

Remind us How to Recall: Centralized Reminder/Recall to Increase Immunization Rates using an IIS

Sections of Presentation

1. Results from a national survey and in-depth interviews with IIS (15 min)

2. Interactive activity to highlight information in a newly developed toolkit on C-R/R (15-20 min)

3. Panel of experts will take your questions about implementing C-R/R (15-20 min)



Section 1: Results from a national survey and semi-structured interviews

Background

- Centralized Reminder/Recall (C-R/R)
 - Reminder/Recall performed using IIS data
 - Performed centrally at a public health department
 - Effective at increasing immunization rates
 - Cost-effective compared to practice-based R/R

- Objective of Section 1:
 - Understand what IIS think about C-R/R
 - Understand IIS experiences with C-R/R

Survey Methods

What: a survey was developed by University of Colorado and AIRA. Asked about IIS policies, capabilities, experience and description of C-R/R activities, assessed future C-R/R

Who: IIS program managers according to the AIRA email listserv

Where: All U.S. states, regions, and 6 territories (n=62)

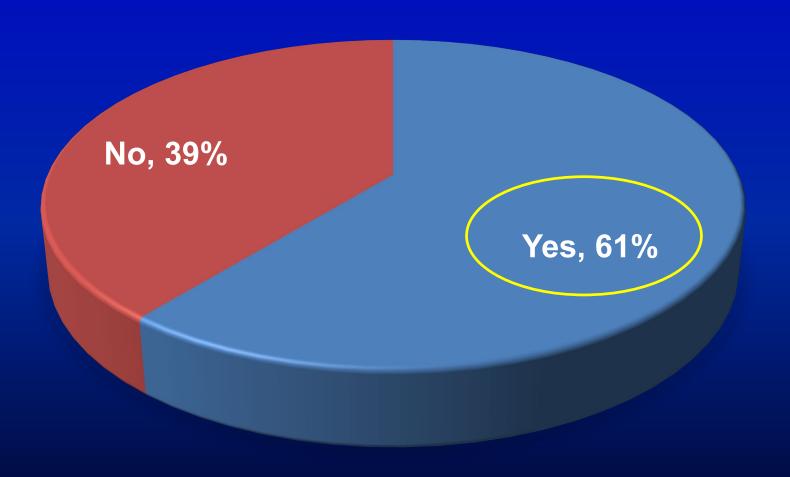
When: July-August 2018

• 92% (57/62) Response Rate

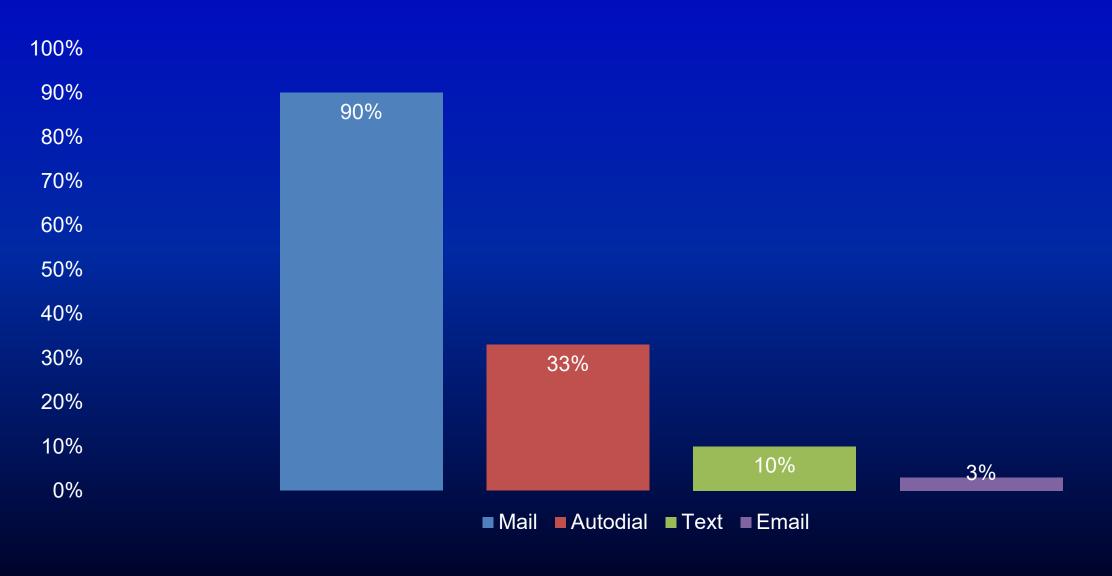
Responses	Percent
Receive 75%-100% of data via HL7 exchange	30%
Have a legal mandate that allows for IIS-based R/R	38%
Mandatory reporting by public and private entities*	
Children ≤19 yo	49%
Adults >19 yo	23%

^{*}Responses were asked by age.

