles-mumps-rubella vaccine	92.1 ± 0.7	93.22
3+ Hib ≥3 doses of *Haemophilus influenzae* type b vaccine	90.9 ± 0.7	89.83
3+ Hep B ≥3 doses of hepatitis B vaccine	93.5 ± 0.7	89.83
4+ PCV 7 ≥4 doses of pneumococcal conjugate vaccine	80.1 ± 1.1	82.20
1+ Var 1 or more doses of varicella at or after child's first birthday, unadjusted for history of varicella illness	90.7 ± 0.7	94.06
2+Hep A ACIP expanded recommendation to children 12-23 months in May 2006	40.4 ± 1.2	30.50
VACCINE SERIES		
4:3:1:3:3 4 or more doses of DtaP, 3 or more doses of poliovirus vaccine, 1 or more doses of any MMR, 3 or more doses of Hib, and 3 or more doses of HepB	78.2 ± 1.1	79.66
4:3:1:3:3:1 4:3:1:3:3 plus 1 or more doses of varicella vaccine	76.1 ± 1.1	77.11
4:3:1:3:3:1:4 4:3:1:3:3:1 plus 4 or more doses of PCV7 + 1 or more doses of varicella vaccine	68.4 ± 1.2	72.88