

Prenatal Tdap Workgroup

February 25, 2020



These slides will be posted on the
EZIZ Prenatal Tdap Toolkit Page:

<http://eziz.org/resources/pertussis-promo-materials/prenatal-tdap/>

Immunization Branch
California Department of Public Health

Agenda

- I. Changes to the Prenatal Tdap Starter Kit–Rebeca Boyte**
- II. DHCS’s Value Based Payment Program- Amber Christiansen**
- III. How are pertussis cases reported?- Sarah New**
- IV. Announcements & Feedback**
 - FREE ACOG Antepartum Records still available!
 - Prenatal care providers can order materials directly from Genetic Disease Program
 - Coming soon! Prenatal Tdap Action Plan for prenatal care providers
 - Prenatal HEDIS Measure/CMS Core Set Updates

Zoom



Use chat to:

- Ask your question/comment
- Request to open your line

Prenatal Tdap Starter Kit

SGF Prenatal Tdap Overview

- ~ **14,000 doses of Tdap** (Adacel[®], single dose vials) to jumpstart prenatal care provider offices not offering Tdap
 - **Can providers who already stock Tdap onsite sign up?**
 - No. This This program is only for providers who do NOT stock Tdap.
 - **Can doses be shipped directly to providers?**
 - CDPH can ship to non-profit providers only. For-profit providers must get their Tdap from the local health department.
 - **Can local health departments (LHD) order Tdap for their own clinics?**
 - Yes! BUT LHDs must agree to send a [letter](#) to referring prenatal care providers.

Provider Requirements (same as 2019)

1. Must maintain proper documentation
2. Not charge for vaccine but can bill payer for administration costs
3. Follow CDC and VFC standards for vaccine management
4. Use Tdap doses only for pregnant women
5. Have protocols in place to ID & counsel patients, administer Tdap and record and report doses given
6. Must report adverse reactions within 4 weeks of administration
7. Before placing 2nd order for Tdap doses, must contact health plans to better understand billing



Provider Requirements (New for 2020)

8. Before placing a 2nd order for State Tdap, they need to purchase at least **10 doses of Tdap**

- **The change:** no need to “match” supply; just buy 10 doses!

9. Must assign a clinic liaison to LHD, so he/she can provide feedback **6 months** after 1st order or when placing 2nd order

- **The change:** now it’s just 1 survey; not 3!

Help us Prevent Babies from Dying from Pertussis.

If you don't stock Tdap on site, ask us about how to receive **FREE Tdap vaccines!**

(Your Medi-Cal Managed Care Plan is also providing incentives)*

Your pregnant patients and their babies are counting on **YOU** for protection.

Contact Name
Phone # email
at
Name of LHD by X date to learn more.

*Call your Medi-Cal Managed Care Plan and ask about the new Valued Based Payment program which provides \$25/Tdap dose given to a pregnant woman.

For download only

All materials available on IZ Coordinators' Website



Welcome, rebecca boyte!
Logout

- Profile/Admin
- Home**
- Branch Store
- Updates to Printed Materials
- + The Doctor Is In +
- + IZ Coordinators +
- Immunization Update Conference Calls
- + RegionShare
- CAIR2 Usage Reports
- + School Reporting
- + VFC, VFA, Medi-Cal
- + Flu and State-purchased Tdap
- + Outbreak Management
- + Pertussis
- + Education & Promotion

Search

Need help? Email
help@izcoordinators.org

Popular

Doctor Is In
View archived questions and answers about the immunization schedule, school law, vaccine safety, and more, or submit your own question.

Branch Store
Order materials for health care providers, the public, and schools.

Immunization Levels
View the most recent reports of surveys that measure compliance with the school immunization law, conducted in licensed child care facilities and all schools with kindergartens.

IZ Coordinator's Manual
Learn about the responsibilities of local immunization programs, state programs, vaccine ordering, and more.

School Reporting Resources
View links to information and materials for different targets audiences.

Resources
View links to information and materials for different targets audiences.

