

# Immunization Recall Implementation in Provider Offices

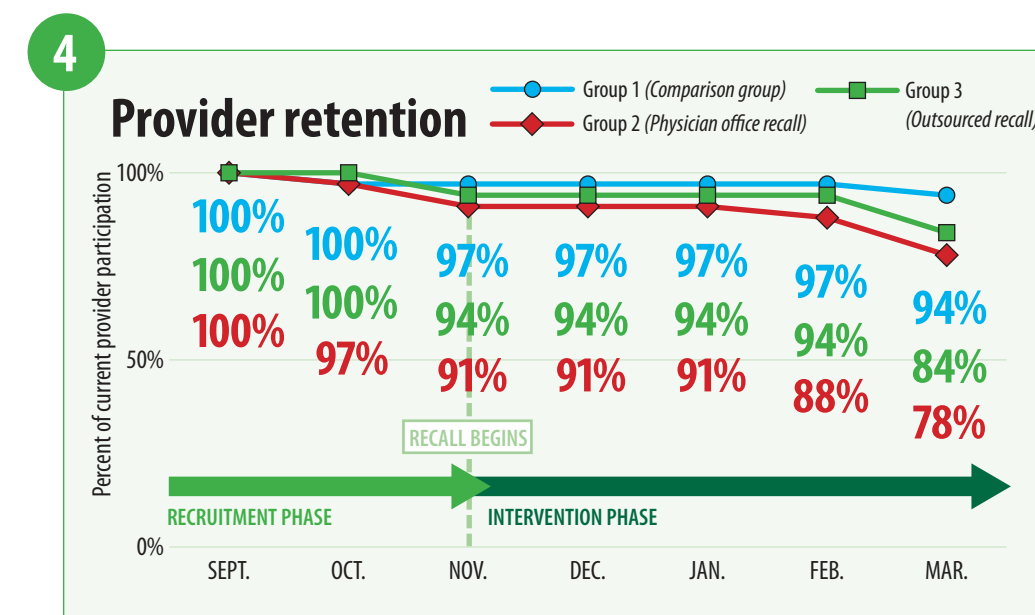
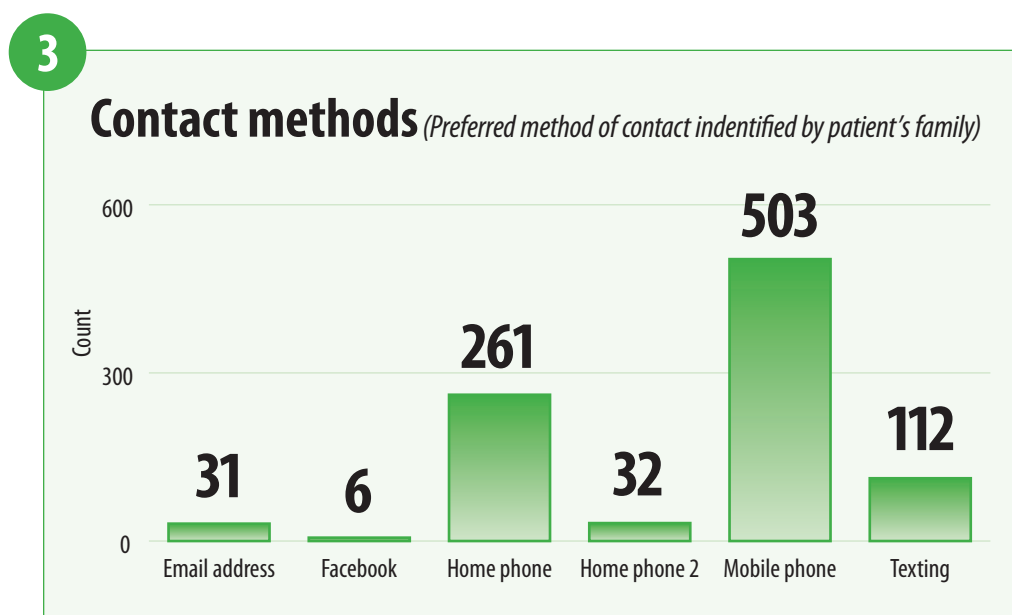
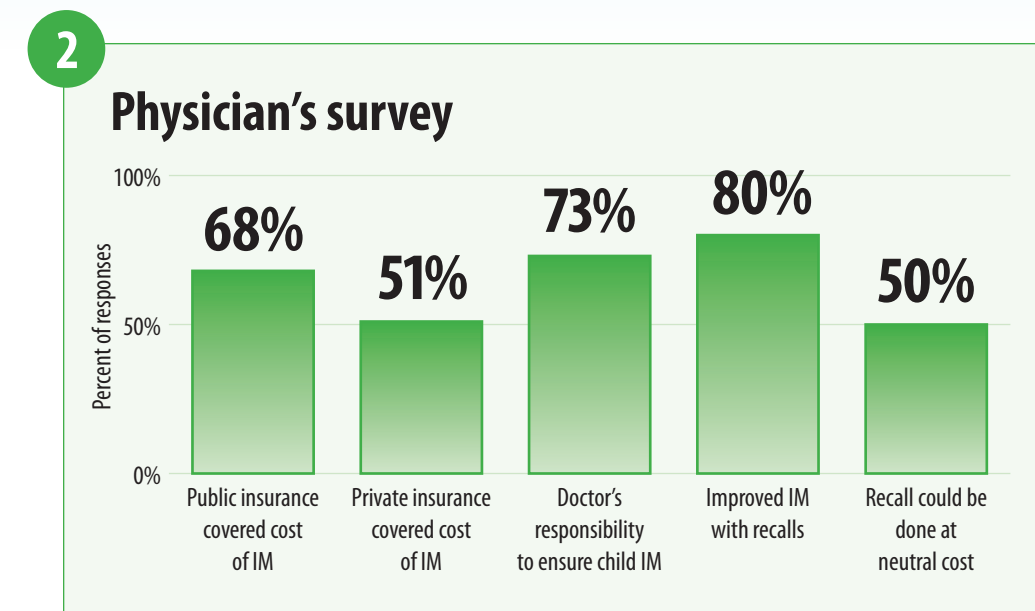
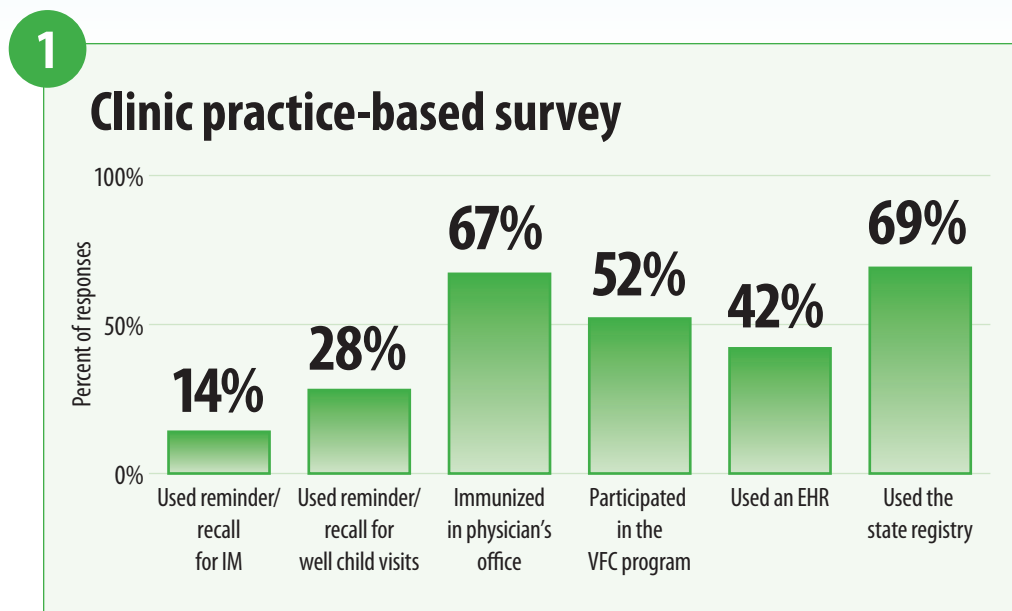
## Background

