

# Implementing CDC's Immunization Quality Improvement Project in Central Oregon

Immunize Oregon Northwest Immunization  
Conference



Abbey Davidson BS Health Science | August 8, 2023

# Overview:

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- Immunization Quality Improvement Project (IQIP) implementation process
- Review of Oregon State/Central Oregon County Immunization Rates
- Onboarding of clinic, process improvement collaboration process
- Community Collaboration Networking
- Is it working?
- Next phase of the project

# Oregon Immunization Rates

## Oregon Immunization Rates for Two Year Olds

|   | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|------|------|------|------|------|
| Two-Year-Olds <sup>a</sup> Up-to-Date Rate                      |      |      |      |      |      |
| 4:3:1:3:3:1:4 <sup>b</sup>                                      | 69%  | 71%  | 71%  | 71%  | 69%  |
| 4 doses DTaP  | 80%  | 81%  | 81%  | 80%  | 78%  |
| 3 doses IPV   | 89%  | 90%  | 90%  | 89%  | 89%  |
| 1 dose MMR  | 88%  | 91%  | 90%  | 88%  | 87%  |
| 3 doses Hib   | 88%  | 89%  | 89%  | 88%  | 87%  |
| 3 doses HepB  | 85%  | 87%  | 87%  | 87%  | 86%  |
| 1 dose Varicella  | 86%  | 88%  | 88%  | 87%  | 86%  |
| 4 doses PCV   | 77%  | 78%  | 79%  | 78%  | 76%  |
| 1 dose HepA   | 87%  | 88%  | 88%  | 87%  | 86%  |
| 2-3 doses Rotavirus   | 71%  | 72%  | 74%  | 75%  | 74%  |
| 1 dose Flu (in most recent season)                              | 57%  | 61%  | 64%  | 58%  | 51%  |
| COVID (1+ dose in lifetime)                                     | NA   | NA   | NA   | NA   | 18%  |
| 4:3:1:3:3:1:4 <sup>b</sup> rates by VFC status <sup>c</sup>     |      |      |      |      |      |
| One or more VFC vaccines <sup>c</sup>                           | 66%  | 69%  | 68%  | 68%  | 66%  |
| No VFC vaccines <sup>c</sup>                                    | 73%  | 75%  | 76%  | 76%  | 72%  |
| 4:3:1:3:3:1:4 <sup>b</sup> rates by race/ethnicity <sup>d</sup> |      |      |      |      |      |
| Hispanic <sup>d</sup>   | 72%  | 74%  | 72%  | 72%  | 72%  |
| White <sup>d</sup>  | 70%  | 72%  | 72%  | 72%  | 70%  |
| African American <sup>d</sup>                                   | 61%  | 61%  | 63%  | 63%  | 60%  |
| Asian <sup>d</sup>  | 73%  | 76%  | 77%  | 77%  | 72%  |
| American Indian and Alaskan Native <sup>d</sup>                 | 66%  | 69%  | 67%  | 66%  | 64%  |
| Hawaiian/Pacific Islander <sup>d</sup>                          | 61%  | 65%  | 64%  | 64%  | 61%  |

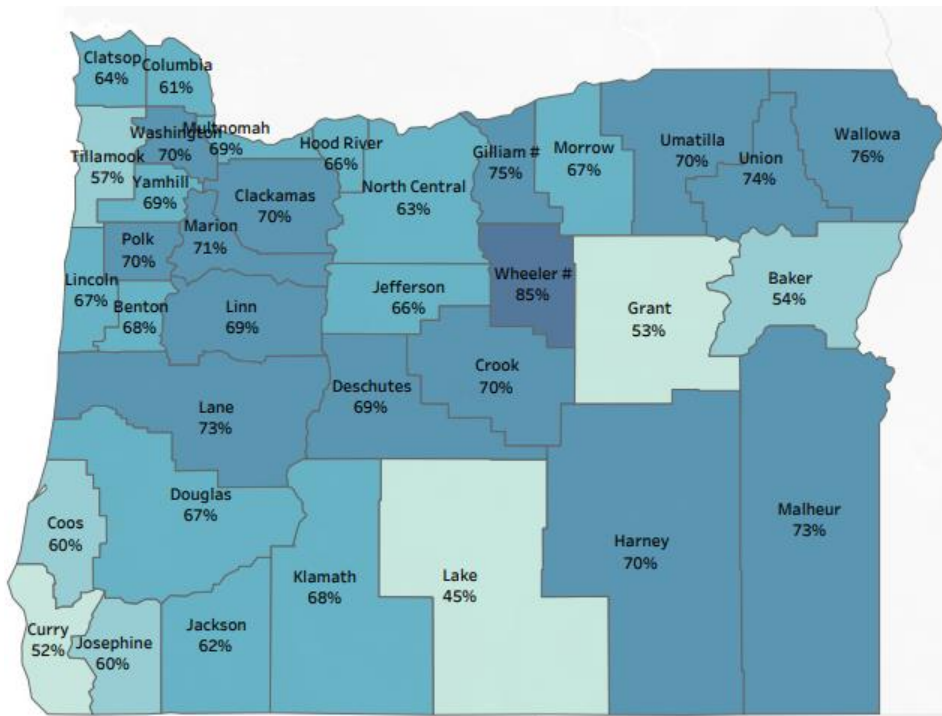
## Oregon: Adolescent Immunization Rates