What's New

January 2020

» [Coronavirus Toolkit](#)

November 2019

» [CAIR2 Usage Reports](#)

» [Vaccine Eligibility Guidelines for FFY 2020 10.9.2019](#)

September 2019

» [Short-Dated Hep A Vaccine Notice 9.9.19](#)

SGF Prenatal Tdap Vaccine Program

SGF Perinatal Tdap Program 2019-20 (updated 2.2020)

- » [SGF Tdap Agreement of Use \(2/20\)](#)
- » [Guidelines for Local Health Departments on the Use of State General Fund \(SGF\) Tdap Vaccine \(2/20\)](#)
- » [Status Check-in Questionnaire \(2/20\)](#)
- » [SGF Tdap Promotional Flyer \(1/20\)](#)

DHCS Value Based Payment Program

DHCS Value Based Payment Program

- VBP program applies to Medi-Cal managed care health plans (MCPs)
- VBP program provides **incentive payments to providers for meeting specific measures** aimed at improving care for certain high-cost or high-need populations
- Targeted areas:
 - behavioral health integration
 - chronic disease management
 - **prenatal/post-partum care**
 - **early childhood prevention**

VBP Program Implementation

- Started July 1, 2019
- Will be implemented for at least three years in the Medi-Cal Managed Care delivery system
- Does **not** apply to FQHCs
- DHCS VBP Program website - https://www.dhcs.ca.gov/provgovpart/Pages/VBP_Measures_19.aspx

