

## Category B: Provider Education

(TISWG Previously Identified Immunization Issues and Barrier Categories.)

**The following information and suggestions were discussed concerning improving provider education at the August 18<sup>th</sup> meeting.**

### *Pharmacy*

- Focus on adults and flu campaign. Some regional public health facilities providing pediatric services.
- School of Pharmacy curriculum 5<sup>th</sup> or 6<sup>th</sup> year
  - Include the University of Houston, Texas Southern University, and University of Texas Pharmacy Students, Texas Tech University (Amarillo)
  - Develop a certified elective course
    - 3 tier approach:
    - Focus on Awareness
    - Target clinics and other providers
    - Discuss the topic of providing immunization
- Retail chains or grocers should also be included for education.
- Can also include independent pharmacies.
- Follow up on the certified elective course at regional and state meetings.

### *Pediatricians*

- New information is needed regarding shortages and new vaccines
- Some only receive education and updates through **PPI**, and pharmacy representatives, and others such as subject matter experts.
- *Raising Immunizations Thru Education, RITE (modeled after the Educating Physicians In Practice, EPIC) Program* in Houston studies best practices for office visits.
- *Be Wise Campaign* for reminder/recall by the TMA in Houston and Dallas.
- Annual meetings –Immunization Forums with exhibits including ImmTrac information and training. Newsletters and web information for pediatricians.

### *Texas Vaccines for Children (TVFC)*

- TVFC staff members are training all new providers.
- Regions and locals provide training to local providers.
- Notifications go to TVFC providers when there are changes.
- The TVFC Provider Toolkit was developed for training and reference.
- DSHS has a contract with Texas Medical Foundation (TMF). TMF conduct site visits with physicians. The following points are discussed.
  - Vaccine safety
  - Various practices
  - Storage and security (Alarm systems can be purchased.)
  - Coverage level using CASA software
  - General recommendations

### ***Trainings***

- DSHS receives and provides training to staff via CDC satellite broadcasts. Web-casts and downlinks are also available.
- Quarterly Epi-Vac training is offered, as well as two to three annual updates. Immunization nurses, administrative and immunization staff mostly participate in these clinical trainings.

### ***ImmTrac***

- ImmTrac staff participate in TVFC sessions.
- There is an opportunity for Immunization Branch to train local and regional staff and providers about ImmTrac and other issues.
- ImmTrac staff also present at various conferences.

### ***Texas Health-Steps***

- Conduct forums including ImmTrac issues at least once yearly to providers as well as consumers.

### ***Texas Nurses Association***

- Conduct the Pediatric Assessment Course for Nurses.
  - Registered pediatric nurses are required to take this course.
  - Course offered 4 times per year.
- Contribute articles to the Medicaid Bulletin newsletter.

### ***Wyeth Pharmaceuticals***

- Pilot project – telephone call back system by 3<sup>rd</sup> party.
- Other manufacturers conduct the following:
  - Presentations
  - Office visits
  - Immunization program visits
  - Conference calls with questions and answers

### ***Texas Medical Foundation***

- Provide adult vaccine education.
- Flu and pneumococcal education.
- Print and distribute materials.

### ***Vaccine Safety Concerns***

- Targeting consumers.
- Book about mercury in vaccines.
- Grassroots/local media awareness campaign.
- DSHS and the American Pediatrics Society provide information regarding mercury to clients/parents.

### ***Texas Education Agency***

- School initiatives.
- CPS/foster kids education.
- Not much interaction with provider's.
- New Hepatitis A and PCV7 requirements.

- There are issues/concerns about reaching home-schooled children.

### ***Additional Issues of Concern***

- Myths concerning vaccine safety.
- Lack of interpersonal and communication skills with parents.
- We need the Grassroots efforts on our side .
- Use information sheets that would be free on websites in multiple languages.
- Physicians lack knowledge regarding patient culture. (Cultural Competency?)
- Doctor office staff – staff have an impact on parent decisions. Nurses should note concerns of patients/parents and give heads-up to physicians. How staff responds is a big factor. They must communicate to parents on their same level.

### **Ideas and Strategies for Improving Provider Education**

- “Scripts” for providers and staff who address patient concerns about immunizations. Address issues at their level not the academic line.
- Develop communication skills training for providers and staff.
  - Interactive video
  - Live courses
  - On-line training
  - Epi-Vac possibly
  - Myth Busters - Frequently Asked Questions - 6th grade level for staff
- Improve “waiting room” skills.
- Educate new staff on communications with families regarding immunization issues.
- Clinical questions should go to clinical staff. Have information sharing.
- Develop curriculum on customer service and communications of office staff, offer at trade and technical schools, and community colleges.
- Consumer/customer Communication skills:
- Educate physicians to address age appropriate issues.
- Develop those skills.

### **Next Steps for Provider Education**

- Help develop curriculum for providers regarding effective responses to immunization concerns.
- Contact Texas Workforce Commission regarding modules for training schools.
- Reach providers at association meetings.
- Consider research/benchmark current curricula and communication in general.
- Explore partnership with drug representatives. Consider an Ad Hoc subgroup to work on this issue.
- Review early information given at birthing centers for questions to providers.
- Offer Nurse CEU’s.
- Birthing packets – a leaflet is being prepared to touch on many details.
- This subject may be revisited at a future meeting.