|  | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|--|------|------|------|------|------|------|
| Thirteen- to Seventeen-Year-Old <sup>a,b</sup> Vaccination Rates |      |      |      |      |      |      |
| Tdap (1 dose)  | 93%  | 93%  | 93%  | 92%  | 90%  | 91%  |
| Meningococcal A,C,W,Y (1 dose)                                   | 75%  | 77%  | 80%  | 81%  | 81%  | 81%  |
| Flu (1 dose in most recent complete season)                      | 25%  | 28%  | 30%  | 32%  | 33%  | 25%  |
| HPV initiation (1+ dose)   | 65%  | 67%  | 70%  | 73%  | 71%  | 73%  |
| HPV completion (2-3 doses) <sup>c</sup>                          | 44%  | 46%  | 51%  | 55%  | 55%  | 53%  |
| HPV completion <sup>c</sup> by race/ethnicity <sup>d</sup>       |      |      |      |      |      |      |
| Hispanic <sup>d</sup>  | 56%  | 56%  | 60%  | 62%  | 65%  | 64%  |
| White <sup>d</sup>   | 46%  | 49%  | 53%  | 56%  | 57%  | 58%  |
| Black/African American <sup>d</sup>                              | 53%  | 54%  | 57%  | 59%  | 58%  | 58%  |
| Asian <sup>d</sup>   | 53%  | 56%  | 59%  | 62%  | 62%  | 64%  |
| American Indian and Alaskan Native <sup>d</sup>                  | 56%  | 59%  | 64%  | 67%  | 67%  | 66%  |
| Native Hawaiian/Pacific Islander <sup>d</sup>                    | 52%  | 53%  | 57%  | 60%  | 59%  | 59%  |
| Thirteen-Year-Old <sup>e,f</sup> Vaccination Rates <sup>g</sup>  |      |      |      |      |      |      |
| Tdap (1 dose)  | 80%  | 82%  | 84%  | 81%  | 84%  | 83%  |
| Meningococcal A,C,W,Y (1 dose)                                   | 66%  | 67%  | 71%  | 69%  | 73%  | 72%  |
| HPV initiation (1+ dose)   | 52%  | 56%  | 65%  | 57%  | 61%  | 63%  |
| HPV <sup>c</sup> completion (2 doses)                            | 33%  | 32%  | 33%  | 30%  | 34%  | 35%  |
| Teen series <sup>h</sup>   | 30%  | 30%  | 31%  | 28%  | 33%  | 33%  |

