Improving Pediatric Immunization Care – Innovative Strategies to Improve Childhood Immunization Rates

Request for Proposals (RFP)

**The American Academy of Pediatrics (AAP) and
Pfizer Independent Grants for Learning & Change (IGLC)**

August 13, 2018

I. Background

The American Academy of Pediatrics (AAP) and Pfizer are collaborating to offer a new grant opportunity focused on improving immunization rates for young children. Selected grantees will be awarded up to $120,000 to test innovative strategies to meet the Advisory Committee on Immunization Practices (ACIP) recommendations for immunizations administered to children up to 3 years of age.

The mission of Pfizer's Independent Grants for Learning & Change (IGLC) is to partner with the healthcare community to improve patient outcomes in areas of mutual interest through support of measurable learning and change strategies. Projects funded by Pfizer are the full responsibility of the recipient organization. Pfizer has no influence over any aspect of the projects and only asks for reports about the results and the impact of the projects in order to share them publicly.

The mission of the AAP is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults. Childhood vaccination has proven to be one of the most effective public health strategies to control and prevent disease.[i]

Each year, the CDC updates best practice guidelines for recommended vaccines for all U.S. populations.[ii] The most recent recommendations contain information regarding administration, timing and spacing, contraindications, storage and handling and special cases. In addition, the CDC publishes recommended vaccines schedules for all children in the U.S. with guidance for at- risk children.[iii]

Routine childhood immunization in one annual birth cohort of 4 million children in n the U.S. prevents about 20 million cases of disease and about 42,000 deaths. It also saves about $13.5 billion in direct costs.[iv] However, various barriers and challenges exist for healthcare providers to successfully implement vaccination recommendations. The AAP believes that evidence-based interventions with associated measurement, coupled with implementation support and use of state or regional immunization information systems (IIS) will help pediatricians improve immunization rates for young children. The AAP tested this hypothesis from March 2017 to February 2018 through its Chapter Quality Network (CQN) US Immunization Phase I project.

During Phase I, the national AAP partnered with six of its AAP state chapters in an Institute for Healthcare Improvement (IHI) Breakthrough Series Learning Collaborative model to support 60 primary care pediatric practices as they tested and implemented strategies to improve immunization coverage rates for children 19-35 months of age, using quality improvement (QI) methods (specifically, the Model for Improvement) and monthly data reporting to provide feedback. The learning network allowed the sharing of best practices and challenges to accelerate change. Practices participated in a series of in-person and online learning sessions during which they learned about QI methods and tools, as well as clinical topics. Learning sessions were followed by "action periods" during which practices implemented what they learned and tested ways to reduce missed opportunities to immunize, communicate effectively with parents/caregivers and implement robust reminder/recall systems. Throughout, the national AAP and the AAP chapter leaders provided QI coaching support, clinical expertise, access to immunization registry resources, a data collection system and a playbook that included up-to-date clinical resources. These efforts culminated in a change package that will be available to the selected grantees of this project.

The Phase I project improved baseline coverage rates by helping practices implement a variety of interventions. As a result, a list of top 10 interventions was identified. The most effective interventions focused on ensuring missed appointments are rescheduled, using acute visits to catch up on due or overdue vaccinations, and utilizing non-confrontational communication strategies with hesitant parents. Additional clinical education to help pediatricians better understand contraindications can also raise confidence in administering vaccines. Finally, practices that worked with their electronic health record (EHR) system and immunization registries continue to have a better understanding of their pediatric patient population and more accurate coverage rates. Please see Appendix C to learn more about the findings and data results from Phase I.

These important findings are reflected in this Request for Proposal (RFP). The purpose of this RFP is to encourage AAP chapters and/or other types of healthcare-focused organizations (refer to Applicant Eligibility Criteria on page 3-8) to build upon the pilot findings and test innovative strategies for improving immunization rates for children according to the ACIP schedules. Grantees should implement their proposed quality improvement projects in a defined population. Grantees will also be expected to participate in a grantee learning community to accelerate change.

The AAP will offer two informational calls in August and September for potential grantees to learn more about this opportunity. These calls are optional for potential grantees and will allow time for any questions during the two-part application process. **Please note: A one-page abstract will be due September 7th by 11:59pm CT followed by the full application due September 27th by 11:59pm CT.** The abstract should include a summary of your proposal including the overall goal, target participants, and core project components.

