

Immunization report for Assessment, Feedback, Incentive, eXchange (AFIX)

The Utah Immunization Program (UIP) provides quality feedback to providers regarding its yearly immunization rate assessments through a program called AFIX (Assessment, Feedback, Incentive, eXchange). The goal in doing this is to increase and maintain immunization coverage levels in public and private healthcare provider facilities throughout Utah by assessing the immunization coverage levels and delivery patterns at the provider level. Vaccines for Children (VFC) provider relations representatives conduct assessments in at least 25% of private and public healthcare facilities throughout Utah. Reporting for AFIX to CDC is measured from July to July. Eighty six AFIX visits were completed by June 30, 2019.

These assessments are targeted to clinics where there will be a large impact on the community (highest volume) as well as clinics with previous rates in the bottom quartile. Childhood assessments measure the 4:3:1:3:3:1:4 series as well as single antigen rates (4 DTaP, 3 Polio, 1 MMR, UTD Hib, UTD Hep B, 1 Varicella, UTD PCV, UTD Rotavirus, 2 Hepatitis A, and 1 influenza [prior season]) at 24 months of age. Adolescent assessments measure 13 – 17-year-olds as of the assessment date for the following vaccines: UTD Hepatitis B, 2 MMR, 1 Tdap, 2 Varicella, UTD Meningococcal, and UTD HPV.

All data is accessed from the Utah Statewide Immunization Information System (USIIS) and active patients are considered to be any patient who has been seen in the clinic for an immunization in the past year as of the assessment date. HPV vaccine education continued to be a focus in most clinics with all offices receiving updated HPV parent educational tear-off sheets. Provider relations staff reviewed the clinic rates in detail, including HPV rates. Providers were given suggestions on how to improve and ultimately decide what measures they felt their clinic would reasonably be able to implement.

Visits included an in-depth feedback session along with a questionnaire which provides guidance to making decisions on proven quality improvement strategies. Feedback sessions provide an opportunity for office staff to discuss strategies for improving immunization coverage rates with UIP staff. UIP staff is available to provide suggestions and data, but ultimately, each clinic must decide what activities are appropriate to use to increase the vaccination coverage levels in their clinic.

According to the questionnaire data:

Top childhood strategies not currently being implemented include:

- Inactivating patients in the IIS who are no longer seen by the practice
- Reminder recall system for pediatric patients
- Routinely measuring immunization coverage

Top childhood strategies selected for implementation include:

- Inactivating patients in the IIS who are no longer seen by the practice
- Training staff, including front desk staff, on scheduling immunization visits, ACIP recommendations, and minimum intervals
- Routinely measuring immunization coverage

Top adolescent strategies not currently being implemented include:

- Inactivating patients in the IIS who are no longer seen by the practice
- Routinely measuring adolescent coverage
- Reminder recall system in place for adolescent visits

Top adolescent strategies selected for implementation include:

- Inactivating patients in the IIS who are no longer seen by the practice
- Routinely measuring adolescent coverage
- Reminder recall system in place for adolescent visits.

Follow-up takes place within six months of the visit. Rates are re-run and compared with initial visit. If there has been incomplete implementation of goals, a subsequent follow-up will take place within an appropriately scheduled time.

This is the last year we will report on AFIX. A new quality improvement program is being implemented, Immunization Quality Improvement for Providers (IQIP).