



2018 Adolescent Immunization Best Practices Summit

WRAP-UP REPORT

The American Academy of Family Physicians (AAFP) Adolescent Immunization Best Practices Summit was held July 14-15, 2018, in Kansas City, Missouri. It focused on ways that family physicians use evidence-based interventions and system changes to improve immunization rates among adolescents 11-18 years of age. Summit participants described best practices to improve adolescent immunization rates by undertaking a quality improvement program or project, implementing a team-based approach, and developing a sustainability plan for the practice.

Resources from the AAFP Adolescent Immunization Best Practices Summit are available online at aafp.org/adolescent-immunizations-summit.

Key Objectives

During the summit, participants presented approaches used in their family medicine practices to achieve the following objectives:

- Identify interventions, strategies, and system changes to increase adolescent immunization rates.
- Understand and overcome knowledge and performance gaps to increase adolescent immunization rates.
- Use resources to combat myths and misconceptions about adolescent immunization.
- Conquer inconsistent messages about adolescent immunization across the care team.
- Educate patients and parents on the benefits of adolescent immunization.

Participants

The AAFP recruited representatives from 11 family medicine practices to present a poster or give an oral presentation to share their best practices and lessons learned. A summary of [20 best practices for adolescent immunization](#) presented at the summit is available online.



Kimberly Allman, MD, is a family physician at Family Physicians of Kansas in Andover, Kansas. She presented on ways that health care providers in a practice can make a strong recommendation for adolescent vaccination and reinforce the need to return.



David Cope, MD, FAAFP, is a family physician at Cope Family Medicine in Bountiful, Utah, a suburb of Salt Lake City. He presented on optimizing adolescent immunization in the family medicine clinic.



Abigail Ho, MSN/MPH, FNP-C, is a family nurse practitioner at Rocky Run Family Medicine in Centreville, Virginia. She presented on practice policies regarding adolescent vaccination, effective strategies to improve immunization rates, and methods for overcoming barriers to adolescent vaccination.



Jacqueline Huynh, MD, is a resident family physician and the immunization project lead for the University of Arizona Alvernon Family Medicine Residency Program in Tucson. She presented on the residency program's best practices for adolescent immunization.



John Merrill-Steskal, MD, FAAFP, is a family physician who works for Kittitas Valley Healthcare, a small health care system in central Washington State. He presented on his family medicine clinic's systems-based improvement process that involves documenting a patient's immunization status as a vital sign.



Candace Murbach, DO, FAAFP, is the assistant program director for Memorial Health University Medical Center Family Medicine Residency Program in Savannah, Georgia. She presented a poster titled Chatham County Adolescent Immunization Improvement Project.



Amrish Patel, MD, is a family physician at Troutman Family Medicine in Troutman, North Carolina. His practice is part of Piedmont Healthcare, a multispecialty group. He presented a poster titled Adolescent Immunization, July 2018.



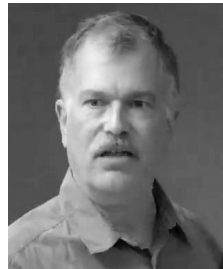
Kristen M. Royer, MD, FAAFP, is a family physician employed by Boulder Community Health who works at Family Medical Associates in Lafayette, Colorado. She presented on reducing missed opportunities for vaccination and barriers to vaccinating adolescent patients.



Jennifer Schriever, MD, is a family physician at Sanford Health in Sioux Falls, South Dakota. She presented on increasing adolescent immunization rates in her practice setting.



Timothy Tobolic, MD, is a family physician practicing at Byron Center Family Medicine, a two-physician practice in rural/suburban Byron Center, Michigan. He presented a poster titled *Adolescent Immunizations: Sustainability in an Independent Family Medicine Office and Community*.



Marlon Weiss, MD, FAAFP, is a family physician at Family Practice Specialists, LLC, in Lincoln, Nebraska. He presented best practices for improving and maintaining adolescent immunization rates in a solo family practice.

AAFP Immunization Partners

American Academy of Pediatrics (AAP)
American College of Obstetricians and Gynecologists (ACOG)
Association of Immunization Managers (AIM)
Centers for Disease Control and Prevention (CDC)
Immunization Action Coalition (IAC)
National Association of School Nurses (NASN)
Society for Adolescent Health and Medicine (SAHM)

Feedback From Small-Group Discussions

After the poster and oral presentations, summit participants broke into small groups to discuss additional questions regarding adolescent immunization in family medicine. The groups recorded the following ideas during their discussions:

1) How can the best practices and information presented at this summit be used to address barriers to vaccination and close gaps in immunization rates for adolescents 16-19 years of age?

- 16-year-old patient wellness visit that includes sports physical, driver's license, and annual visit
 - Both provider and patient outreach
- Empower the youth/patients
 - At schools
 - Train residencies
 - Marketing at health fairs or anyplace those age demographics are
- Waiting room education/on-hold phone messaging
- Happy birthday letter/communication
 - Sent to child/teen directly
- Postcard with text language
 - Age-appropriate
 - Catchy to get attention
- Mandates
 - Federal- or state-based
 - 16-year-old patient: meningococcal conjugate vaccine (MCV)
- Popular media (storylines that normalize vaccination/well care)
 - Utilize YouTube, Netflix, and Hulu
- Partner with schools and school-based associations (e.g., teachers, principals)
 - School-based health centers
- Communication checklist/verbiage
 - Co-branded from AAFP
 - Newsletters/sharing with community

2) How can the best practices and information presented at this summit be shared with other health care providers in the practice (e.g., nurses, physician assistants [PAs], medical assistants [MAs])?

- More fact sheets on basics
- Fix electronic health record (EHR)

- Training on standing orders
- Team-based care modules
- Education/programs to increase passion and buy-in
- Pass-through grants for local training/MA programs
- Pharma representatives are good resource/dissemination
- Centers for Disease Control and Prevention (CDC) Helpline number posted
- Educational video(s) for new hire training

3) How can the best practices and information presented at this summit be used to increase adolescent immunization rates in underserved populations?

- Advanced signed consent (advanced blanket consent versus consent for one series)
- Los Angeles school-based clinics can do one-time consent; some states do as well
- Mobile units for homeless teens; take vaccines where they are
 - Include non-homeless teens
 - Ask mom/dad to bring kids for their visits
 - Food banks
 - Appointment visits
- Address literacy issues
- Trust
 - Community/leader meetings; need key trusted contacts
 - Hire staff of same background as patient population
- Consistency/continuity
- Teens and Tots program
 - Teens with babies (home visit)
- Group visits for teens
- Teen group locations (e.g., YMCA, Boys and Girls Club)
- School nurse programs

Next Steps

The AAFP is committed to collaborating with its members, immunization partners, and other stakeholders to share best practices and develop new resources to help family physicians and other health care professionals improve adolescent immunization rates by reducing barriers, gaps, and missed opportunities.

Special Thanks

The 2018 AAFP Adolescent Immunization Best Practices Summit would not have been possible without the hard work and support of dedicated individuals who understand the importance of improving adolescent immunization rates in family medicine. The AAFP would like to thank everyone who made time in their busy schedule to participate in this effort.

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