ENHANCING RISK-BASED IMMUNIZATION RATES AMONG FAMILY MEDICINE CLINICS IN MILWAUKEE, WISCONSIN

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INTRODUCTION

- One of Healthy People 2020’s goals focuses on increasing immunization rates.
- As 2020 approaches, many of our immunization rates remain suboptimal.
  - This is in part due to a lack of patient education and counseling, which is often challenging.
  - Education and counseling may be better accomplished through a multidisciplinary approach.

OBJECTIVE: To determine whether educating nurses and medical assistants on vaccination indications will increase the appropriate vaccination rates of our patient populations at two of our clinics.

STUDY OUTLINE

PGY-2 & PGY-3 Residents (N = 20)

Pre-Intervention Group
- Patients = 1915 at Family Care Center (FCC) and Family Practice Center (FPC)
- Random Selection (N=1000)
- Exclusion of patients seen by one of the studies investigators.

07/01/17 → 09/30/17
Patients = 872

10/01/17 → 10/31/17
Intervention with Nurses & Medical Assistants

Post-Intervention Group
- Patients = 1719 at FCC and FPC
- Repeat Patients Excluded (N=1935)
- Random Selection (N=1000)
- Exclusion of patients seen by one of the studies investigators.

11/01/17 → 01/31/18
Patients = 817

METHODS

Educational Intervention
- A case-based lecture series during lunch hour
- Developed based on standard CDC vaccination recommendations
- Addressed immunization guidelines and identified barriers to vaccination.

Participant Incentives
- $5-dollar gift card for each session attended
- Light snacks were available at each session

Materials Handed out to Participants
- "Quick Reference Guide" listing common vaccine indications
- The American Academy of Pediatrics "Refusal to Vaccinate" form
- The CDC’s 2015 Pneumococcal Vaccine Timing for Adults handout

MOST COMMON INDICATIONS
PRE- & POST-INTERVENTION COMBINED

<table>
<thead>
<tr>
<th>Selected High-Risk Groups</th>
<th>Percent (%)</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugees</td>
<td>10.12%</td>
<td>(N=171)</td>
</tr>
<tr>
<td>History of STI/High Risk</td>
<td>12.67%</td>
<td>(N=214)</td>
</tr>
<tr>
<td>Patients ≥65 y/o</td>
<td>10.42%</td>
<td>(N=176)</td>
</tr>
<tr>
<td>Heart/Lung Disease</td>
<td>37.06%</td>
<td>(N=626)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>16.87%</td>
<td>(N=285)</td>
</tr>
</tbody>
</table>

COMPARISON TO NATIONAL DATA

- PPSV23 & Pre- Intervention
  - 19 – 64 y/o High Risk: 42.1% (N=309) vs 46.6% (N=296)
  - ≥65 y/o: 83.3% (N=90) vs 92.1% (N=76)
  - National Data: P.0261; 23% vs 63.6%

- Hep B & Risk Group
  - Chronic Liver Disease: 41.86% (N=43) vs 39.58% (N=48)
  - Diabetics: 26.3% (N=137) vs 25.0% (N=148)
  - National Data: P.0827; 27.4% vs 24.4%

DISCUSSION

- Overall, slight increases in immunization rates were observed. However, none of them reached statistical significance.
- Additionally, rates differed between clinics.
- While the data show that immunization rates at the two clinics are better than national averages, there is still a lot of room for improvement in terms of risk-based vaccinations.

CONCLUSION

For the vast majority of vaccines, the intervention did not have much of an impact; thus, implying the need to refocus vaccination educational efforts on physicians, or to shift the focus from education to automatic recall reminders.