

Adolescent Immunization Reminder/Recall Project Kick-Off Webinar



MARCH 26, 2013

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CALL 1-877-873-8018 AND ENTER THE
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Agenda



- Welcome and Introductions
 - Considerations

- Adolescent Vaccine Update
 - Barbara K Wolicki, BSN, Nurse Consultant

- Michigan Adolescent Immunization Reminder/ Recall Project
 - Cassandra McNulty, MPH, Project Lead

 - Prepare for Success
 - Beatrice Salada, MCIR Coordinator

 - Question and Answer

 - Conclusion and Next Steps

Considerations



- We are recording this webinar to archive it online for access later, so please:
 - Place your computer speakers on mute
 - DO NOT place us on hold at any time. If you need to step away, please hang up and call back in
 - Please place your phone on mute unless you are asking a question
 - During the question and answer portion of the webinar, please be sure the talking and background noise is kept to a minimum

Adolescent Vaccine Update



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Why are Adolescents at Risk for Vaccine-Preventable Disease (VPD)?

Adolescents may have:

- Received incomplete immunization series
- Received vaccines without meeting minimum intervals, causing doses to be invalid
- Escaped natural infection (i.e., varicella)
- Not been immunized with all recommended vaccines
 - New vaccines may have been added
 - Adolescent schedule may not have been followed



Recommended Immunization Schedule for Persons Aged 0 Through 18 Years

Vaccines	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B ^a (HepB)	←1 st dose→	←2 nd dose→														
Rotavirus ^b (RV) RV-1 (2-dose series); RV-5 (3-dose series)			←1 st dose→	←2 nd dose→	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ^c (DTaP; <7 yrs)			←1 st dose→	←2 nd dose→	←3 rd dose→				←4 th dose→			←5 th dose→				
Tetanus, diphtheria, & acellular pertussis ^c (Tdap; ≥7 yrs)														(Tdap)		
Haemophilus influenzae type b ^d (Hib)			←1 st dose→	←2 nd dose→	See footnote 5			←3 rd or 4 th dose, see footnote 5→								
Pneumococcal conjugate ^{e,f} (PCV13)			←1 st dose→	←2 nd dose→	←3 rd dose→			←4 th dose→								
Pneumococcal polysaccharide ^{e,f} (PPSV23)																
Inactivated Poliovirus ^g (IPV) (<18 years)			←1 st dose→	←2 nd dose→			←3 rd dose→					←4 th dose→				
Influenza ^h (IV; LAV) 2 doses for some: see footnote 8							Annual vaccination (IV only)				Annual vaccination (IV or LAV)					
Measles, mumps, rubella ⁱ (MMR)								←1 st dose→				←2 nd dose→				
Varicella ^j (VAR)								←1 st dose→				←2 nd dose→				
Hepatitis A ^k (HepA)								←2-dose series, see footnote 11→								
Human papillomavirus ^l (HPV2: females only; HPV4: males and females)															(3-dose series)	
Meningococcal ^m (Hib-MenCY ≥ 6 weeks; MCV4-D ₂₉ 6 mos; MCV4-CRM ≥ 2 yrs.)			see footnote 13											←1 st dose→		

- Range of recommended ages for all children
- Range of recommended ages for catch-up immunization
- Range of recommended ages for certain high-risk groups
- Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
- Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2013. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/index.html>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Human Papillomavirus Vaccines (HPV)

Vaccine Type, Brand and Manufacturer	HPV4 (Gardasil, Merck)	HPV2 (Cervarix, GSK)
Serotypes contained in the vaccine:	6, 11, 16, 18	16, 18
Protects against:	Cervical, vaginal, vulvar, anal cancers; Genital warts	Cervical cancer
Recommended Ages: Female	Aged 9-26 years	Aged 9-26 years
Recommended Ages: Male	Aged 9-21 years Aged 22-26 years if high risk*	<u>Do Not Use</u>
Recommended Schedule:	Given IM 0, 1-2 and 6 months	
Routine age to begin series:	11-12 years	
Minimum interval between doses (uses only if necessary)	Dose 1 to 2: 4 weeks; Dose 2 to 3: 12 weeks; Dose 1 to 3: 24 weeks	

*Males who are immunocompromised; men having sex with men

May be given to males aged 22-26 years without a risk factor

Tetanus, diphtheria, pertussis (Tdap)



- Routinely given at age 11-12 years as a single dose
- Catch up adolescents aged 13 years and older without a previous dose of Tdap
- Vaccinate persons 11 years and older as soon as feasible if they are, or anticipate being, in close contact with infants less than 12 months of age
 - At least 2 weeks before contact
- To ensure pertussis protection, Tdap can be administered regardless of interval since last tetanus or diphtheria-toxoid containing vaccine

Meningococcal Conjugate Vaccine (MCV4)

- Given IM at age 11-12 years with a booster dose at age 16 years
 - Minimum interval is 8 weeks
- Catch-up for adolescents
 - If 1st dose is given at ages 13 through 15 years, give a booster dose at ages 16 through 18 years
 - If 1st dose is given at ages 16 years or older, a booster dose is not needed
- Ensure college freshmen/living in dorms have received a dose of MCV4 within the last 5 years

Seasonal Influenza Vaccine Everyone, Every Year!



- All persons aged 6 months and older should receive a flu vaccine each year
 - Healthy and high risk persons
- Do not stop vaccinating until your flu vaccine supply is expired!

IIV3: Inactivated Influenza Vaccine, Trivalent

LAIV: Live, Attenuated Influenza Vaccine

	LAIV	IIV3 IM*
Ages	2 through 49 years	6 months & older
Indication	Persons who are healthy & not pregnant	Persons who are healthy, pregnant or who have other medical conditions
Route:	Intranasal (IN)	Intramuscular (IM)
Dosage:	0.2mL for all ages Given 0.1mL per nostril	0.5mL for ages 3 years & older
Contains	3 influenza viral strains	3 influenza viral strains

Ensure Immunization or Catch-up!



