PREPARING FOR VACCINATION COVERAGE ASSESSMENTS:
A VFC PROVIDER'S GUIDE TO SUCCESS

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AIRA
AMERICAN IMMUNIZATION
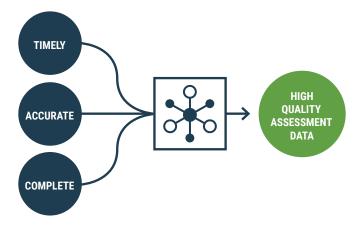REGISTRY ASSOCIATION

INTRODUCTION

Vaccination coverage assessments promote continuous quality improvement, providing a systematic approach to increasing immunization coverage levels and decreasing missed opportunities to vaccinate. Providers participating in the Vaccines for Children (VFC) Program may be subject to periodic coverage rate assessments. These assessments may be conducted in conjunction with routine VFC visits or as a targeted quality improvement activity. For the purposes of VFC provider coverage assessments, the term "provider" is defined as a VFC-enrolled practice or facility and does not refer to an individual clinician, practitioner, or vaccinator.

As of January 2018, most VFC provider coverage rate assessments are performed using the respective jurisdiction's immunization information system (IIS). IIS serve as a centralized resource for consolidated patient immunization records utilized by a variety of stakeholders. As an assessment tool, IIS-based coverage rates are directly impacted by the complete, accurate, and timely reporting of both historical and newly administered vaccination data to the IIS. Some jurisdictions may have mandatory reporting laws that require certain immunization providers to report vaccinations administered to the IIS. Reporting to the IIS may be performed manually through direct data entry or through an electronic interface established between the provider's electronic health record (EHR) system and the IIS.

The following quick-guide has been designed to help providers prepare for an upcoming VFC provider coverage assessment by leveraging pre-visit assessments, confirming active patient lists, and ensuring that records in the IIS are as accurate and complete as possible. This document does not address general vaccination procedures or strategies for improving vaccination coverage in the clinical setting—only the assessment of coverage rates for select patient cohorts.
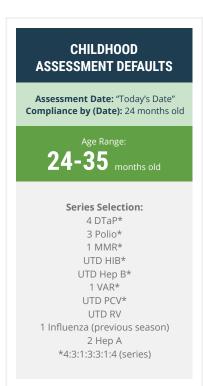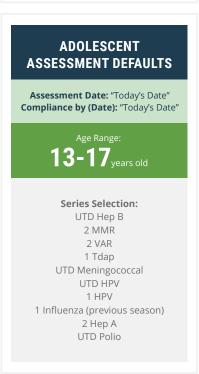
WHAT GETS ASSESSED?

In order to produce vaccination coverage assessments, all IIS are required to apply standardized criteria defined by the Centers for Disease Control and Prevention (CDC) Program Operations Branch (POB). This guidance is detailed in the document titled *AFIX-IIS Integration Operational and Technical Guidance for Implementing IIS-Based Coverage Assessment – Phase I*[1], which outlines patient and vaccine selection, applied calculations, and other considerations.

Current coverage assessments are performed for children and/or adolescents. The childhood cohort includes patients aged **24 through 35 months** with immunization status assessed as of the child's second birthday (at 24 months). The adolescent cohort includes patients aged **13 through 17 years** with immunization status assessed on the date of assessment[2]. Both the childhood and adolescent cohorts include all patients who are actively associated with the provider's practice on the date of assessment. Children and adolescents are assessed using the criteria detailed in the boxes to the right.

The term "up to date" (UTD), as used for VFC provider coverage assessments, references vaccination measurements where a variable number of doses can be applied to achieve disease protection and depends on patient age, date of first dose, and/or vaccine product used. Where noted, use of UTD applies to both the individual vaccines and their inclusion in any series calculations (e.g., 4:3:1:3:3:1:4).

Unlike the other vaccination coverage measurements, influenza is calculated based on a completed flu season. VFC coverage assessments define a flu season as July 1 through June 30, and coverage calculations are based on the most recently *completed* flu season—not a flu season in progress.

CHILDHOOD ASSESSMENT DEFAULTS

Assessment Date: "Today's Date"
Compliance by (Date): 24 months old

Age Range:
24-35 months old

Series Selection:
4 DTaP*
3 Polio*
1 MMR*
UTD HIB*
UTD Hep B*
1 VAR*
UTD PCV*
UTD RV
1 Influenza (previous season)
2 Hep A
*4:3:1:3:3:1:4 (series)

ADOLESCENT ASSESSMENT DEFAULTS

Assessment Date: "Today's Date"
Compliance by (Date): "Today's Date"

Age Range:
13-17 years old

Series Selection:
UTD Hep B
2 MMR
2 VAR
1 Tdap
UTD Meningococcal
UTD HPV
1 HPV
1 Influenza (previous season)
2 Hep A
UTD Polio

1 http://repository.immregistries.org/resource/afix-iis-integration-operational-and-technical-guidance-for-implementing-iis-based-coverage-assessme-1/
2 Date of assessment is defined as the date the report is generated in the IIS.

Vaccination coverage is assessed for valid vaccinations only. Validity is determined according to the applied recommendations of the Advisory Committee on Immunization Practices (ACIP)[3] and accounts for a variety of factors, including minimum age, minimum intervals, grace periods, and brand-specific licensure nuances.

