Oral Presentation
An AFIX Application: The Central Oregon Regional Immunization Rate Improvement Project
Jill Johnson

Background:
The CDC’s AFIX Program is an evidence-based quality improvement program that is a recommended strategy for improving immunization rates and practices at the provider level. The Central Oregon Regional Immunization Improvement Project is an example of how the AFIX Program has been implemented at the local level by three Oregon counties in an effort to increase 2 year old immunization rates.

Setting:
The Central Oregon Region encompasses three adjacent counties. Much of the region is rural with Bend as its most populous city (87,000 residents in 2015). The economy relies heavily upon timber, ranching, and outdoor recreation with more than 2 million visitors to the area annually.

Population:
Clinics within the Central Oregon Region that serve pediatric patients were encouraged to participate.

Project Description:
Clinic participation was encouraged through promotion of the AFIX partnership as a valuable tool to assist them in increasing two year old immunization rates in their clinics. Additionally, incentives were offered such as immunization education and clinical resources.

Appropriate evidence-based strategies were identified for implementation by each clinic based on facilitated team review of qualitative and quantitative data. A cornerstone of the project has been the opportunity to collaborate and share best practices. Each clinic has identified Immunization Champions, who attend “Best Practice Meetings” semi-annually to share successes and challenges with strategy implementation. The project team provides on-going support and progress is monitored regularly through ALERT Registry Assessment Reports. As of October 2017, which is the mid-point of the 3 year project, two year old immunization rates have increased by 10.8% across 10 clinics serving approximately 3,000 two year olds.

Results/Lessons Learned:
The Central Oregon Regional Immunization Rate Improvement Project is a successful example of how an established, effective CDC program can be used in an innovative way to improve community partnerships and provide improved protection against vaccine preventable disease.
Oral Presentation
Maximizing the AFIX framework to meet the needs of a large healthcare system
Kate Cranfield, Carolyn Cook

Background:
In Pierce County, Washington, the Tacoma-Pierce County Health Department partners with Vaccines for Children pediatric and primary care providers on quality improvement (QI) projects to increase pediatric vaccine coverage. Washington uses the QI framework, AFIX. Initial difficulty scheduling visits at individual clinics motivated the public health nurses to take an innovative approach with our county’s largest health system.

Setting:
Public health staff collaborated with health system administration to schedule a group AFIX visit with clinic managers and vaccine leads. The health system maintains 19 primary care clinics in two adjacent counties.

Population:
Pierce County has a population of 843,954 people with 37.2% of children on Medicaid. Washington Immunization Information System data indicate that 53% of children aged 19-35 months are up to date (4DTaP, 3Polio, 1MMR, 3HepB, 3Hib,1Var, 4PCV) and 25% of adolescents aged 13-17 years are up to date (1Tdap, 1MenACWY, UTD HPV).

Project Description:
AFIX reviewers adapted the Quality Improvement for HPV Vaccination: Adolescent AFIX presentation to include childhood vaccine information. We presented an example QI framework and coverage rates for each clinic’s 24-35 month and 11-17 year old patients. A nurse participant also demonstrated how to inactivate patients in the Washington Immunization Information System. A six month follow-up of coverage rates will be run per the AFIX framework to assess improvement and evaluate the group approach.

Results/Lessons Learned:
This group approach demonstrates early benefits:

- Significant cost and time savings
- Group atmosphere taps into the competitive nature of healthcare personnel
- Peer-to-peer teaching promotes the utilization of existing staff expertise
- Collaborative work across local public health jurisdictions promotes consistency in approaches

Challenges include:

- Group visit too large to foster individual relationships with clinic staff
- Reaching consensus on the QI strategy selection with 40 participants
- Heavy workload on AFIX reviewers to prepare all coverage reports in a limited time
Oral Presentation  
**Burden Versus Benefit of Pediatricians' Participation in the Vaccines for Children (VFC) Program**

Sean O'Leary, Mandy Allison, Tara Vogt, Lori Crane, Laura Hurley, Michaela Brtnikova, Erin McBurney, Brenda Beaty, Nathan Crawford, Megan Lindley, Shannon Stokley, Allison Kempe

**Background:**
The VFC program supplies >50% of vaccines for children in the US, the majority of which are administered by primary care providers. Provider participation in VFC is critical to its success. Financial and administrative burdens of participating in VFC may affect providers' participation.

**Objectives:**
To assess among pediatricians: 1) participation in VFC and consideration of stopping; 2) perceived burden versus benefit of participation.

**Methods:**
A national survey of pediatricians from June—August 2017. Pediatricians were asked to rate the extent to which VFC participation represented benefit versus burden from -5 to +5, with -5 representing more of a burden and +5 representing more of a benefit.

**Results:**
The response rate was 79% (372/471). The majority (86%) participate in VFC, 9% never have, and 5% previously participated but don’t now. Among those who participate, 15% (n=47) have considered stopping. The most common reasons for consideration were difficult record-keeping requirements (74%), concern about disciplinary action for non-compliance with program requirements (61%), unpredictable vaccine supply (59%), and inadequate payment for administration (56%). Almost all respondents agreed that VFC participation increases children’s access to vaccines (98%) and allows them to be vaccinated in the medical home (95%); 68% agreed that program administrative requirements are a burden, and 54% agreed that payment for VFC vaccine administration is less than private health plans (42% didn’t know). Thirty-one percent of physicians rated participation in VFC +5, 26% +4, 12% +3, and 7% +2, 4% +1, 9% 0, and 12% with a negative value.

**Conclusion:**
Most pediatricians participate in VFC and believe the benefit to children outweighs the burden of participating. Administrative requirements and inadequate payment for VFC vaccine delivery are important burdens that could cause providers to cease participation. VFC program requirements should be monitored to ensure burden does not outweigh benefit and adversely affect participation.