

Restructuring Assessment-Feedback- Information-Exchange (AFIX) and the Vaccines for Children (VFC) Program to Improve the Quality of Site Visits in New York City

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Background: VFC in New York City

- ~127,000 children born every year
- ~75% of NYC children are VFC-eligible (including S-CHIP)
- ~1,587 immunizing sites enrolled in VFC in 2010
- In 2010, NYC distributed over 3.6 million vaccine doses to VFC-enrolled providers: private practices, hospitals and clinics

Background: AFIX in New York City

- AFIX is a quality improvement strategy to raise immunization coverage and improve standards of practice in provider facilities
- Immunization coverage is assessed for 2- and 13-year-olds in all VFC enrolled facilities throughout NYC's five boroughs
- Immunization practices are reviewed to ensure adherence to the recommended immunization schedule, barriers to high coverage are identified and addressed, and findings are used to evaluate continuous quality improvement and develop strategies to improve coverage

Why merge AFIX and VFC programs?

- Prior to 2008, AFIX and VFC staff conducted AFIX assessment visits and VFC site visit evaluations independently of each other:
 - Multiple visits to the same provider months apart
- AFIX and VFC used similar site visit protocols:
 - Chart review
 - Review immunization documentation compliance
 - Review CIR utilization
- AFIX staff reviewed VFC accountability
- AFIX and VFC programs did not meet CDC's goal of visiting 25% of VFC-enrolled providers

Goals of the Merge

- Reduce multiple visit by training staff to become proficient in both AFIX and VFC compliance
- Increase efficiency by combining AFIX and VFC evaluations into a single visit
- Use the NYC's Immunization Information System (IIS), the Citywide Immunization Registry (CIR), to run up-to-date (UTD) coverage
- Increase the number of AFIX assessments and VFC evaluations to meet CDC's goal
- Reduce duplication of services
- Coordinate communication and interactions with providers

Timeline:

Staff Integration & Training (1)

- 2008
 - AFIX and VFC merged to form the Provider Quality Assurance (PQA) unit.
 - Cross-training in AFIX and VFC protocols began in December
- 2009
 - Staff trained in multiple computer applications and data analysis
 - VFC staff initially trained in using Epi Info 6 for data entry/analysis of 2-year cohort
 - Subsequent, all staff trained in CoCASA (to align with other states methodology and to create a single database for analysis) for data entry and analysis for AFIX and VFC questionnaire

Timeline:

Staff Integration & Training (2)

2009 (cont..)

- CIR-IIS Training (initiated running UTD coverage using IIS in 2007 as a pilot program for facilities with <15 2 year-olds)
 - Running UTD coverage for 2- and 13 year-olds
 - Identifying and merging duplicate records in the CIR
 - Transitioned to CIR for all AFIX analysis
- 2010
 - Revised support staff job description to reflect integration or AFIX and VFC
 - Support staff conducted new enrollment and follow-up visits
 - All AFIX evaluations conducted through CIR

Additional Tools and Procedures Developed to Enhance Visits

- Monthly Activity Logs and Site Action Sheets to ensure data accuracy and to monitor necessary follow-up activities
- On-site vaccine storage unit measurement training
- Review of Quarterly Immunization Reports sent by NYC Bureau of Immunization to all childhood immunization providers
- Electronic educational materials: a one-page “Referral Link” sheet with 18 web links to forms and materials from NYC VFC Program, NYC CIR, ACIP, CDC, American Academy of Pediatrics, and Immunization Action Coalition (IAC)

