

# Adolescent AFIX Evaluation:

## Summary of Findings

# Purpose and Design

- **Primary Purpose:**  
Assess the effectiveness of adolescent AFIX
- **Secondary Purpose:**  
Comparison of In-Person AFIX and Webinar AFIX
- **Groups:**
  - In Person
    - 30 providers received in-person AFIX visit
  - Webinar
    - 31 providers received webinar AFIX visit
  - Control
    - 30 providers received no intervention
- **Measures:**
  - Change in coverage rates
    - Baseline versus 5 month follow-up
  - Cost Effectiveness
    - In-Person versus Webinar



# Typical Adolescent AFIX Visit



- Each practice received:
  - 2 Coverage Reports per practice
  - State, National & County level rates
  - An analysis of missed opportunities
  - A list of patients who are missing immunizations
  - Training on how to use the reminder/recall function of the NCIR (if necessary)
  - Strategies on how to improve adolescent rates

# Assessment

- Overall Rate – 2MMR, 1Meng, 1Tdap, 3Hep B
- Individual Rates for:
  - 2MMR
  - 1Tdap
  - 1 Meng
  - 3 Hep B
  - 1 and 2 Var
  - 1, 2, and 3 HPV<sub>(girls only)</sub>



# Sample Coverage Rate Report

<b>Age Range</b>	11 through 12 years as of 1/1/11
<b>Birth Date Range</b>	Born between 1/2/98 and 1/1/00

<b>Total # of Patient Records Assessed</b>	1157
--	------

## Vaccinations Coverage: Who is Up-to-Date?

	<b>Selected Antigens</b>	<b># of Patients Up-to-date</b>	<b>% of Patients Up-to-date</b>
1	HepB3, Meng1, MMR2, Tdap1	572	49%
2	Tdap1	904	78%
3	MMR2	1045	90%
4	Meng1	618	53%
5	HepB3	1085	94%
6	Var1	1107	96%
7	Var2	853	74%

<b>Total # of Female Patient Records Assessed</b>	521
---	-----

	<b>Selected Antigens</b>	<b># of Patients Up-to-date</b>	<b>% of Patients Up-to-date</b>
1	HPV1	133	26%
2	HPV2	85	16%
3	HPV3	31	6%

# Sample Coverage Rate Report

## Immunizations NOT Complete with HepB3, Meng1, MMR2, Tdap1

Immunization Status	# of Patients	% of Patients
<i>Missed opportunities to administer vaccine</i>	264	23%
No missed opportunities but NOT eligible for immunization as of assessment date	0	0%
No missed opportunities; eligible; <i>last visit &lt;12 months ago</i>	71	6%
No missed opportunities; eligible; <i>last visit &gt;= 12 months ago</i>	250	22%
<b>Total Patients Not Complete by Assessment Date</b>	<b>585</b>	<b>51%</b>

## Bring Patients Up-to-Date

Of patients NOT complete, # of patients who could be brought up-to-date with one additional visit	524 of 585
---	------------

Immunizations Needed	# of Patients	% of Patients
1	298	26%
2	196	17%
3	27	2%
4+	3	0%
<b>Total patients up-to-date with one additional visit</b>	<b>524</b>	<b>45%</b>

# NIS Teen Rates - 2011

Vaccine	National Average	NC Average
Meningococcal	70.5%	65.9%
Tdap	78.2%	77.8%
Td or Tdap	85.3%	83.6%
>= 1 HPV	53.0%	54.4%
3 doses HPV	34.8%	32.3%

