

Implementation Challenges and Opportunities of Vaccine-Related Quality Improvement Initiatives in Vaccines for Children Clinics

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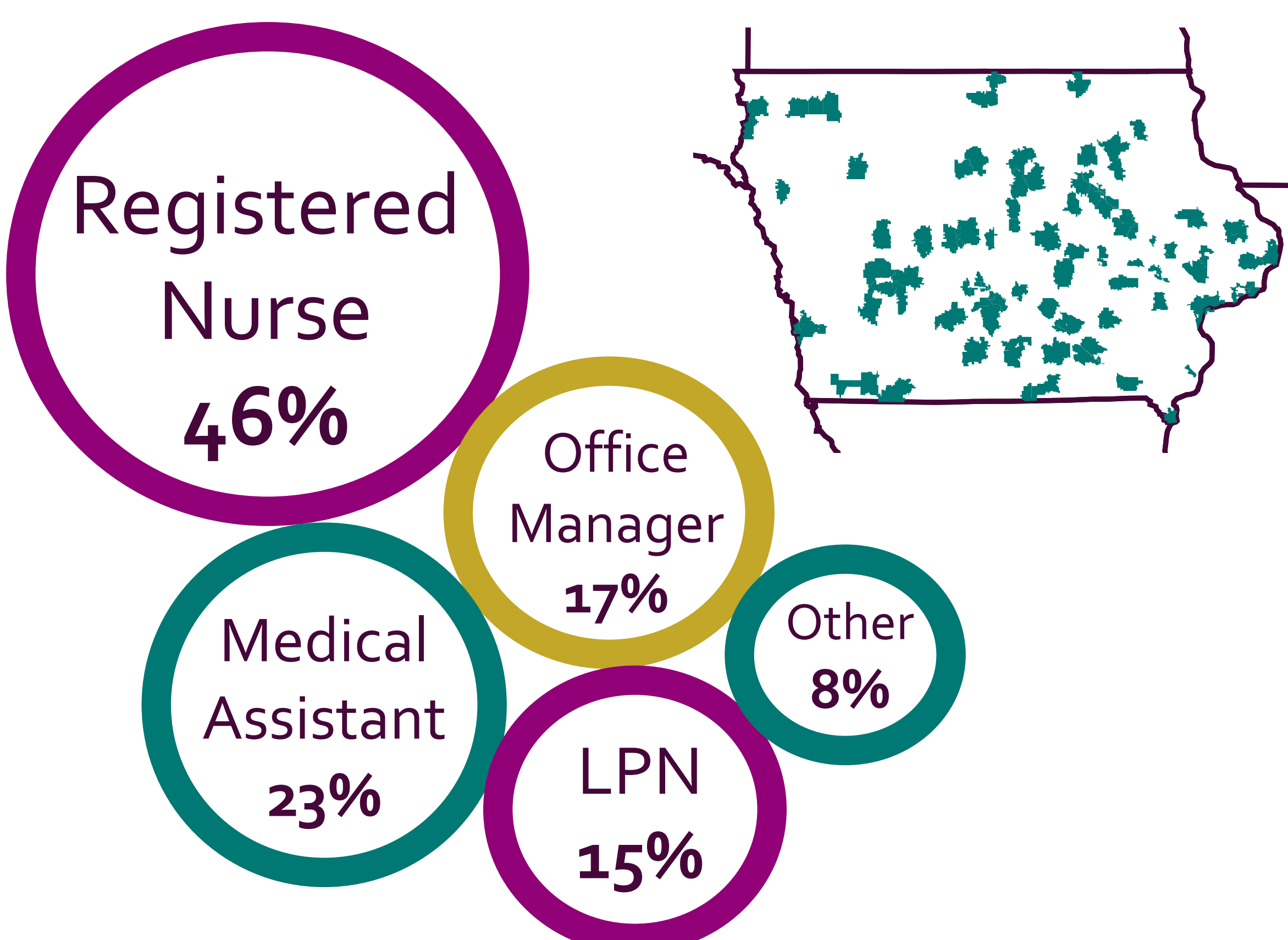
Background

- The Centers for Disease Control and Prevention's vaccine quality improvement (QI) program, AFIX (Assessment Feedback Incentives eXchange), increases child and adolescent vaccination rates by targeting provider-level practices.^{1,2}
- AFIX supports providers in Vaccines for Children (VFC) clinics, a federal program which provides no-cost vaccines to eligible children.³
- There are 18 AFIX-recommended QI evidence-based interventions (EBIs), however little is known about the decision-making around EBI selection or the extent of implementation.

