

Improving Health Outcomes for Children (IHOC)

First STEPS Initiative:

Phase I Initial Evaluation Report

UNIVERSITY OF SOUTHERN MAINE
Muskie School of Public Service

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About this Study

This report was written by Sherrie Winton and Kimberley Fox at the Cutler Institute of Health and Social Policy, Muskie School of Public Service at the University of Southern Maine. It is the first in a series of reports to evaluate the implementation and outcomes of Maine's Improving Health Outcomes for Children (IHOC) CHIPRA quality demonstration grant activities, including the First STEPS learning initiative.

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The views expressed are those of the authors and do not necessarily represent the views of either the Department or the School. For further information regarding this report, please contact Sherrie Winton at swinton@usm.maine.edu.

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Introduction and Background

In 2010, MaineCare was awarded a CHIPRA, “Improving Health Outcomes for Children” (IHOC) quality demonstration grant funded by the Centers for Medicaid and Medicare Services (CMS). As part of the IHOC initiative, Maine Quality Counts, on behalf of the MaineCare program, is leading the First STEPS (Strengthening Together Early Prevention Services) learning initiative, which provides comprehensive outreach, education, and quality improvement support to pediatric and family medicine practices. The initiative was targeted to practices serving a high-volume of MaineCare children to improve preventive care and screening practices.

The First STEPS Learning Initiative is focused on increasing the rate of EPSDT (Early, Periodic, Screening, Diagnosis, and Treatment) services for children receiving MaineCare benefits by engaging practices in change interventions that will result in increased reported numbers of children with MaineCare receiving the required medical, immunizations, weight, developmental, and dental screenings. It is expected that the positive impact of improved rates of preventive services, including reduced disease and proactive identification of special needs, will result in earlier access to needed medical and developmental services and ultimately improve health outcomes for children in the State of Maine. The learning initiative builds on the principles of the Patient Centered Medical Home (PCMH) pilot in the state. Throughout the pilot, principles and best practices from the Patient Center Medical Home are applied to the subject areas.

The First STEPS initiative is designed to occur in phases. Phase 1 of First STEPS is underway and will last eight months with monthly data collection, two all-day learning sessions, and coaching calls every four to six weeks. The first all day First STEPS educational session was held in September of 2011. The second all-day session will occur in February of 2012. First STEPS Phase I focused on immunizations, updates to the Bright Futures guidelines, an introduction to the patient-centered medical home, and learning about different quality improvement approaches and strategies. The stated goal for this session was to: “Improve pediatric preventive services by implementing changes in the office system advocated by the AAP Bright Futures curriculum with a focus on improving immunization rates.”¹

The Muskie School of Public Service at the University of Southern Maine is evaluating the First STEPS trainings/collaborative. As part of the evaluation, this report summarizes findings from several surveys, including a preliminary survey of immunization related office system practices, a survey administered at the closing of the initial day-long educational session of First STEPS Phase I, and surveys related to implementation of the Plan-Do-Study-Act (PDSA) cycle, administered in the months following the initial First STEPS educational session. Specifically, this report contains the following:

A brief summary of preliminary findings: This survey examined providers’ experiences with office system practices. The purpose of the survey was to guide the design of the initial First STEPS educational session in phase I.

1. Maine Quality Counts. First STEPS Learning Initiative Practice Improvement Charter. Retrieved from: <http://www.mainequalitycounts.org/major-programs/ihoc-quality-counts-for-kids/176-ihoc-info/401-exciting-opportunity-for-pediatric-practices-to-participate-in-first-steps-strengthening-together-early-preventive-services-learning-initiative.html>

A summary of results from participant surveys administered at the initial day-long educational session of First STEPS Phase I. This survey examined how the initial First STEPS learning session helped providers improve care provided to children in their practices and included an emphasis on improving immunization rates.

A summary of results from a participant survey administered by Maine Quality Counts through October-December of 2011. These surveys were administered to participants on a monthly basis and places an emphasis on providers' knowledge of the use and integration of the PDSA cycle. These surveys were administered to participants *after* they had attended the initial First STEPS learning session.

Summary of Pre-session Immunization Office Practice Survey Results

Maine Quality Counts administered a survey to participants prior to the initial First STEPS education session in order to guide the design and implementation of the phase I initiative. This survey also established baseline findings on providers' knowledge of and experiences with office systems practices pertaining to immunizations. Another similar survey will be distributed at the end of the program to measure providers' knowledge change in these particular areas and findings will be included in future evaluation summary reports.

This baseline survey examined providers' experiences in the following areas: Staff Training and Practice Processes, Reminder/Recall Procedures, Data and Registry, At Patient Visit, and Patient Education. Some key findings are:

- All of the providers surveyed always or very often follow the ACIP vaccination schedule and approved contraindication lists. They also always or very often use the official ACIP catch up schedule to bring children up to date on vaccinations.
- Three quarters of the providers surveyed always or very often have a staff member designated to coordinate and champion immunization activities and keep other staff up to date on current practices.
- Half of the providers surveyed reported that staff members who administer vaccines are always or very often trained in how to discuss the importance of vaccination with hesitant parents.
- More than half of providers report that their practice only *sometimes* or *rarely* reviews data on vaccination rates, shares this information with other staff at the practice, and uses it to develop strategies to improve vaccination rates.
- Slightly more than half of providers report that they *rarely* have a recall system in place for when children are past due on vaccinations. Another 20% reported that they only sometimes have a recall system in place.

- Well over half of providers indicated that staff members always or very often provide educational material and resources to patients and parents who have questions and are concerned about vaccine safety. Thirty percent of providers report that staff members only sometimes engage in this practice.

These survey findings informed the design and implementation of the initial First STEPS educational session. For example, the survey findings revealed that slightly more than half of providers reported they rarely have a recall system in place for when children are past due on vaccinations. As a result, agenda items for the initial learning session included having conversations with parents and using ImmPact2 (Maine's immunization registry) as part of a recall/reminder system. For more detail of results of this baseline survey, see the document in the Appendix *First Steps Immunization Office Systems Survey*.

Summary of Survey Results from the Initial Day-long First STEPS Educational Session

The Muskie School administered a survey to providers who participated in the initial educational session of Phase I of the First STEPS learning sessions. These surveys were not anonymous. If providers wanted to be eligible for a gift incentive, they shared their name on the survey. Providers also shared their contact information if they were interested in follow up interviews about their participation in the First STEPS learning initiatives.

The purpose of the survey was to:

- Understand the effectiveness of the learning session so that future sessions can be planned and improved, and
- Measure practitioners' perceived value of and knowledge and awareness gained from the First STEPS learning session

The survey consisted of 17 items with 13 close ended questions asking about the extent to which people agreed or disagreed with different statements regarding what they had learned as a result of attending the learning session. The 4 open-ended questions related to the challenges providers face in improving immunization rates, whether they thought the First STEPS strategies/sessions will help them identify solutions for overcoming these challenges, other topics for future learning sessions, and general feedback on the learning session.

Twenty-four practices volunteered to participate in the initial First STEPS educational session. Each practice was asked to invite a team of providers, including, physicians, pediatric pharmacists, senior practice managers, nurse/clinical providers, administrative support workers, and quality analyst/coaches.

Table 1 shows the practices that attended the initial First STEPs educational session in Phase I, and the number of providers who participated from each practice.

TABLE 1. DESCRIPTION OF PARTICIPATING PRACTICES

FACILITY (N = 24)	NUMBER OF PROVIDERS (N = 81)
BBHC Pedi Clinic/MMC Med Peds	3
Bowdoin Medical Group	3
Bridgton Pediatrics	2
Brunswick Pediatrics	3
CMMC Family Med Residency	4
CMMC Pediatrics	3
EMMC Family Practice Residency	3
Husson Pediatrics	2
Kennebec Pediatrics	2
Maine Coast Pediatrics	4
MMC Family Medicine/MaineHealth	5
MMC Pediatric Hospitalist	3
MMP Falmouth	4
MMP Peds Saco	1
MMP Portland Pediatrics	3
MMP South Portland Peds	3
MMP Westbrook Peds	4
Pediatric Inpatient Physicians	3
Pen Bay Pediatrics	3
Penobscot Pediatrics	3
Waterville Pediatrics	3
Western Maine Pediatrics	3
Winthrop Pediatrics	4
Other (Coaches & Walk-ins)	10

The session evaluation survey was included in the packet of meeting materials provided to participants along with a separate survey required for maintenance of certificate (MOC) credit. Participants were eligible for a raffle gift incentive to complete the IHOC surveys. Quality Counts staff encouraged participants to complete the surveys throughout the day. Of the 81 participants from pediatric and family practices, 57 completed surveys (70%).

