

# Prenatal Tdap Workgroup

## March 28<sup>th</sup>, 2019



Immunization Branch  
California Department of Public Health

# Agenda

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- I. Welcome and Introductions
- II. *Increasing Adult Immunization Rates through Obstetrician-Gynecologist Partnerships*, presentation by Sarah Wright from the American College of Obstetricians and Gynecologists (ACOG)
- III. Q&A
- IV. Announcements

# Housekeeping Rules

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- Slides now posted on Prenatal Tdap Toolkit page:  
<http://eziz.org/resources/pertussis-promo-materials/prenatal-tdap/>
- Today's presentation will be recorded
- We will be muting all lines until the end of the presentation
- Once lines are open....*please* speak up, ask questions, and share your ideas!

# Welcome, Sarah!

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## **Sarah Wright, MA** **Senior Program Manager**

American College of Obstetricians and Gynecologists  
(ACOG)

Immunization, Infectious Disease, and Public Health  
Preparedness Department

# Increasing Adult Immunization Rates through Obstetrician-Gynecologist Partnerships

ACOG Adult Immunization Cooperative Agreement

**Sarah Wright, MA, Senior Program Manager**

American College of Obstetricians and Gynecologists (ACOG)

Immunization, Infectious Disease, and Public Health Preparedness Department



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# Acknowledgements

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# Project Background

- 4-year cooperative agreement funded by CDC
  - 3-year demonstration phase working directly with ob-gyns
  - 1-year dissemination phase to share findings from the demo phase
- Aimed at increasing rates of 5 adult immunizations in pregnant and non-pregnant populations:
  1. Tdap
  2. Influenza
  3. Pneumococcal
  4. Hepatitis B
  5. Herpes zoster



# Project Background cont.

- **Overall goal:** Increase immunization rates and incorporate immunizations into routine ob-gyn care
- **Final project outcome:** Develop and disseminate effective “strategies” for integrating immunizations into routine ob-gyn practice





# Immunization Champions

- 19 practices in two states (California and Massachusetts) participated
  - Each with an ob-gyn “Immunization Champion”
  - Diverse cohort of practices
  - On-going collaboration, technical support, and problem solving provided by ACOG



# Targeted Strategies

- Standing orders
- Strong recommendations
- Consistent documentation
- IIS enrollment
- Immunization referral
- Prompting
- Engaging practice staff
- Patient & health care provider education and use of resources



# Collaboration & Connections

- Collaboration with state health departments
  - Resource & information sharing
  - IIS technical assistance
  - Learning Lab presentations
  - Support systems for Champions
- Partner with outside organizations to address shared goals
- Connecting Champions with each other
- Connecting Champion practices to immunization resources/materials for their practices



# Evaluation & Data Collection Measures

- Quantitative data gathered through:
  - Year 1 and Year 3 randomized chart reviews
  - Annual practice surveys
- Qualitative data gathered through:
  - Quarterly check-in calls with Champions
  - Annual in-person visits to Champion practices
  - Annual all-group Learning Labs
  - Annual ob-gyn focus groups at the ACOG Annual Clinical and Scientific Meetings



# Project Findings: Immunization Rates



## Increasing Adult Immunization Rates Project Cohort: Comparisons of Immunization Rates by Immunization and Project Year

	Immunization Rates at Baseline	Immunization Rates at Year 3	Immunization Rates Percent Change Over Course of Project
Tdap	24%	63%	163%
Influenza	21%	35%	66%
Hepatitis B	55%	72%	31%
Herpes Zoster	10%	33%	233%
Pneumococcal	30%	33%	11%



# Project Findings: Missed Opportunities



## Increasing Adult Immunization Rates Project Cohort: Comparisons of Missed Opportunity Rates by Immunization and Project Year

	Missed Opportunities at Baseline	Missed Opportunities at Year 3	Missed Opportunities Percent Change Over Course of Project
Tdap	76%	37%	-51%
Influenza	79%	65%	-17%
Hepatitis B	45%	28%	-38%
Herpes Zoster	90%	67%	-26%
Pneumococcal	70%	67%	-4%

