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Quality Assurance for TVFC Providers

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Immunization Section

Agenda

- Types of Visits
- Compliance Overview
- Storage and Handling Site Visits
- IQIP Overview

Types of Visits

- TVFC/ASN Enrollment visits
- TVFC PEAR Compliance visits
- Storage & Handling (S&H) visits
  - Announced
  - Unannounced
- VFC Contact visits
- Immunization Quality Improvement for Providers (IQIP) visits

What is a TVFC Compliance Site Visit?

- Main method of monitoring compliance with Federal VFC Program requirements and recommendations
- The purpose of the compliance visit is to assess, support and educate the site regarding TVFC/ASN policies and procedures to increase program compliance.
- Required to be documented in PEAR

Compliance Site Visit

Timing of site visits

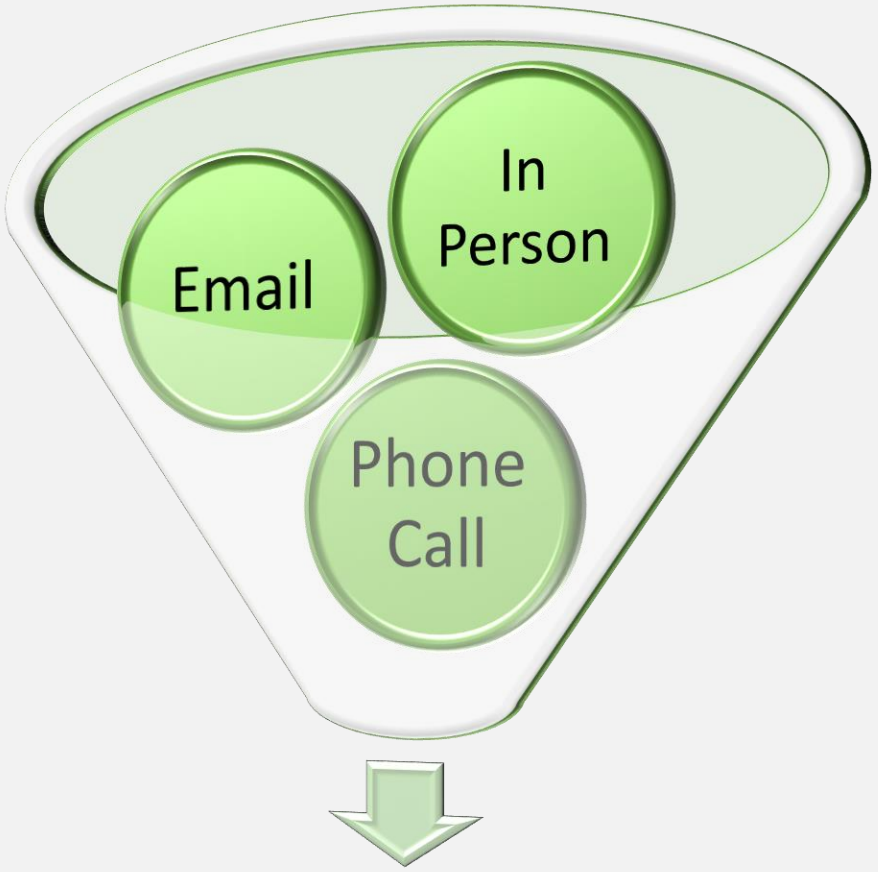
- The minimum required spacing between compliance visits is 12 months
- Newly enrolled sites should receive a site visit 6-12 months after enrollment
- All TVFC enrolled providers must have a compliance visit every 24 months

Site Visit Requirements

- Compliance site visits must be entered into PEAR at the time of the visit
- At the conclusion of the site visit, the reviewer must discuss the visit outcomes with the vaccine coordinator

Compliance Visit-Follow-Up Activities

Requirement:
Compliance visit follow up activities **must** be completed and documented in PEAR.



Completed follow up activities

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RE Responsibilities

- Be knowledgeable of requirements and recommendations of Federal and Texas-VFC Program.
- Conduct and document all compliance visits and follow-up activities in a timely manner.
- Educate providers on requirements to ensure future program compliance.