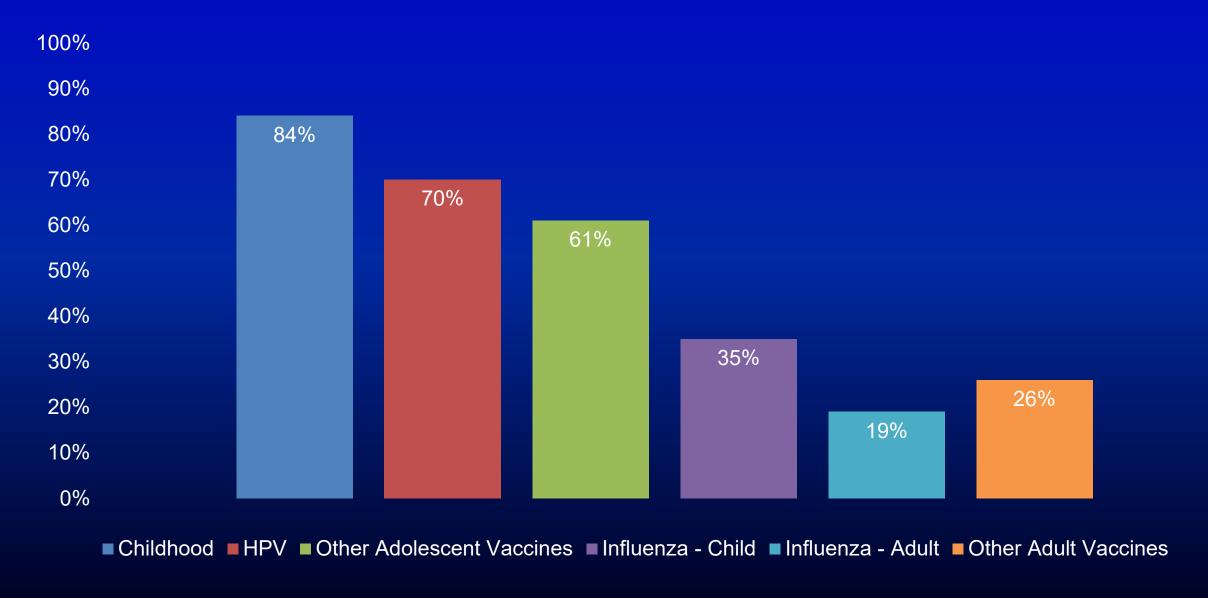
Has your IIS ever performed a centralized R/R for any patients?



