



Assessment, Feedback, Incentives and Exchange (AFIX) Project for Ohio

Introduction & Project Goals

In 2001, the Centers for Disease Control and Prevention (CDC) reported that a majority of children in the United States received at least one childhood vaccination in a private healthcare setting. Initiatives such as the Vaccines for Children (VFC) program, the State Children's Health Insurance Program (SCHIP) and the growth of the managed care industry have led to the shift of immunization delivery from public clinics to private providers.

According to the CDC's National Immunization Survey data from 2014 the estimates vaccination coverage in Ohio among children 19-35 months of age is roughly 68.1 percent with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 Varicella and 4 Prevnar (4:3:1:3:3:1:4). Ohio's goal is to have 90 percent of all children appropriately immunized by age two.

AFIX as a quality improvement tool consists of **A**ssessment of immunization coverage levels (Section 2); **F**eedback of information to physicians and staff (Section 3); **I**ncentives to recognize and reward outstanding and improved performance (Section 4); and **eX**change of best practices and follow up with the provider (Section 5). This quality assurance strategy is a proven and reliable tool for improving vaccination coverage levels in provider offices. Routine assessment and feedback of vaccination rates for individual providers is one of the most effective strategies for achieving high, sustainable vaccine coverage (MMWR, March 15, 1996 Vol.45, No. 10). Also, the Task Force on Community Prevention Services backed the recommendation of assessment and feedback based on strong evidence of effectiveness found through a recent and comprehensive literature review on assessment and feedback (AFIX) for immunizations. (<http://www.thecommunityguide.org/vaccines/universally/RRproviderassessment.html>)

The short term goal of AFIX in Ohio is to complete first time AFIXs in 15 new provider sites across the state. Additionally, Ohio aims to complete AFIXs for at least 25% (275) of the VFC providers in the state. Ohio's long term goal remains to recruit all of the VFC providers to participate in the AFIX process by 2017. Recently, the CDC has developed 2 levels of AFIX standards to assist state health agencies to consistently and accurately implement written protocols and procedures. Level 1 standards focus primarily on the systematic protocols included in a successful AFIX program. Level 2 standards focus on achieving and maintaining program objectives and conducting evaluation activities to further improve the AFIX process. This manual is an outcome of these standards.

The Ohio Department of Health, Immunization Program developed this policy and procedure manual for those public health practitioners implementing AFIX in both the public and private sector. ODH continues to value the work and commitment to raising immunization levels among Ohio's children in order to prevent vaccine-preventable diseases.

The current manual is divided into six sections: Overview, Assessment, Feedback, Incentives, Exchange, Forms

Core Competencies

The Ohio Department of Health (ODH) Immunization Program has developed a list of Core Competencies for those conducting AFIX. These competencies are the minimum skills necessary for an individual to be successful at conducting AFIX. It is expected that those assigned to conduct AFIX have these skills.

Knowledge of computers including:

- Experience using desktop and laptop computers
- Experience using disks, CD, and/or flash drives to save and transfer data
- Experience using printers
- Experience using Word, email, and other basic applications
- Experience using the internet

Knowledge of the Immunization Schedule including:

- Current ACIP schedule
- Familiarity with concepts including minimum intervals, minimum ages, catch-up schedules, invalid doses, etc.

Knowledge of strategies for improving immunization rates including:

- Reminder systems
- Recall systems
- Simultaneous administration
- Impact SIIIS

Ability to speak in front of and with groups of people, including physicians, nurses and other office staff

Ability to travel to ODH AFIX trainings and to conduct AFIXs

Confidentiality

The AFIX Project for Ohio considers confidentiality an important part of the project. Following are measures implemented to address confidentiality.

- Be prepared to discuss concerns providers have with the issue of confidentiality.
- All AFIX assessors and other staff reviewing the data are required to complete a “Data Collection Confidentiality Agreement,” a copy of which needs to be on file with the Ohio Department of Health, Immunization Program before any assessments are conducted. Participating local health districts must submit a list of AFIX assessors and other staff who will be reviewing the data by January 31 of each year. In addition, copies of the “Data Collection Confidentiality Agreement” must be **signed and submitted annually to ODH in January of each calendar year**. New staff can be added to the list at any time during the year by completing the “Data Collection Confidentiality Agreement.” Participating local health districts must maintain a current list with ODH of all individuals with access to data including notification of any individuals who no longer have access. (See Forms section for a copy of the Data Collection Confidentiality Agreement)
- All participating local health districts AFIX programs must designate a local “project manager.” Only the “project manager” may authorize access to the data.
- Provide the practice with a copy of Ohio’s procedures for distribution, handling and disposal of confidential information - “Statement of Confidentiality” for the AFIX Project. (See Forms section for a copy of the Statement of Confidentiality)
- Unless specifically requested by the practice, the only data to be collected from patient charts will be: **patient name, date of birth, immunization history and history of any vaccine-preventable diseases.**
- The patient-specific data collected during the assessment, which is entered into the Comprehensive Clinic Assessment Software Application (CoCASA) system must be destroyed by June 30 of the year following the year of the assessment.

