



Immunization coverage rates for adolescents are much lower than they are for younger children. To help your practice increase immunization coverage in adolescents, consider implementing one or more of the strategies below.

1. Patient Reminder-Recall

Immunization reminder-recall systems are cost-effective methods to identify and notify families whose children are due soon for immunizations (reminder) or are already behind (recall). Reminder and recall systems are powerful ways to ensure optimal vaccination rates. Staff must first pull a list containing names and contact information of patients who are due or overdue for immunizations prior to attempting contact. Many state immunization information systems (IIS) and electronic health records (EHRs) can run such reports easily – if immunization records and family contact information is updated at every visit. Building those practices into patient flow is key.

Methods to remind or recall families include:

- **Phone calls by office staff**
Calls placed by office staff tend to be more effective than auto-dialer calls, but often cost more.
- **Auto-dialers**
Auto-dialers automatically dial phone numbers and either play a recorded message or connect the call to a live person. Such systems also can be used for appointment reminders.
- **Mail reminder cards or letters (snail mail)**
Again, your IIS or EHR may print these for you. Another approach is to have the family fill out the reminder card for the next visit (e.g., dose 2 or 3 of HPV vaccine) when in your office.
- **Text messages**
You may want to get families to opt-in for text messages during a visit so your office can send text message reminders to both parents and adolescents. While parents/guardians need to consent for the vaccine, it is useful to include adolescents in the discussion of their own care.
- **Patient Portals**
Many EHR systems come with a patient portal option. Practices can use this feature to send e-mails to patients or parents prompting them to check their patient portal, which will remind them of vaccinations that are due.

For more information, visit: <http://www2.aap.org/immunization/pediatricians/pdf/ReminderRecall.pdf>

The following is a list of some auto-dialer vendors. Please note that the AAP cannot endorse or recommend specific products or brands. This is only meant to aid you in your selection.

Auto-dialer	Website
Call-em-all	https://www.call-em-all.com/
Call Fire	http://www.callfire.com
Televox	http://www.televox.com/appointment-reminders/
Voicent	http://www.voicent.com/autodialers.php



2. Provider Prompts or Standing Orders

Provider prompts usually consist of electronic prompts in EHRs or notes in charts. Now, most EHR provider prompts are automatic pop-up alerts that notify the viewer that the patient is due/overdue for an immunization(s). Other EHR provider prompts may show up as a “to-do” task, even if the patient is not scheduled that day for an appointment. Many EHRs have provider prompts pre-installed that can be customized in the office.

Standing orders for immunizations include office policies, procedures, and orders to provide recommended immunizations to patients. For example, a standing order might be in place to instruct health care personnel (as allowed by the state) to give a specific vaccine to all patients for whom the vaccine is recommended based on the harmonized immunization schedule. Standing orders should include procedures for vaccinating eligible patients and contraindications. To access sample standing orders for vaccines, visit: <http://www.immunize.org/standing-orders/>.

3. Strong Provider Recommendation

Studies have shown that parents trust their pediatrician’s guidance¹. Be sure to give a strong recommendation for all vaccines on the current immunization schedule. It is important to state that you recommend all vaccines on the schedule and not merely mention that they are available. For example, some providers may shy away from discussing the HPV vaccine. It is especially important to strongly recommend HPV vaccine, as parents often have more questions about it.

4. Include All Recommended Vaccinations at Every Visit

It is important to vaccinate whenever possible, because you don’t know when a patient will be back in your office. Use sick-child and chronic care visits as a time to immunize. Be sure to check what vaccinations, if any, are due every time a patient is in the office. Always screen for contraindications. Most vaccines can be given even if the child has a mild illness.²

5. Provider Feedback

Providers change their behavior (e.g., clinical practices) based on feedback that they are different from those of their peers. Consider running an immunization rate report through your EHR or perform a chart audit to determine the percentage of your patients that are up-to-date on immunizations. Benchmark this data against yourself annually. You can also benchmark this data against the national and state (or city) data from the National Immunization Survey.