- Hepatitis A
 - 2 dose series (IM); beginning at age 12 months
 - Ensure a 6 calendar month interval between doses
- Varicella (chickenpox)
 - 2-dose series (SC); 1st dose at/after age 12 months
- Hepatitis B
 - 3-dose series (IM)
- MMR (Measles, Mumps, Rubella)
 - 2-dose series (SC); 1st dose at/after age 12 months
- Polio (IPV or OPV)
 - At least a 3-dose series; If a “mixed” series of OPV/IPV was given, will need 4 total doses to be complete

Adolescent Catch-Up Schedule



2013 Catch-up Immunization Schedule for Persons aged 4 Months Through 18 Years

FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States • 2013

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Persons aged 7 through 18 years					
Tetanus, diphtheria; tetanus, diphtheria, pertussis ¹	7 years ¹	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human papillomavirus ¹²	9 years	Routine dosing intervals are recommended ¹³			
Hepatitis A ¹¹	12 months	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated poliovirus ²	6 weeks	4 weeks	4 weeks ²	6 months ²	
Meningococcal ¹⁴	6 weeks	8 weeks ¹⁴			
Measles, mumps, rubella ⁹	12 months	4 weeks			
Varicella ¹⁰	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

Michigan Adolescent Immunization Reminder/Recall Project



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Project Partners



- Centers for Disease Control and Prevention (CDC)
- Michigan Department of Community Health (MDCH)
- Local Health Departments
- Michigan Care Improvement Registry (MCIR) regions
- Health plans
- Health systems
- PhoneTree
- YOU!

PPHF Grant



- Prevention and Public Health Fund Grant, Centers for Disease Control and Prevention
- Reminder/Recall Project in Program Area 6
 - *Immunization Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance*
- Intended to improve efficiency, effectiveness and the quality of immunization practices.
- Opportunity to collaborate and foster partnerships with dedicated and passionate health care providers at all levels in order to effect change in Michigan's adolescent immunization rates

Purpose of the Grant



- To utilize immunization information systems to improve adolescent vaccination coverage levels using:
 - Reminder and Recall Notices
 - Provider Feedback Sessions

Why Southeast Michigan?



Target Population



- Required to choose an area that contained at least 50% of the state's adolescent population with contiguous counties
- Have historically low adolescent immunization coverage levels
- Region 1 + Genesee County
 - Macomb
 - Monroe
 - Oakland
 - Genesee
 - Livingston
 - St. Clair
 - Washtenaw
 - Wayne
 - City of Detroit

Adolescent Reminder/Recall Project Target Counties, Demographic Data for Population, Race, and Language

County	Population 2010 Census	Population of Adolescents Age 11-17 [^] 2011	Adolescent percent of population	White non- Hispanic, [*] percent of total population 2011	Black, [*] Percent of total population 2011	Hispanic [*] Percent of total population 2011	Asian [*] Percent of total population 2011	Foreign Born Persons, [*] 2007-2011	Language other than English spoken at home* 2007- 2011, age 5+
Michigan	9,883,640	1,398,013	14.1	76.4	14.3	4.5	2.5	6.0	9.0
Genesee	425,790	44,093	14.3	72.7	20.9	3.1	0.9	2.3	3.5
Livingston	180,967	20,698	15.3	95.1	0.6	2.0	0.8	3.2	4.3
Macomb	840,978	80,897	12.9	83.2	9.3	2.4	3.1	9.9	13.3
Monroe	145,945	15,956	14.5	92.3	2.3	3.1	0.6	1.9	3.8
Oakland	1,202,362	120,188	13.4	74.6	14.1	3.6	5.8	11.1	13.9
St Clair	163,040	16,632	14.7	92.0	2.6	2.9	0.5	2.5	3.7
Washtenaw	344,791	28,917	14.5	71.7	12.9	4.2	8.3	11.3	14.1
Wayne	1,820,584	193,080	15.8	49.8	40.3	5.4	2.7	7.7	12.2
Detroit City	713,777	80,099	11.2	7.8	82.7	6.8	1.1	5.1	9.3

[^]: U.S. Census Bureau, Estimated Population by County, Age, Race, Sex, and Hispanic Origin: 2000-2009. Released June, 2010.

^{*}: U.S. Census Bureau: State and County QuickFacts. Revised March 13, 2013. <http://quickfacts.census.gov/qfd/states/26000.html>.

Adolescent Immunization Reminder/Recall Project Target Counties, Demographic Data for Socioeconomic Status, Health Care Coverage, and Educational Attainment

County	Persons below poverty level 2007-2011*	Insurance Status, Uninsured [‡] (<19 yrs of age)	Insurance Status, Medicaid Enrollment [‡] March 2013	Percent of Total Population	Educational Attainment, High School Graduate*, +25 yrs of age	Educational Attainment, Bachelors Degree or Higher*, +25 yrs of age	Immunization Providers	VFC Providers
Michigan	15.7	4.5	1,236,527	12.5	88.4	25.3	3067	1373
Genesee	18.8	3.8	73,981	17.4	88.4	18.9	181	57
Livingston	6.3	3.4	9,473	5.2	94.0	31.3	47	12
Macomb	11.0	4.2	89,170	10.6	87.9	22.0	248	80
Monroe	10.4	3.7	13,822	9.5	88.2	17.1	36	19
Oakland	9.5	4.5	89,384	7.4	92.5	42.4	362	131
St. Clair	13.2	4.2	20,360	12.5	88.1	15.6	51	27
Washtenaw	14.2	3.9	23,679	6.9	93.8	51.0	88	38
Wayne	22.7	4.8 [‡]	353,387 [‡]	13.9 [‡]	83.5	20.6	303	142
Detroit City	36.2	***	***	***	77.1	12.2	161	115

*: U.S. Census Bureau: State and County QuickFacts. Revised March 13, 2013. <http://quickfacts.census.gov/qfd/states/26000.html>.

