



Consultant Manual

Immunization Quality
Improvement Program

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Introduction

The Texas Department of State Health Services (DSHS) Immunization Section Texas Vaccines for Children (TVFC) Program Quality Assurance and Improvement (QAI) team prepared the Immunization Quality Improvement for Providers (IQIP) Operations Manual, for use by DSHS TVFC Quality Assurance Contractor and QAI Team staff who are responsible for conducting and completing IQIP visits for Texas Vaccines for Children (TVFC)-enrolled sites, and as a reference for DSHS Public Health Region (PHR), and contracted Local Health Department (LHD) staff.

Review of the policies in this manual are conducted routinely with the Centers for Disease Control and Prevention (CDC), DSHS, and other organizations.

The purpose of this manual is to consolidate IQIP policies and information into one source document for DSHS Quality Assurance Contractor, DSHS PHR, and contracted LHD staff. The content is intended only for those entities and not for clinics or facilities eligible to receive an IQIP visit.

Throughout the year, the Texas DSHS Immunization Section will distribute new policies to staff.

During the annual update of this manual, all previous policies from the prior year will be incorporated. This document serves as a companion document to further explain the required activities included in the “Program Evaluation” chapter of the Texas Vaccines for Children and Adult Safety Net (TVFC/ASN) Programs Operations Manual for Responsible Entities (REs).

IQIP Background and Overview

Background

The Federal Vaccines for Children program (VFC) was created by the Omnibus Budget Reconciliation Act of 1993. The program was officially implemented in October 1994. VFC funds were awarded to state/local jurisdictions to conduct quality assurance reviews (QARs or VFC visits), which were formal site visits to assess VFC-enrolled providers' compliance with the requirements of the VFC program, beginning in 1995. In the same year, the Senate instructed the CDC to "ensure that all states receiving Section 317 immunization funds, conduct annual provider assessments in all public clinics using the CDC-approved methodology" one which later evolved into a program known as "Assessment, Feedback, Incentives, and eXchange" (AFIX). The assessment visits were implemented in public-sector clinics to improve immunization practices and vaccination coverage.

In 1999, the National Vaccine Advisory Committee (NVAC) recommended all immunization providers, both public and private, should have their vaccination coverage assessed annually and that private providers should be assisted in this effort by state and local health departments.

This recommendation provided support to expand implementation of AFIX to private provider settings. In 2000, the Task Force on Community Preventive Services completed a review of immunization-focused quality improvement (QI) literature and "strongly recommended" assessment and feedback (key components of the AFIX process) in the Guide to Community Preventive Services (Community Guide). The separate VFC and AFIX initiatives were combined in 2000 to allow the programs to achieve a broader reach among both public and private providers. That year, supplemental funds were awarded to 37 awardees to support a combined VFC-AFIX initiative.

A 2011 update of the task force's review concluded that assessment and feedback remained effective interventions for improving vaccination coverage.

Recommendations from the CDC scientific and programmatic staff in 2017–2018, resulting from operational research and an internal evaluation of the AFIX program, focused on the need to refine the CDC's approach to provider-level immunization QI efforts. Recommendations also focused on the need to scale such efforts to function within the boundaries of constraints faced by the CDC and awardee immunization programs as well as the current health care environment. Those recommendations resulted in the transition from AFIX to IQIP.

IQIP Program

IQIP is an immunization quality improvement program for healthcare providers enrolled in the TVFC program. The purpose of IQIP is to promote and support the implementation of provider-level quality improvement strategies. IQIP strategies are designed to support health-care providers in identifying opportunities to increase vaccine uptake in adherence with the Advisory Committee on Immunization Practices (ACIP) recommended routine immunization schedule by improving immunization service delivery and ensuring providers are:

- Aware of and knowledgeable about their vaccine coverage and missed opportunities to vaccinate.
- Motivated to try new immunization service delivery strategies and incorporate changes into their current practices.
- Capable of sustaining changes and improvements to their vaccination delivery services.
- Able to use available data from the Immunization Information System (IIS) or Electronic Health Record (EHR) to improve services and coverage.

The core quality improvement strategies of the IQIP program will support TVFC providers by focusing on:

- Facilitating return for vaccination.
- Leveraging the reporting functionality of the statewide immunization registry, ImmTrac2.
- Giving a strong vaccine recommendation (including emphasis on HPV vaccine for providers with adolescent patients).
- Strengthening vaccination communications.

Using the IQIP process, TVFC-enrolled providers will be assessed on immunization delivery practices and will collaborate with their REs to identify strategies to enhance their immunization workflow to improve vaccine uptake. Vaccination coverage is measured at or near the time of an initial contact (site visit) to establish baseline performance and again one year later to evaluate progress.

Technical assistance and support are given via telephone calls at two and six-month intervals to aid providers in staying on course with their Strategy Implementation Plans (SIPs).

At the end of 12 months, a final discussion of SIP progress and sustainability of practice changes occurs.

Site visit chart




Site Visit 	<ul style="list-style-type: none"> • Pre-visit preparation • Assess provider immunization workflow • Review assessment reports and set coverage goals • Discuss/select QI strategies and provide technical assistance • Establish action items for the Strategy Implementation Plan (SIP) • Enter data into the IQIP Database
Two-Month Check-In 	<ul style="list-style-type: none"> • Prepare by reviewing synopsis and notes from the site visit • Review SIP and discuss implementation status • Identify barriers and provide technical assistance • Establish new action items for updated SIP, if necessary • Enter data into the IQIP Database
Six-Month Check-In 	<ul style="list-style-type: none"> • Prepare by reviewing synopsis and notes from the two month visit • Review SIP and discuss implementation status • Identify barriers and provide technical assistance • Establish new action items for updated SIP, if necessary • Enter data into the IQIP Database
12-Month Follow-Up	<ul style="list-style-type: none"> • Prepare by reviewing synopsis and notes from the six month visit • Review 12 month coverage rates, SIP and discuss implementation status • Identify barriers and provide technical assistance • Establish new action items for updated SIP, if necessary • Enter data into the IQIP Database • Send provider high-level summary, including selected strategies, and the final SIP; encourage continued efforts