# Sample County Rankings Summary

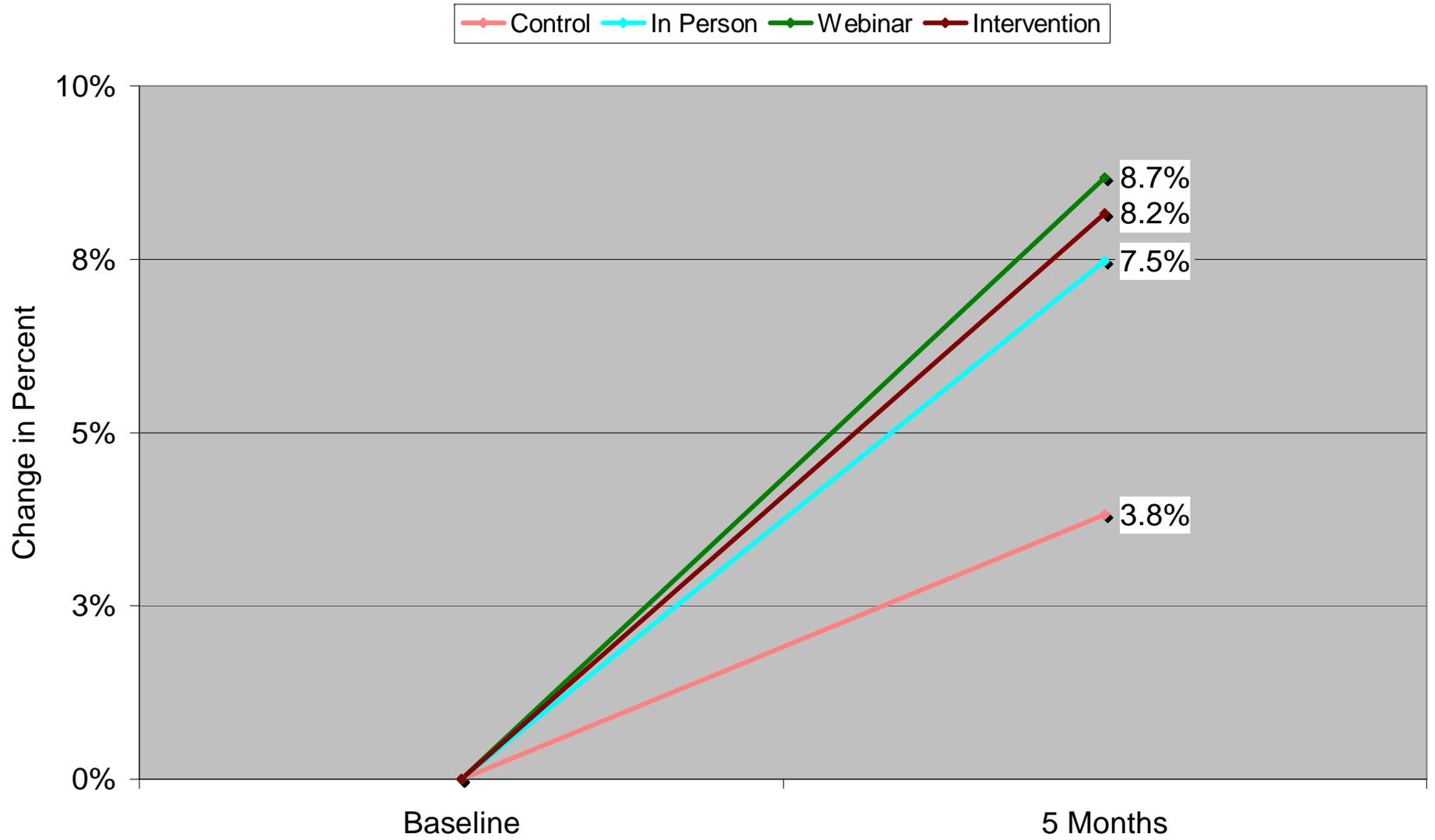
Number of 11-18 year olds	Tdap Rate	Meng Rate	MMR2 Rate	HepB3 Rate
107,885	55%	43%	55%	64%

County Provider Rankings:

