# ASSESSING ONGOING MONTHLY REMINDER/RECALL -WHO + WHERE + WHY + OUTCOME







REMINDER RECALL IMPROVES VACCINATION RATES Dentists, mammography centers and veterinarians know this!

Systems to Increase Vaccination
Rates, A Community Guide Systematic
Review. J Pub Health Management
and Practice. 2015 May/June.

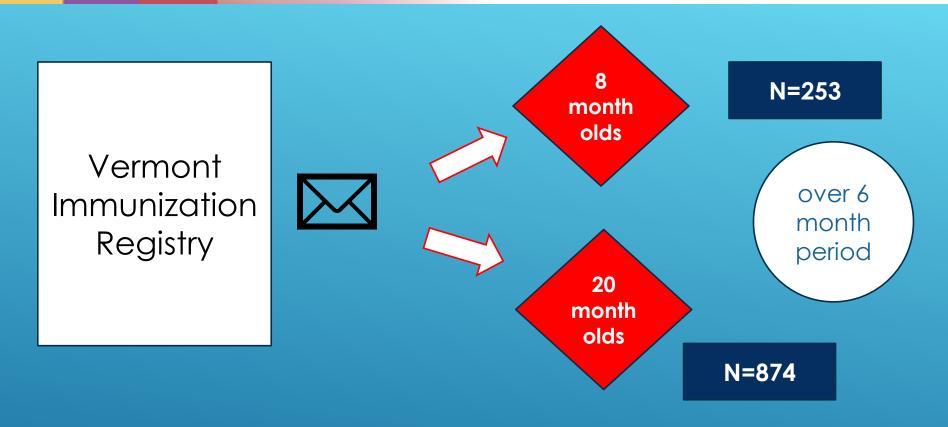
# WHAT ELSE CAN REMINDER RECALL TELL US?

- ► What is the **geographic distribution** of recall?
- Which vaccine series most responsible for NUTD?
- ▶ How far from UTD are the Recall-ees?
- What is difference in immunization status between baseline and 6 weeks post?
- ► Any other qualities associated with "effective" recall?



- Vermont is a universal state and nearly all providers serving children participate in VFC.
- 98.5% VFC providers report to the IMR.
- Registry reporting is mandated by state law.
- Registry is co-located in database with Vital Records.

#### BACKGROUND



# RECALL PROJECT HAS BEEN ONGOING SINCE 2011

- ► Modality (snail) mail contact
- Frequency once at 8 months, once at 20 month if not up to date

#### METHODS

- Selection Forecaster (WIR)
- Recipient "Parent or Guardian of"
- ► Source Vermont Department of Health Immunization Program... CENTRALIZED

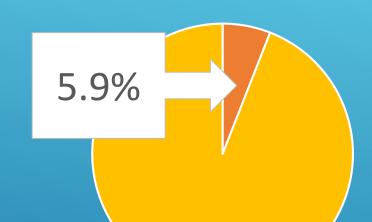
►Tracked recall for 6 months (Nov2017 – April 2018)

METHODS

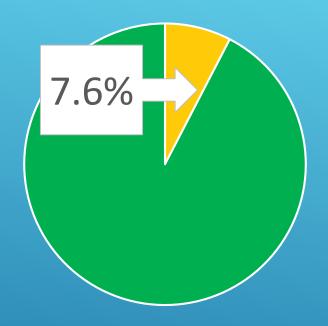
► Assessed impact at 6 weeks post recall using Dose Counts.

