

# 2014 Michigan AFIX Site Visit – Guidance Document

**Background:** CDC has an AFIX Online Tool User Guide available for review and resource; it is located in the AFIX Online Tool area of SAMS under the AFIX Help tab.

<https://csams.cdc.gov/PAPA/AFIX/AFIX%20Online%20Tool%20User%20Guide%20Version%201.1.pdf>

If the reviewer does not have access or cannot locate the document, please contact the LHD assigned MDCH Immunization Field Representative for a copy to be sent through email.

The 2014 Michigan AFIX Guidance document is intended as a helpful resource and is not a step by step tutorial. Any questions should be communicated with the LHD assigned MDCH Immunization Field Rep for current instructions and clarification. The data and provider information identified in this document is for training purposes only and not an actual AFIX site visit.



**PLEASE NOTE:** Michigan required fields for 2014 site visits may not have the asterisk (\*) indicator. Please follow guidance provided from MDCH for instructions on the fields required for completion. The assigned MDCH Immunization Field Representative can be contacted for current Michigan requirements. Payment for AFIX visits is processed using the current MDCH guidelines.

## AFIX Online Tool – Home Page

Searching for a provider can be done using any of the available search fields.

**RECOMMENDED METHOD:** Provider Pin field using the Michigan assigned VFC pin number.



The search result will appear in alphabetical order for Clinic/Provider name. If using the complete VFC Pin number only one provider should appear. Contact the LHD assigned Field Rep, if more than one provider appears on the list. The provider demographic information is to be verified and updated by clicking on the VFC pin #.

 **It is a recommended method to click on Previous Visits; this will verify if an AFIX site visit has been started in the AFIX Online Tool system. If no 2014 site visit appears, then the reviewer can select New Visit for the provider.**

### SEARCH RESULTS

Viewing 1-20 of 43 records.

PIN	Clinic/Practice	Address	Previous Visits	New Visit
MIA3	[REDACTED]	3937 PATIENT CARE WALKWAY, ANN ARBOR, MI 48104	<a href="#">Previous Visits</a>	<a href="#">New Visit</a>
MIA3	[REDACTED]	710	<a href="#">Previous Visits</a>	<a href="#">New Visit</a>
MIA3	[REDACTED]	15	<a href="#">Previous Visits</a>	<a href="#">New Visit</a>
MIA3	[REDACTED]	285	<a href="#">Previous Visits</a>	<a href="#">New Visit</a>
MIA3	[REDACTED]	17	<a href="#">Previous Visits</a>	<a href="#">New Visit</a>
MIA3	[REDACTED]	315	<a href="#">Previous Visits</a>	<a href="#">New Visit</a>
MIA3	[REDACTED]	452	<a href="#">Previous Visits</a>	<a href="#">New Visit</a>
MIA3	[REDACTED]	202	<a href="#">Previous Visits</a>	<a href="#">New Visit</a>

## Provider Information

All Fields must be verified and completed accurately, the AFIX Contact Information is required; typing SAME is acceptable (if contacts are the same provider staff as the PEAR-VFC contacts).

Type of medical records the provider uses and the Method of reporting to the IIS (Immunization Information System) is required and is to reflect the current uses at the provider office.

**Note:** In Michigan the IIS is the Michigan Care Improvement Registry (MCIR).

To save the information on this screen, click **SAVE**.



Click **Start New Site Visit**, the system will create a **new site visit** for this provider.

If it is unknown that a 2014 AFIX site visit has been created, click **Return to Search** and the system will return to the AFIX home page.