> **Information Call #1: Friday August 24, 2018 at 10am CT**
> **JOIN WEBEX MEETING:**
> https://aap.webex.com/aap/j.php?MTID=m65b0084847aefd92e07e87389df2c894
> Meeting number (access code): 803 318 828 **JOIN BY PHONE**: 1-844-621-3956 Toll Free
>
> **Information Call #2: Wednesday September 12, 2018 at 12pm CT**
> **JOIN WEBEX MEETING:**
> https://aap.webex.com/aap/j.php?MTID=mee9fdadbbdc9a278f3711621ad2231d9
> Meeting number (access code): 801 868 462 **JOIN BY PHONE**: 1-844-621-3956 US Toll free

This RFP is being issued by both the AAP and Pfizer. The AAP is the lead organization for review and evaluation of applications. A review committee, led by the AAP, will make decisions regarding which proposals receive funding. Grant funding will be provided by Pfizer. Collectively, $600,000 is available for 5 or more grantees.

II. Eligibility

Geographic Scope:	☑ United States Only ☐ International (specify country/countries) _____
Applicant Eligibility Criteria:	The following types of organizations may apply: public health organizations, healthcare institutions (both large and small); immunization coalitions, accountable care organizations; professional associations, including AAP chapters; medical societies; government agencies; medical, nursing, and/or allied health professional schools; and other entities with a mission related to healthcare improvement. Applicants must be organizations with a focus on the pediatric primary care setting. More information on organizations eligible to apply directly for a grant can be found at http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf. Collaborations within institutions (e.g., between departments and/or inter-professional), as well as between different institutions/organizations/associations, are encouraged. Please note all partners must have an active role and the requesting organization must have a key role in the project. For programs offering credit, the requesting organization must be the accredited grantee.

III. Requirements

Date RFP Issued:	August 13, 2018
Clinical Area:	Childhood Immunizations (under 36 months of age).
Target Audience:	Providers/teams who provide care for children in a primary care setting. The requesting organization is responsible for recruiting providers/care teams to participate. A detailed recruitment plan must be included.
Specific Area of Interest for this RFP:	It is our intent to support organizations focused on designing, implementing and evaluating innovative programs that work to increase childhood immunization rates in a primary care setting by increasing immunization coverage rates. Grantees should implement their proposed quality improvement programs in a defined population of clinician participants.

Required Elements
The proposed program must include all the following:

1. Focus on implementation of the ACIP recommended vaccine schedule for children under 36 months of age.

2. Use of scientific quality improvement principles and methods.
    *   e.g., Lean, Lean Six Sigma, Model for Improvement, etc.

3. Provision of clinical education for participating clinicians.

4. The curriculum developed and tested during the CQN US Immunization Phase I will be made available to grantees for use and/or adaptation.

5. More information on principals of learning and behavior change for health professionals is available at: www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange_AFewPrinciples.pdf.

6. The proposed set of metrics listed below under "Recommendations and Target Metrics" must be collected regularly throughout the project for improvement purposes. Proposals should include a detailed data collection plan.
    *   The metrics should be tailored to the individual project and the specific data collection capabilities of the grantee, but should also align with the recommendations set forth by the Advisory Committee on Immunization Practice (ACIP).
    *   The data collection plan must specify a data collection system
        *   Data should be collected on a monthly basis, and should include a minimum of 8 cycles of reported data (plus one month of baseline data).
            *   Grantees will be required to share aggregated, de-identified data with the AAP leadership team and other grantees on a monthly basis.
            *   Grantees will not be required to share data with the AAP or other grantees on a daily or weekly basis.
            *   Additionally, grantees should collect at least one cycle of baseline data for proposed metrics due by March 1, 2019.

If any requirement under #2, #3 or #4 is not applicable to the proposed project, please include in an explanation and/or supporting data regarding why the proposal does not adhere to these requirements.

It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered. Information on how to submit requests for support of clinical research

	projects can be found at www.Pfizer.com/iir.

