Improving Routine Immunization Rates

Albert Koroloff, MPH
Pronouns: He/him/his

IQIP Coordinator/Consultant
Oregon Immunization Program

Oregon Health Authority

Todays topics:

- What factors impact rates in your clinic?
- Oregon CCO/Clinic Resource Guide
- Using data to identify reasons for low rates
- Identifying and addressing access barriers
- Reduce missed opportunities and recalling patients that fall behind
- Increase knowledge of immunizations
- Introduction to Oregon IQIP

What factors impact immunization rates in your area?

Oregon Health Authority

Levels of Impact on rates

Community

Clinic

Individual

Oregon Health Authority

Levels of Impact on Rates

Community

Clinic

Individual

Oregon Health Authority

Clinic level

What factors impact rates at your clinic?

Oregon Health Authority

Clinic level

- How clinics follow up with no-shows
- Staff knowledge of immunizations
- Performing all AAP well-child exams
- Administering vaccines at sick visits
- Vaccine hesitancy (in staff and patients)
- Administering *all* doses due at every visit
- Pandemic related factors (travel/staffing/inventory)

Oregon Health Authority

Oregon CCO and Clinic Resource Guide

Evidence-based Strategies for Improving Childhood and Adolescent Immunization Rates: A Guide for CCOs, Health Plans and Clinics

Link: www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/CCO-Immunization-Resource-Guide-2022.pdf

Keyword Search: "Oregon CCO Resource Guide"

Oregon Health Authority

Strategy 1: Use data to identify reasons for low immunization rates

Overview: Improving immunization rates begins with assessing and sharing information about rates with health care providers. Routine assessment of immunization rates can be used to monitor trends and to identify root causes for low vaccination rates. The Community Preventive Services Task Force recommends assessment and feedback based on strong evidence of effectiveness in improving vaccination rates.

Oregon Health Authority

What health care providers can do to identify reasons for low rates:

- ✓ **Routinely assess rates through the EHR or ALERT IIS**. Use data to identify appropriate improvement strategies and routinely track progress toward goals.

- ✓ **Create a plan for monitoring immunization data quality and submission to ALERT IIS**. Assign staff to regularly utilize reports in ALERT IIS and your EHR to reconcile data. If data quality issues are identified, contact the ALERT IIS Help Desk. When your EHR is updated, re-test with the ALERT IIS data exchange team to ensure that data submission is maintained.

- ✓ **Share information about the clinic's rates with clinic staff.** Involve all types of staff in identifying and implementing appropriate interventions to improve rates.

- ✓ **Participate in the Oregon Immunization Program's IQIP Program.**[2] IQIP (Immunization Quality Improvement for Providers) is a federal quality improvement partnership designed to improve immunization rates and services through clinical workflow improvement.

Oregon Health Authority

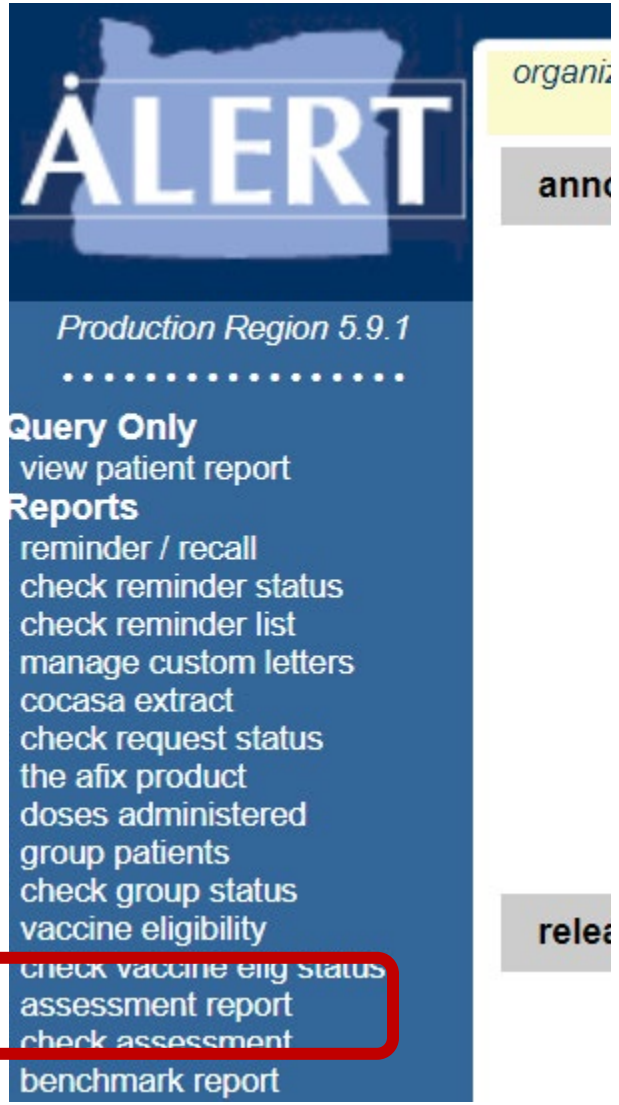
Assessing rates at the clinic level

Report name: Assessment Report

Location: ALERT IIS

The ALERT IIS assessment report includes all active patients at your clinic. A good childhood-level report that any ALERT user can access. This report is not available for adolescent patients.

Tip sheet is available on the ALERT training page.



Oregon Health Authority

Interpreting the assessment report:
Overall Immunization Rates

First section offers an overall retrospective UTD rate for your 24–35-month-old population.

Immunization Status		
Age(months)	**Up-to-Date [1-4] (UTD)**	**Late [1-4] UTD@Assessment**
36 - 72 Months of Age		
72		
24		
12		
7		
24 - 35 Months of Age		
24	69.9%	78.0%
12	78.8%	84.1%
7	69.3%	84.1%

Interpreting the assessment report: age specific benchmarks

Next section offers age-specific immunization status. This graph shows expected ages for each vaccine dose (w/1 month buffer).

UTD Grid	DTaP	Hep B	Hib	MMR	Polio	Prevnar	Varicella
@ 3 months	1	1	1		1	1	
@ 5 months	2	2	2		2	2	
@ 7 months	3	2	2		2	3	
@ 9 months	3	2	2		2	3	
@ 12 months	3	2	2		2	3	
@ 16 months	4	3	3	1	3	4	1
@ 19 months	4	3	3	1	3	4	1
@ 21 months	4	3	3	1	3	4	1
@ 24 months	4	3	3	1	3	4	1
@ 72 months	5	3	4	2	4	4	1

Age specific benchmark example

Clinic A:

What do you see?

