Engaging Providers

CHAPTER 2
Introduction

Health care providers play a critical role in increasing vaccination rates in adults. Research demonstrates that a provider recommendation is the strongest predictor of adults getting vaccinated. In a study of pregnant women, the rate of vaccination against influenza was 70.5% among patients that received a provider recommendation and offer of vaccination. Without a recommendation or offer from the health care provider, influenza vaccine uptake in this population was only 16.1%.

Providers have the dual role of ensuring that they themselves as well as their patients are up to date on their vaccinations. Healthy People 2020 recommends 90% vaccination of health care personnel against influenza. Currently, 84% of health care personnel were vaccinated in the 2014-15 influenza season.

Lack of knowledge by the provider and patients about the need for vaccinating both healthy and high-risk adults is a barrier to increasing adult vaccination rates. In addition, management of current illnesses by providers usually receives priority over preventive services like vaccination. Some providers do not offer vaccines and others only offer some of the vaccines recommended for adults.

The Standards for Adult Immunization Practice state that all providers should play a role in vaccinating adults. This can be achieved by providers incorporating immunization assessment in each clinical encounter, recommending vaccines to patients as needed, and either providing the vaccine or referring the patient to another provider to receive the vaccine.

The standards also encourage providers to be up-to-date on their own vaccinations.

Immunization Programs play a major role in educating providers regarding the need to assess adult patients’ vaccination status and to recommend the appropriate vaccines based on age group, risk status, and job type, as well as encouraging providers themselves be vaccinated. The highlights related to engaging providers are:

- **Getting Started:** Creating a visual, one-page guide to clarify recent changes in national recommendations for pneumococcal vaccines
- **Moving Forward:** Collaborating with other stakeholders to require influenza vaccination for health care workers
- **Taking It to the Next Level:** Conducting a multi-faceted education campaign to promote conversations between providers and adult patients

**Standards for Adult Immunization Practice**

The National Vaccine Advisory Committee (NVAC) Standards for Adult Immunization Practice (the Standards) lay out the roles of all health care providers (HCP) in vaccinating adults. All HCP are encouraged to assess adult patient’s vaccination status at each encounter, recommend and administer needed vaccines and document vaccinations in vaccine registries, as appropriate. Visit [http://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html](http://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html) to learn more and find resources and tools for working with providers.
IMMUNIZATION PROGRAM’S LEVEL OF ENGAGEMENT
in increasing adult vaccination rates by conducting site visits to providers that serve adults (2014)²⁶

2015 AIM Annual Survey, 63 of 64 Immunization Programs responded to survey

- 18% Did not engage/not a priority (12)
- 26% Did not engage but would like to if resources were available (17)
- 14% Had some engagement in activity but could not expand because of limited resources (9)
- 3% Had some engagement which was all that was needed (2)
- 17% High level of engagement because this is part of our program’s core activities (11)
- 17% Immunization program does not have the infrastructure and/or policy to support this activity (11)
- 5% No answer (3)

U.S. Cities
- CH Chicago
- HO Houston
- NY New York City
- PH Philadelphia
- SA San Antonio

U.S. Territories
- AS American Samoa
- GU Guam
- MH Republic of Marshall Islands
- FM Federated States of Micronesia
- MP Northern Mariana Islands
- PW Palau
- PR Puerto Rico
- VI Virgin Islands
OVERVIEW OF ACTIVITY
The Oregon immunization program developed a one-page guide to summarize the current national recommendations for pneumococcal vaccines.

BACKGROUND/IMPETUS FOR THE ACTIVITY
Oregon’s immunization program experienced an increase in the volume of questions from immunization providers regarding recent changes in national recommendations for pneumococcal vaccines (PCV13 and PPSV23). Program staff were unable to find a concise resource to help answer providers’ questions.