Figure 1: IQIP Cycle

ImmTrac2

Texas uses ImmTrac2 as the statewide immunization registry, which IQIP leverages to assess vaccine coverage data. DSHS offers ImmTrac2 at no cost to all Texans. The registry is secure and confidential, and safely consolidates and stores immunization records from multiple sources in one centralized system. Texas law requires written consent by individuals to participate in the registry. Written or electronic consent for ImmTrac2, is required for an individual who is 17 years of age or younger and must be obtained once for participation. A written consent of the individual's parent or guardian must be submitted to DSHS. After written consent is submitted, the individual's immunization information will be included in the registry until the individual is 26 years of age. If written consent is not collected during the immunization visit, the individual's immunization administration will not be accounted for when vaccination coverage rates are assessed.

Access to the registry records is for those who have authorization. Authorized organizations include health-care providers, schools, and public health departments. The registry is part of the initiative to increase vaccine coverage across Texas.

Texas Department of State Health Services (DSHS) Texas Health and Safety Code 161.007 – 161.009 requires all medical providers to report all immunizations administered to clients who are younger than the age of 18 to ImmTrac2 within 30 days of administration of vaccine.

ImmTrac2 Registry Education

All TVFC providers receiving a site visit will receive IQIP and ImmTrac2 education resources.

These educational materials have been developed to provide guidance on how to improve reporting of vaccination administrations into ImmTrac2, and best practices to increase childhood and adolescent vaccination coverage rates at the provider site.

ImmTrac2 Resource Packet

All TVFC providers will receive an ImmTrac2 resource packet and hands-on training during their scheduled IQIP visit. The packet will include the following guidance documents:

- ImmTrac2 Data Quality Guide
- ImmTrac2 Texas Immunization Provider Summary (TIPS) Report Guide
- Guide to Reminder/Recall Report
- Creating a List of Active Clients with the Ad Hoc List Report
- ImmTrac2 Brochures

ImmTrac2 Data Quality Guide

The ImmTrac2 Data Quality Guide is an overview of common issues identified as a result of inaccurate data reported into ImmTrac2. These common issues may explain why childhood and adolescent vaccination coverage assessment rates may not be accurate during the initial evaluation.

ImmTrac2 Texas Immunization Summary (TIPS) Report Guide

The ImmTrac2 Texas Immunization Provider Summary (TIPS) Report Guide is a report to include the provider's registered organization information listed in ImmTrac2, an overall summary of user activity, online activity, and data exchange activity for the previous month. This data will assist the provider in identifying how many records are being reported to ImmTrac2, accepted, and rejected monthly.

Please reference the document at dshs.texas.gov/immunizations/health-departments/materials

Guide to Reminder/Recall Report

The Guide to Reminder/Recall Report can be generated in ImmTrac2 to help the provider increase immunization levels in their practice. This report gives step-by-step guidance on how to create lists of patients who are due or overdue for immunizations. The Reminder/Recall system can also create and print mailing labels.

Creating a List of Active Clients with the Ad Hoc List Report

All patients assigned to the provider's organization in ImmTrac2 are included in the initial assessment of the coverage assessment rates. An Ad Hoc List Report in ImmTrac2 allows providers to review the status of the patients assigned under their organization. Providers will determine which patients are considered active. For the patients no longer seen at the provider site, providers can filter and de-activate patients in ImmTrac2. This guidance document assists providers with defining filters for specific clients and choosing a sort order for the report to show inactive or moved or gone elsewhere (MOGE).

ImmTrac2 Technical Assistance

ImmTrac2 Customer Service Team

The ImmTrac2 Customer Service team will work with providers to reset passwords and provide guidance on how to generate the TIPS Report,

Patient Active/Inactive List, and Reminder/Recall Reports in ImmTrac2. For further assistance, please contact the ImmTrac2 Customer Service Team at 800-348-9158, option 1, and 2. or email at ImmTrac2@dshs.texas.gov.

ImmTrac2 Interoperability Team

The ImmTrac2 Interoperability team works with providers to ensure accurate exchange of medical records into the state registry. They serve as direct support to the provider, and will work diligently to assist in identifying, addressing, and resolving technical issues in collaboration with the provider and EHR vendor. Across 12 months, a representative from this team will work closely with the provider to resolve reporting issues. Contact information for the ImmTrac2 inter-operability team is 800-348-9158, option 3, or email at ImmTracMU@dshs.texas.gov.

IQIP Database - REDCap

The IQIP Database is a data collection and analysis tool built on the REDCap platform used to promote and support immunization quality improvement activities at the provider level.

The DSHS TVFC QAI team will use the IQIP Database to manage data, reports, and technical assistance (instructions for access included later in this section).

The database is designed to:

- Facilitate the delivery of technical assistance customized to each provider using narrative data entry fields for real-time review of provider data during check-ins and follow-up.
- Auto-generate editable reports to share with providers (if desired).
- Provide a dashboard to monitor visit status throughout the IQIP cycle.
- Simplify retrieval of data and reports for review and analysis.
- Help with scheduling and planning by offering calendar functionality.
- Reduce unnecessary data entry while allowing more detailed, narrative documentation for future reference.
- Offer simple navigation and data management.
- Record data for providers engaged in an IQIP cycle.

Additionally, the following information will be captured for the IQIP process:

- General provider information
- AFIX History
- Vaccination coverage assessment details
- Quality improvement strategies
- The strategy's current implementation status
- Existing gaps/limitations.
- Opportunities for improvement in the current implementation of this strategy, Technical assistance provided for this strategy (e.g., resources, demos, role-playing, etc.)
- Action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide).