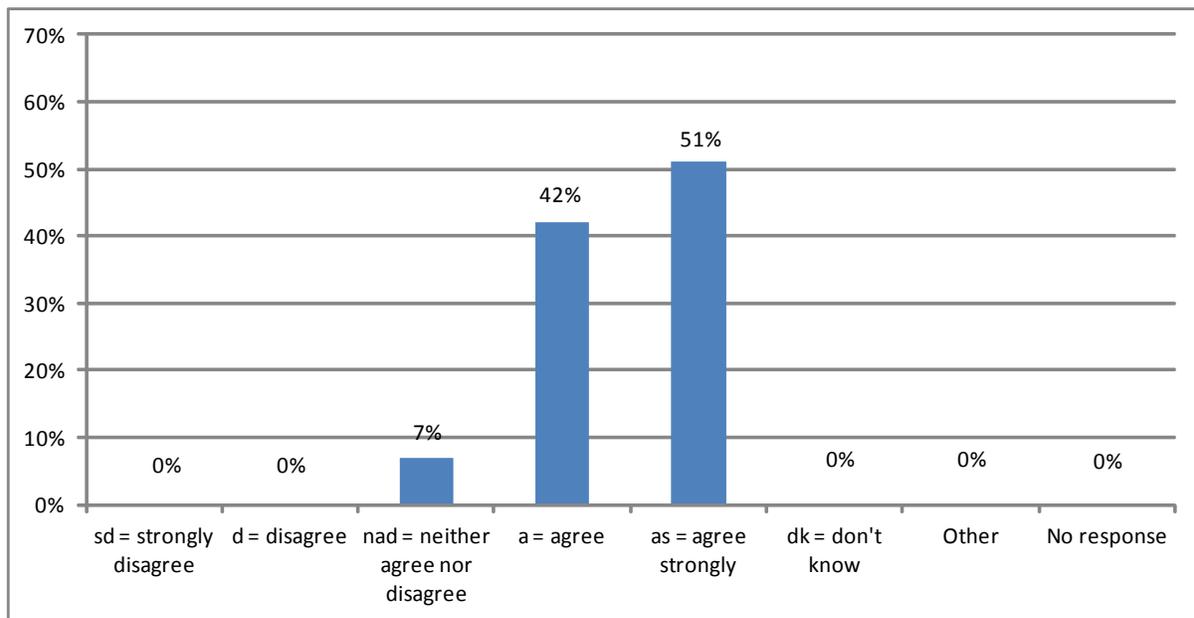
One practice did not have any attendees at the initial First STEPS educational session. This practice was counted as part of the total number of practices participating, but not included in Table 1.

Childhood Immunizations and Knowledge of Immunization Delivery in Maine

The survey asked respondents if they had increased awareness of childhood immunizations in Maine. Most providers indicated they have increased awareness in this area.

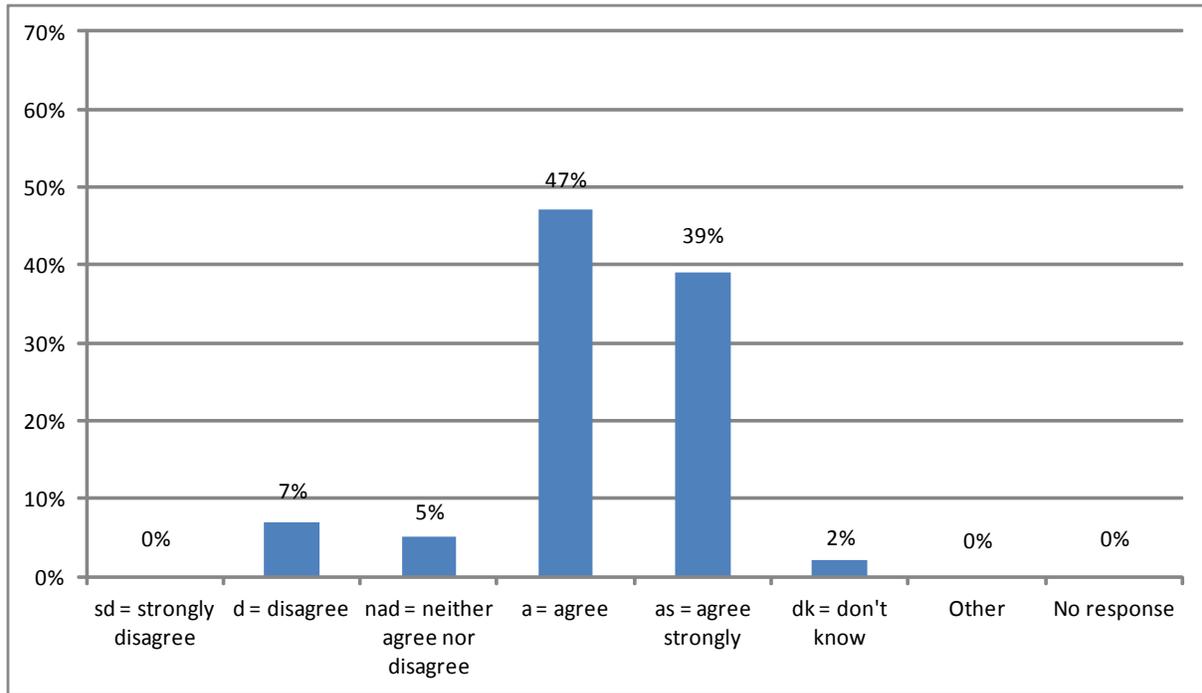
- As shown in Figure 1, an overwhelming majority (93%) of respondents either agreed or strongly agreed that their awareness of immunizations in Maine had increased. Seven percent of respondents neither agreed nor disagreed that their awareness had increased.

FIGURE 1. Increased Awareness of Childhood Immunizations in Maine



- Similar to most respondents having awareness of childhood immunizations in Maine, Figure 2 shows that most providers, (86% of respondents), agree or strongly agree that they knew where to find resources related to immunization delivery in the state.

FIGURE 2. Has Awareness of Resources Related to Immunization Delivery in Maine



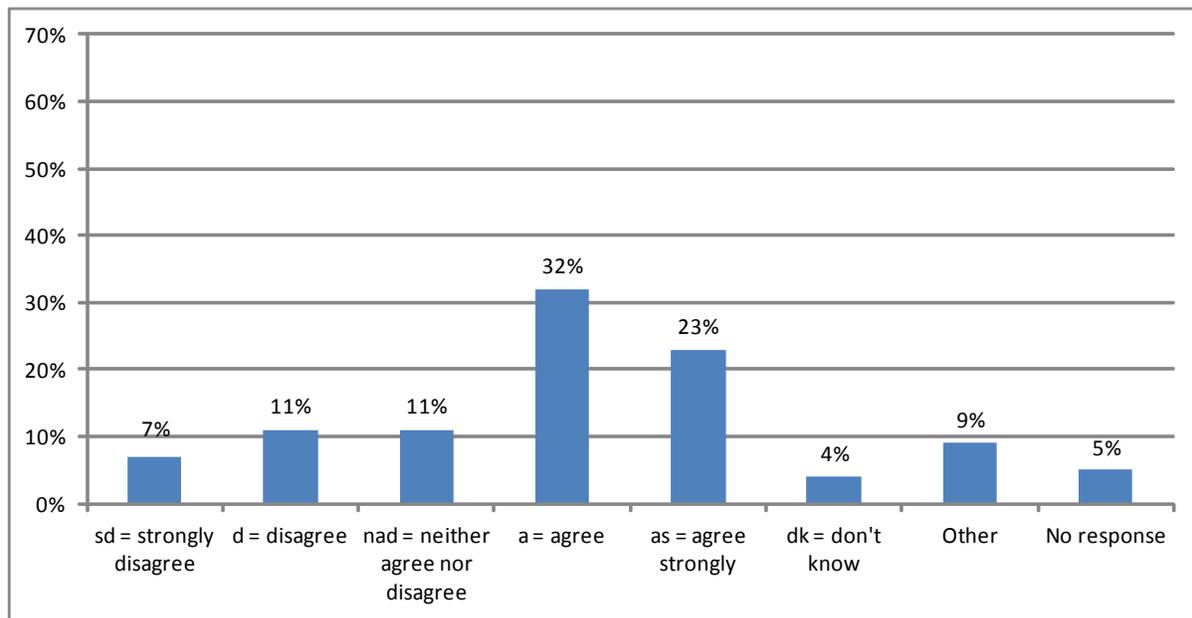
ImmPact2

The survey asked respondents if they understood how to produce coverage reports for their practice’s immunization data from ImmPact2, the state’s immunization registry. They were also asked whether they understand how to report problems, data concerns, or system improvements to the ImmPact2 program. Findings show mixed results.

Note: Only a small portion of providers who completed the survey were responsible for using ImmPact2 as part of their roles. It was not expected that all of the providers taking this survey would have an understanding of the ImmPact2 system. Quality Counts is working on expanding providers’ awareness through continuous coaching and educational sessions.