‡: Michigan Monthly Medicaid Report. February 2013.

Unique Barriers and Challenges



- **Diverse population**

- Language barriers (Arabic and Spanish speaking patients)
- Vulnerable populations: Immigrant, refugee, and displaced adolescents
- Distrust of medical and governmental communities
- Large Medicaid populations as well as large private insurance populations
- Transient populations with regular phone and address changes

- **Vaccine hesitancy**

- Parents/Patients
 - ✦ Alternative schedules (worries about safety of recommended intervals)
 - ✦ Philosophical or Religious objections
 - ✦ Misinformation about vaccines and their necessity to health, as well as their efficacy, and safety
- Providers
 - ✦ Do not administer ALL needed vaccines in one visit
 - ✦ Lack of strong recommendation of ALL recommended vaccines (HPV, MMR, Flu)

Unique Barriers and Challenges



- **Clinical Organization**
 - Lack of available staff support for new projects
 - Clinic flow does not always include assessing patient vaccination status or updating contact information
- **Cost of new strategies**
 - Do not always have funds for postage
 - Do not have the budget for adding phone, text, or email reminders
 - Do not always have the budget for new staff or increased hours for existing staff
- **Recall Activity Sustainability**
 - Provider offices utilizing free support from pharmaceuticals and health plans, but not always long-term solutions
 - This project is only for 2 years

Why Adolescents?



Individual Health



- Vaccine protection from some childhood vaccines wears off, so booster doses are recommended
- Specific vaccines (HPV) are recommended to be given in the preteen and teen years
 - As kids get older, they are more at risk for catching diseases like Meningococcal meningitis and HPV
- The recommended immunization schedule is regularly updated to include new vaccines and reflect current research- the schedule might have changed since the adolescent was first immunized

Community Health

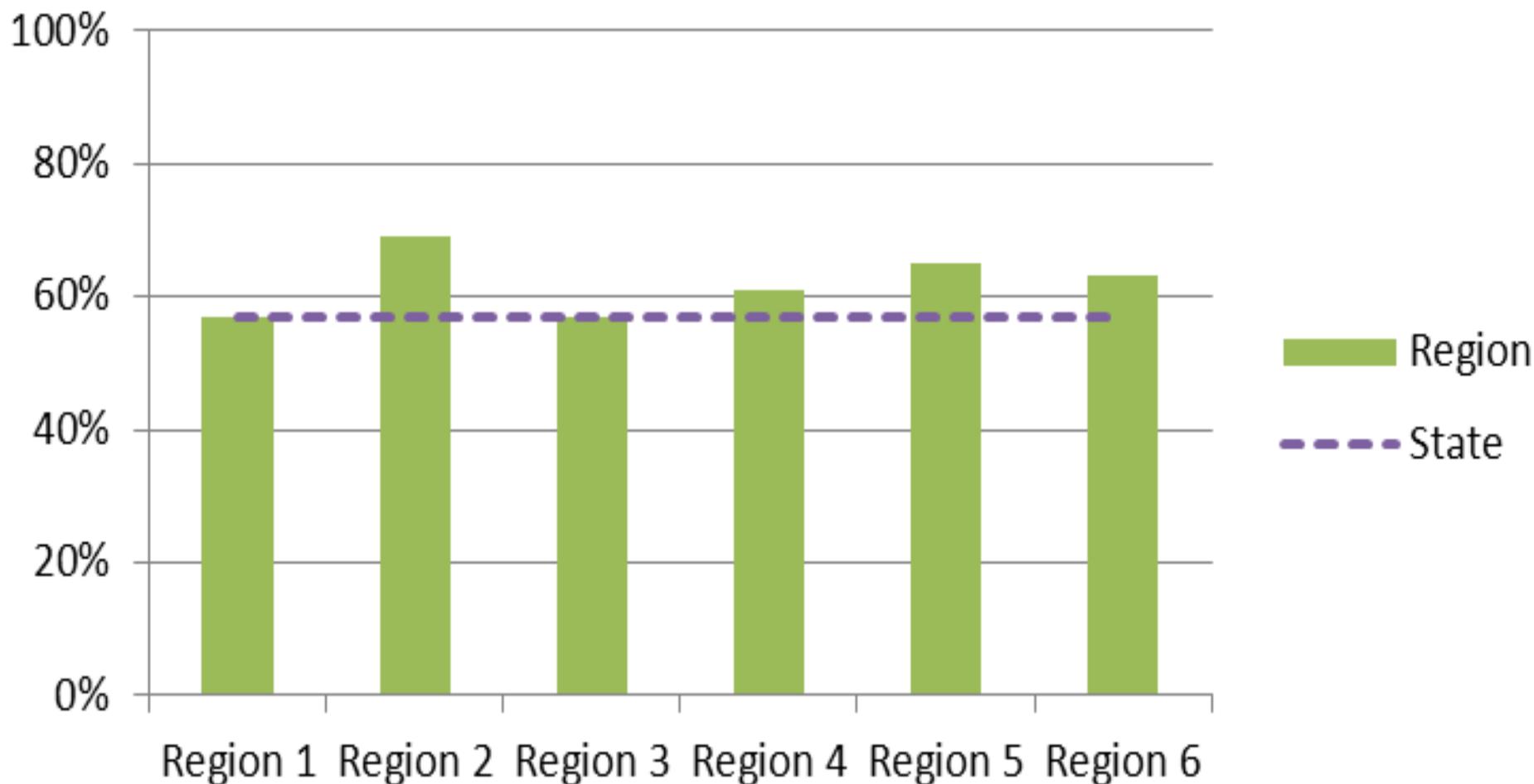


- Teens do not live in a vacuum
 - Travel nationally and internationally
 - Interact with people of all ages and health statuses (including infants and elderly)
- Teens have a role to play in cocooning vulnerable populations around them (such as the immunocompromised, infants, and elderly)
- It is important to vaccinate teens not just for their health but also for the health of the community