### Assessment, Feedback, Incentives, eXchange Program Online Reporting Tool

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#### PROVIDER INFORMATION

**Provider Name:** \*

**Provider PIN:** \* MIA

**VFC Provider Type:** \*

Public facility  Mass Vaccinator  
 Private facility  Pharmacy

**Public Provider Details:** \*

Public health department/clinic  Other public  
 C/MHC

**Provider Address:**

Street Address 1: \*  
 Street Address 2: \*  
 City: \*  
 State: \* Michigan  
 Zip code: \*  
 Phone: \* 517- Fax: \*

**Enter Fax number if missing.**

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**PEAR Contact Information:**

Vaccine Manager: \* Email: \*  
 Secondary Contact: \* Email: \*

**AFIX Contact Information:**

Primary Contact: \* Email: \*  
 Secondary Contact: \* Email: \*

**Type of medical records the provider uses:**

Electronic:(type) \*  
 Paper: \*

**Method of reporting to the IIS:** \*

←

|  \* Indicates field is required

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# 2014 Michigan AFIX Site Visit – Guidance Document

## General Site Visit Information



**Recommended:** Select the **Choose Reviewer** each time this page is accessed.

The Workplace/Location is required; with the LHD and the County where the reviewer works.

**NOTE:** **Assessment Date** is the date that appears on the AFIX Basic Overview Report.

Assessment Name will auto populate and should be verified as correct, change as needed.

**NOTE:** The date at the end of the **Assessment Name** is the date of the site visit.

AFIX SITE VISIT TOOL			
Provider name:	[Redacted]	VFC PIN:	MIA [Redacted]
Assessment name:	[Redacted] /2/2014	Assessment date:	12/27/2013
Ages assessed:	Childhood: 19-36 months Adolescent: 156-216 months		# Age eligible: Child: 26 Adol: 378
Antigens:	0-3 Years: [4 DTaP, 3 IPV (Polio), 1 MMR, 3 Hib, 3 HepB, 1 VAR, 4 PCV13, 2-3 RV, 1-2 Flu, 2 HepA] 13-18 Years: [1 Tdap, 1 MCV4, 3 HPV, 1 HPV, 2 VAR, 2 MMR, 3 HepB, 1 Flu]		
<div style="display: flex; justify-content: space-between;"> <span>General Site Visit Info</span> <span>Questionnaire</span> <span>Assessment Results</span> <span>Feedback</span> <span>Exchange</span> <span>Summary</span> <span>Files</span> <span>Notes</span> </div>			
<b>GENERAL SITE VISIT INFORMATION</b>		REQUIRED FIELD STATUS: COMPLETE	
* INDICATES A REQUIRED FIELD.			
Provider name:	[Redacted]		
Provider type:	Public facility		
VFC Pin #:	MIA [Redacted]		
Site reviewer:	First name: Dave Last name: Brown Email: brownd53@michigan.gov Workplace/Location: MDCH Phone: 248-876-3814 Extension:		
Choose reviewer:	Dave Brown		
Assessment date:	12/27/2013 *		
Assessment name:	[Redacted] /1/2/2014 *		

**Assessment questionnaire** – determines the questions that get activated for the provider site visit. If the provider has only patients in the childhood cohort (19-36 months) then select ‘childhood’. If the provider has only patients in the adolescent cohort (156-216 months) then select ‘adolescent’. If the provider has both childhood and adolescent patients then select ‘both’.



**Number of age eligible (children/adolescents) in practice** is required; data is on the AFIX report. **Age assessed** is required; 19-36 months for childhood and 156-216 months for adolescent.

Assessment questionnaire:	<input type="radio"/> Childhood <input type="radio"/> Adolescent <input checked="" type="radio"/> Both <input type="radio"/> Questionnaire not used for this site visit*
Assessment age cohort	<input checked="" type="checkbox"/> 0 to 3 years <input checked="" type="checkbox"/> 13 to 18 years*
Antigens	<b>0-3 Years:</b> [4 DTaP, 3 IPV (Polio), 1 MMR, 3 Hib, 3 HepB, 1 VAR, 4 PCV13, 2-3 RV, 1-2 Flu, 2 HepA] <b>13-18 Years:</b> [1 Tdap, 1 MCV4, 3 HPV, 1 HPV, 2 VAR, 2 MMR, 3 HepB, 1 Flu]
Number of age eligible (children/adolescents) in practice	Childhood (0-3): 26 Adolescent (13-18): 378
Ages assessed:	Childhood: 19-36 months Adolescent: 156-216 months <small>If age assessed differs from the Assessment Age Cohort, please specify the ages assessed in months and/or years.</small>

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The previous AFIX visit 4:3:1:3:3:1:4 Percent, the previous AFIX visit Percent and the Date of previous/most recent AFIX site visit are required.