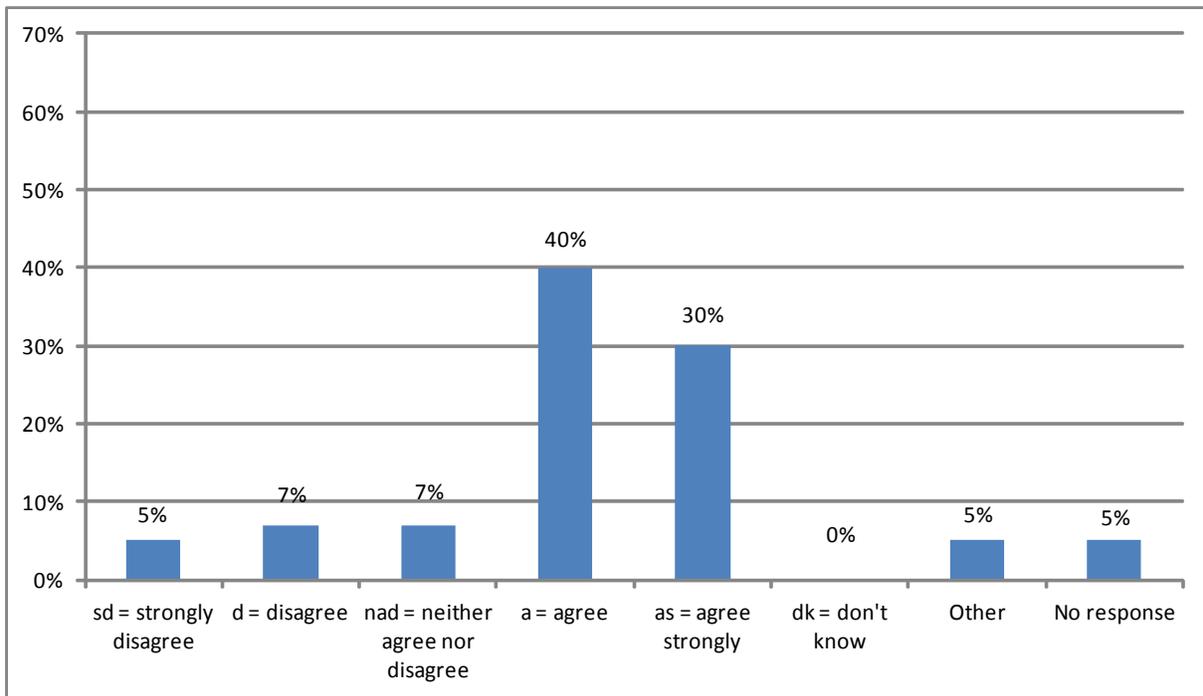
- While the majority of respondents understood many aspects of the ImmPact2 program, many providers reported they did not understand how to produce coverage reports or use recall reminder notices. As shown in Figure 3, just over a half (55%) of respondents either agreed or strongly agreed that they understood how to produce coverage reports from ImmPact2. Eighteen percent either disagreed or strongly disagreed that they understood this procedure; 11% neither agreed nor disagreed.

FIGURE 3. Understands How to Produce Coverage Reports in ImmPact2



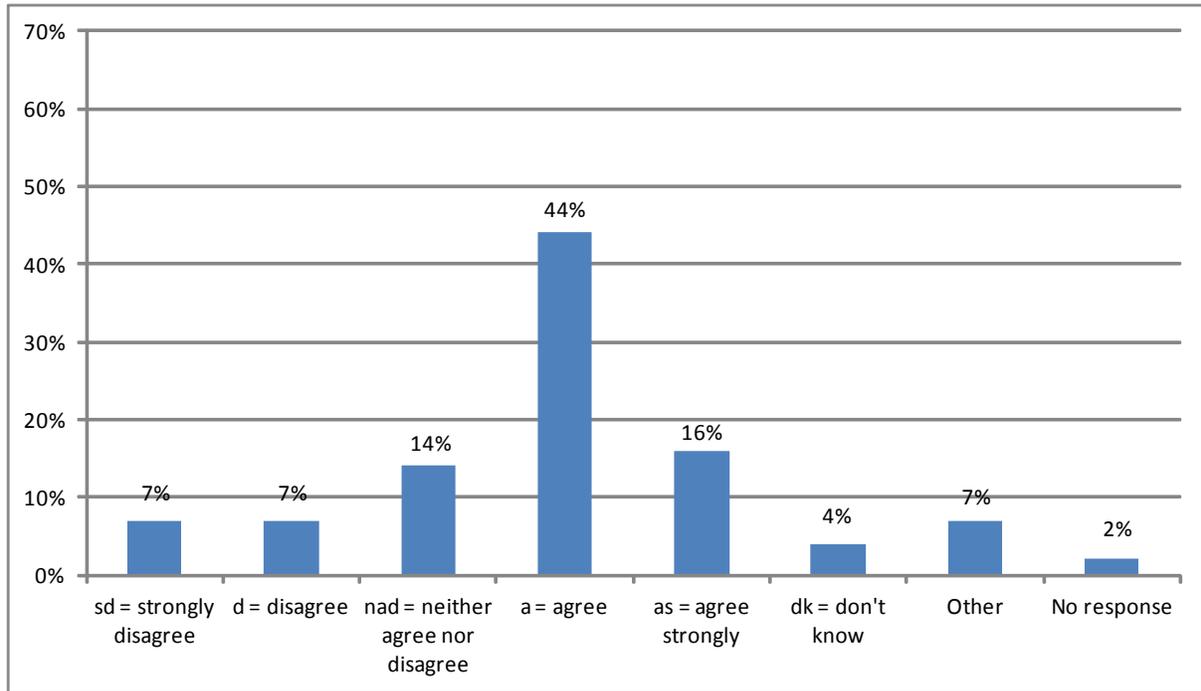
- As shown in Figure 4, 70% of respondents either agreed or strongly agreed that they understand how to provide feedback to the ImmPact2 program on reporting problems, data concerns, or system improvements. 12% of respondents either disagreed or strongly disagreed that they could provide this kind of feedback on the ImmPact2 program; 7% of respondents neither agreed nor disagreed.

FIGURE 4. Understands How to Provide Feedback to the ImmPact2 Program



- As shown in Figure 5, over half (60%) of respondents indicated that they knew how to produce recall/reminder notices to patients in the ImmPact2 program. 14% did not understand this procedure in ImmPact 2; 14% neither agreed nor disagreed that they understood the procedure.

FIGURE 5. Understands How to Produce Recall/Reminder Notices



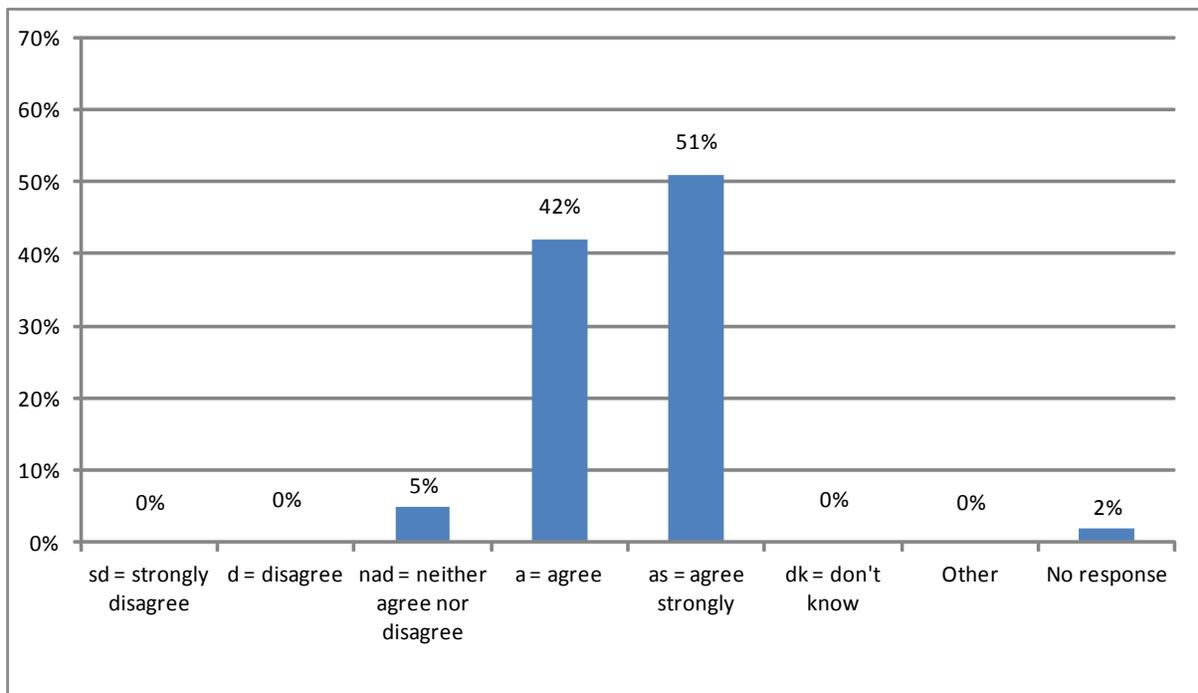
Note: As shown in Figure 5, 44% of respondents agreed they know how to produce recall reminder notices and only 16% strongly agreed.

