

AFIX Program Overview



Michigan Department of Health & Human Services Division of Immunization

CY 2016 AFIX Site Visits

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Terminology

A common vocabulary is used agency-wide when communicating about quality and quality improvement. Key terms and frequently used acronyms are listed alphabetically in this section.

Continuous Quality Improvement (CQI): A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process (PDSA, etc.) to analyze a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.

Plan, Do, Check Act (PDSA, also known as Plan-Do-Study-Act): An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned (Embracing Quality in Local Public Health: Michigan's QI Guidebook, 2008)

Quality Assurance (QA): Guaranteeing that the quality of a product/service meets a predetermined standard. QA is conducted by MDHHS Immunization staff.

Quality Improvement (QI): Raising the quality of a product/service to a higher standard. QI is ongoing – strategies are reviewed at the site visit and updated at the AFIX Follow Up visit.

Quality Improvement Action Plan: A plan composed of specific quality improvement strategies and clear action steps for improving current immunization activities within a practice. The QI Action Plan is finalized at the AFIX site visit and should be a driving force (resource) for the practice. The QI Plan is reviewed and updated at the AFIX Follow-Up visit (3-6 months from the date of the AFIX site visit).

¹Source: *The Ohio State University College of Public Health. Quality Improvement Plan: QI Plan Template. Center for Public Health Practice. Retrieved March 19, 2015 from <http://www.cph.osu.edu/practice/workforce-development-plan-template>*

Introduction

What is Continuous Quality Improvement?

A continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality services or processes which achieve equity and improve the health of the community. (Source: Riley, W.J., Moran, J.W., Corso, L.C., Beitsch, L.M., Bialek, R., & Cofsky, A. (2010). *Defining quality improvement in public health. Journal of Public Health Management and Practice, 16(1), 5-7.*)

Continuous Quality Improvement (CQI) is an approach to quality management that builds upon traditional quality assurance methods by emphasizing organization and systems. It focuses on the process of conducting business and promotes the need for objective data to analyze and improve processes.

CQI usually involves a common set of characteristics, including:

- A quality improvement team
- Training
- Mechanisms for selecting improvement opportunities
- A process for analysis and redesign
- A link to an organization's strategic plan
- An organizational culture that supports continual learning systems and process improvement

Quality improvement is a systematic approach towards increasing the quantity and quality of immunization best-practices. By identifying the strengths and weaknesses of an immunization program and subsequently creating a detailed plan for implementing new initiatives, the immunization team is then able to implement the necessary action steps, promote behavior change and increase immunization rates at the local level. One example of a quality improvement approach is the Plan-Do-Check-Act Tool:

1. **PLAN:** Plan changes aimed at improvement – brainstorming stage
2. **DO:** Carry out changes on a small scale– implementation stage pilot study
3. **CHECK:** Assess if the program has reached the desired results – evaluation stage
4. **ACT:** Implement change based on lessons learned – implementation stage large scale



What is AFIX?

The Centers for Disease Control and Prevention's AFIX (Assessment, Feedback, Incentives, and eXchange), is a research-supported continuous quality improvement process. AFIX works collaboratively with providers to increase and sustain high immunization coverage and incorporate evidence-based immunization practices at the immunization provider level.

(A)ssessment: A standardized method for collecting and analyzing quantitative and qualitative vaccination coverage data and information. The assessment provides the opportunity to understand practice patterns that may affect the delivery of immunizations to the provider's patient population.

(F)eedback: Informs provider and staff about assessment observations and results while encouraging discussion around ways to improve immunization rates, reduce missed opportunities, and improve the immunization delivery system. Feedback results in the development of clear and achievable quality improvement activities.

(I)ncentives: Recognition of improved performance quality for providers and staff making practice-based changes, developing more effective immunization delivery systems and ultimately improving immunization coverage. Incentives are used in combination with immunization educational aspects covered during feedback.

e(X)change: Follow-up with providers used to monitor and support progress towards implementing quality improvement strategies discussed during feedback. The exchange ensures providers have the necessary resources and information to improve the quality of their immunization services.