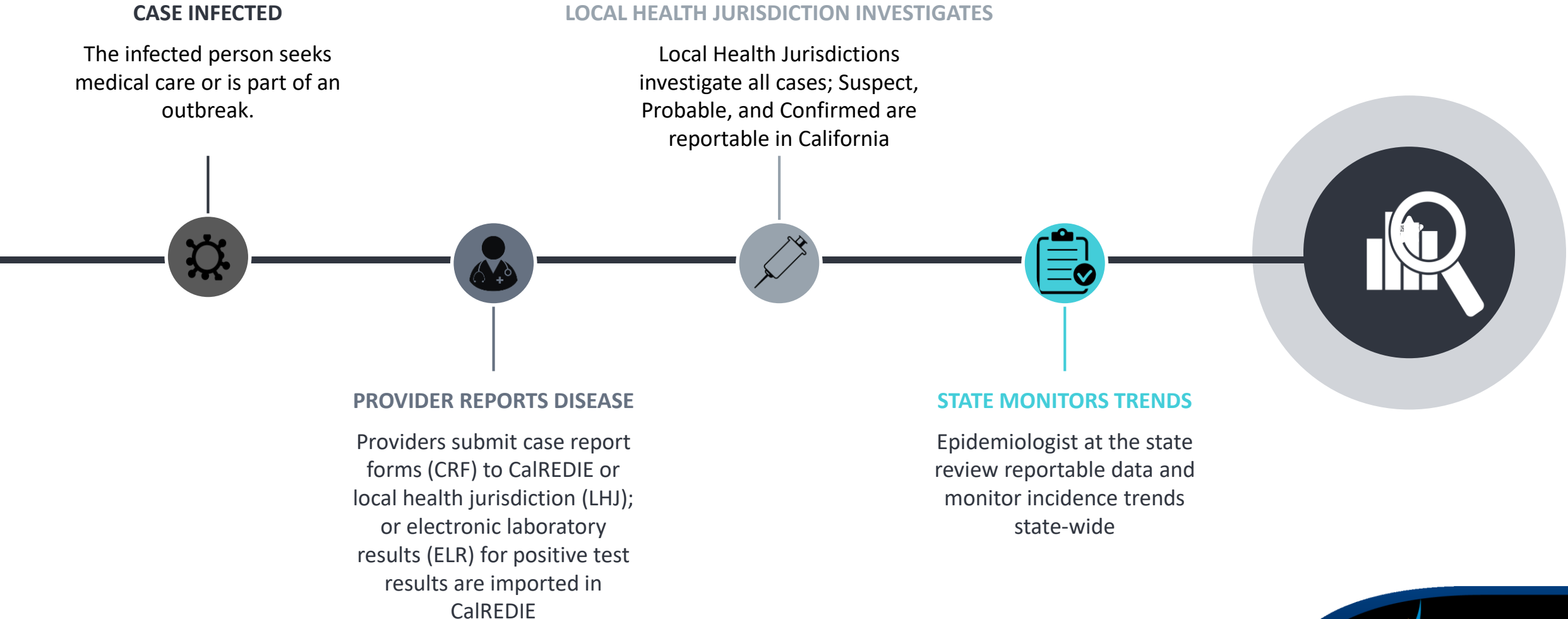
VBP Program Incentive Payments

Select Measures

Domain	Measure	Add-On Amount	At-Risk Add-On Amount
Prenatal/Postpartum Care Bundle	Prenatal Pertussis ('Whooping Cough') Vaccine	\$ 25.00	\$ 37.50
Prenatal/Postpartum Care Bundle	Prenatal Care Visit	\$ 70.00	\$ 105.00
Prenatal/Postpartum Care Bundle	Postpartum Care Visits	\$ 70.00	\$ 105.00
Prenatal/Postpartum Care Bundle	Postpartum Birth Control	\$ 25.00	\$ 37.50
Early Childhood Bundle	Well Child Visits in First 15 Months of Life	\$ 70.00	\$ 105.00
Early Childhood Bundle	Well Child Visits in 3rd – 6th Years of Life	\$ 70.00	\$ 105.00
Early Childhood Bundle	All Childhood Vaccines for Two Year Olds	\$ 25.00	\$ 37.50
Early Childhood Bundle	Blood Lead Screening	\$ 25.00	\$ 37.50
Early Childhood Bundle	Dental Fluoride Varnish	\$ 25.00	\$ 37.50
Chronic Disease Management Bundle	Adult Influenza ('Flu') Vaccine	\$ 25.00	\$ 37.50

Pertussis Cases

Pertussis Disease Surveillance



Case Report Form Example



California Dept. of Public Health
Immunization Branch
850 Marina Bay Parkway
Building P, 2nd Floor, MS 7313
Richmond, CA 94804-6403
Fax: (510) 620-3949

PERTUSSIS CASE REPORT

To be used by Local Health Jurisdictions to report to CDPH
Providers: please use CMR and submit to Local Health Jurisdiction

PATIENT DEMOGRAPHICS			
Patient's name (last, first, middle initial)	DOB (month/day/year)	Age (enter age and check one) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	
Address (number and street)	Apt #	City/Town	State Zip code County
Phone number Home () Cell/Work ()	Country of birth <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Date of arrival to USA	
Ethnicity (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unk Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify)			
Race (check all that apply)			
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Asian (please specify)	<input type="checkbox"/> Pacific Islander (please specify)	
<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hmong <input type="checkbox"/> Thai <input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> White	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean <input type="checkbox"/> Other Asian: _____	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian <input type="checkbox"/> Other Pacific Islander: _____	
Occupation	Setting (check all that apply): <input type="checkbox"/> Health Care <input type="checkbox"/> Day Care <input type="checkbox"/> School <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Other, specify: _____	Primary Language	
CLINICAL SIGNS AND SYMPTOMS AND COURSE OF ILLNESS * If fatal, notify CDPH immediately.			
Cough <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Cough onset date / /	Paroxysmal cough <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Whoop <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Apnea <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Cyanosis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Fever <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Highest fever: *F/°C
Other Symptoms <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, describe: _____	Cough duration at end of investigation <input type="checkbox"/> <14 days <input type="checkbox"/> >14 days <input type="checkbox"/> Unk	Post-tussive vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If pregnant, estimated date of delivery / /	Hospitalized (>24 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Dates hospitalized / / to / /
Hospital name	Patient in ICU <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Days in ICU / /	Days intubated / /
Receive exchange transfusion <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Receive ECMO <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Chest x-ray for pneumonia <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not	Seizures due to pertussis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Died? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
Date of death / /			
TREATMENT – this section is optional and for local health department use only			
Were appropriate antibiotics given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date started / /	ANTIBIOTIC TYPE: <input type="checkbox"/> Erythromycin (includes pediazole) <input type="checkbox"/> Azithromycin <input type="checkbox"/> Clarithromycin	<input type="checkbox"/> Other: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
FOR INFANTS <4 MONTHS OF AGE			
Mother's name (last, first, middle initial)	Mother's DOB (mm/dd/yyyy)	Prenatal care provider name (Clinician and/or Practice)	
Prenatal care provider location (street, city/town, state)	Does prenatal care provider participate in the Comprehensive Perinatal Services Program (CPSP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
Mother's insurance type for prenatal care Member ID #	Private	Medi-Cal Fee for Service (Pregnancy-only)	Medi-Cal Managed Care
Plan name	Other		
Did mother receive Tdap during pregnancy? If yes: Date of Tdap vaccination? / /	<input type="checkbox"/> Yes <input type="checkbox"/> No- she declined <input type="checkbox"/> No- never recommended <input type="checkbox"/> No – Other, why: _____	<input type="checkbox"/> Unk	
Where did mother receive Tdap during this pregnancy?	<input type="checkbox"/> Prenatal care provider's office <input type="checkbox"/> Pharmacy <input type="checkbox"/> LHD or other medical office		
Does prenatal provider stock Tdap on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why: _____		
Hospital name where infant was born: _____			
VACCINATION / MEDICAL HISTORY			
Has the patient ever received pertussis vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Number of doses prior to illness onset:	Type of vaccine for last dose <input type="checkbox"/> Tdap <input type="checkbox"/> DTaP <input type="checkbox"/> DTP <input type="checkbox"/> Unk	Date of last dose / /
Reason not vaccinated (check all that apply): <input type="checkbox"/> Personal Beliefs Exemption (PBE) <input type="checkbox"/> Permanent Medical Exemption (PME) <input type="checkbox"/> Temporary Medical Exemption <input type="checkbox"/> Under age for vaccination <input type="checkbox"/> Delay in starting series or between doses <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			
PLEASE ENTER DOSE INFORMATION FOR ENTIRE SERIES FOR INFANTS <12 MONTHS OF AGE (other ages optional)			
#1: / /	#2: / /	#3: / /	#4: / /
Date Unk	Date Unk	Date Unk	Date Unk
#5: / /	#6: / /		
Date Unk	Date Unk		
LABORATORY INFO			
CASE LAB CONFIRMED (FOR LHD USE) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		CASE LAB CONFIRMED (FOR STATE USE ONLY) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