Grantee Scope:	Organizations selected to participate will receive funding and consulting services. Following notification of selection, grantees will be required to:
	
	 1. Participate in a 90-minute call with national team members **the week of January 14, 2019**. The call will be used to assess the grantee team's quality improvement skills in preparation for the project kick-off meeting. All members of the grantee leadership team must attend. The call will be scheduled around the leadership team's availability.
	
	 2. Participate in a one-day in-person kick-off meeting. All members of the grantee leadership team should attend (up to 4 people, clinician leader and project manager must attend; see Appendix A for details). Transportation expenses for the training will be covered by the AAP through a separate administrative budget; they will not be taken out of grantee funds.
	     • **Training Save the Date: Friday, March 1, 2019, at the AAP Headquarters in Itasca, Illinois.**
	
	 3. Participate in the grantee learning network via monthly conference calls through the end of the project, and learn from other grantees in the project.
	
	 4. Participate in the grantee learning community with a mid-project in-person meeting at a future date/location to be determined. Transportation expenses for this meeting will be covered by the AAP through a separate administrative budget; they will not be taken out of grantee funds.
	
	 5. Guide participating providers/teams through the proposed project.
	
	 6. Use grant funds in accordance with the following regulations:
	     • Up to 20% of the grant may be allocated for institutional overhead fees.
	     • In compliance with Pfizer IGLC policy, no grant funds may be used for food and beverage expenditures.
	     • No grant funds may be used to pay for healthcare subsidies for individuals or therapeutic agents (prescription or non-prescription).

Evaluation Criteria	The review committee convened by the AAP will evaluate projects based on the following factors:
	
	 1. Adherence to required elements
	 2. Scope, scalability and sustainability of the proposed project
	     • Assessed need for this project and the potential impact on the target patient population
	     • How many providers will participate in the project

	- What is the geographic need and potential impact on the patient population? - Are the proposed interventions sustainable once the project concludes? How? - Will the project outcomes be disseminated at the national, regional, and local levels? 3. Feasibility and effectiveness of the proposed interventions - Strategic, tactical and fiscal factors will be considered when assessing feasibility - Supporting evidence that builds a case for the effectiveness of the proposed interventions and implementation strategy will be considered when assessing effectiveness - Innovativeness of the implementation strategy being tested 4. Robustness of grantee's quality improvement infrastructure - Project Design and measurement strategy - QI coaching available to participating provider/care teams - Ability to collect proposed metrics set based on data collection plan proposed in the project time frame (timeliness to provide feedback to participants) - Strength of team's organizational capability and leadership and staff capacity, including experience with comparable implementation models will be considered when assessing feasibility 5. Strategic partnerships with local pediatricians or organizations - e.g., AAP state chapter, state and local health departments, immunization coalitions, primary care associations, childcare providers, payers, etc. - All partners must have an active role
Recommendations and Target Metrics:	**Related Guidelines and Recommendations** CDC Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, U.S. 2018 https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html **Guidance Regarding Metrics** Childhood immunizations (under 36 months of age) with a focus on series completion of DTaP and PCV vaccines in addition to increasing the childhood composite measure combo 3 (4:3:1:3:3:1:4) to include: a. Diphtheria, tetanus & acellular pertussis (DTaP) b. Inactivated poliovirus (IPV) c. Measles, mumps and rubella (MMR) d. Haemophilus influenzae type b (Hib) e. Hepatitis B (HepB) f. Varicella (VAR) g. Pneumococcal conjugate (PCV)