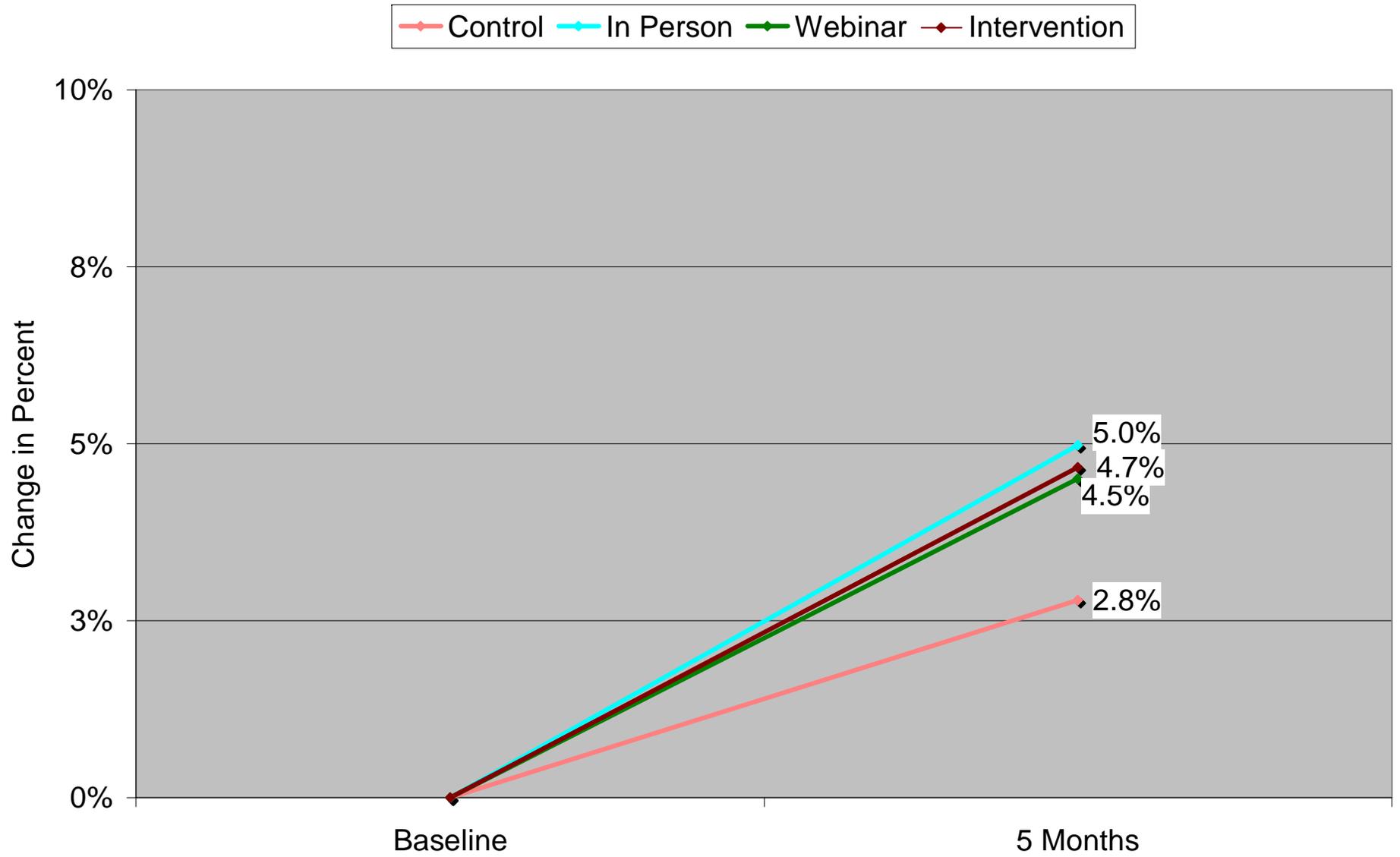
Tdap Rate	Meng Rate	MMR2 Rate	HepB3 Rate
93%	83%	90%	91%
85%	67%	86%	89%
82%	66%	84%	86%
80%	61%	79%	81%
79%	59%	78%	79%
75.6%	46%	74%	78%
75.5%	41%	65%	72%
74%	38%	63%	68%
71%	28%	62%	64%
71%	27%	51%	60%
45%	23%	21%	23%
37%	7%	13%	16%

Results...

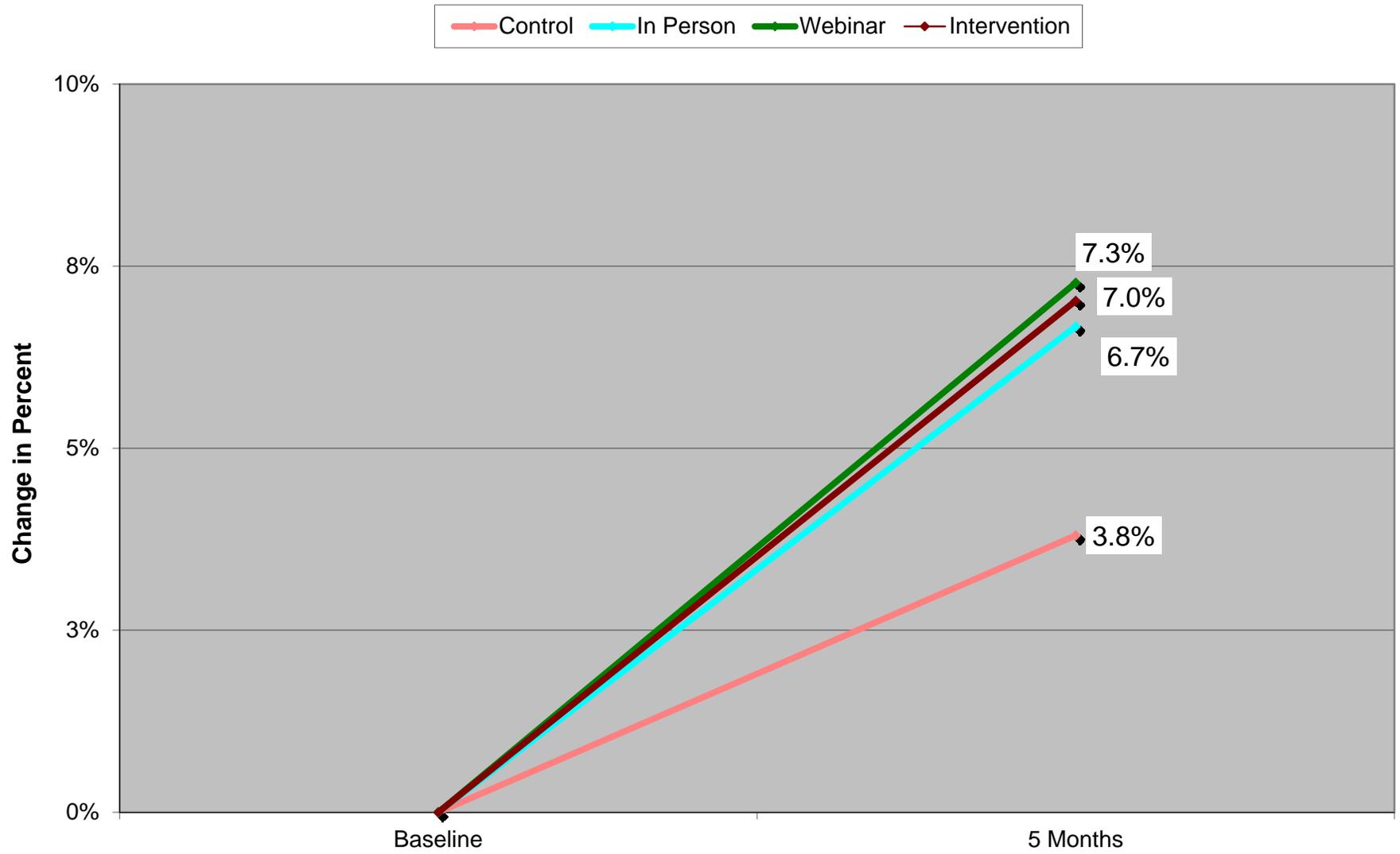
# HepB3, Meng1, MMR2, Tdap1 Vaccination Rate Change: 11-18 y.o. Baseline to 5 Months



