

Communicating to H1N1 Vaccinators: California's CalPanFlu.org Messaging

California
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DILEMMA: COMMUNICATE WITH ALL CALIFORNIA H1N1 VACCINATORS

Communicating to providers outside health departments or the VFC program providers has been an ongoing challenge in California. The responsibility for managing statewide H1N1 vaccine distribution during the 2009-10 flu season created a unique opportunity to identify vaccinators, capture their contact information, and open new communication avenues with all vaccinators administering pandemic flu vaccine.

Who did we communicate with? The entire spectrum of influenza vaccinators— e.g., provider sites, hospitals, residential care, mass vaccinators and pharmacies, Medi-Cal programs, public health departments, correctional and juvenile facilities, etc.

SOLUTION: A 3-PRONG COMMUNICATION STRATEGY

1. Web-based communications

A state web portal enabled H1N1 vaccine ordering online. All registered providers were entered in a statewide database of H1N1 vaccinators. A listserv of registrants provided a means for regular email communications.

2. H1N1 Provider Tool Kit

To help prepare California H1N1 vaccinators, an information packet was developed and sent to registered provider sites, including all VFC providers.

3. H1N1 Customer Call Center

Operators received training to use a script to respond to and log questions asked. Risk communication and customer service protocols helped equip staff with appropriate empathy when addressing difficult or confusing topics such as vaccine supply, prioritization, delays and distribution issues.



H1N1 Customer Call Center November 2009. Visit from Governor Schwarzenegger Richmond, CA

Communication Timeline



1. CALPANFLU.ORG WEBSITE

► **1.3 million hits** and about 102,000 unique visitors between September 2009 and March 2010.

► **15,476 provider sites registered.** Of these, 13,023 (78%) ordered H1N1 vaccine. Most providers ordered vaccine only once (average 1.3 vaccine orders per provider site). Nonetheless, over 4,600 providers ordered two or more times, often prompting additional communications support.

► **41 email messages** were sent to the CalPanFlu.org listserv between September 28 and March 11. Weekly reminders were sent about how to meet vaccine usage reporting requirements. Due to vaccine delays during October and November, messages also needed to assuage the frustrations of providers still waiting for their initial vaccine shipment. Messages explaining that shipment amounts would likely be modified and other sensitive issues (e.g., vaccine recall notifications) prompted spikes in calls to the H1N1 Customer Call Center.

► **Listsrv message crafting** and review involved multiple staff. Challenges included keeping messages clear, succinct, diplomatic, factually accurate, timely, and reasonably spaced during any given week. Rapidly changing information made it difficult to meet all these goals for each message.



2. H1N1 PROVIDER TOOL KIT

► **10,000 California vaccinators** received an information packet in October 2009 to help prepare them for administering, managing, and promoting H1N1 vaccine. This was the single largest vaccinator audience ever reached in the state.

► **A suite of original H1N1-related materials** included administration and dosing guidelines for patients receiving both seasonal and H1N1 vaccines, vaccine storage and handling tools, health education information for patients and health care workers, and legal requirements like the VIS and usage reporting.

► **An emergency preparedness designation** cut through the usual state bureaucratic process to enable up-to-date information to be sent out quickly.



3. H1N1 CUSTOMER CALL CENTER

► **Call Center launched September 1, 2009**, with a 20-page operator script. Updates were made daily with State clinical experts, and Call Center staff to address rapidly changing information. *By March 2010, the script was 222 pages.*

► **Initial script focused on "facts"** helping providers with the registration and ordering. Revisions incorporated empathy to help operators respond to providers' concerns when shipments came later than initially projected or were only partially fulfilled during November and December.

► **After one Listsrv email prompted hundreds of calls**, we established a "heads-up" for Call Center staff before a Listsrv message went out.

RESULTS/LESSONS LEARNED:

Top 5 Call Center FAQs

1. Which groups are recommended to get the H1N1 Vaccine?
2. How much reimbursement will I get for administering H1N1 vaccine by Medicare?
3. What types of vaccine will be available?
4. How do I access the registration system?
5. What dosing is needed?

► **Capturing email addresses** from CalPanFlu.org registrants enabled us to reach mass vaccinators, pharmacies, hospitals, correctional and juvenile facilities, etc.

► **Rapidly changing information** meant we could not always keep pace with the media. This sometimes added to providers' confusion about vaccine supply or timelines.

► **Risk communication** became essential for listserv messages about limited vaccine supply. Messages themselves sometimes heightened frustration from recipients.

► **Using a Listsrv** uncovered new challenges. The email recorded was typically for the licensed MD of record. However, the medical assistant often completed the vaccine order. This meant that email messages were not always readily available to the person who needed to see them the most. To address this issue, messages were posted on the website for medical staff with access to the site.

► **Updating our Customer Call Center script** was a daily challenge. Moreover, changes needed to be conveyed to operators who were not subject matter experts. We learned that script verbiage needed to be clear to operators who in turn would give updates provider callers. Clinical questions were routed to Branch experts and operators conveyed empathy to callers.

► **Operator compliance** in sticking to the script and tracking specific Q&As addressed on the phone was imperfect. Frequent updates to existing answers and new topics made this understandable. Improving communication with front-line operators required flexibility during a hectic time and ongoing training efforts.