The IQIP Database will not allow consultants or REs to delete provider records but will give you the ability to edit data previously entered. Strategy Implementation Plan (SIPs) should be documented at the time of the visit and a copy of the plan should be provided to the signing clinician, vaccine coordinator, backup vaccine coordinator, and any other participating staff through email. If the provider has an adolescent population, information should be documented for this cohort.

A paper copy of the IQIP site visit form should be taken with the consultant during a visit if an internet connection is unavailable. If this occurs, the information must be entered into the IQIP Database within 24-hours from the initiation of the visit.

IQIP Database User Guide

The IQIP User Guide provides step-by-step instructions on how to navigate the IQIP Database for recording, managing, and aggregating data. Further instructions are available in the CDC IQIP Database User Guide Version 4.0 at the end of this manual.

Access to IQIP Database

The IQIP Database can be accessed by logging into REDCap using rdcp.cdc.gov or by entering the Secure Access Management Services (SAMS) system at sams.cdc.gov/

New IQIP Database access requests must be sent to Central Office IQIP@dshs.texas.gov, and include:

- New user's first and last legal name
- Position/Title
- Region
- Email address
- "I am needing access to REDCap and all project years"

Before authorized members can gain access to the system, verification must be completed through the CDC's SAMS authentication process, which will include a notarized identity proofing. Access to the IQIP Database can take approximately two weeks to obtain. Texas DSHS PHR Managers will be accountable for any TVFC program IQIP obligations, delegated appropriately, until access is granted.

To ensure QAI standards and appropriate access to CDC databases, new and existing IQIP Database users are required to present current training certificates annually to IQIP@dshs.texas.gov.

- Module 10: "You Call the Shots- Vaccine Storage and Handling"
 - www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp
- Module 16: "You Call the Shots - Vaccines for Children Program "
 - www2a.cdc.gov/nip/isd/ycts/mod1/courses/vfc/ce.asp
- Vaccine Allocation and Ordering System (VAOS):
 - a. VAOS Training Videos: dshs.texas.gov/immunizations/providers/training
 - b. VAOS Quiz: survey.alchemer.com/s3/6801123/Vaccine-Allocation-and-Ordering-System-Quiz
- Current TVFC Policy Training
 - <https://learningportal.hhs.texas.gov/course/index.php?categoryid=45>

IQIP Database Navigation

I. To locate the desired IQIP record, log-in to the IQIP Database and select My Projects at the top left of the landing page.

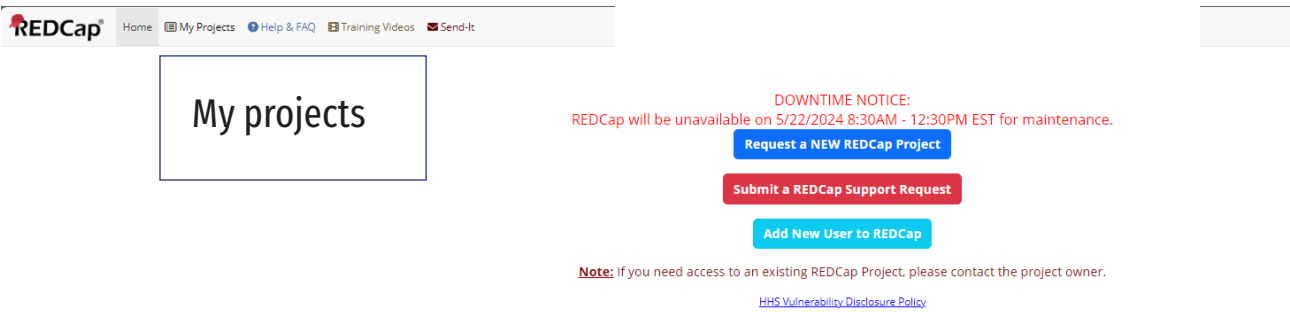


Figure 2: Demonstrates how to get to project years once an individual has logged into REDCap

II. Select the appropriate project year. In addition to all project years, there is a training IQIP Database to practice in. This practice site resets every 24 hours and does not affect real data.

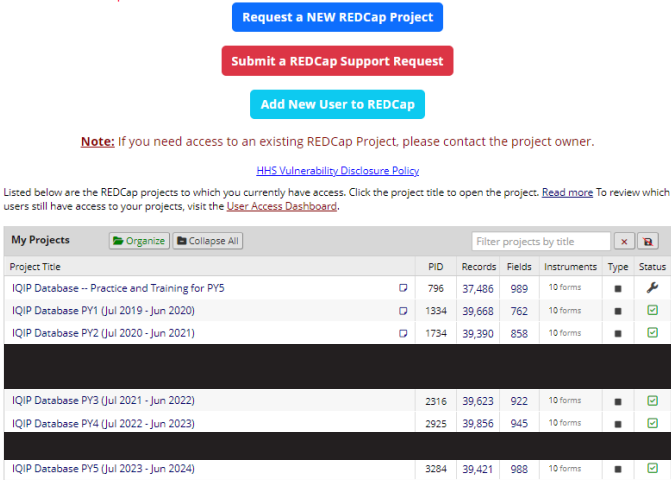


Figure 3: Select the appropriate Project Year (PY) you are searching for provider information.

III. Locate the desired TVFC PIN using the View/Edit Records button in the left hand navigation panel (see box 1 in Figure 4).

IV. If you have access to more than one awardee in the IQIP Database, there will be a Current Data Access Group notation at the top, with the current awardee IQIP data you are viewing. To switch awardees, select the switch button and the desired awardee (see box 2 in figure 4). This capability is only for the City of Houston, DSHS Central Office, and DSHS Quality Assurance Contractor staff.

Logged in as 943322 | Log out

My Projects

Contact IQIP Team

Project Home and Design

Project Home · Codebook

Project status: **Production**

Data Collection — Texas

Record Status Dashboard

View / Edit Records

Show data collection instruments

Applications

Calendar

Data Exports, Reports, and Stats

Field Comment Log

File Repository

Data Quality

CDC REDCap Resource Center

API Documentation

View / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type a new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will auto-populate with existing record names as you begin to type in it, allowing you to select it.

