



## General Membership meeting

Tuesday May 21, 2019

1. **Treasurer report- Current balance \$23,562.18 (after payment complete for Symposium)**
2. **Updates** (Please let us know if you have topics you would like to see covered at a membership meeting)
  - a. Symposium evaluations were very positive with positive ratings for good food and location, negative comment for room temperature being too cold. Cost was far higher than American Family at about \$9500. Attendance estimated about 250
  - b. Grand Rounds is now scheduled—Save the Date. Dr. James Conway will be speaking on Vaccine Hesitancy, at SSM St. Mary’s Hospital on Wednesday 10/16 and UW Health Sciences Learning Center Thursday 10/17.
3. **How to Communicate with Patients About Vaccines**
  - i. Cadin Truesdale (Pfizer) “Bridging the Adult Pneumococcal Vaccination Communication”
    1. Survey of providers and patients in 2016 found that 81% of patients over 65 years of age had not received both pneumococcal vaccines recommended, with communities of color with lower rates.
    2. Surveyed clients and providers. Results showed providers had higher rates of perceiving they had recommended the vaccine, compared to patient perception of the vaccine being recommended. See attachment for more details of survey results.
    3. To give a strong vaccine recommendation—include personal experience, tailor message to patient.
    4. Discussed resources for those without a PCP or insurance—public health, pharmacies, patient assistance programs. Could outreach ED/Urgent Cares.
    5. GHC outreached specialty clinics to check patient records for pneumo immunizations for adults 19-64 yrs at risk and build immunization screening and administration to their routines for patient care.
    6. Should be a routine recommendation for all patients 65 and older, and top-down organizational expectation to recommend vaccines.
  - ii. Excerpts from “Preventing HPV Cancers through Health Systems: A tale from Three Systems” [Link to video clips.](#)
    1. Prioritize HPV rates/vaccination for 11-12 year olds. Supported by CDC, local and American Cancer Societies. Utilize performance improvement teams to implement best practices.
    2. Examples from St. Luke’s with Dr. Brian Birch. Sought to increase both initiation and completion rates by running reports, send reminders, staff education and mychart utilization.
    3. St. Vincents Hospital in northeast WI. Low rates of HPV vaccine completion in 19-26 year olds. Found providers who give more control to staff to provide immunizations have the better rates. Individual reporting of provider HPV rates and openly sharing dashboard data to all staff was motivating. Using health maintenance with phone

encounters also helpful to check immunizations. GHC offers HPV in dermatology clinics for 2<sup>nd</sup> and 3<sup>rd</sup> HPV doses—high adolescent population. Next goal is to increase immunizations offered in Urgent Cares. Quality measures increase motivate to intentionally increase rates. Offering HPV vaccine before 11 yrs age increases completion by 13 years also.

4. Mercy Hospital, Central Iowa, Dr. Tim McCoy. Announcement approach—informing patients what vaccines they are due for and expect to be provided at the visit. CDC handout with same concept for infant immunizations. Assume they will vaccinate, ask about any concerns. Address feelings and emotion, listen. Last week CBS “Sunday Morning” show very good on vaccines.
5. Vaccines are really about overall wellness for adolescents. Bringing kids in for vaccines also allows providers to address other concerns and risk factors, build resilience and deal with adverse childhood experiences.

**August 20 is next DCIC Membership meeting. Topic: flu.**