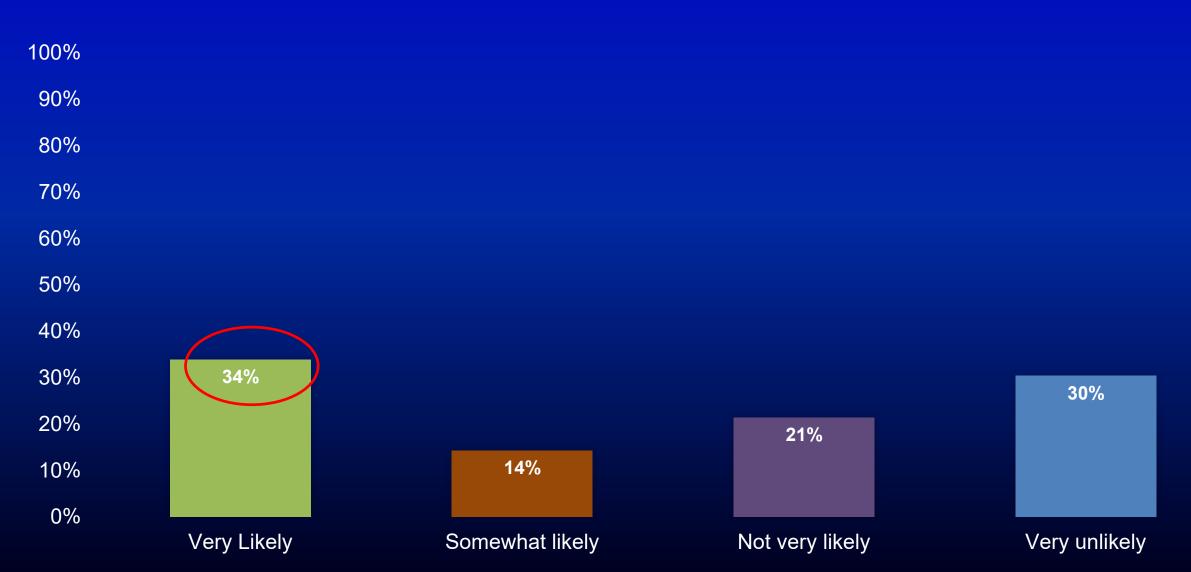
What method was used to send C-R/R?



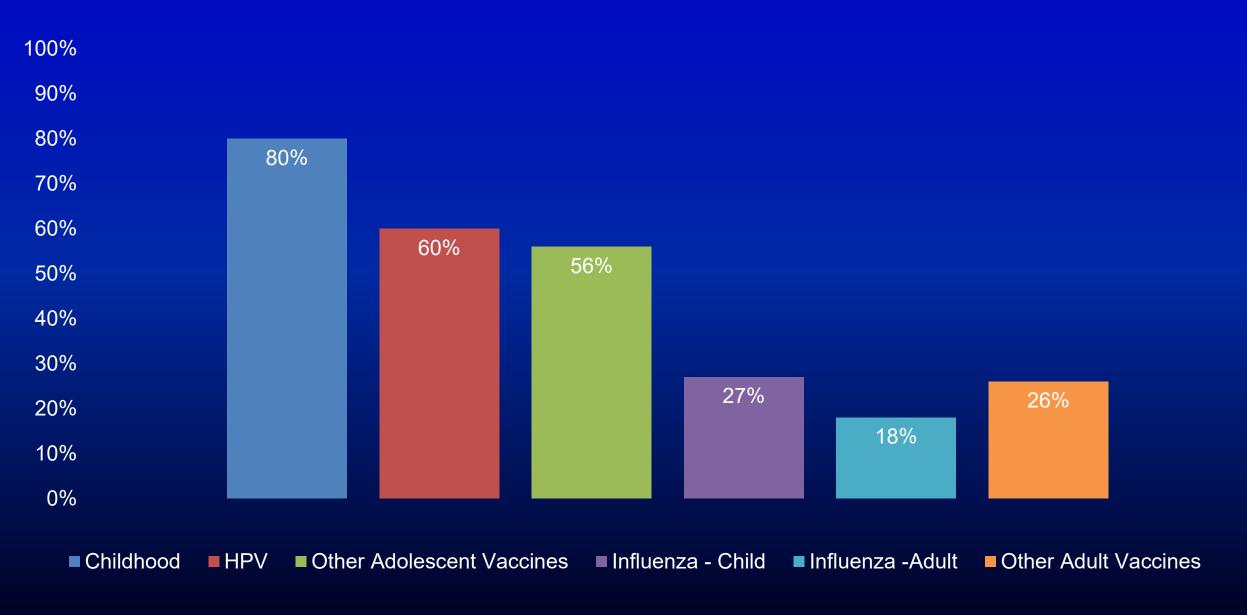
What vaccines were the focus of C-R/R?



