Developing Sustainable Partnerships Between State Health Departments and Ob-gyn Practices: Lessons Learned

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Overview of Presentation

• Background Information

• Developing Partnerships in ACOG District V

• Lessons Learned from Partnership Building

• Moving Forward to Expand Lessons Learned
About the American College of Obstetricians and Gynecologists (The College)

- The College represents over 56,000 members, representing over 95% of board certified obstetrician-gynecologists.
- CDC’s adult and adolescent immunization schedules are given to the College annually for review and endorsement.
- Fellows are strongly encouraged to recommend and to offer immunizations within hospitals and office based practices.
Opportunities for Partnership

• Many women see their ob-gyn as their primary care provider, reinforcing the need to receive immunizations from their ob-gyn. Ob-gyns indicate that they would like their practices to have additional education and local resources they could contact on immunization.

• State Health Department (SHD) Immunization Programs are developing programs to reach adolescents and adults; SHDs are creating and expanding resources to reach adolescent and adult providers.
Project Goals

• To create and expand ob-gyn office-based immunization programs in ACOG District V (IN, KY, OH, MI)

• To increase the types and doses of immunizations given in ob-gyn practices

• To build sustainable partnerships between each ob-gyn office and its respective state health department (SHD) immunization program
Benefits of Partnership to Ob-gyn Practices

- Provides ob-gyn practices with a state contact
- Offers comprehensive immunization trainings for staff
- Assists practices in Vaccine for Children (VFC) program enrollment
- Encourages practices to participate in state immunization registry (Ohio, Indiana, Michigan)
Project Methodology

• Recruited total of 60 ob-gyn practices, 15 selected from each state (IN, KY, MI, OH)

• Each practice received a one hour on-site training, given by the SHD and College program staff

• Each practice received a set of core immunization materials; materials jointly developed by SHD and program staff

• Each practice received contact information for SHD Immunization Program staff
Tracking Project Impact

• Prior to training, a pre-test was administered to the sixty practices to assess current immunization practice

• Three months following pre-test, a post-test was administered to see to what extent practices made improvements to their office-based immunization programs
Training Materials

SHD and College staff selected the following materials for onsite trainings

- Temperature Logs
- Do Not Unplug! Signs
- Immunization Schedules for Adults, Adolescents and the adolescent catch-up schedule
- Vaccine Administration
- Handouts on Proper Vaccine Storage and Handling
- Vaccine Information Statements (and why they must be given)
- Standing Orders
- Laminated Coding Card
- College Committee Opinions concerning vaccination including CO 468 Influenza Vaccination During Pregnancy
- Vaccines for Children (VFC) information, including enrollment forms
- CDC Vaccine Price List with ordering contact information
Additional Immunization Resource

www.immunizationforwomen.org
Results from Post-Test

97% of participants responded to the post-test survey

- 29% of practices report they have increased vaccine doses from their pre-test rate.

- 48% of practices from IN, MI and OH are now participating in the state immunization registry; an additional 12% are interested in enrolling.

- 83% report they now have the name of a SHD contact person they can reach with questions about immunizations, an increase from 48% at the time of the pre-test.
Percent of Practices with an Immunization Coordinator

Pre-Test: 53%

Post-Test: 83%
### Increases in Type of Immunization

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<thead>
<tr>
<th></th>
<th>Tdap</th>
<th>Hepatitis B</th>
<th>MMR</th>
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<tbody>
<tr>
<td>Pre-Test</td>
<td>40%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Post-Test</td>
<td>51%</td>
<td>33%</td>
<td>33%</td>
</tr>
</tbody>
</table>
Lessons Learned: Need for Endorsements

- It was important for ob-gyn practices to know that College national and district leadership supports immunizations; this motivated practice sites to model what the College was promoting.

- It was beneficial that the ob-gyn encouraged all practice staff to attend the training.
Lessons Learned: Importance of Practices Designating an Immunization Coordinator

• It was important for the practices to designate an immunization coordinator who would be the immunization point person for the practice.

• This person would also serve as a contact for SHD staff for follow-up trainings.
Lessons Learned: Ob-gyn Practices want state-specific immunization data

- Providing ob-gyn practices with state-specific immunization data helped motivate staff to discuss immunization with patients.
Benefits to SHDs and Ob-gyens of Continued Collaboration

• As immunization programs for adolescent and adult women continue to evolve, it is important for SHDs and the College to work together to effectively reach ob-gyn practices with up-to-date immunization information.

• Ob-gyn practices report that these trainings were beneficial and encouraged staff to promote immunizations within their practices.
Expanding Partnerships

• The College sent a 9 piece mailing to over 33,000 ob-gyns in active practice, encouraging Tdap Vaccination. These materials include a physician script, patient FAQs on Tdap Vaccination and patient FAQs on Vaccine Safety

• The College hopes to continue to create additional partnerships with SHD immunization programs and coalitions.
Conclusion

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   - Kentucky Department for Public Health- Cabinet for Health and Family Services
   - Michigan Department of Community Health
   - Ohio Health Department

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