Assessment of Patients Meeting Age Specific Benchmarks									
UTD Age	**DTap**	**Hep B**	**Hib**	**MMR**	**Polio**	**Prevnar**	**Varicella**	**Total Meeting Age Criteria**	**% Coverage**
3 Months	1142	1131	1104		1103	1107		1242	85.2%
5 Months	1041	1065	1009		1011	1006		1242	77.1%
7 Months	950	1111	1074		1079	1096		1242	72.6%
9 Months	1027	1121	1103		1107	1123		1242	78.3%
12 Months	1079	1126	1116		1117	1134		1242	82.0%
16 Months	75	1074	225	977	1062	1039	932	1242	4.8%
19 Months	705	1084	767	1023	1075	1071	983	1242	50.8%
21 Months	811	1091	859	1039	1082	1083	999	1242	58.4%
24 Months	907	1099	942	1078	1095	1097	1037	1242	66.2%
72 Months	0	0	0	0	0	0	0	0	

Age specific benchmark example

Clinic A:

What do you see?

Assessment of Patients Meeting Age Specific Benchmarks									
UTD Age	**DTap**	**Hep B**	**Hib**	**MMR**	**Polio**	**Prevnar**	**Varicella**	**Total Meeting Age Criteria**	**% Coverage**
3 Months	1142	1131	1104		1103	1107		1242	85.2%
5 Months	1041	1065	1009		1011	1006		1242	77.1%
7 Months	950	1111	1074		1079	1096		1242	72.6%
9 Months	1027	1121	1103		1107	1123		1242	78.3%
12 Months	1079	1126	1116		1117	1134		1242	82.0%
16 Months	75	1074	225	977	1062	1039	932	1242	4.8%
19 Months	705	1084	767	1023	1075	1071	983	1242	50.8%
21 Months	811	1091	859	1039	1082	1083	999	1242	58.4%
24 Months	907	1099	942	1078	1095	1097	1037	1242	66.2%
72 Months	0	0	0	0	0	0	0	0	

Age specific benchmark example

Clinic B:

What do you see?

Assessment of Patients Meeting Age Specific Benchmarks

UTD Age	DTap	Hep B	Hib	MMR	Polio	Prevnar	Varicella	Total Meeting Age Criteria	% Coverage
3 Months	84	45	84		28	66		217	10.1%
5 Months	63	20	67		16	43		217	5.5%
7 Months	45	22	81		19	59		217	6.5%
9 Months	54	22	83		23	71		217	6.9%
12 Months	62	22	86		26	78		217	6.9%
16 Months	8	12	75	10	18	64	7	217	.5%
19 Months	33	12	77	13	26	67	9	217	.9%
21 Months	36	12	77	17	26	67	9	217	.9%
24 Months	45	12	80	22	38	69	12	217	1.4%
72 Months	0	0	0	0	0	0	0	0	

Age specific benchmark example

Clinic B:

What do you see?

Assessment of Patients Meeting Age Specific Benchmarks

UTD Age	DTap	Hep B	Hib	MMR	Polio	Prevnar	Varicella	Total Meeting Age Criteria	% Coverage
3 Months	84	45	84		28	66		217	10.1%
5 Months	63	20	67		16	43		217	5.5%
7 Months	45	22	81		19	59		217	6.5%
9 Months	54	22	83		23	71		217	6.9%
12 Months	62	22	86		26	78		217	6.9%
16 Months	8	12	75		18	64	7	217	.5%
19 Months	33	12	77		26	67	9	217	.9%
21 Months	36	12	77	17	26	67	9	217	.9%
24 Months	45	12	80	22	38	69	12	217	1.4%
72 Months	0	0	0	0	0	0	0	0	

ALERT IIS Assessment Report tipsheet

Oregon Health Authority

oregon immunization program

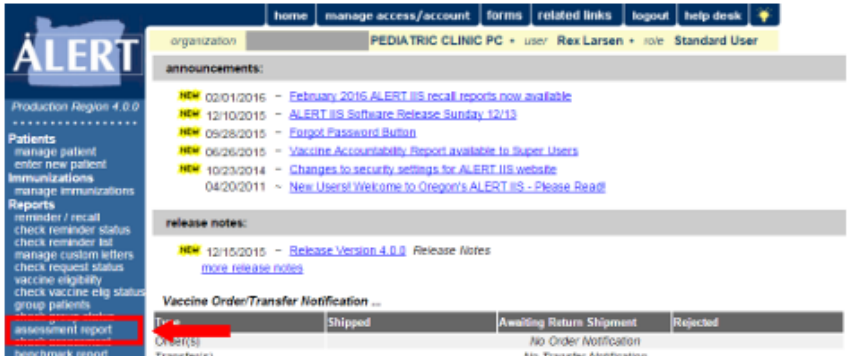
Running and Interpreting the Assessment Report in ALERT IIS

The ALERT IIS Assessment Report can help you assess your clinic's immunization rates and reveal patterns of missing and late vaccinations across your clinic population. This will help you identify possible changes in clinic practices and design interventions to improve immunization rates at your clinic. This guide provides step-by-step instructions for running the Assessment Report and tips on interpreting the findings. The example below will assess the 4:3:1:3:3:1 series for your clinic's two-year-old population (4 DTaP, 3 Polio, 1 measles, 3 Hib, 3 Hep B, and 1 Varicella). For further assistance with this report contact the ALERT IIS help desk at 800-980-9431 or alertiis@state.or.us.

NOTE: The Assessment report cannot be exported from ALERT but includes lots of detail about your clinic's immunization practices such as late starts, missed opportunities, and much more.

Running the Assessment Report

Step 1: From the reports menu on the left-hand side, select "**Assessment Report**".



https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/ALERT/Pages/Tipsheets.aspx

Oregon-wide rates available on our site:

Access the Data

Child Immunization Rates

Immunization rates for two-year-olds in Oregon - static data

Immunization rates for two-year-olds in Oregon - interactive data

Adolescent Immunization Rates

Immunization rates for adolescents age 13 to 17 - static data

Immunization rates for adolescents age 13 to 17 - interactive data

Maternal Immunization Rates

Immunization rates for women in Oregon who delivered their babies in 2017

Adult Immunization Rates

Oregon immunization rates for adults, including healthcare workers.