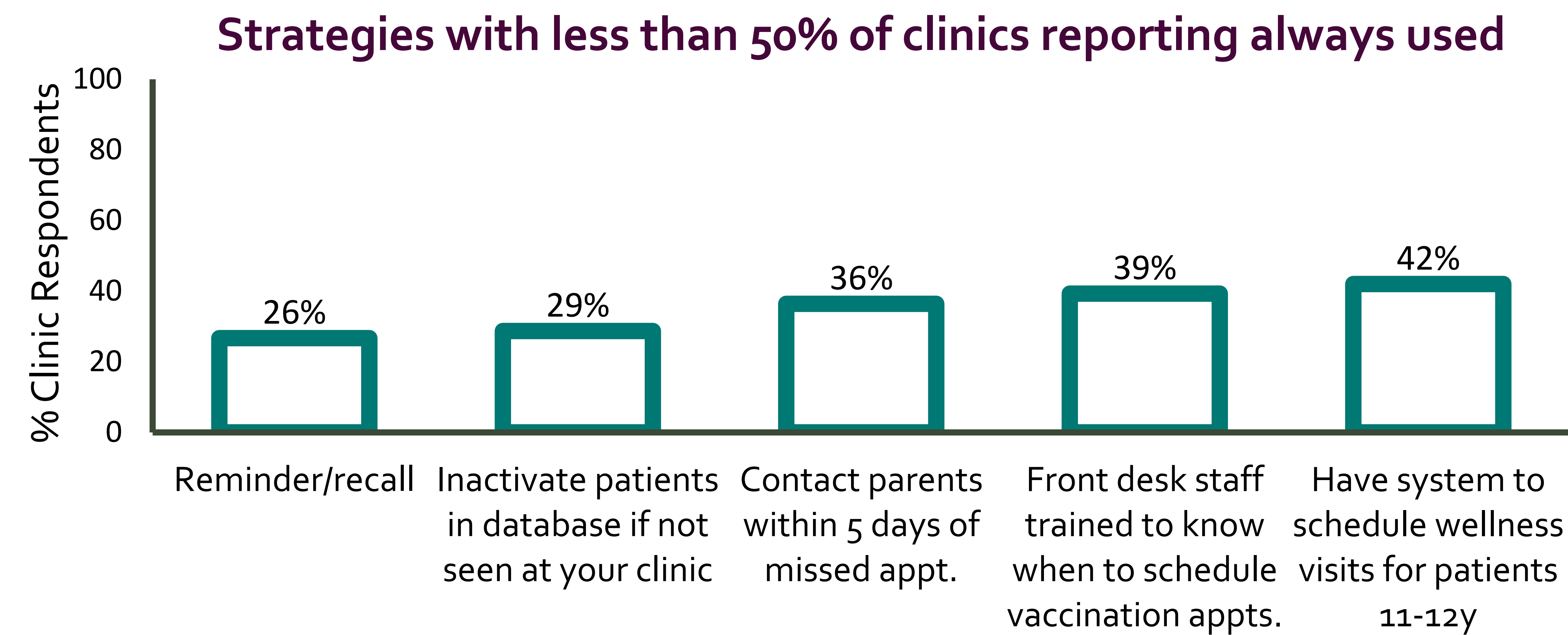
Methods

- We created and emailed a survey, which asked questions about vaccine quality improvement, to VFC liaisons in all 605 VFC clinics in Iowa (rural, Midwestern state).
- The survey yielded a 29% response rate; we restricted analyses to 115 primary care clinic respondents.

Respondent Characteristics



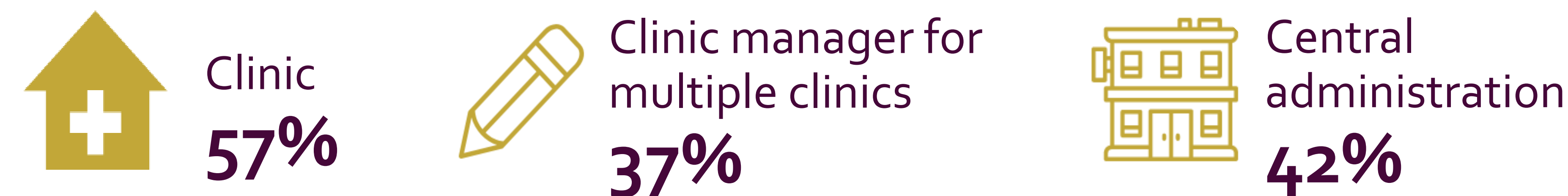
Results: AFIX-recommended EBIs with Lowest Uptake



Results: Vaccine QI Decision Processes

At what level are vaccine QI decisions made?

Over 90% of clinics reported current vaccine QI initiatives (Check all that apply, n=91)



Who else is involved with vaccine QI?

Clinics also identified the state health department as a vaccine QI collaborator (Check all that apply, n=91)



Implementation Barriers



- Moderately – extremely challenging
- Slightly challenging
- Not at all challenging

D & I Implications

- Implementing less utilized EBIs requires systematic changes to either electronic records or clinic workflows.
 - Given that vaccine QI decisions are made by multiple parties, it may be necessary to engage all these actors to accomplish change.
- Despite low uptake of many AFIX-recommended EBIs, respondents reported relatively few implementation barriers.

References

- CDC (2017, June 22). *The AFIX Program*. Retrieved from <https://www.cdc.gov/vaccines/programs/afix/index.html>
- Gilkey, M. B., Dayton, A. M., Moss, J. L., Sparks, A. C., Grimshaw, A. H., Bowling, J. M., & Brewer, N. T. (2014). Increasing provision of adolescent vaccines in primary care: a randomized controlled trial. *Pediatrics*, 134(2), e346-53.
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