**Missed opportunity** = eligible for a vaccine but no record of contraindication, receipt, or refusal of the vaccine

# Identifying Effective Strategies

- Through careful tracking of the project data and activities pilot-tested, ACOG identified the immunization improvement strategies that were:
  - Successfully implemented by the Champions
  - Capable of driving change at the *practice* level
  - Easy to implement in all practice settings
  - Sustainable over time
  - Applicable to the wider ACOG membership




## Strategies for Effectively Integrating Immunizations into Routine Obstetric-Gynecologic Care

1. Administer routinely discussed and recommended vaccines, which at a minimum include influenza, Tdap, and HPV.
2. Create a culture of immunization by educating and involving all staff in immunization processes. Delegate the responsibilities of maintaining and championing an immunization program to a team of staff, as appropriate for your practice structure.
3. Develop a standard process for assessing, recommending, administering, and documenting vaccination status of patients.
4. Utilize existing systems and resources to conduct periodic assessments of immunization rates among patients to determine if and where progress is needed.



# Project Summary Resources



**Increasing Adult Immunization Rates through Obstetrician-Gynecologist Partnerships**

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**Strategies for Effectively Integrating Immunizations into Routine Obstetric-Gynecologic Care**

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**Overview**

The strategies outlined in this resource are based on findings from an American College of Obstetricians and Gynecologists adult immunization project funded by the Centers for Disease Control and Prevention. During this project, recommendations from the National Vaccine Advisory Committee Standards for Adult Immunization Practices were implemented among a diverse population of obstetric-gynecologic providers. Through this process, four overarching strategies were shown to improve immunization processes and ultimately increase immunization rates among obstetrician-gynecologists (ob-gyn) that put them into practice.

**Immunizing pregnant and nonpregnant women against vaccine-preventable diseases is an essential component of women's health care. These suggested strategies are intended to help ob-gyns optimize their immunization programs and integrate immunizations into their routine patient care.**

1. Administer routinely discussed and recommended vaccines, which at a minimum include influenza; tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap); and human papillomavirus (HPV).
2. Create a culture of immunization by educating and involving all staff in immunization processes. Delegate the responsibilities of maintaining and championing an immunization program to a team of staff, as appropriate for your practice structure.

Activities and considerations to successfully implement this strategy include the following:

- Regularly offer education to clinicians and staff on the importance of immunizations through routine meetings; circulation of educational materials; and access to opportunities, such as webinars and conferences.
- Develop scripts for staff to follow when promoting immunizations to patients to ensure strong and consistent recommendations.
- Encourage front desk staff to promote immunizations to patients as appropriate, such as letting each patient know at checkin that she is due for a vaccine.
- Display patient education materials on immunizations throughout the practice in locations where clinical staff and patients can easily access, such as intake areas and examination rooms.
- Based on your practice structure, delegate immunization program management duties (eg, ordering and stocking of new vaccine, monitoring vaccine storage) to an Immunization Champion team or individual. An Immunization Champion team should include at least one medical assistant and/or nurse, one physician, and the manager of the practice or clinic.
- Recognize your Immunization Champions with a name badge, shirt pin, or desk placard that acknowledges their special role and the importance of their work.

Activities and considerations to successfully implement this strategy include the following:

- Train staff on how to deliver strong immunization recommendations to every patient, with statements that include, at a minimum, the recommendation, a time frame for getting the vaccine, and a benefit to the patient.
- For practices that currently offer immunizations only to obstetric patients, pilot-test expanding a routine immunization, such as influenza, to gynecologic patients.
- Similarly, when adding immunizations to a practice or unit that previously did not administer onsite, start with one vaccine and pilot-test the process for a specified time frame.
- You may wish to research vaccine manufacturers for special pricing offers to ensure your practice obtains the best price per vaccine. Consult your legal counsel regarding discounts, as certain restrictions may apply.