Who to Contact

Questions about rates

ALERT IIS Help Desk
800-980-9481
9:00am - 4:00pm

Information on clinic-specific rates

Quality Improvement Manager
imm.info@dhsoha.state.or.us

School immunization data

School Law Team
oregon.imm@dhsoha.state.or.us

https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/research.aspx

Oregon-wide rates available on our site:

Access the Data

Child Immunization Rates

Immunization rates for two-year-olds in Oregon - static data

Immunization rates for two-year-olds in Oregon - interactive data

Adolescent Immunization Rates

Immunization rates for adolescents age 13 to 17 - static data

Immunization rates for adolescents age 13 to 17 - interactive data

Maternal Immunization Rates

Immunization rates for women in Oregon who delivered their babies in 2017

Adult Immunization Rates

Oregon immunization rates for adults, including healthcare workers.

Who to Contact

Questions about rates

ALERT IIS Help Desk
800-980-9481
9:00am - 4:00pm

Information on clinic-specific rates

Quality Improvement Manager
imm.info@dhsoha.state.or.us

School immunization data

School Law Team
oregon.imm@dhsoha.state.or.us

https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/research.aspx

New Tableau-powered childhood rates

Oregon Early Childhood Immunization Rates by Oregon Immunization Program

oregon immunization program

Early Childhood Immunization Data

OIP Website
Download the data
Submit a data request (coming soon)
Comments / Contact us

Statewide | County | ZIP Code (coming soon) | More information (coming soon)

Statewide childhood series (4:3:1:3:3:1:4) trends

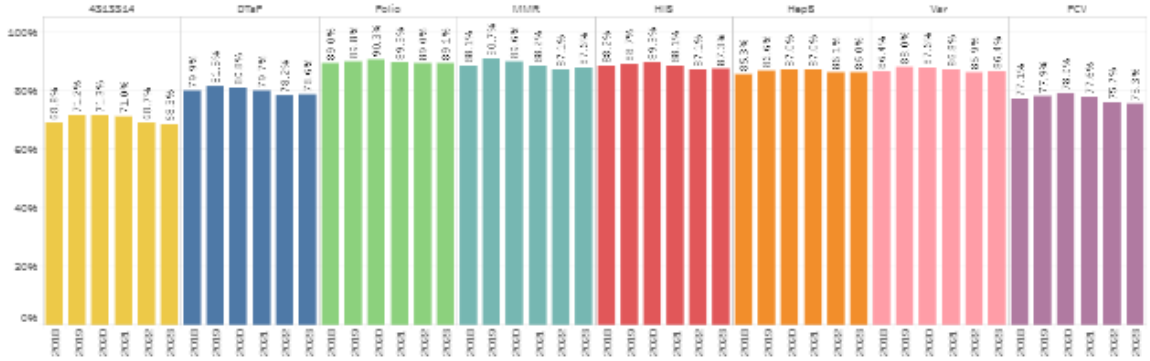
Despite CDC recommendation to prioritize early childhood well-child visits during the COVID-19 pandemic, a decreasing trend in up-to-date rates of childhood immunizations since the peak in 2020 highlight that an increasing number of children have fallen behind in their immunizations. Guidelines currently recommend vaccination against 14 potentially serious illnesses with the combined 7-vaccine series by the time a child reaches 24 months of age, including: diphtheria, pertussis, tetanus (4 doses); poliovirus (3 doses); measles, mumps, rubella (1 dose); hepatitis b (3 doses); Haemophilus influenzae type b (3 doses); varicella (1 dose); and pneumococcal infections (4 doses).

2018	2019	2020	2021	2022	2023
68.8%	71.2%	71.3%	71.0%	68.7%	68.3%

Click here to navigate to CDC's Recommended Vaccinations for Infants and Children

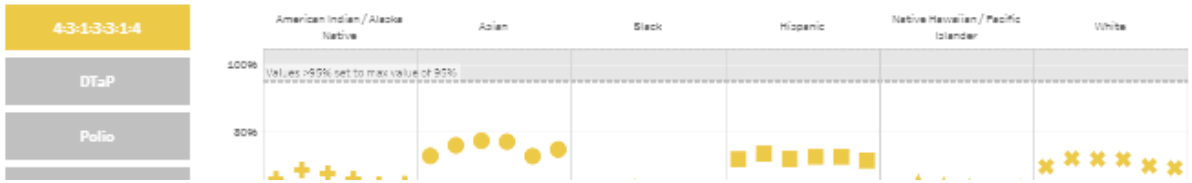
Childhood series: Trends over time

Among the vaccines included in the recommended early childhood series, PCV has the lowest up-to-date rate among 2yo children, driving down the series completion rate. This may be a result of the 4 doses required to complete the series, similar to DTaP, but it is not required for school entry. As different children may be behind on different vaccines, the series up-to-date rate is lower than the individual vaccine rates.

