

# 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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