Delivering and Tracking Immunizations

The survey asked respondents if they were aware of office systems in their practice that can be improved to deliver and track immunizations and most providers indicated awareness of these system improvement needs.

- As shown in Figure 6, a majority of respondents (93%) either agreed or strongly agreed that they were aware of system areas that need improvement. A small number of respondents (only 5%) neither agreed nor disagreed that they were aware of office systems within their practices that needed improvement within these areas.

FIGURE 6. Identifies System Areas that Need Improvement in Delivering and Tracking Immunizations

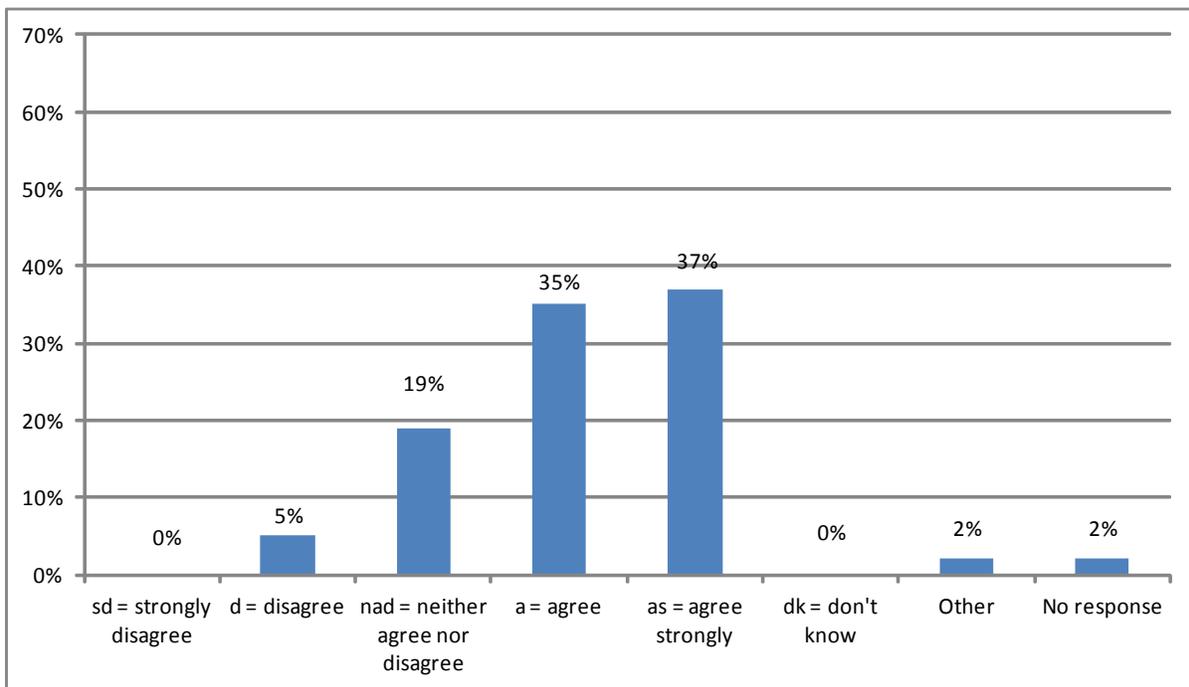


Immunization Procedures

The survey asked respondents if they were aware of current immunization procedures in their practices.

- As shown in Figure 7, nearly three-quarters (72%) of respondents either agreed or strongly agreed that they had increased awareness of their practice’s current immunization procedures. A small number (5%) of respondents disagreed that they are aware of their practice’s current immunization office procedures; 19% of respondents neither agreed nor disagreed that their awareness has increased.

FIGURE 7. Has Awareness of the Practice’s Current Immunization Procedures

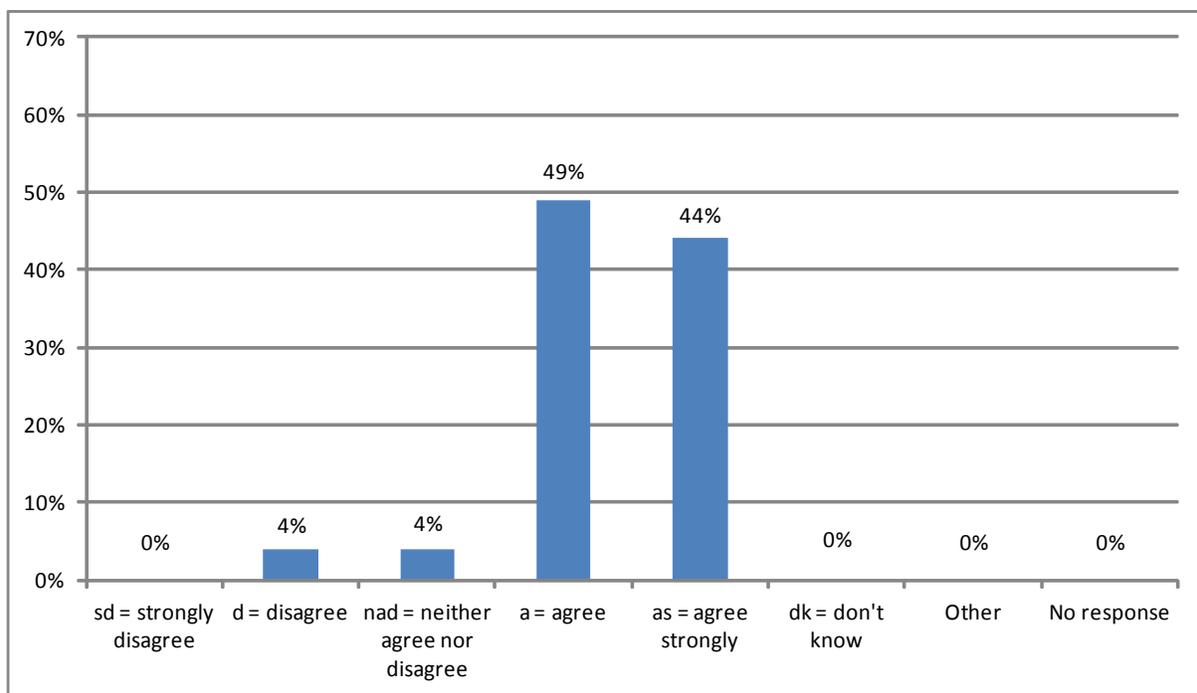


Improving Immunization Rates

The survey asked respondents if they had developed an initial action plan for improving immunization rates at their practice. Respondents were also asked if they had learned about some new ideas to talk with parents regarding vaccine refusals. The vast majority agreed that the initial First STEPS educational session had helped them in both developing an action plan and having conversations with reluctant parents.

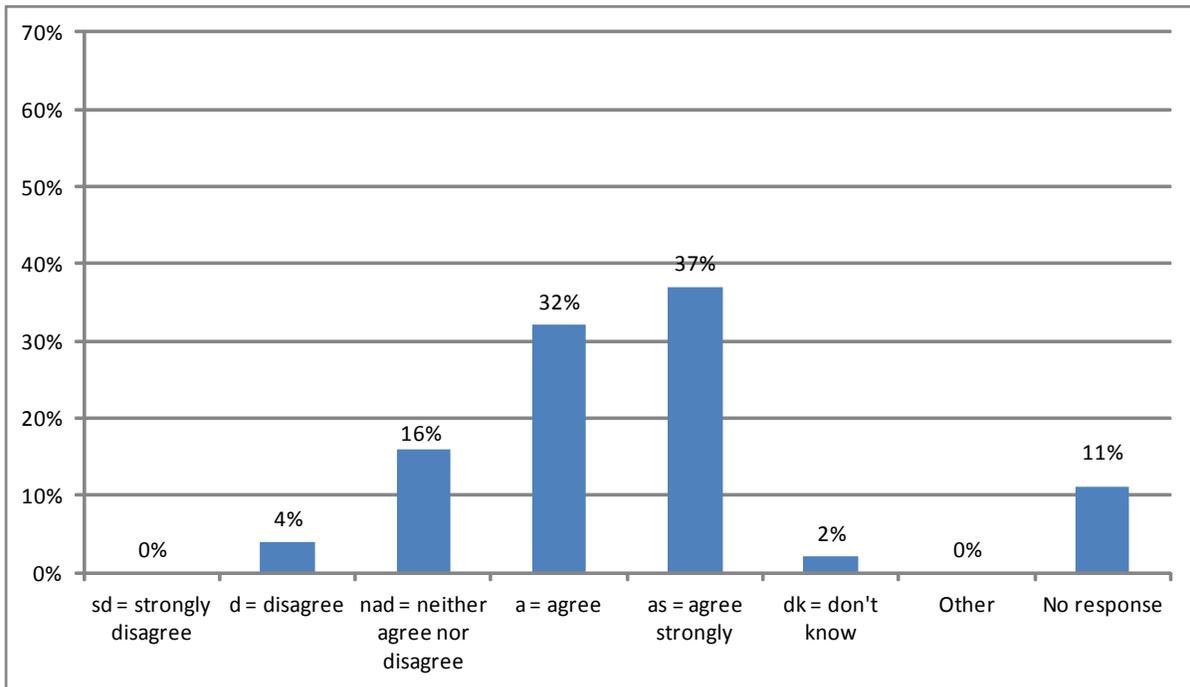
- A majority (93%) agreed or strongly agreed that they had developed an initial plan for improving immunization rates. Only 4% of respondents disagreed; Another 4% neither agreed nor disagreed.