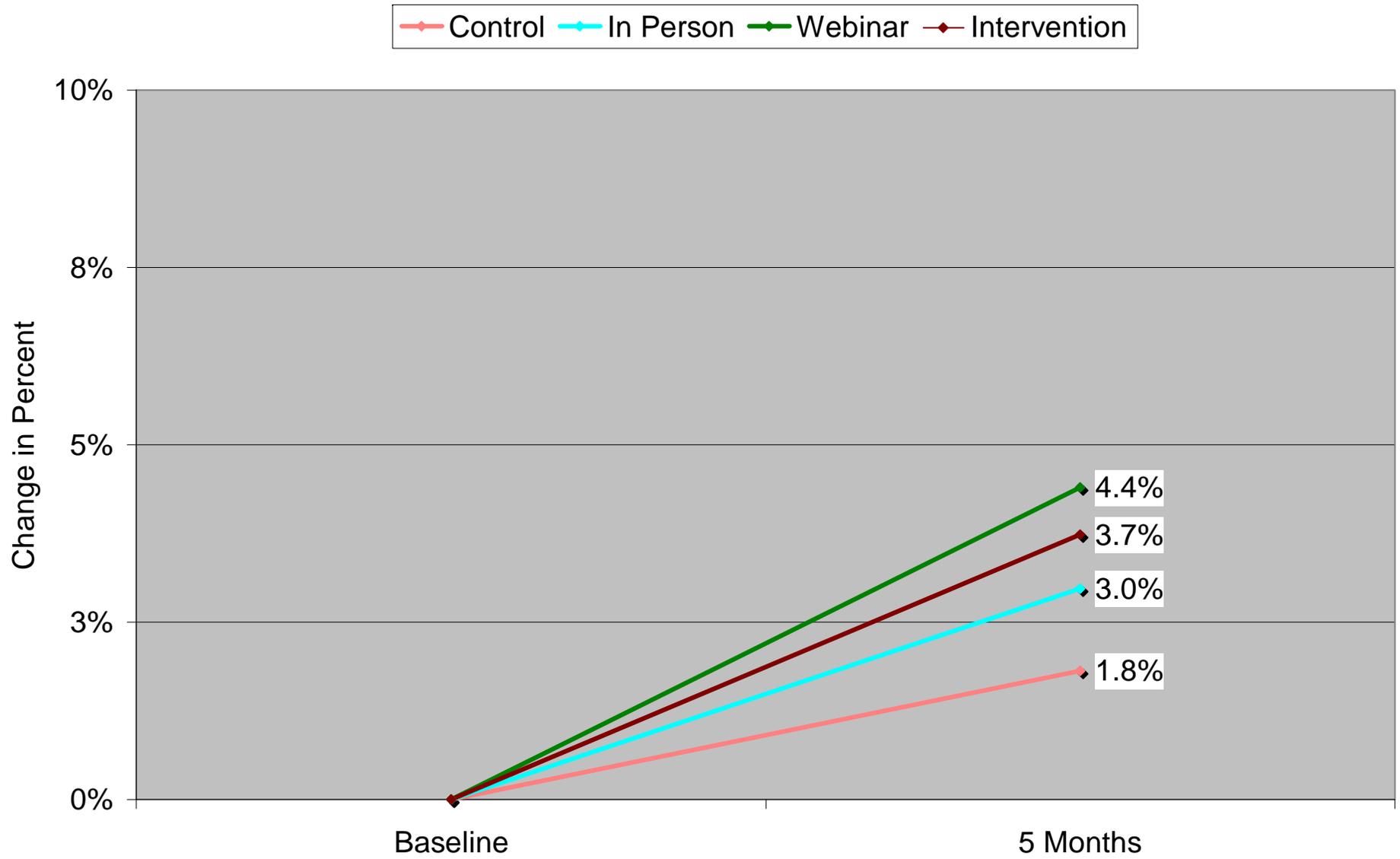
### Tdap1 Vaccination Rate Change: 11-18 y.o. Baseline to 5 Months



