



## Exchange for Adolescent AFIX

The “X” in AFIX stands for the exchange of information aimed at following up with providers to monitor and support progress toward implementing the quality improvement strategies discussed during the feedback process. This exchange is necessary to ensure that quality improvement in standards and practices is taking place at the provider level. Also, via the exchange with a particular practice, it can be ensured that the practice has all of the necessary resources to implement the strategies.

Completing the initial follow up at least 30-45 days after the feedback:

1. Contact the provider via phone or in person to communicate progress in implementing the QI strategies selected during the feedback process and any other QI strategies undertaken by providers since the feedback session.
2. If requested by provider or determined necessary by immunization program, provide further guidance and technical assistance on achieving quality improvement
3. Document the follow-up communication for reporting and future reference

Progress should be documented as follows:

- Fully implemented (100% complete)
- Progress to full implementation (> 50% complete)
- Partially implemented (< 50% complete)
- No implementation (0%)

For progress reported at less than 100% complete, request an estimated due date for 100% completion and inform the provider of the subsequent follow-ups to check on completion status

4. Send the provider a written summary of the follow-up status via e-mail, fax, or mail. The summary should include the following:
  - a) An overview of the provider’s completion status for each QI activity
  - b) An estimated due date for 100% completion of QI activities with partial implementation
  - c) Notification that provider will be contacted subsequently on that agreed upon date for confirmation of 100% completion for selected QI activities (providers should also have the option of contacting the program to provide their 100% completion status)

**Potential verbiage for email or letter message to a provider regarding the follow-up status of the AFIX visit:**

“On *(date)*, *(LHD ABC)* conducted an AFIX continuous quality improvement assessment at your office. During this visit, immunization histories of your 13-15 year old patients were collected and reviewed. Based on the results of the assessment and your practice’s current immunization administration practices, our discussion focused on a number of possible quality improvement actions. The table below indicates the improvement actions below were selected for implementation by your office including the implementation status at our first follow up contact.

Selected QI Action	Progress at 1 <sup>st</sup> follow up contact ( <b>Select appropriate status</b> )	Estimated date of QI activity completion
(Indicate QI Action selected)	Fully implemented (100% complete) Progress to full implementation (> 50% complete) Partially implemented (< 50% complete) No implementation (0%)	Enter date
(Indicate QI Action selected)	Fully implemented (100% complete) Progress to full implementation (> 50% complete) Partially implemented (< 50% complete) No implementation (0%)	Enter date
(Indicate QI Action selected)	Fully implemented (100% complete) Progress to full implementation (> 50% complete) Partially implemented (< 50% complete) No implementation (0%)	Enter date

“I will be contacting your office in *(# of weeks or on this date)* to follow up on the status of QI activities that were not at 100% completion during the initial follow up contact. At that time, I will also be conducting a reassessment of the 13-15 year old population. I will be reviewing the patients that were originally on the missing immunization list. This will be an indication of your practice’s success in implementing post-feedback recall activities to get these patients in your office and up to date with their immunizations.

Please feel free to contact me with any questions or concerns regarding the AFIX process. As always, thank you for participating in this process to improve the well-being of your patients.”

*Remember to include your contact information at the end of the email or letter.*

Note: Regardless of who makes the contact for reporting/confirming the 100% completion status, this process should be reported as **“Level 2: Subsequent eXchange of Information, Strategy: AFIX visit follow-up telephone call”**

### **Procedures for implementing subsequent eXchange**

Subsequent eXchange of information consists of different strategies. Selecting the appropriate strategy or strategies for a provider depends on the intention of the contact and the level of assistance that best meets the needs of the program and the provider.

#### **1. AFIX visit follow-up telephone call**

This process involves contacting the provider after the initial follow-up conversation to discuss further progress toward meeting the 100% completion point of selected QI strategies. The frequency and dates of the calls should be determined by the program based on reported progress.

##### **When to select this method:**

If there is no noted improvement in rates based on the initial eXchange of information and/or less than 100% completion reached in implementing the QI strategies based on the initial eXchange of information

##### **Implementation of this method:**

- Document the rate of completion on progress made toward implementing selected QI strategies
- Document subsequent follow-up communication(s) for future reference
- Send the provider a summary of the subsequent follow-up information for their record and reference

#### **2. AFIX follow-up visit**

This process involves visiting the provider to conduct additional follow-up and to assess progress made in implementing QI strategies. This visit may also include conveying similar information to that discussed during the feedback visit. In certain situations, a face-to-face interaction is more effective than a telephone call.

##### **When to select this method:**

- If a face-to-face visit might be more effective than a telephone call
- If the provider had a change in staff and an in-person follow-up visit would help engage the new provider staff and inform them of processes and expectations
- If the provider requests it and the program can facilitate it
- If necessary, in addition to following up on QI progress, plan on repeating previous information discussed during the

feedback session, such as provider coverage, AFIX questionnaire results, and QI plan. An in-person visit may be more effective for this purpose.

