



# AFIX Training #2: Conducting AFIX Site Visits January 28, 2015

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY



# Training Objectives

- Explain the purpose of AFIX site visits.
- Demonstrate how to enter an AFIX visit in the AFIX Online Tool.
- Identify when clinics need a follow-up AFIX visit.
- Locate AFIX protocols and resources.

# Training Roadmap

- What is AFIX?
- Preparing for AFIX visits
- Conducting AFIX Visits
- Using the AFIX Online Tool
- Incentives
- Exchange (follow-up AFIX visits)



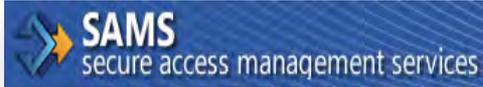
# What is AFIX?

Quality improvement program to improve clinic immunization rates and practices.

AFIX Component	Description
<u>A</u> ssessment	Focused on this during AFIX Training #1
<u>F</u> eedback	Sharing assessment results and recommended quality improvement strategies.
<u>I</u> ncentives	Recognize and reward improved performance
<u>eX</u> change of Information	Follow-up with clinics on their progress to improve their rates and practices.

# Getting Started

# What you need to get started



- **Secure Access Management Services (SAMS) account**
  - AFIX online tool
  - AFIX forms and resources
  - **Need a SAMS Account:**
    - Email [OICPContracts@doh.wa.gov](mailto:OICPContracts@doh.wa.gov)
    - Include your name and email address
- **WA AFIX Policies and Procedures**

# Selecting Sites to Visit



- **WA AFIX Policies & Procedures:**
  - [Section One: Getting Started](#)
  - Review the **Provider Site Selection P&P**.
- **Review your number of required AFIX visits.**
- **Select clinics who:**
  - Will receive a VFC visit this year.
  - Share data with the WA State Immunization Information System (IIS).
  - Want to improve their immunization rates and practices.

# Selecting Age Range



## Child

- 24 – 35 months.
- Focus on this age group for 2015.



## Teen

- 13 – 17 years.
- Choose if a clinic does not have ten patients in the child age group.

# Scheduling an AFIX Visit

- **WA AFIX Policies & Procedures**
  - Section Three: Feedback
  - Scheduling AFIX Feedback Visits



**Get Started with  
your visits ASAP!**

<b>Question</b>	<b>Answer</b>
How long is an AFIX visit?	About one hour
Which clinic staff should participate?	A clinic decision-maker
Do visits have to be in-person?	No
Can I do VFC and AFIX visits separately?	Yes
Can I do AFIX visits with multiple clinics at the same time	Yes

# Preparing for an AFIX Visit

- Print a hard copy of the AFIX Site Visit Forms.
- Run and print CoCASA reports.
- Pull together resources.
- Start entering information in the AFIX Online Tool.



## Helpful Hint

Send the AFIX Questionnaire to clinics before the visit.

### AFIX Site Visit Tool Printable Documents

[AFIX Site Visit - Full Document](#)

[AFIX Site Visit - General Site Visit Information](#)

[AFIX Site Visit - Questionnaire](#)

[AFIX Site Visit - Assessment Results](#)

[AFIX Site Visit - Feedback](#)

[AFIX Site Visit - eXchange](#)

[AFIX Site Visit - eXchange](#)

Three overlapping screenshots of the CoCASA (Community Care Assessment System) interface. The top report is titled 'DIAGNOSTIC REPORT (CHILDHOOD)' with a date generated of 05/29/2014. The middle report is 'SINGLE ANTIGEN REPORT (CHILDHOOD)' with a date generated of 05/29/2014. The bottom report is 'INVALID DOSES' with a date generated of 05/29/2014. Each report shows fields for provider site name, age range, and compliance status. The 'INVALID DOSES' report includes a summary box at the bottom right stating 'Total # of Records with Invalid Doses: 16'.



