

Developing an Immunization Referral System

The American College of Obstetricians and Gynecologists (ACOG) recommends that obstetrician–gynecologists (ob-gyns) assess patients' immunization status and recommend and offer needed vaccines during routine office visits. There are **many resources** available to help ob-gyns maintain a vaccine inventory in their practices while also maximizing reimbursement and reducing costs. For those practices that are unable to stock and administer vaccinations onsite, ACOG recommends that ob-gyns develop a system for referring patients elsewhere for vaccination.

An immunization referral system should include the following:

- ▶ A referral or prescription for a specific vaccine needed within a specific time line
- ▶ Identified locations where the vaccine is offered, and preferably those that accept the patient's insurance
- ▶ A plan for following up and documenting that the patient received the vaccine

To help ob-gyns develop such a system, ACOG has outlined several tips and strategies. Please keep in mind that there is no one-size-fits-all immunization referral system. These tips and strategies are meant to offer useful suggestions as you build the immunization referral system that works best for your practice.

Tips and Strategies for Developing an Immunization Referral System

▶ Determine which vaccines your patient population may need that your practice is not able to stock.

- ❖ In an ob-gyn office, necessary vaccines at a minimum include influenza; tetanus toxoid, diphtheria toxoid, and acellular pertussis (Tdap); and human papillomavirus (HPV).
- ❖ Depending on your patient population, your practice also may need to give referrals for the following vaccines: pneumococcal, hepatitis B, herpes zoster, measles–mumps–rubella (MMR), meningococcal, and more.
- ❖ Use a screening tool to stay informed on specific ages and indications for different vaccines.
 - The [Centers for Disease Control and Prevention \(CDC\)](#) and the [Immunization Action Coalition \(IAC\)](#) offer such screening tools.
 - The American College of Obstetricians and Gynecologists offers resources for determining patients' recommended immunizations at [ImmunizationforWomen.org](#) and through the [ACOG Immunization applet](#).

▶ Identify locations that offer the vaccines your practice does not stock or that currently may not be in stock.

- ❖ This location can be a partner or neighboring primary care office or clinic, health department, clinic or hospital pharmacy, independent or retail pharmacy, travel clinic, or other community health care provider.

▶ Develop a list of referral locations and keep copies of this list readily available to share with patients.

- ❖ The list should include the referral's name, address, phone number, business hours, website link and, when possible, vaccines offered and insurance coverage information.
 - *Please note: Although a referral location may bill the same insurance plan as the ob-gyn, the coverage rate, or whether or not the vaccine is covered, or both, may vary.*

▶ Providing such a list is especially critical for patients who do not already have a primary care provider, preferred pharmacy, or other identified source for acquiring a referred vaccine.

▶ Write down the exact vaccine and timing of administration needed when you refer the patient for her vaccine.

- ❖ To formalize the process and convey necessity to the patient, consider writing the referral information on a prescription pad.

The American Pharmacists Association and the National Association of Chain Drug Stores endorse this document. This document was developed by the American College of Obstetricians and Gynecologists and the ACOG Foundation.



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► **If possible, use your electronic medical record (EMR) e-prescription feature.**

- ❖ Some EMRs allow you to e-prescribe a specific vaccine to a specific pharmacy for your patient.
- ❖ Using e-prescription
 - allows the patient to go to her preferred location.
 - provides documentation and information to the patient.
 - gives the pharmacy a heads-up that the patient is coming.
- ❖ Depending on the functionality of your EMR, using the e-prescription feature also may generate a confirmation when the vaccine has been given and, therefore, provides documentation of vaccination in your records.

► **Enroll in your state immunization information system (IIS), also known as an immunization registry.**

- ❖ Each state IIS can help health care providers assess, document, and track patients' immunization status. The value of the IIS is optimized when all immunization providers report vaccinations to them.
- ❖ In many states, pharmacies are required to report all vaccines administered to the registry.
- ❖ Most EMRs have the capability to send immunization data electronically from your patient records directly to the registry. Additionally, some state immunization systems allow for a two-way flow of information, or "bidirectionality." In these states, data contained within the registry also can be populated in your EMR, which offers you a more complete patient record.
- ❖ Participating in the registry can help you follow up and document when a vaccine has been given and alert you to the need for a patient reminder.
- ❖ You can learn more about your state's registry and how to enroll at [your state's IIS website](#).

► **Develop a reminder and recall system to follow up with patients after referring them to pharmacies or other health care providers to ensure the patients have received the recommended vaccines.**

- ❖ Advise your patients that it is important to report back to your practice (eg, by phone, fax, or patient portal) once they have received their recommended vaccines or completed a vaccination series so that it can be documented in their medical records.
- ❖ For patients who do not report back, follow-up should be carried out. For time-sensitive immunizations, such as the maternal Tdap vaccine and the influenza vaccine, follow-up should take place within 30 days of the referral.

Immunization Resources

- The American College of Obstetricians and Gynecologists' Immunization for Women website, practice management resources: <http://immunizationforwomen.org/providers/practice-management/default.php>
- The American College of Obstetricians and Gynecologists' app and Immunization applet: <https://www.acog.org/About-ACOG/News-Room/ACOG-App>
- Centers for Disease Control and Prevention immunization information and resources for health care providers: <https://www.cdc.gov/vaccines/hcp/>
- Immunization Action Coalition, including practice management and patient education resources: <http://www.immunize.org/>

- ❖ For patients who confirm they received the recommended vaccines, ask them to provide, when possible, official documentation that can be entered into their health care record.
- ❖ If a patient indicates that she has not received the vaccine, remind her of the importance of getting the vaccine, where she can receive it, and how to follow up with your practice.
- ❖ Remember, documentation in the patient chart of vaccine recommendation, administration, refusal, referral, and/or off-site receipt is essential to your patient's health, the on-going care you provide, and your ability to measure the effectiveness of your immunization program.

Background

The American College of Obstetricians and Gynecologists (ACOG), in collaboration with the National Association of Chain Drug Stores (NACDS) and the American Pharmacists Association (APhA), developed this tip sheet for ob-gyns on how to implement an immunization referral system for health care entities, including pharmacies. Obstetrician–gynecologists and community pharmacy members were actively engaged in the development of this tip sheet to provide the most pertinent information to enhance health care entity collaboration and increase national immunization rates. Immunization referral is an important first step toward future pharmacy–physician practice collaborations.

This information is designed as an educational resource to aid clinicians in meeting their patients' immunization needs, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. The American College of Obstetricians and Gynecologists reviews its publications regularly; however, its publications may not reflect the most recent evidence. Any updates to this document can be found on www.acog.org or by calling the ACOG Resource Center.

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