

Teamwork, empathic approach help clinic double vaccination rate

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A bit of the human touch, when combined with process redesigns, has helped an Oak Park, Illinois, practice implement an adult immunization program that has led to doubling its vaccination rate. When a physician recommends vaccination, some patients might choose to ignore the advice. With vaccine-preventable diseases more common in adults than in children, it is essential that physician practices take a team-based approach to the problem.

An AMA STEPS Forward™ module helps physicians and other health professionals save time while preventing disease by creating a team-based approach for an adult immunization program within their primary care practice. This module addresses concerns about developing such a program and provides physicians with a comprehensive guide for implementation within their practice.

Marie T. Brown, MD, a geriatric and internal medicine specialist at Oak Park practice, co-wrote the module and is successfully carrying out an adult vaccination program. Since implementing the adult vaccination program eight years ago, the practice's immunization rates have risen from 40 percent to 80 percent. Dr. Brown also notes fewer cases of influenza during flu season.

When practice staff hesitate

To ensure her practice team was totally committed to the immunization program, Dr. Brown provided education for the clinic's medical assistants (MAs) and carefully listened to what their hesitations were.

"The first challenge was engaging the team so that we all felt very strongly and passionately about the tens of thousands of lives that can be saved per year with vaccinations," Dr. Brown told *AMA Wire*®. "Sometimes you need to go back to discussing polio, measles and small pox, and really the general impact of vaccinations on humanity over the last century."

"Addressing their concerns made it much more effective because staff often had similar concerns as our patients," she added. "But making sure they knew how important their role was in improving vaccination rates was key."

In the module, getting the team on board is step one. The other steps to implementing a team-based adult immunization program are to:

- Train the team.
- Prepare the team to address common patient questions.
- Implement a standardized process.
- Document vaccines given and minimize financial risk.
- Recognize and reward the participation of the team.

For Dr. Brown, the second challenge in revamping the practice’s approach to adult immunization was the concern that it would be more work for her team.

“When you talk about team-based care, you always have to answer [the question], ‘What’s in it for me?’ ” she said. “If you’re going to give more work to one person, then it will be perceived as unfair and there will be resistance.”

Dr. Brown highlighted that if there were a process in place for standing orders, it would save time. She also added that if the team had a successful conversation once with a patient and they receive the vaccine, then at the next couple of visits MAs would not need to repeat the same conversation.

“We always want to talk about what’s in it for me as far as the team. And, of course, what’s in it for all of us is that we will have a healthier patient population,” said Dr. Brown, associate professor of medicine at Chicago’s Rush University Medical Center.

Vaccination is for the ones you love

For one of Dr. Brown’s patients, a reminder popped up stating the patient was overdue for a tetanus, diphtheria, pertussis (Tdap) vaccine. After declining the vaccination for decades, the patient told Dr. Brown she was in a rush because her daughter-in-law was in labor with what would be the patient’s first grandchild. This piece of information allowed Dr. Brown to express the need for the Tdap vaccine to protect her new grandchild from whooping cough.

“It’s a truism that Americans are very generous in spirit. They will be more likely to receive a vaccine to protect someone else than to protect themselves,” said Dr. Brown. “A healthy person who contracts influenza is going to be sick for three or four weeks and will most likely miss work, but they are less likely to die. However, the child or grandparent [who] contracts this—it could kill them. Highlighting a quick message that resonated at that moment with this woman got her to say, ‘Oh, absolutely.’”

Patients, and even staff, might believe myths related to vaccines yet may be reluctant to voice those beliefs for fear of looking foolish. To overcome this, Dr. Brown recommends asking what concerns the patient may have heard about vaccinations in the community, rather than questioning them on their individual thoughts.

“It is our responsibility to listen carefully and say, ‘I see you declined the vaccine. Can you share with me some of your concerns?’ ” she said. “That’s one way of doing it—to be nonthreatening.”

Streamlining, from end to end

Even before a patient walks into the clinic, there are standing orders and specific processes in place to help streamline immunization once consent is given. During the pre-visit planning, MAs will review the patient's chart for any immunizations needed.

If the patient is due for a vaccine, the MA will print the Vaccine Information Statement (VIS) to prepare for the patient's visit with Dr. Brown. During flu season, the VIS will be handed directly to the patient at check-in for review while they wait, but for other vaccinations it is provided after entering the treatment room. Standing orders also allow MAs to administer certain vaccines before Dr. Brown enters the exam room.

To help her MAs, there is an immunization question of the day, which is a downloadable tool in the module. Providing answers to commonly asked questions helps the staff address the patient's concerns.

For example, the immunization question of the day may be, "Can a flu shot give you the flu?"

The answer: No. However, it does not protect against the common cold. Some people can mistake cold symptoms with those of the flu. As a result, they may mistakenly believe their symptoms are related to getting the flu shot.

"Now is the time when the flu vaccine is available, so instead of having a tug of war with the patient, if you respect and listen carefully to what the patient has to say, you can tailor the message."

"More often than not, the patient will accept [the message] because they trust you, especially if you say, 'I got mine, my children got theirs and every staff member got theirs,' " she added. "We would never want to give you influenza, so we always protect ourselves so we won't pass it on to you."

The free module may be completed for continuing medical education credit. The AMA's STEPS Forward collection features 49 practice-improvement modules. Several come thanks to a grant from, and in collaboration with, the Transforming Clinical Practices Initiative (TCPI).

The Centers for Disease Control and Prevention (CDC) has made a plethora of information on season influenza vaccination available for physicians and other health professionals. Read the Advisory Committee on Immunization Practices' 2017–2018 flu season vaccination recommendations. This table summarizes the different forms of vaccine available. A pithy summary for clinicians also is available.

The CDC also is encouraging physicians and other health professionals to make use of the agency's digital media toolkit to share the #FightFlu message prominently in their health care organizations and on social media with flyers, fact sheets and more.

More on this

- 6 reasons patients avoid flu vaccination
- 6 ways to get your patients immunized this flu season
- How to answer patients' questions about vaccinations
- Physicians agree: Vaccination crucial to public health