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Storage & Handling (S&H) Site Visits

- Two Types
  - Announced
  - Unannounced
- **Requirement:** A minimum of 10% of TVFC providers within each jurisdiction must receive an unannounced site visit
- Required to be documented in PEAR
- Shorter than Compliance visits, serves as a "spot check" for proper storage and handling

Storage & Handling (S&H) Site Visits

- Sites selected should be data driven
  - Previous S&H compliance issues
  - Time since last visit
- Vaccine loss
- Improper storage of vaccine
- Improper documentation on temperature logs
- Orders inconsistent with suggested quantity
- Newly enrolled sites (6-12 months after enrollment)
- Significant inventory adjustments
- Determination of non-compliance with corrective actions from previous visits

Immunization Quality Improvement for Providers (IQIP) Program

IQIP Purpose

- Promote and support implementation of provider-level strategies
- Designed to increase on-time vaccination among children and adolescents

IQIP Process

- Conducted over a period of one year
- Provider may do another IQIP cycle if desired

IQIP Core Strategies

- Four core immunization strategies
- Broadly applicable
- Customized implementation

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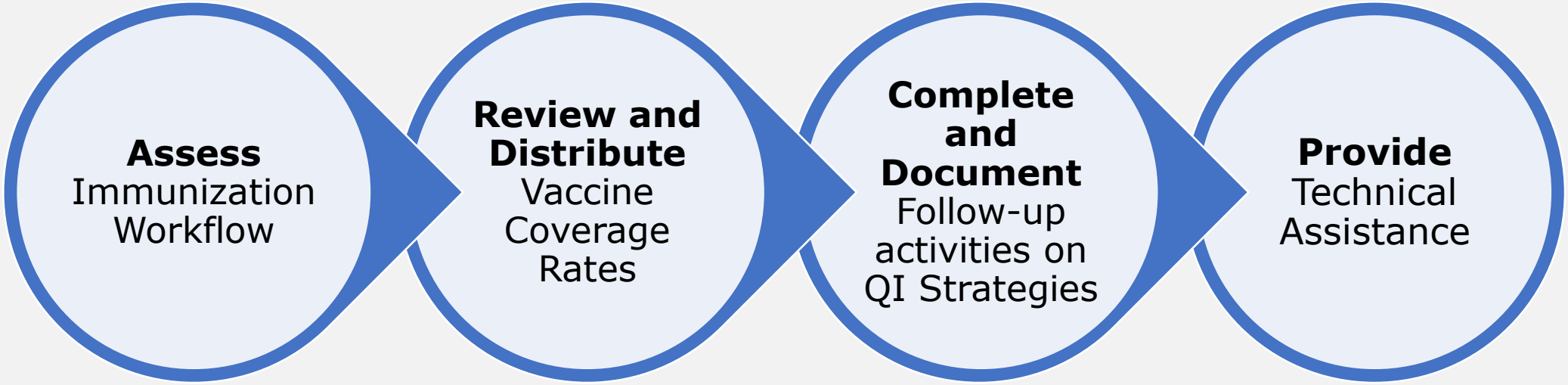
IQIP Site Visit Objectives



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IQIP Cycle

IQIP Cycle

IQIP
IMMUNIZATION QUALITY IMPROVEMENT FOR PROVIDERS

Site Visit

- Pre-visit preparation
- Assess provider vaccination workflow
- Review assessment reports and set coverage goals
- Discuss/select QI strategies and provide technical assistance
- Establish action items for the Strategy Implementation Plan
- Enter data into IQIP Database

2-Month Check-In

- Prepare by reviewing synopsis and notes from site visit
- Review Strategy Implementation Plan and discuss implementation status
- Identify barriers and provide technical assistance
- Establish new action items for updated Strategy Implementation Plan, if necessary
- Enter data into IQIP Database

6-Month Check-In

- Prepare by reviewing synopsis and notes from 2-month check-in
- Review Strategy Implementation Plan and discuss implementation status
- Identify barriers and provide technical assistance
- Establish new action items for updated Strategy Implementation Plan, if necessary
- Enter data into IQIP Database

12-Month Follow-Up

- Prepare by reviewing synopsis and notes from 6-month check-in
- Review Strategy Implementation Plan and discuss implementation status
- Identify barriers and provide technical assistance
- Establish new action items for final Strategy Implementation Plan, if necessary
- Review coverage and discuss year-over-year changes
- Enter data into IQIP Database
- Send provider high-level summary, including selected strategies, coverage levels, and any ongoing action items