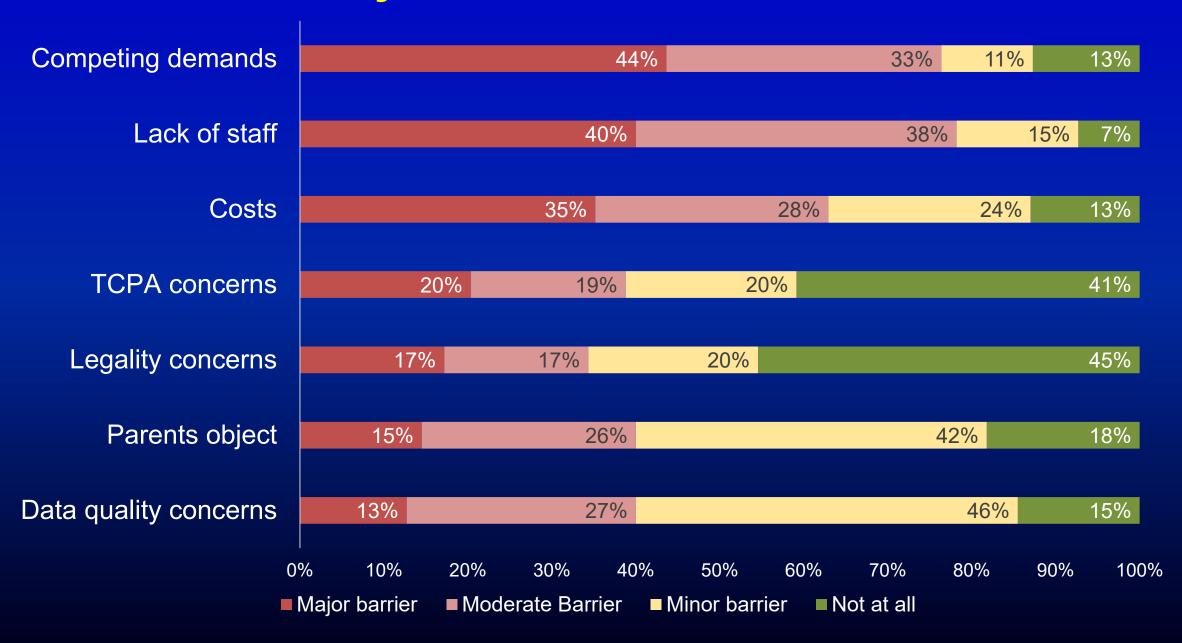
How likely is it that your health department, where the IIS is located, will conduct C-R/R for any group within the next 6 months?



What vaccines would you focus on for future C-R/R?

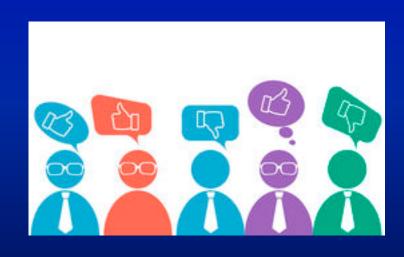


Major Barriers to C-R/R



Attitudes about C-R/R

- 62% are in favor of IIS sending out C-R/R
- 85% think C-R/R by the IIS would increase immunization rates
- 77% think practice-based R/R is preferable to C-R/R





Interviews

Interview Methods

Who: Selectively sampled subset of IIS program managers who had responded to our survey saying that they have done C-R/R (n=10)

What: Semi-structured phone interviews conducted by University of Colorado. Questions asked about C-R/R initiatives, decision and sustainability factors, and funding and administrative mechanisms

When: September 2018 – March 2019

IIS who were interviewed (n=10)

- 5 had ongoing (sustained) C-R/R efforts
- 3 had sporadic C-R/R, but no ongoing C-R/R
- 2 had previously done C-R/R, but unable to continue

Respondents

- All had experience with C-R/R
- All considered themselves as "decision makers" for C-R/R
- Some IIS included more than one interviewee

How do IIS perform C-R/R?

- Used existing IIS staff or pool of temps
- Primarily used mail, but some autodial and text
- Sent R/R for variety of vaccines (childhood series most common)
- Used generic language on the reminder notification



Major Theme: Stakeholder buy-in

- Leadership support reported by all
- Public (providers and parents)
 perceived to be generally supportive
- Partnerships for funding and resources reported



Major Theme: Funding

- Sustained funding sources required to sustain C-R/R
- Funding includes staff effort and supplies
- Funding predominantly came from CDC
- Other sources of funding identified as well (pharmaceutical, grants, coalitions etc.)