TREATMENT – this section is optional and for local health department use only

Were appropriate antibiotics given? Yes No Unknown Date started / /

ANTIBIOTIC TYPE: Erythromycin (includes pediazole) Other: _____
 Azithromycin Trimethoprim/sulfamethoxazole None
 Clarithromycin (cotrimoxazole), i.e., bactrim/sepra Unknown

FOR INFANTS <4 MONTHS OF AGE

Mother's name (last, first, middle initial) Mother's DOB (mm/dd/yyyy) Prenatal care provider name (Clinician and/or Practice)

Prenatal care provider location (street, city/town, state) Does prenatal care provider participate in the Comprehensive Perinatal Services Program (CPSP)? Yes No Unk

Mother's insurance type for prenatal care Private Medi-Cal Fee for Service (Pregnancy-only) Medi-Cal Managed Care Other

Member ID # Plan name

Did mother receive Tdap during pregnancy? Yes No- she declined No- never recommended No – Other, why: _____ Unk

If yes: Date of Tdap vaccination? / / Unk Weeks' Gestation: Trimester:

Where did mother receive Tdap during this pregnancy? Prenatal care provider's office Pharmacy LHD or other medical office

Does prenatal provider stock Tdap on-site? Yes No – If no, why: _____

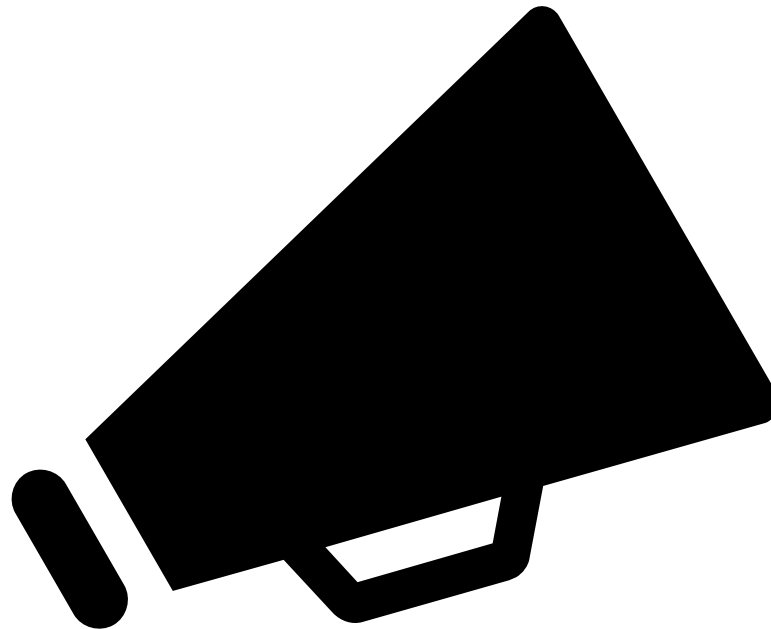
Hospital name where infant was born: _____