# Conducting AFIX Visits

# AFIX Site Visit Basics

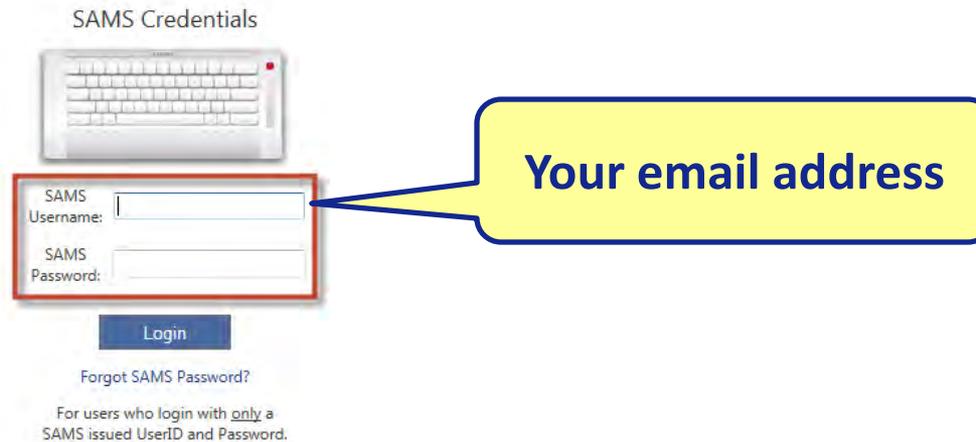
## Initial AFIX Visit → Feedback

Question	Answer
What should I cover during AFIX visits?	<ul style="list-style-type: none"><li>• CoCASA Reports</li><li>• AFIX Questionnaire</li><li>• Recommended QI strategies</li><li>• Develop QI plan</li></ul>
How can I do my AFIX visits?	Three options: <ul style="list-style-type: none"><li>• Site Visit</li><li>• Telephone</li><li>• Webinar</li></ul>
When do I need to document my AFIX visits?	Document in the AFIX Online Tool within 10 business days.
When do I need to complete my initial AFIX visits?	September 30, 2015

# Using the AFIX Online Tool

# Logging in to SAMS

- 1 Go to the SAMS website: <https://sams.cdc.gov>.
- 2 Login.



SAMS Credentials

SAMS Username:

SAMS Password:

Login

Forgot SAMS Password?

For users who login with only a SAMS issued UserID and Password.

Your email address

- 3 Click on the **Program Annual Reports** link.

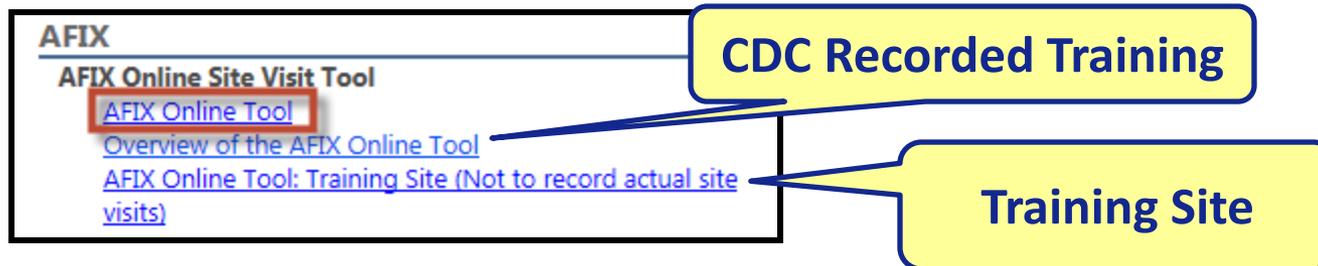


Program Annual Progress Assessment

- Program Annual Reports (PAPA)

# Accessing the AFIX Online Tool

- 4 Click the **Accept** button.
- 5 Click on the **AFIX Online Tool** link.



**In PAPA, you can also access the:**

- AFIX Online Tool Training
- AFIX Online Tool Training Site
- VFC-PEAR

# Searching for a Clinic

- 1 Click **AFIX - Search**.
- 2 Enter a Provider PIN.
- 3 Click **Search**.



Assessment, Feedback, Incentives, eXchange Program  
Online Reporting Tool

Please use this page to search and locate the provider you are planning to visit. From the search results, you will be able to begin a new site visit, or add data to an existing site visit record.

SEARCH

Provider PIN:  2

Clinic/Practice:

City:

Zip Code:

Reviewer:  ~~XXXXXXXXXX~~

Region:

**SEARCH** **RESET**

ADD A NEW PROVIDER

A red arrow points from the 'SEARCH' button to the 'Helpful Hints' box.



## Helpful Hints

- Do not choose your name from the Reviewer box when searching for a clinic.
- Do not add new clinics.

# Starting a New AFIX Visit

- 1 Provider will show up in **Search Results**.
- 2 Click **New Visit**.
- 3 Start entering information.

**SEARCH**

Provider PIN:  City:

Clinic/Practice:  Zip Code:

Reviewer:  Region:

**SEARCH RESULTS**

Viewing 1-1 of 1 records.