	At the discretion of grantees, additional vaccine focus can include Hepatitis A (HepA), Rotavirus (RV), and Influenza (FLU vaccine).
Gaps between Actual and Target	Percent of children aged 19-35 months receiving combined 7-vaccines series: 72.2%[v]
Expected Approximate Monetary Range of Grant Applications:	Individual projects requesting up to $120,000 will be considered. The total available budget related to this RFP is $600,000. The amount of the grant Pfizer will be prepared to fund for any project will depend upon the external review panel's evaluation of the proposal and costs involved, and will be stated clearly in the approval notification.
Key Dates:	• RFP released: **August 13, 2018** • Abstract Due: **September 7, 2018, 11:59pm Central Time** • Optional Grantee Informational Calls **August 24, 2018 and September 12, 2018** • Proposals (including budget) due: **September 27, 2018 11:59pm Central Time** • Notification of Decisions: on or about **December 3, 2018** o Grants distributed following execution of fully signed Letter of Agreement • 90-minute call with National AAP Team: **Week of January 14, 2019** • Grantee Kick-Of Meeting and baseline data due date: **March 1, 2019** • Mid-Year in-person meeting (Date and Location TBD) • Monthly virtual webinars (Date and time TBD)
How to Submit:	Please go to www.cybergrants.com/pfizer/loi and sign in. First-time users should click "REGISTER NOW". Select the following Area of Interest: Improving Pediatric Immunization Care Requirements for submission: By **September 7th 11:59pm CT** submit a one-page abstract. Complete all required sections of the online application and upload your abstract in the 'Letter of Intent' field of the **Required Uploads** section. The abstract should include a summary of your proposal including the overall goal, target participants, and core project components. It should not be longer than one page in length. All applications will then be returned to the Requestor as a Full Proposal so that you can complete the remaining requirements which include the Full Proposal and Budget (see Appendix A). This step is due by **September 27th by 11:59pm CT.** If you encounter any technical difficulties with the website, please click the "Need Support?" link at the bottom of the page.

	IMPORTANT: Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.
Questions:	If you have questions regarding this RFP, please direct them in writing to Suzanne Emmer, Director, Division of Chapter Quality Improvement Initiatives at the American Academy of Pediatrics (semmer@aap.org). Please copy Amanda Stein (amanda.j.stein@pfizer.com). The subject line should be: "Improving Pediatric Immunization Care."
Mechanism by which Applicants will be Notified:	All applicants will be notified via email by the date noted above. Applicants may be asked for additional clarification or to make a summary presentation during the review period.

IV. Terms and Conditions

Please take note every Request for Proposal (RFP) released by Pfizer Independent Grants for Learning & Change (IGLC), as well as a RFP released jointly with a Partner(s), is governed by specific terms and conditions. Click **here** to review these terms and conditions.

References

[i] J Mark Access Health Policy. 2015; 3: 10.3402/jmahp.v3.27041. Published online 2015 Aug 12. doi: 10.3402/jmahp.v3.27041

[ii] https://www.cdc.gov/vaccines/hcp/acip-recs/index.html

[iii] https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

[iv] Economic Evaluation of the Routine Childhood Immunization Program in the United States, 2009 Fangjun Zhou, Abigail Shefer, Jay Wenger, Mark Messonnier, Li Yan Wang, Adriana Lopez, Matthew Moore, Trudy V. Murphy, Margaret Cortese, Lance Rodewald. Pediatrics Apr 2014, 133 (4) 577-585; DOI: 10.1542/peds.2013-0698

[v] National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017.

Appendix A: Full Proposal Submission Guidance

Proposals must be single-spaced, using Calibri 12-point font and 1-inch margins. Note that the main section of the proposal has a 10-page limit and the organization detail (section E, below) has a 3-page limit. Tables and Figures should be included in the main section of your proposal and do count in the page limit.

Please limit the number of attachments uploaded in the system. Only sample forms or other full page documents can be included as an appendix. Please consult with the Grant Officer before submitting such additional documents.

All required sections (aside from the budget) should be combined in one document (MS Word or Adobe PDF). There is no need to submit the organization detail or references in a document separate from the main section of the full proposal. Budgets should be submitted in a separate excel file.

All proposals must follow the outline detailed below.

A. **Cover Page** (not to exceed 1 page):
 1. **Title:** Please include the project title and main collaborators.
 2. **Abstract:** Please include a summary of your proposal including the overall goal, target participants, and core project components. Please limit this to 250 words.

