

Provider Preferences and Experiences With a Countywide Centralized Collaborative Reminder/Recall for Childhood Immunizations

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ABSTRACT

OBJECTIVE: To assess among providers in 7 Colorado counties where a collaborative centralized reminder/recall (CC-R/R) using the Colorado Immunization Information System (CIIS) was performed: 1) preferences about CC-R/R conducted by the public health department (PHD); 2) preferences for future CC-R/R for different vaccines with and without practice names; and 3) experiences with including their name on CC-R/R notices.

METHODS: A mailed survey was sent to all primary care sites where CC-R/R had been previously conducted. Respondents self-identified as the “the person in charge of immunization policy within the practice.”

RESULTS: Overall response rate was 69.9% (160 of 229). Twenty-one were removed because they did not provide immunizations to children. Among respondents, 65.0% were from family medicine and 26.3% from pediatric practices; 32.1% physicians or midlevel providers; 34.3% nurses or medical assistants; and 33.6% office managers. Taking into account all issues, 57.6% were “okay” with either the PHD or their practice

conducting recall; 27.3% preferred the PHD; and 14.4% preferred their practice conduct R/R. Fifty-six percent of active CIIS practices (n = 95) included their practice's name on CC-R/R notices. Interest in future CC-R/R for different ages and vaccines was strongly related to whether reminders included the practice name: 77.8% for routine immunizations in 4- to 6-year-olds; 74.8% for immunizations for 0- to 3-year-olds; 73.3% for vaccines administered to adolescents; and 59.7% for influenza ($P < .001$).

CONCLUSIONS: Most practices are accepting of the PHD centrally conducting R/R, but most prefer collaboration that includes their name. Given the success and support of this method, it should be more widely adopted.

KEYWORDS: centralized reminder/recall; immunization information systems (IIS); immunizations; population-based reminder/recall; provider acceptability; recall and reminder messages; survey

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WHAT'S NEW

This study examines preferences and experiences among providers who were part of a collaborative centralized reminder/recall (R/R) intervention with the public health department. Overwhelmingly, practices are supportive of a collaborative approach that allows them to include their name on R/R notifications.

CENTRALIZED REMINDER/RECALL (R/R) approaches to remind patients about needed immunizations have recently been explored in the literature.^{1–4} Additionally, centralized R/R conducted through health departments using immunization information systems (IIS) has been shown in 2 trials to be a more effective and cost-effective approach for increasing childhood immunization rates at

the population level compared with practice-based efforts.^{1,2} These trials used a state IIS to generate lists of eligible patients and send out postcards or autodialed calls to families within a particular geographic area.

Although population-based R/R approaches seem to offer the greatest potential both in reach and effectiveness, a more collaborative approach involving primary care practices might help increase support and acceptability among providers.^{1,5} Although the bulk of the R/R work could be done centrally through a single entity, practices could jointly include their names on centralized R/R notifications with the public health department (PHD) and/or assist in efforts to update immunization and contact information for patients in their practices.

A recent multicounty centralized R/R effort included the option of primary care providers to list their practice name on R/R notifications (which was called “endorsement”)

and by helping to update patient records before and during the R/R intervention.² The objectives of the present study were to assess among primary care practices in 7 Colorado counties who experienced centralized R/R for preschool populations: 1) provider attitudes about centralized R/R by the PHD and preferences about who should conduct R/R; 2) preferences for future centralized R/R for different age groups and vaccine types; and 3) experiences with endorsing centralized R/R among those practices that included their practice name.

METHODS

This study was approved by the Colorado Multiple Institutional Review Board as an expedited protocol not requiring informed consent.

CENTRALIZED COLLABORATIVE R/R INTERVENTION

Our survey was preceded by a randomized controlled trial involving 15 counties in Colorado testing the effectiveness of a collaborative centralized reminder/recall (CC-R/R) program. The 7 counties that were part of the intervention arm were the focus of the present survey. Counties for the trial were selected on the basis of similar characteristics including population size, median income, and participation in the Colorado Immunization Information System (CIIS) as previously described.²

All practices in these counties experienced 3 CC-R/R events from September 2012 to December 2013. Before each event, all primary care practices received a joint letter from the state health department and the research team informing them of the timing and purpose of the CC-R/R intervention. Each R/R intervention event sent parents of children 19 to 35 months old ≤ 4 postcards and/or auto-dialed calls, depending on the cohort.

Only practices that actively uploaded patient data into CIIS were capable of collaborating with the state health department. Collaboration occurred in 2 major ways: including their practice name on the R/R notifications jointly with PHD (endorsement) and providing updates to addresses and phone numbers for patients with bad contact information. Before each R/R event, all active CIIS practices were invited (via letter, fax, and e-mail) to include their name on the centralized R/R notifications. CIIS practices were sent lists of patients needing address or telephone updates.

COLORADO IMMUNIZATION INFORMATION SYSTEM (CIIS)

CIIS receives client and vaccine event data through live data entry into a Web-enabled application and through electronic transfers from providers, state vital statistics offices, and insurers. CIIS also includes historical data about immunizations given outside of the state if entered by a Colorado provider or school. Colorado is not a mandatory reporting state; however, the percentage of children < 6 years of age with ≥ 2 records in CIIS was 99% at the time of the study.⁶ All public health entities and 91% of pediatric and 74% of family medicine practices in Colorado were enrolled in CIIS in 2013.⁶ Practices can be active

(routinely send patient immunization information) or non-active (have a CIIS registration code but do not routinely send data) participants in CIIS.

SURVEY STUDY POPULATION

The survey population included all primary care practices (including family medicine, pediatric, and community health clinics) in the 7 counties that had been part of the previous trial, whether or not they participated in the CIIS ($n = 229$). Two months after the third CC-R/R intervention, surveys were sent with envelopes addressed to the senior physician partner at each practice. The introduction letter, included with the survey, asked the person in charge of making immunization decisions within the practice to complete the survey. Recipients self-selected who would complete the form.

SURVEY DESIGN AND ADMINISTRATION

Survey questions were developed by the study team on the basis of previous immunization-related survey instruments and were piloted by local primary care physicians in counties not involved in the R/R. Certain questions were only relevant to active CIIS practices, as they were the only group asked to endorse the R/R messages. We grouped nonactive CIIS practices and those who did not use CIIS into the non-CIIS practice category (Figure 1). Skip patterns were used to assess differences based on active use of CIIS. All survey respondents were asked discrete variable and Likert scale questions assessing attitudes/preferences about the PHD sending centralized R/R notices and preferred communication strategies; they were also asked about their future interest in including their name on R/R materials for different age groups and immunizations. Active CIIS practices were also asked about their experiences with the recent CC-R/R. Additionally, attitudes and experiences of active CIIS practices that endorsed R/R were assessed using Likert scale questions.

The survey took place February to April 2014 and was conducted using a modified Dillman methodology for mailed surveys.⁷ All practices received a preliminary letter followed by a paper-based, self-administered survey and a reminder postcard within 14 days. Up to 2 additional mailed surveys were sent to nonresponders for 8 more weeks. A \$10 bill was included with the first and third mailing.

DATA ANALYSIS

Significance of differences between interest level in having the health department conduct the R/R with and without the practice name being listed was tested with McNemar's standard test for 2 categories. Sensitivity to active CIIS participation regarding interest in including the practice name in the R/R was assessed by estimating Bhapkar's test using a linear model and testing the significance of CIIS participation as an independent variable in the model.⁸ Analyses were performed by SAS 9.3 (SAS Institute, Cary, NC).

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