

Glendale Adventist Family Medicine Residency

CULTURAL COMPETENCY KEY TO BOOSTING SENIOR IMMUNIZATION RATES

Dr. Arthur Babakhanians knew that all individuals aged 65 years and over should be immunized for influenza and pneumonia—vaccinations were, after all, a cornerstone of prevention efforts among the elderly. But, “I didn’t know a lot of details regarding recommended administration practices, especially related to the pneumonia vaccine, since the guidelines had recently changed.”

“I didn’t realize how many patients develop complications from pneumonia and influenza,” added Dr. Alison Kole, “and how they can be a major cause of illness, suffering and even death. Seeing the numbers really brought home how critically important these immunizations are to our senior patients’ health.” Indeed, the Centers for Disease Control and Prevention (CDC) estimates that between 80 and 90 percent of seasonal flu-related deaths have occurred in people 65 years and older, and between 50 and 70 percent of seasonal flu-related hospitalizations have happened to that age group.

All this would change over the next year as these two physicians, both second-year residents in the Glendale Adventist Family Medicine Residency Program, teamed up to implement a 2015 Senior Immunization Grant from the American Academy of Family

Physicians (AAFP) Foundation. The AAFP Foundation awards support the efforts of Family Medicine residency programs to implement projects aimed at increasing influenza and pneumococcal vaccination rates in patients age 65 and older. Glendale Adventist’s grant application had been submitted by a Family Medicine resident who had since graduated. Knowing their interest in research, she handed the project over to Drs. Babakhanians and Kole before leaving Glendale.

Glendale Adventist Family Medicine Center (FMC) is located in a designated medically underserved area in Los Angeles County, CA with a large immigrant population. Nearly half were born outside the U.S.; 46.7 percent speak a language such as Armenian or Russian and 20 percent speak Spanish. Language and socioeconomic barriers have resulted, among other things, in poor health literacy and a widespread distrust of medical professionals.

Achieving the project’s goal of a 25 percent increase in influenza and pneumococcal vaccination rates by June 2016 would require broad support from all provider staff, and education was seen as key. Drs. Babakhanians and Kole utilized noon conference to present a series of lectures updating all 24 residents as well as faculty on current CDC vaccination

guidelines for senior patients, with specific emphasis placed on the more recently-available Prevnar pneumococcal vaccine. Team meetings with similar content were held with all medical assistants and nursing staff.

Given the diversity of the target population and its skepticism towards preventive medicine, the presentations also included peer-driven discussions of the barriers to vaccination. “One of our very experienced social workers participated in these sessions and helped us understand the myths about vaccinations most prevalent in different cultures,” said Dr. Babakhanians, “and we are all now much better prepared with the facts and comfortable with handling these concerns and questions when they arise.”

Drs. Babakhanians and Kole also took the lead in creating new vaccine-specific handouts (now available in English, Armenian and Spanish) providing facts about the influenza and pneumococcal vaccinations and addressing common myths, risks and benefits. Kept readily available in patient waiting rooms, the flyers were also handed to patients by nurses or resident physicians as they entered the exam rooms. New eye-catching immunization posters placed in patient rooms helped spark interest and conversation as well. “We turned to our Patient Advisory Committee (PAC) members for guidance in the development of the new flyers and posters to make sure they captured each audience and utilized language appropriately,” adds Dr. Kole. “For example, when they saw we were translating the name of the disease verbatim, they let us know that

nobody uses the term “pneumonia” in Spanish, but everyone knows what ‘la grippe’ means.”

Improvements to the clinic’s preventive Care Manager Tool within the Electronic Health Record (EHR) software also helped support project goals, and all provider staff received training on the use of both new and existing EHR functions. “A pop-up tool in the EHR was especially helpful,” said Dr. Kole. “As the patient is scheduled for their next appointment, we can enter a reminder alert to follow-up on immunizations when they come in.” A planned EHR system update added Prevnar (there had previously been no place to record it) along with Pneumovax as a required vaccine for seniors. “So, from here on out, all relevant influenza and pneumonia vaccinations can be entered and reminders triggered as needed.”

One strategy for bringing seniors in for vaccinations simply did not work. “Although one of the nurses was assigned to make reminder calls to patients needing immunizations—and there were a lot of calls—they were of very limited success because so many people did not pick up their phones,” admits Dr. Babakhanians.

They did, however, note two potential adjustments that could prove beneficial. “Every year, we send letters out to our patients who are due for annual physicals. Although we haven’t done this in the past, an influenza vaccine flyer could be included with this reminder, and perhaps we could improve our rates even more,” said Dr. Kole. She also identified the lack of patient visits to FMC

during the peak flu vaccination period as a missed opportunity. “We’re pretty good at vaccinating patients who come for physicals during flu season, but it can be difficult to reach patients who come in at other times of the year. Since only 13 percent of the entire patient population consists of senior citizens, it should be feasible to align the scheduling of annual physicals with the flu season.”

In Dr. Babakhanians’ view, the availability of language and culturally-appropriate flyers has had the greatest impact on his and other residents’ ability to converse persuasively with their patients. “One of our Armenian senior patients came in for a physical exam and at her request, was seen by an Armenian-speaking resident. He could see from her chart that she had consistently declined vaccinations in previous years. Using the flyer as a guide, the resident took the time to explain the benefits of influenza vaccination and she ultimately agreed to receive both the influenza and Prevnar vaccinations—an outcome that wouldn’t have been possible without the language-appropriate handouts,” asserted Dr. Babakhanians. And even though there will always be some patients that will refuse vaccination no matter what, “If you communicate with them in their language, they are much more likely to trust you.”

For Dr. Kole, it’s been increased awareness of how critical simply having the discussion with patients can be. “In the past I would tell a patient, ‘you need this shot, so just stop by at the vaccination clinic on your way out,’ and just assume the patient would do it. But later, I’d see from the chart that they’d just gone on home. So now I know how important it is to

spend some time talking to them about it, answering their questions so they will see how it will benefit them and will follow through.”

Dr. Babakhanians wholeheartedly agrees. “Just five minutes can make all the difference to their future health.”