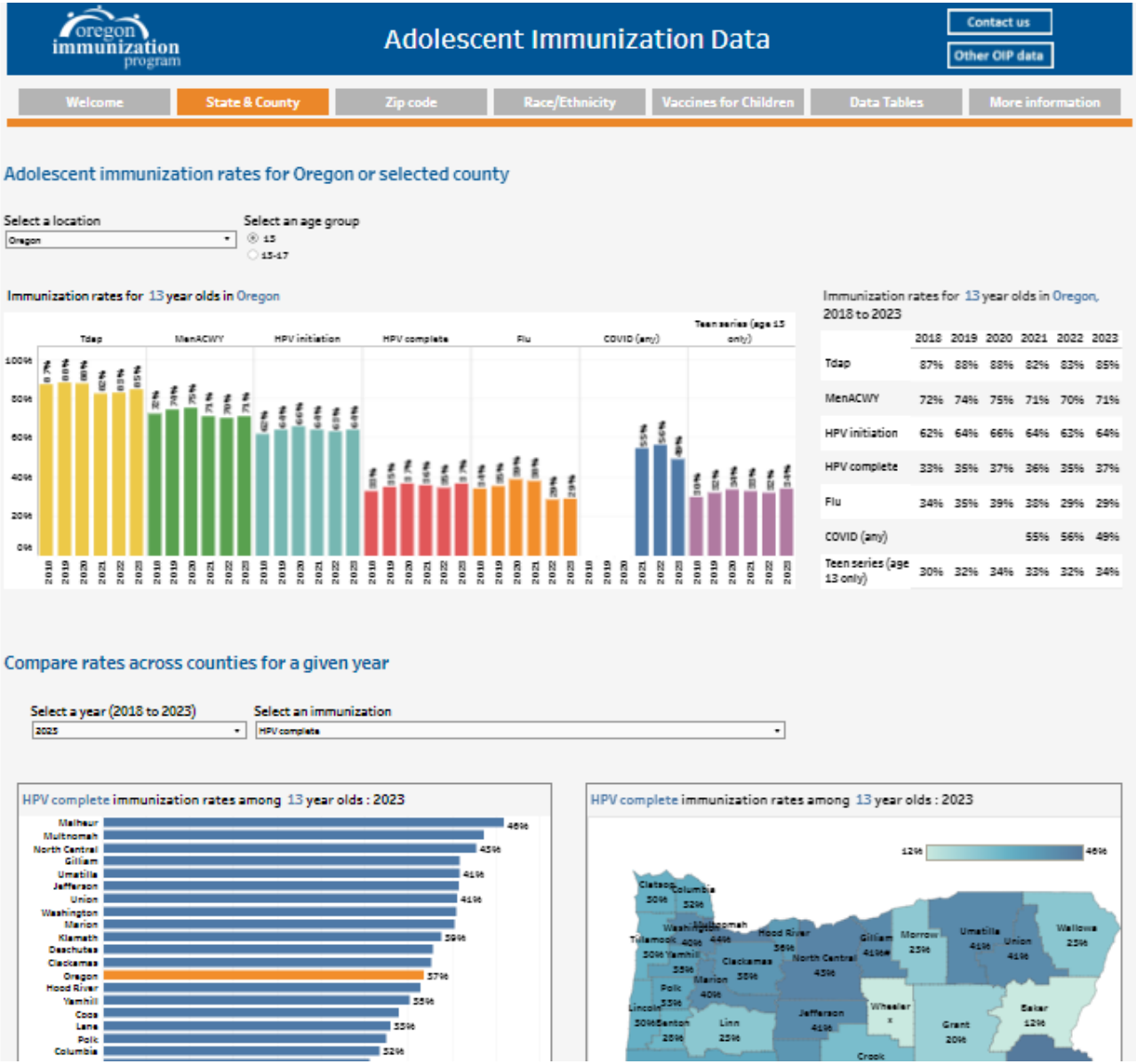


Statewide trends by race and ethnicity over time

Up-to-date rates for childhood vaccines vary across race and ethnicity and these differences may be a result of many factors, including systematic and structural inequities. As the Oregon Health Authority's strategic plan goal is to eliminate health inequities in Oregon by 2030, these trends are important to track as we monitor progress towards this achievement.



New Tableau-powered Adolescent rates



Strategy 2: Identify and eliminate barriers to access

Overview: Insurance status is typically not a factor in access to childhood immunizations. The Affordable Care Act requires that vaccines are provided at no cost to families as routine preventive care.

The federal Vaccines for Children (VFC) program provides vaccines at no cost for patients 18 and younger enrolled in Medicaid, or who are uninsured, underinsured or American Indian/ Alaskan Native. Oregon Administrative Rule prohibits providers who vaccinate Medicaid-enrolled children but are not enrolled in VFC from seeking reimbursement for the cost of vaccine or for administration fees (OAR 410-130-0255). CCOs and health care providers should reduce out-of pocket-costs where they exist and address other barriers to access.

Oregon Health Authority

What health care providers can do to eliminate access barriers:

- ✓ **Use standing orders** so that RNs, PAs and MAs can assess immunization status and give vaccines according to protocol, without the need for examination or direct orders from a physician. The Oregon Immunization Program publishes model standing orders for providers in Oregon.
- ✓ **Offer immunization-only appointments** with a nurse or MA when immunizations are due, but a well-baby visit is not. Immunization-only appointments are generally quicker than a complete well-child visit, and for patients with commercial insurance, may reduce out-of-pocket costs associated with office visit fees or other fees.
- ✓ **Offer expanded clinic hours and walk-in appointments** for immunizations. Walk-in appointments make immunizations convenient for families and eliminate long waits for an opening. Expanding hours to include evening and weekend options helps working parents.

Oregon Health Authority

Oregon IQIP

Immunization Quality Improvement for Providers

Oregon Health Authority

IQIP is the CDC's national quality improvement initiative for providers utilizing the Vaccines for Children (VFC) program.

Focused on:

- Improving clinical vaccination workflow
- Helping healthcare teams maximize opportunities to vaccinate patients

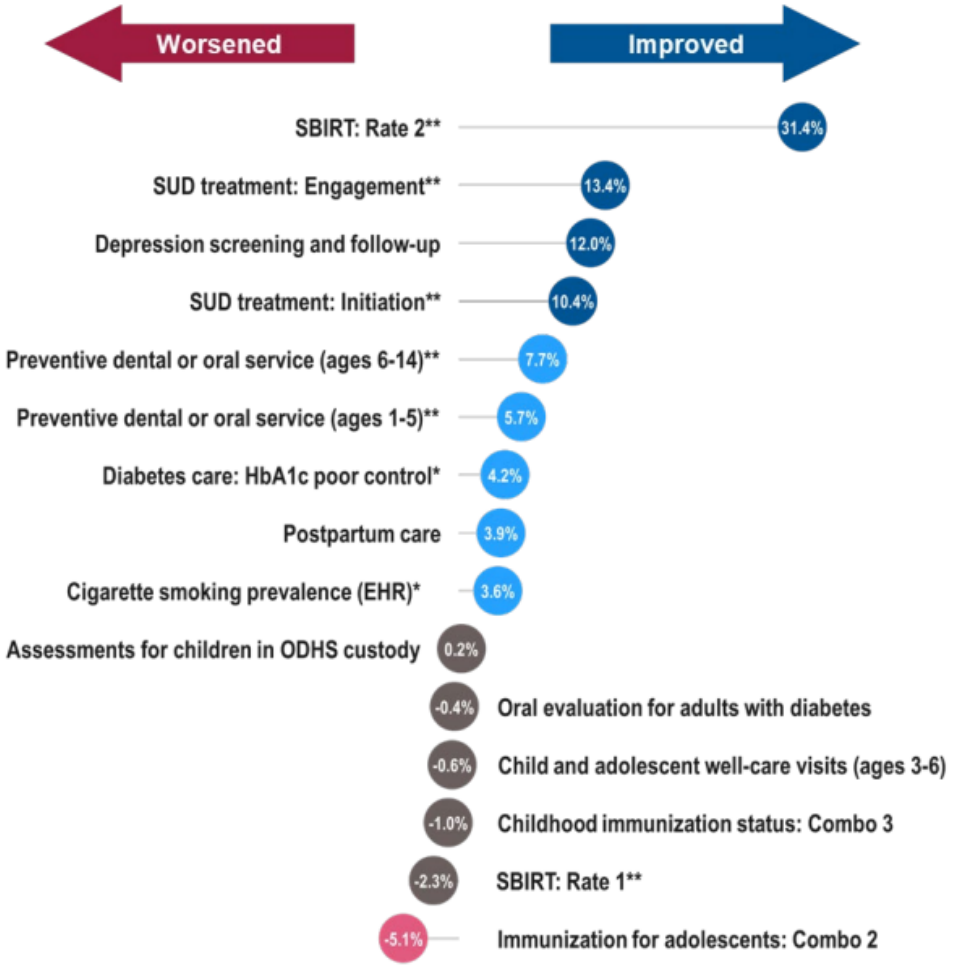
Benefits:

- Help clinics meet CCO incentive metrics related to childhood and adolescent vaccination coverage
- Strengthen partnerships with other clinics in community and OHA
- Streamlined immunization workflow
- Increased patient satisfaction
- A healthier community

CEU Disclaimer

This program has been granted prior approval by the American Association of Medical Assistants (AAMA) for 2 “Administrative/Clinical/General” continuing education unit(s). 1 unit at the initial IQIP Kick-off meeting and a second unit at the 12-month wrap-up meeting. Granting approval in no way constitutes endorsement by the AAMA of the program content or the program provider.

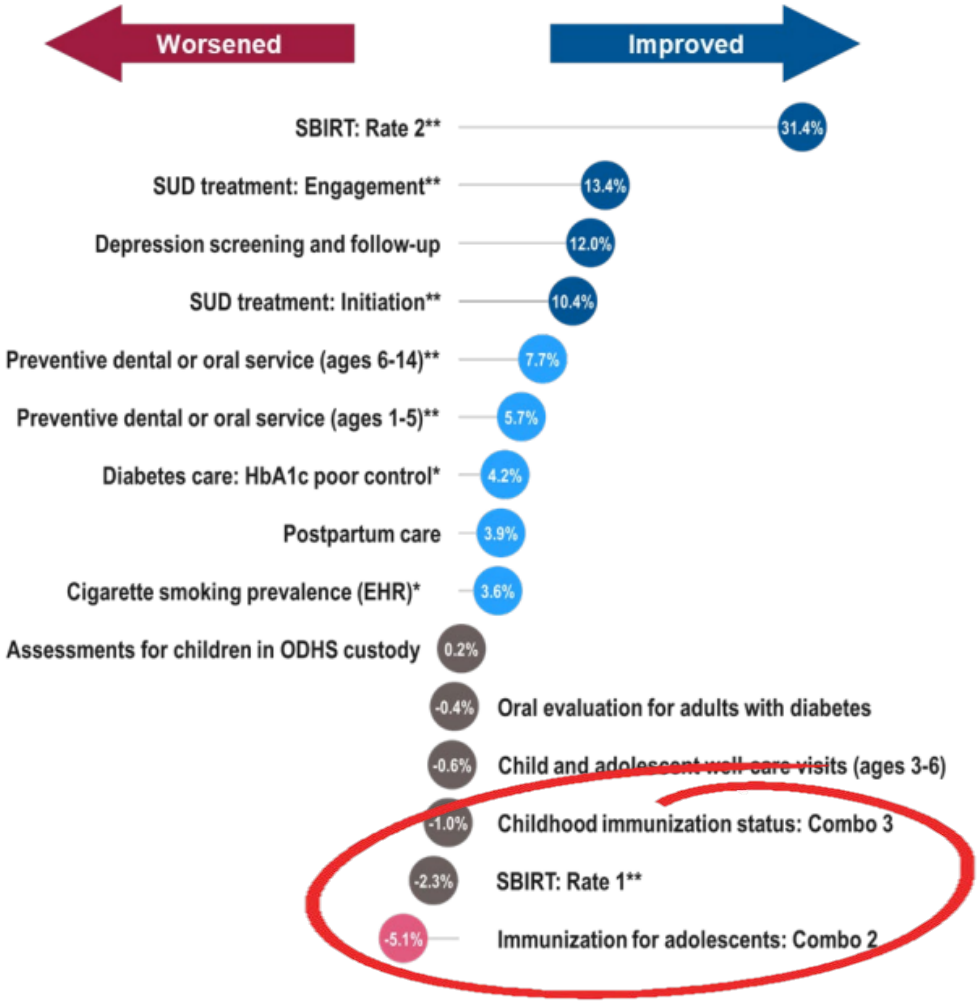
At a glance: Statewide change in CCO performance from 2021



Published August 2023:
https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2022-CCO-Metrics-Annual-Report.pdf