Total records: 39,421 / In group: 2,666

Data Search

Choose a field to search
(excludes multiple choice fields)

provpin (VFC PIN)

Search query
Begin typing to search the project data, then click an item in the list to navigate to that record.

Input the provider PIN, do not press enter. Select the box that shows with the provider PIN and clinic name to enter provider information page.

Figure 4: Box one demonstrates how to search a TVFC program provider PIN in the REDCap database.

The Data Collection Instrument menu lists out the status completion for IQIP cycle for the provider.

Logged in as 943322 | Log out

My Projects

Contact IQIP Team

Project Home and Design

Project Home · Codebook

Project status: **Production**

Data Collection — Texas

Record Status Dashboard

View / Edit Records

VFC PIN

Data Collection Instruments:

- Provider Information**
- Initiation and Initial Coverage
- Coverage Goals
- Site Visit
- Check-In (2-Month)
- Check-In (6-Month)
- Follow-Up (12-Month)
- Synopsis
- Notes

IQIP Database PY5 (Jul 2023 - Jun 2024) PID 3284

Actions: [Download PDF of instrument\(s\)](#) [Video: Basic data entry](#)

Provider Information

Editing existing VFC PIN **TXA061234**. FAIZUN ANWAR MD --- Sugar Land, FORT BEND County TX ()

VFC PIN TX1234567

Doe, John MD (TXA000000)

1234 Main St.

Suite 200

Sugar Land, FORT BEND County, TX 77478






Phone:

Fax:

Vaccine manager:

Figure 5: Demonstrates the Data Collection Instruments side panel status/taskbar.

Legend for status icons:

-  Incomplete  Incomplete (no data saved) 
-  Unverified
-  Complete

- Grey: Blank –No data entered in the selected form
- Red: Incomplete – Form started but not completed
- Yellow: Unverified – Data entered in the form but not verified or considered final
- Green: Complete – Form is complete

Provider Selection

The TVFC program is required to initiate IQIP site visits on a minimum of 25% of the CDC-defined IQIP candidate TVFC-enrolled providers annually. The exact number of providers is determined by the CDC using the TVFC provider data in Provider Education, Assessment, and Reporting System (PEAR). In addition, the TVFC program continues other IQIP activities with providers already engaged in the process.

Providers are selected based on the following criteria:

- TVFC enrollment facility type,
- Time since last IQIP Cycle
- Vaccination coverage rates, prioritized in high and low categories.
- TVFC enrollment patient population.

IQIP Site Visits

Overview

By signing the TVFC Program Agreement, the signing clinician agrees to allow DSHS or DSHS quality assurance contractors to conduct site visits at least every other year at their site.

The IQIP Site Visit involves a goal setting discussion with TVFC program provider and the site reviewer. IQIP requires the presence of at least one of the provider's TVFC points of contact: Primary Vaccine Coordinator, Backup Vaccine Coordinator, or Signing Clinician (PVC, BVC, and/or SC) and any individuals who have the ability to make process changes at the providers location.

A core component of this visit is to focus on assessing provider-level vaccination coverage rates using the data reported to ImmTrac2. During the IQIP site visit, staff at the facility will receive a SIP to include quality improvement strategies, ImmTrac2 resources, and instructions on action items that will be implemented at the facility.

Discussion prompts are provided to the consultant to support the IQIP quality improvement strategies for providers. Consultants must use the core strategy discussion prompts to drive the conversation and make notes of specific aspects to explore in more detail when explaining the IQIP strategies.

In taking a systems approach to improve performance, the IQIP processes will follow these steps:

- State the problem and desired result
- Implement strategies and refine as needed
- Use data to understand the problem
- Identify strategies for improvement
- Evaluate outcomes

Check-in activities will occur by phone or virtual meetings at two months, six months, and 12-months by the Texas DSHS QAI team. At 12-months, the provider's coverage assessment rates will be re-evaluated, and the data will be documented in the IQIP Database. Once this portion of the site visit is completed, the site reviewer will transition into the TVFC Compliance portion.

Preparing for the IQIP Site Visit

DSHS TVFC Quality Assurance Contractor (IQIP Consultant) should complete preparation activities prior to conducting an IQIP site visit with the provider. It is key to review general knowledge regarding the provider site to have effective dialogue as it relates to assessing the providers' clinical process flow, reviewing the provider vaccination coverage, and discussing the implementation of the two core strategies outlined in this operation manual.

Consultants must prepare and collect all material needed to support discussions with the provider. An IQIP Preparation Checklist must be reviewed and completed prior to initiating the visit. A site visit confirmation letter must be sent to the provider in advance of the visit and include details about the site visit date, time, and how long the visit will approximately take.

The IQIP Consultant will run the providers Texas Immunization Provider Summary (TIPS) Report prior to conducting the visit in the ImmTrac2 database. Childhood and adolescent vaccination coverage rates are made available to the consultants by Texas DSHS TVFC program monthly.

Assessing Provider Immunization Workflow

The IQIP Site Visit will begin with discussing the provider's immunization workflow. The conversation should involve the provider describing each step of their immunization workflow From the moment the patient enters the clinic through the administration of the vaccines, documentation on the patient's medical record, and scheduling the following immunization visit.