Analyzed for patterns

8 months - LTF



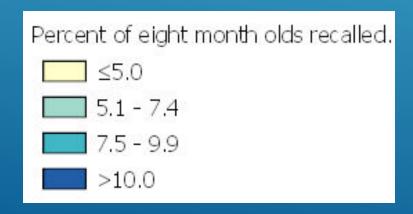
20 months - LTF

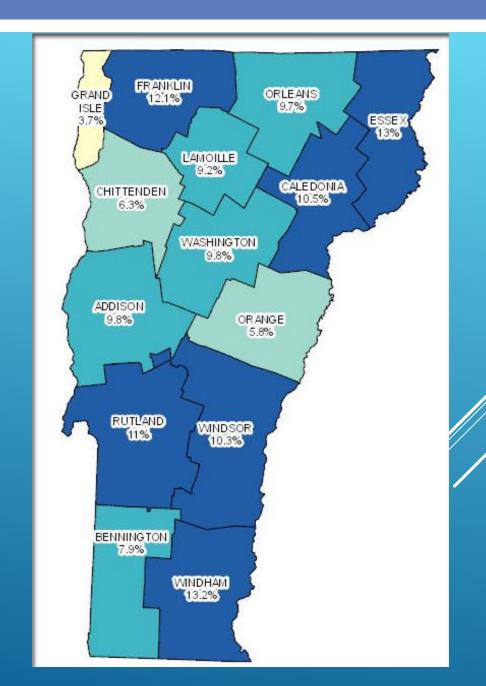


HOW MANY RECALL LETTERS WERE RETURNED/LOST TO FOLLOW-UP?

## 8 MONTH OLD SAMPLE

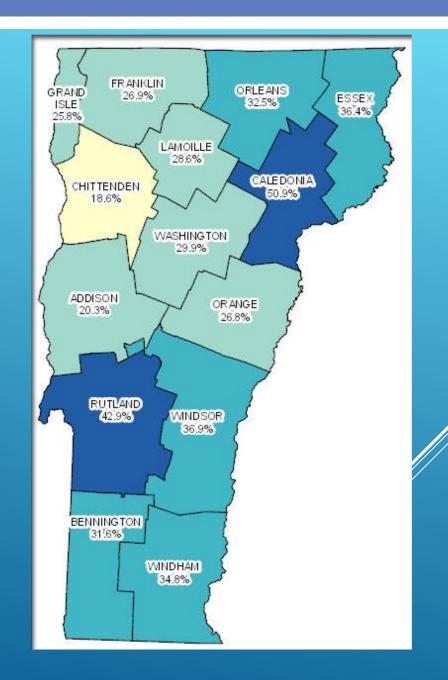
## 9.1% RECALLED





# 20 MONTH OLD SAMPLE 29.0% RECALLED





### **COMBINED RECALL**

### 19.6% ALL CHILDREN



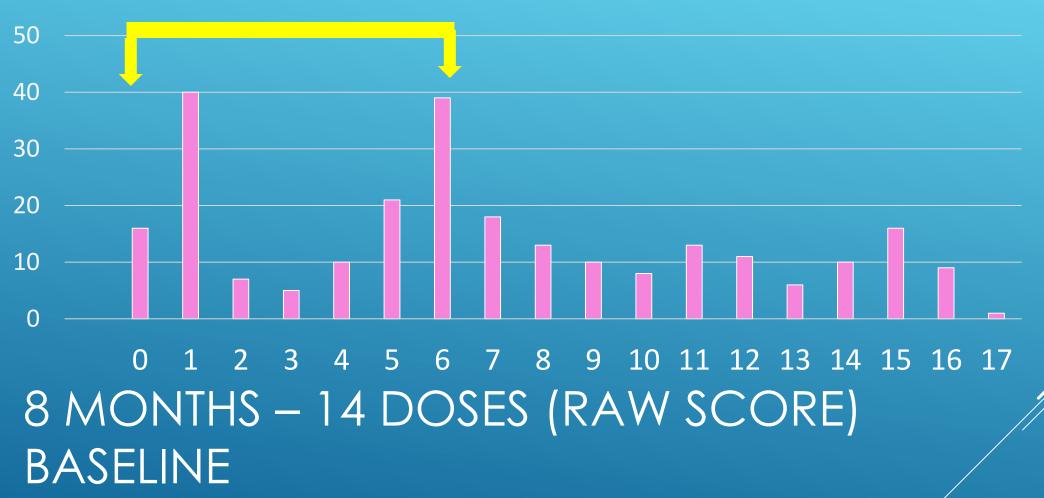
8 Months	> Raw Score is 14		
Dtap	< 3 valid doses		
IPV	< 2 valid doses		
Hib	< 3 valid doses		
НерВ	< 3 valid doses*		
PCV	< 3 valid doses		
* > 3 doses capped at 3			

