

Getting Under the Hood: Exploring Issues that Affect Provider-based Recall Using an Immunization Information System

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Background: Although recall messages are effective at increasing immunization rates, few pediatricians utilize provider-based recall. The Colorado Immunization Information Systems (CIIS) includes functionality that allows providers to conduct recall for children overdue for immunizations. Little is known about providers' attitudes about conducting recall using this CIIS based function.

Objective: To assess among providers and staff at pediatric practices: 1) practices' choices about initiating recall 8 months after training; 2) facilitators for and barriers to provider-based recall with CIIS; and 3) opinions about alternative approaches for conducting recall.

Design/Methods: In 2008, 11 out of 25 eligible practices (private pediatric practices in metro Denver, CIIS active users that had not conducted recall in last 12 months) chose to receive training on how to use the automatic recall function in CIIS for both infants and adolescents. The 2 hour computer-based training provided an opportunity for attendees to run real time recall reports with the assistance of CIIS staff. Eight months later key informant interviews were conducted with 24 providers and staff from these practices. Interviews were transcribed and uploaded into Atlas.ti qualitative software, and analyzed using constant comparative technique.

Results: Eight months after training, 4 of 11 practices had implemented recall using CIIS: 3 practices recalled children < 2 years of age, 1 practice recalled adolescent females for HPV vaccine. Facilitators for initiating recall included targeting children < 2 years of age, having an immunization champion with dedicated time, and performing recall during low volume times. Barriers to implementation or sustainability included distrust of CIIS data, lack of awareness of immunization rates, unrealistic expectations about recall effectiveness and difficulties recalling adolescents. Recommendations for alternative approaches to practice-based recall using a registry included openness to population-based recall conducted by public health departments or schools.

Conclusions: Even with a promising tool to assist pediatric offices, recall is a challenging task to implement at the provider level, especially when targeting adolescents. Given the barriers they faced, providers were supportive of alternative recall methods.

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