

Dr. Kimmel – For: *Journal of Adolescent Health* Supplement

Title: Adolescent Vaccination: Physician Challenges and Solutions

From: Audio File

DR. KIMMEL: Hello, and welcome. My name is Dr. Sanford Kimmel, Professor of Family Medicine at the University of Toledo College of Medicine.

As more vaccines are being recommended for youths and adolescents, physicians need to address immunizations not only at the recommended 11- to 12-year-old platform but at all clinical visits.

What are the potential barriers to healthcare providers?

First and foremost, vaccine cost and reimbursement. By 2009, the private sector cost to purchase all doses of vaccines universally recommended for children and adolescents had risen to about \$1600 per child. A national sample of pediatricians and family physicians found that 49 percent reported that their practices had delayed the purchase of a new vaccine due only to financial concerns.

Another potential challenge is that of provider knowledge in immunizations. Physicians and other healthcare workers who administer vaccinations must be knowledgeable about immunizations because they usually represent the primary source of information for patients, parents, or legal guardians.

Although clinicians may believe they have adequate knowledge of immunization use and contraindications, this is not always the case. Consequently, continuing education about immunizations is important to help address this situation.

Another major concern is that of parents, patients, and even provider about vaccine safety. Physicians who do not recommend to parents that children receive all vaccines are more likely to have some concerns about the safety of childhood immunizations. In addition, many providers feel that they lack sufficient time to fully discuss the benefits and risk of vaccines.

What are some of the potential solutions to improving adolescent immunization rates?

Vaccine resources for healthcare providers, including the education of adolescents, their parents and/or guardians, healthcare providers, and policymakers, is clearly vital to the successful implementation of adolescent immunization. There are multiple credible and accurate information sources on immunizations that are available from the Centers for Disease Control and Prevention and organizations such as the Immunization Action Coalition, as well as from a variety of professional societies.

School mandates and school-based vaccination programs have been an extremely effective mainstay of increasing immunization rates, even in adolescents.

School-based health centers may also deliver immunizations on-site. And according to one study, 84 percent of 521 school-based health centers reported that they vaccinated adolescents.

Vaccine safety, as noted, is a major concern. And discussions with parents about vaccine safety can significantly increase vaccine—vaccination rates.

However, parents don't want to be lectured or argued with. And clinicians, therefore, must act as concerned, nonjudgmental listeners, and to provide information tailored for the parents and/or patient's need.

Another useful program for physicians and their offices is that of the Office Assessment Feedback and Recall Programs. The audit feedback of childhood and adult vaccines has been associated with improved immunization rates.

The Centers for Disease Control and Prevention has adopted the AFIX system to (1) assess a providers vaccination coverage levels, (2) feedback the results to the practice with the recommendations to improve coverage, (3) incentivize providers through recognition and reward if improved performance, and (4) exchange information and resources necessary to facilitate improvement.

In addition, missed opportunities for vaccination are a major cause for failing to keep up immunization rates. Primary care physicians or other immunization providers may avoid or decrease the number of missed opportunities by (1) utilizing a reminder and recall system if available, (2) screening adolescents for missing immunizations at each visit, either through an electronic health record or by hand, (3) allowing immunizations to be given at times other than well patient visits, including acute visits and sports or camp physicals, (4) avoiding false contraindications to immunizations, (5) providing standing orders for immunizations, and (6) administering multiple immunizations at the same visit.

While solutions to overcoming barriers to adolescent immunization need to be tailored to the specific circumstances of each practice, it's important that they be implemented. High adolescent vaccination rates benefit both the individual and the community and represent an indicator of quality care.