<a href="#">PIN</a>	<a href="#">Clinic/Practice</a>	<a href="#">Address</a>	<a href="#">Region</a>	<a href="#">Previous Visits</a>	<a href="#">New Visit</a>
<a href="#">WAA191019</a>	THE VANCOUVER CLINIC - BATTLE GROUND	2005 W MAIN STREET #120 BATTLE GROUND, WA 98604	Unassigned	<a href="#">Previous Visits</a>	<a href="#">New Visit</a>

Click here to access a visit you already started entering.

# Entering an AFIX Visit

- Four screens to complete for initial AFIX Visit.
- One screen to complete for follow-up AFIX Visits.

CENTERS FOR DISEASE CONTROL AND PREVENTION • NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

Welcome **Nicole Pender**  
[Exit/Logout](#)

## PROGRAM ANNUAL REPORT AND PROGRESS ASSESSMENTS

PAPA - Home | AFIX - Home | AFIX - Search | AFIX - Reports | AFIX - Help

### AFIX SITE VISIT TOOL

Provider name:	THE VANCOUVER CLINIC - BATTLE GROUND	VFC PIN:	WAA191019
Assessment name:	THE VANCOUVER CLINIC - BATTLE GROUND_1/26/2015	Assessment date:	
Ages assessed:	Childhood: Adolescent:	# Age eligible:	Child: Adol:
Antigens:			

General Site Visit Info | Questionnaire | Assessment Results | Feedback | **Exchange** | Summary | Files | Notes

**Complete for initial AFIX visits**

**Complete for follow-up AFIX visits**

# Initial AFIX Visit Screens

## General Site Visit Information

- Basic information about the assessment, clinic, and reviewer.

## Questionnaire

- Required to complete for all AFIX visits.
- Asks about the clinic's immunization practices.

## Assessment Results

- Document the clinic's immunization rates from CoCASA reports.

## Feedback

- Document basic information about the initial AFIX visit.



# Screen One: General Site Visit Information

# General Site Visit Information

Field Name	Information to Enter
Site Reviewer	Choose your name from the drop down box
Assessment Date	Enter the date you ran CoCASA reports.
Assessment Questionnaire	Choose child, adolescent, or both depending on age group assessed.
Assessment Age Cohort	Choose 0-3 for childhood and/or 13-18 years for adolescent.
Number of Age-Eligible Children/Adolescents in Practice	Enter the number of patients from your CoCASA reports.
Age Assessed	If childhood, enter 24-35 months.

# General Site Visit Information

AFDX SITE VISIT TOOL											
Provider name:	THE VANCOUVER CLINIC - BATTLE GROUND		VFC PIN:	WAA191019							
Assessment name:	THE VANCOUVER CLINIC - BATTLE GROUND_1/26/2015		Assessment date:								
Ages assessed:	Childhood:	Adolescent:	# Age eligible:	Child: Adol:							
Antigens:											
<table border="1"> <tr> <td>General Site Visit Info</td> <td>Questionnaire</td> <td>Assessment Results</td> <td>Feedback</td> <td>Exchange</td> <td>Summary</td> <td>Files</td> <td>Notes</td> </tr> </table>				General Site Visit Info	Questionnaire	Assessment Results	Feedback	Exchange	Summary	Files	Notes
General Site Visit Info	Questionnaire	Assessment Results	Feedback	Exchange	Summary	Files	Notes				

## GENERAL SITE VISIT INFORMATION

REQUIRED FIELD STATUS: **In-Progress**

\* INDICATES A REQUIRED FIELD.

- 1
- 2
- 3
- 4
- 5
- 6

Provider name:	THE VANCOUVER CLINIC - BATTLE GROUND
Provider type:	Private facility
VFC Pin #:	WAA191019
Site reviewer: Choose reviewer:	First name: <input type="text"/> Email: <input type="text"/> Phone: <input type="text"/> <input type="text"/>
Assessment date:	1/26/2015 *
Assessment name:	THE VANCOUVER CLINIC - BATTLE GROUND_1/26/2015 *
Assessment questionnaire:	<input checked="" type="radio"/> Childhood <input type="radio"/> Adolescent <input type="radio"/> Both <input type="radio"/> Questionnaire not used for this site visit*
Assessment age cohort	<input type="checkbox"/> 0 to 3 years <input type="checkbox"/> 13 to 18 years*
Antigens	
Number of age eligible (children/adolescents) in practice	Childhood (0-3): <input type="text"/> Adolescent (13-18): <input type="text"/>
Ages assessed:	Childhood: <input type="text"/> Adolescent: <input type="text"/> * If age assessed differs from the Assessment Age Cohort, please specify the ages assessed in months.