¹ Freed GL, Clark SJ, Butchart AT, Singer DC, and Davis MM. Sources and Perceived Credibility of Vaccine-Safety Information for Parents. 2011. *Pediatrics*, 127, 1, Supplement 107-112.

² CDC. Chart of Contraindications and Precautions to Commonly Used Vaccines. 2011. Accessed on April 12, 2013 at: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications-vacc.htm>.



6. Find an Immunization Champion in Your Practice

An immunization champion can serve as a steward and advocate of immunizations in your practice. This role can be filled by any clinical provider. Being the immunization champion should be written into that job description and that provider should have time devoted to perform those tasks. Offices should cross-train staff and appoint a different person to fill-in and complete these duties in case the immunization champion is unavailable. It is also suggested, if the immunization champion is not a physician, that a physician provides oversight to the immunization champion. Since a physician is more likely to have a financial stake in the practice, he/she may ensure that vaccine-related tasks are handled appropriately.

7. Educate Patients and Their Parents

Educate parents and patients about each recommended vaccine and the disease it prevents. Let parents know that vaccines are safe and effective, and that not vaccinating could put their children at risk for very serious diseases. Take every opportunity to educate parents and patients. Let them know at each visit what vaccines they can expect at their next health supervision appointment and provide handouts on these vaccines and diseases. This allows parents time to consider their questions, find answers, and discuss their most serious concerns with their pediatrician. For more resources on communicating with parents, visit:

AAP Risk Communication Videos:

<http://www2.aap.org/immunization/pediatricians/riskcommunicationvideos.html>

AAP Adolescent Immunization: Common Concerns Addressed

<http://www2.aap.org/immunization/families/faq/AdolescentIZCommonConcerns.pdf>

AAP Communication with Families Web page:

<http://www2.aap.org/immunization/pediatricians/communicating.html>

CDC Provider Resources for Immunization Conversations with Parents

<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/index.html>

8. Address Costs

Vaccinations can be costly, and some families may believe they cannot afford to immunize their children. The Affordable Care Act (ACA) now requires insurance companies to cover the costs of receiving all recommended vaccines, which includes those for teens. If an insurance plan has been unchanged since March 23, 2010, it may be “grandfathered” and may not have to abide by all of the new rules under the ACA. If this is the case, the insurance plan may require your patient’s family to pay co-insurance (a portion of the vaccination cost) or to meet their deductible before paying for vaccination. Speak with parents about options for paying this portion of vaccine costs.



If a patient does not have health insurance, has Medicaid, has insurance that does not cover vaccines, or is American Indian or Alaskan Native, he/she qualifies to receive vaccines at no cost through the Vaccines for Children (VFC) Program. If you are not a VFC provider, consider becoming one by contacting your state VFC office. Contact information is available at:

<http://www.cdc.gov/vaccines/programs/vfc/contacts.html>. In the meantime, suggest that eligible children receive vaccines at the local health department. Direct parents to learn more about the VFC program at <http://www.cdc.gov/vaccines/programs/vfc/parents/qa-detailed.html>.

9. Hold Vaccine Clinics at Hours that are Convenient for Families

Holding vaccination clinics with special hours (evening or Saturday) at your practice allows for more opportunities for busy adolescents and their parents to access vaccination services. This has been proven to work especially well for influenza vaccine. While other recommended vaccines, such as Tdap, HPV, and meningococcal should be given during the 11 or 12 year old well-child care visit - when parents will be given the opportunity to discuss the vaccines - shorter vaccination visits for subsequent doses of HPV and influenza may be more convenient.

More Resources for Your Pediatric Practice

AAP Immunization Practice Management page

<http://www2.aap.org/immunization/pediatricians/practicemanagement.html>

AAP Immunization Adolescents page

<http://www2.aap.org/immunization/pediatricians/adolescents.html>

AAP Immunization Quality Improvement page

<http://www2.aap.org/immunization/pediatricians/qualityimprovement.html>