FIGURE 8. Has Developed an Initial Action Plan for Improving Immunization Rates



- Figure 9 shows that 69% of respondents agreed or strongly agreed that they had learned new ideas about having conversations with parents regarding vaccine refusal. 4% disagreed that they had learned new ideas; 16% neither agreed nor disagreed.

FIGURE 9. Has Learned New Ideas to Talk with Parents about Vaccine Refusal

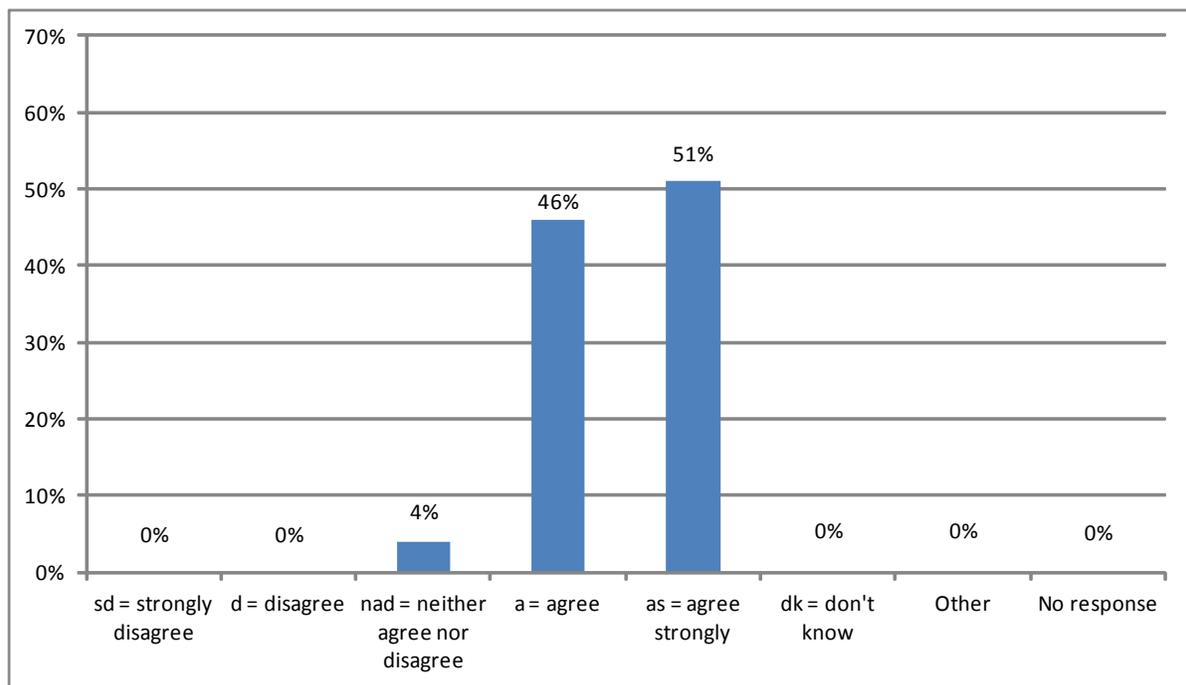


PDSA Cycle

Respondents were asked if they understood the Plan-Do-Study-Act (PDSA) cycle and if they had plans to integrate it within the next two to four weeks. The vast majority of respondents stated that they understood the PDSA cycle, and many had plans to implement it.

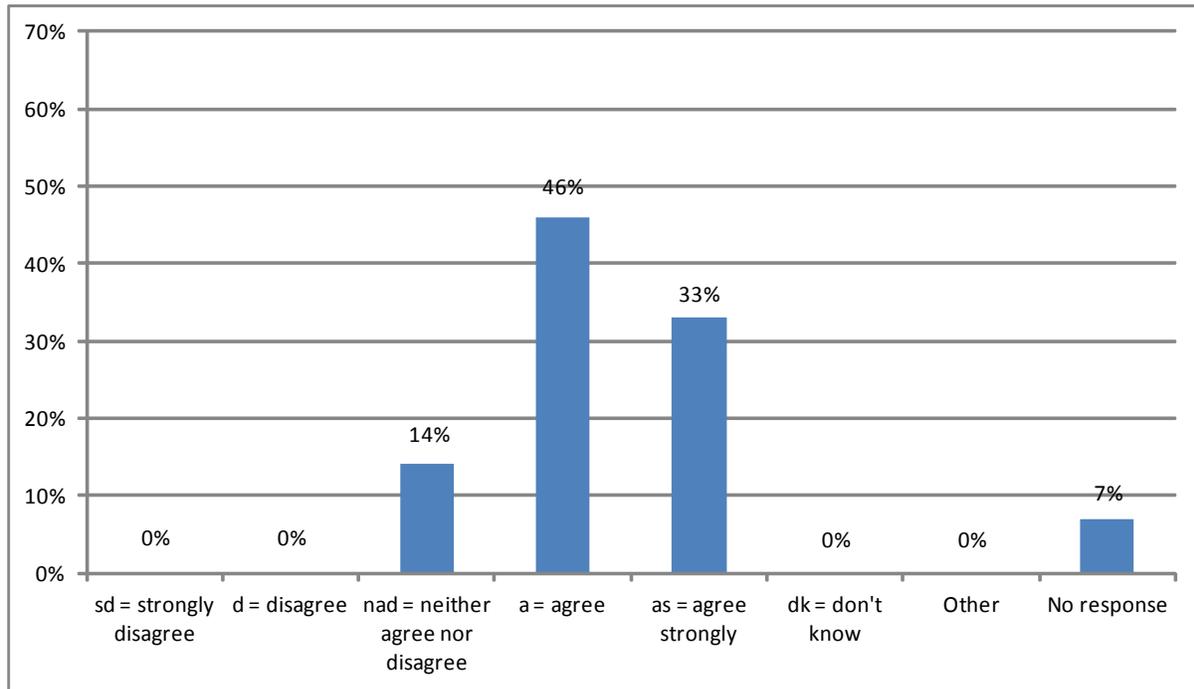
- An overwhelming majority (97%) of respondents agreed that they understood the PDSA cycle. Only a small number of respondents neither agreed nor disagreed.

FIGURE 10. Understands the PDSA Cycle



- As shown in Figure 11, 79% of respondents either agreed or strongly agreed they had plans to integrate the PDSA cycle within the next two weeks. 14% neither agreed nor disagreed.

FIGURE 11. Plans to Integrate the PDSA Cycle



Bright Futures Tool and Resource Kit

Respondents were asked if they understood the components of Bright Futures Toolkit and if they were aware of additional tools that were available in Bright Futures 3.

- As shown in Figure 12, nearly all (98%) of respondents either agreed or strongly agreed that they understood the components of Bright Futures. As shown in Figure 13, an overwhelming majority (95%) either agreed or strongly agreed that they were aware of additional tools.

