

## I Raise the Rates

### ESTABLISH YOUR IMMUNIZATION TEAM.

- Nominate a nonphysician member of your team (e.g., a medical assistant or nurse) to serve as chief vaccination officer (CVO) for your practice. The CVO will:
  - Commit to being the champion-leader to support immunizations in your practice.
  - Convey the importance of vaccines to patients and office staff.
  - Manage processes for billing, ordering, and inventory control of vaccines.
- Support your CVO with helpful training webinars.
  - [CVO Training Webinar 1: What in the World is a Chief Vaccination Officer?](#)
  - [CVO Training Webinar 2: Ordering and Inventory Control](#)
  - [CVO Training Webinar 3: Financial Aspects of Insurance Billing and Collections](#)
- Schedule regular huddles with the immunization team to:
  - Identify new workflows and processes to implement (from the list below).
  - Monitor the impact of new workflows and processes on immunization rates.

### PLAN AHEAD OF THE PATIENT VISIT.

- Perform previsit planning to reduce the time patients spend in the office and limit risks for infection exposure.
- Before the visit, have the CVO and immunization team review the patient's immunization history and assess which vaccines they should receive at their next visit.
- Refer to these helpful resources to stay up to date on the latest ACIP recommendations:
  - [ACP videos on ACIP recommendations](#)
  - [Annals of Internal Medicine: Recommended Adult Immunization Schedule, United States, 2020](#)
  - [CDC Adult Vaccine Assessment Tool](#)

# Workflows to Promote Immunizations During the COVID-19 Pandemic

### DISCUSS IMMUNIZATIONS DURING THE TELEHEALTH VISIT.

- Review and assess the patient's immunization history at every telehealth visit.
  - Use [ACP's Optimizing Telehealth resource](#) to help you get started with integrating telehealth into your practice workflow.
- Make a STRONG recommendation.
  - Announce that the patient will be getting their vaccine. Example: "Ms. Smith, I see that you are due for your flu and Tdap vaccines. We will provide you with these vaccines at your next visit."
  - Avoid language that weakens the recommendation. For example, don't ask the patient, "Would you like to get your flu shot at your next visit?"
- Use shared decision making to choose how to administer needed vaccinations.
  - If the only reason for an in-person visit is vaccination, consider referring the patient to community-based immunization sites (e.g., a pharmacy, grocery store, or drive-through clinic).
  - If the patient requires an in-person visit for other reasons, administer vaccinations at their visit.
- If the patient expresses hesitancy, use a communication strategy to understand their concerns and adapt your messaging to address their needs.
  - For example, you can use the AIMS (Announce, Inquire, Mirror, Secure trust) model<sup>1</sup> to talk with vaccine-hesitant patients and boost vaccination rates in a practice. Dr. Sandra Adamson Fryhofer, MD, MACP, a practicing internist in Atlanta, discusses how she uses the AIMS framework in her practice:

1. Developed by John Parrish-Sprowl, PhD, and Sanofi Pasteur.

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<p><b>ANNOUNCE</b></p>	<p>Announce to the patient that the vaccination is going to happen. Dr. Fryhofer recommends starting with a statement, such as “Okay, it’s time for your flu shot,” rather than a question. “You’re going to get most of the people to agree that way,” she says.</p> <p><b>Save time:</b> Most patients will accept your vaccine recommendation at the “Announce” stage of the conversation. One study found that 74% of patients accept the vaccine recommendation when Health care professionals start the conversation with a presumptive announcement.<sup>2</sup> If your patient demonstrates hesitancy or resistance, then move on to the “Inquire” stage of the conversation.</p>
<p><b>INQUIRE</b></p>	<p>If patients hesitate or refuse the vaccination, inquire why.</p> <p>“Don’t interrupt. Try to understand what their concerns are, use open-ended questions, and try to get that information in a very neutral way,” Dr. Fryhofer says.</p>
<p><b>MIRROR</b></p>	<p>Mirror the patient’s concerns by repeating the stated reasoning behind vaccine hesitancy or refusal. This allows the physician to acknowledge the patient’s concerns and let them know that they’ve been heard.</p> <p>You don’t necessarily have to agree with a patient’s reasoning, Dr. Fryhofer stresses. She continues, “Acknowledge that they have a right to ask a question, and certainly you as their physician are the person they should be asking. They shouldn’t turn to Dr. Google.”</p>
<p><b>SECURE TRUST</b></p>	<p>Secure the patient-physician relationship by expressing support for the patient no matter their decision, and make yourself available should their decision change.</p> <p>“At the end of this [process], some patients will go ahead and get vaccinated. But if they don’t get vaccinated, then at least securing that level of trust enables another opportunity,” Dr. Fryhofer says.</p>

**REACH OUT TO PATIENTS PROACTIVELY.**

- Assign your CVO to call patients who do not have a scheduled telehealth visit to remind them about their vaccine recommendations or send messages and consent forms via a patient portal.

**TRACK THE IMPACT OF EACH INTERVENTION ON YOUR PRACTICE’S VACCINATION RATES.**

- [Step 2: Identify How to Measure Change](#) of the ACP Advance Quality Improvement Curriculum provides tips on how to measure the impact of your interventions.

**FOLLOW-UP**

- Update the patient’s immunization record in your electronic health record and the state immunization registry (immunization information system), with support from the CVO or other team members.
- Ask patients to use their patient portal to notify their primary care physician of their vaccination status if they receive a vaccine outside of the practice. CVOs should monitor the patient portal and update the health care maintenance record.
- Open lines of communication between your practice and local pharmacies and other vaccination sites so that information may be shared and kept up to date.

2. **Opel DJ, Heritage J, Taylor JA, et al.** The architecture of provider-parent vaccine discussions at health supervision visits. *Pediatrics*. 2013;132:1037-46. [PMID: 24190677] doi:10.1542/peds.2013-2037.

**Brewer NT, Hall ME, Malo TL, et al.** Announcements versus conversations to improve HPV vaccination coverage: a randomized trial. *Pediatrics*. 2017;139. [PMID: 27940512] doi:10.1542/peds.2016-1764

**Moss JL, Reiter PL, Rimer BK, et al.** Collaborative patient-provider communication and uptake of adolescent vaccines. *Soc Sci Med*. 2016;159:100-7. [PMID: 27176467] doi:10.1016/j.socscimed.2016.04.030