Barriers and facilitators to adoption of immunization best practices

Janet A. Gingold, MD, MPH,* Christine Briccetti, MD, MPH,* Kathleen Zook, RN, MPH,* Catherine W. Gillespie, MPH, PhD,* Ruth Gubernick, MPH,* Rachel Y. Moon, MD,†‡ Denice Gora-Bramble, MD, MBA,* Linda Y. Fu, MD, MS§

*Goldberg Center for Community Pediatric Health and †*Center for Translational Science, Children’s National Health System, Washington, DC 20010 USA; §Independent quality improvement consultant

This study was funded by a non-restricted investigator-initiated grant from Pfizer, Inc.

INTRODUCTION

Primary care practices vary greatly in their adherence to recommendations of the Advisory Committee on Immunization Practices. Better understanding of contextual factors that might affect immunization delivery quality improvement efforts is needed.

OBJECTIVES

To elucidate factors that facilitate and impede adoption of immunization delivery best practices in contemporary primary care practices engaged in immunization quality improvement.

METHODS

Sixteen diverse primary care practices with <86% of 3- to 18-month olds up-to-date for age-appropriate vaccines participated in a year-long virtual learning collaborative to improve immunization delivery. Age-adjusted percent up-to-date was determined by medical record review before and after the study period. The intervention included a Vaccinator Toolkit, six 1-hour educational webinars and monthly web-based conference calls with a QI coach.

Practices chose improvement strategies to implement based on local needs. Participants reported on their experiences through monthly on-line surveys and small-group web-based interviews at the end of the study period. Qualitative data (free text survey responses and interview transcripts) were analyzed using a framework approach.

CONCLUSIONS

Contextual factors impacted the efforts of these diverse primary care practices as they implemented strategies to improve immunization delivery. In future studies, greater attention to local systems is warranted, especially regarding optimization of the data infrastructure.

Acknowledgements

The authors gratefully acknowledge all participants in the Consortium of Immunization Quality Improvement (CIQI) project and the following for their contributions to this study: Advisory Board, Academy for Innovation in Quality Improvement (AIQI), Mecklenburg County Healthy Kids, Children’s Hospital of Wisconsin, Molina Healthcare, North Carolina Community Health Centers, The Children’s Clinic, YouthCare Inc., and the Pediatricians at the University of Iowa. Special thanks to Dr. Prabha Iyer, Dr. Michaela Deans, Dr. Jennifer Petty, and Dr. Michelle Prabha Iyer, and Jackie Greve of CGH Pediatrics, Sterling, IL; Dr. Vanessa Sukra and the staff at Pediatric Partners of the MidSouth, New York; Dr. Karen G. Fennelly and the staff at Community Health Network, Indianapolis, IN; Dr. Walden T. Pinskey, Dr. Nayda M. Shumaker, and the staff at Pediatric Partners of the MidSouth, Jacksonville, FL; Dr. Nancy T. Downes, Dr. Richard A. Stachowiak, Dr. Jennifer Douglass, and the staff at Pediatric Partners of the MidSouth, North Carolina; Dr. Marla R. Pastrana and the staff at Pediatric Partners of the MidSouth, Alabama; Dr. Angela U. Emslie and the staff at Pediatric Partners of the MidSouth, Georgia; and Dr. Kathleen M. Emslie and the staff at Pediatric Partners of the MidSouth, Tennessee. We also acknowledge Dr. Michaela Deans and the staff at Pediatric Partners of the MidSouth, Indiana; Dr. Prabha Iyer and the staff at Pediatric Partners of the MidSouth, Alabama; and Dr. Prabha Iyer and Jackie Greve of CGH Pediatrics, Sterling, IL.

Contact: Janet Gingold, MD, MPH (jingold@cmh.org)