Oregon Health Authority

At a glance: Statewide change in CCO performance from 2021



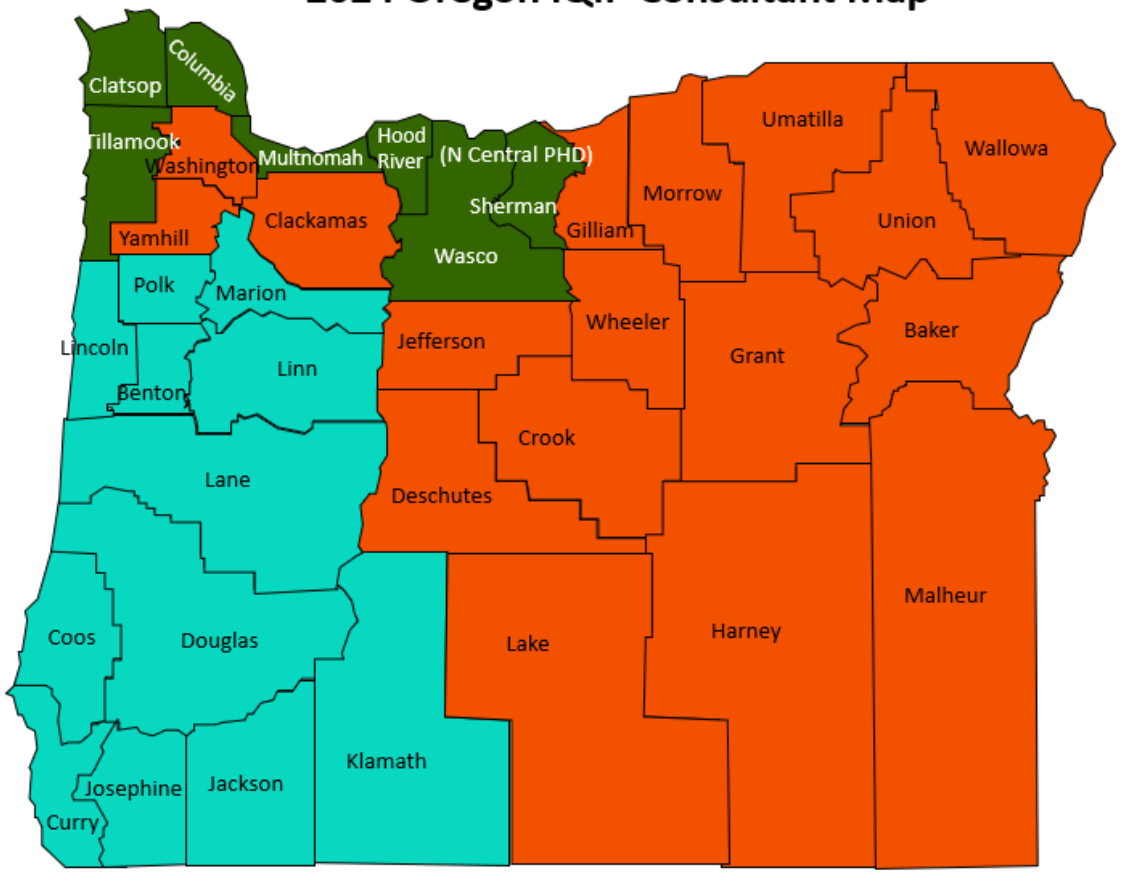
Published August 2023:
https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2022-CCO-Metrics-Annual-Report.pdf

Oregon Health Authority

‘Give me six hours to chop down a tree and
I will spend the first four sharpening the axe.’
Abraham Lincoln

Oregon Immunization Program IQIP Team

2024 Oregon IQIP Consultant Map



Roughly 650 clinics total

Albert Koroloff
Albert.m.koroloff@oha.oregon.gov

- Yakima Valley Farm Workers
- Metropolitan Pediatrics
- Kaiser Permanente
- Legacy Health
- OHSU

Sam McClean
samuel.mcclean@oha.oregon.gov

- Planned Parenthood (PPCW)
- Providence PMG (NW Oregon)
- St. Charles Health
- Mosaic Medical
- Tribal Health

Lauren Enciso
lauren.enciso@oha.oregon.gov

- Oregon Medical Group
- Providence PMG (SW Oregon)
- Samaritan Health
- PeaceHealth
- La Clinica

April 2024

What does an IQIP visit look like?

- **Time commitment:** 2-hour initial meeting (in-person or virtual) followed by a 2, 6 and 12-month support call/check-ins.
- **Space Commitment:** Meeting room with space for the whole team and ability to project PowerPoint on-screen or ability to organize virtually.
- **Staff Commitment:** VFC coordinator, VFC back-up, clinic manager, QI coordinator, MAs, front desk and prescribing providers (whenever possible).

Assessing Clinic Workflow

The Community Guide

"The Guide to Community Preventive Services (The Community Guide) is a collection of evidence-based findings of the Community Preventive Services Task Force (CPSTF). It is a resource to help you select interventions to improve health and prevent disease in your state, community, community organization, business, healthcare organization, or school."

https://www.thecommunityguide.org/pages/about-community-guide.html

Oregon Health Authority

Assessing clinic workflow

Oregon Health Authority

Assessing clinic workflow

CDC IQIP Strategy:	
Facilitate Return for Vaccination	
Leverage IIS Functionality to Improve Immunization Practice	
Give a Strong Vaccine Recommendation	
Strengthen Vaccine Communication	

Oregon Custom Strategy:	
Recommend HPV at Age 9	

Oregon Health Authority

Assessing clinic workflow

Patient Check-In		
Strategy	**Workflow Topic**	**Discussion Question**
	Patient Demographic Information	☐ Do Staff verify/update patient contact information in EHR? ☐ Do staff ensure any updated contact information is correct in ALERT IIS? ☐ Do staff compare contact information with that listed in ALERT IIS?
	Vaccination Promotion	☐ Are clinic staff aware of available resources from reputable organizations that highlight the importance of vaccination? ☐ Does your clinic include your vaccination policy in new patient packets? ☐ Is your vaccination policy posted in your waiting area? ☐ Are all staff trained to offer positive vaccine messaging about vaccines due during that visit?

Assessing clinic workflow

Provider Discussion and Exam		
Strategy	**Workflow Topic**	**Discussion Question**
	Vaccine Hesitancy	☐ Does the provider use presumptive language about vaccines during the visit? ☐ Are all immunization staff trained to use presumptive language about vaccines? ☐ Are providers familiar with the common reasons why parents request an alternative schedule? ☐ Do providers feel well-prepared to respond when parents express vaccine fear/concerns? ☐ Are parents educated about the risks of delaying or not vaccinating their child?
	Documentation	☐ Does the clinic document vaccine refusals? ☐ Do staff document all details of the administered vaccines in their EHR? ☐ Also document in ALERT IIS?

Assessing clinic workflow

Patient Check-out		
Strategy	**Workflow Topic**	**Discussion Question**
	Documentation	☐ Do you provide the parents with a copy of an updated immunization record if requested? ☐ Does staff inform the parent of the IIS public access portal for independent lookup?
	Scheduling	☐ Does staff provide the parent an updated immunization record with next doses and due dates? ☐ Are clear "on or after" date ranges provided by providers to help parents and check-out staff schedule the next vaccine appointment? ☐ Does staff offer to issue appointment reminders?

Strategy 3: Reduce missed opportunities and recall patients who are behind on vaccines

Overview: Missed opportunities occur when a patient is seen at a health care provider's office, but they don't receive any vaccines, or they receive some but not all vaccines that are due. Patients with missed opportunities often fall behind schedule. Employing strategies to reduce missed opportunities and recall patients who are behind will result in improved rates by two years of age.