There is strong evidence that assessment and feedback, along with other elements such as incentives and exchange, are effective in increasing vaccination rates. In 2008, the Task Force on Community Preventive Services updated its original 1999 literature review on the topic and reaffirmed its earlier recommendation for using assessment and feedback "based on strong evidence of its effectiveness across a range of settings and populations." In addition, the task force recommends assessment and feedback for their effectiveness in improving immunization rates in adults and children when used alone or with additional components (such as incentives). This same review is cited in CDC's Advisory Committee on Immunization Practices (ACIP) 2011 General Recommendations in its endorsement of assessment and feedback.

Mission, Goals and Objectives

AFIX Mission, Goals and Objectives

The overarching mission of AFIX is to improve pediatric and adolescent immunization rates and behaviors at the physician-provider level in Michigan.

AFIX supports the mission by providing site visits to our VFC provider offices, reviewing the current coverage levels to the staff at the practices and also through creating a quality improvement plan for the practice.

By creating the quality improvement plan at the AFIX site visit, specific objectives are identified as areas of improvement for the practice. These areas will encourage the staff to focus on increasing coverage and reducing missed opportunities for vaccination,

The AFIX process is proven to be successful in consistently increasing immunization coverage levels and protecting people from vaccine-preventable diseases.

Additionally, AFIX is part of the national Healthy People 2020 Targets promoting a 50% increase in the proportion of providers who have had vaccination coverage levels measured within the past year. Healthy People 2020 recognized that only through measuring and evaluating coverage rates can practices and clinics begin to assess their immunization behaviors and practice, creating goals and objectives, and ultimately increase coverage rates through vaccinating more people that come to their offices.

Roles and Responsibilities

In order for the AFIX Program to be successful, each person involved must understand the value they bring to increasing vaccination rates.

Role	Responsibility
<p><i>Local Health Department (LHD) AFIX Reviewer</i></p>	<ul style="list-style-type: none"> • Schedule the AFIX site visit • Generate AFIX Basic Overview reports and enter into the AFIX Online Tool • Print the summary from the AFIX Online Tool and review with the staff at the practice during the site visit • Discuss with the staff at the practice about the quality improvement recommendations and the actions steps identified on the summary • Discuss strengths and areas of opportunity for improvement • Collaborate with staff at the practice on the timelines toward 100% implementation of the recommendations and document on the QI Action Plan • Complete all data entry into the AFIX Online Tool • Following up with provider office (3-6 months) to ensure that QI goals and objectives are met
<p><i>Physician/ Medical Director of the practice</i></p>	<ul style="list-style-type: none"> • Attend AFIX sessions • Review AFIX summary report • Develop and implement office policies and procedures to reflect QI initiatives • Meet with AFIX reviewer at the AFIX Follow-Up visit
<p><i>Immunization Champion / Lead immunization staff at the practice</i></p>	<ul style="list-style-type: none"> • Attend AFIX sessions with the reviewer • Encourage/allow other staff to attend AFIX sessions • Create a timeline for the QI strategies; communicate to LHD reviewer • Collaborate with other clinic staff on actions steps for quality improvement • Generate Immunization Coverage levels monthly from MCIR • Review monthly coverage levels with all staff at the practice • Meet with LHD reviewer 3 months from date of site visit to review progress on implementation of QI areas

Assessment

Assessment provides a standardized method for collecting and analyzing data and information while providing a valuable opportunity to understand practice patterns that may affect the delivery of immunizations to the practice's patient population.

Michigan is able to generate assessment results using the AFIX reports in the Michigan Care Improvement Registry (MCIR). AFIX reports are currently available at the primary care provider office, the LHD immunization staff and the MDHHS immunization staff.

Quantitative

The quantitative portion of an AFIX visit in Michigan consists of generating *AFIX Basic Overview reports* for children (24-36 months old) and for adolescents (13-18 years old) for the provider practice. The AFIX reports are generated from the MCIR and are point in time assessment. The Basic Overview Report provides coverage levels and missed opportunities for the age cohort chosen.

