

# Solutions for Improving Adolescent Vaccinations

*“With low immunization rates, Texas will see a comeback of once-rare diseases, and we will be victims of our past success.”*

— Jaime Fergie, MD, Corpus Christi, pediatrician and adviser for TMA’s *Be Wise — Immunize*

Caring for adolescents requires a shift in approach. To be successful, physicians must be willing to try new methods and follow best practices, particularly related to vaccinations. While the standards developed by the NVAC are good guidelines for vaccination practices, physicians and their office staff must go beyond these to meet the growing need in the adolescent population. The end result — and a positive one — can be increased vaccination rates in the adolescent patient population.

## Availability of No- or Lower-Cost Vaccines to Physicians

Several opportunities are available to physicians to secure vaccines at no cost or lower costs. One is to participate in the Texas Vaccines for Children (TVFC) program. The other way to reduce cost of purchasing vaccines is to join a cooperative buying program.

### Texas Vaccines for Children

No-cost vaccines are available to physicians who enroll in TVFC. Texas has participated in the federal Vaccines for Children Program (VFC) since its inception in 1994. Currently, only 6,000 Texas physicians are enrolled.

Vaccine is ordered through regional state offices and is supplied to physicians at no cost. A TVFC physician may not charge for the vaccine itself but is permitted to charge a reasonable administration fee. Children ages 18 and younger may be eligible for the free vaccines from the VFC if they are:

- Enrolled in Medicaid,
- Covered by the Children’s Health Insurance Program (CHIP),
- Without health insurance,
- Underinsured (have health insurance that does not pay for vaccines, have a co-pay or deductible the family cannot meet, or have insurance that provides limited wellness or prevention coverage),

- American Indian,
- Alaskan Native, or
- Served by any type of public health clinic and don’t meet the above criteria.

Because Texas leads the nation in uninsured and underinsured children and adolescents, this is a valuable source of vaccine for this population. Texas also has more than 2.5 million children on Medicaid (federal fiscal year 2004 data).

TVFC removes the burden of the financial cost of vaccines, eliminating the need to refer patients to local health departments and possibly miss an opportunity to vaccinate. Children and adolescents also are kept in their medical home, a benefit to physicians and patients.

Enrolling in TVFC is one way to ensure vaccine availability. For more details, see the Texas Vaccines for Children section of this manual.

### Cooperative Buying

Cooperative buying of vaccines is another option to help lower costs. Check with your medical specialty society to see if these programs are available. Also, bulk purchasing for large practices is another way to lower costs from vaccine suppliers.

## Development of Vaccination Platforms

Implementing three distinct adolescent vaccination visits — or platforms for 11- to 12-year olds, 14- to 15-year-olds, and 17- to 18-year-olds — has the potential to significantly increase vaccination rates. Providing a set of specific, easily identifiable times for adolescents to see their physician for routine wellness and immunization checks can ensure they stay healthier.

- 11- to 12-year-old platform: Ensures this age group of boys and girls receives vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). These include tetanus/diphtheria/acellular pertussis (Tdap) and meningococcal (MCV4) vaccines for all children, and the human papillomavirus (HPV) vaccine for girls. This platform coincides with the need for sports/camp physicals and also allows for discussion about puberty and sexuality.
- 14- to 15-year-old platform: Allows opportunities to focus on catch-up vaccines, complete multiple-dose vaccine regimens, and provide medical services that address behavior-based concerns. This also coincides with the need for sports/camp physicals.
- 17- to 18-year-old platform: Provides a chance to catch up on missed vaccinations, complete multiple-dose vaccination regimens, and provide shots needed for college

entrance. This is especially important for patients who are covered by the TVFC program or third-party payers through age 18.

## **Increased School Vaccination Mandates**

Vaccine recommendations and requirements are distinctly different. Recommendations are simply suggestions from ACIP for receiving vaccines given based on sound public health data. Requirements mandate or insist patients receive the vaccine prior to school entry or, in some cases, international travel.

When states mandate that certain vaccines are needed for school entrance, it helps establish and enforce the vaccine recommendation. In a 2004 study of the effect of school mandates, adolescents were significantly more likely (75 percent) to have completed the hepatitis B vaccination series in states with mandates compared with states without mandates (39 percent).

New vaccination rules and/or laws addressing school requirements will need to be introduced as new vaccine recommendations are made by ACIP. In the mean time, physicians can continue to promote recommended vaccinations for adolescents.

## **Simultaneous Administration of Multiple Vaccines**

The media has increased parental concern about simultaneous administration of multiple vaccines. While much of the hype relates to childhood vaccines, it can spill over into adolescent vaccines.

Generally, simultaneous administration of vaccines is safe and effective. This is important because getting the adolescent patient back in the office may be difficult.

The multiple-dose vaccines, such as HPV, also allow an opportunity to establish a pattern of comprehensive care for adolescents. Allowing flexibility for administration of multiple-dose vaccines may improve vaccination rates.

## **Increased Use of Electronic Vaccination Records**

Using a vaccination-information system can help reduce lost shot records, frustration of accessing and verifying vaccine history, and duplicate vaccine administration.

