

Transcript for Strategies to Improve Immunization Rates Webinar

April 19, 2023

- Okay, looks like we got a lot of people trickling in. We should get started here in, I don't know, 30 seconds. I know we're a tiny bit late, so. Okay, well hello, everyone. Glad you could join us today. The Department of Health and its partners will be presenting on strategies to increase immunization rates today. My name is Philip Wiltzius, and I'm a health educator with the Department of Health. I will be facilitating today and I hope you're all staying warm and dry. It's pouring down here in the Chehalis Valley and I assume also in South Puget Sound, so toughing it out. But I'm looking forward to warmer sunnier weather next week. So I'm gonna cover some general ground rules or guidelines before we get to the presentation. So like the rest of our webinars, we usually mute everybody and you won't be able to type and chat. But if you do have any questions about the webinar, you can type them in the questions and answer box in Zoom, and we will answer questions at the end of the presentation. And we just ask that people keep those questions on topic to the webinar or we won't answer them. We do have a lot of continuing education available for folks this time. Physicians, nurses, medical assistants, pharmacists, and pharmacy techs. And you can get credit either by watching this webinar or watching the recording and then completing the evaluation. And of course you can find all that information and more on our webpage for the webinar, which is listed here. And it's also in the Zoom reminder email you received about an hour ago. Okay, so I've got a couple of continuing education slides to go through here. So this activity was planned and implemented in accordance with the accreditation council for a continuing medical education through joint providership of the federal or the Federation of State Medical Boards and the Washington Medical Commission. The Federation of State Medical Boards is accredited by the ACCME to provide continuing medical education for physicians, and it's designated as one AMA PRA Category 1 Credit. And then for nursing education, this activity was approved by the Montana Nurses Association, which is an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. That's a mouthful. And it's also for one hour for nurses as well. And we also have approval through the American Association of Medical Assistants and through the Washington State Pharmacy Association. And just a quick disclosure or no disclosure, the planners and speakers of this activity have no relevant financial relationships with any commercial interests pertaining to this activity. Okay, so the learning objectives for this webinar will be to identify best practices to increase immunization rates, discuss ways medical assistants effectively promote immunizations and increase immunization rates and describe tools in the IIS that can be used to raise immunization rates. Okay, so let me introduce the presenters real quick and then I will turn it over to Mersine. Mersine Bryan is a pediatrician and pediatric hospitalist at the Seattle Children's Hospital as well as an assistant professor of pediatrics at the University of Washington. Caiyou Wu is a clinic support supervisor. And Jiehua Tan is a medical assistant and vaccine coordinator, and they're both from the International Community Health Services. And Crystal Averette is our Immunization Quality Improvement for Providers coordinator or IQIP coordinator in the Office of Immunization at the Washington State Department of Health. Okay, and with that, I will turn it over to Mersine to get started.

- Great, thanks Phil. Thanks, everyone, for joining today. You can go to next slide. I have no disclosures, as Phil mentioned. Next slide. So the objectives of this talk for me are to discuss the evidence-based strategies to improve immunization rates at the clinic and provider level. You know, there are effective strategies that range from the individual level all the way up through the public health level, and we're really gonna focus on things that can be done in the clinic and with providers. Next. And ideally by the end of this webinar you'll be able to identify strategies that you can effectively implement in your clinic to improve immunization rates for children. Next. There are two clinic processes that we'll talk about