Missed opportunities are also evaluated as part of the VFC provider coverage rate assessment. Missed opportunities are based on the date of the last vaccination visit. Missed opportunities are determined by assessing whether a patient was eligible to receive a vaccination based on ACIP schedules/IIS forecasting but did not receive the vaccination in conjunction with others administered during the same visit.

HOW TO PREPARE

The optimal approach to prepare for an upcoming coverage assessment is to run a pre-assessment coverage report using the IIS. Some immunization programs may provide a pre-assessment report in conjunction with their scheduling notice. A pre-assessment offers providers an opportunity to view preliminary coverage rates, update active patient lists, and confirm missing immunizations. Time spent on these preparatory activities ensures visits are more productive and increases the accuracy of coverage rates. *NOTE: The assessment features available to providers in the IIS may or may not be an exact correlation to the official coverage report available to immunization program staff but will serve as a very close approximation.*

The following provides a step-by-step suggested process for ensuring that the official immunization program coverage assessment will be as accurate as possible.

3 https://www.cdc.gov/vaccines/hcp/acip-recs/index.html

Step 1: Run the following reports using the IIS by applying the appropriate birthdate range(s) based on the date of assessment (typically 1- 5 business days before the visit date):

- Coverage Report (apply AFIX parameters as closely as possible)
- Active Patient List
- Not Up-to-Date/Missing Immunizations Patient List

Step 2: Update the patient active/inactive status indicator in the IIS for patient's that are no longer active with the practice (e.g. medical records transfer or relocation out of area).

Step 3: Compare the Active Patient List to the Missing Immunizations Patient List to quickly eliminate inactive patients from further research.

Step 4: Compare remaining patients on Missing Immunizations List against EHR or paper records to confirm that the IIS is not missing any historical or administered vaccinations. If vaccinations are missing in the IIS, update the respective patient records with the missing immunizations.

Step 5: Re-run Coverage Report to view the updated rate.

1	2	3	4	5
Run recommended pre-assessment reports	Update status for inactive patients	Compare Active Patient List to Missing Immunizations Patient List	Verify Missing Immunizations from IIS against EHR records and update IIS	Re-run Coverage Report

Providers are encouraged to perform these activities on an ongoing basis and may also share the results with clinicians and other practice staff. Routinely conducting these activities may be less time intensive than doing them as a one-time effort in preparation for an upcoming assessment. More frequent review also promotes higher-quality data for clinical decision support and the identification of data sharing/data entry issues before they develop into larger-scale problems.

Providers can contact their state or local immunization program for instruction or tutorials on how to run the appropriate reports and make necessary updates to patient and vaccination data in the IIS. This same process can be repeated in advance of the Follow-up Assessment (typically run three to six months following the initial visit) by applying the same standardized parameters/criteria used for the initial assessment.

EVERYDAY ACTIVITIES...

The following activities should be performed routinely regardless of whether a practice has been selected for a VFC provider coverage assessment visit.

Report all historical and newly administered vaccinations to the IIS.

Periodically compare a selection of records in the IIS against records in the EHR or paper charts for accuracy.

If IIS records do not match those in the EHR or paper charts, evaluate your reporting process and contact your interface administrator if needed.

Routinely inactivate patients in the IIS who are no longer active with the practice.

Periodically run self-generated coverage assessments from the IIS to share with clinicians and other staff in the practice.

Designate an immunization champion within the practice to oversee the activities listed above and other quality improvement activities.

For additional information on preparing for an upcoming VFC provider vaccination coverage assessment, training on use of the IIS, or troubleshooting an electronic interface between the EHR and IIS, contact your state or local immunization program staff.

COVERAGE ASSESSMENT READINESS CHECKLIST

GETTING STARTED

☐ Optional: Run an initial coverage assessment at least two weeks before the scheduled visit by using the IIS and applying the appropriate age and vaccination criteria.

CONFIRM ACTIVE PATIENTS

☐ Use the IIS to generate a list of active patients (i.e., Active Patient List) associated with your facility for the specified age cohort(s).

☐ Compare the IIS list to patients in your EHR and make note of patients who are no longer considered active in your practice.

☐ Use the IIS interface to inactivate all patients in the cohort who are no longer active with the practice.

REVIEW MISSING IMMUNIZATION LISTS

☐ Use the IIS to generate a list of patients who are currently missing one or more vaccinations.

☐ Compare the list of active patients to the missing immunizations list to quickly eliminate inactive patients from further research.

☐ Compare the remaining patient records against the EHR to determine if the IIS is missing any historical or administered vaccinations documented in the EHR.

☐ Use the IIS to update patient records with any missing immunizations. If you have an HL7 interface with the IIS, check with your interface administrator to determine why the missing immunizations were not reported to the IIS through electronic exchange.

☐ Optional: Re-run the coverage assessment using the IIS and compare it to the initial assessment.

ONGOING ACTIVITIES

☐ Routinely run coverage assessments (suggest monthly) for the assessed cohorts and vaccination measurements.

☐ Share results with management and clinical team members.

☐ Keep the IIS up to date by reporting all historical and administered vaccinations and inactivating patients who no longer receive medical services at the clinic.

☐ Implement quality improvement strategies and clinical workflows that support increased vaccination coverage for your patient population.

If you have questions about how to use the IIS user interface or run the reports noted in the checklist above, contact your state or local immunization program for guidance.