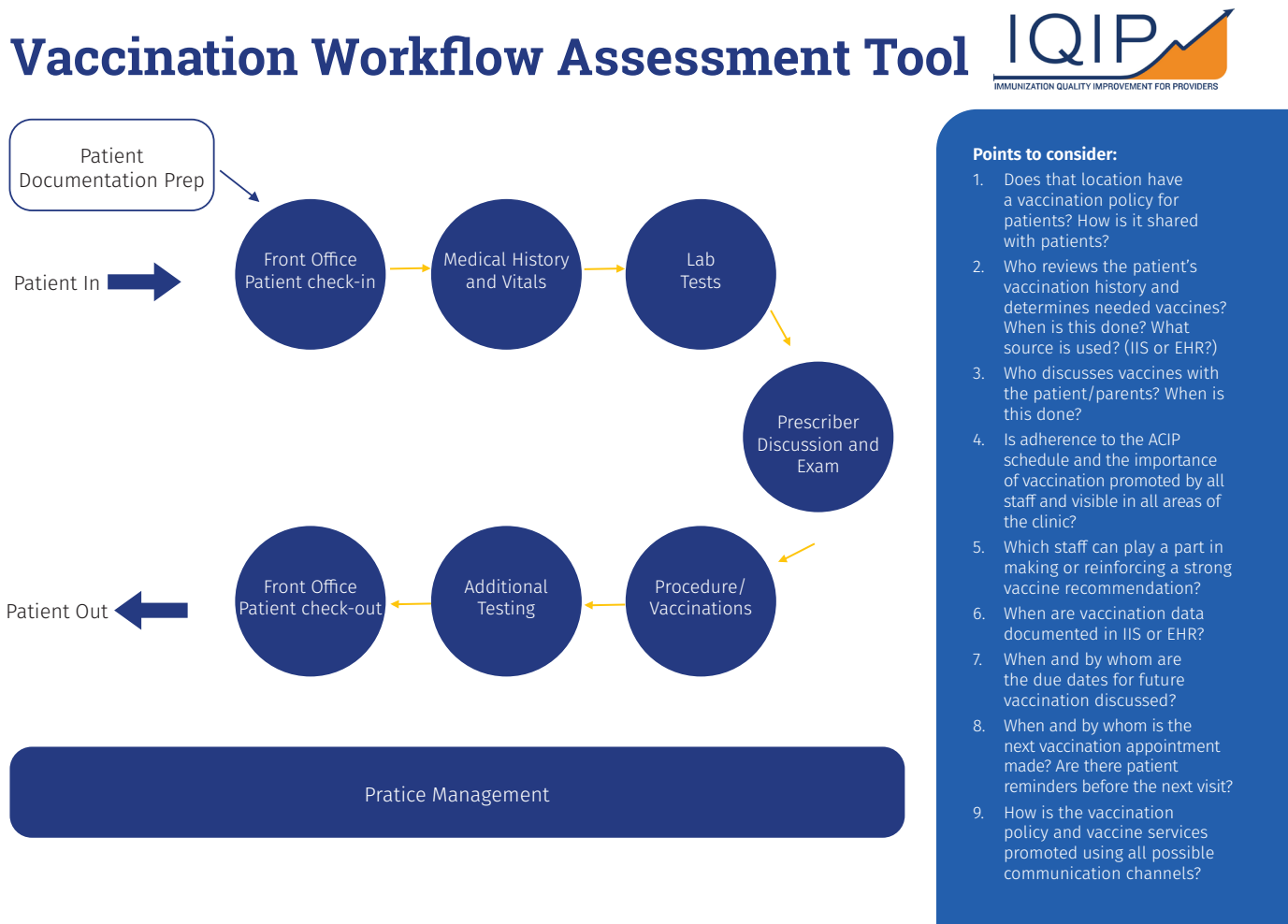


Figure 6: Vaccination Workflow Assessment Tool

Consultants will discuss steps taken at the provider site to prepare for a patient immunization visit and will assess immunization service delivery through the completion of a patient visit. A SIP will be developed in collaboration between the provider point of contact, and the consultant will outline the quality improvement strategies selected, supporting action- items, and check-in activities.

Childhood and adolescent vaccination coverage rates will be presented by the consultant at the initial IQIP visit and 12-month check-in, and coverage goals will be agreed upon for the provider's SIP. Vaccination coverage rates are discussed in more detail in the Vaccine Coverage Rate Reports section on page 27.

IQIP Immunization Champion

During the IQIP site visit, an Immunization Champion is highly encouraged to participate in the initial IQIP site visit, and to take the lead on immunization activities within their clinics. This individual will be responsible for developing and improving clinic policies, implementing the strategies selected in the Strategic Improvement Plan (SIP), training and educating staff, and staying up to date on vaccine recommendations. During the visit, the IQIP Consultant should reference the Immunization Champion resource document to lead discussions during this portion of the visit. Once the Immunization Champion is identified, the contact information for this person should be collected and documented in the IQIP Database.

Vaccination Coverage Rates

IQIP coverage assessment rates help providers monitor, evaluate, and select strategies to improve their performance in vaccinating pediatric patients on time and in adherence to the ACIP-recommended routine schedule. Vaccine coverage rates are required to be entered in the IQIP Database at the initial site visit and 12-month follow-up. Record pulls will not be conducted at the provider's office during an IQIP site visit.

Recommended parameters for IQIP coverage assessments by age cohort			
Recommended Parameter*	Assessment Cohort		
	Childhood	Adolescent	Older Teen [†]
Patient age	Two years (24-35 months)	13 years (156-168 months)	17 years (204-216 months)
Patient evaluated at/ compliant by	Second birthday	Thirteenth birthday	Seventeenth birthday
Assessment as of date	Assessment date	Assessment date	Assessment date

* Variations are acceptable if assessment software cannot accommodate the recommended parameter

[†] Optional IQIP assessment cohort

Vaccination coverage rates will be evaluated based on the vaccine administrations reported to ImmTrac2 for the provider's active patients. Active patients are those whom the provider has the responsibility for vaccinating. Interpretation of coverage rates may be complicated by including inactive patients for whom the provider no longer holds the responsibility for vaccination. Texas Department of State Health Services (DSHS) Texas Health and Safety Code 161.007 – 161.009 requires all medical providers to report all immunizations administered to clients who are younger than the age of 18 to ImmTrac2 within 30 days of administration of vaccine.