Initial IQIP Site Visit Overview

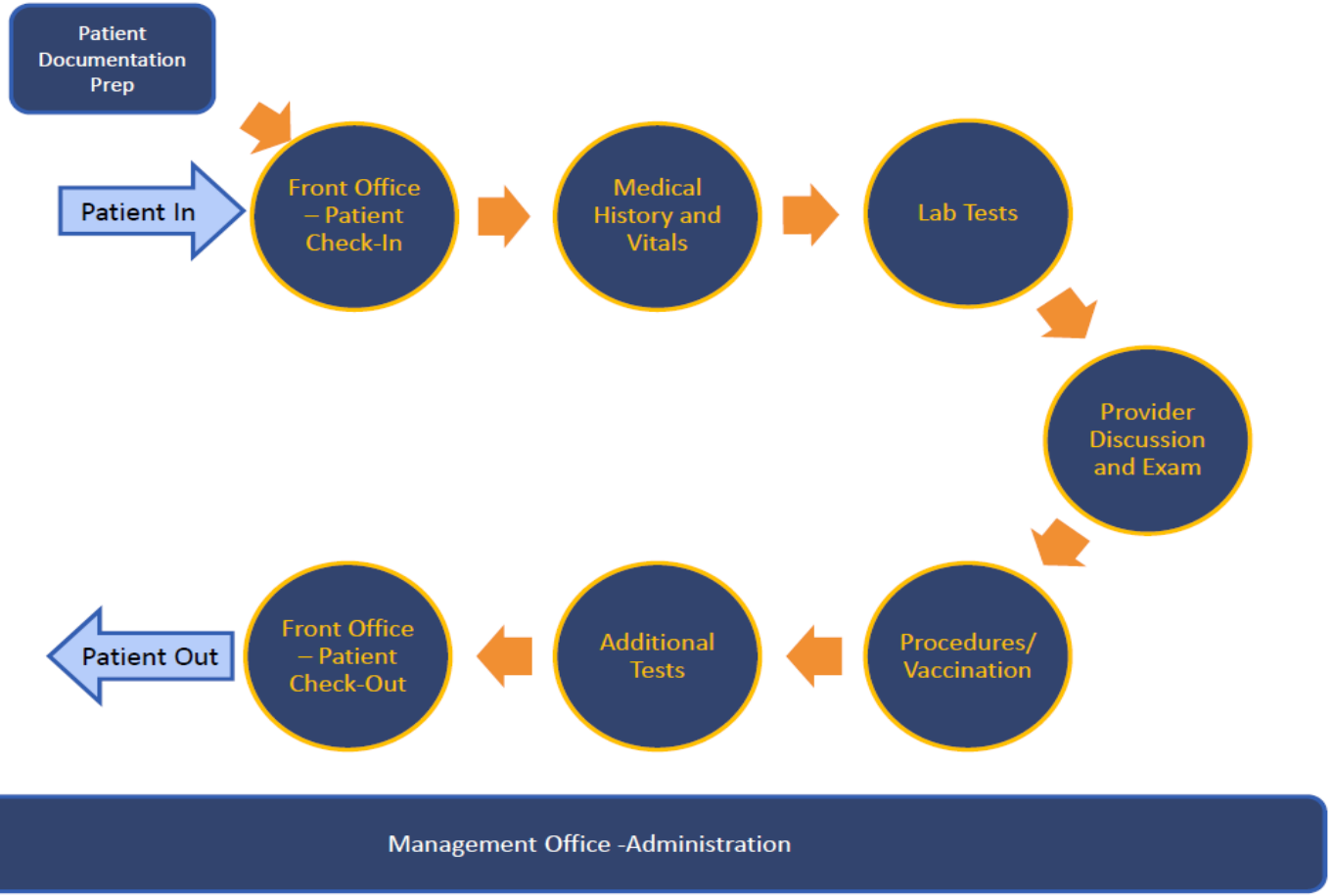
Conducted on only private TVFC Providers by our quality assurance contractor.