Other resources for this information: prenatal medical records, birth certificate data, and the California Immunization Registry (CAIR)

<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdp8258.pdf>



Announcements



Reminder: ACOG Antepartum Records

The image shows the ACOG Antepartum Record (Form A) form. It includes sections for:

- Demographics:** Name (Last, First, Middle), Newborn Care Provider, Primary Care Provider/Group, Address, Birth Date, Age, Race, Marital Status, Education, Occupation, Language, Ethnicity, Insurance Carrier/Medicaid #, Partner, Phone, Policy #, Father of Baby, Phone, Emergency Contact, Phone, Living.
- Menstrual History:** LMP (Onset, Unknown, or None), Approximate Month Known, Duration, Days, Frequency, Day, Menarche (Age Onset), Prior Menstrual, Date, Contraception, Use, Log.
- Past Pregnancies (Last Five):** Table with columns for Date Month/Year, GA Weeks, Length of Labor, Birth Weight, Sex, Type of Delivery, Anos, Date of Delivery, Breastfeeding Duration, Lactation Contact Needed Yes/No, and Comments/Complications.
- Medical History:** Table with columns for p1, p2, and Detail Positive Remarks include Date & Treatment. Rows include:
 - A. Drug/Allergic Reactions
 - B. Allergies (Food, Seasonal, Environmental)
 - 1. Neurologic/Ophthalmology
 - 2. Thyroid Dysfunction
 - 3. Breast Disease/Surgical
 - 4. Pulmonary (T1, Asthma)
 - 5. Heart Disease
 - 6. Hypertension
 - 7. Cancer
 - 8. Hematologic Disorders
 - 9. Anemia
 - 10. Gastrointestinal Disorders
 - 11. Musculoskeletal Disease
 - 12. Kidney Disease (T)
 - 13. Deep Vein Thrombosis
 - 14. Diabetes (Type 1 or Type 2)
 - 17. Dermatologic Disorders
 - 18. Operative/Injections (Year & Reason)
 - 19. Gyn History (Year & Reason)
 - 20. Anesthetic Complications
 - 21. History of Blood Transfusions
 - 22. Infertility
 - 23. Art (IV, CP, FET)
 - 24. History of Abnormal Pap
 - 25. History of STI
 - 26. Psychiatric Issues
 - 27. Depression/Postpartum Depression
 - 28. Trauma/Violence
 - 29. Tobacco/Alcohol/Chemical/ENCS, Vasoactive (AMT/OTC)
 - 30. Alcohol (AMT/MW)
 - 31. Drug Use (Including Cocaine) (Use/No)

Would you like FREE copies?

- Please send request to: Rebeca.Boyte@cdph.ca.gov indicating desired quantity.
- Include your mailing info

	Yes (Month/Year)		If No, Vaccine Indicated?*			Yes (Month/Year)		If No, Vaccine Indicated?*	
Immunizations	___ / ___	No	___ / ___	No	Immunizations	___ / ___	No	___ / ___	No
TDAP (Each pregnancy, between 27-36 weeks)					Hepatitis A (When Indicated)				
Influenza† (Each pregnancy as soon as vaccine is available)					Hepatitis B (When Indicated)				
Varicella†					Meningococcal (When Indicated)				
MMR (Rubella-containing vaccine)†					Pneumococcal (When Indicated)				
HPV									

*Yes/No & date to be administered



Provider Order Form

State of California Health and Human Services Agency
 California Department of Public Health
 Genetic Disease Screening Program
 California Prenatal Screening Program

REQUEST FOR CALIFORNIA PRENATAL SCREENING PROGRAM SUPPLIES

Mailing address: California Department of Public Health
 Prenatal Screening Program Supplies
 850 Marina Bay Parkway, F175
 Richmond, CA 94804-6403

To Order Supplies:
 Toll-free phone:(877) 984-8450
 Toll-free fax:(877) 984-8650
 email:PNSsupplies@cdph.ca.gov

Clinician's license number	Last name	First name
Organization/department	Telephone number	Fax number
Address (number, street, suite number)	City	State and Zip Code
Attention	(Optional) e-mail address	Date

Please use Blood Shipping Kits for blood specimens sent via U.S. mail or GSO Order "tubes only" if using other courier service.