## DOSE COUNTS

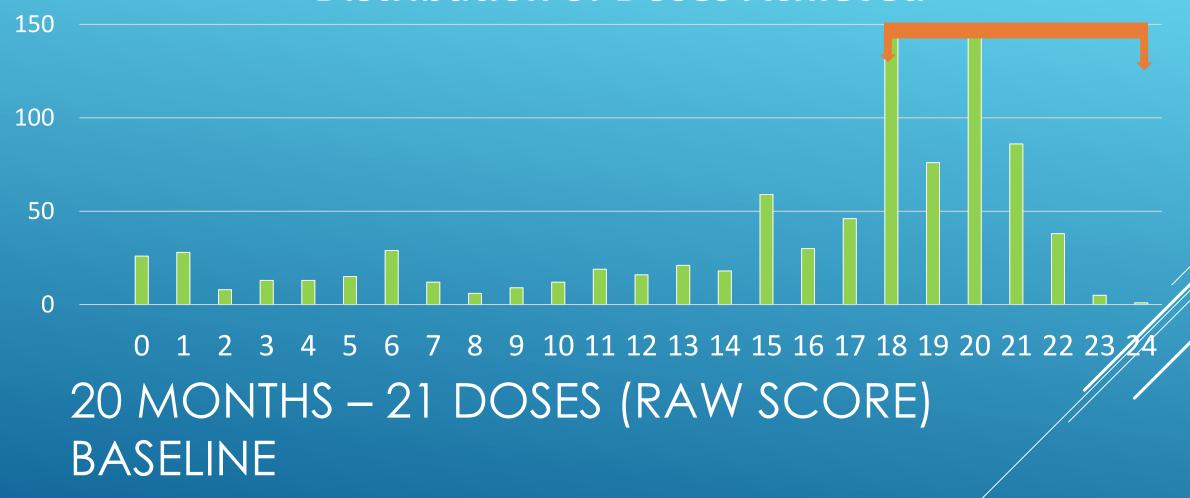
20 Months	Raw Score is 21		
Dtap	< 4 valid doses		
IPV	< 3 valid doses		
MMR	< 1 valid dose		
Hib	< 4 valid doses		
НерВ	< 3 valid doses*		
Var	< 1 valid dose		
PCV	< 4 valid doses		
НерА	< 1 valid dose		
* > 3 doses capped at 3			