Oregon Health Authority

What health care providers can do to reduce missed opportunities & recall patients:

- ✔ **Forecast for immunizations at every encounter** including acute care visits and sports physicals. If no immunizations are due, provide an update on what immunizations will be given at upcoming visits.
- ✔ **Provide all vaccines** for which a patient is eligible on the day of the visit.
- ✔ **Schedule the next immunization visit** before the patient leaves the office. For most clinics, this is easier than trying to identify patients who are due for immunizations when no appointment has been scheduled.
- ✔ **Recall patients** who are behind on immunizations. Effective recall systems are narrow in focus, conducted routinely and follow a consistent process. Clinic staff can run recall lists in ALERT IIS and in many EHRs.
- ✔ **Contact patients who miss appointments** within 3 to 5 days to reschedule. Personal outreach by clinic staff reinforces the importance of well-child visits and immunizations to families.
- ✔ **Identify patients who follow an alternative schedule.** Alternative schedules typically require more visits to be up-to-date by two years of age. Ask families to document their intended schedule, ensure they adhere to it and make the planned schedule visible to clinic staff.
- ✔ **Recommend the HPV series starting at age 9.** The American Academy of Pediatrics recommends providers begin the HPV conversation starting at age 9. An earlier start has been shown to increase adolescent up-to-date rates.

Oregon Health Authority

ALERT IIS Reminder/recall

http://www.loc.gov/

Oregon Health Authority

ALERT IIS Reminder/recall

- Allows users to recall patients that need to come in for immunizations.
- Recall at 13 months: ensure they don't fall behind.
- Recall at 19 months: capture kids that haven't had all doses necessary in the second year of life.

Resources:

https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/ALERT/documents/ALERTIISReminderRecallRpt.pdf

Oregon Health Authority

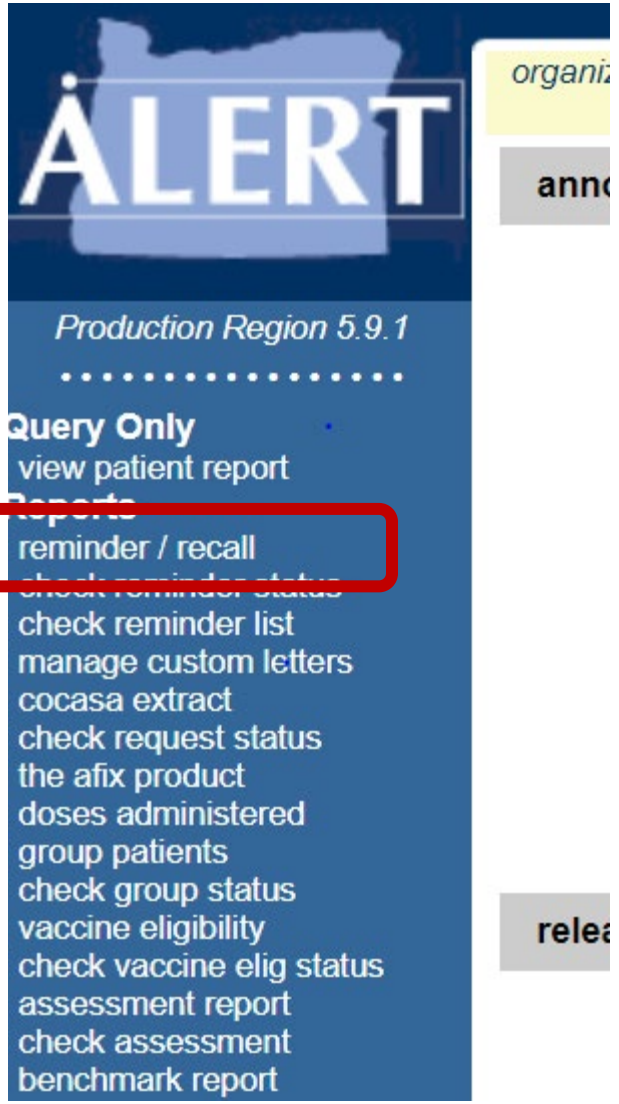
ALERT IIS Reminder/recall workflow

Report name: Reminder/recall

Location: ALERT IIS

The ALERT IIS reminder/recall report can highlight those patients (of any age) due or past due for a specified vaccine(s). This report can be run monthly and used to recall patients back into the clinic.

Tip sheet is available on the ALERT training page.



ALERT

Production Region 4.1.1

Patients
manage patient
enter new patient
merge patients
upload list
check roster status
manage roster list
Immunizations
manage immunizations
Reports
reminder / recall
check reminder status
check reminder list
manage custom letters
cocasa extract
check request status
vaccine eligibility
check vaccine elig status
doses administered
group patients
check group status
assessment report
check assessment
benchmark report
check benchmark
ad hoc list report
ad hoc count report
ad hoc report status
billing report request
check billing report
provider report

Reminder/Recall Request

Create New List ...

- (•) Enter new Reminder Recall Request Criteria [ ] List Name
- ( ) Use a previous Reminder Recall Request Criteria [Please select an option]

Select Patient Population ...

- (•) Patients Associated with CLINIC 2 - SHELBY'S TEST CLINIC
- ( ) Patients Residing in Klamath County
- ( ) Patients Associated with CLINIC 2 - SHELBY'S TEST CLINIC or Residing in Klamath County

Indicate the Tracking Schedule ...

- (•) Use Tracking Schedule Associated with Each Patient
- ( ) Use Tracking Schedule Selected for All Patients [ ]

Select the Vaccine Group To Report on ...

- (•) Use All Vaccine Groups
- ( ) Use Vaccine Groups Selected

[ ]
Adeno
Anthrax
Add
Remove
[ ]

- (•) Vaccines Due Now
- ( ) Vaccines Past Due
- ( ) Both

ALERT IIS reminder/recall workflow

Narrowing your criteria and running the report monthly will make the process more manageable.

