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Local Collaboration with Provider Reminder-Recall Efforts

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Objectives

- After this presentation, learners will be able to:
 - Describe a strategy to partner on collective efforts to increase immunization rates.
 - Describe how a reminder/recall improves vaccination rates within a community.
 - Describe how data can be used to measure results.



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Questions?

- Think of a question or two you would like answered during this presentation. If we haven't answered them by the end, there will be time for you to ask away!

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Setting the Scene

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What's a Reminder and a Recall?

- A **Reminder** is a list you can pull on NDIIS that will call people who are soon to be due for a given vaccine.
- A **Recall** is a list you can pull on NDIIS that will call people who are past due for a given vaccine.
- Both are great methods for keeping immunizations on the forefront of people's minds.
- I will personally refer to these collective efforts as 'reminder-recalls'.



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Our FQHC and Public Health Department Relationship

- FQHC stands for Federally Qualified Healthcare Center
 - A place for affordable health care (sliding fee scale services).
 - Spectra Health is Grand Forks County's FQHC.
- Barriers of GFPH Immunization Program
 - Only able to charge limited insurance types.
 - No provider on site, so we are unable to provide wellness visits alongside immunizations.
- Recognizing and overcoming these barriers is very important for serving our community.
 - Requires creativity.
 - Spectra Health does not have these same barriers, so leveraging our close relationship is very important.



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Wellness Weeks

- Upon assessing the community's needs together in a meeting, Spectra Health and GFPH thought we could leverage our strengths and relationship into a combined effort.
- Wellness Weeks were an idea where we combined the services offered by Spectra Health with the background capabilities of Grand Forks Public Health (GFPH).
 - GFPH was to run a recall using the NDHHS database and work to contact clients via letters and phone calls.
 - Spectra was to host a Wellness Week, where their nurses would be available for immunization appointments and their pediatrician would be available for well-child visits.
 - The GFPH Immunization Program Manager would be onsite to answer immunization-related questions.
 - GFPH would perform in-depth data analysis.



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Event Planning and Coordination

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Population and Timing

- Population
 - For our first collaboration, the population we decided to use was our combined pediatric, NDHIS patient populations.
 - NDHIS patient populations are made up of a list of people whose last immunization excluding influenza was given at your location.
- Timing
 - We timed these events during immunization 'off season', when immunizations were not necessarily on the forefront of the public's minds.
 - Beneficial to keep immunizations relevant, even during 'off season'.
 - Also, staff at both facilities had greater capacity for the events.

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Recall Specifics

- For our recalls, each location (GFPH and both Spectra Health locations) pulled recall reports for all immunizations that were 30 days overdue in our clients who were 0-18 years old.
 - These reports were specifically pulled 3 weeks before our planned event dates.
 - We also excluded Air Force Base clients and last influenza vaccine from the recall reports.
- Goal was not necessarily for us to give the immunizations.
 - Hope was to push people into their primary care providers and promote a great touch point for well-child visits in addition to immunizations.

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Letters, Call Scripts, and Execution Thereof

- **Communications**
 - As part of the recall, we formulated letters to go out to the parents of each child on our lists. (See letter to the right.)
 - They specified which immunizations children were due for, along with details about a wellness event to be hosted at Spectra Health.
 - Parallel to this, calls were made to each child's parents about the recall.
 - Call scripts were created for staff along with talking points when recipients of the letters and calls had questions.
 - Calls were executed the week prior to the following Wellness Week's activities.
- **Services Offered**
 - During Wellness Weeks, Walk-in services were available each day of the week all day for accessibility.
 - Through our partnership, GFPH and Spectra Health were able to ensure:
 - A pediatrician was on-site for walk-in well-child visits.
 - Immunization nurses were on-site for walk-in immunization appointments.
 - A Public Health Nurse was on-site for immunization-related questions.



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Community Partners' Resources

- Leading up to the Wellness Week, we were able to collect a variety of resources from our community to offer clients.
 - Resources were geared toward the pediatric population, along with mothers/parents.
 - Wellness kits were assembled at GFPH for families to grab easily. (See wellness kit cover page to the right.)
- **Onsite Partners**
 - During the Wellness Week, we had a couple external, local partners offer to be on site for some time.
 - Safe Kids
 - Grand Forks Public Library
 - Hosted a story time during one of our Wellness Weeks.



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Physical Space and Prize Preparation

- Spaces and Prizes were made with the pediatric population in mind.
 - Prize drawings had toys to promote active minds and bodies.
 - Healthy snacks were also provided onsite, courtesy of GFPH dieticians.
 - Decorations followed the theme of the season to brighten the waiting room.