FIGURE 12. Understands the Components of Bright Futures Tool and Resource Kit

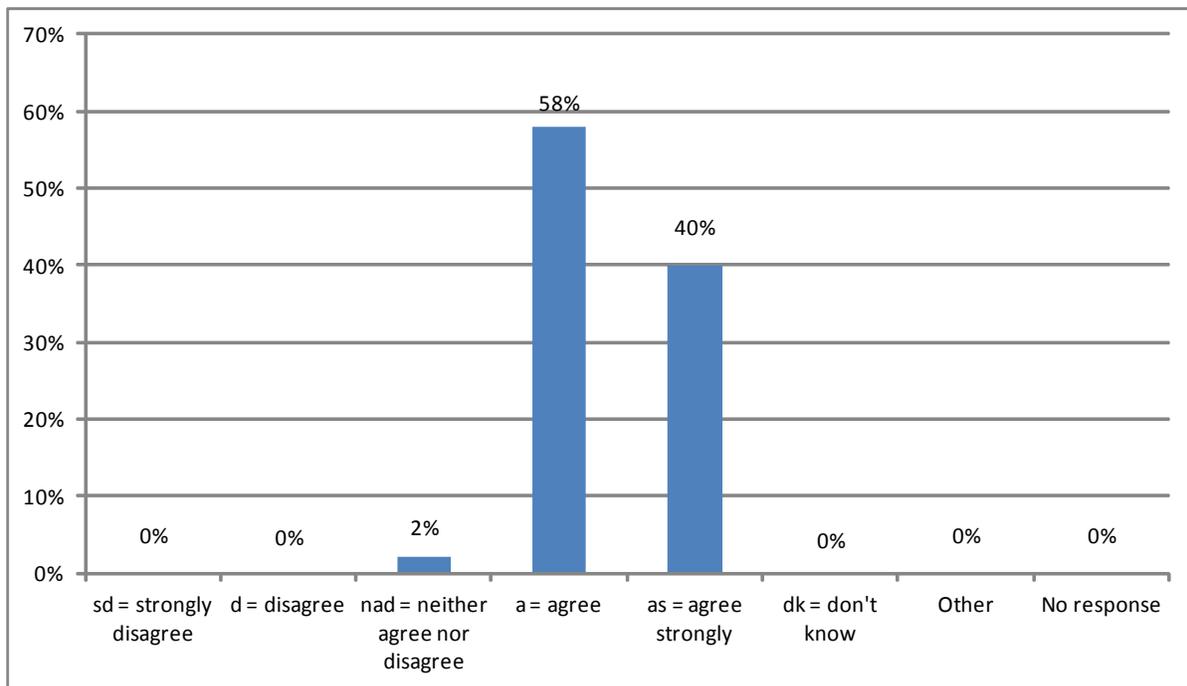
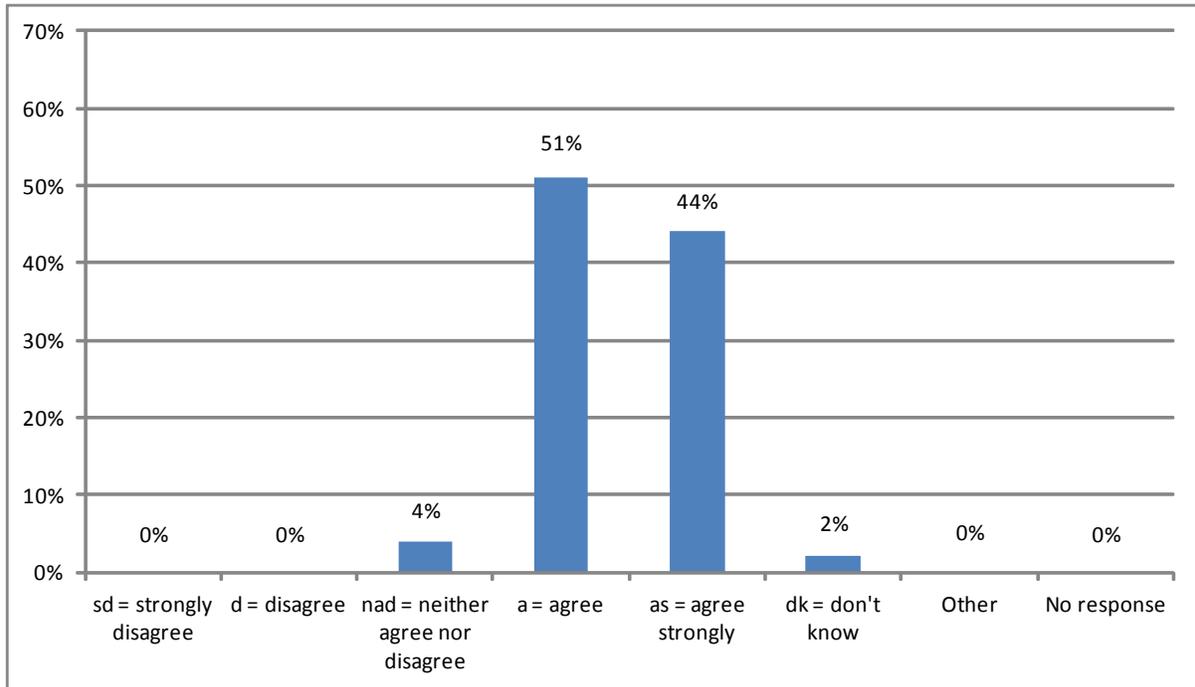


FIGURE 13. Aware of Additional Tools Available in Bright Futures 3



The survey also included open-ended questions regarding challenges that practices face in improving immunization rates, whether First STEPS can help them with these challenges, and other suggestions for the First STEPS sessions. Generally, respondents were less likely to answer the open-ended questions, but those who did indicated a range of challenges. Most respondents reported that the First STEPS learning strategies/sessions would be helpful to them.

TABLE 2. CHALLENGES

What challenges have you faced in improving immunization rates in your practice in the past? Some of the most commonly cited challenges include parental refusal and administrative issues. These themes, as well as other cited challenges, are listed below.	
Parental/Patient Refusal <ul style="list-style-type: none"> • Parental hesitancy • No shows for appointments 	Administrative Issues <ul style="list-style-type: none"> • Schedule Conflicts and Inconsistencies • Limited Workflow in the Office • Short-staffed • Minimal administrative support
Team Challenges: <ul style="list-style-type: none"> • Lack of provider buy-in • Provider disagreement • A limited team approach 	Communication Issues <ul style="list-style-type: none"> • Communication-Language Barriers • Internet Issues-Getting inaccurate information on the internet • Missing Contact Information • Too many people to contact
Recruitment Issues <ul style="list-style-type: none"> • A limited ability to attract adolescents 	Supply/Access Difficulties <ul style="list-style-type: none"> • Supply shortages • Lack of easy access to immunizations • Financial Barriers
Data Challenges <ul style="list-style-type: none"> • Skewed data; inaccurate for baseline • Duplication of data 	ImmPact2 Issues <ul style="list-style-type: none"> • Some do not have ImmPact2

TABLE 3. FIRST STEPS STRATEGIES/SESSIONS

<p>Do you think that the First STEPS strategies/sessions can help you identify solutions for overcoming these challenges? Y/N. Please explain.</p> <p>37 respondents answered this question. 31 respondents affirmed that First STEPS strategies/sessions could help them identify solutions for overcoming challenges. Some responses from individuals who answered “yes” are shared below.</p>	
<ul style="list-style-type: none"> • Learned today about the system. 	<ul style="list-style-type: none"> • Dr. Goldsmith offered some great suggestions.
<ul style="list-style-type: none"> • Will analyze our provider variations, create team consensus, pick small goals – PDSA; learn/demo to ourselves we can create effective change. 	<ul style="list-style-type: none"> • Networking with others groups on strategies.
<ul style="list-style-type: none"> • Except: No easy solution (or any...) to duplicate data entry in Immpact@2 this point. This is a huge issue. 	<ul style="list-style-type: none"> • Group discussions were good for brainstorming.
<ul style="list-style-type: none"> • I hope so – need to empower clinical to review and administer vaccines at every visit. Helps me think of what we can tackle to help improve rate. 	<ul style="list-style-type: none"> • Ideas for flu, promotion (?), + utilizing best practices.
<ul style="list-style-type: none"> • Redefine work flows & chart new processes. 	<ul style="list-style-type: none"> • Aggressively implementing reminder/recall.
<ul style="list-style-type: none"> • Has already started the process of identifying & targeting behaviors. 	<ul style="list-style-type: none"> • Reminder recall; vaccine refuser resources.
<ul style="list-style-type: none"> • Already seeing some opportunities. 	<ul style="list-style-type: none"> • Structured process with continued assistance and help from peers.
<ul style="list-style-type: none"> • I believe that First steps S/S can definitely help us overcome the challenges by providing us with all of the invaluable tools to get started. The process can be and has overwhelming. Thanks to all who made this happen. 	<ul style="list-style-type: none"> • Helps drill down ideas about small steps.

TABLE 4. FUTURE TOPICS

What other topics do you think future First STEPS learning sessions should focus on?	
Approximately 18 individuals responded to this question. Many of the topic suggestions are listed below.	
<ul style="list-style-type: none"> An exploration of what others are doing to increase their results (including collaborating with other groups or practices that use Impact2 and utilizing it in a more effective way). (2) Related topics include: Improving knowledge and/or Process improvement (2), as well as “hands on work: there isn’t a lot of time at work to “do the work” and “clinical work flow (ideas to minimize duplication).” (2) 	<ul style="list-style-type: none"> Vaccine refusal/Critical conversations with parents (2); Related topics include: “Getting two year olds in sooner” (1); and “HPV - many physicians are hesitant to vaccinate before age 13.” (1)
<ul style="list-style-type: none"> Smoking cessation (2) 	<ul style="list-style-type: none"> Safe sexual activity testing (STD) & prevention (2); Birth Control
<ul style="list-style-type: none"> Childhood Obesity (2) and role counseling 	<ul style="list-style-type: none"> Adolescents/Alcohol use (2)
<ul style="list-style-type: none"> Breast feeding 	<ul style="list-style-type: none"> Nutrition in early childhood

Note: Some topics overlap across individuals’ responses. For example, some individuals gave more than one topic suggestion.