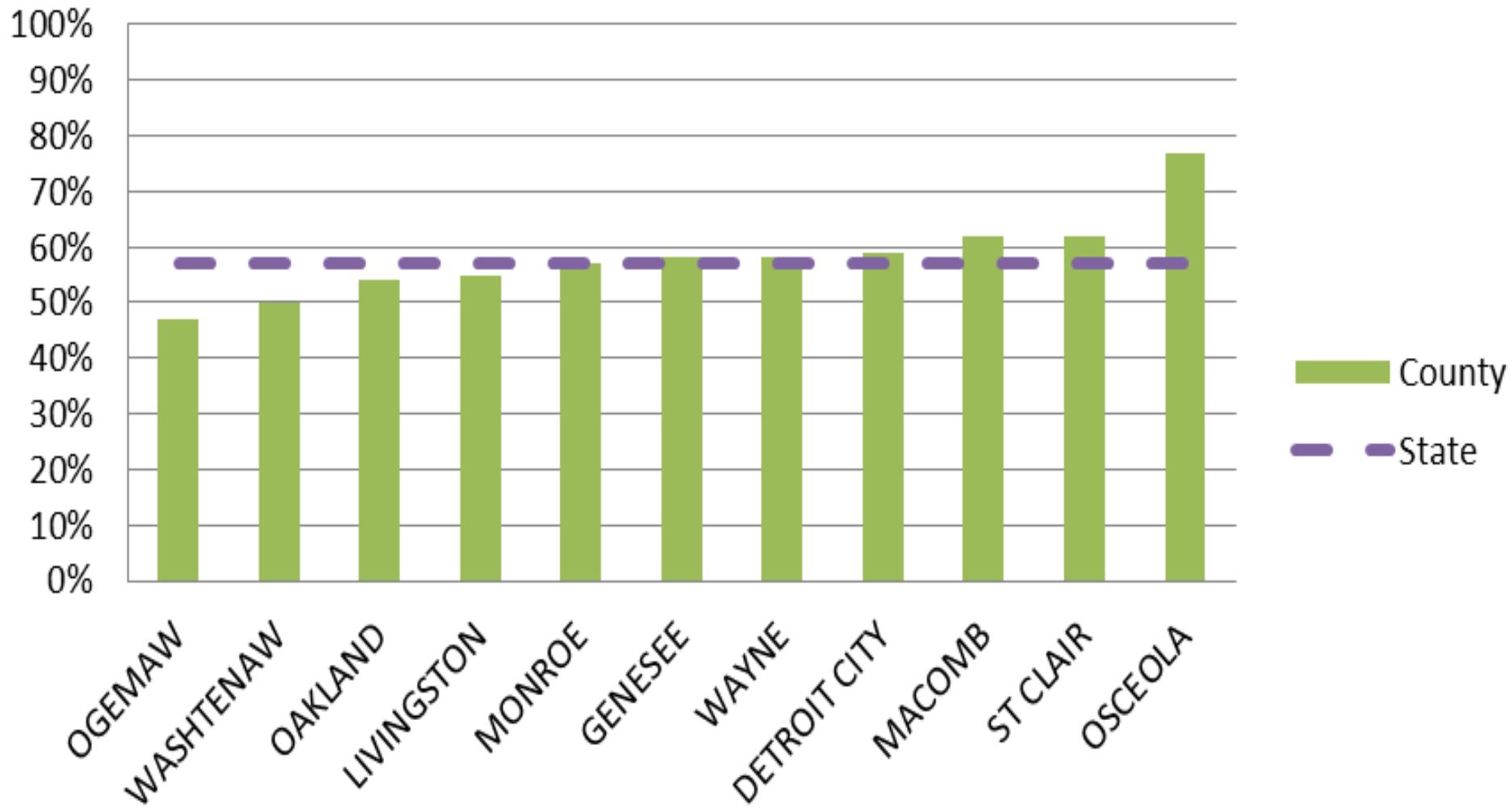
Michigan State and County Specific Adolescent Data