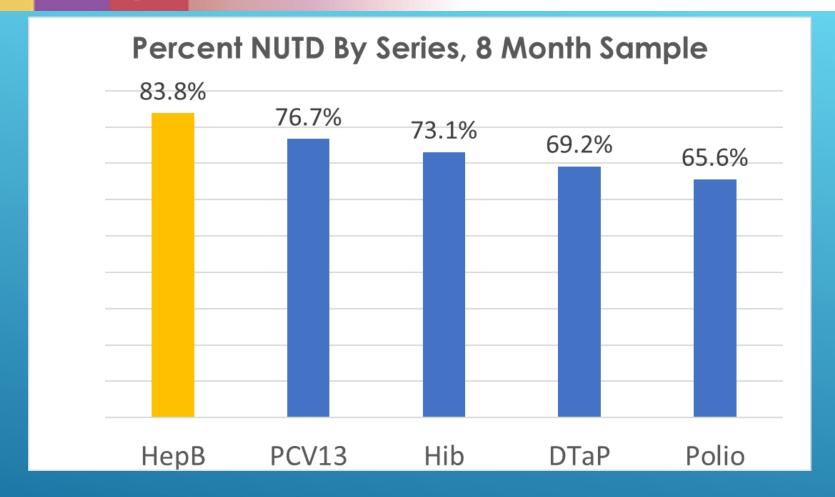
# DOSE COUNTS

#### **Distribution of Doses Achieved**

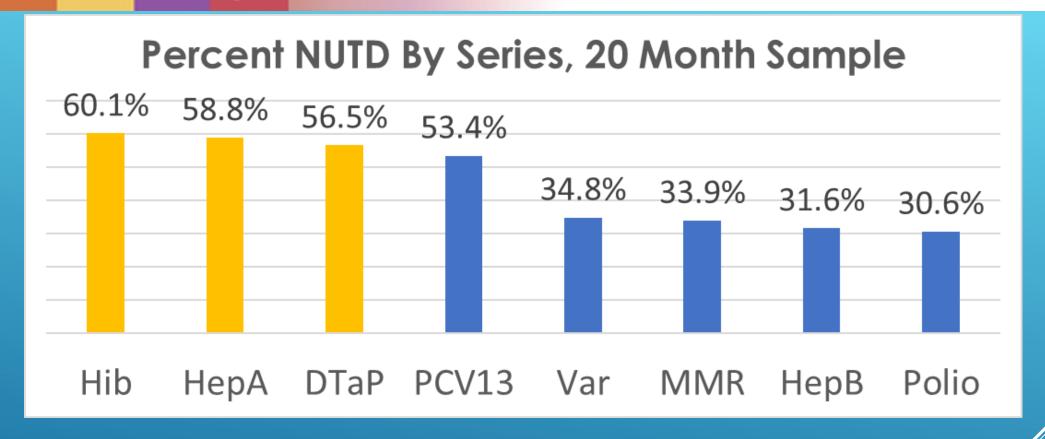




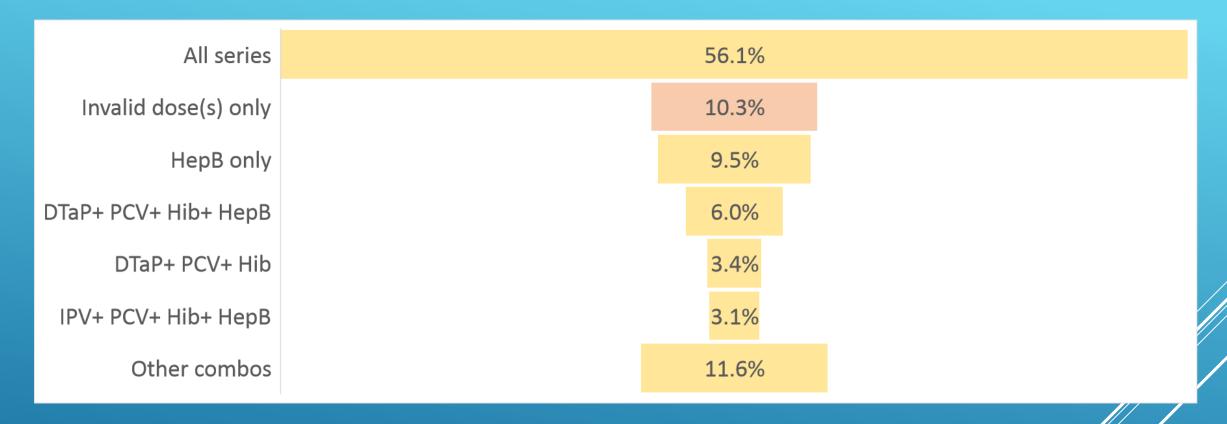




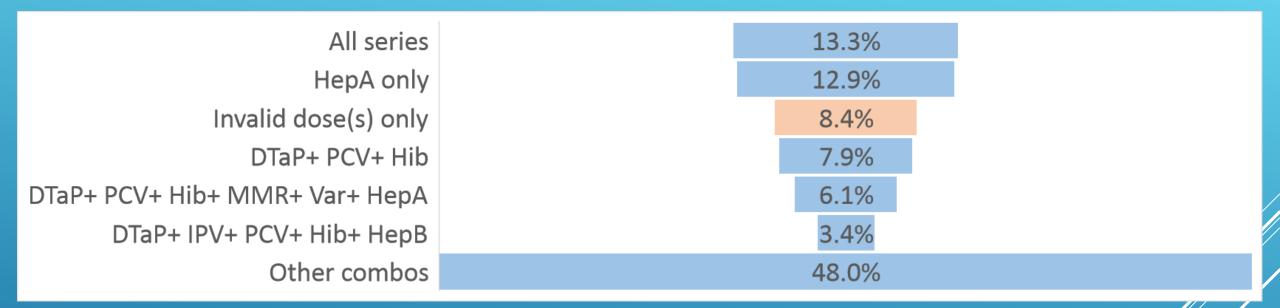
WHICH SERIES ARE DRIVING REMINDER RECALLS?



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# MOST COMMON SITUATIONS DRIVING RECALL – 8 MONTHS



# MOST COMMON SITUATIONS DRIVING RECALL – 20 MONTHS

	Baseline (n=253)	Follow up (n=253)
Range of total doses	0-17	0-17
Mean total doses (SD)	6.9 (4.8)	7.6 (5.0)
Median total doses	6	7
% at or above recommended total doses (n)	14.2% (36)	17.4% (44)

OUTCOME: 8 MONTHS OLD BASELINE AND 6 WEEKS POST

	Baseline n=874)	Follow up(n=874)
Range of total doses	0-24	0-27
Mean total doses (SD)	15.4 (6.2)	15.7 (6.3)
Median total doses	18	18
% at or above recommended total doses (n)	14.9% (130)	18.9% (165)

OUTCOME: 20 MONTHS OLD BASELINE AND 6 WEEKS POST

	8 Month		20 Month	
	Number	Any Dose	Number	Any Dose
	recalled	Increase	Recalled	Increase
Total	253	30.8% (78)	874	9.0% (79)

# OUTCOME – ANY INCREASE IN DOSÉS

<b>Change Category</b>	8 Months	20 Months
	% (n)	% (n)
Increased to recommended total	6.3 (16)	4.4 (38)
Increased but below recommended total	24.5 (62)	4.7 (41)
No increase	69.2 (175)	91.0 (795)

# DETAILS OF CHANGE

Provider Type	8 Months		20 Months	
	Primary Practice % (n)	e, Any Dose Increase, % (n)	Primary Practice, % (n)	Any Dose Increase, % (n)