DESCRIPTION OF ACTIVITY
Oregon’s adult immunization coordinator initiated development of a graphical, one-page summary of current recommendations. This pneumococcal vaccine scheduling guide illustrates the pneumococcal recommendations by age and disease for immunocompetent persons with co-morbidities and for immunocompromised individuals, as well as the recommendations for revaccination. The most recent version was released in October 2015.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
The guide was developed within the immunization program. Final approval was given by the medical director of the immunization program. Feedback was solicited from internal partners (e.g., the vaccine forecasting team for the state’s immunization information system, the program’s school-law team), and was also received informally from external users (e.g., physicians, local health departments, schools) who called in with questions.

DISSEMINATION
The guide was distributed to immunization providers (local health departments, private practices, pharmacies) and to organizations involved in medical education (medical assistant programs) through existing immunization and pharmacy listservs, and the immunization program’s website. It was also incorporated into the model standing order for pneumococcal vaccines available on the program’s website.

INTERSECTION WITH OTHER PROGRAM ACTIVITIES
The guide was included in Oregon’s pneumococcal vaccine model standing order and pharmacy protocol. Public clinics must use the state’s standing orders for all immunizations, and many private providers use them voluntarily.

FUNDING
There was no special funding stream for this activity; it was done as part of the regular duties of the adult immunization coordinator, whose position is supported by federal CDC immunization grant funds.
STAFFING
The work was done by the adult immunization coordinator, with the final product approved by the medical director of the immunization program. The adult immunization coordinator has responsibility for monitoring changes to pneumococcal recommendations, and identifying the need for updates to the guide.

IMPLEMENTATION STATUS
The current version is posted online and being distributed; it is a working document that will be updated as needed (e.g., if Advisory Committee on Immunization Practices (ACIP) recommendations change).

SUCCESSES
- The guide has been very well received by immunization providers both within and outside of Oregon, and has made it much easier to address providers’ questions.

CHALLENGES
- Distilling the recommendations was not a straightforward task; the guide went through many internal iterations to summarize the information concisely, and also went through several revisions based on stakeholder feedback. Both the IIS vaccine forecasting team and the school-law team found necessary last-minute changes.

OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS
- Receiving feedback from different types of immunization providers and internal stakeholders was important to ensure accuracy of the information.
- To be better prepared for updating the guide, the adult immunization coordinator tried to stay on top of potential changes to pneumococcal recommendations by listening to relevant discussions held during ACIP meetings and monitoring relevant newsfeeds (e.g., CDC).

RELEVANT RESOURCES
- Oregon standing order link (see Section IV for pneumococcal vaccine table): http://1.usa.gov/OregonStandingOrders
- Oregon pharmacy immunization protocol links (see Section IV within pneumococcal vaccine protocol table): http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/pharmpro.aspx

FOR MORE INFORMATION
Contact Jeanine R. Whitney, Adult Immunization Clinical Coordinator, at Jeanine.r.whitney@state.or.us.
OVERVIEW OF ACTIVITY
The Rhode Island Department of Health (RIDOH), in conjunction with its Flu Task Force, modified regulations pertaining to health care worker (HCW) immunization requirements to require annual flu vaccination.

BACKGROUND/IMPEITUS FOR THE ACTIVITY
In 2007, a provision was added to Rhode Island regulations requiring health care facilities to offer flu vaccine to all HCWs at no cost, monitor HCW flu coverage rates, and report coverage rates and declination reasons to the department. To support this provision, the state began offering flu vaccine to health care facilities at no cost. Several years later, despite the availability of free vaccine and considerable outreach by facilities to promote HCW flu vaccination, coverage rates had not significantly improved.

In August 2011, the RIDOH Director convened a Flu Task Force to identify barriers and improve access to flu vaccine for all Rhode Islanders. Of concern was the inconsistency inherent in asking people to follow flu vaccine recommendations when HCWs themselves were not being vaccinated. The Flu Task Force’s initial focus was on improving HCW influenza coverage rates.