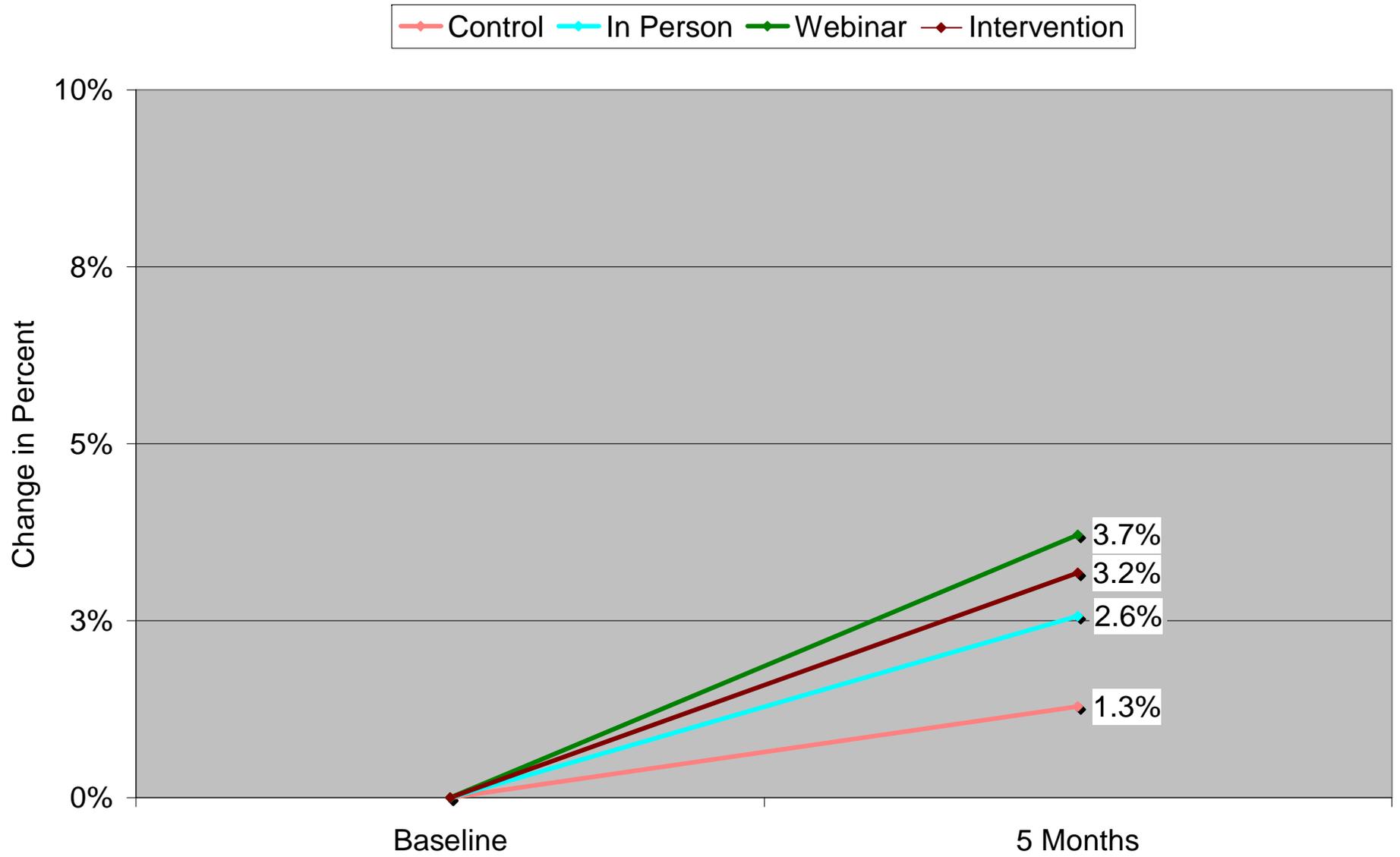
### Meng1 Vaccination Rates: 11-18 y.o. Baseline and 5 Months