Major Theme: Data quality

- Ongoing IIS data improvement
- Contact information within the IIS is still an issue for C-R/R
- Maintaining data quality has large impact on Return on Investment (ROI) for C-R/R



Conclusions

- The majority of IIS have tried C-R/R.
- IIS have mostly positive attitudes towards C-R/R.
- There are few major barriers.
- A "How To Guide" and learning from others IIS experiences doing C-R/R would be beneficial.



Questions on Survey or Interview Data?





Section 2: Interactive Activity using a new C-R/R Toolkit

Small Group Activities

Objective:

 Get familiar with the toolkit, find helpful information to address common issues/barriers.

Instructions:

- Read the scenario from the perspective of a health department or IIS
- Brainstorm solutions or ideas with your table (1-2 minutes)
- Use the toolkits on your table to find <u>at least 3 sections or pages</u> that help address your issue
- Take notes
- Volunteer to share back with the group
- There are no wrong answers ©

Small Group Activities

 Scenario #1: What things do you need to consider when starting a C-R/R project focusing on adult vaccines?

 Scenario #2: What can you do to prevent concerns about any backlash you may experience from local providers and/or parents?



Section 3: Expert Panel

Expert Panel

- Allison Kempe, MD MPH University of Colorado, Principal Investigator of numerous trials testing the effectiveness of C-R/R, using an IIS.
- Nichole Lambrecht, RN-BSN, MSc AIRA, Technical Project Manager assisted with numerous Reminder/Recall efforts
- Tina Scott, BS Michigan IIS, IIS Section Manager who has performed C-R/R
- Mary Woinarowicz, MA North Dakota IIS, IIS Program Manager who has performed C-R/R

Acknowledgments

<u>University of Colorado</u> <u>Anschutz Medical Campus</u>

Allison Kempe, MD MPH (PI)
Alison Saville, MSPH, MSW
Dennis Gurfinkel, MPH
Brenda Beaty, MSPH
Laura Hurley, MD MPH

Colorado Immunization Information Systems (CIIS) Heather Roth, MA American Immunization Registry
Association

Alison Chi, MPH Amanda Dayton, MS Ketti Turcato, MPH

<u>University of California Los Angeles, Department of Pediatrics</u>

Peter Szilagyi, MD, MPH (PI) Christina Albertin, MPH, BSN Abigail Breck, MPH Rebecca Valderrama, MPH

Funding

This project was funded with help by three grants: the Agency for Healthcare and Research Quality (AHRQ) under award 1R18HS022648-01, the National Institute of Allergy And Infectious Diseases of the National Institutes of Health (NIH) under Award Number R01CA187707. The findings do not necessarily represent the AHRQ or NIH and are only the author's viewpoints.



Thank you for attending our session today!

To contact us:

Dennis Gurfinkel: Dennis.Gurfinkel@CUAnschutz.edu

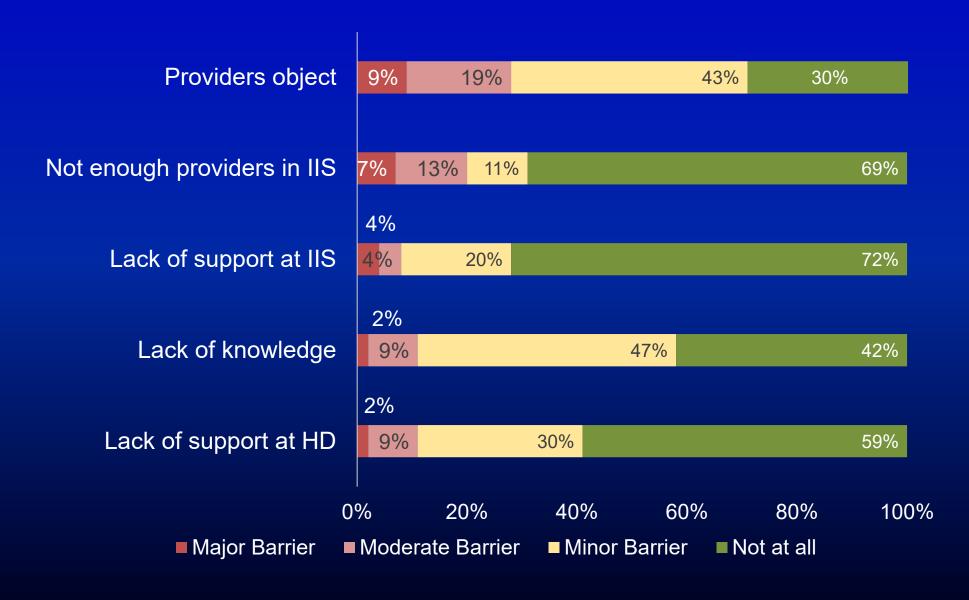
Alison Saville: Alison.Saville@CUAnschutz.edu

