

Adolescent Immunization Status

Immunization Care for Adolescents in Rural Northern California

- Communities with unvaccinated or under-vaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases.
- Studies have shown that young adults have significantly lower rates of overall health services usage, lower rates of office-based utilization, and higher rates of emergency department visits, making it critical for health care providers to empower parents to access immunizations and well visits.¹
- Health insurance reforms under the Affordable Care Act require health plans to cover recommended immunizations without co-pays.
- As of January 2016, parents may no longer obtain a personal belief exemption for 10 school-required vaccinations, unless students have a medical exemption or are home schooled.

How Health Centers Provide the Necessary Care

Clinical Interventions

- Utilize all encounters with an adolescent to screen and, when indicated, immunize.
- Make immunization services readily available, including during non-traditional times such as weekends, evenings and lunch-hours.
- Offer immunizations as “walk-in” services with minimal or no wait time.
- Utilize provider reminders: computer-generated lists are used to notify providers of adolescents to be seen in clinic whose vaccines are past due.
- Use parent reminders when immunizations are due soon and recall notices when they are past due such as telephone calls, postcards or letters.
- Exchange immunization records for adolescents through the California Immunization Registry (CAIR). This promotes care coordination and improved access to an adolescent’s immunization history.
- Utilize a personalized, presumptive recommendation from physician to parent for adolescents to receive Tdap, Meningococcal and HPV vaccines, in addition to employing empathetic, motivational interviewing strategies to discuss parent concerns.

Community Interventions

- At community health fairs offer education on adolescent immunizations and recommended schedules.

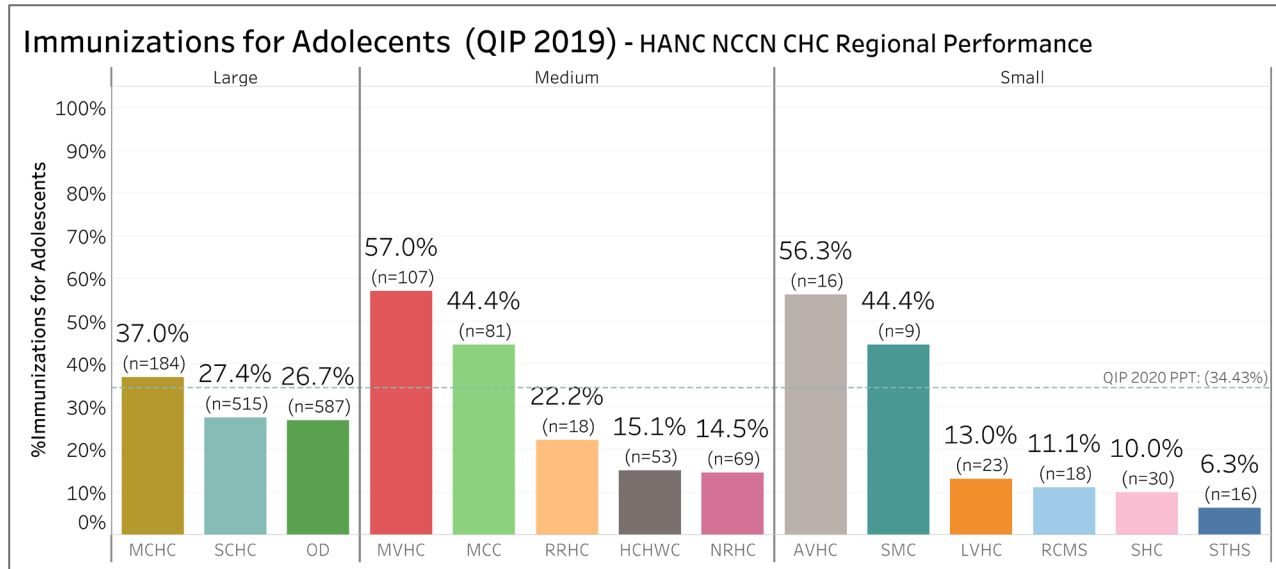
¹ Ziv A, Boulet JR, Slap GB. Utilization of physician offices by adolescents in the United States. *Pediatrics*. 1999;104(1 pt 1):35-42pmid:1039025

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Rural Northern California Health Center Data

Key Points

- It can be challenging to bring adolescents in for vaccinations. Some health centers use sports physicals as an opportunity to vaccinate adolescents.



Quality Measure Definitions (QIP)

The percentage of adolescents **13 years of age** who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), **and** two doses of the human papillomavirus (HPV) by their 13th birthday.

- Adolescents ages 10-13 years old need to have one dose of Tdap vaccine
- Adolescents ages 11-13 years old need to have one dose of Meningococcal vaccine
- Adolescents ages 9-12 years old need to have two doses of HPV vaccine

National Quality Goals and Benchmarks

Partial Points Threshold for QIP Measurement Year 2020: 34.43% represents the 50th percentile nationally for Medicaid Health Plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.