The date you run CoCASA reports

Age group assessed

Number of patients from CoCASA reports

Enter 24-35 months for child assessments

# General Site Visit Information

Field Name	Information to Enter
<b>AFIX Visit</b>	Choose separate or combined. <ul style="list-style-type: none"><li>• Separate = AFIX Only</li><li>• Combined = VFC &amp; AFIX</li></ul>
<b>Type of VFC Visit Conducted</b>	Choose compliance (regular VFC visit).
<b>AFIX Assessment Method Used</b>	Choose Immunization Information System (Standard).
<b>AFIX Assessment Tool or Combination of Tools Used</b>	Choose IIS combined with CoCASA.
<b>Acknowledgement</b>	Check this box.

# General Site Visit Information

The previous AFX visit 4:3:1:3:3:1:4 Percent	Childhood: <input type="text"/>
The previous AFX visit Percent:	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"/>
Date of previous/most recent AFX site visit:	<input type="text"/>
7	AFIX visit : <input type="radio"/> Separate <input type="radio"/> Combined*
8	Type of VFC visit conducted: <input type="radio"/> Compliance <input type="radio"/> Unannounced*
Not a full AFX:	<input type="checkbox"/> Not a full AFX If you are conducting a partial AFX visit (Not a Full AFX), please click the checkbox. You will be able to record the partial AFX visit for your program's record. Any visit marked as "not a full AFX" visit will not count as part of your annual AFX data. This category is only relevant for programs that conduct a full AFX for a portion of their providers and a partial AFX for a second portion.
9	AFIX Assessment method used: <input type="radio"/> Immunization Information Systems (IIS) - Standard <input type="radio"/> IIS and Chart data (chart pull to confirm registry data)*
10	AFIX Assessment tool or combination of tools used: <input type="radio"/> Immunization Information System (IIS) only (CoCASA not used) <input type="radio"/> IIS combined with CoCASA (IIS data loaded into CoCASA)*
11	Acknowledgement: <input type="checkbox"/> I acknowledge that this page is complete, and all responses are final
12	<input type="button" value="SAVE"/> <input type="button" value="SAVE AND CONTINUE"/> <input type="button" value="SAVE AND QUIT"/>



## Screen Two: Questionnaire

# AFIX Questionnaire

- **Questions divided into three categories**
  - Strategies to improve the quality of immunization services.
  - Strategies to decrease missed opportunities.
  - Strategies to improve IIS functionality and data quality.
- **Record immunization practices and selected quality improvement strategies.**
- **Resource**  
**[AFIX Questionnaire Response Guide](#)**

# AFIX Questionnaire

## Category One Strategies

General Site Visit Info	Questionnaire	Assessment Results	Feedback	Exchange	Summary	Files	Notes
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### 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

	Answers	Selected QI
1. Do you have a reminder/recall process in place for pediatric patients? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
2. Do you offer walk-in or immunization only visits? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
3. Do you routinely measure your clinic's pediatric immunization coverage levels and share the results with your staff? <a href="#">Answer Guide</a>	<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? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
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? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6. Do you have an immunization champion at this practice that focuses on QI measures, reducing barriers and improving coverage levels? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
7. Do you regularly document vaccine refusals and the reasons for the refusal (parent choosing to delay, parent has vaccine safety concern, medical contraindication, etc.)? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>

# AFIX Questionnaire

## Category Two Strategies

### Strategies to decrease missed opportunities

1.	Does your immunization staff educate parents about immunizations and the diseases they prevent, even when the parents refuse to immunize? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
2.	Do you have immunization information resources to help answer questions from patients/parents? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
3.	Is your immunization staff knowledgeable and comfortable with current ACIP recommendations, including minimum intervals, contraindications, etc.? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.	Do you train front desk/scheduling staff so they know when it's appropriate to schedule immunization appointments? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
5.	Do you have standing orders for registered nurses, physician assistants, and medical assistants to identify opportunities to administer all recommended pediatric vaccines? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6.	Is your immunization staff knowledgeable and comfortable with administering all recommended vaccinations to patients at every visit? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>

# AFIX Questionnaire

## Category Three Strategies

<b>Strategies to improve IIS functionality and data quality</b>		
1.	Does your staff report all immunizations you administer at your practice to your state / city IIS? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/>
2.	Does your staff report immunizations previously administered to your patients by other providers to the IIS (e.g. official shot record, other IIS report, copy of medical record)? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/>
3.	Do you inactivate patients in the IIS who are no longer seen by your practice? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/>
4.	Do you use your IIS to determine which immunizations are due for each patient at every visit? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/>

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

# Selecting QI Strategies

Click the **Selected QI** check box.