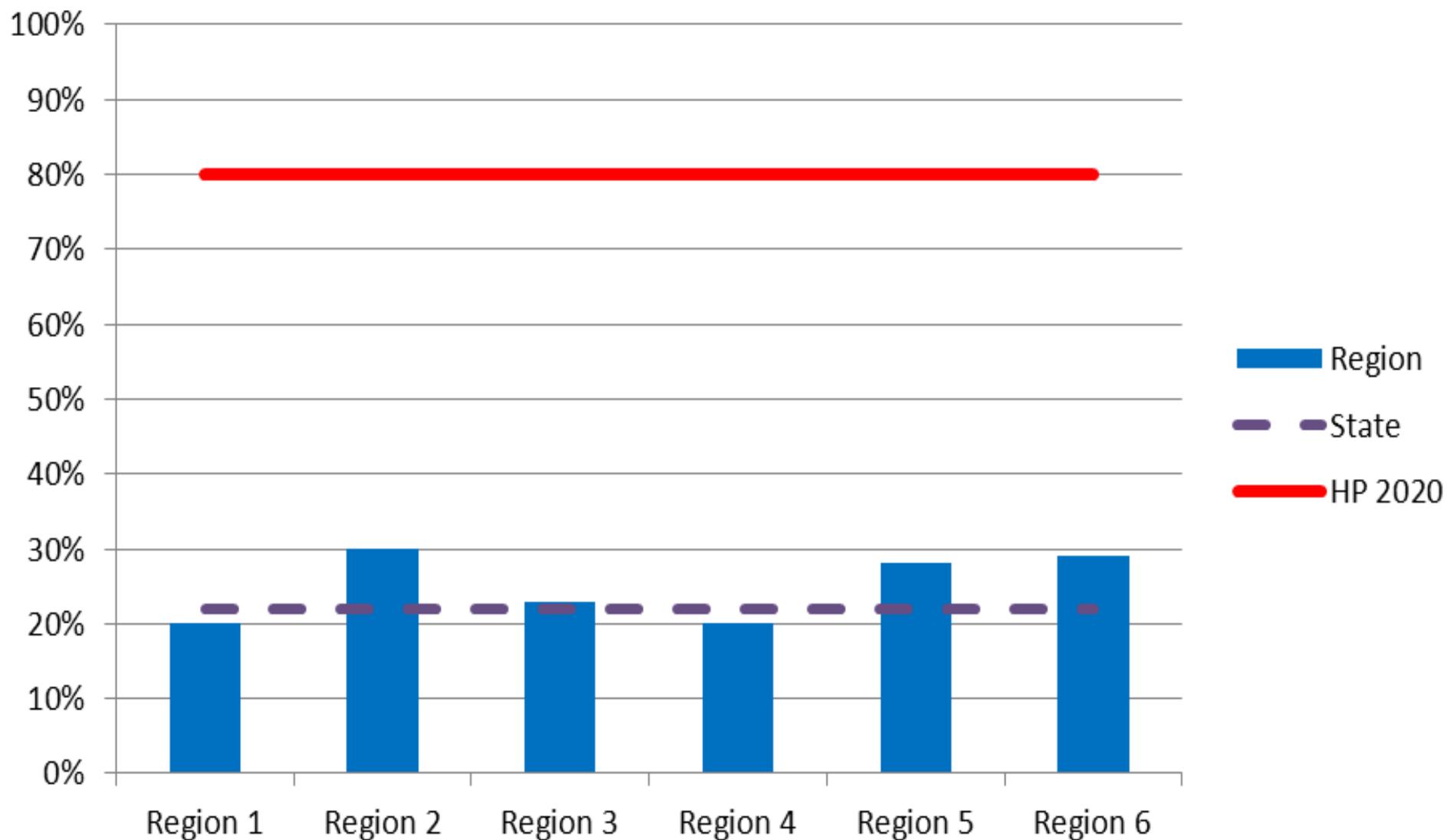
Adolescent Coverage Levels by Region for 0 DTaP/DT/Td/Tdap, 3 polio, 2 MMR, 3 Hep B, 2 Var, 1 MCV, 13-17 years (Feb, 2013)



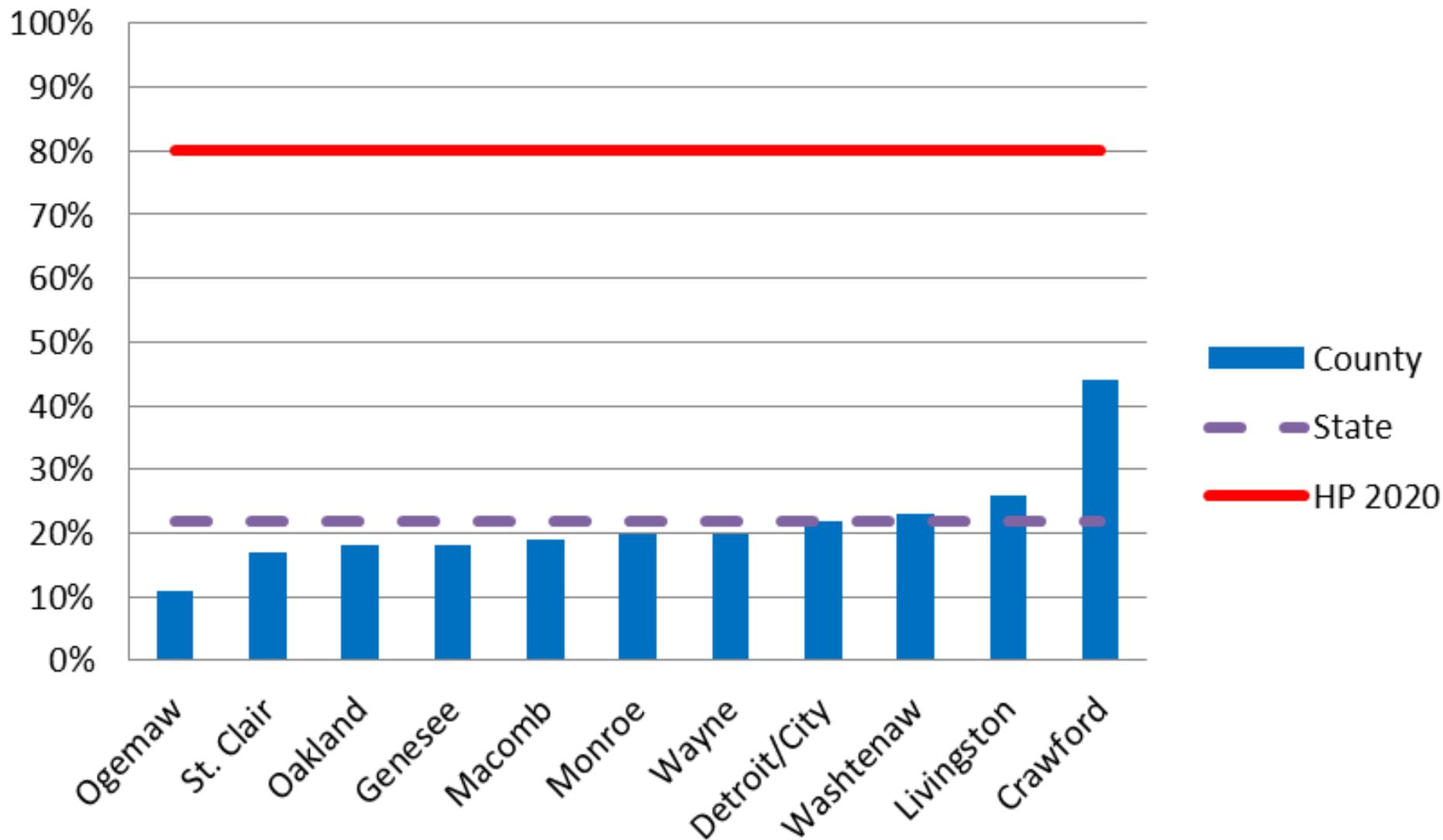
Adolescent Coverage Levels by County for 0 DTaP/DT/Td/Tdap, 3 polio, 2 MMR, 3 Hep B, 2 Var, 1 MCV, 13-17 years (Feb, 2013)