Please use one tray, one pouch, and one box to send one or two specimens if they are drawn the same day. Request for 6 mo supply

First Trimester Prenatal Screening Forms (blue edge)

Second Trimester Prenatal Screening Forms (green edge)

Blood Shipping Kit:
 Kits contain one 3.5ml serum separator tube (SST),
 one tray, one pouch and one box to mail the blood specimen in.

For individual items, CIRCLE as needed:
 TUBES / TRAYS / POUCHES / BOXES

Indicate (below) the number of booklets/pamphlets needed in each language: Booklets not available in gray shaded areas

	English	Spanish	Chinese	Vietnamese	Korean
Patient Booklet (includes Consent Form)					
Prenatal Diagnosis of Birth Defects					
"Easy -to-Read" Pamphlet					
Flu and Whooping Cough Brochure					
Pregnancy Immunization Brochure					

CDPH 4433 (8/16)



"Flu and Whooping Cough Brochure"

Flu and Whooping Cough Brochure		
Pregnancy Immunization Brochure		



Expecting?
 Protect yourself and your baby against flu and whooping cough!

You may not realize it, but changes to your body during pregnancy put you and your baby at risk for serious complications from flu or whooping cough.

Getting flu and whooping cough shots while you are pregnant can help protect you and your baby against these serious diseases. **The protection you get from the shots passes to your baby in the womb.** This will help protect your baby in early life when she is most vulnerable.

Is flu really dangerous?
 Yes. If you get the flu, it is not the same as getting a common cold. You can still get the flu even if you are healthy and active.

Flu can lead to serious complications such as high fever, pneumonia, and even death for both you and your baby. Flu can lead to pre-term birth, low birth weight, and stillbirth of the baby.

How dangerous is whooping cough?
 For babies, catching whooping cough can lead to trouble breathing (turning blue or gasping for air), pneumonia, hospitalization, and death.

For adults, coughing fits can last for months and lead to vomiting, trouble sleeping, and even broken ribs. Whooping cough is highly contagious and can easily spread to others, including babies.

How common are these diseases?
 Each year, millions of Californians get flu, and hundreds of babies under 6 months of age are hospitalized due to flu. In 2014, over 11,000 people in California became ill with whooping cough, hundreds were hospitalized, and three infants died. In 2010, almost 10,000 Californians caught whooping cough, and 10 infants died. Tragically, more than 7 out of 10 babies hospitalized were younger than 6 months old.

How can I protect my baby and myself?
 The American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the Centers for Disease Control and Prevention (CDC) recommend that all pregnant women get these life-saving shots:

- Flu Shot**
 By late October (if possible). If you missed it, get it now!
- Whooping Cough Shot (Tdap)**
 As early as possible during your third trimester—27 to 36 weeks of pregnancy—even if you got the shot before becoming pregnant. You will need to get the Tdap shot during every pregnancy.

Pass protection to your baby.
 Get immunized during pregnancy.

California Department of Public Health, Immunization Branch • GetImmunizedCA.org
 CDPH
 8/16 11-6 (8/16)

"Pregnancy Immunization Brochure"

[Order Form](#) now in Prenatal Tdap Toolkit (under "Provider Resources")



Action Plan for Prenatal Care Providers

Action Plan to Enhance Your Prenatal Tdap Vaccination Coverage

These are the top prenatal Tdap strategies from your colleagues. Choose a few that you can easily do now and develop a plan to gradually implement the others. Your pathway to long-lasting change and success starts today.

1. Empower Your Staff

Designate a "lead" to plan and implement your prenatal immunization efforts

- Train lead to order Tdap vaccines, receive vaccine deliveries, and ensure the vaccines are stored properly.