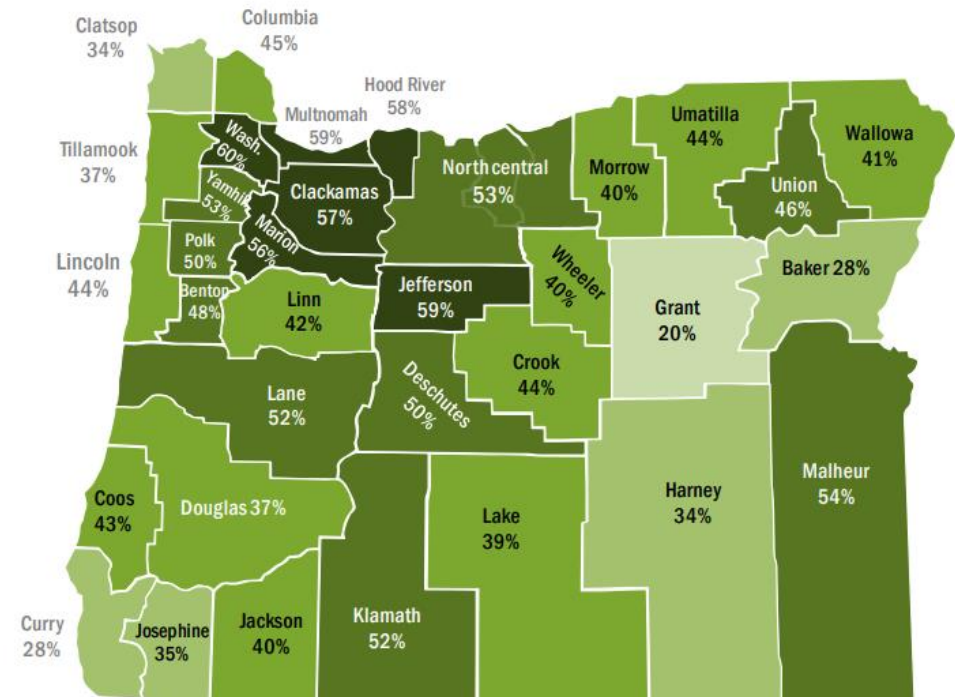


# County/Regional Rate Data

2022 Two year old 4-3-1-3-3-1-4 Completed Series Rates



2022 HPV Completion Rates, 13- to 17-year-olds



# Immunization Quality Improvement Project

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## Past:

- Previously Called AFIX-
- Most Recent Project full-scale project ran from 2016-2019.
- Childhood rates in Deschutes Co. were raised approximately 8%.

## Present:

- Project kicked off in 2022 with 18 participating clinics.
- Project will be three years in duration
- Focused primarily on childhood vaccination rates with additional resources on HPV up-to-date rates.

## Future:

- Assistance with broader community focused vaccine campaigns.
- Working towards bridging and building community between clinics across the tri-county region for information sharing.



# The IQIP Process

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- Site Visit- Review current process/workflow, select goals and QI strategies.
- 2 & 6 month check-ins- Engage in progress conversations, update strategies/plan collaborate with community.
- 12 Month Follow Up- Review the process and progress of goals. Engage in conversations about year over year changes made.

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**IQIP is a 12 month rolling cycle where the public health representatives and VFC providers collaborate to identify strategies to improve upon current vaccine rates and streamline current workflows.**

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# IQIP CDC Strategies

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1. Scheduling next vaccination before patient leaves your office
2. Leveraging ALERT IIS or your EHR to improve immunization practices
3. Making strong vaccination recommendations
4. Improving vaccine Communications

In Oregon we have added a custom strategy of recommendation HPV starting at age 9.



# Example of a goal/strategy process:

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## Workflow Examination

A clinic was administering vaccines at the end of a visit, then asking patient/family to stop at front desk staff to schedule next visit.

## Change In Process

Before administering vaccination, MA will schedule next WCC or vaccine only appointment in room with patient/family.

## Hopeful Outcome

Saves patient/family from additional wait time, barrier at front desk with limited staff resource. Hopefully increasing vaccine opportunities.