DESCRIPTION OF ACTIVITY
After reviewing data on HCW coverage rates and deliberations by the task force, the Director promulgated regulations requiring flu vaccination for all HCWs at certain facilities (e.g., hospitals, nursing homes, ambulatory care facilities), with medical exemptions allowed. Two public hearings were held, which were generally positive. However, the Department received other, negative feedback from many HCWs and their attorneys regarding the inability to decline flu vaccine. After additional public input and task force discussions, including research into best practices regarding masking, the Director of Health issued amended regulations in October 2012. The final regulations require that by December 15 of each year all HCWs be vaccinated against the flu, file a medical exemption, or file a refusal form. Medical exemption and vaccine refusal forms are to be filed with the HCW’s employer. Unvaccinated workers must wear a surgical face mask when in direct patient contact during periods in which the Director of Health declares influenza to be widespread. Those who fail to wear the mask when required are subject to a $100 fine for each violation, and a possible finding of unprofessional conduct and disciplinary action by the HCW’s licensing board.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
The Director of RIDOH convened the Task Force, which has around 50 members representing key immunization stakeholders in the community, including health care providers, health care facility administrators, epidemiologists, pharmacists, and insurers. The immunization program and health care facility licensing program are also members of the task force.
DISSEMINATION
Information regarding the regulations was disseminated to all health care facility contacts via email, through an electronic newsletter provided monthly to all licensed health care providers in the state, and via email to all state-supplied vaccine providers in the state. The immunization program also worked closely with the Division of Facility Regulations and the Division of Infectious Disease and Epidemiology to disseminate information regarding the regulations and assess compliance.

INTERSECTION WITH OTHER PROGRAM ACTIVITIES
Adult immunization program staff discuss the regulations during regular on-site visits with health care facilities that are enrolled in the state-supplied vaccine program. All sites enrolled in the program are visited annually to review adult vaccines offered by the program and the recommended adult vaccination schedule, and to assess storage and handling procedures and other immunization-related policies.

FUNDING
Immunization program staff time was funded as part of normal, federal grant-funded duties.

STAFFING
Immunization program staff helped organize the task force meetings and participated in meetings as members of the task force.

IMPLEMENTATION STATUS
These regulations are final. The task force continues to meet, though it has shifted from RIDOH to the Ocean State Immunization Collaborative, a 501(c)(3) organization partially funded by the state to help improve immunization rates over the lifespan.

SUCCESSES
• HCW flu coverage rates increased from 69.7% in 2011-2012 to 87.2% in 2012-2013 (the first flu season the regulations were in effect), and to 88.1% in 2013-2014. There were no complaints filed against unvaccinated HCWs for not wearing a mask in 2012-13.
• Health care facility reporting rates have improved dramatically, and the number of HCWs with an unknown vaccination status has decreased significantly.

CHALLENGES
• An initial challenge was addressing the concerns about the wording of the amended regulation (e.g., lack of a religious exemption). In response, following additional research and discussions, the masking provision for unvaccinated HCWs was put in place.
• Determining the range of facilities to be included in the regulation required careful thought; for example, the task force determined that assisted living facilities should
be included. All facilities licensed by RIDOH are included; however, determining who is licensed by RIDOH and who is not licensed is not always broadly understood. The program continues to field questions from facilities wondering whether they are supposed to report; a list is provided on the program’s website.

OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS

• Before choosing to change rules or regulations, it is important to understand the process (e.g., what actions require legislative action vs. regulatory action). In Rhode Island, the Director of RIDOH has the authority to put regulations in place related to public health.

• It is important to identify the relevant stakeholders upfront. For Rhode Island, it was important to include the state staff responsible for licensing and monitoring health care facilities, since enforcement of these regulations is their responsibility.

• Once regulatory changes are drafted, as many stakeholders as possible should be given the opportunity to review them, even prior to public meetings, to address potential issues early in the process.

• Many health care facilities are required to report their HCW vaccination rates to the federal Centers for Medicare & Medicaid Services (CMS), so this regulation introduced some degree of duplicate reporting. It is important to consider whether there are opportunities to build on data collection for other reporting requirements. In this case, Rhode Island decided that the federal CMS reporting was not sufficiently timely nor detailed, and chose to implement its own (online) data collection.