During the initial site visit, providers are given ImmTrac2 resources to address creating a list of active/inactive patient lists. It is imperative provider office staff learn how to properly maintain their ImmTrac2 data. Consultants should advise a provider when selecting "Leverage IIS Functionality to improve immunization practice" IQIP strategy and incorporate routine data maintenance into the SIP is highly suggested. If the provider improves ImmTrac2 data during the IQIP cycle, then a comparison of initial coverage to 12-month coverage will be affected by the changes in data quality.

IQIP is designed to evaluate on-time vaccination and assess childhood patient vaccination coverage at two years of age, and adolescent patients at 13 years of age. Provider vaccination coverage rates are determined based on all the immunization records reported into ImmTrac2.

To ensure providers are in accordance with Texas Health and Safety Code 161.007 – 161.009, the vaccination coverage rates will communicate two messages:

1. How well the provider's EHR is at reporting vaccine administrations into the statewide registry
2. How successful the provider is at vaccinating their patient population on-time according to the ACIP vaccination schedule

Reporting Condition	Childhood	Adolescent	Older Teen
Required	UTD 4:3:1:3:3:1:4 Four DTaP Three Polio One MMR UTD Hib Three Hepatitis B One Varicella UTD PCV	One Tdap One MenACWY UTP HPV	
Optional	UTD Rotavirus Two Hepatitis A UTD Influenza UTD Covid-19	One HPV UTD Hepatitis B Two MMR Two Varicella Two Hepatitis A UTD Polio UTD Influenza UTD Covid-19	One Tdap Two MenACWY UTP HPV One MenB UTD Influenza UTD Covid-19

Figure 7: *UTD = Up to date

Please Note: There may be some discrepancies regarding the initial rates pulled due to issues with EHR systems reporting vaccine administrations to ImmTrac2. Action items outlined to support the Leveraging the IIS functionality strategy will help resolve these issues within a 12-month time frame.

Timing and Generation of Assessment Reports

Childhood and adolescent vaccination coverage assessment rates are made available to the DSHS PHR Managers, Local Health Departments and DSHS TVFC Quality Assurance Contractor monthly on the SharePoint IQIP Group page and via email. Consultants must review initial and 12-month coverage reports with provider staff.

Initial and 12-month coverage data must be reported in the IQIP Database. Rates should be entered to the nearest whole number. If you do not have a particular rate (like some of the optional adolescent vaccines), then leave the field blank in the IQIP database.

Vaccination Coverage Goals

Default vaccination coverage goals will populate in the IQIP database based on the ImmTrac2 immunization coverage rates entered into the database by the consultant.

The coverage goals include a suggested percentage based on initial coverage rates within a 12-month period. Recommend the default coverage goals to the provider, and if agreed upon, enter the suggested amounts into the SIP in the Database. If the default coverage goals are not agreed upon, they can be modified in the IQIP database.

IQIP database logic is displayed for childhood and adolescent age group coverage goals below.

Table: Logic for suggested 12-month childhood coverage goals	
Initial Coverage	Suggested 12-month coverage goal
0% to less than 80%	Increase by 10 percentage points
80% to less than 85%	Increase to 90%
85% to less than 90%	Increase by 5 percentage points
90% to less than 95%	Increase to 95%
95% and greater	Maintain initial percentage

Table: Logic for suggested 12-month adolescent coverage goals	
Initial Coverage	Suggested 12-month coverage goal
0% to less than 70%	Increase by 10 percentage points
70% to less than 75%	Increase to 80%
75% to less than 90%	Increase by 5 percentage points
90% to less than 95%	Increase to 95%
95% and greater	Maintain initial percentage

Figure 8: Parameters utilized by the TVFC IQIP Site Reviewer when setting program goals for increasing their clinics coverage goals for the ACIP-recommended vaccines per patient population served.

IQIP Quality Improvement Strategies

IQIP promotes and supports the implementation of provider-level quality improvement strategies. These strategies are designed to increase vaccine uptake among child and adolescent patients in adherence to the ACIP- recommended routine immunization schedule.

The quality improvement strategies must be selected in the IQIP Database and will be included on the Strategy Implementation Plan (SIP). The action items are assigned during the initial site visit by the consultant and technical assistance will be provided on-site.

Consultants are responsible for reviewing the workflow assessment and jointly discussing the components which impact the IQIP strategies outlined. Action items have pre-defined technical assistance activities to support the provider in implementing the IQIP strategies. The consultant and provider staff should work together to summarize the baseline status of all IQIP strategies.

The consultant records the workflow assessment information concisely in the provided fields for each strategy on the site visit page of the IQIP Database (or the paper copy of the IQIP Site Visit Form). Please reference the Texas IQIP Quality Improvement Strategies table.

The table is intended to offer examples and is not a comprehensive list of actions.

IQIP Strategies	Provider Action Items	Technical Assistance Provided
1. Facilitate Return for Vaccination	<ul style="list-style-type: none"> • Train staff on scheduling immunizations. • Schedule next visit before patient leaves office. • Reminder/recall process in place. • Contact parents within three to five days of no-show. • Ensure patients sign out at front desk before leaving the visit. • Update and collect patient contact information in system (phone number, address, and email address). • Offer patients multiple time-slots. • Provide patient with documentation outlining appointment time and date. • Call patients before scheduled appointment for reminders. • Send patient reminders the day before their appointment. • Schedule the follow-up appointment with the parent before the patient receives immunization. 	<ul style="list-style-type: none"> • Encourage provider to use reminder recall in EHR or ImmTrac2. • Provide ImmTrac2 Reminder Recall guidance document. • Suggest scheduling best practices. • Suggest appointment reminder cards for patients.
2. Leverage IIS Functionality to Improve Immunization Practice	<ul style="list-style-type: none"> • Routinely measure coverage and share with staff. • Report all administered doses in ImmTrac2. • Report previous doses in ImmTrac2. • Review the Patient Active/Inactivate Report to de-activate patients no longer seen in ImmTrac2 at least twice annually. • Use ImmTrac2 or EHR to determine which doses are due. • Provide contact information for the EHR system being used in the practice. • Generate the TIPS Report monthly. • Work collaboratively with the ImmTrac2 inter-operability team to resolve data exchange issues. 	<ul style="list-style-type: none"> • Provide TIPS Report to provider. • Review TIPS Guide with provider and train provider on how to generate TIPS Report in ImmTrac2. • Train provider how to generate Patient Active/Inactive Reports. • Provide the ImmTrac2 inter-operability team contact information.