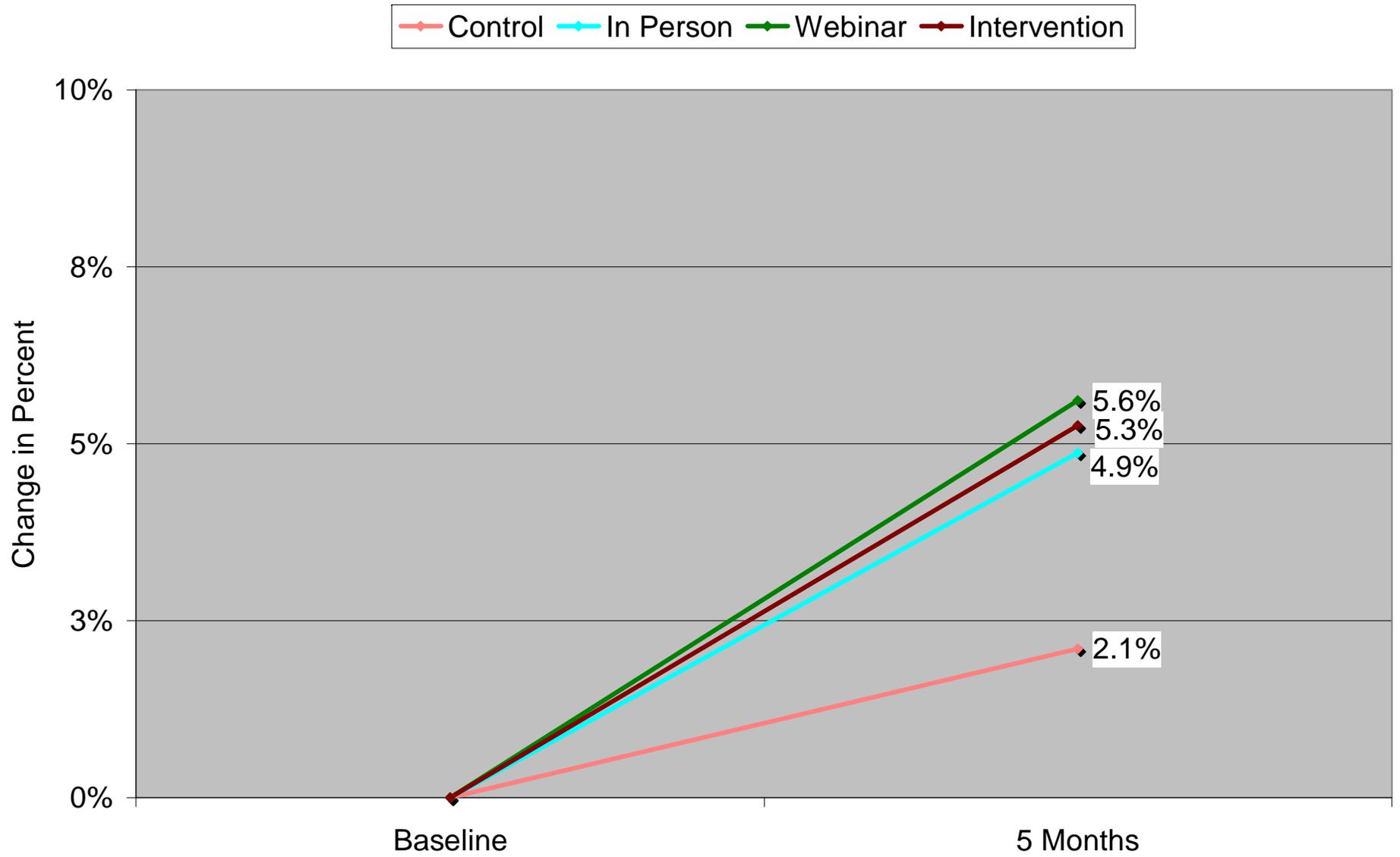
### MMR2 Vaccination Rate Change: 11-18 y.o. Baseline to 5 Months