**Implementation of this method:**

- Have available for the visit copies of the assessment data, QI plan, and assessment questionnaire, which may be necessary to trace the process leading up to the current meeting
- Request from the provider the rate of completion on progress made toward implementing QI strategies
- Document the subsequent follow-up process for future reference
- Provide the practice with documentation of the subsequent follow-up documents for their record and reference.

**Reassessment Visit Process:**

*The purpose of this visit is to review the progress the practice has made immunizing adolescents as a result of post-feedback recall activities.*

4-6 months after the original Feedback

- Contact the site to confirm the reassessment visit;
- Provide the site with another copy of the Missing Immunization report (13-15 years);
- Ask the site to review the list and highlight those patients who, since the original assessment date, had been in to the office.

Methods of Collecting Updated Immunization Histories:

1. Impact SIIS: If a practice uses ImpactSIIS, the registry may be used as a data source for looking up each patient to gather additional doses that have been administered since the original assessment date.

If the original data was requested from ImpactSIIS and no adjustments were made to the data, another data request can be made. This would ensure that the patients who were initially assessed are also included in the reassessment. Follow the instruction on importing data into CoCASA found in Section 1: Adolescent Assessment. However, if the data file was adjusted, then it is recommended that data is collected by looking up each individual that is marked by the practice in ImpactSIIS for additional immunization histories.

Use your laptop to enter additional data when reviewing the ImpactSIIS records. The record for each patient on the Missing Immunization list (or potentially only the patients that were highlighted by the practice as recently being seen) should be individually reviewed. In CoCASA, under the AFIX Evaluation tab locate the original visit assessment. Doses that did not exist for the original assessment should be entered in under the Data Entry sub-tab for the appropriate patient.

2. Manual Entry: The additional dose data may also be collected manually via a chart pull or EMR in the practice. The site may pull the records for these patients for you to

manually review.

Take your laptop to the practice to enter additional data when reviewing the charts. The record for each patient on the Missing Immunization list (or potentially only the patients that were highlighted by the practice as recently being seen) should be individually reviewed. In CoCASA, under the AFIX Evaluation tab locate the original visit assessment. Doses that did not exist for the original assessment should be entered in under the Data Entry sub-tab for the appropriate patient.

Once all of the additional data has been collected, run the original reports to provide to the site:

1. Adolescent Coverage (13-15 years)
2. HPV Report (13-15 years)
3. Missing Immunizations Report (13-15 years)
4. Invalid Doses (13-15 years)

The results of the reassessment should be relayed via a phone call or a webinar. Additionally, there will be an ODH created PowerPoint presentation template that will allow for ease of data presentation (Expected in June).

Your contacts for all eXchange including the reassessment data should be entered into the Online Tool under the eXchange tab.

### **Practice Level Exchange**

Exchange of best practice information is shared with the practice during the feedback session. Following are examples of information:

- National coverage levels
  - The CDC's National Immunization Survey (NIS) information can be used for sharing immunization coverage level information. The methodology of NIS and AFIX are not the same, but the data can be provided as a general comparison.
  - State coverage levels
  - The CDC's NIS information can be used for sharing state immunization coverage level information.  
<http://www.cdc.gov/nip/coverage/default.htm#NIS>
- Success stories from other practices
  - It is important that immunization programs and providers do not try to reinvent the wheel. There are numerous examples of success stories at the provider level that are relevant to the practice's strengths and opportunities for improvement.
    - Standard immunization record chart
    - Doses documented on a single record
    - Reminder and/or recall procedures
    - Simultaneous administration
    - Keeping children in their medical home
    - Participating in a statewide immunization information system
- Experiences that have not worked
  - It is equally important that states and providers share experiences that have not been successful to collectively address barriers. Remember while some

strategies work well in one area, strategies may not be universally successful.

- Educational and informational materials
  - ACIP Immunization schedule
  - Accelerated/catch-up schedule
  - Vaccine Information Statements (VIS)
  - Centers for Disease Control and Prevention's (CDC) *Epidemiology and Prevention of Vaccine-Preventable Diseases* ("The Pink Book")
  - Immunization Record card for charts
  - Immunization Resources list
  - Impact SIIS (statewide immunization information system) information
  - Maximize Office Based Immunizations (MOBI) information (in-service education program)

Practices are encouraged to exchange information amongst themselves.

- Practices that belong to the same health system, Independent Provider Association (IPA), Physician Hospital Organization (PHO), health plan, or are geographically connected (e.g., from the same city or county) are encouraged to meet to exchange ideas on best practices. This is an opportunity to share how changes in immunization practices can make clinical time more efficient, discuss potential changes, issues and concerns, and plans for maintaining improvement.
- Local health districts are encouraged to partner with local health districts in other counties. This provides an excellent framework to facilitate the exchange portion of the AFIX process. Exchanging ideas with other health districts as part of the AFIX self-assessment process will enhance quality improvement efforts.