PDF version of the Toolkit is located on AIRA repository: https://repository.immregistries.org/resource/conducting-centralized-reminder-recall-using-an-iis/



Extra slides

Barriers to CI-R/R (Bottom 6)



Major Theme: Mixed results

- Different evaluation of CI-R/R projects reported
- Generally positive outcomes reported of CI-R/R
- Some did not feel CI-R/R worked well



Major Theme: Staff and resources

- All IIS who perform CI-R/R use existing staff
- Resources are an issue for smaller IIS
- Competing demands on IIS priorities were a major issue



Questions for our Panel!



Small Group Activities

- Scenario #3: Your IIS has been doing CI-R/R intermittently, for early childhood vaccines, whenever there is staff time available. You'd like to make this more of a sustained effort, doing it at least 2 times a year. What factors should you consider?
- Scenario #4: Your IIS is interested in starting a CI-R/R project and is trying to decide if you should focus on annual influenza vaccine and/or HPV vaccine. What details are important related to these two vaccines?

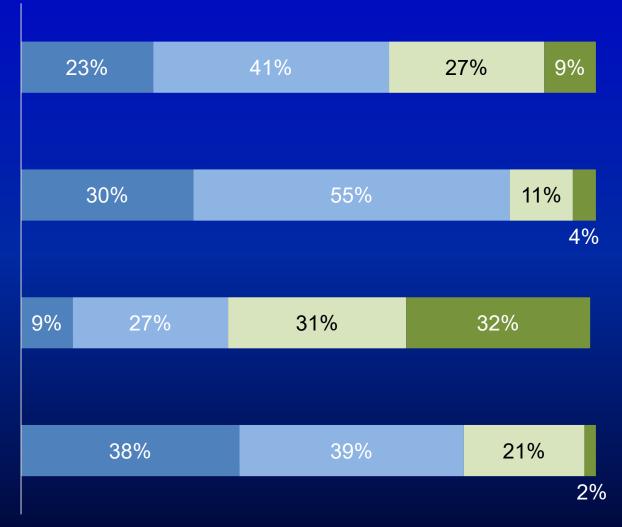
Attitudes about C-R/R

I would be in favor of the health department sending out C-R/R.

I think C-R/R would help increase immunization rates in our state or region.

> I don't think it is the IIS's role to be involved in sending out R/R notices to patients in need of immunizations.

I think Practice-based R/R, where R/R is run by individual practices or providers, is preferable to C-R/R.



10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Agree



A HOW-TO GUIDE

Conducting Centralized Reminder/Recall

Using an Immunization Information System







CONDUCTING CENTRALIZED REMINDER/RECALL

Executive Summary

Reminder/recall (R/R) is a term that describes outreach to members of a target population to tell them vaccinations are due (reminders) or late (recall). R/R delivered by various methods, such as telephone, letter, or text message, increases the proportion of recipients who receive immunizations. In centralized R/R, a health department or health entity sends R/R to patients in a geographic area or throughout a health system. R/R can be conducted using data from an immunization information system (IIS), which is a confidential, population-based, computerized database that records all immunization doses administered by participating providers to persons residing within a given geopolitical area. This guide walks you through how to conduct centralized IIS-based R/R, an effective and cost-effective method for increasing immunization rates in children and adults.

The scope of your centralized IIS-based R/R will be determined based on the capabilities of your IIS, the needs in your community, regulatory or legal issues, and your resources (financial, staffing, etc.). The iterative processes of a centralized IIS-based R/R project can be divided into the following processes:



SUSTAINABILITY

- · Identify next steps.
- · Set lessons learned into action.
- Use a Continuous Quality Improvement (CQI) process.