The information is retrieved from the previous (most recent) AFIX visit, either the VFC/AFIX Site Visit questionnaire or the AFIX Follow-up Report form.

**Note:** If there was not a coverage level percent documented on the previous AFIX visit the field should be left blank. Zero “0” should only be entered if the coverage level was assessed and was 0%.

<b>The previous AFIX visit 4:3:1:3:3:1:4 Percent</b>	Childhood: <input type="text" value="81"/>
<b>The previous AFIX visit Percent:</b>	Adolescent: 1 Tdap: <input type="text"/> 1 MCV4: <input type="text"/> 3 HPV: <input type="text"/> 1 HPV: <input type="text"/> 2 VAR: <input type="text"/> 2 MMR: <input type="text"/> 3 HepB: <input type="text"/> 1 Flu: <input type="text"/>
<b>Date of previous/most recent AFIX site visit:</b>	<input type="text" value="2/13/2013"/>

**AFIX Visit** will always be combined. **Type of VFC visit conducted** will always be compliance.

**AFIX Assessment method used** will always be Immunization Information Systems (IIS).

**AFIX Assessment tool** will always be IIS only (CoCASA not used)

 **NOTE:** Information in the AFIX site visits can be updated and corrected at any time, even after the “acknowledgement” statement is checked.

<b>AFIX visit :</b>	<input type="radio"/> Separate <input checked="" type="radio"/> Combined*
<b>Type of VFC visit conducted:</b>	<input checked="" type="radio"/> Compliance <input type="radio"/> Unannounced*
<b>AFIX Assessment method used:</b>	<input checked="" type="radio"/> Immunization Information Systems (IIS) - Standard <input type="radio"/> IIS and Chart data (chart pull to confirm registry data)*
<b>AFIX Assessment tool or combination of tools used:</b>	<input checked="" type="radio"/> Immunization Information System (IIS) only (CoCASA not used) <input type="radio"/> IIS combined with CoCASA (IIS data loaded into CoCASA)*
<b>Acknowledgement:</b>	<input checked="" type="checkbox"/> I acknowledge that this page is complete, and all responses are final

The use of **Save**, **Save and Continue** and **Save and Quit** buttons is covered in the CDC AFIX Online Tool User Guide.

SAVE | 
 SAVE AND CONTINUE | 
 SAVE AND QUIT

## AFIX Site Visit Questionnaire

**Note:** Answers are required for all questions and 2 or 3 Quality Improvement (QI) areas are required to be selected.

<b>Ages assessed:</b>	<b>Childhood:</b> 15-36 <b>Adolescent:</b> 156-216	<b># Age eligible:</b>	<b>Child:</b> 5 <b>Adol:</b> 13
<b>Antigens:</b>	<b>0-3 Years:</b> [4 DTaP, 3 IPV (Polio), 1 MMR, 3 Hib, 3 HepB, 1 VAR, 4 PCV13, 2-3 RV, 1-2 Flu, 2 HepA] <b>13-18 Years:</b> [1 Tdap, 1 MCV4, 3 HPV, 1 HPV, 2 VAR, 2 MMR, 3 HepB, 1 Flu]		
General Site Visit Info	Questionnaire	Assessment Results	Feedback
Exchange	Summary	Files	Notes

### AFIX SITE VISIT QUESTIONNAIRE

REQUIRED FIELD STATUS: **In-Progress**

\* INDICATES A REQUIRED FIELD. ALL QUESTIONNAIRE RADIO BUTTON QUESTIONS MUST BE ANSWERED, OR YOU MAY OPT-OUT ON THE GENERAL SITE VISIT INFORMATION PAGE.