today. One is standing orders and the second is reminder-recall. Next. What standing orders are, are they're protocols that allow for non-physicians, such as medical assistants and nurses, to vaccinate without direct physician involvement at the time of the vaccination visit. So they can be done with pre-charting or the visits from a previous visit or with orders from a previous visit. And how this works is it empowers personnel from the clinic to incorporate the assessment of vaccination status for children into their workflow, and it reduces missed opportunities. So what a missed opportunity is, is when a child comes to clinic who is due or overdue for a vaccine and they do not receive the vaccine that they are due or overdue for. And standing orders are cost effective ways to improve vaccination rates in your clinic. Next. The second clinic process is reminder-recall. So a reminder is when there is a contact with the parent or patient that a vaccine is due, and recall is when the contact the parent or patient is when the vaccine is overdue. And this can be any type of contact. So call, text, email, or patient portal. And studies have shown that concordant communication with parent preferences increases follow up. So that means that if you're able to keep track of how parents prefer to be contacted within your clinic, whether it's text or portal, and you reach out that way, you are more likely to get a response, and more likely to get children to come back in for their vaccines. In addition to being associated with improved vaccine uptake, reminder-recall is also associated with increased attendance for well child checks. So it is an effective strategy to get kids back into clinic when they are due. IIS, such as WAHIS, can centralize the process for reminder-recall, and Chrystal will talk more about that later. And reminder-recall is a very cost effective strategy, both at the clinic level, and it's even more cost effective when using a centralized process such as IIS. Next, we're gonna talk about three different provider processes that can improve immunization rates and clinics. The first is provider reminders or prompts. The second is audit and feedback. And the third are different provider communication strategies to improve vaccine uptake. What provider reminder or prompts are is they're similar to standing orders, where they're flags in a patient's chart that alert the provider that a child is due or overdue for vaccines and prompts ordering to provider to order vaccines. These can be nurse-initiated, they can be through the electronic health record, or they can also be through IIS. The benefit for this is that it can alert the providers at all visits to reduce missed opportunities. So not only well child checks but also acute care visits or nurse visits, et cetera. We have a few questions scattered in here. The first is, which do you think is a more effective strategy to reduce missed opportunities, A, standing orders, or B, provider reminders or prompts? The correct answer to this is standing orders, and the reason that standing orders are more effective is 'cause it empowers more people than just the ordering provider. So it empowers the nurses, the MAs, and everyone in the clinic to to adopt a vaccination as an important practice when when they're seeing patients. The second provider process that we'll talk about today is audit and feedback. What audit and feedback is is when you conduct a semi-annual audit of vaccination status for a panel of patients in your clinic and you provide feedback to the providers about who is up to date and not up to date. Conducting audit and feedback is associated with higher rates of on-time vaccination. So giving this regular feedback to your providers about what proportion of their patients are up to date and which proportion of which patients are missing vaccines is associated with increased vaccine delivery. This is something that does require some time on the clinic's part to to conduct these audits. Thus it is often integrated into quality improvement and other implementation efforts. You can use benchmarks which could be that you set goals at the individual provider level, where each provider sets a goal of how much they aim to improve their vaccination rates, or you can use benchmarks through Healthy People 2030 or the Department of Health to identify what you want your clinic vaccination rates to be. The last provider process that we'll talk about is some effective provider communication strategies to improve vaccine acceptance. For our second question, which of these statements do you think results in higher vaccine uptake? A, your child is due for their four month shots today, or B, what would you like to do about shots today? The correct answer is the first one, which is the presumptive approach, which is the idea that you presume that the patient is coming in and is going to receive their shots today. When you think about how to