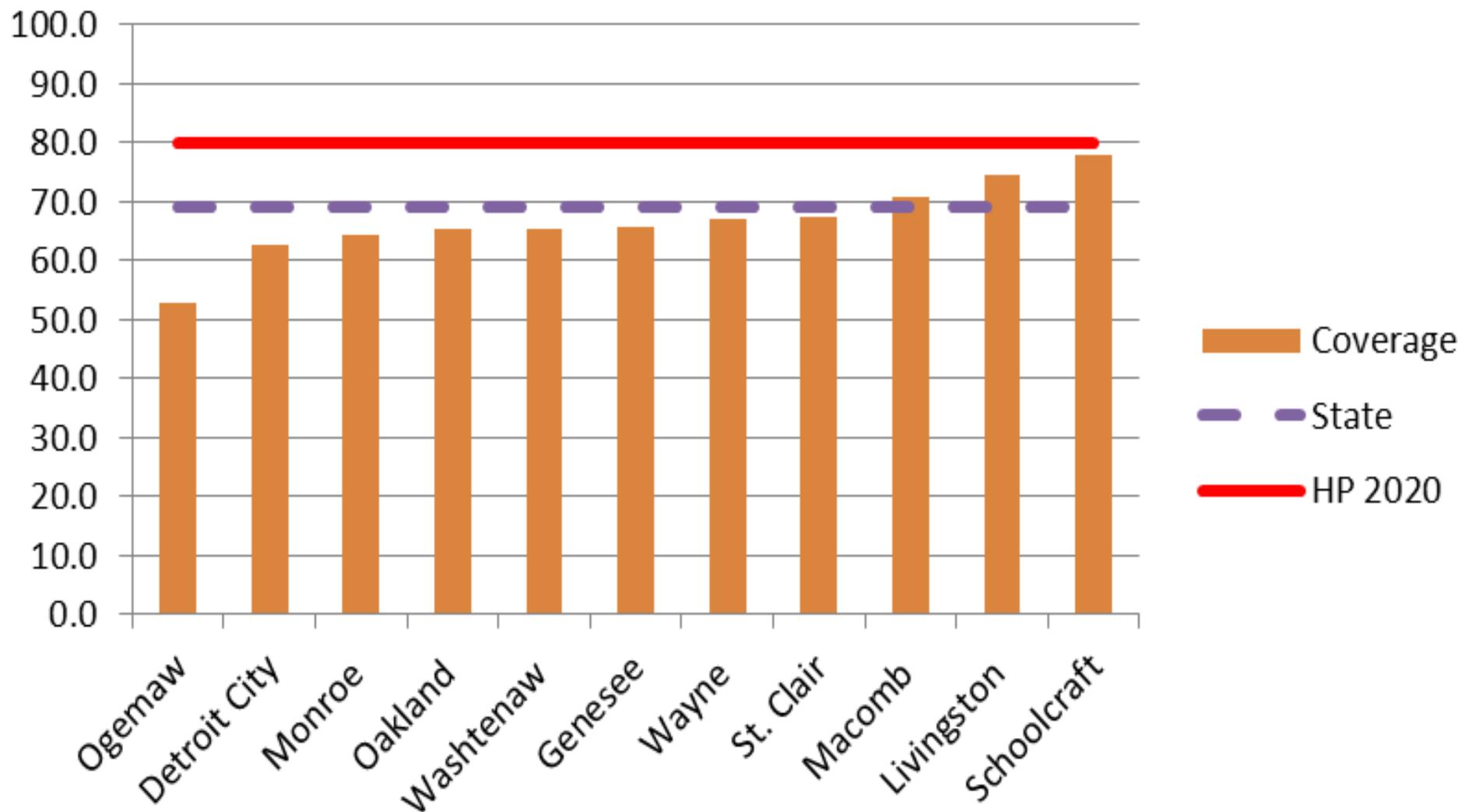
Adolescent Coverage Levels by Region for 3+ Doses HPV, 13-17 years, females (Feb, 2013)



