

## Potential Barriers and Suggested Ideas for Change

### Key Activity: Maximize Early Adolescent Platform

**Rationale:** Beginning in 2005, three new vaccines were introduced and recommended for adolescents, a population with a low incidence of well-child care visits. Providers now have a remarkable prevention opportunity that begins at ages 11 to 12 years. Because infections can be prevented through adolescent immunization, it is important to identify approaches that would most effectively and efficiently increase the proportion of adolescents who receive recommended vaccines and to integrate these approaches into primary care.

**Aim:** Establish, document, and implement practice policies and procedures that reduce the number of common barriers to achieving optimal compliance with the recommended immunization schedule for early adolescent patients.

Potential Barriers	Suggested Ideas for Change	Still Not Seeing Results?
<b><i>Gap: Adolescent rates of well-care visits and immunization are low.</i></b>		
Provider does not have a clear picture of its adolescent immunization coverage.	<ul style="list-style-type: none"> <li>If your office has no plans to adopt EMR in the near future, consider assessing adolescent immunization rates through use of your state immunization information system (registry).</li> <li>If your office has EMR, work with your IT person or with the vendor to develop an immunization assessment protocol that can be run periodically.</li> </ul>	<ul style="list-style-type: none"> <li>Do a manual assessment by randomly selecting 20 charts of the group in which you are interested (e.g., 10 charts of 13-year-old females and 10 charts of 13-year-old males).</li> <li>In addition to Tdap, meningococcal conjugate, and HPV vaccine, consider checking vaccination status for catch-up vaccines (e.g., hepatitis B, MMR, and varicella).</li> </ul>

Potential Barriers	Suggested Ideas for Change	Still Not Seeing Results?
Relatively few of the office's adolescent patients come into the office.	<ul style="list-style-type: none"> <li>• Educate parents on the importance of well-care visits for their adolescent children.</li> <li>• Make it convenient for patients and their families to come into the office for immunizations by:           <ul style="list-style-type: none"> <li>– Offering hours in the evening and on weekends</li> <li>– Considering securing verbal consent by phone when an adolescent is unaccompanied at a visit</li> </ul> </li> <li>• Send reminders before vaccines are due and/or recall messages when vaccines are past due. (If automated phone messages are ineffective, try other media such as text messages, personal phone calls, postcards, letters, or e-mail.)</li> </ul>	<ul style="list-style-type: none"> <li>• Consider designating staff time for an adolescent-specific, officewide chart review and send a notice to all adolescents behind on vaccinations.</li> <li>• Make use of a registry or EMR if possible to help streamline this process.</li> <li>• Be sure families leave the office knowing when the child's next visit should be.</li> <li>• For the HPV series: If your physician scheduling system does not allow appointments to be scheduled months in advance, consider developing a nurse-only visit schedule that can go out for several months.</li> <li>• Consider scheduling an immunization night for adolescents one evening each month.</li> </ul>
Adolescents attending well-care visits leave the office with 1 or 2 vaccinations, but without all routinely recommended vaccines.	<ul style="list-style-type: none"> <li>• Ensure that all office personnel (e.g., MAs, nurses, and physicians) present all adolescent vaccines the "same way, same day" (i.e., explain that each is important and all four (Tdap, meningococcal conjugate, HPV, influenza) should be given at the same visit.</li> <li>• Use prompts for adolescents who are due for a vaccination. These should appear on charts or in the EMR during all office visits and should remind everyone of the need for and value of vaccinations.</li> </ul>	Designate an adolescent vaccine office champion, someone who sees most adolescents when they are in the office and who is dedicated to checking all adolescents' charts for vaccination status and placing prompts at visits.

Potential Barriers	Suggested Ideas for Change	Still Not Seeing Results?
Adolescents attending acute-care visits leave the office without all routinely recommended vaccines.	<ul style="list-style-type: none"> <li>• Create an office policy that supports immunization at acute-care visits.</li> <li>• Check immunization records for vaccination status at all visits, including sick visits and visits for physical examinations for sports.</li> <li>• Use prompts for adolescents who are due for a vaccination. These should appear on charts or in the EMR during all office visits and should remind everyone of the need for and value of vaccinations.</li> </ul>	<ul style="list-style-type: none"> <li>• Schedule a follow-up visit if a vaccine was not delivered at a sick appointment and plan to immunize at the next visit.</li> <li>• To catch adolescents up on their vaccinations, consider designating time for an adolescent-specific, officewide chart review. Send recall messages to everyone who is behind.</li> </ul>
Parents are refusing one or more adolescent immunizations.	<ul style="list-style-type: none"> <li>• After you understand the concern and acknowledge that you, like the parent, want the best for the child, advise the parent about why you see the vaccine as important to the child at this time.</li> <li>• Use Vaccine Information Statements (VISs) to guide conversations and educate patients and parents about vaccinations.</li> <li>• Ensure that materials and handouts that address the importance of adolescent vaccines, safety, and information about the preventable diseases are available.</li> </ul>	If parents delays vaccination, consider having them sign the AAP Declination Form to emphasize that the parent is taking responsible for this risky choice.
The cost of immunization is an issue, particularly for underinsured adolescents and those not covered by VFC vaccine or Section 317 vaccine.	<ul style="list-style-type: none"> <li>• See KCA Know Your Cost to Immunize for more information.</li> <li>• Investigate eligibility of underinsured patients for VFC vaccine at a federally qualified health center (FQHC).</li> <li>• Develop a policy about how and when referrals should occur.</li> </ul>	Explore partnering with school-based health clinics to ensure that adolescents receive all vaccines needed in a cost-effective manner.