The questionnaire may be filled out prior to the AFIX visit or during the visit. The assessor along with the provider is to select 2-3 strategies to incorporate into the QI plan for implementation and follow up  
 All questions are YES or NO answers according to the behaviors CURRENT at this provider office.

Strategies to improve the quality of immunization services *	Childhood	Adolescent	Selected QI
1. Do you have a reminder/recall process in place for pediatric/adolescent patients?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
2. Do you offer walk-in or immunization only visits?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
3. Do you routinely measure your clinic's pediatric/adolescent immunization coverage levels and share the results with your staff?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4. Do you schedule the next vaccination visit before the patients/parents leave the office?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>

## AFIX Assessment Results

The childhood fields are required using data from the AFIX Basic Overview Report.

**Note:** 2-3 RV field is the only field to remain blank.  
 Michigan does not assess for Rotavirus for the childhood assessment.

### ASSESSMENT RESULTS (COVERAGE RATES AND MISSED OPPORTUNITIES)

#### Assessment Outcome Measures

\* INDICATES A REQUIRED FIELD.

Childhood coverage level results (single antigens (0-3 years))	Percentage
4 DTaP	<input type="text"/> *
3 IPV (Polio)	<input type="text"/> *
1 MMR	<input type="text"/> *
3 Hib	<input type="text"/> *
3 HepB	<input type="text"/> *
1 VAR	<input type="text"/> *
4 PCV13	<input type="text"/> *
2-3 RV	<input type="text"/>
1-2 Flu	<input type="text"/>
2 Hep A	<input type="text"/>
Childhood Coverage Level Results (series (0-3 years))	Percentage
4:3:1:3:3:1:4	<input type="text"/> *

#### Missed Opportunities Outcome Measures

Childhood Missed Opportunities Results (series (0-3 years))	Percentage
4:3:1:3:3:1:4	<input type="text"/> *

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All Adolescent coverage levels and Adolescent Missed Opportunity percentages are required using data from the current AFIX Basic Overview Reports.

### Assessment Outcome Measures

Adolescent Vaccine Coverage Level Results (single antigens (13-18 years))	Percentage
1 Tdap	<input type="text"/> *
1 MCV4	<input type="text"/> *
3 HPV	<input type="text"/> *
1 HPV	<input type="text"/>
3 HepB	<input type="text"/>
2 MMR	<input type="text"/>
2 VAR	<input type="text"/>
1 Flu	<input type="text"/>

### Missed Opportunities Outcome Measures

Adolescent Missed Opportunities Results (series (13-18 years))	Percentage
1 Tdap	<input type="text"/> *
1 MCV4	<input type="text"/> *
3 HPV	<input type="text"/> *
1 HPV	<input type="text"/>
3 HepB	<input type="text"/>
2 MMR	<input type="text"/>
2 VAR	<input type="text"/>
1 Flu	<input type="text"/>

## AFIX Assessment Results



The **Date of Feedback** is required; the date of the VFC/AFIX site visit should match the date on the Assessment Name. The **Type of Feedback Method Used** is always Face-to-face.

### FEEDBACK

REQUIRED FIELD STATUS: IN-PROGRESS

Date of Feedback:

\* INDICATES A REQUIRED FIELD.

#### Type of Feedback Method Used \*

- Face-to-face
- Phone
- E-mail
- Mail
- Fax
- Other, please define below

Other feedback method:

The **Feedback Checklist Questions** pre-populate and default to **Yes**. The LHD reviewer is to assure that the yes answers are applicable, if not then change the answer to **No**. Comments can be typed into the **Feedback notes** text box.