- Increasing Adult Immunization Rates through Obstetrician-Gynecologist Partnerships project report
- Strategies for Effectively Integrating Immunizations into Routine Obstetric-Gynecologic Care tip sheet



# Strategies for Effectively Integrating Immunizations into Routine Ob-Gyn Practice



**Strategies for Effectively Integrating Immunizations into Routine Obstetric-Gynecologic Care**

The American College of Obstetricians and Gynecologists  
ACOG FOUNDATION

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- Develop scripts for staff to follow when providing immunizations to patients to ensure strong and consistent recommendations.
- Encourage front desk staff to promote immunizations to patients as appropriate, such as letting each patient know at check-in that she is due for a vaccine.
- Display patient education materials on immunizations throughout the practice in locations where clinical staff and patients can easily access, such as intake areas and examination rooms.
- Based on your practice structure, design immunization program management duties (eg, ordering and stocking of new vaccines, monitoring vaccine storage) to an Immunization Champion team or individual. An Immunization Champion team should include at least one medical assistant and/or nurse, one physician, and the manager of the practice or clinic.
- Recognize your Immunization Champions with a name badge, shirt pin, or desk placard that acknowledges their special role and the importance of their work.



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# Administer routinely discussed and recommended vaccines, which at a minimum include influenza, Tdap, and HPV.

- **Talk to each patient directly.** Make a strong recommendation, which includes:
  - **The recommendation:** "As your physician, I recommend you get the flu vaccine."
  - **A timeframe:** "I want you to get the vaccine today before you leave."
  - **A benefit to the patient:** "The vaccine is important for your health."
- **Train staff** on how to deliver strong immunization recommendations
- **Document declinations** and reintroduce discussion at subsequent visits
- **Order vaccine early**—pre-booking flu vaccine helps secure lower pricing
- **Develop a referral system**—if feasible, establish a relationship with an existing pharmacy, health care provider, or clinic for referrals
- **Expand immunization** offerings methodically



Create a culture of immunization by educating and involving all staff in immunization processes. Delegate the responsibilities of maintaining and championing an immunization program to a team of staff, as appropriate for your practice structure.

- **Educate clinicians and staff on importance of immunizations** for patients & themselves at regular intervals
- Educate clinicians and staff on **role non-physician staff can play**
- **Develop scripts** for staff to follow when promoting immunizations
- **Utilize front desk staff** to promote immunizations as appropriate
- Display **patient education materials**
- **Delegate immunization program** duties to an Immunization Champion team or individual



# Develop a standard process for assessing, recommending, administering, and documenting vaccination status of patients.

- Consider implementing immunization **standing orders** for vaccines carried on-site
- When standing orders are not feasible, develop a **standard immunization process**
- **Gather input from staff** prior to implementation of process improvements
- Consider shifting **administration of immunizations early in the patient visit**
- Create a **natural prompt** for Tdap administration
- **Build immunization reminder language** into intake, check-in, and check-out forms
- When feasible, enroll in your state's **immunization information system (IIS)**



# Utilize existing systems and resources to conduct periodic assessments of immunization rates among patients to determine if and where progress is needed.

- Periodic assessments can highlight if and where improvements are needed
- Examples include:
  - Chart reviews
  - Comparisons of immunization billing codes to number of patients seen over a certain timeframe
  - Comparisons of vaccine purchasing and doses administered to the number of vaccine eligible patients over a certain timeframe
- When assessing immunization rates, consider starting with just one population group or immunization over a specific timeframe
- Develop a plan for how you will use the findings of your immunization rates assessment





# Dissemination Phase Objectives

- Fourth and final year of the project
- Share the *Strategies* widely among ACOG members and partners
- Gather feedback on the most impactful ways to share/promote the *Strategies* to ob-gyns
  - Via provider surveys & focus groups
- Assess impact of the *Strategies* on ob-gyns



# Dissemination Activities

- Social media campaigns to members and other women's health care providers
- ACOG email blasts, newsletters, etc.
- *Optimizing Immunization Programs for Ob-Gyn Practices* tool kit
- Exhibiting and/or presenting at meetings and conferences of partner organizations





# Challenges & Opportunities



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# Ongoing Challenges

- Engaging colleagues & staff
- Consistently delivering strong recommendations
- Implementing standing orders
- Enrollment in and data transmission to the state immunization information systems (IIS)
- Reimbursement



# Opportunities

- Engaging colleagues & staff
- Standard immunization process vs. standing orders
- Enthusiasm of the Champions