Sample Site Action Sheet: To monitor follow-up activities

SITE ACTION SHEET / VISIT RESULTS

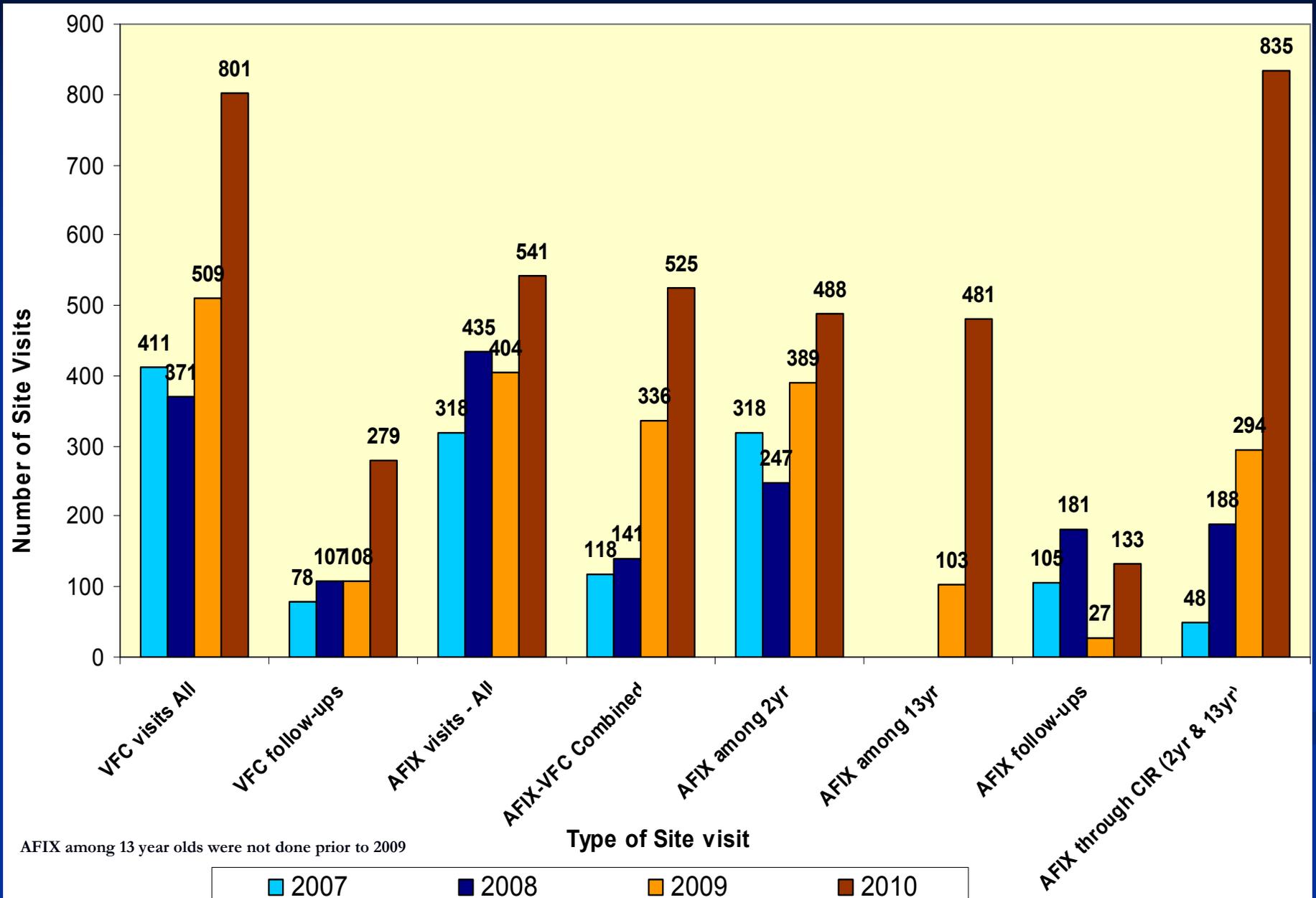
Please complete in full

VFC PIN #: 12345	TODAY'S DATE: March 29, 2011				
PROVIDER NAME: Dr. Smith	STAFF NAME: Paula Crick				
ACTION TO:					
REMOVE HOLD	REFRIGERATOR	<input type="checkbox"/>	FREEZER	<input type="checkbox"/>	
PLACE ON HOLD	REFRIGERATOR	<input type="checkbox"/>	FREEZER	<input type="checkbox"/>	
COMMENTS					
No certified thermometers in storage unit. Provider to purchase 2 certified thermometers and fax copies of certificates to PQA unit by 4/15/11.					
IS ROUTINE FOLLOW UP NEEDED? YES or NO					
(answer to the above question must be entered in VACMAN notes)					
INDICATE TYPE OF VISIT					
VFC ONLY VISITS:					
NEW ENROLLMENT / REINSTATEMENT (INITIAL VISIT)					
	Is this the 2nd visit to a New Enrollment or Reinstatement?	<input type="checkbox"/>	Yes		
		<input type="checkbox"/>	No		
	REGULAR(VFC)VISIT				
	VFC FOLLOW-UP TO INITIAL VISIT				
	VFC FOLLOW-UP ONLY				
AFIX ONLY VISITS:					
	AFIX ONLY - (2&13 YRS)			Other VFC Site Visits (other than new enrollment / Regular visit.) (for scheduler to complete) Last Visit: _____	
	AFIX ONLY (2 YRS)			RELOCATION: _____	
	AFIX ONLY - (13 YRS)			REINSTATEMENT _____ Last Order: _____	
COMBINED AFIX / VFC VISITS					
	AFIX-VFC COMBINED (2 YR)			EQUIPMENT FAILURE: _____	
	AFIX-VFC COMBINED (2&13 YRS)			NOTES: _____	
	AFIX-VFC COMBINED (13 YRS ONLY)				
OTHER VISIT (describe):					
DATE RECORDED IN VACMAN 3/29/2011					

The Merge: Before and After

BEFORE	AFTER
Multiple visits to the same provider and similar information disseminated to provider by different staff	A single comprehensive visit
Epi Info 6 used to analyze data	CoCASA used to analyze data
UTD coverage through chart review on site for 2-year olds	UTD coverage through CIR-IIS for 2 & 13 year olds prior to site visit
Reviewed a sample of 2-year old population	Reviewed 100% CIR population for both cohorts
Paper-form VFC Questionnaire completed on site	De-dup and merged records in CIR for both cohorts before site visit
Paper-form VFC Questionnaire entered in office using MS Access	VFC Questionnaire now entered in CoCASA on site
Package of paper-form educational materials left on site	1-page Referral Link Sheet left with site
Paper-form Preliminary Report (~3 pages) left on site	Electronic feedback report given on site