Qualitative

The *AFIX Site Visit Questionnaire* is the primary tool used for the qualitative portion of an AFIX visit. This is a requirement for every AFIX visit in Michigan. The AFIX Site Visit Questionnaire is designed to assess and evaluate a provider's implementation of evidence based strategies proven to improve immunization coverage. The *AFIX Site Visit Questionnaire* is part of the AFIX Online Tool.

Feedback

Feedback should be a two-way conversation between the AFIX reviewer and the staff at the provider office. The feedback portion of AFIX results in identifying the strategies and action steps towards 100% implementation of QI recommendations. The strategies and actions should be clearly written, achievable, and agreed upon by the provider and the LHD reviewer. The strategies and action steps are the basis of the AFIX follow-up visit (3-6 months from date of AFIX feedback). The AFIX Follow Up visit will identify the amount of implementation towards the QI recommendations.

Quality Improvement Goals & Implementation

During the feedback portion of the AFIX visit; the LHD reviewer will share and discuss the information contained in the AFIX summary (printed from the AFIX Online Tool). The strategies and action steps should be chosen based on the questions answered “No” in the AFIX questionnaire. The QI Action Plan is auto-populated in the AFIX Online Tool based on the selected QI strategies; therefore, careful selection of the most beneficial strategies is critical for the success of the initiative. The QI action plan is created automatically in the 2016 AFIX Online Tool.

For each QI Strategy selected, choose one or more action steps that must be accomplished in order to achieve successful implementation of each QI strategy. Ensure that the action steps are both feasible for the selected time frame and targeted toward created lasting change.

QI ACTION PLAN FOR ABC PEDS - 2/2/2016

1. Site Visit Information

Provider name:	ABC Peds	Provider type:	Private facility
VFC Pin #:	mia030000	Site Reviewer:	Kim Alder
Assessment date:	2/2/2016	Ages assessed:	Childhood: 24-36 months Adolescent: 156-216 months

Strategies to Increase the Quality of Immunization Services

Quality Improvement Strategy	Standard Action Steps	Additional Actions	Initial eXchange (Follow-up Date)	Additional Resources
1: Do you have a reminder/recall process in place for pediatric/adolescent patients?	<ul style="list-style-type: none"> Utilize the IIS to run and send reminder/recall notifications to child and adolescent patients 	Jane, practice manager, in one month will contact the MCIR regional office for training of generating recall letters from the MCIR. This practice committed to generating and mailing recall letters for children 24-36 months not up to date for the complete series, including Hepatitis A.		<p>American Academy of Pediatrics Immunization Reminder & Recall Systems http://www2.aap.org/immunization/pediatricians/pdf/ReminderRecall.pdf</p> <p>Using registry to do reminder/recall http://www.immregistries.org/resources/AIRA-MIROW-RR_miniguide.pdf</p> <p>Sending patient reminders through electronic health record: http://www.healthit.gov/providers-professionals/achieve-meaningful-use/menu-measures/patient-reminders</p>
3: Do you routinely measure your clinic's pediatric/adolescent immunization coverage levels and share the results with your staff?	<ul style="list-style-type: none"> Designate a point person for measuring coverage levels and tracking progress. Share coverage rates with clinic staff, discuss results and evaluate progress. 	Jane states she will generate coverage levels for both pediatric and adolescent patients between the 1st and 7th day of each month. The coverage levels will be reviewed with all clinical staff, including physicians. This will start March 2016.		<p>CDC AFIX Resources Immunization Report Card (coming soon!) https://csams.cdc.gov/PAPA/AFIX/afixReports.aspx</p> <p>Immunization Action Coalition Huddle your way to better immunization rates https://www.aap.org/en-us/Documents/hpvtoolkit_teamhuddle_hpv_2015_may.pdf</p>
6: Do you have a system in place to schedule wellness visits for patients at 11-12 years of age?	<ul style="list-style-type: none"> Designate a point person to your clinic's reminder efforts for scheduling adolescent wellness visits. 	The front desk staff will call families of 11-12 year olds that do not show for a scheduled visit. The patient will receive another visit date within 30 days of the missed visit date. This will start March 2016.		<p>Immunization Schedule 7-18 years http://www.cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf</p> <p>American Academy of Pediatrics Immunization Reminder & Recall Systems http://www2.aap.org/immunization/pediatricians/pdf/ReminderRecall.pdf</p>

eXchange of information (Follow-Up)

