Wisconsin Adult AFIX Quality Improvement Program

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Each year thousands of adults in the United States suffer serious illness, are hospitalized, and even die due to diseases for which vaccines are available. Adult vaccination coverage rates in Wisconsin remain below the Center for Disease Control and Prevention’s (CDC) Healthy People 2020 targets of 70% coverage for influenza, 30% coverage for zoster, and 90% coverage for pneumococcal vaccines (PCV13 and PPSV23). To address this issue, the Wisconsin Immunization Program implemented the CDC’s Assessment, Feedback, Incentives, and eXchange (AFIX) quality improvement (QI) model in 119 clinics across Wisconsin. Influenza coverage, ages 19-64 years, WI Immunization Registry, Aug 1, 2015-June 30, 2016

**METHODS**

**Population and Setting**
Clinics administering adult vaccinations were eligible to participate. Over 800 clinics were offered an AFIX visit; 119 clinics elected participation. These include public and private primary care clinics, federally qualified health centers (FQHC), OB-GYN clinics, adult care centers, and tribal health centers. Wisconsin adults aged 19-100 years who had a prior immunization reported to the Wisconsin Immunization Registry (WIR) and an “Active” status at a health care organization within Wisconsin were included in the immunization coverage assessment.

**ASSESSMENT** of the health care provider’s vaccination coverage assessment and immunization practices:
- Adult coverage rates were evaluated for the following vaccines: Tdap, patients 19-100 years; influenza, patients 19-100 years; HPV, patients 19-26 years; zoster, patients 60-100 years; pneumococcal (PPSV23/PPCV13), patients 67-100 years.

**METHODS (CONT’D.)**

**WIR Assessment Summary**

**SAMPLE HANDOUT**

- In-person consultation with clinic immunization staff and providers.
- Immunization practices were evaluated based on a questionnaire gauging each clinic’s:
  - Quality of immunization services: reminder/recall, walk-in visits, scheduling.
  - Strategies to decrease missed opportunities: patient education, resources, provider education, strength of recommendation, standing orders.
  - Strategies to improve accuracy of information in WIR: reporting, historical immunizations, inactivating patients no longer seen at the practice.
- Reviewed “Adult Immunization Toolkit,” which includes:
  - CDC handouts and resources.
  - WIR instructions on how to run reports, inactivate patients, conduct reminder-recall.
  - AFIX resources and best practices guide.
- Selected 2-3 quality improvement strategies. The most common selected strategies included:

**REFERENCES**

- Wisconsin Immunization Program: Adult vaccination coverage rates, Wisconsin Immunization Registry, 2016: https://www.dhs.wisconsin.gov/immunization/data.htm

**ACKNOWLEDGEMENTS**
This project was supported in part by the Wisconsin Immunization Program and the Wisconsin Comprehensive Cancer Control Program and funded by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement Number: NH238PC00996-01-02
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**RESULTS**

- Of the 119 participating clinics, 13 have reached their three-month follow-up date, and none have completed their six-month follow-up. Preliminary, three-month coverage rate changes are shown to the right.
- HPV3 three-month changes have been omitted as WIR is currently having a forecasting error due to the new 2 dose HPV recommendation. Coverage rate changes for participating clinics will be calculated as six-month follow-ups are completed.

**CONCLUSIONS**
While it is too early in the project to determine effectiveness of the adult AFIX site visits, preliminary results and discussion with clinic staff are promising. Programmatic priorities to improve adult vaccination coverage rates include the following:
- Work with clinics to improve scheduling processes, i.e., in-room scheduling, reminder/recall, contacting no-show appointments.
- Ensure clinics have CDC adult immunization resources to give to patients.
- Keep clinic staff up-to-date on current ACIP recommendations for adult vaccines.
- Advocate for Medicare/insurance policy improvements that improve vaccination coverage for patients and clinics.