IQIP Strategies	Provider Action Items	Technical Assistance Provided
<p>3. Give a Strong Vaccine Recommendation (Including HPV Vaccine)</p>	<ul style="list-style-type: none"> • Recommendation (include HPV vaccine if the provider has adolescent patients). • Leverage the trust almost all parents have in their child's doctor as their most trusted source of vaccine information. • Preparing for the focusing on the vaccination discussion with the parent. • Making a presumptive recommendation (otherwise known as the "announcement" approach), which results more often in parents of infants and adolescents consenting to vaccination. • Presenting vaccination as the social norm and the expectation for all children seen at the clinic. 	<ul style="list-style-type: none"> • Show or provide links to provide links to videos such as the CDC's Childhood #HowIRecommendVaccination Video Series. • Offering training, resources, handouts to demonstrate the announcement approach, subsequent questions from the hesitant parent, and the ensuing discussion. • Engage in role play exercises with staff, while using the announcement approach. Play the role of the physician first to demonstrate and then as the hesitant parent to provide an opportunity to practice and receive feedback. • Provide example phrases used to make a presumptive vaccine recommendation: 1) "It's time for [name] to receive some vaccines today. Those we'll be administering will protect against diphtheria, Tetanus, Pertussis, Polio, and others." • "[Name] is due for vaccines against diphtheria, tetanus, pertussis, polio, and others. We'll administer the at the end of this visit." • Provide example actions to keep hesitant parents engaged if they continue to refuse vaccination, such as suggesting they talk again or return to the office in a few months.

IQIP Strategies	Provider Action Items	Technical Assistance Provided
4. Strengthen Vaccination Communications	<ul style="list-style-type: none"> • Increase positive vaccination messaging throughout the practice. • Provider accurate, easily accessible information on vaccines. • Engage in effective vaccine conversations with parents. 	<ul style="list-style-type: none"> • Provide sample vaccination policies and brainstorm language specific to the provider site. • Provide guidance on how to promote vaccination across the clinic workflow and not just in the exam room. • Provide links to trainings on addressing vaccine hesitancy for all staff who interact with patients, role play with staff using various scenarios of parents and staff interactions. • Provide communication resources specific to the site's communication platforms (e.g., AAP's social media toolkit for the site's social media accounts, links to the CDC vaccine education web pages, or web buttons for their practice's website). • Provide links to the CDC parent education flyers for inclusion in new patient information packets, or for ordering posters and promotional materials.

Initial IQIP Site Visit Process

- I. Introduce yourself and briefly explain the IQIP purpose and process.
- II. Explain the IQIP site visit selection is determined based on TVFC provider type, time since last IQIP cycle, vaccination coverage rates, and patient population.
- III. Introduce the concept of an immunization champion. Explain the typical activities an immunization champion may perform and ask if the provider has anyone who functions in the role.
- IV. Ask the provider to describe the office's immunization workflow. Ensure the description includes details from appointment reminders to check-in all the way through check-out. Take notes on the Immunization Workflow Template. Ask probing questions and make mental notes of any workflow gaps or routine practices to inform strategy selection later.
- V. Introduce the vaccination coverage report, using the Coverage Goals Form. Keep the time discussing the report to a minimum and emphasize the report serves as a baseline for assessing progress made after changes in immunization service delivery.
- VI. Introduce and describe the IQIP Strategies for selection:
 - a. Facilitate Return for Vaccination
 - b. Leverage IIS Functionality to support immunization practice
 - c. Give a strong vaccine recommendation
 - d. Strengthen vaccine communications
- VII. Revisit the provider's immunization workflow. Use your notes to drive attention to any gaps and discuss how adoption of one of the strategies could help, if applicable.
- VIII. Refer to the coverage data and discuss how adoption of one of the strategies could help improve rates.
- IX. Identify action-items necessary to fully implement the strategy and document in the SIP.
- X. Conclude the site visit by discussing the next steps in the process. Remind the provider to identify an immunization champion if the role is not currently filled.
- XI. Set tentative dates for the two and six month check-ins and 12-month check-in and provide appropriate RE contact information.

Check-ins and Follow up

The purpose of the two and six month check-ins and 12 month follow up is to communicate with provider staff as they work to implement the strategies selected during the site visit. These calls enable consultants to identify challenges with strategy implementation, provide technical assistance, and deliver motivation and support. Check-ins are conducted by Texas DSHS QAI team staff via phone or virtual webinar.

The provider's tentative two month, six month, and 12-month follow up dates will be scheduled at the initial site visit.

Texas DSHS QAI team will contact the provider to see how well their SIP is working and document the progress in the IQIP database. All data should be documented in the IQIP database directly.

To ensure the data quality of check-in activities, it is recommended information input and completion, be reviewed monthly. There is a 10-day grace period in which the IQIP check-in activities should be addressed, resolved, and documented.

At twelve months, a final follow-up call will be conducted by Texas DSHS QAI team to reassess the provider's childhood and adolescent vaccination coverage assessment rates. After the 12-month follow-up is completed, the provider's IQIP cycle will be finished.

Check-in timing

In order to maintain the 12-month timeline, check-in activities must fall in the appropriate time periods so as not to delay the IQIP cycle or conduct check-ins too close together. To be considered on-time, check-ins must be conducted 1 month before or after the planned date of check-in assigned during the site visit. Example: an on-time two month check-in occurs one to three months after the site visit.