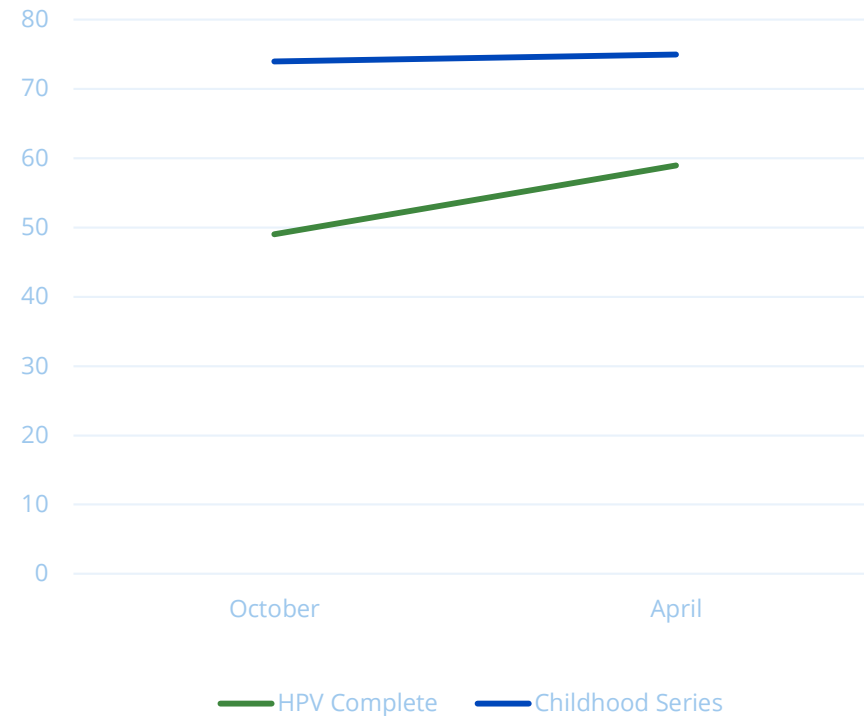


# Example of Individual Clinic IQIP Progress

Clinic "A" Data



Clinic "B" Data



# Community Connection & Collaboration

- At six months we gathered all Immunization Champions for in-person sponsored breakfast.
- BOOST Oregon Presented.
- Large clinic presented changes/data/implemented efforts and how it was going.
- HPV disease and vaccine education presentation
- Clinics exchanged contact information and collaborated further outside of our meeting.
- Clinics were given updated rates and resources to take back to clinics.
- Further education planned.



# IQIP Individual Clinic Rate Update:

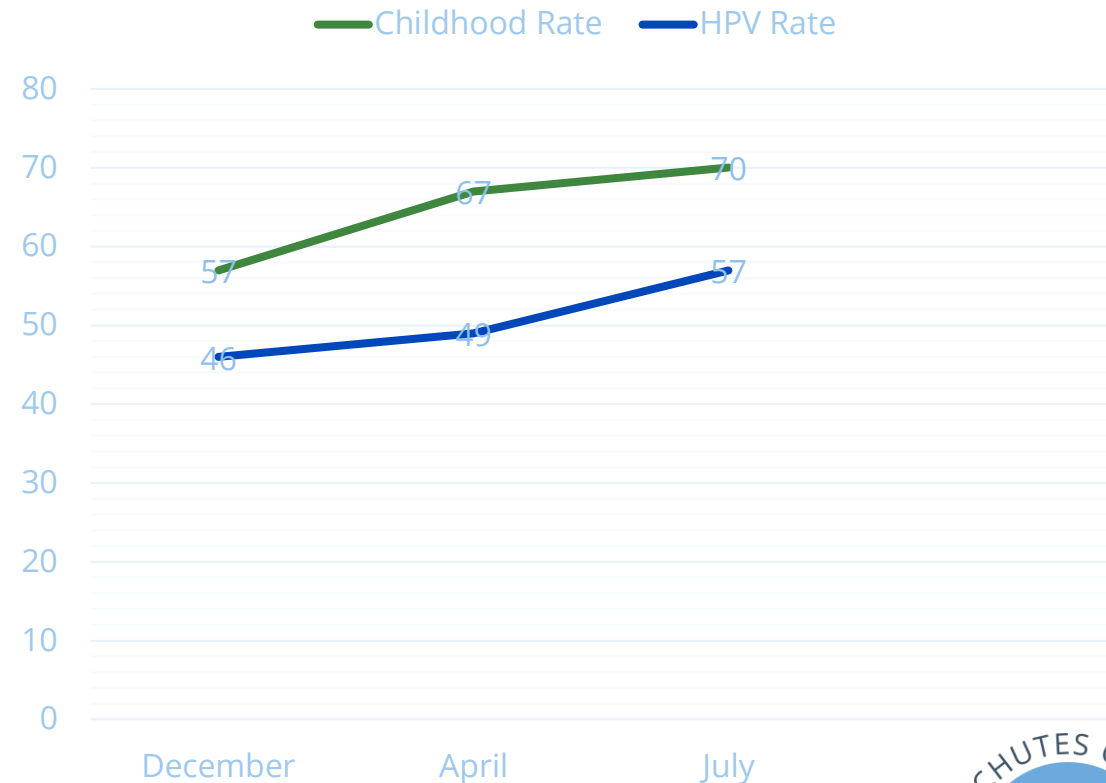
## Clinic "C" Initial Goals:

- Increase childhood up-to-date rate by 5%
- Increase adolescent up-to-date HPV rate by 5%

## Strategies Selected:

- Utilize EHR for recalls/reminders
- Create vaccine education for patient/families
- Start HPV vaccine discussion at age 9

## Clinic "C" Rate Improvement Stat



# Plans Moving Forward:

## Retain

- Provide each participating clinic with financial incentive.
- Award to clinics with most engaged Immunization Champion.
- Award to clinic with strongest rate improvement.

## Recruit

- Contact remaining VFC clinics to engage and on-board.
- Hold meetings with prospective clinic to showcase success from previous 12-month project.
- Provide information about financial incentive for participation.

## Reinvest

- Plan additional community connection meetings.
- Host additional vaccine/disease specific education seminars.
- Showcase success stories to community partners.



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# Thank you

Happy to answer questions or connect;

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