Description of the Customer Organization

Orlando Health Physician Associates is one of the largest multi-specialty health care groups in Central Florida, with 11 office locations. Physician Associates’ 22 pediatricians, 2 pediatric nurse practitioners, and approximately 80 pediatric staff serve a patient base of more than 57,000 pediatric patients, with more than 23,000 patients aged 11 years and up.

Each office and primary care specialty of Physician Associates was certified as a National Committee for Quality Assurance (NCQA) Level 3 Patient Centered Medical Home (PCMH) in 2013. In addition to the stringent requirements for NCQA certification, the group has pursued various quality initiatives in order to improve clinical outcomes by applying PCMH standards and clinical practice guidelines. In 2013, a vaccination initiative was added. Although Healthcare Effectiveness Data and Information Set (HEDIS®) vaccine rates were generally high, select adolescent vaccination rates were lower than both National and Florida’s vaccination rates based upon CDC National Immunization Survey (NIS) Teen data. A 10-month parallel process intervention was undertaken in order to increase group-wide vaccination rates in patients aged 11 to 18 years. Now in sustainability mode, this intervention has led to increases in vaccination rates that are up to 10 times increases seen nationally in 2013 and 4-fold more than increases seen nationally in 2014 as per the NIS.

Increased Awareness

In the latter half of 2013 Physician Associates Department of Pediatrics members were informed of departmental and individual physician vaccination rates. These data were pulled from the Electronic Medical Record (EMR) using a data registry. NIS Teen data were provided for comparison. A provider-level dinner meeting was held at which a nationally-recognized physician speaker refreshed the group’s knowledge of relevant diseases for which there are vaccines and routine adolescent vaccination recommendations. He also provided real strategies for provision of a clear recommendation in favor of routine vaccination at the age of 11 to 12 years.

Establish Goals

Departmental vaccination goals for the short-, intermediate- and long-term were established. Staff education programs were subsequently held at individual offices in order to enroll the entire care team in the vaccination process. These programs were designed by the Medical Director of Quality and conducted by physicians and/or office managers during specially scheduled staff meetings. In addition, we provided product-specific information and educational resources to our staff. Physician participation at each office was substantial, and everyone with any type of patient contact became aware of and committed to the group’s vaccination rates and goals.
Process Change/Tracking/Implementation
Each office expanded their pre-visit planning process, already in place as part of the PCMH initiative, to include identification of all patients eligible for education and vaccination. Parents of eligible patients were engaged in conversation regarding diseases for which there are vaccines and vaccination while being roomed for their visits. Educational resources were selected by each office team based upon their particular needs and their individual patient populations. For example, posters were placed to stimulate conversation. CDC information statements, manufacturer-provided pamphlets, or laminated copies of the Vaccine Information Statement (VIS) were provided to parents to review prior to the physician arriving in the exam room. Electronic order sets were built in the EMR so that, if necessary, subsequent doses could be ordered at the time the first dose was administered. All offices committed to having electronic office schedules open further into the future, and those nurse visits were scheduled prior to the patient leaving the office after receipt of dose 1. Patients due for subsequent doses are now contacted as order messages are triggered in the EMR and sent through secure messaging.

Measurement and Impact
Physicians were kept aware of their progress; individual vaccination rates were openly reviewed at monthly pediatric department meetings.

Vaccination rates increased immediately, prior to any formal intervention. The most rapid increase in rates occurred after the physician and staff education programs, with further significant increases over the summer physical exam season thereafter. Rates rapidly eclipsed Florida and national rates and, depending upon the metric, have increased at rates quadruple or more the national rate increases. Physicians who were surveyed felt that both physician and staff education programs and the scheduling of subsequent doses at the time of first dose administration were the most effective aspects of the intervention.

Next Steps
“Sustainability” programs are now underway, to educate new staff and reeducate all staff on specific diseases for which there are vaccines and vaccination recommendations and goals. These programs are conducted by the office Vaccination Champion. We also provided product-specific information and educational resources to our staff. Individual office data are presented to all staff, measured and tracked over time in order to personalize the vaccination efforts in the improvement of their processes. Parent surveys of the physicians with the highest vaccination rates will help us to determine “best practices” to share within the group. At this time our most successful vaccinators have rates in the high 70 percentiles for adolescent patients. It is our goal that our entire company achieves rates at this level by 2017.

Merck does not guarantee that your use of this information will help you achieve your vaccination goals.
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