Quality Assurance for Conducting AFIX

Quality assurance is an important part of Ohio’s AFIX project. Implementing quality assurance measures assures that all ODH and local health district staff are using similar methods and following AFIX policies and procedures for AFIXs conducted throughout the state. Information gained from quality assurance efforts will also enable ODH to provide adequate ongoing training for AFIX staff throughout the state. Quality assurance efforts are outlined below.

Quality assurance for ODH AFIX staff:

- All ODH AFIX staff will be observed conducting an AFIX feedback by an ODH Immunization Program supervisor at least once per year.

Quality assurance for local health district AFIX staff will occur annually:

- AFIX staff from each local health district may be observed conducting an AFIX feedback in a provider office by the ODH Immunization Consultant or AFIX Coordinator. The AFIX Coordinator will contact the LHD staff to coordinate the QA visit.
- ODH Immunization Consultants will review the AFIX Assessment Analysis and Feedback Reports from the local health district self-assessments, when they are submitted as part of the Immunization Action Plan (IAP) semi-annual progress reports. Immunization Consultants will follow up, as needed, via telephone or person visits.

An evaluation tool (check-list) will be utilized during the observations. The tool will be reviewed by the appropriate ODH Immunization Program supervisor and reviewed by the AFIX Coordinator to determine training needs. The tool will then be filed in the appropriate IAP or ODH file.

Due Dates and Reporting Information to ODH

The AFIX Project in Ohio is funded through a grant from the CDC to ODH. ODH then funds local health districts through Immunization Action Plan (IAP) sub-grants to complete AFIX activities. In order to provide adequate and timely progress reports to the CDC on AFIX activities in Ohio, it is crucial to assure that accurate data is being reported. As a result, ODH is implementing a new AFIX reporting process starting in 2015. Ohio's LHD grantees will begin sending a complete AFIX Site Visit Packet with their respective reports in a timely manner (10 days post follow-up). The guidance below is to assist with this process along with a separate section in the binder.

What is due:

Email, mail or fax the AFIX Site Visit Packet with the appropriate CoCASA reports to the ODH AFIX Coordinator. All worksheets found in this packet are to be completed and returned together to ODH after the 30-45 day follow-up has been performed. If the AFIX 30-45 day follow-up cannot be completed by December 31, then all the other reports and forms are to be turned into the ODH AFIX Coordinator by January 15 with a date as to when the AFIX Feedback Report will be completed with the follow-up information.

AFIX Site Visit Packet contains:

- AFIX Demographic Form (page 1)
- AFIX Site Visit Questionnaire (page 2-3)
- AFIX Site Visit Feedback Form (page 4)
- Provider Improvement Plan (page 5)

CoCASA Reports to be included with AFIX packet:

VFC Provider	Non-VFC Providers
<ul style="list-style-type: none">• Diagnostic Report	<ul style="list-style-type: none">• Diagnostic Report• Summary Reports

These forms can be emailed, faxed or mailed to the ODH AFIX Coordinator:

Sarah Duade, MPH
AFIX Coordinator
Ohio Department of Health, Immunization Program
35 E Chestnut Street, 6th Floor
Columbus, OH 43215
Phone: (614) 466-4643
Fax: (614) 728-4279
Sarah.duade@odh.ohio.gov
Subject: 2015 AFIX Provider Name VFC#

The AFIX Process A Detailed Check List

Provider Selection:

- Prioritize the recruitment of practices with the largest patient populations
- Prioritize the recruitment of practices w/o an AFIX in the last 2 years
- Early in the year, IAP grantees and ODH Consultant Staff discuss and determine who will target specific practices during the year

Initial Contact:

- Introduce and explain the importance of AFIX / quality assurance
- Review the Statement of Confidentiality for AFIX
- Schedule the Assessment (and if possible, the Feedback)
- Determine the main contact for the provider office & record their phone number

Pre-Assessment Preparation (1-2 weeks prior to the assessment):

- Manual chart review:
 - Request a list of active patients **24-35 months of age as of Jan. 1 the year of the assessment**. Give the office the birthdate range for the children that you would like to assess. (If you are unsure of this, contact the ODH AFIX Coordinator).
 - Confirm the appointment / provide a confirmation letter via fax or email (example in the AFIX binder) that informs the site what to expect on the day of the assessment
 - The day before the assessment, call to verify that the visit is a “go”& that charts are pulled, etc.
 - Verify that the minimum number of records to be assessed is 10
 - If the practice has over 100 in the birth cohort, use the **CoCASA Random Number Generator** for selection
 - Set-up Provider and Assessment perimeters in CoCASA
- If using Impact SIIIS,
 - Request data from AFIX Coordinator (age range **24 to 48 months**)
 - Set-up Provider and Assessment parameters in CoCASA

