

Physicians' strategies for adolescent vaccination in conjunction with other clinical preventive services

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Background

- Teen coverage rates continue to fall below Healthy People 2010 goals
- How do vaccines compete with other clinical preventive services (CPS)?
- How do physicians prioritize tasks that must be completed during well-visits?

Adolescent Vaccine Project Overview

Data Collection Activities

- Surveys with Patients & Parents
- Chart Verification with Survey Participants
- General Chart Reviews of Clinic Population
- Key Informant Interviews with Physicians

Participants

- Medical Groups, Private Practice, Community Clinics
- Pediatrics, Teen, Family Medicine
- High/Low Hispanic Populations

Methodology

- 7 physicians were interviewed
- Survey tool was pilot tested with 2 physicians
- Interviews lasted 25-40 minutes (38 questions)
- Interviews were audio-recorded & the interviewer took hand-written notes
- Audio files were transcribed in Word documents
- Responses were coded in Excel based on transcription and hand-written notes

Pay for Performance

- 4/7 of physicians reported participating in P4P
- All physicians reported their participation had very little or no influence on delivery of adolescent immunizations or CPS counseling

“...any potential bonuses go to the medical group so nothing goes to the actual practitioners or clinic...”

“...I would vaccinate optimally every time; I don't care what they have to say...”

HEDIS

- 6/7 physicians reported participating in HEDIS
- 1/6 physicians reported HEDIS as being influential to delivery of adolescent immunizations
- 0 physicians reported HEDIS as being influential to delivery of adolescent CPS counseling

“...I know that they [HEDIS measures] are there, I do it because it [CPS counseling] is the right thing to do, but I don't do it specifically for HEDIS.”

Reimbursement

- Clinical Preventive Services Counseling
 - 5/7 physicians felt their reimbursement for CPS counseling was “not adequate”
- Immunizations
 - 2/7 physicians felt their reimbursement for immunizations were “not adequate”

“...there is not a lot of money to be made in giving immunizations.”

Reminder/Recall

- 1/7 physicians reported sending phone reminders to adolescents coming due for well-visits and vaccines
- 0/7 physicians reporting recalling patients overdue for well-visits or vaccines

Preventive Care @ Sick Visits

- 5/7 physicians reported delivering CPS counseling during sick visits
- 6/7 physicians reported administering vaccines at sick visits

Vaccine Forecasting Modules

- 2/7 physicians reported using a VFM or prompt for vaccines through a registry or EMR

Standing Orders

- 2/7 physicians reported using Standing Orders for vaccine administration

“...there is too much potential for mistakes....”

“...the medical group has not allowed us to...”

Barriers to Immunizations

- Physicians reported the following barriers to administering adolescent vaccines
 - Parent misconceptions/refusals (4)
 - Adolescent fear of vaccines (2)
 - Lack of adolescent visits (2)
 - Financial (2)
 - Missing immunization history (1)

Wish List for Improving Vaccination Program

- Physicians reported a desire to implement the following practices to improve immunization
 - Reminder/Recall (5)
 - Regional/Statewide IZ Registry (2)
 - Vaccine Forecasting Module (1)

HPV Highlights: Recommendations

- 5/7 physicians report they recommend HPV as strongly for younger girls (11-13 years old) as older girls (14-17 years old)

“...in our patient population we don’t have that many families that want it at that age...”

“...I believe that a lot of our adolescents are sexually active though they may not tell us so...”

HPV Highlights: Completion

- Physicians reported using the following strategies to ensure completion of the HPV series
 - Postcards (2)
 - Manufacturer's Reminder System (1)
 - Flag in EMR system (1)

Vaccine Refusals Over the Years

- 5/7 physicians reported being “concerned” about vaccine refusals in their adolescent population
 - Only 2/5 reported increases in refusals over the last 5 years

“...starting to see an increase in vaccine preventable diseases...”

Alternative Vaccination Locations

- Pharmacies: 4/7 agreed
- Schools: 6/7 agreed or strongly agreed
- Community Events: 3/7 agreed
- Public Health Centers/Community Clinics: 7/7 agreed or strongly agreed
- Most influential factors for supporting alternative sites: documentation & qualifications of vaccinators

Prioritization during Well-Visits

- Physical Exams and CPS Counseling commonly ranked higher than Immunizations
- Immunizations commonly ranked higher than Patient Questions

Conclusions

- Room for improvement to decrease missed opportunities
 - Some “Standards” not being utilized
- Interviewed physicians would like to implement interventions, but feel they lack the resources
- Clinics could benefit from linking with registries (SDIR) to meet meaningful use standards

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