- If any No answers, the clinic has to select a QI strategy.
- If multiple No's, select two or more QI strategies.

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? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/>
2.	Do you offer walk-in or immunization only visits? <a href="#">Answer Guide</a>	<input checked="" 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? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="checkbox"/>
4.	Do you schedule the next vaccination visit before the patients/parents leave the office? <a href="#">Answer Guide</a>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
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? <a href="#">Answer Guide</a>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6.	Do you have a system in place to schedule wellness visits for patients at 11-12 years of age? <a href="#">Answer Guide</a>	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
7.	Do you have an immunization champion at this practice that focuses on QI measures, reducing barriers and improving coverage levels? <a href="#">Answer Guide</a>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
8.	Do you regularly document vaccine refusals and the reasons for the refusal (parent choosing to delay, parent has vaccine safety concern, medical contraindication, etc.)? <a href="#">Answer Guide</a>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>

# Quality Improvement Plan

- **Complete a QI plan when a provider selects a strategy to implement.**
  - Action Steps
  - Who?
  - By When?
- **Resource**  
CDC QI Plan & Template

Coming Soon!



# Screen Three: Assessment Results

# Assessment Results: Childhood

General Site Visit Info	Questionnaire	Assessment Results	Feedback	Exchange	Summary	Files	Notes
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**ASSESSMENT RESULTS (COVERAGE RATES AND MISSED OPPORTUNITIES)** REQUIRED FIELD STATUS: **IN-PROGRESS**

**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"/>

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

# Assessment Results: Childhood

Page 1

COMPRESHIVE  
**CASA** Report Title: **DIAGNOSTIC REPORT (CHILDHOOD)** Date Generated: 01/15/2015

**REPORT CRITERIA** Assessment date: 1/15/2015

Provider site name: Vancouver Clinic-Battleground (191019) **Page 3**

Age range: From 24 to 35 months as of 1/14/2015

Selected series/antigens: 4:3:1:3:3:1:4 (4DTaP, 3Polio, 1MMR, 3HIB, 1HepB, 1Var1, 1PCV4)

Compliance:  By age: 24 months  By date:

Additional criteria:  Apply ACIP Recommendations (valid doses only)  Apply  Limited by

Missed opportunities are defined as: On LAST immunization visit

304 # of patient records selected

(minus) 0 # of patients moved or gone elsewhere (MOGE)

304 Total # of Patient Records Assessed

Total # of Patient Records Assessed 304

**SECTION I (based on user-selected criteria)**

**Vaccinations Coverage: Who is up-to-date?**

	Selected Series /Antigens	By: 24 months of age	
		# of patients up-to-date	% of patients up-to-date
1	DTaP4 Polio3 MMR1 HIB3 HepB3 Var1 PCV4	140	46%
2	DTaP4	181	60%
3	Polio3	258	85%
4	MMR1	265	87%
5	HIB3	276	91%
6	HepB3	253	83%
7	Var1	255	84%
8	PCV4	223	73%

**SECTION IV (based on user-selected criteria)**

**Reduce Missed Opportunities to Bring Patients Up-to-Date**

# of patients who missed immunization opportunities 111

# of patient records assessed 304

= 37% of patients had a missed opportunity

Missed Opportunity Rate

4313314 Series Rate

Individual Vaccine Rates

# Assessment Results: Adolescent

## 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"/>

# Assessment Results: Adolescent

## CoCASA

## AFIX Online Tool

**Adolescent Assessment Outcome Measures**

Adolescent Individual Antigens (13-18 Years)

	1	2
	Coverage Level	Missed Opportunities
1 Td/Tdap*	92.92 %	3.97 %
1 MCV4*	60.16 %	33.62 %
3 HPV*	17.12 %	73.71 %
3 Hep B	67.04 %	32.20 %
2 MMR	68.26 %	30.77 %
2 Varicella	51.55 %	47.02 %

**Assessment Outcome Measures**

Adolescent Vaccine Coverage Level Results (single antigens (13-18 years))