Consultations with the provider that include:

- Review of vaccination policy and supportive procedures
- Discuss the role of the immunization champion
- Assessing provider immunization workflow
- Reviewing coverage assessment rates
- Discussion, selection, and documentation of quality improvement strategies
- Develop action items
- Scheduling follow-up activities for 2-months, 6-months, and 12-months
- Provide IQIP Synopsis report

Assessing Providers Workflow

Review of the Vaccination Workflow Diagram



Points to consider:

1. Does that site have a vaccination policy for patients? How is it shared with patients?
2. Who reviews the patient's vaccination history and determines needed vaccines? When is this done? What source is used (IIS or EHR)?
3. Who discusses vaccines with the patient/parents? When is this done?
4. Is adherence to the ACIP schedule and the importance of vaccination promoted by all staff and visible in all areas of the clinic?
5. Which staff can play a part in making or reinforcing a strong vaccine recommendation?
6. When are vaccination data documented in the IIS or EHR?
7. When and by whom are the due dates for future vaccination discussed?
8. When and by whom is the next vaccination appointment made? Are there patient reminders before the next visit?
9. How is the vaccination policy and vaccine services promoted using all possible communication channels?

IQIP: Discussion of Quality Improvement Strategies

Core Strategy: Give a Strong Vaccine Recommendation

Assessment Process for Giving a Strong Vaccine Recommendation

- Do providers use presumptive language about vaccines due in the exam room?
- Does the provider know how to address parental concerns about vaccination?

Provider Discussion and Exam

- Is vaccine hesitancy documented in the patient's record?
- Is the parent educated about the risks of delaying or not vaccinating their child?

Vaccination

Core Strategy: Give a Strong Vaccine Recommendation

What is **not** a strong vaccine recommendation?

- We room the patient and provide them with the VIS statements for the vaccines they need.
- We list what vaccines they are due for and ask them if they want to get all of them today

Core Strategy: Give a Strong Vaccine Recommendation

What **is** a strong vaccine recommendation?

- "HPV vaccine is very important because it prevents cancer. That's why I'm recommending that your daughter/son receive the first of HPV vaccine today."
- "I strongly believe in the importance of this cancer-preventing vaccine, and I have given HPV vaccine to my son/daughter/grandchild/niece/nephew/friend's children."

Core Strategy: Strengthen Vaccine Communications

Assessment Process for Strengthen Vaccination Communications

- Are staff trained to respond to vaccines hesitancy or address myths/ misconceptions about vaccines due at the visit?
- Does staff provide a copy of the clinic's vaccination policy with other check-in paperwork?
- Are there posters and other materials promoting on-time vaccination?

- Do check-out materials include handouts or materials that promote on-time vaccination?
- Are staff trained on how to respond to questions about vaccination?

Patient Check-In → Patient Check-Out

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Core Strategy: Strengthen Vaccine Communications

Strong Vaccine Recommendation

- Prescriber's vaccine recommendation only
- Announcement approach
- Prescriber and parent discussion
- Audience-tested, one-on-one messaging

Strengthen Vaccination Communication

- Communications other than prescriber's vaccine recommendation
- Training for all staff to increase knowledge
- Positive messaging by staff during visits
- Enhance vaccine promotion using communications platforms

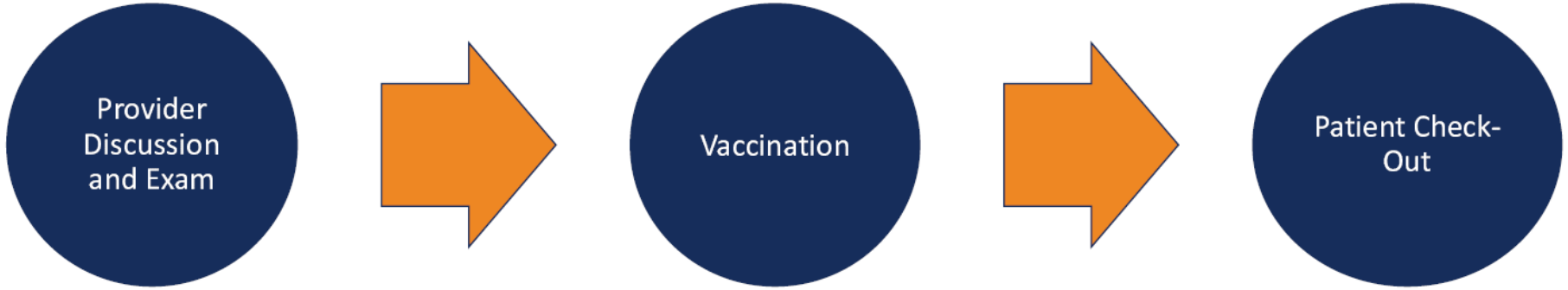
Core Strategy: Schedule the Next Vaccination Visit

Assessment Process for Scheduling the Next Vaccination Visit Before the Patient Leaves the Provider Site

- Does the provider emphasize to the parent the importance of receiving doses on schedule?
- Is a reminder given at this time about the timing of next dose appointments?