The eXchange of information (follow-up) is following up with providers to update coverage levels and identify the progress toward 100% implementation of the QI strategies discussed during the feedback portion of the AFIX visit. The AFIX Follow-Up visit is necessary to ensure that QI is occurring with the practice and to help implement changes at provider offices. The AFIX Follow Up visit is required to be completed a minimum of 3 months and maximum of 6 months from the AFIX visit. New/current AFIX reports are generated from the MCIR.

The AFIX Follow Up visit information is entered in the AFIX Online Tool eXchange tab.

INITIAL EXCHANGE OF INFORMATION (FOLLOW-UP)

Date of initial follow-up:

Type of Initial Exchange Method Used *

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

Other Initial Exchange method:

Number of age eligible (children/adolescents) assessed Childhood (0-3): * Adolescent (13-18): *

Reviewer Information *

Click if the reviewer is the same from the feedback session

Reviewer Name: Choose reviewer:

First name: Last name:

What is your education level?:

Other Specify:

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

eXchange of information (Follow-Up)

The AFIX Follow Up visit information is entered in the AFIX Online Tool eXchange tab.

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))	Percent	Percentage Point Change HP2020 Targets		Difference, Percent and HP2020	Percent Coverage Goal for Following Year
4 DTaP	<input type="text" value="24"/>	<input type="text" value="-11.00"/>	<input type="text" value="90"/>	<input type="text" value="-66.00"/>	<input type="text"/>
3 Polio	<input type="text" value="23"/>	<input type="text" value="-12.00"/>	<input type="text" value="90"/>	<input type="text" value="-67.00"/>	<input type="text"/>
1 MMR	<input type="text" value="12"/>	<input type="text" value="-55.00"/>	<input type="text" value="90"/>	<input type="text" value="-78.00"/>	<input type="text"/>
UTD Hib	<input type="text" value="55"/>	<input type="text" value="-21.00"/>	<input type="text" value="90"/>	<input type="text" value="-35.00"/>	<input type="text"/>
UTD HepB	<input type="text" value="55"/>	<input type="text" value="-23.00"/>	<input type="text" value="90"/>	<input type="text" value="-35.00"/>	<input type="text" value="5"/>
1 VAR	<input type="text" value="50"/>	<input type="text" value="-4.00"/>	<input type="text" value="90"/>	<input type="text" value="-40.00"/>	<input type="text"/>
UTD PCV	<input type="text" value="50"/>	<input type="text" value="1.00"/>	<input type="text" value="90"/>	<input type="text" value="-40.00"/>	<input type="text"/>
UTD RV	<input type="text"/>	<input type="text"/>	<input type="text" value="80"/>	<input type="text"/>	<input type="text"/>
1 Influenza	<input type="text"/>	<input type="text"/>	<input type="text" value="80"/>	<input type="text"/>	<input type="text"/>
2 HepA	<input type="text"/>	<input type="text"/>	<input type="text" value="85"/>	<input type="text"/>	<input type="text"/>

Childhood Coverage Level Results (series (0-3 years))	Percent	Percentage Point Change HP2020 Targets		Difference, Percent and HP2020	Percent Coverage Goal for Following Year
4:3:1:3:1:4	<input type="text" value="56"/>	<input type="text" value="0.00"/>	<input type="text" value="80"/>	<input type="text" value="-24.00"/>	<input type="text"/>

Missed Opportunities Outcome Measures

Childhood Missed Opportunities Results (series (0-3 years))	Percentage	Percentage Point Change	Percent Coverage Goal for Following Year
4:3:1:3:1:4	<input type="text" value="45"/>	<input type="text" value="-11.00"/>	<input type="text"/>

