

## ACTION STEP WORKSHEET

### Action Title Maximizing Office Based Immunization

**Description:** Following evaluation of MOBI-KS by KAAP and KDHE, additional funding should be sought to continue the project. Funding should be available starting in January 2008.

MOBI-KS is a quality improvement continuing education program for Kansas medical offices and clinics that provide vaccines to children. One objective will be to educate providers in the state on measurement and administration of immunizations so that the timeliness of recommended immunizations will increase. This objective will contribute to the overall goal of increasing the state's immunization rate.

The target population is Kansas children through two years of age reached via primary care and other immunization providers. The secondary target population includes physicians, nurses and all office staff in these offices. Local public health immunization nurses and health educators are trained to assess immunization rates' current best practices, encourage sites to participate in Vaccine For Children (VFC), provide a continuing education presentation updating immunization issues and identifying specific strategies and office system changes that have been proven to increase immunization rates in children. In order to raise immunization rates community-wide and statewide, attention must be paid to maximizing office immunization by avoiding missed opportunities, reducing barriers to immunization and conducting reminders and recalls. MOBI-KS trainers will assist offices to make these improvements before, during and after a MOBI-KS education presentation.

**Rationale:** Efforts focusing on maximizing office based immunization (MOBI), through use of feedback programs and evidence based strategies, is a cost effective approach to increasing immunization rates in many communities and would lead to sustained improvement. MOBI would reduce the need for more costly immunization outreach activities. Evidence based office interventions include beneficiary reminder and recall; multi-component interventions with education; reducing out of pocket costs; interventions for expanding access; provider reminder and recall; assessment and feedback for providers; and standing orders for influenza vaccine.

Assessment and feedback (i.e. AFIX) and education through MOBI are well established. However practices have difficulty making the changes on their own which sustain improvement. Incentives are challenging. The Vaccine for Children (VFC) Program has not been well received by practices in Kansas for a number of reasons, mostly due to misconceptions regarding financial losses the practices could experience. Improvement and support of the VFC program in office based practices would allow for vaccines to be administered in a medical home, which has been shown to improve vaccination coverage rates. The use of a population-based immunization registry is a powerful tool to accomplish high immunization rates. Community registry use allows for identification of children without a regular source of care as well as neighborhoods that are pockets of need. WEB IZ is the Kansas registry that is being rolled out and placing this important resource in private practices will be a challenge. These practices need to be educated as to the importance of the registry and that it is easier to use than they anticipate. A minority of immunization providers measure their own rates. With proper evaluation, a solid case can be made for continuing and even expanding the project.

**Strategy supported (refer to the IKK strategies):**

1. Expand opportunities for clients of health department programs (e.g., WIC, Family Planning) to obtain referrals to and more easily access immunization services for their children.
2. Expand opportunities for children to receive immunizations through a ‘medical home’.
4. Promote policies, regulations and environmental changes that increase access to and utilization of immunization services.

**Expected Outcomes:** It is anticipated this project will be successful in increasing the immunization rates in individual practices in Kansas and therefore, improve the overall rate and timeliness of immunizations. The success of the program will encourage practices to expand their immunizations by incorporating the VFC program. In addition, other practices will be encouraged to provide immunization in the medical home.

**Evaluation Methods:** AFIX evaluations of individual practices before and after the MOBI intervention. The number of practices reached by the MOBI program. The number of practices participating in the VFC program. The number of

practices offering immunizations. The number of practices participating in the immunization registry.

**Challenges:** Defining specific outcome measures that show changes in one year. Securing additional funding.

**Resource Requirements:** KDHE, KAAP staff time, consultant nurse and physician, education materials

**Commitments for Implementation:**

<i>Participant Organization and Name</i>	<i>Suggested Organization and Name</i>
KDHE	
KAAP	
KAFP	
KOA	
MOBI Advisory Board	