# Benefits of a Demonstration Project

- Continuous quality improvement
- Learn what works and what doesn't
- Flexibility and adaptability to respond to feedback and emerging needs
- Sharing of lessons learned
  - Between Immunization Champions
  - With immunization stakeholders
  - With other ob-gyns
  - With state health department partners



# ACOG Immunization Resources

[www.ImmunizationforWomen.org](http://www.ImmunizationforWomen.org)

[www.acog.org/immunization](http://www.acog.org/immunization)



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# Adult Immunization Project Resources

- Strategies for Integrating Immunizations into Routine Obstetric-Gynecologic Practice **tip sheet**
- Developing an Immunization Referral System **tip sheet**
- Seasonal Influenza Vaccination Programs: Tips for Optimizing Practice Management **tip sheet**
- Optimizing Immunization Programs in Obstetric-Gynecologic Practices **tool kit**

**Strategies for Effectively Integrating Immunizations Into Routine Obstetric-Gynecologic Care**

The American College of Obstetricians and Gynecologists  
ACOG FOUNDATION

**Overview**

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**Immunizing pregnant and postpartum women against vaccine-preventable diseases is an essential component of women's health care. These suggested strategies are intended to help ob-gyns optimize their immunization programs and integrate immunizations into their routine patient care.**

1. Administer routinely discussed and recommended vaccines, which at a minimum include influenza, tetanus toxoid, medical epidermal toxic, and acellular pertussis (Tdap), and human papillomavirus (HPV).

Activities and considerations to successfully implement this strategy include the following:

- Train staff on how to deliver strong immunization recommendations to every patient, with statements that include, at a minimum, the recommendation, a time frame for getting the vaccine, and a benefit to the patient.
- For practices that currently offer immunizations only to obstetric patients, plan first regarding a routine immunization, such as influenza, to gynecologic patients.
- Similarly, when adding immunizations to a practice or unit that previously did not administer vaccines, start with one vaccine and pilot test the process for a specified time frame.
- You may wish to research vaccine manufacturers for special pricing options to ensure your practice obtains the best price per vaccine. Consult your legal counsel regarding discounts, as certain restrictions may apply.

2. Create a culture of immunization by educating and involving all staff in immunization processes. Delegate the responsibilities of maintaining and championing an immunization program to a team or staff, as appropriate for your practice structure.

Activities and considerations to successfully implement this strategy include the following:

- Regularly offer education to clinicians and staff on the importance of immunizations through routine meetings, circulation of education materials, and other means.

**Seasonal Influenza Vaccination Programs**

**Tips for Optimizing Practice Management**

An obstetrician-gynecologist (ob-gyn) plays a crucial role in providing important information and adolescent girls and in a pregnant woman's decision to get the seasonal flu vaccine. Offering the seasonal flu vaccine in the practice setting is the best way to ensure patients

This guide provides tips to help optimize the flu immunization program in your obstetric-gynecologic practice. Please share this resource with the immunization coordinator, nurse, medical assistant, office manager, or other staff responsible for immunization management in your practice.

**Ordering Vaccine**

New flu vaccine inventory must be ordered every year because vaccine composition is updated annually and subject to change.

**ADDITIONALLY**

Ordering you and manufacturers will reflect a percentage of the cost or receive a credit; their return may not accept returns of all factors in this information when determining the quantity to order and assessing financial implications.

You may wish to research vaccine manufacturers for special pricing offers to ensure your practice obtains the best price per vaccine. These might include the following:

- **Prebook discounts** allow you to purchase a vaccine at a lower price if you reserve doses well in advance of the upcoming flu season.
- **Prompt pay discounts** reflect a discount that vaccine manufacturers attempt to push inventory and influence ordering patterns by raising promotion or sales. Pay attention to annual sales dates and structure ordering around the lower price opportunities.
- **Credit cards** create opportunities in two ways. First, they extend payment terms (typically by an additional 30 days). Secondly, many credit cards offer payback in cash or other benefits (eg, air-line miles). Note that you may risk excessive interest penalties if you violate the payment terms on your credit card. Consult your legal counsel regarding discounts, as certain restrictions may apply.

