

Alabama's low completion rate for recommended vaccines by 13 years of age increases the risk of cancers and serious infections such as tetanus, whooping cough and meningitis. Interventions proven to increase vaccine completion include utilizing evidence-based communication, standardizing office workflows and protocols, and utilizing immunization registries integrated with reminder/recall processes.

December 2021 – August 2022

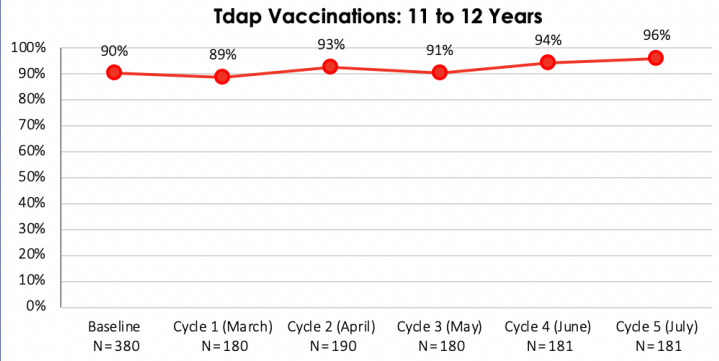
**Project Goals**

By the end of the nine-month collaborative period, practices will learn and practice effective communication strategies, test workflow improvements, and enhance reminder/recall processes.

**Project Aims**

Increase HPV Vaccination completion in 9 – 12-year-olds by 5% over the practice baseline rate.

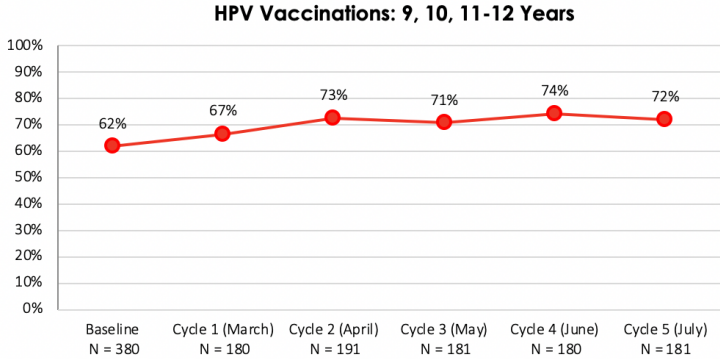
Increase Tdap and MenACWY completion in 11 – 12-year-olds by 5% over practice baseline rate.



The percentage of 11 – 12 year olds completing Tdap vaccinations exceeded the improvement goal of five percent over the course of the collaborative.



The percentage of 11 – 12 year olds completing MenACWY vaccinations met the improvement goal of five percent over the course of the collaborative.



The percentage of 9 – 12 year olds completing HPV vaccinations exceeded the improvement goal of five percent over the course of the collaborative.

**Participating Practices**

- COA Adolescent Health Center, Charles Henderson Child Health Center, Columbus Children's Clinic, Dothan Pediatric Healthcare Network, Mayfair Medical Group Partners in Pediatrics, Pediatric Adolescent Medicine, Inc., Pell City Pediatrics, Sylacauga Pediatrics, UAB Huntsville Pediatrics, UAB Primary Care Clinic, University Medical Center Pediatric Clinic, Vestavia Pediatrics, Western Health Center

**Lessons Learned**

- Peer-to-peer discussions of what worked well in other practices was a collaborative strength.
- Offering vaccines at younger ages and at all visits (not just well visits) lead to the greatest vaccination increases.
- Implementing nurse pre-clinic chart review, huddles, and standing orders increased vaccinations.
- Utilizing evidence-based vaccine communication techniques improved vaccine completion.
- Vaccine registry management is time-intensive which can limit its utility.
- QI collaboration participation supports practice team building.

Participants	Project Partners	Project Support
<p><b>14 practices from across Alabama enrolled with 125 total staff</b></p> <ul style="list-style-type: none"> <li>• 65 physicians</li> <li>• 4 CRNP</li> <li>• 16 nursing/clinical</li> <li>• 25 administrative/ support</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>• 234,136.00 patient visits 0 – 18 years in 2020</li> <li>• 59% of patients covered by Medicaid[B(1)]</li> <li>• 10% of Alabama's 9-12 year olds cared for by participating practices</li> </ul>	<ul style="list-style-type: none"> <li>• Alabama Chapter-American Academy of Pediatrics</li> <li>• Leadership Education in Adolescent Health (LEAH) - UAB SOM</li> </ul>	<ul style="list-style-type: none"> <li>• Children's of Alabama</li> <li>• University of Alabama at Birmingham, Department of Pediatrics</li> <li>• University of South Alabama</li> <li>• Alabama Medicaid Agency</li> <li>• ALL Kids</li> <li>• Blue Cross Blue Shield</li> <li>• Alabama Department of Public Health</li> <li>• American Academy of Pediatrics</li> </ul>