RELEVANT RESOURCES


• Rhode Island Immunization Information for Health Care Workers: http://www.health.ri.gov/immunization/for/healthcareworkers/

• Rhode Island Example task force meeting agenda: https://aim.site-ym.com/resource/collection/BAE93F84-9249-4F41-99C8-38A16645E182/RJ%20Flu%20Task%20Force%20Agenda%209-3-13.doc


FOR MORE INFORMATION

Contact Denise Cappelli, Adult & Influenza Coordinator, Rhode Island Department of Health, at (401) 222-6737 or Denise.cappelli@health.ri.gov.

“Immunization program managers can serve as an important conduit of information in helping providers implement standing orders. Using these simple tools can streamline immunization delivery to protect more patients, free up physician time to manage acute and chronic health problems, and empower nurses to handle the practice’s immunization program.”

— Deborah L. Wexler, MD, Executive Director, Immunization Action Coalition
IAC Resources for Standing Orders
The Immunization Action Coalition (IAC) has developed a wealth of materials on the importance of using standing orders to increase adult immunization rates.

IAC’s Standing Orders website [www.immunize.org/standing-orders] includes:

- Using Standing Orders for Administering Vaccines: What You Should Know
  www.immunize.org/catg.d/p3066.pdf
- Ten Steps to Implementing Standing Orders for Immunization in Your Practice Setting
  www.immunize.org/catg.d/p3067.pdf
  (Great handout for use in both public and private settings)
- Standing orders templates for individual vaccines, which may be used as written or modified to meet local needs.

In 2015–2016, IAC conducted standing orders workshops around the country as part of its Take A Stand™ program. Comprehensive resources from these workshops are available to Immunization Program managers at the Take A Stand™ website [www.standingorders.org] including:

- Workshop handouts
  www.standingorders.org/resources/handouts-from-the-immunization-action-coalition-iac/
- Compilation of resources from IAC and other organizations
  www.standingorders.org/resources/resources-from-iac-and-others
- Standing orders for administering vaccines to adults
  www.standingorders.org/standing-orders-templates/
  (links to IAC standing orders website shown above)
- Selected journal articles on the use of standing orders
  www.standingorders.org/resources/journal-articles/
- Slide decks from each of the workshops conducted in 2015–2016
  http://www.standingorders.org/resources

These may be used or adapted by program managers conducting presentations on the importance of using standing orders. Topics covered include:

- Why Adult Immunization Matters
- Standing Orders Protocols: How They Work
- State Law and Standing Orders
  (applicable to individual states where workshops were conducted)
- How to Implement Standing Orders in Your Practice
OVERVIEW OF ACTIVITY
The New Hampshire Immunization Program (NHIP) developed an adult immunization awareness campaign to promote conversations between health care providers and their adult patients about the importance of being vaccinated.

BACKGROUND/IMPETUS FOR THE ACTIVITY
The goal of this project was to increase adult immunization rates through messaging that promotes a two-way conversation between adults and their health care providers, and stresses the importance of vaccination across the lifespan.

DESCRIPTION OF ACTIVITY
In 2013, NHIP worked with its marketing/media contractor to develop adult-focused materials for the “Start the Conversation” campaign. The contractor used market research and focus group feedback to prepare an outreach marketing plan and to help design the materials. Visual materials focused on showing younger adults (<40 years) engaged in activities in natural, New Hampshire-specific surroundings. Materials were developed around three key messages: routine health care (immunizations are part of routine health care), community immunity (immunizations protect others, not just oneself), and vaccine safety.

A toolkit for providers was developed that includes: an overview of the campaign and its key messages, tips for starting the conversation, evidence-based strategies, a sample standing order for flu vaccine, sample social media posts, a template for newsletter or website articles, campaign posters, a resource list, an evaluation form, and a tent card about the campaign for office reception areas.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
This campaign was coordinated by NHIP and co-sponsored by the New Hampshire Medical Society, the New Hampshire Nurses’ Association, and the New Hampshire Nurse Practitioner Association. Media and marketing materials were developed under contract with the Community Health Institute/JSI Research & Training Institute Inc. In 2014, NHIP began working with internal Division of Public Health Services chronic disease programs to target at-risk populations and subspecialist providers.