Assessment Outcome Measures

Adolescent Vaccine Coverage Level Results (single antigens (13-18 years))	Percent	Percentage Point Change HP2020 Targets		Difference, Percent and HP2020	Percent Coverage Goal for Following Year
UTD Hep B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Varicella	<input type="text"/>	<input type="text"/>	<input type="text" value="90"/>	<input type="text"/>	<input type="text"/>
1 Tdap	<input type="text" value="45"/>	<input type="text" value="-41.00"/>	<input type="text" value="80"/>	<input type="text" value="-35.00"/>	<input type="text"/>
UTD Meningococcal	<input type="text" value="88"/>	<input type="text" value="32.00"/>	<input type="text" value="80"/>	<input type="text" value="8.00"/>	<input type="text"/>
3 HPV	<input type="text" value="75"/>	<input type="text" value="-3.00"/>	<input type="text" value="80"/>	<input type="text" value="-5.00"/>	<input type="text"/>
2 HPV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 HPV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 Influenza	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 HepA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
UTD Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Missed Opportunities Outcome Measures

Adolescent Missed Opportunities Results (single antigens (13-18 years))	Percent	Percentage Point Change	Percent Coverage Goal for Following Year
UTD HepB	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 VAR	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 Tdap	<input type="text" value="12"/>	<input type="text" value="7.00"/>	<input type="text"/>
UTD Meningococcal	<input type="text" value="10"/>	<input type="text" value="-46.00"/>	<input type="text"/>
3 HPV	<input type="text" value="21"/>	<input type="text" value="-35.00"/>	<input type="text"/>
2 HPV	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 HPV	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 Influenza	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 HepA	<input type="text"/>	<input type="text"/>	<input type="text"/>
UTD Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>

eXchange of information (Follow-Up)

The AFIX Follow Up visit information is entered in the AFIX Online Tool eXchange tab.

Progress toward implementing selected QI strategies

Strategies to improve the quality of immunization services

Q#	Recommended Quality Improvement Activity	Childhood Progress	Adolescent Progress
4	Do you schedule the next vaccination visit before the patients/parents leave the office?	<input type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)	<input type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)
5	Do you contact patient/parents within 3-5 days when a "well-child" or "immunization only" visit is a "no show" and reschedule it for as soon as possible?	<input type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)	<input type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)

Was a follow-up letter sent to provider (letter to include re-assessment rates and initial follow up information)

Yes
 No

Date the letter was/will be mailed out:

Were additional subsequent exchanges conducted?

Yes
 No

Note: Subsequent exchange is not conducted in Michigan for CY2016 AFIX visits.

The MDHHS Immunization staff conducts all Quality Assurance (QA) for CY2016 Michigan AFIX visits.

QA Review: Passed Not yet passed
A QA Review is the state staff's review and approval of the quality of the conducted AFIX visit.

I acknowledge that this page is complete, and all responses are final

Available Resources

Training

- Initial AFIX Orientation & Methodology training is required for each LHD review. This training is required once and is presented through a webinar by the MDHHS AFIX Quality Improvement Coordinator.
- Annual Site Visit training is required for each LHD reviewer conducted by the MDHHS Field Rep

Additional Resources

- MDHHS AFIX Quality Improvement Coordinator is available for additional questions or training; contact the main MDHHS Immunization office at 517.335.8159
- www.Michigan.gov/Immunize Michigan Immunization Webpage
- <http://www.immunize.org/> Immunization Action Coalition
- <http://www.hpclearinghouse.org/> MDHHS Immunization Materials

Incentives

- Provider offices in Michigan with more than 10 patients in the chosen age cohort (Childhood and Adolescent) reaching or exceeding the annual MDHHS immunization coverage level goal, will be recognized annually. Normally in the fall of the calendar year. Certificates are given to staff from the offices the state immunization conferences.
- LHD Immunization Programs are encouraged to recognize providers with high coverage levels and also providers that have made efforts to improve vaccines for patients at their practice.