### HepB3 Vaccination Rate Change: 11-18 y.o. Baseline to 5 Months

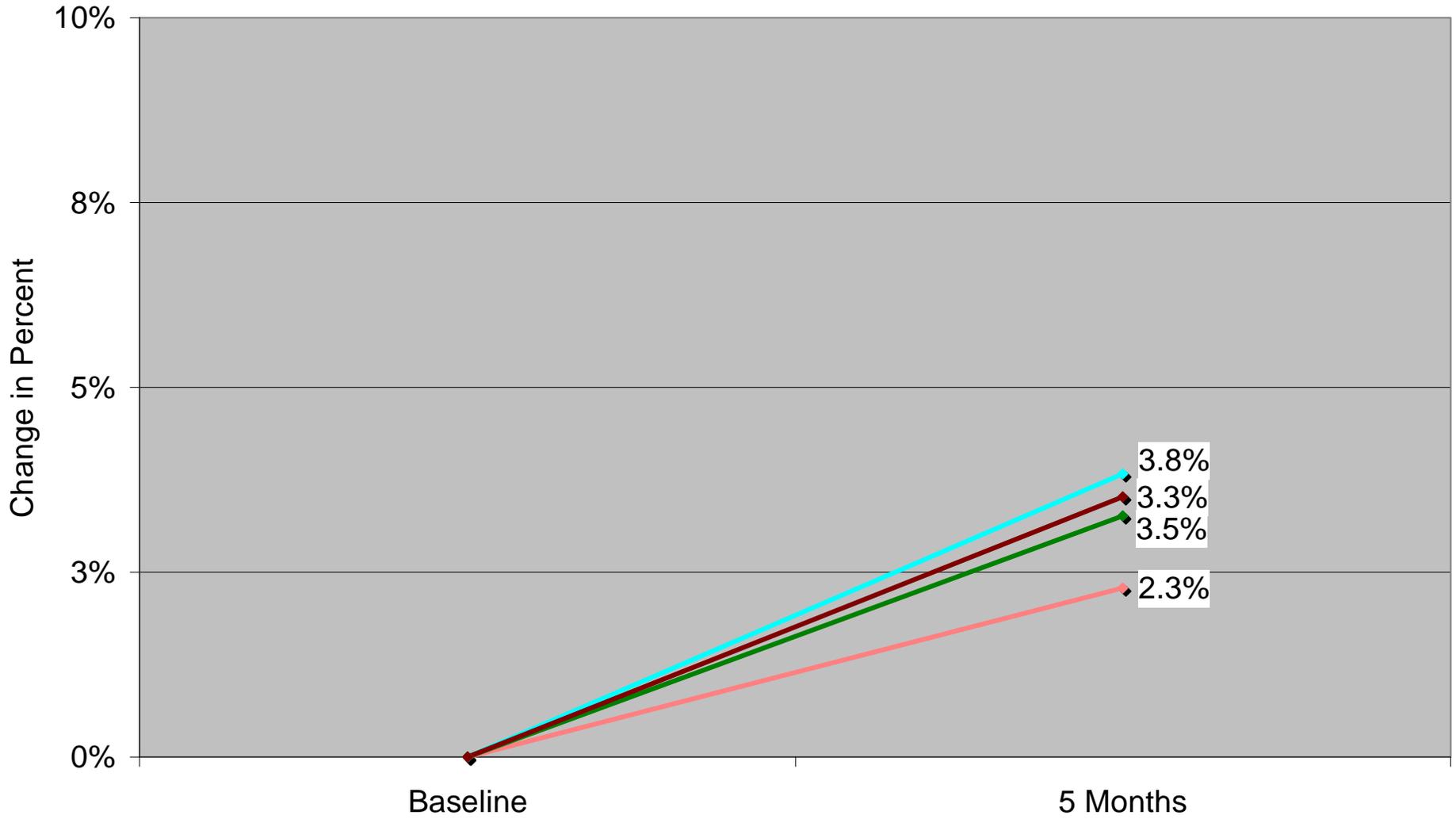


### Var2 Vaccination Rate Change: 11-18 y.o. Baseline to 5 Months



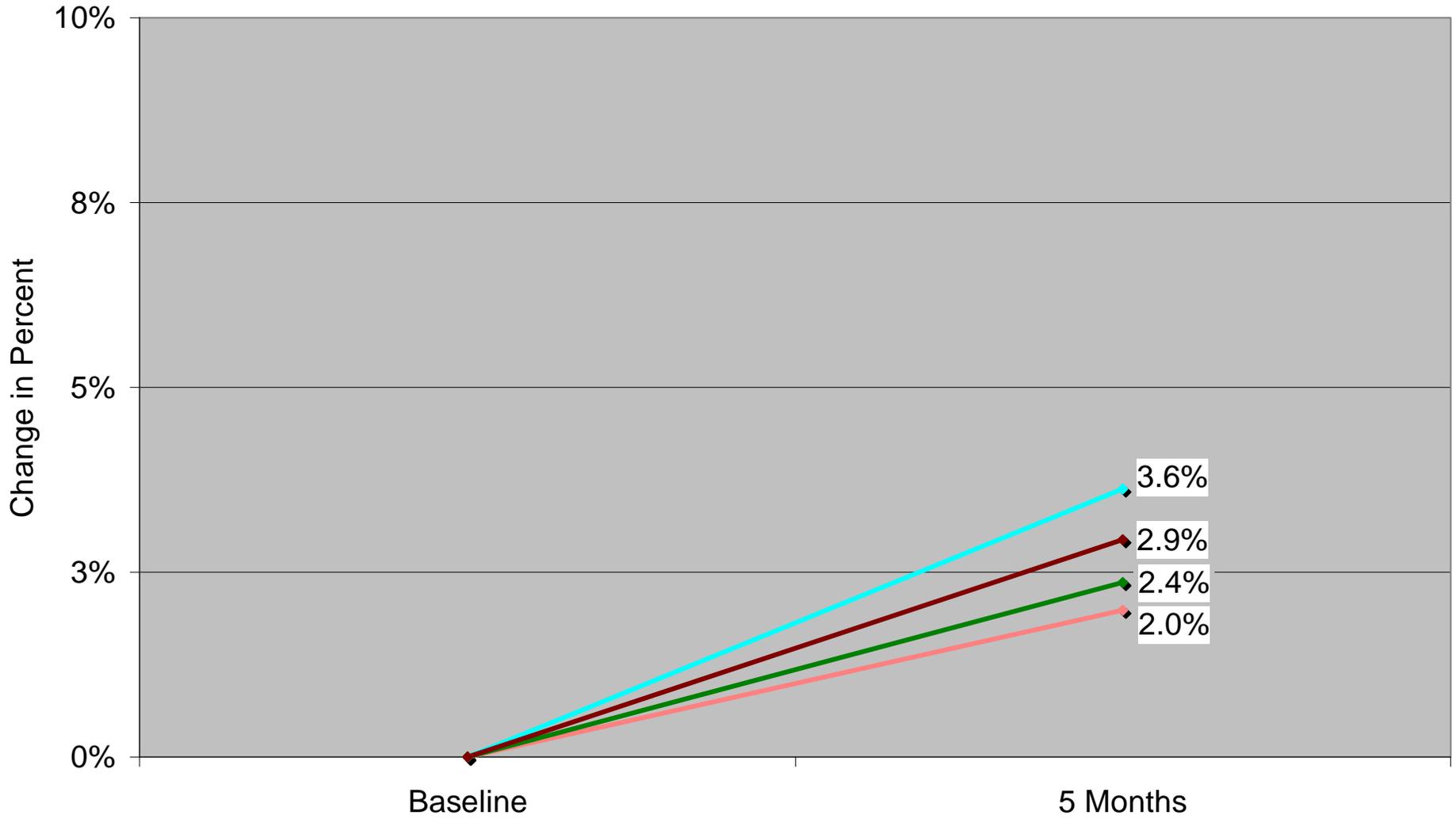
# HPV1 Vaccination Rate Change: 11-18 y.o. Baseline to 5 Months

Control In Person Webinar Intervention



### HPV3 Vaccination Rate Change: 11-18 y.o. Baseline to 5 Months

Control In Person Webinar Intervention



# Cost Effectiveness

Average Cost per Visit	In Person	Webinar
Staffing		
Visit preparation (2 hours)	\$41.02	\$41.02
Visit (1 hour in-person, 1.5 hours webinar)	\$20.51	\$30.77
Travel to visit (2 hours)	\$41.02	n/a
Travel		
Mileage (125 miles/visit @ \$0.30/mile)	\$37.50	n/a
Lodging and meals*	\$12.40	n/a
Mailings	n/a	\$15.58
Webinar license (\$390/year)	n/a	\$12.58
<b>Total</b>	<b>\$152.45</b>	<b>\$99.95</b>

\*Over the course of the 30-visit intervention, the in-person condition required 3 overnight trips for a total cost of \$372.

Provider Feedback...

# Ratings: Importance of AFIX Visit Components

Component	In Person	Webinar
Missing Immunization Report	4.77	4.64
Adolescent Assessment Report	4.63	4.58
County Rankings Summary	4.47	4.52
NCIR Reminder/Recall Training	4.40	4.52
State/National Adolescent Rate Summary	4.17	4.27



1 = very unimportant  
3 = neutral  
5 = very important