**Increasing Adult Immunization Rates through Obstetrician-Gynecologist Partnerships**

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**Optimizing Immunization Programs in Obstetric-Gynecologic Practices**

**Developing an Immunization Referral System**

The American College of Obstetricians and Gynecologists (ACOG) recommends that obstetrician-gynecologists (ob-gyns) assess patients' immunization status and recommend and offer needed vaccines during routine office visits. There are many resources available to help ob-gyns maintain a vaccine inventory in their practices while also maximizing reimbursement and reducing costs. For those practices that are unable to stock and administer vaccinations onsite, ACOG recommends that ob-gyns develop a system for referring patients elsewhere for vaccination.

An immunization referral system should include the following:

- A referral or prescription for a specific vaccine needed within a specific time frame
- Identified locations where the vaccine is offered, and preferably those that accept the patient's insurance
- A plan for following up and documenting that the patient received the vaccine

To help ob-gyns develop such a system, ACOG has outlined several tips and strategies. Please keep in mind that there is no one-size-fits-all immunization referral system. These tips and strategies are meant to offer useful suggestions as you build the immunization referral system that works best for your practice.

**Tips and Strategies for Developing an Immunization Referral System**

Determine which vaccines your patient population may need that your practice is not able to stock.

- In an ob-gyn office, necessary vaccines at a minimum include influenza, tetanus toxoid, diphtheria toxoid, and acellular pertussis (Tdap) and human papillomavirus (HPV).
- Depending on your patient population, your practice also may need to give referrals for the following vaccines: pneumococcal, hepatitis B, herpes zoster, measles-mumps-rubella (MMR), meningococcal, and more.
- Use a screening tool to stay informed of specific ages and indications for different vaccines.
- The Centers for Disease Control and Prevention (CDC) and the Immunization Action Coalition (IAC) offer each screening tool.
- The American College of Obstetricians and Gynecologists offers resources for determining patients' recommended immunizations at [acog.org](http://acog.org) and through the ACOG Immunization Toolkit.

**Identify locations that offer the vaccines your practice does not stock or that currently may not be in stock.**

- This location can be a partner or neighboring primary care office or clinic, health department, clinic or hospital pharmacy, independent or retail pharmacy, travel clinic, or other community health care provider.

**Develop a list of referral locations and keep copies of this list readily available to share with patients.**

- The list should include the referral's name, address, phone number, business hours, website link and, when possible, vaccines offered and insurance coverage information.
- Please note: Although a referral location may bill the same insurance plan as the ob-gyn, the coverage rate, or whether or not the vaccine is covered, or both, may vary.
- Providing such a list is especially critical for patients who do not already have a primary care provider, preferred pharmacy, or other identified source for acquiring a referred vaccine.

**Write down the exact vaccine and timing of administration needed when you refer the patient for his vaccine.**

- To formalize the process and convey necessity to the patient, consider writing the referral information on a prescription pad. If possible, use your **electronic medical record (EMR) e-prescription** feature.
- Some EMRs allow you to e-prescribe a specific vaccine to a specific pharmacy for your patient.
- Using e-prescription
  - allows the patient to go to her preferred location.
  - provides documentation and information to the patient.
  - gives the pharmacy a heads-up that the patient is coming.
- Depending on the functionality of your EMR, using the e-prescription feature also may generate a confirmation when the vaccine has been given and, therefore, provide documentation of vaccination in your records.

**Optimizing Immunization Programs in Obstetric-Gynecologic Practices**

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**IMMUNIZATION FOR WOMEN**  
Innovative Solutions for OB-GYN and Their Patients

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# ACOG Immunization Clinical Guidance

- Immunization Implementation Strategies for Obstetricians-Gynecologists, **Committee Opinion #772**
- Assessment and Treatment of Pregnant Women With Suspected or Confirmed Influenza, **Committee Opinion #753**
- Maternal Immunization, **Committee Opinion #741**
- Influenza Vaccination During Pregnancy, **Committee Opinion #732**
- Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination, **Committee Opinion #718**
- And more





# Other ACOG Immunization Resources

## [ImmunizationforWomen.org](http://ImmunizationforWomen.org) website

- Clinical guidance
- ACOG app with Immunization applet
- Toolkits & FAQs
- Coding and reimbursement resources
- Practice management resources
- Vaccine safety resources





# Contact the ACOG Immunization Department

[Immunization@acog.org](mailto:Immunization@acog.org)