TABLE 5. OTHER SUGGESTIONS

Is there anything you would like to tell us about the Learning Session that we didn’t ask you?
Few individuals responded to this question. Suggestions include the following quotes:
<ul style="list-style-type: none"> “More facilitators in small groups would have been helpful.”
<ul style="list-style-type: none"> “The reason that I do not feel like I could run reports on Impact yet is because I have not tried it myself yet.”
<ul style="list-style-type: none"> “Team work earlier in the day.”
<ul style="list-style-type: none"> “I think that delving into issues that pt’s refuse should be better researched and thought about - such a polarized issue + it doesn’t have to be.”
<ul style="list-style-type: none"> “The agenda was great. Not too much time per speaker, so broke up the conference nicely.”
Other Recommendation (Quote):
<ul style="list-style-type: none"> “Next time break down huge amt. today; focus on small group sharing/discussions; idea boards - more a work meeting approach + knowing what each time accomplishing; but useful critiques also.”

Survey Results - PDSA Cycle

In addition to the session survey findings reported above, providers at each practice completed a monthly survey that was designed to explore their experiences using and integrating the PDSA cycle. These monthly surveys were administered in October, November, and December of 2011. Respondents were asked about their goals, plans for improving systems, changes made, unintended consequences and results, as well as their planned next steps. Table 6 illustrates the questions included in the survey.

TABLE 6. THE PDSA CYCLE

First STEPS PDSAs for October, November, and December of 2011
The survey consisted of the following items:
1. Aim
2. Plan (P) - Discussion items: What system are you trying to improve?
3. Do (D) - Possible Actions: What changes did you make?
4. Study (S) - What happened/any unintended consequences and did they result in improvement?
5. Act (A) - Next steps (adapt, abandon, adopt)

Most providers mentioned they are striving toward increasing immunization rates at their practices. The remaining discussion of this survey will focus on action steps, unintended consequences, and improvement results reported by respondents.

TABLE 7. PDSA - ACTION STEPS

<p>Action Steps (Changes Made)</p> <p>Themes from the respondents are described below:</p>
<p>Recruitment and Training of Staff:</p> <ul style="list-style-type: none"> Recruited and trained data entry staff. Obtained access and clearance for data entry staff.
<p>Transfers:</p> <ul style="list-style-type: none"> Using MOGE (Moved or Gone Elsewhere) for all patients who transfer from our practice and catching up on past transfers.
<p>Hepatitis A:</p> <ul style="list-style-type: none"> Verifying Hep A vaccine status and updating patients as needed. Offering Hep A as a “catch up” vaccine for patients of all ages.
<p>Other Action Steps to Improve Immunization Rates</p>
<p>Reviewing Records:</p> <ul style="list-style-type: none"> Dedicated specific clinical staff member to review, track, and follow up on overdue immunizations. Reviewing immunization records for all patients at all or before visits. Reviewing charts to determine children’s need for Tdap and/or Menactra. Print ImmPact vaccine reports on each patient scheduled or on a certain day each month.
<p>Reminders:</p> <ul style="list-style-type: none"> Sending reminder letters to children/parents to schedule an appointment. Leaving messages for parents to call the practice to schedule an appointment. Calling parents to schedule overdue visits. Print ImmPact vaccine reports on each patient scheduled or on a certain day each month. Using the ImmPact generated reminders for immunizations. Identifying and/or contacted inactive parents.

Other Action Steps to Improve Immunization Rates (continued)

Posting and/or Distributing Material related to recommended immunization schedule:

- Drafted a letter signed by providers expressing their strong support of immunizations and following the CDC/ACIP recommended schedule; posted this letter in all exam rooms and included the letter in the packet distributed to families at newborn visits.
- Distributed laminated copies of CDC valid contraindications in exam rooms for discussion with hesitant parents.

Policy:

- A nurse wrote up a policy pertaining to improving vaccine rates.

TABLE 8. PDSA - STUDY

Study – What happened/any unintended consequences and did they result in improvement?

One practice did not respond to this question. Another practice stated he/she had insufficient data to study; and two responded that PDSAs were not yet fully implemented. Themes from the other respondents are included below:

Increase in Immunization Rates and Rebooking Appointments:

- Rates are increasing.
- Our rates for up to date by age 2 have shown improvement.
- By looking at the chart at every visit, the percentage for Tdap went from 59% to 66% and Menactra went from 45% to 53%.
- When letters were sent, it resulted in 50% of the patients rebooking appointments.

Increase in Desire to Reach Patients:

- The competition created a desire to be more aggressive in ensuring the asthmatic patients were proactively contacted regarding flu vaccines.

Creating Incentive Program:

- Our organization is currently offering the incentive of a pizza party to the site which gives out the most flu vaccines.

Increase in Parents’ Response:

- 48 responded and booked appointments. (Also, many letters were returned for incorrect address; Realized that those who were behind schedule frequently no showed for appointments.)

Study – What happened/any unintended consequences and did they result in improvement? (continued)

Improvement in Documentation Rates:

- A significant improvement in the documentation rate. (There has been much discussion from the team about whether or not the family knows whether the child is up to date, and how best to confirm.)

Improvement in Flow:

- Flow is working between clinical staff and provider.
- Adjusted work flows to allow for data entry of all immunizations administered.

Improvement in System

- Creating a System for Getting Information at Admission.
- When newborns arrive to the office, the physicians or staff will obtain the Hep B newborn vaccine and send a staff message to ensure data entry into ImmPact2.

Learning Lessons on Transfers/MOGE (Moved or Gone Elsewhere) Patients:

- We realized it is important to go through the transfer binder every two weeks and MOGE patients in order.
- Discovered that the practice previously inactivated patients on a practice level if they had not been seen for four years. These patients were never MOGED.
- We were able to MOGE patients twice last month, keeping a clean, more accurate list of patients.

Reliability Concern:

- ImmPact was very unreliable as was parental report. PCP records were most reliable.

Misunderstanding:

- We received a flood of calls from patients who misunderstood (reminders) and thought they were behind schedule. Patients wondered why we hadn't given the shots when they were last in. Nurses and physicians were complaining.

Note: Although this issue was listed as a barrier, the respondent noted that they abandoned the ImmPact 2 reminder notice and were creating their own.

No Return Calls/Parents are Difficult to Reach:

- Unable to reach some parents and no return calls from our letters.

Study – What happened/any unintended consequences and did they result in improvement? (continued)

Private Insurance/Supply Issues:

- Parents wanted to verify that Menactra was covered by their insurance before agreeing to have this done. Ran out of private Menactra; this only affected 2 of the patients studied.

Note: Although this issue was listed as a barrier, the respondent noted that in the future their practice would track Tdap and Menactra separately instead of together. They would also add two more MAs to do this tracking.

Time Issues:

- Data entry took 5 minutes per chart for the first 50 charts. This is longer than expected.
- We were unable to meet our goal due to time constraints (simultaneous new version of EMR being implemented).

Note: Although time constraints were listed as a barrier, in December at least one practice reported that the data entry time per chart was improving.

Summary and Conclusion

This evaluation report is the first in a series to assess the IHOC First STEPS learning initiative based on participant and practice surveys conducted to date. The findings of the First STEPS learning session and the monthly PDSA surveys indicate that:

- The vast majority of participating providers indicated that their awareness of immunization rates in Maine and knowledge of where to find resources related to immunization delivery increased after the initial First STEPS learning session.
- While more than half of providers reported that their understanding of the ImmPACT2 program had increased after the first learning session, many indicated they still were unfamiliar with several of its features. Some of these respondents may have included providers (e.g. physicians) that may not need to fully understand how to produce reports, which we were not able to separately identify in this survey. Other respondents may also have learned more about using ImmPACT2 during subsequent coaching calls. Future surveys will ask these questions to determine if understanding of ImmPACT2 increased as a result of these additional educational efforts. However, results indicate that this is an area where continued education and coaching may be needed.