A late check-in can still be conducted but it is outside the appropriate range. Late check-ins can be conducted up to one month before the next planned check-in. Example: a six month check-in is late if it is conducted at seven to eleven months after the site visit.

A skipped check-in is any planned check-in less than one month from the next planned check-in. This check-in occurred too late to be completed and the consultant must move on to the next check-in. The 12-month

On Time Check-In

Two month check-in Date is at least one month (30 days) and at most three months (92 days) after the site visit.

Six month check-in Date is at least five months (153 days) and at most three months (214 days) after the site visit.

12- month check-in Date is at least 11 months (335 days) and at most 13 months (396 days) after the site visit.

Late Check-In

Two month check-in Date is more than one month (30 days) and at most three months (92 days) after the site visit.

Six month check-in Date is more than five months (153 days) and at most three months (214 days) after the site visit.

12- month check-in Cannot be late must be completed.

Follow-up can never be skipped. It must always be conducted, no matter how late. Example: a two month check-in reached five months after the site visit. It must be skipped and instead conducted as a six month check-in.

Lost to Follow-up (LTFU)

Once a provider has been designated LTFU in the IQIP Database, all further IQIP engagement will end for this cycle. A provider will be considered lost-to-follow-up (LTFU) for the following reasons:

- Provider location has closed
- Providers has merged with another location
- Provider no longer participates in the TVFC program
- Provider has opted out of further IQIP engagement
- Consultant has made documented attempts to contact the provider by phone and email on at least four separate occasions over a four week period and received no response

Preparing for the IQIP Check-in

DSHS TVFC QAI team member (IQIP Consultants) should complete preparation activities prior to conducting an IQIP check-in with the provider. It is key to gather and review all relevant provider information to include notes from the concluded site visit and/or previous check-ins. IQIP Consultants should have general knowledge regarding the provider site to have effective dialogue as it relates to assessing the providers' clinical process flow, reviewing the provider vaccination coverage, and discussing the implementation of the two selected core strategies outlined in this operation manual.

Consultants must prepare and collect all material needed to support discussions with the provider. Reconfirming the check-in two to three business days prior to the scheduled call is recommended. During this step, include details about the site visit date, time, and how long the visit will approximately take. The IQIP Consultant will run the providers Texas Immunization Provider Summary (TIPS) Report prior to conducting the visit in the ImmTrac2 database. Childhood and adolescent vaccination coverage rates will be made available to the consultants by the Texas DSHS TVFC program monthly.

Conducting Check-ins

- I. Contact provider by phone one month prior to the planned date of check-in to confirm provider availability, staff participation, and what to expect during the check-in. A confirmation email should be sent to the TVFC points of contacts, Primary Vaccine Coordinator, Backup Vaccine Coordinator, and/or Signing Clinician (PVC, BVC, and/or SC).
- II. Prepare for the check-in by reviewing the Strategy Implementation Plan (SIP), Texas Immunization of Provider Summary (TIPS) report, and any other materials prior to calling the provider.
- III. During the check-in, ensure one of the PVC, BVC, and/or SC is present. Encourage those with the ability to change provider processes also attend the check-in.
- IV. Discuss implementation status of action items assigned from the previous visit. Discussion includes:
 - i. TIPS Report with the provider.
 - ii. The two selected strategies implementation status in order to determine obstacles or advancing progress.
 - iii. Identified barriers to completing assigned action items.
 - iv. Needed technical assistance to continue progress on action items.

- v. Additional or amended action items to achieve strategy success.
- V. Document the discussion into the appropriate datafields in the IQIP Database and review information thoroughly with the provider to ensure a clear understanding of guidance documents.
- VI. Save the updates in the IQIP Database and notify provider of next check-in activity date.
 - i. If this is the provider's 12-month check-in, insert the most recent vaccination coverage rates as provided by Texas DSHS.
 - ii. Discuss any improvements and inform provider of the outcome of the SIP.
 - iii. Close the site visit in the IQIP Database.
 - iv. Send an electronic copy of the IQIP Synopsis Report to the contact person.
- VII. Once the check-in has been completed and all information has been entered into the IQIP Database, complete the visit and save the form.
- VIII. The check-in synopsis should be emailed to all three contacts (PVC, BVC, and SC), even if they were not present for the check-in. You can select Synopsis from the side panel menu.

12-month Check-in Coverage Assessment Interpretation

DSHS TVFC QAI team member (IQIP Consultants) will review initial coverage assessed at site visit and compare to the current coverage assessed 12 months later to determine if the goals set were achieved. A good coverage goal is one that is possible to reach but not met too easily. Reaching a coverage goal will not be guaranteed unless the provider and staff devote themselves to making it happen. It may be better to pick a goal that is almost reached than to pick one that is too easy to reach. The patient population size also plays a role in coverage goal selection. For example, if a provider has 10 patients in a cohort and has a coverage of 50%, then a 10-percentage-point increase would only equate to the vaccination of one additional patient. For this hypothetical provider with few patients, a coverage goal increase of 30 or 40 percentage points might be more appropriate. For larger providers, a 30 or 40 percentage point increase would often be unrealistic. IQIP Coverage Assessment for provider clinic is made available by the Texas DSHS QAI team. The coverage assessment pulled at the initial site visit must be 12-months from initial assessment date used at the site visit date. Example: Site visit Assessment Data from 03/31/2022 and 12 month Follow-up visit Assessment Data from 03/31/2023

IQIP Website

Additional information about IQIP can be found on the DSHS Immunization Section website. The web page can be accessed at dshs.texas.gov/immunizations/health-departments/compliance

Email all questions or inquiries to the IQIP functional inbox at IQIP@dshs.texas.gov

Please Note: The Texas IQIP Operations Manual for Responsible Entities will continue to undergo changes as we assess and adjust program implementation. Updates will be announced, and policy documents will be revised and edited as needed.