# Ratings: Aspects of AFIX Visit

Component	In Person	Webinar
Visit was helpful	4.70	4.74
Length of visit was appropriate	4.70	4.39
Information was easy to understand	4.67	4.74
Visit was convenient with schedule	4.47	4.45

1 = strongly disagree

3 = neutral

5 = strongly agree



# Confidence in Running NCIR Reminder/Recall Query

Confidence Level	In Person		Webinar	
	Before	After	Before	After
Very confident	17%	60%	10%	35%
Somewhat confident	33%	33%	13%	62%
Neither	7%	3%	29%	0%
Somewhat unconfident	13%	0%	13%	0%
Very unconfident	30%	3%	35%	3%

# Five Month Follow-Up: Reported Increases in Effort

Activity	In-Person	Webinar
Enter historical immunizations	67%	100%
Target adolescents who could be up-to-date with one more visit	63%	58%
Inactivate adolescents in NCIR who are not seen by practice	57%	55%
Utilize a reminder/recall system	57%	45%

# Five Month Follow-Up: Reported Steps Taken

Step	In-Person	Webinar
Shared Assessment Reports with Other(s) in Practice	80%	74%
Used Missing Immunizations Report	77%	74%
Completed Reminder/Recall in NCIR	40%	29%



# Summary

- Both in-person and webinar AFIX visits helped improve immunization rates
- Overall feedback very positive from both in-person and webinar groups
- Webinar visits were 50% more cost effective than in-person visits
- Both in-person and webinar intervention sustainable and easy to replicate

*Any Questions?*