DISSEMINATION
Toolkits were mailed to approximately 1,400 internal medicine and family practice providers through the New Hampshire Medical Society. They were also distributed during site visits and at the NHIP Annual Immunization Conference. The nurses’ associations emailed their members with a web link to the toolkit. Monthly emails with immunization education messages were sent to providers through their respective provider organization. Campaign messages were also displayed on city buses and bus shelters, billboards, and signs at the Manchester airport and New Hampshire motor speedway. NHIP also advertised the campaign via press release, public service announcements (PSAs) on the radio, and cable access TV, and on Facebook.
Prevention and Public Health Funds (PPHF)

PPHF is a funding source for immunization programs both as general funds as well as competitive grants in targeted immunization program areas. The PPHF adult immunization grants have provided $20.9 million to 17 states and 3 cities to: implement the Standards of Adult Immunization, expand access to vaccines and reporting of adult vaccinations, improve health care personnel immunization coverage rates, promote hepatitis B immunization, and ensure all adult ACIP-recommended vaccinations are included as preventive benefits by state Medicaid offices. A factsheet on PPHF is available on the AIM website at http://www.immunizationmanagers.org/Publication.

INTERSECTION WITH OTHER PROGRAM ACTIVITIES

Public health nurses disseminated and discussed the “Start the Conversation” toolkits during Vaccines for Children (VFC)/AFIX visits at family practices and community health centers. “Start the Conversation” has become NHIP’s logo to promote vaccines across the lifetime.

FUNDING

This campaign was funded through NHIP’s federal 317 funding. Recently received Prevention and Public Health Fund (PPHF) funds will be used to further support the campaign.

STAFFING

The campaign was staffed by NHIP’s full-time adult immunization coordinator and its education and outreach coordinator, who work directly with the program’s marketing contractor. The outreach coordinator spent about 40-50% of her time focused on the adult campaign.

IMPLEMENTATION STATUS

Most of the outreach and media efforts have been completed. Toolkit materials and related resources continue to be available online. In 2015, as part of NHIP’s expansion of the campaign to patients with chronic diseases and to medical specialists, the program provided chronic disease-focused rack cards to nurse educators for distribution to providers.

SUCCESSES

- This campaign was the first time that NHIP worked so closely with state provider organizations on an adult initiative. These organizations were supportive, and their involvement provided a pathway for disseminating materials directly to providers.
- Developing an outreach plan was very useful for providing structure and insight for the materials developed.
- The outreach plan evolved over the campaign from mailing the toolkits to the 1,400 physicians to NHIP staff personally distributing the toolkits to the practices and having toolkits available at the NHIP Annual Immunization Conference.

**CHALLENGES**
- It is difficult to measure the impact of this type of campaign, and NHIP received a very limited response to its evaluation survey. Additional follow up with providers to get their direct feedback on the materials and how they are using them would be helpful. The program continues to look for ways to expand the campaign, such as through its new PPHF grant.

**OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS**
- Messages should be targeted to the intended audience. Showing images of young adults being active in local, outdoor settings, while avoiding pictures of needles and medical settings, was a conscious choice by the program based on marketing research findings.
- NHIP used a multi-pronged outreach campaign, with different types of materials disseminated simultaneously in various ways, to maximize the opportunity to reach the target audiences.
- NHIP Public Health Nurse Coordinators conducting site visits provided the “Start the Conversation” materials, which not only provided an opportunity to discuss the campaign in person, but led to discussing routine vaccine recommendations; standing orders; and answering questions.

**RELEVANT RESOURCES**

**FOR MORE INFORMATION**
Contact Karen Donoghue, Adult Immunization Coordinator, at (603) 271-4482 or kdonoghue@dhhs.state.nh.us.

**REFERENCES**
6. 2015 AIM Annual Survey, 63 of 64 state/city/territorial Immunization Programs completed the survey that was administered online April - June 2015.

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