communicate about vaccines with families, the first step is to offer an effective provider recommendation. And what an effective recommendation is is this presumptive, strong, timely, universal, urgent and bundled. And what that means is presumptive, as we just said, it's the idea that the patient is here and is going to receive vaccines. So you start the visit with the presumption that you will be providing vaccines for their child today, rather than leaving it up as a question. Strong is that as their provider you recommend these vaccines, these vaccines are safe and effective. Timely is we should do these today, they're due for them. Universal is offering it to every patient. Urgent is the sooner we get them protected, the better. And bundled is that you're offering all of the vaccines as a recommendation together. So for example, for adolescents you would offer, you would say, "The child is due for their, you know, HPV, meningococcal, and Tdap vaccines today," rather than saying, you know, "They're due for their Tdap and meningococcal, and what do you think about the HPV?" So you're bundling the recommendations together. Step two, if the family has questions, you pursue your initial recommendation. So you say, "Oh I hear that you have some questions, let's talk about vaccines. I recommend that Johnny gets them today. What questions can I address for you?" And you wanna do this in a neutral and non-judgmental way. You wanna address their vaccine concerns that are tailored to the family, and then you wanna ensure ongoing communication and conversation, that this isn't the only time that you offer vaccines. This isn't the only time that you'll be available to address their questions, and you are going to continue to provide them information that they need to make the decisions for their child. In addition to the presumptive approach, another evidence-based strategy for provider communication to improve vaccine acceptance is motivational interviewing, which is a strategy that's used for a lot of different behavioral health interventions. A couple of brief examples of motivational interviewing. One is the strategy of elicit, provide, elicit. So for this strategy, you elicit what the parent knows or understands. So you may say, "It sounds like you have some questions about Johnny getting their vaccines today. Would you like to share those with me?" And you seek permission to provide information. "I've looked into this a great deal. Can I share some information that I found, and why I think these vaccines are important?" Again, you wanna approach this in a neutral non-judgmental way to address the questions that parents have. And after, you wanna elicit the parent response, "I'd love to know what you think about this information. Has it helped alleviate some of your concerns? What else would you like to know? Can we give Johnny their vaccines today?" A second motivational interviewing strategy is the importance and the confidence ruler. So the example of this is you ask the family, "On a scale of one to 10, how important is it for you to vaccinate your child?" And if they say it's a two, you say, "Why is it a two and not a one?" Or, "Why is it a two and not a zero?" Or, "Why is it a zero and not a negative 10?" And the reason that you're centering this on the lower number is you want the parent to essentially state what their reason is for vaccination and what they view as a positive step for the reasons to vaccinate their child. Studies have shown that if you have parents who reiterate their concerns and anxieties about vaccines, it really cements their belief in it and their thoughts on it and it makes them less likely to vaccinate. So you want them to talk about the positive reasons why they would accept vaccines for their child such as protection against diseases, on keeping their child safe, et cetera. Last question. It's best to pick one strategy at a time to implement in clinic to improve immunization delivery. This is false. Combination interventions that include both provider and clinic interventions can be very effective in improving vaccination delivery and cost effective as well. When you're already making the effort to improve your immunization delivery in your clinic, it's best to consider what strategies are going to address the barriers that you're experiencing, and doing more than one at the at a time can be effective at implementing them simultaneously and improving your immunizations at a higher rate. It's important to focus the strategies on which barriers are most important for your clinic to address. So when you think about the immunization delays in your clinic, you wanna think about what are the barriers for them. So first is it a missed opportunity? Are you having children come to clinic and you're not providing them the vaccines that they are due or overdue for? In which case effective

strategies include standing orders, provider prompts, and audit and feedback for providers. If you find that families are being offered vaccines but you're having a lot of hesitancy in your clinic, and you could consider provider communication training about the presumptive approach in motivational interviewing. You also could consider medical assistant scripting, because as we had stated with the standing orders, having this be something that is important from the beginning of the visit all the way through, that all the clinic staff are engaged in, can really promote your immunization delivery. And then if you find that you have a gap in the knowledge that vaccines are due for your families, then reminder-recall can be extremely effective at getting children into the clinic for their well childcare as well as for their vaccines that they are due or overdue for. Thank you so much for your time, and I look forward to questions at the end.

- [Caiyou] Hello, this is Caiyou. Thank you for the opportunity for me to present our how to increase the rate as a medical assistant and supporting providers. Next slide, please. And usually for the medical assistant, we will comb through the days of our provider's schedule either the day before or on the day of the visit. So we will look at the schedule and how many kids are on the schedule, and we will just go ahead and check on the WAIS, and now at the system, and we will communicate with the provider first thing in the morning, and go through some of the vaccine that they are due and go what was the reason for visit. For example, if a kid's for a well child trip visit, we will basically based on the patient's age and we'll offer the appropriate age vaccine during the vaccine visit. Like, for example, if a kiddo is 12-month-old, we will just offering the vaccine like for hepatitis A and MMR vaccine and varicella at the visit. We will go ahead and offer the vaccine information sheet to the parent. So let them go through the information, and if the patient do have any questions, when the provider arrive at the exam room, they will ask the provider ahead of time, rather than they will wait at the end of the day. So if the patient come in just for office visit, we will still come through what type of vaccine they are due so the they don't have to come in specific during the well child visit and then we'll offer the vaccine because we will probably miss the opportunity due to the kids' schedule, the busy schedule, or the parents' busy schedule during their working or schooling. So when we tell the patient or the parent or the guardians what kind of vaccine that patients need and patient oftentime or the guardians, they have all these questions, and they will have, they will postpone, "Oh, we don't want this vaccine today." And the medical assistant normally will just communicate with the provider in person, like, "Hey, the patient do have this kind hesitancy, and they do nothing. This is approved for the kids for to receive today. They here just for the acute visit." So we let provider know all this consent, that it is from the parent or the kids, and the provider, they will provide additional education to them. Next slide, please. We will conduct monthly recall, Jiehua, the vaccine coordinator, we work closely with WAIS system and also with our EPIC system, running a report to match which patient that their due age to with the certain age of the vaccine. If we run into the same amount the patient, we will arrange a medical assistant to conduct a reminding call versus telephone or send other message. In our clinic, we oftentimes run into patient who only speak certain language. So oftentimes phone call is more effective to the clinic and if the patient or the guardians have any concern about the vaccine, we can provide additional information to the patient and explain to them why. And for example, some of the vaccine that needs second dose of third dose for them, like for example the HPV vaccine, if they get it in the early age, like the new recommendation is nine years old, we will offer them to come in for the first dose right now. But of course patient will just, "Oh, I thought it's 11 years old." So we'll explain to them this is the new recommendation that the kid nine years old should get the first of dose of HPV, which is more effective. We provide a little bit more education. And we can also schedule them in our EPIC system. So they will be get all set settled down, then they don't need to call back again to schedule appointment. Next slide, please. In addition, we will provide by yearly training for the immunization schedule, we will, based on what the CCD's recommendation right now, and we provide each individual MA following the CDC