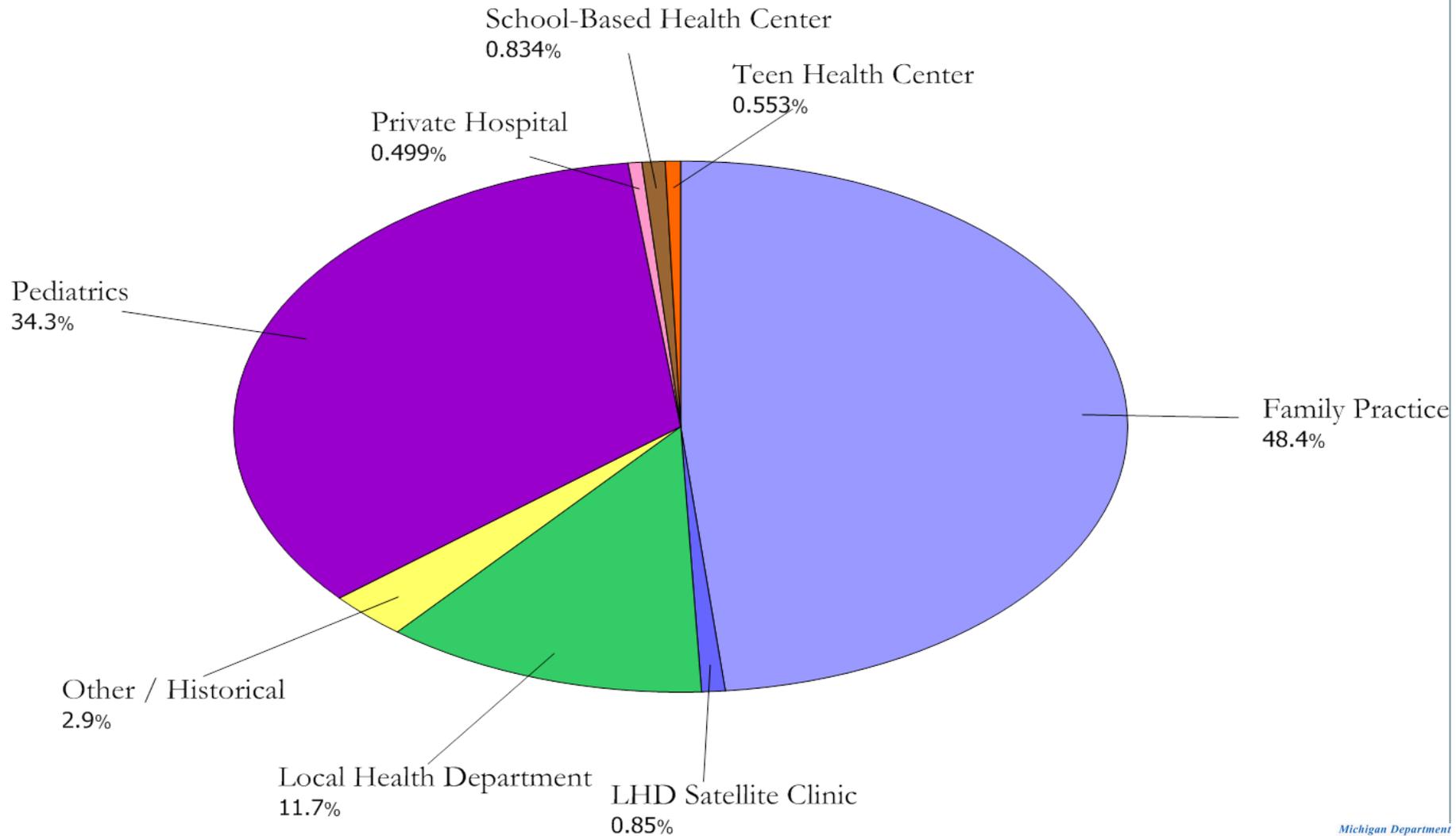
Adolescent Coverage Levels by County for 3+ Doses HPV, 13-17 years, females (Feb, 2013)



Adolescent Coverage Levels by County for Tdap 13-18 years, (Feb 2013)



Settings Where Teen Vaccines* are Administered (11-17 Years of Age)



MCIR data, September 2012. Includes HPV, MCV4, Tdap, and Varicella doses administered at age 11 through 17 years.

Why Reminder/Recall?



What is Reminder/Recall?



- Definitions

- A **Reminder** is a message that immunizations **may soon be due**
 - In MCIR, Reminders can only be conducted from ages 11-12.5
 - Reminders are not based on vaccine completion and when they will be next due for a dose, but rather based on age
- A **Recall** is a message that immunizations are **past due**
 - Recalls can be generated for any patient in any age group that is in overdue status
 - Can only be done on patient every 3 months

What the Research Says...



- McDowell (1986) found that telephoned reminders resulted in 37% of persons receiving influenza vaccine compared with 9.8% in a randomized control group
- Community Preventative Services Task Force
 - Reviewed 42 studies from 1980-1997; mail and telephone reminders resulted in a mean increase of 12 percentage points
 - Reviewed 20 studies from 1997-2007; mail, telephone, and other methods resulted in 6.1 percentage point increase
 - Reminder and Recall activities are effective
 - ✦ 1) In children and adults
 - ✦ 2) In a range of settings and populations
 - ✦ 3) When used alone or with additional components

It Works!



- Sending both reminder and recall messages to patients aids in keeping them up-to-date on immunizations
- Reminders and recalls may ultimately raise immunization coverage levels, especially if attention is given to details on follow-up
- Regardless of methods used (letters, postcards, or newer technologies such as phone, text or email)—the result should be positive
 - Combined methods such as mail and phone reminders together have shown to yield better results than just one approach

Project Specifics



Goal of Project: P-R-E-P-A-R-E Providers



- Create an action ***plan***
- Strongly ***recommend*** adolescent vaccines to parents of your 11- 18 year old patients
- Use ***every opportunity*** to vaccinate your adolescent patients every time
- Implement ***policies*** such as standing orders that will ensure ease of vaccination
- ***Assess*** patient vaccination status before they arrive for their appointment
- Utilize ***Reminder/Recall*** Systems
- ***Educate*** parents and patients about the diseases that can be prevented by adolescent vaccines

Reminder and Recall Activities



- **Reminder/Recall Notices:**
 - Quarterly for the duration of the grant
 - Provider-level focus (on provider letterhead and automated notices from provider number)
- **Using MCIR to conduct adolescent reminder/recall letter notices**
 - Centralized with all postage paid
 - In-office with all postage paid
 - ✦ In-office assistance with schedule flexibility
 - ✦ Regular follow-up
 - ✦ Training resources including webinars

Reminder and Recall Activities



- **Newer technologies for reminder and recall activities**
 - Services provided by PhoneTree
 - phone, text, and e-mail automated reminders
 - Based on provider and patient communication preferences
 - Sent quarterly alongside letter reminders and recalls
 - Start-up costs covered
 - Cost of all reminders and recalls sent out associated with this project during its duration will be covered