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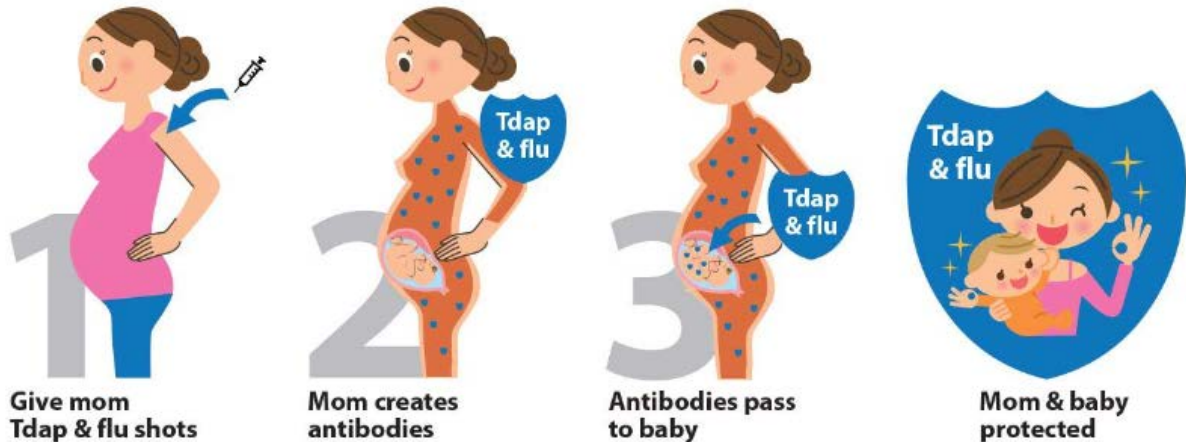
# Questions?



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# Announcements: New Resources in Toolkit

- **DHCS Learning Collaborative February 2019 Presentation: Protecting Infants from Pertussis: Strategies to Increase Maternal Immunization & Reduce the Gaps in Health Systems.**
- **Medi-Cal Transportation Benefit Poster**
- **ACOG Tools**
- **Infographic from the California Immunization Coalition**



## Medi-Cal can help you get to a doctor or clinic.

- If you receive Medi-Cal through a managed care health plan, call the member services (or transportation) number on your health plan card or speak with your doctor to see if you qualify.
- For patients with straight Medi-Cal, also called Fee-for-Service, call 1-800-541-5555 or your doctor.

For more information, visit the Department of Health Care Services' (DHCS) transportation webpage: [www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx).

## ¿NECESITA TRANSPORTE?

Su plan de salud de Medi-Cal le puede ayudar a llegar a su doctor o clínica.

- Si tiene un plan de salud administrado por Medi-Cal, llame al número de servicios para miembros (o de transporte) en su tarjeta del plan de salud o hable con su doctor para verificar si puede recibir asistencia de transporte.
- Para pacientes con planes de Medi-Cal de pago por servicios, también conocido como Fee-For-Service, llame al 1-800-541-5555 o a su doctor.

También puede visitar la página web de transporte del Departamento de Servicios de Salud (DHCS, en inglés): [www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx)

IMM-1251 (11/18)

# Announcements: New Resources for WIC

Presentation for WIC Staff by Dr. Elizabeth Rosenblum

<https://www.youtube.com/watch?v=DeMDb8bFG44&feature=youtu.be>



**I'm Pregnant Magazine** now includes prenatal immunization information (Not in toolkit)

# See you at the CIC Summit!

Please Join Us for the 2019 California Immunization Coalition Summit!

2019  
California Immunization Coalition Summit | IZ Coordinators' Working Meeting



RIVERSIDE, CA  
APRIL 8-10, 2019

*Today's Vision: Tomorrow's Reality*

April 8<sup>th</sup> and 9<sup>th</sup>\*, 2019 in Riverside, CA

<http://www.immunizeca.org/summit-2019>

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# Thank you!

Prenatal Tdap Toolkit: <http://eziz.org/resources/pertussis-promo-materials/prenatal-tdap>  
[Rebeca.Boyte@cdph.ca.gov](mailto:Rebeca.Boyte@cdph.ca.gov)