- Can the next appointment be scheduled before this vaccination procedure?
- Is a clear "on or after" date range provided for parent and check-out staff for scheduling the next dose appointment?

- Is presumptive language used for getting next appointments scheduled?
- How far in advance can appointments be entered?
- Can all follow-up vaccination appointments be scheduled at once?
- Is confirmation of the next visit given or sent to parent? How?



Core Strategy: Schedule the Next Vaccination Visit

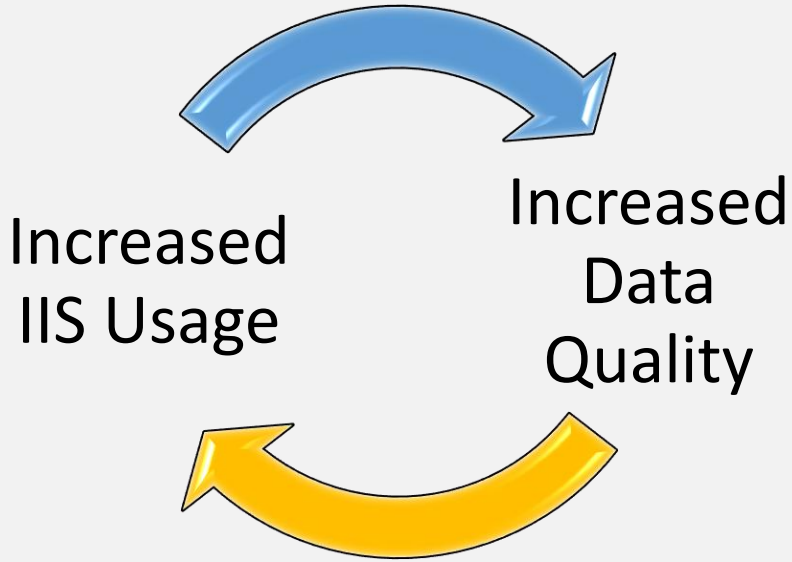
The assessment should cover where, when, how, and by whom:

- The next vaccination due date is determined
- The next vaccination is scheduled
- Messaging about the importance of staying on schedule is delivered
- Next vaccination appointment is recorded and shared with the parent

Core Strategy: Leverage Immunization Information System (IIS) Functionality

High-quality data can support providers by:

- Consolidating vaccination records
- Patients due for vaccines
- Forecasting function for on-time and catch-up scheduling
- Deliver appointment reminders
- Practice-based coverage assessments



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Core Strategy: Leverage Immunization Information System (IIS) Functionality

- The higher the quality of IIS data, the more useful it is to the provider
- Goal is for providers to monitor coverage and line lists independently
- Partner with IIS program staff to stay current
- Provider sites using EHR can still benefit from IIS
- Management office/practice administrator
  - update SOPs to include routine IIS-based coverage assessments
  - coordinate IIS staff training

Core Strategy: Leverage Immunization Information System (IIS) Functionality

Texas DSHS Health and Safety Code §§161.007-161.009

Texas law requires all medical providers and payors to report *all immunizations* administered to clients who are 17 years of age and younger, to ImmTrac2.

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Core Strategy: Leverage Immunization Information System (IIS) Functionality

ImmTrac2 Reports to assists with this strategy:

- Texas Immunization Provider Summary (TIPS)
- Ad Hoc List (Patient Active/ Inactive) – recently updated in ImmTrac2
- Reminder/recall

ImmTrac2 resources left with the provider:

- Data Quality Guide
- 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

IQIP Coverage Assessment Criteria

Childhood

- 8 measures: 4:3:1:3:3:1:4 individual antigens and series
- Age range: 24-35 months

Adolescent

- 3 measures: 1 Tdap, 1 MenACWY, and complete HPV
- Age range: 13 years
- Evaluated at: 13th birthday] Different than AFIX*