guideline. And additionally we will create these cheat sheets that give the reference guideline to all the MA and posting on the injection rooms. So they will have a reference in case they're missing out any of the schedule. We will be offering the vaccine, not just under the provider visit, so as under the medical assistant visit. When we doing the recall, the patients are not due for well child check visit, not due in for office visit. We are simply just offering, "Hey, we have plenty of opening in schedule, we can go ahead and schedule you under the medical assistant visit. We can provide you all these vaccine, so as if you have additional child, that they're age appropriate. We can also schedule them to come in the same time." So the parent are more, they will have a little bit more free time to come in as one together, rather than separate visit and has to be in a time strict with that part. And that's all I have for the team. Thank you very much.

- [Chrystal] Hi, good afternoon. I am Chrystal Averette, I'm gonna be going over the Immunization Quality Improvement for Providers and how to use the Washington IIS to increase immunization rates. Next slide, please. All right, Immunize Washington. This is our state annual award recognizing providers who meet these measures below for the gold, silver, and bronze adolescent level. The award nomination process starts on June 1st. This year providers must complete the self nomination form and submit a copy of the coverage rate report to immunizewa@doh.gov. So the Immunize Washington Awards started back in 2015 and it is a collaboration between the Department of Health, healthcare authority, health plans, and other partners. The goal is really to help you guys to meet those measures within your health plans and of course our goals within Washington state and of course CDC goals. So with that being said, there is a lot of information on the immunizewa.org page, if you're interested. And we can move to the next slide, please. So to get you to the Immunized Washington Awards and I do wanna recognize our previous presenters, they have consistently been gold and silver awards since the beginning for every year. And you can see how a lot of their processes and their activities that they do really support the immunization work. So one of those ways to reach those goals is using what is called IQIP. And IQIP is a kind of provider level program. It works with Vaccine for Children enrolled providers, and we really want to support on-time vaccination and adherence to the ACIP recommendations. So we're here to really promote and support and work with you. We are not trying to add more additional things into you but really kinda look at some of your processes and maybe give you extra support on ways that you can improve. Whether it's finding education materials, it is really to help enhance the work that you're already doing. And again, this is very specific to each clinic. Every clinic has their different challenges, and a lot of clinics have very good processes in place, in how to kind of see if we can maximize what you're already doing. Next slide, please. So again, the IQIP process is really just a in-person kind of informal interview that we actually collaborate and work and just have discussion. This usually takes about an hour long. We kind of go through your vaccination work flow, we go over your initial coverage assessments and then we kind of set coverage goals that where do we wanna be within the next year. Then we kind of discuss and select some QI strategies that will work best for your practice. And then we kind of follow up again at two months and that's usually just a 10 to 20 minute phone call, just to check in and see if there's things that you need. Also at six month. Then at 12 month we can do again a 20 minute phone call, or you may decide, hey, we're not really there at the levels we want, we wanna do another cycle and maybe change what we have learned. So it's really based on that plan-do-study-act cycle. Next slide, please. So these are the IQIP core strategies: Scheduling the next vaccination visit before the patient leaves the provider site. Leveraging the IIS to improve immunization practice, which I will go over some of those QI tools shortly. Giving a strong recommendation, including HPV. And strengthening vaccination communications. So Washington did a specific one which is recommend HPV vaccination series starting at age nine. And back in January, the forecasting in the IIS did reflect that children are due for HPV starting at age nine and there are many materials and many webinars to come to help support this activity. Next slide. So within the IIS, here are the quality improvement tools. There

