

Know Your Rates: Measuring Immunization Success in Your Practice

We all know that vaccinating adolescents in accordance with the recommendations of the Advisory Committee on Immunization Practices is challenging. Adolescents do not always come in regularly or may be transitioning to other physicians, and immunizations may not be high on the family's list of priorities. And while many physicians may think they're doing a great job of immunizing their patients, several studies have shown that actual coverage numbers often don't bear this out.¹

Because of this, you might want to establish goals for your practice, such as achieving 90% or greater coverage rates for certain age ranges or certain vaccinations. In order to determine how well you are doing in vaccinating your patients, you'll first need to develop and implement a plan for measuring the actual immunization rates in your practice. Here are a few tips to help your practice make that happen:

1 Participate in an immunization information system (IIS).

When it comes to measuring vaccination rates, accurate recordkeeping is key. Bear in mind that it's not uncommon for an adolescent to have been vaccinated at more than one practice site. An IIS (or registry) can help with this because it collects and consolidates vaccination data from multiple health care sites within a particular geographic area.² Also, the IIS can be used to generate the immunization records that are often required for school entry.¹ In some cases, it may even be possible to link the IIS to your office's electronic medical records software.¹ Check with your state or local IIS staff to determine how this system can greatly facilitate your recordkeeping.

2 Request assistance through the Immunization Quality Improvement for Providers (IQIP) program

Many practices may not be aware that they can contact their state or regional health department to see if staff are available to provide complimentary assistance with immunization rate measurement through the Immunization Quality Improvement for Providers (IQIP) program. (www.cdc.gov/vaccines/programs/iqip/index.html)

IQIP is CDC's national, provider-level immunization quality improvement program.* IQIP can help make your practice more efficient and ensure children and adolescents in your practice are getting the vaccines they need when they need them. The program uses IIS or electronic health record data to better assess on-time vaccination coverage and individual patient vaccination needs. IQIP program staff can review baseline coverage data and assist your practice in developing appropriate quality improvement strategies.

In addition to assisting with a coverage assessment, benefits of using IQIP include:

- saving your practice time by ensuring children and adolescents are vaccinated on time so that fewer visits need to be scheduled for catch-up vaccinations;
- saving your practice money because staff resources are not devoted to immunization catch-up and follow-up activities;

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*IQIP replaced CDC's AFIX program on July 1, 2019.

- allowing your practice to tailor quality improvement strategies that best meet your needs and workflow;
- assisting in meeting your HEDIS measures for children and adolescents.

3 Use the CDC's Comprehensive Clinic Assessment Software Application (CoCASA).

CoCASA is a provider-level tool for assessing immunization coverage and practices within any clinical setting where vaccinations are provided. The application provides immediate feedback and highlights areas requiring further follow-up. It also offers possible explanations for suboptimal coverage, such as missed opportunities to vaccinate. In addition, CoCASA can be used to generate reports on specific subsets of patients. This helpful tool can be obtained at no charge by visiting www.cdc.gov/vaccines/programs/cocasa/index.html.¹

4 Consider a do-it-yourself chart review.

If you prefer to measure your immunization rates without assistance from health department personnel, you can use one or more methods of chart review:

- The **consecutive survey method** tends to be inexpensive, simple, and easy to implement. With this method, a practice selects a subgroup of patients and then analyzes vaccination data from the medical records of patients in that subgroup who have had consecutive office visits. Such a selection process may help ensure that the assessment includes data only for current patients, as opposed to those who have left the practice. However, it also runs the risk of overestimating the percentage of patients who are fully immunized because the method excludes patients who do not visit the practice regularly and are more likely to be undervaccinated.³
- A second option is the **random record method** of measurement. Immunization data are collected from a random selection of medical records for all of a practice's patients, regardless of how often they have sought care.⁴ To minimize the potential for underestimating the percentage of patients who are fully immunized, it may be best to restrict the random review to patients seen within the past year.⁴ Keep in mind, though, that the resources available within a typical office setting often do not allow for the use of the random record method, which is more ably implemented by health department staff.³

Health care professionals play a critical role in the protection of adolescents from vaccine-preventable diseases. Accordingly, it should be the goal of every practice to measure its immunization rates, as measurement provides the awareness needed for performance improvement.

References

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4. Morrow AL, Crews RC, Carretta HJ, Altaye M, Finch AB, Sinn JS. Effect of method of defining the active patient population on measured immunization rates in predominantly Medicaid and non-Medicaid practices. *Pediatrics*. 2000;106(1 Pt 2):171-176.