- Vaccine Refusals, parental hesitancy, and no shows were the most commonly cited challenges for improving immunization rates. A number of other challenges were reported, including communication and financial barriers, scheduling conflicts, lack of provider buy-in, and workflow issues. Of those that responded, the vast majority of participants felt that the First STEPS strategies and sessions could help them identify solutions for overcoming these challenges.
- The most commonly suggested topic for future First STEPS sessions include vaccine refusal and critical conversations with parents, as well as process improvement issues and collaborating/learning from others who are effectively using ImmPact2.
- Given that vaccine refusal is the challenge most frequently cited in improving immunization rates in their practices, providers may need continued coaching on ideas and strategies for having conversations with parents about vaccine refusals. Recognizing this, the First STEPS team hosted a coaching call specific to vaccine refusal in January of 2012. Future surveys will continue to assess whether providers are more comfortable with discussing parents questions/concerns about vaccinations and strategies for vaccine refusals.
- Nearly all providers report familiarity with the PDSA cycle, yet a small number of them may need more information about integration.
- Some of the PDSA barriers consist of concerns about reliability with ImmPact2 and parents misunderstanding their reminder notices. Additional barriers pertain to time constraints and vaccine supply issues. Despite these barriers, a number of providers learned from the challenges that they faced and subsequently shared plans for adapting their practices accordingly in the near future.
- A number of providers are participating in outreach to parents/patients, such as making phone calls, requesting call backs, and sending reminder notices.
- Some providers are focusing on displaying written material that contains the CDC/ACIP recommended schedule. Written materials also include letters of provider support that emphasize the importance of adhering to this schedule.
- Several respondents noted that their practices are creating record review systems to follow up on overdue immunizations or monitor immunizations before/during patient visits.
- Several respondents reported improvements in at least one of the following areas:
 - ✓ Overall Immunization Rates
 - ✓ Desire to reach Parents for Discussions about Immunizations
 - ✓ Responses from Parents as a result of Outreach
 - ✓ Documentation Systems
 - ✓ Office Flow
 - ✓ MOGE System

APPENDIX

First STEPS: Immunizations Office Practice Assessment Results—September, 2011

First STEPS Immunization Office Systems Survey

STAFF TRAINING AND PRACTICE PROCESSES									
Answer Options	Frequency				Importance				N
	% Always	% Very Often	% Some-times	% Rarely	% Always	% Very Often	% Some-times	% Rarely	
All our providers agree to follow the ACIP vaccination schedule and approved contraindication lists.	45%	55%	0%	0%	85%	15%	0%	0%	20
Staff uses the official ACIP catch-up schedule to bring children up to date on vaccinations when they have fallen behind.	65%	35%	0%	0%	95%	5%	0%	0%	20
Staff administers multiple vaccines to patients who are appropriate candidates for multiple vaccinations.	75%	25%	0%	0%	95%	5%	0%	0%	20
Nurses and medical assistants can give vaccinations as appropriate according to standing orders (i.e., they can independently screen and administer vaccines under pre-existing signed physician's orders).	58%	5%	21%	16%	74%	21%	0%	5%	19
One staff member is designated to coordinate and champion all immunization activities and keep other staff and providers up to date on current practices and new information.	55%	20%	20%	5%	80%	15%	5%	0%	20
Staff (providers, nurses, medical assistants) that administers vaccines is trained in how to discuss the importance of vaccination with hesitant parents.	30%	20%	45%	5%	65%	20%	15%	0%	20

STAFF TRAINING AND PRACTICE PROCESSES (CONTINUED)

Answer Options	Frequency				Importance				N
	% Always	% Very Often	% Some-times	% Rarely	% Always	% Very Often	% Some-times	% Rarely	
In all exam rooms, we post the current, official Advisory Committee on Immunization Practices (ACIP) recommended vaccination schedule for children and/or adults (or a variation thereof -- state health department's version).	10%	10%	15%	65%	35%	20%	35%	10%	20
We have a vaccine policy statement for our practice posted in all exam rooms. All staff understands and has agreed to uphold the statement.	5%	5%	0%	89%	26%	21%	32%	21%	19
We provide vaccinations during evening and weekend hours.	20%	25%	5%	40%	45%	15%	25%	15%	20
Patients can walk in during office hours for a "nurse-only" vaccination visit.	30%	15%	20%	35%	40%	20%	30%	10%	20
Staff uses all patient visits (including acute care and follow-up) to assess vaccination records of all children present (e.g., siblings) and provides vaccinations to appropriate patients.	15%	35%	45%	5%	65%	15%	15%	5%	20

REMINDER/RECALL PROCEDURES

Answer Options	Frequency				Importance				N
	% Always	% Very Often	% Some-times	% Rarely	% Always	% Very Often	% Some-times	% Rarely	
Prior to all patient visits, ImmPact2 is consulted to determine if any vaccinations were received at alternate sites.	21%	21%	11%	47%	58%	21%	16%	5%	19
Prior to all patient visits, staff flags children who are due or overdue for recommended vaccinations in the EMR or on the medical chart.	30%	20%	25%	25%	55%	35%	5%	5%	20
We schedule the patient's next visit before they leave the office and confirm their address and phone number.	45%	30%	25%	0%	65%	35%	0%	0%	20

REMINDER/RECALL PROCEDURES (CONTINUED)

Answer Options	Frequency				Importance				N
	% Always	% Very Often	% Some-times	% Rarely	% Always	% Very Often	% Some-times	% Rarely	
We send parents home from each visit with a reminder about their child's next appointment and upcoming vaccinations.	50%	25%	20%	5%	65%	35%	0%	0%	20
We use a system to remind staff to call or send a reminder to parents just before an appointment and ask them to bring any updated immunization records if appropriate.	30%	25%	15%	30%	45%	40%	15%	0%	20
We call or send a notice when a patient misses a well-child or vaccination appointment.	45%	35%	15%	5%	70%	25%	5%	0%	20
We have a recall system/process in place for when children become past due for vaccinations.	15%	10%	20%	55%	45%	40%	10%	5%	20
If a child misses a well-child visit and it can't be rescheduled quickly, we try to keep their recommended vaccinations on schedule by rescheduling them for a "shots-only" visit, as well as rescheduling the well-child visit.	20%	20%	35%	25%	45%	55%	0%	0%	20

DATA AND REGISTRY

Answer Options	Frequency				Importance				N
	% Always	% Very Often	% Some-times	% Rarely	% Always	% Very Often	% Some-times	% Rarely	
Our practice routinely reviews data on the vaccination rates of our patient populations. We share this information with everyone employed by the practice and use it to develop strategies to improve vaccination rates.	15%	25%	25%	35%	55%	35%	10%	0%	20
Our practice utilizes ImmPact2 to record per-dose vaccination data.	68%	0%	0%	32%	79%	21%	0%	0%	19
We update all historical vaccination data in ImmPact2 as soon as the information is available.	44%	17%	11%	28%	78%	17%	6%	0%	18
We enter all currently administered immunizations into ImmPact2 at the time of administration.	50%	6%	11%	33%	67%	17%	17%	0%	18

DATA AND REGISTRY (CONTINUED)

Answer Options	Frequency				Importance				N
	% Always	% Very Often	% Some-times	% Rarely	% Always	% Very Often	% Some-times	% Rarely	
We review our client population in ImmPact2 to remove MOGE (moved or gone elsewhere) patients at periodic intervals.	44%	17%	11%	28%	78%	17%	0%	6%	18

AT PATIENT VISIT

Answer Options	Frequency				Importance				N
	% Always	% Very Often	% Some-times	% Rarely	% Always	% Very Often	% Some-times	% Rarely	
Staff asks patients to complete a simple screening questionnaire for contraindications to determine if the vaccinations they need can be given safely on the day of the visit. To save time, the questionnaire is completed prior to seeing the clinician (e.g., in the waiting room or exam room).	6%	0%	18%	76%	18%	35%	29%	18%	17
Staff confirms the patient’s vaccination history at each patient encounter to determine if the patient received any vaccinations at another healthcare site. Documentation of that vaccination must be provided through ImmPact2 or another written, valid source.	42%	21%	11%	26%	53%	37%	5%	5%	19
Staff documents that a patient’s vaccination status has been reviewed in their medical record at each patient encounter.	20%	20%	30%	30%	40%	35%	20%	5%	20
If staff sees a patient and can’t administer a vaccination when it is due, the reason is documented in the patient chart.	25%	35%	35%	5%	70%	30%	0%	0%	20

PATIENT EDUCATION

Answer Options	Frequency				Importance				N
	% Always	% Very Often	% Some-times	% Rarely	% Always	% Very Often	% Some-times	% Rarely	
Appropriate Vaccine Information Statements (VISs) are given to the patient/parent to read prior to vaccination. If the patient/parent needs a VIS in another language, we give it, if it is available.	80%	15%	5%	0%	80%	20%	0%	0%	20
We provide educational materials and resources (e.g., informational pamphlets, websites, hotline numbers) to patients/parents who have questions or are concerned about vaccine safety or want more information. We provide translated materials if available.	40%	25%	30%	5%	60%	35%	5%	0%	20
We are able to help patients evaluate whether sources of health information are reliable and valid or provide them with a referral to a health educator who can help.	32%	37%	16%	16%	58%	26%	16%	0%	19