is the coverage rate report, there's the reminder/recall tool, and manage population. Next slide. So the coverage rate report, and this is what you will run to submit for your Immunize Washington award. And even though that your levels may not reflect the series rate that is at a level, please go ahead and submit, 'cause you may again decide that you want some additional support. So within the IIS there is what's called the reports module. Under reports you can find the coverage rate report. So you can really assess any age range vaccine or predefined series. Now for the Immunized Washington, there is a designation for gold/silver which is your HEDIS Combo 10. There is also the gold and silver for adolescent, which is HEDIS Combo 2, which is your 1-1-2 series. And there's also the bronze level. So that has been identified to help you quickly be able to check your immunization reports without going through all these different series. So you can run or export coverage rate reports and patient lists during this. You can see who is due and who is missing vaccines. And as you see here, you can, this patient right here, they had four patients within this series, which is the 1-1-1 series, and how many are incomplete and how many are also. So 75% of these patients have all these vaccines. There is also options to run a missed opportunity. A missed opportunity is defined as during an immunization visit they could have received one or more vaccines. So next slide, please. The next tool is the reminder/recall. This is gonna filter out all patients who are completed all their series. This is gonna focus on those kids who are missing. Again, any series that you are working on, whether it's Immunize Washington, you know, gold or silver levels, you can run those. They kind of mirror what's in the coverage rate report. So with this, I know a lot of people are going through each of their patients, you know by in a demographics page and activating them. That is time consuming, and I agree. With the reminder/recall, you are able to go in and kind of filter patients who are missing vaccines look them up. Lot of times in most scenarios you'll be able to see your EHR'S chart number to quickly identify. But you can see over here to the right side, it says, "Use these fields," and you can inactivate patients. So if you have parents that you know that they'll never vaccinate, you can remove them. 'Cause if you're actually gonna do active reminder/recall, and I'll show you the different ways and different types of reminder/recall data that you can pull on the next slide, please. Oh, and just a quick, this is just kind of showing you these, this patient on the reminder/recall, how many vaccines that they would be due for. This would be just an area of great cleanup. So if you see that this patient has left your practice many, many years ago, this can affect your immunization coverage rate report. Especially if they have moved outta the state. They're just kind of sitting out there underneath your clinic's profile, but they're actually not even in the state. Okay, next slide. So here this is the type of outputs that you can do for reminder/recall. So here you can see at the top, there's 57 patients, there's 49 that have a valid address. 49 have a phone number, then eight that have a cell phone number, and one that has an email. So one, you can generate a patient list and you can hand that off for someone within your clinic to kind of verify are they still our patient? Then you can kind of come back and do cleanup at a later time, or you can have someone call them and say hey, this list is correct, let's call them to get them in for a well child visit. The next part you can print letters. In each letter and you can change the information in there, many different, you know, there's just kinda like a HIPAA compliant message in there, but you can change that message. You know where to call, who to call for all these 57 patients. And you can see that 49 letters would probably be printed out. The next is the auto dialer content. With the auto dialer, this will give you a list of the phone numbers within this patient population. So you can see there's 49 phone calls and then there's eight cell phones. Now the IIS does not send these out for you automatically. Usually with the auto generator or auto dialer content, you actually have to upload them into a third party system. So you know, with that being said, same thing with letters, you would have to print those out. But there is a way that down here at the bottom, kind of mirroring the letters that you're printing out with the addresses is a way to print labels. Now for those who do have some email addresses in your demographics of the patient, you can directly send out emails for reminder/recall out of the IIS. So if you, you know, are a clinic that does not have a, you know, MyChart or other way patient portals that sends out information, you could populate the IIS-filled within