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Estimating Recall Response

Tracking Outcomes and Improving Vaccine Record Data

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Estimating Recall Response

- What is the recall response rate?
 - Number of vaccines attributed to the vaccine recall/number of individuals within the recall
 - Expressed as a percentage
- Challenges to estimating recall response rates
 - Accurate demographic data in NDIIS
 - NDIIS is updated when a new vaccine is given, but will not update if an individual has a change in status between immunizations
 - Records can stay within your client population long after leaving the area and inadvertently be included in recalls.
- Two Recall Reports from NDIIS were utilized
 - A baseline report was used to conduct the recall
 - A comparison recall report was generated 30 days after the recall effort was completed to identify individuals who had an immunization status change.
- Pre-recall record checks or corrections could be done prior to recall mailing.
 - Exclude records for individuals outside service area or health department jurisdiction.
 - Update these records in NDIIS
 - GFPH final response recall estimate only includes individuals with accurate records within the Grand Forks County.

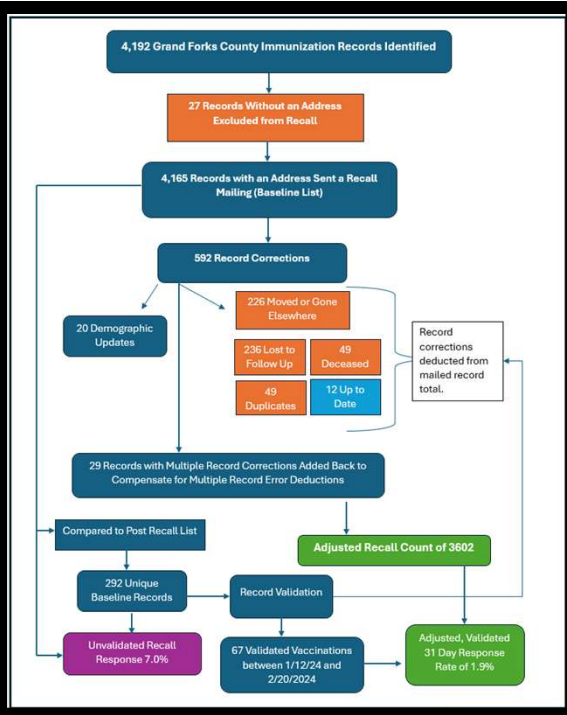


Recall Analysis Flow Diagram

The adjacent flow diagram represents the process utilized by GFPH to analyze an adult pneumococcal vaccine recall.

The recall process evolved as we learned more about what challenges we may find in conducting a recall, particularly regarding record demographic accuracy.

NDIIS Estimated Pneumococcal Coverage Rate			
Recall Type	Number of Clients	Up-to-date Clients	% Up-to-date
Prior to Recall (9/11/2023)	11582	7599	65.6%
Post Recall (4/16/24)	11162	7805	69.9%
<i>Difference</i>	-420	+206	<i>+4.3%</i>



Spectra Grand Forks Response

Winter Wellness Event: Clinical Sites

SPECTRA GRAND FORKS

Value Definition	Value
Baseline Recall N	271
Adjusted Recall N (Excluding All OOs)	202
Baseline Excluded	2
Excluded from 30 day Post due to no Baseline	40
Unvalidated 30-day Vaccination(s)	93
Unvalidated 30-day Vaccination Rate	34.3%
Validated Vaccine Administrations	20
NDIIS Record Corrections	7
No Administrations	65
Out of State OOs	32
EGF OOs	21
GF AFB OOs	3
Outside GF County	13
Raw Vaccination Rate	7.4%
Adjusted Vaccination Rate	9.9%
Service Area Vaccination Rate	9.0%
Recall Comparison Error Rate	77.4%
Recall Comparison Method Accuracy	21.5%

SPECTRA LARIMORE

Value Definition	Value
Baseline Recall N	95
Adjusted Recall N (Excluding all OOs)	94
Baseline Excluded	0
Excluded from 30 day Post due to no Baseline	9
Unvalidated 30-day Vaccination(s)	13
Unvalidated 30-day Vaccination Rate	14%
Validated Vaccine Administrations	5
NDIIS Record Corrections	4
No Administrations	3
Validated Vaccination Rate	5.3%
OOs	1
Adjusted Vaccination Rate	5.3%
Recall Evaluation Error Rate	53.8%
Recall Evaluation Methodology Accuracy	38.5%



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Winter Wellness

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GFPH	
Administrations for vaccines other than COVID or Influenza	16
Percentage	48%
Recall Vaccination Response Rate excluding Influenza and COVID-19	4%
Seasonal vaccinations increased response rate	106%

Overall Response Rate for WWW Event

Adjusted Validated Recall Response Rate All Locations for WWW Event	8.5%
Adjusted Total of Grand Forks County Residents contacted	684
Validated Vaccination Totals within 30 days all locations	58