The Assessment:

- If **manual** pull,
 - Arrive on-time, dress professionally, and wear your ID badge
 - Make sure there is a space large enough to plug in a laptop with adequate desk space for records
 - Ask the office contact these questions regarding set up: Where is the location of the immunization record? How does the practice document a history of disease? How does the practice document a transfer of records?
 - Discuss how the practice records will be pulled & re-filed
 - Adjust the order of selected antigens in CoCASA to match the sites immunization records

- Enter data for active patients (mark MOGE, refusals, etc.)
- After all the data is entered, perform Quality Assurance Check, Compare the results to the actual immunization files for data entry errors and correct any existing issues
 - **Invalid Doses report**
 - **Missing Immunizations report**
- Leave the practice with a good over-all impression

If using **Impact**,

- Import Impact data into CoCASA
 - Perform Quality Assurance Check
 - **Patient Name Listing** report to identify duplicates
 - **Invalid Doses report***
 - **Missing Immunizations report***
- * If a name appears these report look them up manually in Impact SIIIS to verify correct data. If no additional data is available, missing immunizations or is an invalid dose need to manually look at that patient's chart. Send the list of charts to practice. Pull charts prior to the feedback session to review for any missing data or correct data entry errors

- Administer the **AFIX Site Visit Questionnaire** Back up your data files by going to the **"Utilities"** menu and select **"Back up Data"**
- This data should be moved to an external drive Schedule/confirm a time to return to conduct the **Feedback Session**

After the Assessment:

- Run/completed the following reports:
 - **AFIX Assessment Analysis**
 - **Summary Report – 4:3:1:3:3:1**
 - **Summary Report – 4:3:1:3:3:1:4**
 - **Single Antigen Report – 4:3:1:3:3:1:4**
 - **Diagnostic Report – 4:3:1:3:3:1:4**
 - **Missing Immunization Report- "Missing any doses"**
 - **Invalid Doses Report**
 - **Notes Report if you type notes during the assessment**

The Feedback Session:

Prior to the meeting -

- Double check to confirm the time to meet for the feedback session
- Request the number of people expected to attend
- The following resources should be prepared:
 - Most current ACIP Immunization Schedule (including Catch-up schedule w/ Min. Age Spacing)
 - Accelerated/Catch up Schedule
 - Vaccine Information Statements
 - The most current edition of " The Pink Book" from the CDC

- Immunization Record cards for the charts
- Immunization Resources list
- Information on Impact SIIS and MOBI
- Provider Satisfaction Survey

During the Feedback Session

- Dress professionally
- Leave enough time for the presentation
- Thank the office for allowing the AFIX assessment and feedback
- Restate and redefine the overall purpose of AFIX
- Review the following Reports:
 - **Summary Report- including the Flow chart and Pie Chart used to develop the AFIX Assessment Analysis form**
 - 4:3:1:3:3:1
 - 4:3:1:3:3:1:4
 - **Single Antigen Report**
 - **Diagnostic Report**
 - **Missing Immunizations**
 - **Invalid doses**
- Outline key data points
- Using the responses to the site visit questionnaire and the response guide, discuss areas of possible improvement
- Ask the practice personnel what they think about the data
- Engage the clinic personnel in dialogue about the AFIX results and areas of improvement
- Ask the clinic personnel what they think are the potential fixes to their immunization practices, identify with provider **2-3 QI** (complete **Provider Improvement plan** and feedback)
- Inform the office that there will be follow-up call/visit regarding the improvement plan
- Give the practice immunization resources as a gift – to help them with their plans.
- Disburse the **Provider Satisfaction Survey**. Each attendee should complete his/her own survey.

30-45 days after Feedback

- Conduct Follow-up with provider- in person or via a phone call
- Assess and document **progress** made towards selected QI strategies
- Complete **AFIX Site Visit Packet 2015**, mail/fax/email to AFIX Coordinator

Training of AFIX Assessors

Training will be offered annually to all AFIX assessors. The following trainings will be offered each year:

1. Introductory AFIX Training
2. AFIX Update Newsletters
3. IAP-AFIX Calls

Introductory AFIX Training

The introductory training will cover the basic aspects of the AFIX Project. An overview of the AFIX processes will be presented along with coverage of the following topics: the assessment process, how to utilize the data collection tool (CoCASA and ImpactSIIS), running reports in CoCASA, data interpretation and feedback processes. The training will serve as an initial orientation to the basics of the AFIX process. The introductory training will be offered twice a year. The first training will be held within the first 4 months of the year (January- April) with a second training in the fall sometime August-October. All new trainers are required to attend at least one introductory training session prior to completing AFIXs in the field. If a trainer is unable to attend a scheduled training, please contact ODH to set up alternative training plans.