AAFP Adult Immunization Practice Information Survey

1. On a scale from 1 (never) to 10 (always), rate how often a family physician in your practice gives a "Strong Recommendation" to an adult patient for vaccines.

   NEVER   **ALWAYS**

   ○ 1   ○ 2   ○ 3   ○ 4   ○ 5   ○ 6   ○ 7   ○ 8   ○ 9   ○ 10

2. Do you currently use any of the following immunization resources in your practice for adults?
   (Please check YES, NO, or DON'T KNOW for each question.)

	YES	NO	DON'T KNOW
U.S. recommendation immunization schedules? (e.g., paper copies, immunizations apps, etc.)	○	○	○
Immunization posters?	○	○	○
Standing orders? (*which allow non-physician clinical personnel to administer immunizations to patients using specific criteria, without direct physician involvement at the time of the visit*)	○	○	○

3. Do you currently provide any of the following resources to adult patients who have questions or concerns about vaccine safety or who want more vaccine information? *(Please check YES, NO, or DON'T KNOW for each question.)*

	YES	NO	DON'T KNOW
Adult immunization information: Vaccine Information Statements (VIS)	○	○	○
Immunization pamphlets?	○	○	○
Immunization website? (CDC, FamilyDoctor.org, etc.)	○	○	○
Other _____	○	○	○

4. Are nursing and clinical staff members trained to know how to determine valid contraindications to vaccines?

   ○ Yes   ○ No   ○ Don't know

5. Does your electronic health record (EHR) have the capacity to do any of the following?
   (Please check YES, NO, or DON'T KNOW for each question.)

	YES	NO	DON'T KNOW
Record and display a patient's immunization status?	○	○	○
Report an immunization record for a patient?	○	○	○
Actively remind provider about immunizations due?	○	○	○
Provide a field for notes, such as patient's plan?	○	○	○
Remind you to check and/or enter into the Immunization Information System?	○	○	○

6. Prior to patient visits, does someone in your practice review the immunization record for each patient and flag those who are due or overdue (provider reminders)?

   ○ Yes   ○ No   ○ Don't know

7. Does your practice provide reminders to adult patients to get vaccines (patient reminders)?

    ○ Yes   ○ No   ○ Don't know

    If yes, how are they sent? *(Please check YES, NO, or DON'T KNOW for each question.)*

	YES	NO	DON'T KNOW
Postcard?	○	○	○
Electronic message (email, text, etc.)?	○	○	○
Phone call?	○	○	○
Other _____	○	○	○

8. Did your practice offer **or does it plan** to offer the influenza vaccine on site?

	YES	NO	DON'T KNOW
2015-2016 Season	○	○	○
2016-2017 Season	○	○	○

9. Do you stock the following vaccines for eligible adults? If you do not stock the vaccine, tell us whether or not you refer elsewhere for this vaccine. *(Please check YES or NO for each question.)*

Do you routinely stock the vaccine?	YES	NO	IF NO	If you do not routinely stock the vaccine, do you refer elsewhere? YES	NO
a. Hepatitis A	○	○	→	○	○
b. Hepatitis B	○	○	→	○	○
c. Hib vaccine	○	○	→	○	○
d. HPV (human papillomavirus, Gardasil® or Cervarix®)	○	○	→	○	○
e. Influenza, Seasonal	○	○	→	○	○
f. Meningococcal B (Bexsero®, Trumenba®)	○	○	→	○	○
g. Meningococcal ACWY (Menactra®, Menveo®, and/or Menomune®)	○	○	→	○	○
h. MMR (measles, mumps, rubella)	○	○	→	○	○
i. Pneumococcal conjugate vaccine (PCV13)	○	○	→	○	○
j. Pneumococcal polysaccharide (Pneumovax23®) PPSV23	○	○	→	○	○
k. Td (tetanus, diphtheria)	○	○	→	○	○
l. Tdap (tetanus, diphtheria, pertussis)	○	○	→	○	○
m. Varicella (Varivax®)	○	○	→	○	○
n. Zoster (Zostavax®)	○	○	→	○	○

10. Which of the following ways do you record information about vaccines your patients received outside of your practice? *(Please check all that apply.)*

    ○ We record them in a progress note in our EHR (electronic health record)/EMR (electronic medical record), or paper-based medical record.

    ○ We record them in a specific vaccine field in our EHR/EMR.

    ○ We record them on a specific immunization sheet in a written record.

    ○ We do not routinely record information about vaccines our patients have received outside of our practice.

    ○ We record them in a state or regional Immunization Information System (IIS).

11. How often does your practice **SUBMIT** patient immunization data between your electronic medical record (EMR) and your state immunization registry?

NEVER	DAILY	WEEKLY	MONTHLY	OTHER
○	○	○	○	○ **(PLEASE SPECIFY):** _____

12. How often does your practice **RETRIEVE** patient immunization data between your electronic medical record (EMR) and your state immunization registry?

NEVER	DAILY	WEEKLY	MONTHLY	OTHER
○	○	○	○	○ **(PLEASE SPECIFY):** _____

13. Think about the times you did NOT administer a vaccine to an adult patient. How often did each of the following reasons apply? *(Please check the ONE best response for each question.)*

	NEVER	RARELY	SOMETIMES	FREQUENTLY
I thought that the patient could not afford it.	○	○	○	○
I thought that the patient could receive it more affordably elsewhere.	○	○	○	○
I thought that the patient's insurance would not cover it.	○	○	○	○
I don't stock the vaccine.	○	○	○	○
I had more important issues to discuss with the patient than recommend vaccines. I	○	○	○	○
thought the patient would refuse the vaccine.	○	○	○	○
I thought the patient was not susceptible to the disease the vaccine protects against.	○	○	○	○
Other (please specify): _____	○	○	○	○

14. Are you planning to use this quality improvement (QI) project to meet your other QI requirements (e.g. maintenance of certification (MOC) part IV, patient-centered medical home (PCMH), etc.)?

    ○ Yes   ○ No   ○ Don't know

15. How difficult is it for your practice to identify specific patient groups and pull medical records and data for quality improvement (QI) requirements?

    ○ I can do this myself.

    ○ My practice administration can do this.

    ○ I must consult our EHR vendor to do this.

    ○ I must pay additionally for this function.