Final paper report (~5 pages) completed in office and mailed to site/provider	Demonstrated CIR tools on site
Time in the field per visit: ~1-2 days	Time in the field per visit: ~3-4 hours

PQA Site Visits Comparison: 2007 through 2010



Results (1)

- Higher staff productivity
- Increased number of VFC visits by 95% (411 to 801)
- Increased number of AFIX visits by 70% (318 to 541)
- Increased combined AFIX/VFC visits by 345% (118 to 525)
- Decreased staff workload in the field
- Reduced CIR record duplication rate by identifying and merging duplicates in cohorts assessed

Results (2)

- Decreased provider staff workload (no longer need to pull charts, site visit is less time)
- Reduced PQA staff time spent in provider offices
- Assisted providers in using CIR online tools to re-enroll in VFC, order VFC vaccines, and recall patients missing vaccines
- Assisted providers in running their own coverage reports using the CIR
- Ensured accuracy of storage unit capacity to minimize vaccine wastage
- Referred providers with <50% UTD coverage for the 4:3:1:4:3:1 series to the CIR for outreach to improve coverage
- PQA staff served as liaison between providers and other BOI program units

Challenges

- Creating a comprehensive training module
- Developing new tools and revising protocols
- Varying degrees of staff knowledge (AFIX/VFC protocols, computer skills)
- Learning new computer applications, software, data analysis, and interpretation
- Maintaining quality of site visits
- Promoting cohesive thinking
- Keeping staff morale high

Summary

- Creating the PQA unit streamlined work flow, maximized efficiency, improved communication and coordination of interactions with providers
- The number of AFIX assessments and VFC site visit evaluations increased while field staff were reduced from 15 to 10 (33%).
- As a result, in 2010, the PQA unit met CDC's goal of visiting 50% of VFC- enrolled providers

Next Steps

- In 2011, BOI will conduct a provider satisfaction survey to assess usefulness of site visits, CIR tools for reminder/recall and vaccine ordering, and quality and usefulness of BOI communications
- Providers will be asked to complete a short questionnaire after each site visit to measure the quality of site visits
- PQA will continue to evaluate and develop more innovative and effective methods to sustain and/or exceed the 50% goal