“Using webinar technology to increase the efficiency of a nationally implemented approach to immunization quality improvement”

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Using webinar technology to increase the efficiency of a nationally implemented approach to immunization quality improvement.

William A. Calo,1 Melissa B. Gilkey,2 Jennifer L. Moss,3 Jennifer Leeman,1 Jen MacKinnon,1 Noel T. Brewer1

1University of North Carolina-Chapel Hill
2Harvard Medical School & Harvard Pilgrim Health Care Institute
3National Cancer Institute
U.S. adolescent immunization coverage

Data from National Immunization Survey-Teen
CDC’s AFIX Model

- Brief in-person consultation
- Delivered by immunization specialists from state health departments
- Health departments provide early childhood AFIX consultations to at least one-quarter of federally funded vaccine providers
Example: North Carolina AFIx

- Collaboration between UNC researchers and the NC Immunization Branch
- Modified version of AFIx consultations to
  - Address low adolescent vaccine coverage levels
  - Explore webinar delivery
- Consultations were equally effective when delivered in-person or by webinar

Purpose

• Understand how vaccine providers receive AFIX in terms of their satisfaction and engagement.
# 3-arm RCT

- Random sample of 225 high-volume primary care clinics in Illinois, Michigan, and Washington

<table>
<thead>
<tr>
<th>In-person consultation</th>
<th>Webinar consultation</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>• k=78</td>
<td>• k=72</td>
<td>• k=75</td>
</tr>
<tr>
<td>• Face-to-face meetings in clinics</td>
<td>• Real-time online meetings using video conferencing software</td>
<td>• No intervention</td>
</tr>
</tbody>
</table>
Intervention

- Report Card
  - Communicate the problem
  - Set a goal
  - Give a solution
Intervention

- QI Action Plan
  - Primary strategy
  - Secondary strategy
  - Communication plan
Key findings (Preliminary)
Characteristics

• Respondents (n=182)

<table>
<thead>
<tr>
<th>Role</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>42</td>
</tr>
<tr>
<td>Office managers</td>
<td>17</td>
</tr>
<tr>
<td>Physicians</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>31</td>
</tr>
</tbody>
</table>

• Clinics

<table>
<thead>
<tr>
<th>Practice</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Private</td>
<td>53</td>
</tr>
<tr>
<td>Community health centers</td>
<td>20</td>
</tr>
<tr>
<td>Hospital-based</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
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</table>
Satisfaction scores

In-person
Webinar

Facilitation
Convenience
Ease of understanding

Our definition of success
Intermediate outcomes

HPV QI is important
HPV coverage is lower than I'd like
Our clinic can improve
I can help

* p<0.05
Incentives

• 62% of participants claimed the CME credit we offered
• By role
  75% physicians
  62% nurses
  94% other vaccine providers
Implications for D & I

- In-person and webinar delivery modes were both well received
- Webinar delivery could increase the reach of CDC-funded immunization quality improvement consultations
- Health departments have begun using our intervention materials
Next steps

- Completion of data collection (summer 2016)
- Best practice assessment survey data
- Cost data analysis
Thank you

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