the demographics to send out an email for reminder/recall. Next slide, please. Now the other tool is managing patient population. Now we did not use this kind of pre-pandemic that much. You could, this is kind of a list of patients that you have vaccinated between a certain birthdate range or a vaccination date range. You know, as soon as the COVID vaccine came out and patients could go to other owning patients to get the vaccine, you could see probably a slight change in your population if you were running coverage rate reports. And this was not impacted if they went to a pharmacy or a mass vaccine clinic throughout the state that was was using PrepMod. This is just really was another owning provider to another owning provider. So if your population is looking like really off, either really huge or really small, this is something that you can see, and you can inactivate those patients or bring them back over to you. So again, you know, I prefer to work on that list of a reminder/recall, and kind of coverage rate reports where you can kind of dive into the data and see oh yeah, we keep on missing that fourth, you know, fourth DTaP, or we're missing Hep A, and these kids are becoming late up to date. So there's a lot of great data that can come out of the IIS for each clinic to kind of solve some of those issues with why are my rates not at those Immunize Washington levels? Next slide, please. For more information, there is the IIS training portal. There are again the tools, there are little cheat sheets in there for a reminder/recall, how to run a coverage rate report, and any other things. We do have the IQIP webpage that has a lot of materials and resources that are kind of quick at your hand, you know, hand for materials. And again, here's the data exchange if you're having issues with getting data over to the IIS. And next slide. So if you are interested in doing an IQIP visit, we do provide providers who are enrolled in the IQIP visit, actually IIS training directly with their clinic, so we can look at their data. If you again really want to work with us to help support you, and not give you more work, but actually just be that partner, we have three staff at DOH and we have nine regional LHJ partners that are able to do that work with you. So you can, if you're interested in participating in IQIP, you can email immunizewa@doh.wa.gov. Thank you.

- Okay, before we move on to questions, I just got a couple of slides to go through here. We wanted to do a quick plug for the CDC's Let's Play Catch-Up campaign and webpage. As you know, vaccination rates dropped during the pandemic, and they've been rebounding, but unevenly. The CDC has resources for healthcare providers and parents to encourage families to catch up on vaccination. And, in addition, the Department of Health, we've also been kind of running a similar media campaign. So please check out the CDC's page for more. And I've kind of noticed, I don't know when they did it, but the catch up schedule, and the parent vaccine schedules are, they're really nice looking. I really like what they've been doing with those. So please check that out. Okay, and just a quick slide on continuing education. So like we mentioned at the beginning of the webinar, continuing education is available for physicians, nurses, medical assistants, pharmacists, and pharmacy techs. This is a free service that we're offering, and so basically all you need to do, watch this webinar or the recording when we post it to the webpage in a week or two, and then complete the evaluation. So when the webinar ends, it should redirect you to a webpage to complete the evaluation. If you don't have time for that or don't get that link, tomorrow Zoom will send a reminder email which will contain that evaluation link and then we usually like post it on the webpage as well. So just make sure you fill that out, and then it will take a couple of weeks for us to process that and get you your certificate. So please be patient. I know some folks really want that certificate right after they complete the evaluation, but we have staff who have to individually go through everything. So please be patient with us. If you have any questions about continuing education, you can contact Trang Kuss at trang.kuss@doh.wa.gov. And if you lose that email, I believe my email is also attached to all of the the Zoom webinar information, so you can always send it to me as well. Okay, and with that, let's go to some questions. So if you'd have any questions from the presentation, feel free to type them in. Looks like we've got a decent amount. So we're gonna jump in here. Mersine, looks like

we had a question specifically for you. They were asking if there are any interventions that pair well together, in your experience?

- Yeah, that's a great question. So I think, in my experience, you know, reminder-recall is always a very valuable intervention because it gets kids back into clinic, and you know, Chrystal has just walked us through the utility of IIS in helping clinics with that. So I think that, you know, if I were going to pick one to start with, that's what I would pick. And then I think a second one that would pair would really depend on what your barriers are. So if you find that you're getting kids in and you're not vaccinating them because things aren't getting ordered, then thing, you know, a standing order would be the second one that I would pair with it. Whereas if you find you've got the standing orders exist, you're getting kids into clinic, but you're having a lot of hesitancy, then considering, you know, scripting provider communication screening to improve your vaccine acceptance is how I would approach it when thinking about combination vaccines, combination interventions.

- Okay, and another question for you, sorry. This one was on motivational interviewing. So somebody was asking, you know, "Motivational interviewing is a best practice, but it does involve spending some extra time, and clinic staff of course are always limited for time. So do you have any thoughts on this?" Oh, you're muted.