B. **Table of Contents** (no page limit)

C. **Main Section of Proposal** (not to exceed 10 pages)
 1. **Goal and Objectives:**
  i. Briefly state the overall goal of the project.
   • Identify the specific vaccines that will be addressed.
   • Describe how this goal aligns with the focus of this RFP and the goals of the applicant organization(s).
  ii. List the specific objectives you plan to meet with your project.
   • Objectives should support attainment of the overall project goal.
 2. **Current Assessment of Need:**
  i. Discuss the need for this project in your organization, geographic area, target participants or patient population.
  ii. Include data to support your answer:
   • Baseline data from your organization, target participants or patient population is preferred, if available.
   • A discussion of the targeted vaccination coverage rates in your project's patient population is also acceptable.
  iii. Discuss the potential impact of this project on the target population.
 3. **Target Participants and Recruitment:**
  i. Describe the primary participant(s) targeted for this project.
  ii. Please specify the number of providers that are expected to participate and the number of patient lives that could be potentially be affected
  iii. Describe your recruitment plan for engaging participants in the project, if applicable including a timeline.
  iv. Describe the level of commitment from the potential participants.

      v.   Describe who will directly benefit from the project outcomes.
- In this description, please address scalability and sustainability.
  1. Beyond the project, who or what other types of organizations could potentially benefit from the project, should its model or learnings be disseminated and replicated/expanded upon?
  2. Are the proposed interventions sustainable once the project concludes?

4. **Project Design and Measurement Strategy**
   i. Provide a detailed description of the implementation and measurement strategy for the planned project, including the proposed interventions.
   ii. Please discuss the way the project will address the established need.
   iii. Your description should include specific details about how your project will incorporate the required elements ("Specific Area of Interest for this RFP," Section III).
   iv. Your description should provide supporting evidence for the effectiveness of the proposed interventions and implementation strategy.
   v. Please also consider the evaluation criteria that the review committee will use to evaluate your project ("Evaluation Criteria," Section III).
   vi. _NOTE: if any required element is not applicable to the proposed project, please include an explanation and/or supporting data regarding why the proposal does not adhere to these requirements._

5. **Existing Projects:**
   i. If applicable, show how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.

6. **Anticipated Project Timeline**
   i. Please consider the following:
   - Project kick-off meeting: March 1, 2019
   - Grantees should be prepared to share baseline data at the kick-off meeting March 1, 2019
   - The final network webinar will be February 2020
   - Project closeout/ final reports due March 2020

7. **Dissemination of Results:**
   i. Describe how you plan for the project outcomes will be disseminated at the national, regional and local levels.

8. **Additional Information:**
   i. If there is any additional information the selection committee should be aware of concerning this project, please summarize it in within the page limitations.

D. **References** (no page limit)

E. **Organizational Detail** (not to exceed 3 pages)
   1. **Organizational Capability:**
      i. Describe the attributes of the organization(s) that will support and facilitate the execution of the project. If applicable, articulate the specific role of each partner in the proposed project.
      ii. Please discuss any existing quality improvement infrastructure and/or experience with similar projects.

2. **Leadership and Staff Capacity:**
    i.   Identify the project leadership team for the proposed project, which should include:
        - Project manager
            1. This role is essential to the execution of the project work. Whether a current staff member or new hire, this role is essential to the execution of the work outlined in your proposal.
            2. Demonstrate project manager's availability at project launch (March 1, 2019), commitment, and capability to plan, recruit participants, and manage the proposed project; describe how the project manager will oversee the project activities, including ensuring that tasks are accomplished as planned.
        - Clinician leader
            1. This person should be a clinician and will partner with the project manager to lead the project. Leadership skills, sufficient time to lead the project and experience in and enthusiasm for QI are important.
        - List other key staff members proposed on the project, if applicable.
            1. Key roles to consider: Immunization content advisor/expert, family representative, evaluator, data analyst, etc.
    ii. Provide a brief explanation of why each person is an appropriate choice for their designated team role. Include the following information:
        - Organizational affiliation
        - Experience
        - Expertise
        - How they will contribute to the project goals
    iii. When listing staff, please include first name, last name, professional credentials and city/state of residence.
    iv. Confirm that the identified project leaders are able to attend the project kick-off meeting on March 1, 2019. Up to 4 people may attend.