Pediatrics	53.0 (134)	41.8 (56)	56.2 (491)	10.2 (50)
Family Practice	18.6 (47)	19.2 (9)	28.7 (251)	10.0 (25)
Naturopath	10.7 (27)	40.7 (11)	3.2 (28)	7.1 (2)
Unknown or Not VT Practice	17.8 (45)	5.0 (2)	11.9 (104)	2.1 (2)

## OUTCOME – DIFFERENCES BY PRIMARY PRACTICE ASSOCIATION

#### DISCOVERIES

- ▶ 8 Month Recall driven by HepB
- ► 20 Month Recall driven by multiple series
- ► Fewer kids with no immunizations (or very few) in 20 month sample.
- ▶ Urban areas more UTD than rural areas
- Pediatrician/Family Medicine difference?
- ▶ 8 Month Recall shows more dose improvement at follow up than 20 month recall

#### LIMITATIONS

- ► The project is NOT trying to prove recall effectiveness.
  - ▶ No control group
  - ► Small sample size
- Dose count assessment shows change, not UTD
  - Can't identify invalid doses
- ► Observations about Family Medicine vs Pediatric patients could be confounded by Rural/Urban situation.

- ► Community Guide review article showed average change in vaccination rates in 6% of 13 recall projects. We saw 31% in 8 month sample and 9% in 20 month.
- ▶ Timing looks important. We will review with Immunization Program.
- ▶ Modality may matter. We assessed only a mailed recall.
- Messaging may matter too.
  - Could be more specific (what is due)
  - Could come from provider name instead
  - ► Could include educational message to address hesitancy

#### THINGS TO THINK ABOUT

#### CONTACT INFORMATION

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