### Feedback Checklist Questions:

1. Were the coverage level results and missed opportunities presented during your feedback session  Yes  No
2. Did you present the coverage level results for all assessed antigens and age groups?  Yes  No
3. Did you explain the missed opportunities results and discuss possible causes?  Yes  No
4. Did you ask the provider and their staff questions that test their understanding of the assessment reports?  Yes  No
5. Did you explain the purpose of the Site Visit Questionnaire?  Yes  No
6. Did you discuss the results of the Questionnaire? Please make sure you define and explain the QI strategies provided in the questionnaire.  Yes  No
7. Did you note your observations of office practices and discuss opportunities for improvement during the feedback session?  Yes  No
8. Did you encourage discussion among clinic staff during your session?  Yes  No
9. Did you highlight the provider's areas of strength?  Yes  No
10. Was a QI plan completed in collaboration with the provider staff providing the QI strategies to be implemented?  Yes  No
  - a. Was a timeline developed for implementing the QI strategies?  Yes  No
11. Did you explain the program's incentives process?  Yes  No

Feedback notes:



The **Delivery Method of Assessment Results** answer for selection is **Assessment results delivered using both paper form and a conversation**.

It is required that the provider staff in attendance at the site visit is to be made aware that an AFIX follow up visit may take place 6 months from the date of the VFC/AFIX site visit.

AFIX Follow up visits will review changes in coverage levels and missed opportunities for the same age ranges discussed, as well as the status of implementation for the quality improvement strategies recommended, at the VFC/AFIX site visit.

The LHD reviewer can attach documents to the site visit using the **Upload/Attach files** link.

Examples of attachments are; AFIX reports, Letter sent to the provider about the site visit, written QI plan, etc.

### Delivery Method of Assessment Results

#### **Assessment results delivered to providers\***

- Assessment results delivered in paper form (typed up letter or report/s)
- Assessment results delivered via conversation with the provider (in-person or over the phone)
- Assessment results delivered using both paper form and a conversation
- Other method

Other delivery method:

#### **Was the provider made aware of a follow up process to take place within 6 months of the visits to re-run assessment rates and contact the practice for updates about implementation status of the selected QI measures?**

- Yes
- No

If you would like to attach a QI Plan or any other reports used for feedback, please click the link: [Upload/Attach files](#)

## eXchange of Information (follow-up)

The information in this area is to be completed at the time of the AFIX Follow-Up visit, which is 3-6 months after the date of the VFC/AFIX site visit.



**Note:** Payment for AFIX follow-up visits to LHDs is processed using the current MDCH guidelines.

### EXCHANGE OF INFORMATION (FOLLOW-UP)

REQUIRED FIELD STATUS: **IN-PROGRESS**

Date of initial follow-up:

Note: The initial follow up should take place 3-6 months from the date of the Assessment

Using your Immunization Information System, re-run the Assessment rates for the same provider and same age cohort within 6 months of the visit:

\* INDICATES A REQUIRED FIELD.

#### Assessment Outcome Measures

Childhood coverage level results (single antigens (0-3 years))	Percentage	Percent Point Increase	Percentage Coverage Goal for following Year
4 DTaP	<input type="text"/> *	<input type="text"/>	<input type="text"/>
3 IPV (Polio)	<input type="text"/> *	<input type="text"/>	<input type="text"/>
1 MMR	<input type="text"/> *	<input type="text"/>	<input type="text"/>
3 Hib	<input type="text"/> *	<input type="text"/>	<input type="text"/>
3 HepB	<input type="text"/> *	<input type="text"/>	<input type="text"/>
1 VAR	<input type="text"/> *	<input type="text"/>	<input type="text"/>
4 PCV13	<input type="text"/> *	<input type="text"/>	<input type="text"/>
2-3 RV	<input type="text"/>	<input type="text"/>	<input type="text"/>
1-2 Flu	<input type="text"/>	<input type="text"/>	<input type="text"/>

The LHD reviewer can now click on any of the tabs for this provider AFIX site visit.

General Site Visit Info	Questionnaire	Assessment Results	Feedback	Exchange	Summary	Files	Notes
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**NOTE:** Information in the AFIX site visits can be updated and corrected at any time, even after the “acknowledgement” statement is checked.



The provider office is to be given a copy of the completed **General Site Visit Information, AFIX Questionnaire, and Assessment Results**. The **Summary** tab provides these three areas and can be printed and taken with the LHD reviewer to the site visit.