F. **Detailed Budget** (complete [Budget Template](#); no page limit for Excel file)
    1. Individual projects requesting up to a total of $120,000 will be considered.
    2. The following items should be accounted for in your budget, where applicable:
        i.   Salaries for project staff and/or honoraria for leadership team members
        ii. Costs associated with conducting educational activities
        iii. Travel costs for faculty for educational activities
        iv. Meeting materials and AV equipment
        v.   Costs associated with conferencing tools to communicate with participants throughout process
        vi. Costs associated with accreditation (if opting to accredit educational activities)
        vii. Travel costs for participants
    3. Upload a detailed budget, using the Excel template which can be accessed here: www.cybergrants.com/pfizer/docs/Track1BudgetTemplate2015.xls. Applicants are expected to customize the budget for their proposal, adding additional details and deliverables as appropriate.

      i.   Please ensure you complete Column C ("Description") for each line item. Provide a brief explanation of each cost element proposed, including a justification for all personnel indicating the percentage of time allocated to the project. The budget should demonstrate appropriate and reasonable costs for project expenses.

4. This request for proposal allows an overhead rate of 20%.

      i.   Institutional Overhead Costs: Costs to the institution for the support of your project. Examples include human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, and building maintenance.

5. Some examples of what awarded funds <u>may not</u> be used for are listed below:
   i. Office equipment (e.g., furniture, computers)
   ii. Registration and travel costs for professional development meetings or courses not related to this project
   iii. Health care subsidies for individuals
   iv. Construction or renovation of facilities
   v. Therapeutic agents (prescription or non-prescription)
   vi. Food and/or beverages for learners and/or participants in any capacity
   vii. Lobbying

G. **Letters of Commitment** (no page limit)
   1. Letter(s) must be provided from all organizations listed in section E documenting their support and commitment to the project. Letters should be issued from an institutional authority or authorities and collaborators guaranteeing access, resources and personnel (as the case may be) for proposed project.

CQN U.S. IMMUNIZATIONS QI PROJECT

Up-to-date is defined according to ACIP recommendations. For details on up-to-date algorithm follow this link.

https://www.cdc.gov/vaccines/programs/cocasa/reports/algorithm-ref.html

Measure Name/Type	Measure Definition	Source of Measure	Measure Calculation (Numerator/Denominator)	Measure Benchmark	Measure Target/ Goal (%)	Collection Frequency
Combination 3 Vaccination Measure	The percentage of children 19-35 months of age who are up-to-date on diphtheria, tetanus and acellular pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); H influenza type B (Hib); hepatitis B (HepB), chicken pox (VZV); pneumococcal conjugate (PCV)	IIS	**Target Population**: All patients 19-35 months old in reporting month Numerator: All children 19-35 months of age who are up-to-date on: • diphtheria, tetanus and acellular pertussis (DTaP); • polio (IPV); • measles, mumps and rubella(MMR); • H influenza type B (Hib); • hepatitis B (HepB); • chicken pox (VZV); • pneumococcal conjugate(PCV) Denominator: All children 19-35 months of age	Baseline rates and state rates	80%	Monthly
DTaP Vaccination Rate	The percentage of children 19-35 months of age who are up-to-date on diphtheria, tetanus and acellular pertussis (DTaP) vaccines	IIS	**Target Population**: All patients 19-35 months old in reporting month Numerator: All children 19-35 months of age who are up-to-date on diphtheria, tetanus and acellular pertussis (DTaP) vaccines Denominator: All children 19-35 months of age	Baseline rates and state rates	90%	Monthly
IPV Vaccination Rate	The percentage of children 19-35 months of age who are up-to-date on polio (IPV) vaccines	IIS	**Target Population**: All patients 19-35 months old in reporting month Numerator: All children 19-35 months of age who are up-to-date on polio (IPV) vaccines Denominator: All children 19-35 months of age	Baseline rates and state rates	90%	Monthly
MMR Vaccination Rate	The percentage of children 19-35 months of age who are up-to-date on measles, mumps and rubella (MMR) vaccine	IIS	**Target Population**: All patients 19-35 months old in reporting month Numerator: All children 19-35 months of age who are up-to-date on measles, mumps and rubella (MMR) vaccine Denominator: All children 19-35 months of age	Baseline rates and state rates	90%	Monthly
Hib Vaccination Rate	The percentage of children 19-35 months of age who are up-to-date on H influenza type B (Hib) vaccines	IIS	**Target Population**: All patients 19-35 months old in reporting month Numerator: All children 19-35 months of age who are up-to-date on H influenza type B (Hib) vaccines Denominator: All children 19-35 months of age	Baseline rates and state rates	90%	Monthly