The use of electronic medical records (EMRs) also might assist in vaccination reminders. Some EMR systems can embed pop-up messages during patient encounters, including those for vaccinations, to remind physicians to ask specific questions.

## **Texas' Requirement That Physicians Participate in ImmTrac**

ImmTrac, the Texas immunization registry, is designed to consolidate immunization records from multiple sources throughout the state and allows for immediate online data entry and history verification. ImmTrac also has a reminder/recall feature that allows physicians to print and mail his or her patients a notice to remind them of needed vaccinations. A printed version of the immunization history is available for the patient's medical record. For more detailed information about this program, see the ImmTrac section of this manual.

## **Creation of a Standard of Care or Protocol at Each Adolescent Visit**

Physicians should assess the vaccination status of patients at every visit. They also should take advantage of noncomprehensive patient visits, such as sports/camp physicals and minor injury or illness visits, to screen for immunizations. According to the National Center for Health Statistics, 86 percent of children ages 6 to 17 visit a physician at least once a year. However, many physicians are not using this visit to ask about the adolescent's immunizations.

Physicians can avoid missed opportunities and ensure a patient is up to date on his or her vaccines with three easy steps:

- Screening the patient's medical record,
- Asking the patient to fill out a brief questionnaire about his or her vaccination history at every visit, and
- Administering needed vaccinations.

A 2001 survey of adolescent immunization practices showed 95 percent of physicians report checking an adolescent's immunization status during health maintenance visits. However, only 43 percent said they check an adolescent's vaccination status during an illness-related visit, and only 23 percent said they give shots. In contrast, 94 percent said they give shots during well-check visits.

Maintaining the patient's immunization history in EMRs or on a single form in the patient's paper medical record is a great start for vaccine screening. Also, having your staff ensure the vaccine history is updated and the status is checked whenever a patient enters your office is important. One form that can be used to document vaccine administration is Texas Department of State Health Services' Vaccine Information Documentation Form.

Another tip is to incorporate a patient-screening tool the patient can complete when he or she checks in at the registration desk. Screening Questionnaire for Child and Teen Immunization is available through the Immunization Action Coalition at [www.immunize.org/catg.d/p4060.pdf](http://www.immunize.org/catg.d/p4060.pdf).

Because reporting vaccines to ImmTrac is required by Texas law, this tool can help your office screen for vaccinations. Staff members can check vaccination status through ImmTrac when a patient signs in at the front desk or the day prior to the appointment.

Implementing a reminder/recall system also can help improve vaccination rates for adolescents. ImmTrac has a built-in system.

## Development of Standing Orders for Vaccine Practices

Developing and implementing standing orders for vaccine administration within your practice can reduce physician workload and patient wait time. Standing orders authorize certain staff members to assess and administer vaccines under certain circumstances without you physically seeing the patient.

Sample standing orders are available from the Immunization Action Coalition at [www.immunize.org/printmaterials/viewall.asp#stand](http://www.immunize.org/printmaterials/viewall.asp#stand).

Vaccination “quick visits” also could be incorporated into the protocol to help patients avoid the wait that sometimes accompanies a doctor visit.

## Use of Alternate Sites for Vaccinations

Ensuring patients have a medical home and use it on a regular basis is the ideal. However, sometimes an alternative vaccination site might be more appropriate and accessible to adolescents, such as a sports physical event on a school campus, a health fair at a local community center, or a shot clinic at a fire department or church during a disease outbreak or natural disaster.

In addition, neighborhood shot clinics can provide an opportunity to educate parents about potential “medical homes” for those who don’t have one. They also provide patients an opportunity to complete multiple-dose regimens without needing an appointment with their physician.

In these cases, every effort should be made to ensure expedient documentation of the administered vaccines and to ensure the documentation gets back to the patient’s medical home. Use of a computerized registry, such as ImmTrac, could ensure timely and important documentation.

## Education of Physicians, Parents, and Patients

Educating parents and the public about new vaccines and their recommendations is important for increasing adolescent vaccination rates. A recent study of pediatricians and family physicians found:

- For 11- to 13-year-olds, 45 percent of pediatricians reported lack of adolescent awareness of the need for vaccinations was a barrier, compared with 62 percent for family practitioners.
- For the 14- to 18-year-old population, numbers reported by pediatricians and family physicians were even higher — 64 percent and 65 percent, respectively.

Studies also indicate parents and adolescent patients trust their doctor and are more likely to agree to vaccination if the physician makes the recommendation. Physicians should make the recommendation to vaccinate when appropriate and explain the benefits for the patient, the family, and community. Putting the focus on disease prevention and vaccination education, rather than specific details of each vaccine, can be an effective strategy.

Staff members should be prepared to answer questions. Staff should remind patients to ask you about the vaccines they need. Each staff member should use a consistent, positive message when discussing vaccines.

Posters and brochures are an easy way to educate patients and parents while in your office about the continued need for vaccines during the adolescent years. TMA’s Be Wise — Immunize program offers a host of educational tools you can use.

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