



Senior Immunization Awards CASE STUDY

Georgia Regents University Augusta Family Medicine Residency

STRATEGIC STEPS LEAD TO VACCINATION SUCCESS

Scientifically, there's no debate that vaccines are one of the most effective preventive health measures ever launched, saving millions of lives every year. But mistaken beliefs can be hard to quash once they've become lodged in the public's mind. Myths such as, "Vaccines aren't effective;" "vaccines will make you sick;" or even, "vaccines will give you the disease rather than prevent the disease" are as commonly-held as they are misguided. Suspicion of vaccines can be even more deep-seated among the elderly, where a prior bad experience or perceived high risk often holds sway.

No one found this more frustrating than Prasad Kesavan, MD, Family Medicine resident at Georgia Regents University (GRU) Augusta. "There are always so many barriers in trying to educate patients and dispel misconceptions, and some can be very persistent." So when GRU Medical Director Janice Coffin, DO, FAFP, circulated information about a 2014-15 Senior Immunization Grant opportunity available through the American Academy of Family Physicians (AAFP) Foundation, he volunteered for the project. He was joined on the project leadership team by fellow Family Medicine residents Eunice Gititu, MD and Edward Agabin, MD.

Out of 1,800 patients age 65+ projected to be served by the Family Residency program in FY2015, GRU targeted 1,375 (76 percent) to

receive the influenza vaccine and 200 (11 percent) the pneumococcal vaccines during the 2014-15 flu season. To reach these numbers, the project team knew they'd have to address deficiencies and barriers on several fronts.

The senior immunization team turned first to work processes within the clinic, and it didn't take long to spot some gaps. "Many times, when a patient is seen, there are multiple things to address and vaccines can be forgotten," noted Dr. Gititu. Consequently, the vaccination status of clinic patients was not always being checked, and vaccines were not consistently being offered where needed. The solution came with instituting "standing orders" – a change that almost instantly streamlined the clinical work flow and boosted vaccination compliance. Nurses were authorized to assess each patient's immunization status by first checking the Georgia Immunization Registry (GRITS) and GRU's electronic medical record system (PPRNet), and to administer flu and/or pneumonia vaccinations according to set protocol at any time during the patient's visit. "This took a big load off the physician – redistributed some of the responsibility," said Dr. Gititu. "Bringing it up early in the process made a huge impact on compliance. We can take full advantage of the fact that the patient is already here to address vaccinations along with other issues."

Outreach to senior patients age 65 and older proved another problem area. “The communication portion –finding the best strategies to use to reach this population – was a real challenge,” admitted Dr. Kesavan. Several strategies were employed. Prior to the beginning of the flu season, a postcard was developed and mailed to GRU’s target population. The postcard contained information about influenza and pneumococcal vaccination and encouraged patients to schedule an appointment. In addition, slides highlighting awareness and benefits of adult immunization were created for display on electronic bulletin boards in patient waiting areas. By January 2015, patients identified as still non-compliant with flu and/or pneumonia vaccinations were contacted through Televox, GRU’s automated phone messages. The system gave patients the option of speaking with a scheduler to request an appointment.

Results were mixed. “Direct or electronic mail can be hit or miss – we may have missing or incorrect addresses, for example. And many of our seniors don’t have home computers or use the internet, so e-mail was out,” Dr. Kesavan acknowledged. “We mainly resorted to phone calls, and one-on-one counseling.”

Since physician recommendation for vaccination is one of the most important factors influencing a patient’s decision to be vaccinated, the project team moved on to provider education. It’s not as if GRU Family Medicine residents and physicians weren’t aware of their responsibility to communicate the true risks and benefits of vaccinations to their patient, and try to dispel any vaccination myths that may be contributing to non-compliance. “But I think all of us needed a reminder,” said Dr. Gititu. Accordingly, the

project team created a presentation for providers that reviewed baseline immunization rate data and the most recent industry recommendations. This lecture was given to all faculty and residents once during New Intern Orientation for the incoming residents and again later in the year during daily Morning Report and Noon Conference for all Family Medicine residents and faculty.

As a result of this training, Drs. Kesavan and Gititu feel that they, along with other GRU residents and attending physicians, are doing a better job of educating their patients about the importance of vaccinations. Now, a patient’s refusal is not the end of the discussion. “Before, I would have just left it alone. Now I have a bit more information, now I have some specific facts I can put out there for my patients,” said Dr. Gititu. For Dr. Kesavan, it’s all about having a discussion that combines facts with a compelling narrative. “I’ve learned that it’s effective to make it personal,” he said. “For example, I’ll say, ‘If you’re not as healthy as you can be, you won’t be able to take care of your grandchildren.’ “ He also makes good use of pamphlets, prepared with straightforward language and images, to get his point across or to send home with patients as necessary.

“There’s a patient I follow up with as much as I can,” Dr. Kesavan continued. “The last time he was in, I strongly advised him to get a Pneumovax shot but he just did not want it -- said he hadn’t gotten it before and didn’t want to get it now. I told him, ‘You’re over the age of 65, diabetic, you smoke – all high risk factors for pneumonia. This is one vaccination that might actually help protect you all year round from getting sick.’” Dr. Kesavan’s patient ultimately decided to accept the vaccine. “I think he was initially resistant primarily because he didn’t see

the need for it or understand exactly what it was for. After a five or six minute conversation, he did.”

As for her own favorite patient education story, Dr. Gititu offers one...with a twist. “One of my patients had consistently resisted any suggestion that she receive a flu shot—she was afraid the vaccine would make her sick. But during a recent visit, I made a conscious effort to really spend time educating her about how vaccines work, how dangerous flu can be for elderly patients, and why I thought it was important for her to reconsider. Well, to my surprise, she finally agreed and accepted the vaccination on the spot!”

“But would you believe that by the time she got home, she’d already begun to run a low-grade

fever, soon followed by some mild nausea? Her greatest fears were coming true! I just knew she was going to call me up and say, ‘I told you so!’ But to my surprise, she actually took it very well. She knew what to expect because we’d discussed potential side effects in some detail. She was *prepared*. So when the symptoms set in, she remained calm. In fact, they were much milder than she had feared, so she didn’t even get upset.”

In a contrary sort of way, this experience revealed to Dr. Gititu the importance of taking the extra steps needed to communicate genuinely and thoroughly with her patients. “She really listened to me,” said Dr. Gititu, “and that showed me that I, personally, can communicate in a way that is powerful and has lasting impact.”