- That, thank you. It is a challenge 'cause there are, of course, a lot of competing needs during visits and you're doing a lot of other anticipatory guidance in addition to vaccinations. You know, I think that, one of the benefits of clinic is that you hopefully will have the time to develop this longitudinal relationship with families. So, you know, you're potentially investing a little bit of time at some of the visits, but it may not be something that you do at every visit. I think the idea of ongoing communication, that this isn't the only time that you're gonna address questions and concerns that the family has, is really effective. And then I think, you know, you wanna, you do wanna keep your messaging relatively brief, like we talked about with the confidence ruler. You don't necessarily want families to spend a lot of time and energy telling you all of the things that they've read about vaccines. You wanna kind of come to your message that vaccines are safe and effective and we recommend them, and giving them more information to read on their own and referring to them to high quality resources through, you know, the Department of Health, through websites like healthychildren.org, through the AAP. There's a vaccine website through the Children's Hospital of Philadelphia that has a lot of really great resources for families. So providing them some of that stuff and then revisiting it at a later visit, I think, can be an effective use of time, knowing that time is limited.

- Great, thank you. Let's see, here's a question if anybody wants to answer it, I could probably take a stab as well. "How do clinics get adult and childhood immunization schedules for medical assistants or staff? We used to get the schedule for the year and could keep it to refer to." I'd say if you're just looking at the general immunization schedules, of course the CDC has a variety of immunization schedules. They have a checkup schedule which is a very easy, like, one page printout. They also have, of course, the full childhood immunization schedules, and they also offer the parent-friendly immunization schedules. So I'd encourage you to go to the CDC website and pull those. I don't know if anybody else has any other thoughts on immunization schedules and making them available to staff.

- [Trang] Phil, I can jump in. This is Trang and I was trying to do too much and missed some of your answer, but CDC has an app that's available that providers can download, so I'll put in some links for everyone, And then also immunize.org has laminated schedules available to purchase, and yes it is

unfortunate that Washington doesn't provide the great, you know, front and side laminated schedules anymore, but there are some other resources, so just wanted to mention that. Thanks.

- Okay, thank you Trang. Let's see, Chrystal, this might be a question for you. So this person says that they work in school nursing and often it seems like the students they're working with on vaccine catch-up aren't getting vaccines pre-scheduled based on the IIS, specifically at CHC clinics. And they say that it oftentimes falls on the school nurses to track and follow up when the students are due. And of course most schools can't provide vaccines at the school. And so they're asking if you had any ideas on how they could maybe better partner with clinics to ensure that, you know, students get appointments booked prior to, you know, the student leaving.

- [Chrystal] Oh, great question. So we do work with providers, especially starting in January when we are doing IIS training, one of the series is the kindergarten series and also the adolescent series or the sixth grade/seventh grade vaccine series. We do try to work with providers showing, is like, you know, get these kids back in, make sure they're up to date, what are they missing? Because as someone who worked in family practice many years ago, that last week in August, a lot of parents will be contacting them clinics trying to get them back in or trying to get in to get their kids up to date for vaccines. And we know that the law has changed, that children do have to have an immunization status. If you are having issues with certain clinics, you could come to us and we could all work as a partnership to make sure that those kids have the vaccines that they need before school. And we have a little bit of time before next August, September. So thank you for your question.

- Yeah, looks like the next couple are for you as well, Chrystal. So I just kind of go through these. Somebody said that they are a local or independent pharmacy and they are a VFC provider. They're wondering if they could get help with IQIP even if they're not a doctor's office.

- [Chrystal] Oh, another great question, yes. Typically IQIP, we do work with medical homes, but there is definitely look into working with some of these independent pharmacies to go through their processes and yes we can work with you. Please contact us at through immunizewa.doh.gov and we can work with you. And next question?

- Yeah, next question is about the IIS, I think it's for a reminder/recall, are we able to send emails or text through the IIS?

- [Chrystal] Not, you can send emails, yes. If the demographic filled is populated in the IIS, yes. Text, that is kind of that auto dialer content, and that would need a third party system. There are different ones out there that are relatively cheap, like 2 cents per call, a lot cheaper than you know, doing a postage. And I know a lot, depending on your population, a lot of parents that have younger kids do not like to see receive snail mail. You know, it's just one more flyer in the paper. But yes, you have to get a third party system. There are some through different organizations that could be free. But I hope that answered your question.

- Okay, the next question is, this is kind of broad, but who determines the vaccines for the Combo 10 report?