Reminder Request Process Summary

Reminder Request Criteria Name: 13 MONTH OLDS

Step	Criteria Evaluated at this Step	Patients
1	Patients **associated** with *ERIN'S TEST CLINIC*.	41
2	Patients **immunized** by *ERIN'S TEST CLINIC*.	39
3	Patients that are **active** within *ERIN'S TEST CLINIC* and **allow Reminder & Recall Contact**. Additional criteria includes: • Patients **born between 06/07/2012 and 06/08/2016**; • **School** is not specified; • **Provider** is not specified.	2
4	Patients that have a **Valid Address**. Additional criteria includes: • **City** is not specified; • **Zip Code** is not specified.	1
5	Patients that meet the following criteria regarding vaccination status: • Patients that are **Due Now or Past Due** for one or more vaccinations **as of 06/08/2017**; • Use all **vaccine groups**; • Use **ACIP** for all patients.	1
	Total Number of Patients Eligible for Reminder	**1**

ALERT IIS reminder/recall workflow

This report offers a bevy or output options including mailing labels and Excel spreadsheet.

Reminder Request Output Options

Output	Description	Additional Input
Reminder Letter	Standard Reminder Letter.	Duplex Printing ☐ Report Name Free Text Phone #
Reminder Card	Standard Reminder Card (4x5).	Report Name Free Text Phone #
Mailing Labels	Avery 5160 Mailing Labels.	Report Name
Patient Query Listing	A list of patients based on the report criteria.	Report Name
Extract Client Data	Extract client data in XML format.	Report Name

ALERT IIS Reminder/recall tip sheet

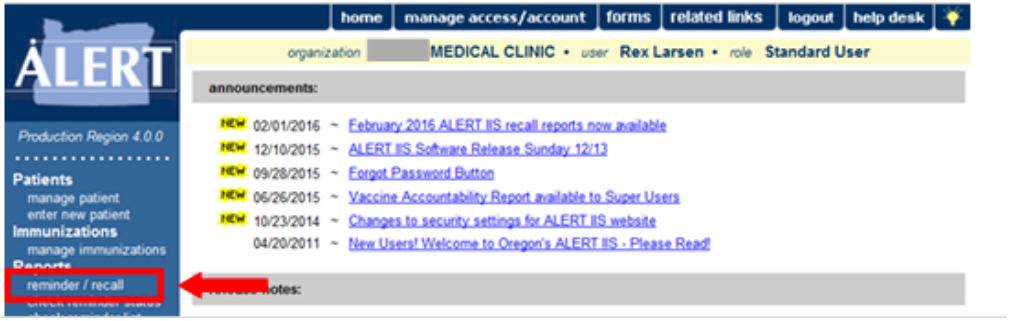
Running Reminder/Recall in ALERT IIS

The ALERT IIS Reminder/Recall Report allows your clinic to pull a list of patients that are not up-to-date on their immunizations in ALERT IIS and contact them to schedule immunization visits. This guide provides step-by-step instructions for running the Reminder/Recall Report to improve 2-year-old immunization rates, but can be applied to any age group of vaccine series. The example below addresses completion of the 4:3:1:3:3:1:4 series by 2 years of age (4 DTaP, 3 Polio, 1 measles, 3 Hib, 3 Hep B, 1 Varicella, and 4 Pneumococcal). For further assistance with this report contact the ALERT IIS help desk at 800-980-9431 or alertiis@state.or.us.

NOTE: Before starting reminder/recall, please read the "Manage Your Active Patient List in ALERT/IIS" guide. Accurate patient lists make reminder recall much more effective.

NOTE: Reminder recall should be run in Internet Explorer set to "Compatibility View". Known issues exist with Firefox and Chrome.

Step 1: From the reports menu on the left-hand side, select "**Reminder/Recall**".



https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/ALERT/Pages/Tipsheets.aspx

Strategy 4: Increase knowledge and awareness about immunizations in clinics and for families

Overview: Most parents intend to fully vaccinate their children, and health care providers and clinic staff want to vaccinate patients according to the AAP recommended schedule. Increasing knowledge and awareness of the recommended immunization schedule and providing resources to answer questions are effective strategies to improve immunization rates.

Oregon Health Authority

What health care providers can do to increase knowledge and awareness about immunizations:

- ✓ **Identify an immunization champion** to regularly bring resources and information to coworkers, track and report on progress toward goals and offer coaching to coworkers.
- ✓ **Build a culture of immunization in the clinic.** All staff members who interact with patients and their families have a role in maintaining a pro-immunization culture where immunization is the expectation. Employ methods such as ensuring each employee understands how their role supports immunizations and promoting vaccination of employees. Include nonmedical staff including front-desk staff in discussions about immunization expectations and goals.
- ✓ **Make resources readily available** to parents and clinic staff. The CDC and AAP publish resources for effective communication about vaccines with parents, understanding vaccine safety, and facts about specific vaccines and diseases. Make sure clinic staff know how to access resources.
- ✓ **Make a strong personal recommendation for immunizations** at every encounter. Studies show that a strong provider recommendation is one of the most important factors in whether parents choose to immunize. Practice communications skills so that conversations with parents about immunizations feel comfortable. Recommend HPV vaccine for adolescents the same way on the same day that you would recommend Tdap.

Oregon Health Authority

Key resources

CDC

https://www.cdc.gov/vaccines

BOOST Oregon

http://www.boostoregon.org

Children's Hospital of Philadelphia (CHOP)

https://www.chop.edu

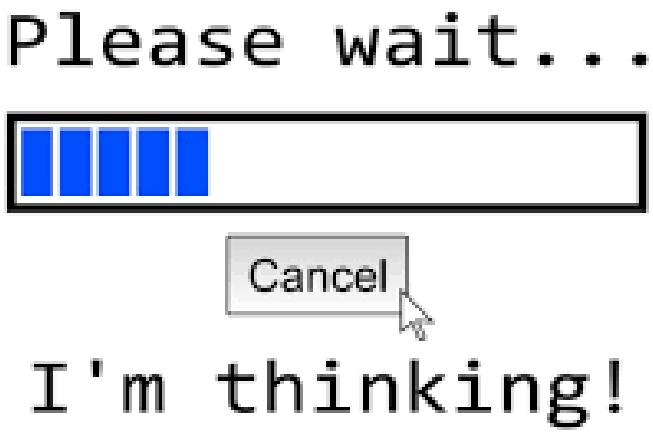
Immunization Action Coalition (IAC)

https://www.immunize.org/

American Academy of Pediatrics

https://www.aap.org/

So…which activities could improve immunization rates at YOUR clinic?



Oregon Health Authority

Oregon Health Authority

Oregon Immunization Program
1-800-980-9431
imm.info@odhsoha.oregon.gov