Provider Feedback Activities



- We will utilize the Assessment, Feedback, Incentives, eXchange (AFIX) program
- Behavior-based feedback in your office
 - Coverage levels
 - Missed opportunities (times when adolescents were seen at your office and didn't receive the vaccines they needed)
 - Immunization process improvements
 - Use P-R-E-P-A-R-E to guide our activities
 - ✦ Sessions are scheduled based on YOUR schedule and preferences
 - ✦ Conducted at a minimum of one time a year
 - ✦ Must be scheduled for a minimum of 30 minutes (Furthering education credits will be available for 60 minute sessions)

Follow-up and Assessments



- Quarterly AFIX reports will be run on all sites enrolled in the project in order to track progress
- Reminders will be sent to let you know when you should run your next batch of reminders and recalls as well as the parameters you should use
- Quarterly follow-up (based on your preferred method of communication)
 - Discuss progress on meeting the goals set forth in your action plan
 - Gain feedback on how the project is working in your office
 - Answer questions and be available as a resource

Additional Educational Opportunities



- Group and provider specific webinars to assist in building specific skills and knowledge
- Quarterly Newsletter
 - Read how the project is progressing across the region
 - Gain knowledge on a “topic highlight”
 - Read specific innovative strategies neighboring practices are utilizing that have worked
- Archived webinars and educational pieces available at www.michigan.gov/teenvaccines
- INE and PPEPI sessions

Benefits of Participating in the Project



Benefits of Participation



- **It is Free!**
 - This project is free to join and all its benefits will be provided at no cost to you
 - Education and training provided by MDCH Project Lead based on your schedule and preferences
 - Free resources!!
 - ✦ Project Toolkit
 - ✦ Kick-off and Training Webinars
 - ✦ Education pieces and other tools provided to share with patients
 - The cost of certain letter reminders and recalls as well as newer technologies will be covered

Benefits of Participation



- It is Cost Effective
 - This project may increase patient flow, offering opportunities for increased revenue and increased coverage levels
 - Increased adolescent immunization coverage levels may lead to increased financial incentives from health plans
 - Continuing to utilize the technologies after the project completion will be easy and less costly than starting on your own later
- Streamline Immunizations
 - This project will support immunization best practices in your office and offer tools catered toward your specific needs and preferences

Preparations



- Communicate with all the staff at your office about this project and any specifics they should know
- Continually gain support and input from physicians, nurses and other vaccine administrators to aid in the direction and success of the project in your practice
- **KEEP EVERYONE IN THE LOOP!**
- Think through goals you would like to set and what you would like to achieve through participating in this project.

Prepare for Success!



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Important Updates



Prior to running reminders and recalls:

- Update patient histories
- Update addresses
- Update patient status in MCIR

Start with your adolescent age group, and then work from there

If these updates are done prior to running a recall...time, money and frustration is saved in the long run.

Why is it important to update histories and addresses in MCIR?



- Updating vaccine histories may affect the status of the patient's record
 - Prevents over-vaccination of individuals
 - Prevents unnecessary recall letters from being generated
 - Prevents unnecessary provider visits
- Updating addresses
 - Prevents unnecessary mailing and costs
 - May affect the overall provider profile rate if patient has moved and has discontinued care.
- To find tip sheets and how-to manuals, visit:
http://www.mcir.org/res_library.html

What is a Patient Status?



Patient Status is a designation assigned by MCIR of a person's relationship with a provider and/or the county in which they reside.

These designations include:

- Active
- Inactive-moved or gone elsewhere (MOGE)
- Inactive-lost to follow-up
- Inactive-deceased
- Inactive-unknown

Patient Statuses in MCIR



- Inactive – Unknown
 - Previously were marked MOGE prior to Mar. 2011
- Active
- Inactive – MOGE
- Inactive – Lost to Follow-up
 - Allows documentation of changes in patients status.
 - Will remove patients from provider profiles.

Inactive – MOGE



Once it has been established that the patient is no longer under the care of the provider:

- Provider must document one of the following reasons:
 - Pt has moved and new address is entered into MCIR by provider
 - Pt has gone to another practice
 - Pt moved with no forwarding address (requires documentation)
 - Person does not receive medical care in MI

Inactive –Lost to Follow-up



- Provider:
 - If documented attempts have been made to locate and/or contact a patient and no response is received, then patient status should be set to “Inactive-Lost to Follow-up”.
 - Requires combination of THREE documented attempts, which includes one mailing
 - ✦ Other attempts could include phone, request for forwarding address (from post office), home visit, etc. without result

Patient Status

- Click the “Other” tab on the General Information screen to view status

The screenshot shows a form with two tabs: 'Immunizations' and 'Other'. The 'Other' tab is selected. The form contains the following fields:

Medical Home:	MDCH Nurse Educators	Patient Provider Status:	Active
Medicaid:		Health Plan:	
Patient ID:			

The screenshot shows the same form as above, but with the 'Patient Provider Status' dropdown menu open. The dropdown menu is highlighted with a red box and contains the following options:

- Active
- Active
- Inactive - moved or gone elsewhere
- Inactive - lost to follow up
- Inactive - deceased

The 'Submit' button is also highlighted with a red box.

Question and Answer



**WHEN YOU HAVE A QUESTION,
TAKE YOUR PHONE OFF MUTE**

**PLEASE STATE YOUR NAME AND
THE PRACTICE YOU ARE
ASSOCIATED WITH**

**WE WILL DO OUR BEST TO
ANSWER YOUR QUESTION!**

Conclusion and Next Steps



THANK YOU FOR ATTENDING

WHEN THE RECORDED WEBINAR IS ARCHIVED, I WILL SEND THE URL OUT VIA EMAIL FOR THOSE WHO WOULD LIKE TO VIEW IT

I WILL BE CALLING THIS AND NEXT WEEK TO FINALIZE YOUR PREFERENCES AND SCHEDULE TRAININGS

THOSE WHO CHOOSE NEWER TECHNOLOGIES WILL HEAR FROM PHONETREE TO SCHEDULE AN IN-OFFICE SET-UP



Thank You!