Determine your baseline and set goals

- Determine your current prenatal Tdap rates by (1) reviewing charts, (2) comparing billing codes to the number of patients seen for a certain period, or (3) comparing Tdap doses purchased and administered to the number of eligible pregnant women over a certain period.
- Set a Goal. If your Tdap vaccination rate is below 80%, aim to increase it by 5-10% percentage points each month or quarter.
- Schedule a staff meeting. How will you increase these rates as a team? Tip: The strategies that follow are a great start. Choose the one(s) that work for you.

Engage all staff to get involved: it's a team effort

- Arrange training on Tdap for all staff, including Medical Assistants (MAs) and front desk staff; explain the benefits/risks and recommendation. See webinar: [Protecting Mothers & Infants through Maternal Immunization with Dr. Mary Healy](#).
- Encourage front desk staff to promote immunizations, as appropriate, such as letting a pregnant woman know at check in that she is due for Tdap.
- Develop cheat sheets or checklists for staff to use during each trimester.
- Develop scripts for staff to follow when encouraging immunizations to patients to ensure strong and consistent recommendations.

2. Enhance your Patient Outreach Efforts and Workflow



Create a demand for Tdap vaccine from the start

- Order FREE [pregnancy immunization brochures](#) (also [Spanish](#)) and include them in your new pregnancy packages.
- Order FREE [flu and whooping cough flyers](#) (also in [Spanish](#)) to share with women in their 3rd trimester.
- Display [posters](#) (also [Spanish](#)) in your waiting rooms or reminders on TV screens.
- Share true stories of families impacted by pertussis. See [Shotbyshot.org](#) to download video or written stories.
- Recall patients due for Tdap vaccine: Call, text, or use your patient portals. Try:
"Now that you're in your 3rd trimester, you are due for Tdap. Tdap is an immunization that helps protect your baby against whooping cough, which can cause babies to turn blue and stop breathing. During your next prenatal visit, please ask us for your Tdap shot."

Sources: 1. [Strategies for Effectively Integrating Immunizations into Routine Obstetric Gynecologic Care](#), American College of Obstetricians and Gynecologists, January 2010. 2. [Alameda's Best Practices for Raising Tdap Vaccination Rates among Pregnant Women](#), 2019

Coming soon! Action Plan to help provide technical assistance to prenatal care providers is under review

Other Resources



Infant Pertussis Prevention by Vaccinating Pregnant Women with Tdap Vaccine

Best Practices for Raising Tdap Vaccination Rates among Pregnant Women

In Alameda County, the San Antonio Neighborhood Health Center La Clinica Site has a Tdap for pregnant women vaccination rate of **92%** -- the highest of any site contracted with the Alameda Alliance. How do they do it? We asked them and this is what we found out...

- 1) They see pediatric patients – and they don't want to see any of their babies getting sick – so they make sure that all moms are protected. Then they begin their DTaP vaccination series at two months, sometimes as early as 6 weeks depending on when people come in.
- 2) Cheat Sheets/Checklists for prenatal staff during the different trimesters. The third trimester sheet absolutely includes Tdap Vaccine – usually at 30 weeks gestation. Keeping it at 30 weeks is easier to remember than between 27-36 weeks and still falls within the best time to vaccinate.
- 3) They customize their care guidelines in their electronic health record system (EHR), and they make sure that all staff who are seeing prenatal appointments are fully oriented to what the prenatal processes look like within their EHR.
- 4) Medical Assistants are empowered to think about what the patient is due for before the doctor enters the room. The MA culture is to be aware of immunizations that might be due and remind physicians along the way. Their culture is one where physicians are happy to be guided by Medical Assistants for things like timing of vaccines, and Medical Assistants are encouraged to speak up along the way.
- 5) They use a presumptive approach when communicating about vaccines. They say things like “Today we’ll be protecting you and your baby from pertussis via the Tdap vaccine, and we’ll be protecting you from flu by giving you the flu vaccine.” Communicating in this straightforward, presumptive way, while still being compassionate and willing to answer any questions, results in much higher vaccination rates.
- 6) They immunize during Centering Pregnancy/Group Appointments. This is a cohort of women who are basically due at the same time who have prenatal visits together. It's easy to vaccinate a group of people together with Tdap vaccine!