	Percentage
1 Tdap	
1 MCV4	1
3 HPV	

**Missed Opportunities Outcome Measures**

Adolescent Missed Opportunities Results (series (13-18 years))

	Percentage
1 Tdap	
1 MCV4	2
3 HPV	



## Screen Four: Feedback

# Feedback

Field Name	Information to Enter
<b>Date of Feedback</b>	The date of your initial AFIX visit.
<b>Type of Feedback Method Used</b>	Choose how you conducted your AFIX visit: <ul style="list-style-type: none"><li>• Face-to-face</li><li>• Phone</li><li>• Other: Webinar</li></ul>
<b>Feedback Checklist Questions</b>	Yes / No questions <ul style="list-style-type: none"><li>• Answer based on what you covered during the AFIX visit.</li></ul>
<b>Assessment Results Delivered to Provider</b>	Choose delivered using both paper form and conversation.
<b>Was the provider made aware of follow-up process...?</b>	Choose Yes or No <ul style="list-style-type: none"><li>• Based on whether follow-up is needed or not.</li></ul>

# Feedback

General Site Visit Info | Questionnaire | Assessment Results | Feedback | Exchange | Summary | Files | Notes

## FEEDBACK

REQUIRED FIELD STATUS: **In-Progress**

Date of Feedback:

1

### Type of Feedback Method Used \*

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

Other feedback method:

2

\* INDICATES A REQUIRED FIELD.

### Feedback Checklist Questions:

1. Were the coverage level results and missed opportunities presented during your feedback session?
2. Did you present the coverage level results for all assessed antigens and age groups?
3. Did you explain the missed opportunities results and discuss possible causes?
4. Did you ask the provider and their staff questions that test their understanding of the assessment reports?
5. Did you explain the purpose of the Site Visit Questionnaire?
6. Did you discuss the results of the Questionnaire? Please make sure you define and explain the QI strategies provided in the questionnaire.
7. Did you note your observations of office practices and discuss opportunities for improvement during the feedback session?
8. Did you encourage discussion among clinic staff during your session?
9. Did you highlight the provider's areas of strength?
10. Was a QI plan completed in collaboration with the provider staff providing the QI strategies to be implemented?
  - a. Was a timeline developed for implementing the QI strategies?
11. Did you explain the program's incentives process?

- Yes  No

3

Feedback notes:

# Feedback

## Delivery Method of Assessment Results

### Assessment results delivered to providers\*

- 4
- 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?

- 5
- 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](#)

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

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SAVE

SAVE AND CONTINUE

SAVE AND QUIT

# Incentives

# Incentives

## Immunize Washington

- Health Plan Partnership
- Provider Recognition Program
  - Gold Level = 80% +
  - Silver Level = 70% +
- Providers self-nominate through [website](#).
- Use [provider flyer](#) to promote.



# eXchange of Information

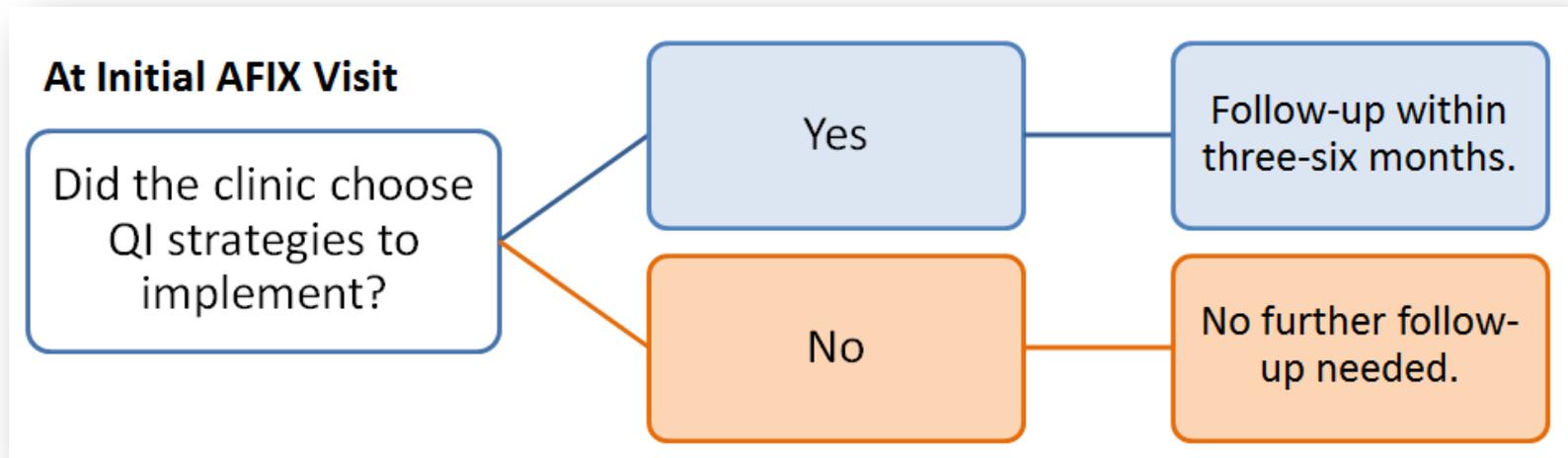
# eXchange (Follow-Up)