HepB Vaccination Rate	The percentage of children 19-35 months of age who are up-to-date on hepatitis B (HepB) vaccines	IIS	**Target Population:** All patients 19-35 months old in reporting month <u>Numerator:</u> All children 19-35 months of age who are up-to-date on hepatitis B (HepB) vaccines <u>Denominator:</u> All children 19-35 months of age	Baseline rates and state rates	90%	Monthly
VZV Vaccination Rate	The percentage of children 19-35 months of age who are up-to-date on chicken pox (VZV) vaccines	IIS	**Target Population**: All patients 19-35 months old in reporting month <u>Numerator:</u> All children 19-35 months of age who are up-to-date on chicken pox (VZV) vaccines <u>Denominator:</u> All children 19-35 months of age	Baseline rates and state rates	90%	Monthly
PCV Vaccination Rate	The percentage of children 19-35 months of age who are up-to-date on pneumococcal conjugate (PCV) vaccines	IIS	**Target Population**: All patients 19-35 months old in reporting month <u>Numerator:</u> All children 19-35 months of age who are up-to-date on pneumococcal conjugate (PCV) vaccines <u>Denominator:</u> All children 19-35 months of age	Baseline rates and state rates	90%	Monthly

INTRODUCTION TO PHASE I CHAPTER QUALITY NETWORK IMMUNIZATIONS PROJECT

During Phase I of the CQN Immunization Project, the national AAP partnered with six of its AAP state chapters in an Institute for Healthcare Improvement (IHI) Breakthrough Series Learning Collaborative model. This model supported 60 primary care pediatric practices as they tested and implemented strategies to improve immunization coverage rates for children 19-35 months of age, using quality improvement (QI) methods (specifically, the Model for Improvement) and monthly data reporting to provide feedback. Please find Phase I resources and data results in this document.

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KEY DRIVERS TO IMPROVE IMMUNIZATION RATES

Practice Drivers

1: Accountable Leadership

2: Team Based Care

3: Decrease Missed Opportunities

4: Population Level Approaches

5: Peer to Peer Learning

A practice driver is a key action or 'lever' where there is belief that these action collectively will lead to improved outcomes

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EDUCATIONAL TOPICS

- Contraindications- True VS Perceived
- Utilizing your state immunization registry
- Immunization Office Culture/Team-Based Care
- Implementing a reminder/recall system
- Integrating registry into daily workflow
- Utilizing non-confrontational communication with parents
- Storage & Handling Resources
- Standing Orders & Protocols
- Reducing missed opportunities to vaccinate
- Flu vaccine
- Vaccine schedule, timing, and intervals
- State Immunization Landscape (e.g. state exemptions, school requirements, practice dismissal policies, etc.)

TOP 10 INTERVENTIONS ACROSS THE LEARNING NETWORK

1. Reviewing vaccination status at all visits
2. Vaccinating at acute visits
3. Integrating registry into daily workflow
4. Utilizing non-confrontational communication with parents
5. Implementing a recall system
6. Ensuring accurate patient lists
7. Implementing standing orders for routine and 'shot only' visits
8. Clinician & staff training on vaccine office systems and communication strategies
9. Requiring vaccination records at initial appointment
10. Using data and rapid cycle testing to continuously improve

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Vaccine Coverage Rates

	4:3:1:3:3:1:4 Composite 80%	DTaP 90%	IPV 90%	MMR 90%	Hib 90%	HepB 90%	VZV 90%	PCV 90%
Heat Map: Coverage Rates Goals Reached								
California: Greater Los Angeles Area	65%	67%	84%	83%	83%	86%	83%	76%
California: Orange County	66%	71%	85%	84%	89%	80%	84%	76%
Georgia	84%	86%	96%	93%	94%	96%	93%	92%
New Jersey	74%	79%	94%	88%	95%	92%	89%	83%
New York: Brooklyn	67%	75%	92%	94%	86%	89%	90%	85%
Oklahoma	81%	82%	94%	90%	88%	94%	90%	88%

Key
Met goal
≤10% of goal
>10% from goal

American Academy of Pediatrics
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