Alameda County Public Health Department and the Alameda Alliance for Health
www.acphd.org/ix www.alamedaalliance.org



Strategies for Effectively Integrating Immunizations Into Routine Obstetric–Gynecologic Care

Overview

The strategies outlined in this resource are based on findings from an American College of Obstetricians and Gynecologists adult immunization project funded by the Centers for Disease Control and Prevention. During this project, recommendations from the National Vaccine Advisory Committee Standards for Adult Immunization Practice were implemented among a diverse population of obstetric–gynecologic providers. Through this process, four overarching strategies were shown to improve immunization processes and ultimately increase immunization rates among obstetrician–gynecologists (ob-gyns) that put them into practice.

Immunizing pregnant and nonpregnant women against vaccine-preventable diseases is an essential component of women's health care. These suggested strategies are intended to help ob-gyns optimize their immunization programs and integrate immunizations into their routine patient care.

1. Administer routinely discussed and recommended vaccines, which at a minimum include influenza; tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap); and human papillomavirus (HPV).
2. Create a culture of immunization by educating and involving all staff in immunization processes. Delegate the responsibilities of maintaining and championing an immunization program to a team of staff, as appropriate for your practice structure.

Activities and considerations to successfully implement this strategy include the following:

- ▶ Regularly offer education to clinicians and staff on the importance of immunizations through routine meetings; circulation of educational materials; and access to opportunities, such as webinars and conferences.
- ▶ Develop scripts for staff to follow when promoting immunizations to patients to ensure strong and consistent recommendations.
- ▶ Encourage front desk staff to promote immunizations to patients as appropriate, such as letting each patient know at check in that she is due for a vaccine.
- ▶ Display patient education materials on immunizations throughout the practice in locations where clinical staff and patients can easily access, such as intake areas and examination rooms.
- ▶ Based on your practice structure, delegate immunization program management duties (eg, ordering and stocking of new vaccine, monitoring vaccine storage) to an Immunization Champion team or individual. An Immunization Champion team should include at least one medical assistant and/or nurse, one physician, and the manager of the practice or clinic.
- ▶ Recognize your Immunization Champions with a name badge, shirt pin, or desk placard that acknowledges their special role and the importance of their work.

Activities and considerations to successfully implement this strategy include the following:

- ▶ Train staff on how to deliver strong immunization recommendations to every patient, with statements that include, at a minimum, the recommendation, a time frame for getting the vaccine, and a benefit to the patient.
- ▶ For practices that currently offer immunizations only to obstetric patients, pilot-test expanding a routine immunization, such as influenza, to gynecologic patients.
- ▶ Similarly, when adding immunizations to a practice or unit that previously did not administer enote, start with one vaccine and pilot-test the process for a specified time frame.
- ▶ You may wish to research vaccine manufacturers for special pricing offers to ensure your practice obtains the best price per vaccine. Consult your legal counsel regarding discounts, as certain restrictions may apply.

<http://www.acphd.org/media/540904/best-practices-la-clinica-advice.pdf>

<http://immunizationforwomen.org/uploads/Strategies%20for%20Integrating%20Immunizations.pdf>



Prenatal HEDIS Measure/CMS Core Set Updates

- Background:
 - Prenatal measure included as HEDIS measure in 2019
 - Numerous private health plans report on measure voluntarily
 - For maximum impact, measure should be reported by Medicaid agencies (who look at HEDIS measures)
- CMS Core Set Committee will be reviewing measures in the upcoming months for 2021 measurement year
- Workgroup will recommend measures to add and remove

Criteria for Suggesting Measures for Addition

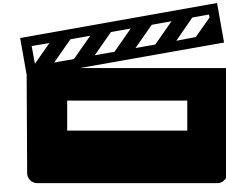
- Measure must be fully developed and detailed technical specifications
- Measure must be tested in state Medicaid/CHIP programs or in use by one or more state Medicaid agencies
- Available data source or validated survey instrument exists
- Specifications and data source must allow for consistent calculations across states

2021 Core Set Annual Review Workgroup Milestones



Take Action!

- Download materials for the Prenatal Tdap Starter Kit!
- Order FREE copies of ACOG's antepartum records for site visits.
- Promote the GDSP material order form to prenatal care providers.
- Ask your Medi-Cal Managed Care Plans:
 - how you can help support the roll out of the Value-Based Payment Program.
 - to run the HEDIS prenatal immunization measure and report findings to NCQA.



Questions?

As always, these slides will be posted on Prenatal Tdap Toolkit page: <http://eziz.org/resources/pertussis-promo-materials/prenatal-tdap/>.

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