- **WA AFIX Policies & Procedures:**

- Section Five: eXchange (follow-up)

Not Available Yet

- **When are you required to do an AFIX follow-up?**



# eXchange (Follow-Up)

- **2015 AFIX follow-up requirements**
  - Need to do follow-ups for all clinics when indicated.
    - No specific number of AFIX follow-ups required.
  - Conduct follow-up 3-6 months after initial visit.
  - Follow-up via phone, webinar, or site visit.
  - Due by December 31, 2015.

- **Resource**

CDC Follow-Up Plan

Coming Soon!

# eXchange (Follow-Up)

**Follow-up includes re-assessing the clinic's immunization rates and progress implementing quality improvement strategies.**

Field Name	Information to Enter
<b>Date of Initial Follow-Up</b>	The date you follow-up with the clinic.
<b>Assessment Outcome Measures</b>	Enter the clinic's immunization rates from their follow-up assessment.
<b>Progress toward implementing selected QI strategies</b>	Choose clinic's level of progress.
<b>Follow-up letter sent to provider?</b>	Choose Yes or No
<b>Date the letter was/will be mailed out</b>	Enter the date you sent the follow-up letter.

# eXchange (Follow-Up)

General Site Visit Info	Questionnaire	Assessment Results	Feedback	Exchange	Summary	Files	Notes
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## EXCHANGE OF INFORMATION (FOLLOW-UP)

REQUIRED FIELD STATUS: **IN-PROGRESS**

Date of initial follow-up:

1

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"/>
2 HepA	<input type="text"/>	<input type="text"/>	<input type="text"/>
Childhood Coverage Level Results (series (0-3 years))	Percentage	Percent Point Increase	Percentage Coverage Goal for following Year
4:3:1:3:3:1:4	<input type="text"/> *	<input type="text"/>	<input type="text"/>

2

### Missed Opportunities Outcome Measures

Childhood Missed Opportunities Results (series (0-3 years))	Percentage	Percent Point Decrease	Percentage Coverage Goal for following Year
4:3:1:3:3:1:4	<input type="text"/> *	<input type="text"/>	<input type="text"/>

# eXchange (Follow-Up)

As part of the initial follow up, the provider is to be contacted within 6 months of the visit to provide this information:

## Progress toward implementing selected QI strategies \*

### Strategies to improve the quality of immunization services

Q#	Recommended Quality Improvement Activity	Progress
1	Do you have a reminder/recall process in place for pediatric/adolescent patients?	<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%)

### Strategies to improve IIS functionality and data quality \*

Q#	Recommended Quality Improvement Activity	Progress
3	Do you inactivate patients in the IIS who are no longer seen by your practice?	<input type="radio"/> Fully implemented (100%) <input checked="" 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

4

Date the letter was/will be mailed out:

5

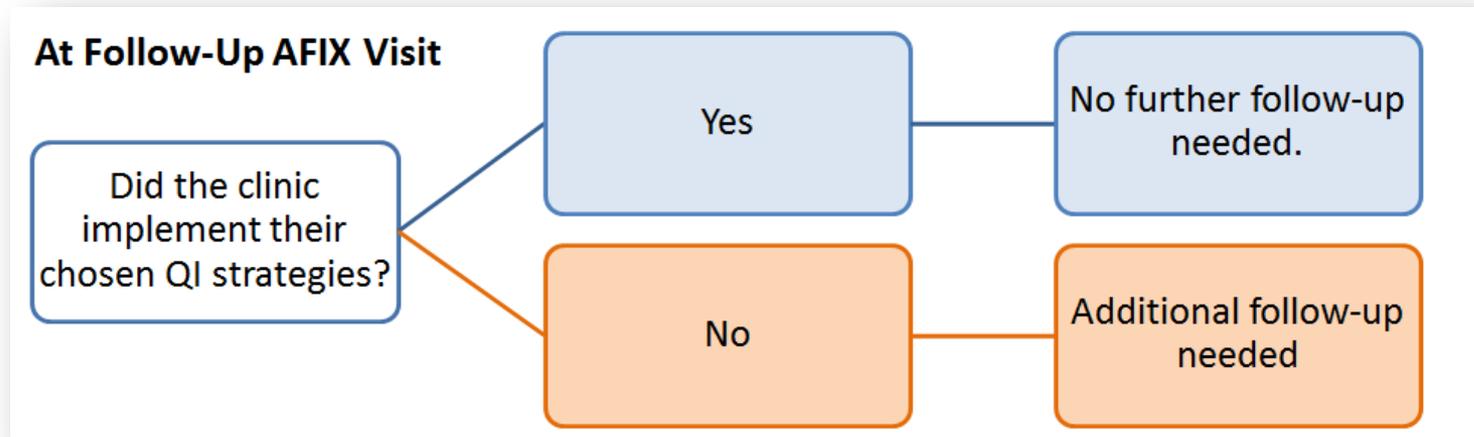
If you would like to attach the letter used for follow-up, please click the link: [Attach files to this section](#)

I acknowledge that the initial eXchange portion of this page is complete, and all responses are final

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# Subsequent Follow-Up

- Subsequent Follow-Up → Additional Follow-Up Contacts
- When is additional follow-up required?



# Subsequent Follow-Up

**Check-in with the clinic about their progress and document in AFIX Online Tool (Exchange screen).**

Field Name	Information to Enter
<b>Subsequent eXchange of Information</b>	Choose which type and enter the date of your follow-up.
<b>Were the eXchanges of Information documented?</b>	Choose either: <ul style="list-style-type: none"><li>• Yes, all subsequent eXchanges of Information were documented.</li><li>• Yes, we only completed an Initial eXchange of Information and it was documented.</li></ul>
<b>Progress toward implementing selected QI strategies</b>	Choose clinic's level of progress.

# Subsequent Follow-Up

## Subsequent eXchange of Information (to be implemented as needed) \*

1	AFIX follow-up visit date/s	<input type="text"/>	<input type="button" value="ADD"/>	<input type="button" value="DELETE"/>	<input type="text"/>
	AFIX educational visit date/s	<input type="text"/>	<input type="button" value="ADD"/>	<input type="button" value="DELETE"/>	<input type="text"/>
	AFIX visit follow-up telephone call date/s	<input type="text"/>	<input type="button" value="ADD"/>	<input type="button" value="DELETE"/>	<input type="text"/>

## Were the eXchanges of Information documented?\*

2

Yes, all subsequent eXchanges of Information were documented

Yes, we only completed an Initial eXchange of Information and it was documented

No, only the initial eXchange of Information was documented but not the subsequent ones

No, none were documented

If you would like to attach the letter used for follow-up, please click the link: [Attach files to this section](#)

As part of the subsequent follow-up telephone call, you are to collect information about progress towards implementing selected QI measures using the latest implementation status provided during Initial eXchange of Information.

## Progress towards implementing selected QI strategies\*

### Strategies to improve the quality of immunization services

Q#	Recommended Quality Improvement Activity	Progress
1	Do you have a reminder/recall process in place for pediatric/adolescent patients?	<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%)

### Strategies to improve IIS functionality and data quality

Q#	Recommended Quality Improvement Activity	Progress
3	Do you inactivate patients in the IIS who are no longer seen by your practice?	<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%)

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 4

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# AFIX Resources

- [CDC AFIX Information](#)
- [WA DOH AFIX Site Visit Resources](#)

# AFIX References

- [CDC's AFIX Policies & Procedures Guide](#)
- [Standards for Child & Adolescent Immunization Practices](#)
- [The Guide to Community Preventive Services – Increasing Appropriate Vaccination](#)
- [General Recommendations on Immunizations](#)
- [WA AFIX Recommendations Guide](#)
- [Recommended Immunization Schedules](#)

# Contacts

Nicole Pender

Office of Immunization and  
Child Profile

AFIX Coordinator

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[OICPContracts@doh.wa.gov](mailto:OICPContracts@doh.wa.gov)

# Thank You!



If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388)

DOH Pub 348-487