- [Chrystal] Oh, for the Immunize Washington Award? So that, HEDIS Combo 10 is the measure that your health plans are of looking at. So is NCQA. Again, we set these measures based on the health plan partnership through and of course DOH and healthcare authority is how those measures are set for

Immunize Washington. Of course NCQA, they're the ones who set kind of what vaccines are gonna be set or, you know, reported on, you know, through the work with your health plans that you are a part of.

- All right, let's see. I've got maybe another question for you, Chrystal. I'm trying to understand this one a little bit. They're just asking if you need to belong to the IIS, as a school module member to access the audits? So can you just be a, I guess, an IIS user, and get help with IQIP?

- [Chrystal] If so, is this, okay, so they are. Yes, if you are a school-based clinic, we can work with you to do IQIP. Feel free, if you wanna go into detail, to email us at immunizewa.or, or sorry, immunizewa@doh.gov. But if you're needing some extra access to school module and other things, you can also go there, and we can refer you to the correct people.

- Let's see, I've got a question here. I might be able to answer it. Otherwise, maybe Trang? So somebody asks, "What do you do if vaccines are refused by parents due to religion and do we have any materials to provide for those parents?" I was gonna say, in my case, so I do school and childcare immunization, if those vaccines are required by state law for school or childcare entry, then they'll need to fill out a certificate of exemption, and there'll be a category for religious or religious membership and they'll need to fill that out. And then a provider will need to give them education, and then it gets signed, and then it acts as an exemption for those vaccines for school. But more broadly, I don't know if anybody else wanted to talk a little bit about that.

- We can talk a little bit about that. You know there, most of the religious leaders have agreed that, and despite there being some concerns about things like pork or gelatin, that vaccines are still safe and recommended, and that includes, you know, the Pope and imams and other high level religious leaders. There's good information on some of those, particularly if there's specific component concerns that families have on that Children's Hospital of Philadelphia Vaccine Excellence Center. There's also work being done by different organizations, cultural organizations around Seattle, such as like the Somali Health Board, Dr. Ibrahim at Harborview, to combat some of that misinformation in some of those communities as well. So I think the other thing is encouraging people to talk to those organizations that align with their religious views. And I believe that there's some materials through there, as well, that can be distributed to families.

- Great, thank you. Let's see here. I think we got time for one or two more questions. Somebody did make a comment kind of for school staff, they were just saying that more local health departments or LHJs are also providing immunizations. So if you're a school and kind of struggling a little bit with, you know, getting your students caught up, partnering with your local health department might be a good idea. And I, then they do a great job, as well, of coordinating, I think, between, you know, clinics and schools and helping to do, you know, immunization clinics and stuff like that. So that's a great resource.

- [Chrystal] Phil, there is one question which is really, that I kind of saw, it is talking about IQIP at a student health service with at in a university. We do have an adult QI coordinator and they kind of do something very similar round like IQIP, but if you are interested, again, please reach out to the Immunize Washington mailbox.

- Okay, I think there's just one more question that I could probably take a stab at. So this person was saying that they get a lot of of families from out of the country and of course they're getting immunization records that are in a different language and sometimes it takes a lot of time for them to add it into the IIS. They're asking if school nurses can do that. So, if school nurses have access to the

school module or the IIS more directly, they can enter immunization records in, so they can do that. I know, depending on the language we do, the Department of Health does have some translation resources specifically I think for Russian and Ukrainian. We just had a webinar, I believe, last year kind of talking about how to better translate those records. But yeah, I don't know if anybody else wanted to talk about how they deal with translating immunization records from out of the country.

- [Chrystal] Phil, I not too sure about that. However, we do have materials that were just added that are for HPV starting at nine in six different languages and those are available on the DOH web page. So we are working to improve immunization materials in different languages.

- Yeah. And then I would plug just really quickly too, on our school and childcare immunization page, I know this is more school and childcare focused, but we do have family friendly charts available in, I wanna say, like 16 different languages. Those are great resources to give out to parents. Yeah, and we're definitely always trying to expand, yeah, our access to different forums and educational materials and I believe all of our, you know, the certificate of immunization status for school, and the COE and stuff, those are all in a variety of translations. So we do have a little bit more support, I would say, for school and childcare immunization. So that might be helpful as well. Okay, so with that, I wanna thank everybody for attending this webinar. I really appreciate it. If you have any questions, feel free to shoot us an email, and you can, of course, find more information about this webinar on our webpage and you'll get a follow up Zoom email tomorrow with the evaluation link. So thank you very much everybody and I hope you have a great day.