Despite abundant evidence that reminder/recall systems effectively increase immunization rates, most Arkansas health care providers in both rural and urban areas do not use them.

## Methods

- Informed consent was waived by the UAMS IRB.** Business agreements were collected that allowed investigators to access individual patient data from the state vaccine registry.
- Population:** Private primary care physician practices who take care of children 0-2 years of age located in various geographic regions in Arkansas. Only one physician was selected in each practice.
- Determined the up-to-date immunization status** for patients 7-12 months and 19-24 months in all practices.
- Surveys were administered at the beginning of the study to all physicians to determine current knowledge, practice and attitudes.** Of the received surveys, responses are shown in the clinic practice-based survey (1) and physician's survey (2) graphs.
- Physicians were randomized to:** Group 1: no intervention (comparison group); Group 2: physician office intervention; and Group 3: outsourced recall.
- Methods were developed to query the registry and create patient subdirectories.** All patients identified preferred contact method (phone, cell, text, Facebook, email). (3)
- Outsourced group plan included establishment of a call center,** process for identifying patients in the practice and call center training.
- In-office intervention included:** academic and registry training, office system retooling, and individualized business plan.
- Primary outcomes were determined** as the ongoing rate of recall activity over two years measured quarterly and survey changes in knowledge, attitudes and practice. (4) Secondary outcomes include change in patient immunization rate and rate of immunization after recall.

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## Conclusions at this point of study

- Arkansas PCPs are underutilizing technology for immunization practice,** although they believe reminder/recall has value.
- Half of PCPs believe costs are not covered by public or private insurance,** but 2/3 believe they are responsible for IMs.
- Dropout rate is not significantly different among the groups at this time.** Dropouts to date have been secondary to time/staff issues in half of practices.
- State registry** must be easy to access and use.
- Patient information and record keeping** must be accurate.
- Must be** designated staff for this effort.
- Must be** physician involvement/support.
- Academic detailing is required** for recruitment, training and monitoring.