*Measures on-time vaccination, the primary CDC objective

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IQIP Coverage Assessment Rates

- Analysis conducted on 100% of patient records in the specified cohorts reported to ImmTrac2
- Vaccination coverage will be displayed on the Coverage Goals form, and presented to the provider during the initial IQIP site visit
- Vaccination coverage rates will be provided to TMF and Responsible Entities (REs) monthly in an excel spreadsheet
- Working on an enhancement in ImmTrac2 for provider-level coverage assessments

Review Coverage Rates & Goals

- Coverage goals will be established for the series and individual antigens
- The following table will be referenced during the initial IQIP site visit to establish coverage goals

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

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

IQIP Follow-Up Activities: Overview

- Complete by telephone
- 2-month Follow-up
- 6-month Follow-up
- 12-month Follow-up*
- 20-30 minute telephone call
- Provide technical assistance for IIS
- Document follow-up in the IQIP Database
- Inform the provider of the next IQIP Follow-up

*12-month follow-up includes a review and discussion of pre/post coverage assessment rates to measure progress and close IQIP visit in system

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IQIP Follow-Up Activities: Distribute Coverage Rates Monthly

- The Immunization Unit is responsible for storing the vaccination coverage rate spreadsheet on the **QA Coordinators (IQIP) SharePoint Site** monthly. An email notification will be sent to all PHR Immunization Managers and QA Coordinators.

- PHR Immunization Managers and QA Coordinators will need to ensure that the most up-to-date vaccination coverage spreadsheet is distributed to the LHDs in their jurisdiction.

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IQIP Follow-Up Activities: Technical Assistance

Provide guidance and resources to assist providers in improving their immunization service delivery and increasing childhood and adolescent vaccination coverage rates.

ImmTrac2 Helpdesk

- Customer Service Helpdesk 1-800-252-9158, option 2
- Interoperability Team (Data Exchange) 1-800-252-9158, option 3
- Immunization Program Operations Specialist (IPOS) Refer to contact list

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IQIP Follow-Up Activities: 2 & 6-Month IQIP Follow-Up

- 20-30-minute telephone call
- Ask for an update on the IQIP Strategy Implementation Plan
- Provide technical assistance
- Inform the provider of the next IQIP Follow-up
- Document follow-up in the IQIP Database

IQIP Follow-Up Activities: 12-Month IQIP Follow-Up

- 20-30-minute telephone call
- Discuss the IQIP Strategy Implementation Plan, and give an overview of the progress made
- **Review and discuss the pre/post coverage assessment rates**
- Send a copy of IQIP Synopsis Report to the provider
- Document follow-up in the IQIP Database
- Close the visit in the IQIP Database

IQIP Follow-Up Activities: 12-Month IQIP Follow-Up

The 12-month follow-up activity will require vaccination coverage rate assessment data.

12-Month Coverage Assessment Results---Childhood

Total number of age-eligible childhood patients in the practice * must provide value	30
Number of age-eligible childhood patients assessed * must provide value	30
Enter the childhood coverage percentage assessed for the following vaccine doses:	
4:3:1:U:U:1:U series U = UTD * must provide value	
4 DTaP * must provide value	
3 IPV * must provide value	
1 MMR * must provide value	
UTD Hib * must provide value	
UTD HepB * must provide value	
1 VAR * must provide value	
UTD PCV13 * must provide value	

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IQIP Database Tools

- Document all follow-up activities in the same project database that the visit was initiated.
- Database updates from PEAR system in real-time.
  - If visit was initiated and provider withdraw, the data will still show in the IQIP database. Visit will count towards CDC requirement.
- Determine the status of the provider prior to conducting the follow-up.
  - If provider withdrawn at time of follow-up, mark as "Lost to Follow-up" in IQIP Database.

IQIP Resource Page for REs

- An IQIP webpage is located on the DSHS Immunization Unit website, located at https://www.dshs.texas.gov/immunize/Immunization-Quality-Improvement-for-Providers-Program/
- The information includes resources for REs to conduct IQIP visits. The webpage can be accessed at https://www.dshs.texas.gov/immunize/re.shtm.asp

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IQIP Functional Inbox

If there are any questions, please send to DSHS Quality Assurance and Improvement Team at:

IQIP@dshs.texas.gov

Thank you