Grand Forks Public Health WWW Recall

Value Definition	Value
Baseline Recall N	444
Recall N Excluding all OOs	388
Baseline Excluded	0
Excluded due to no Baseline	85
Unvalidated 30 day Vaccination(s)	213
Unvalidated 30 Day Vaccination Rate	48%
Validated 30 Day Vaccinations All Locations	33
Validated Record Updates	32
Included OOs	61
No Administrations	151
Recall Comparison Error Rate ((record update + no admins)/Unvalidated 30 day Count)	85.9%
Validated Recall 30 Day Vaccination Rate	7.4%
Adjusted 30 Day Recall Vaccination Rate (OOs Excluded)	8.5%

Winter Wellness Week Overall Response Rates for Each Site

Winter Wellness Week (December 12-15th, 2022)			
	GF County Recalls	Vaccinations within 30 Days	Response Rate
GFPH	388	33	8.51%
Spectra-GF	202	20	9.90%
Spectra-Larimore	94	5	5.32%



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Spring Into Wellness Event

GFPH, Spectra Grand Forks, and Spectra Larimore



	Comparison Accuracy Rate
GFPH	27.8%
Spectra - G	31.6%
Spectra - La	38.5%



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Variable	GFPH	Spectra-GF	Spectra-Lar	Total
N	215	225	96	536
OOJ	14	25	1	40
Out of GF County	18	14	7	39
Adjusted N (excluding OOJs)	183	186	88	457
Service Area N*	N/A	213	96	N/A
Record Corrections	5	6	2	13
No Administrations	25	22	8	55
Unvalidated Administrations	36	38	13	87
Validated Count	10	12	5	27
N Excluding COVID and Flu	122	158	62	342
Validated Count excluding COVID and Flu Only	8	10	4	22
Adjusted Response Rate	5.5%	6.5%	5.7%	5.9%
Adjusted Response Rate Excluding COVID and Flu	6.6%	6.3%	6.5%	6.4%
Provider Service Area Response Rate*	N/A	5.6%	5.2%	N/A

*Includes all EGF patients for Spectra GF. Includes all OOJ and Out of County patients for Spectra Larimore.

What We Learned through Analysis

- Validation identified record discrepancies between Spectra patients and NDIIS
 - Vaccines imported from MIIC (Minnesota Immunization Information Connection) to patient charts showed in the patient chart, however, did not export to NDIIS unless manually validated by care staff
- The Comparison Method did not work alone to easily calculate a response rate
 - Validation is needed
 - Comparison Method reduces the number of records to be validated
 - Silver lining: Validation improves reliability and accuracy. It can also specifically identify record issues to be fixed.
 - Unsure at this time why records within the baseline recall did not appear in the comparison recall report if they had no change in immunization status
- Partnerships for recalls with local healthcare providers are important
 - Improves validation through use of healthcare EHR (Epic)
 - NDHIN can also serve as a secondary source for demographic checks, but not immunization record checks since NDHIN receives immunization info from NDIIS.



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Outcomes and Long-term Goals

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Outcomes

- Children received the vaccines they were recalled for.
- Accuracy of NDHIS records for the Grand Forks Public Health and Spectra Health pediatric populations was improved which attributed to improving provider immunization rates.
 - By removing records from the client list for individuals who no longer are a part of the client population the coverage rate can improve.
 - Coverage Rate= Number of Vaccinated Individuals/Total Number of Individuals in the Population
- Partnership with local FQHC was strengthened.

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Long-Term Goals

- Increase our provider immunization rates for pediatric immunizations.
- Standardize processes for reminder-recalls with and without community partners.
- Increase immunization record accuracy and reliability in our county.
- Build new and strengthen old relationships between public health and the community.

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Lessons Learned

- **Recalls Work!**
 - Validated response rates were within expected response measures based upon the literature
- **EHR and NDIIIS record maintenance is important**
 - Recalls should include a record review, validation, and cleanup component.
 - More accurate records improve vaccine coverage estimates by updating and/or removing records from client lists
 - MOGE, LTFU, Duplicates, etc.
- **Evaluate Your Work**
 - Plan for what measures are important in evaluating your work at the start of the process.
 - Clearly define your measures and quantify them if possible. Client surveys, metrics, etc.
 - Evaluation helps allocate future resources more effectively
 - Pre- and post-effort immunization rates are valuable measures we did not pull in these instances, but have in more recent ones
- **Recall specifics**
 - Save your recall fields to ensure they match between the baseline recall and the comparison recall
- **Results look different than expectations sometimes, and that's okay.**
 - There was a very minimal turn out at the physical Wellness Weeks.
 - That said, the communication was still received.
 - Vaccinations and well-child appointments were made later or at other locations, as our data was able to show.

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Any Unanswered Questions?

- What questions do you still have?

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Thank you!



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