Thank you for joining

The presentation will begin shortly

Rise to Immunize® Monthly Webinar

Optimizing EHR Tools for Adult Immunizations

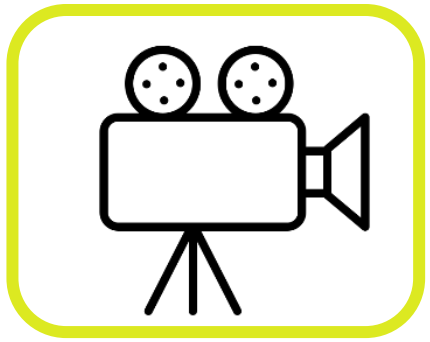
John Clark, MD, PhD (Sharp Rees-Stealy Medical Group)

October 16th, 2025

Today's Webinar

- **Campaign Updates**
  - RIZE Action Month Highlights Video
  - Data submission updates
  - Resource of the Month: Sanofi Outreach Templates
- **Optimizing EHR Tools for Adult Immunizations**
  - John Clark, MD, PhD (Sharp Rees-Stealy Medical Group)
- **Q&A Session**

Webinar Reminders



Today's webinar recording will be available the **week of 10/20**

- Will be sent via email
- Will be available on website

(RiseToImmunize.org → "Resources" → "Webinars")

Ask questions during the webinar using the **Q&A feature**

- Questions will be answered at the end of the presentation


AMGA™
Advancing High Performance Health

Blinded Comparative Report

Available **November 19th** on our RIZE Data Dashboard!

Adds Q3 2025 to previous report

Resource of the Month: Sanofi Outreach Templates

HIT Outreach Templates to help enhance **Confidence**

1. **Patient Portal and Email Example Message Template:**

Subject: Safe, Effective, and Trusted: Time to Get Your Immunizations!

Dear [Patient's Name],

We understand that making decisions about your health is important and personal. Immunizations are one of the best ways to help protect yourself and possibly those around you from adverse health outcomes caused by vaccine preventable diseases.

Vaccines undergo a rigorous review of laboratory and clinical data to ensure the safety and efficacy of these products.

They are backed by credible organizations like the CDC and governing bodies such as ACIP (Advisory Committee on Immunization Protocols), which support their ability to prevent illnesses, save lives, and help build community immunity.

By staying up-to-date with your immunizations, you're taking a proactive step to protect your health and the health of others. We're here to answer any questions you may have and help you feel confident in your decision to get vaccinated.

If you're ready to schedule your next well-visit or have any concerns, don't hesitate to reach out. We're here to help you!

Today's Speakers

John Clark, MD, PhD, Chief Population Health Officer, Sharp Rees-Stealy Medical Group

Optimizing EHR Tools for Adult Immunizations

John D. Clark, MD PhD
Chief Population Health Officer
Sharp Rees-Stealy Medical Group

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What You'll Learn

- Recent history and success of EHR tools
- Design high-yield clinical decision support (CDS) while minimizing alert fatigue
- Operationalize reminder/recall and outreach via portal, SMS, IVR
- Measure impact with a pragmatic immunization scorecard

Agenda

- Why adult immunization is and has been an EHR problem
- Workflow & CDS patterns that move the needle
- Outreach & equity: portal/SMS/IVR + SDOH
- Measurement: AIS-E + missed opportunities
- Q&A

Why This Matters

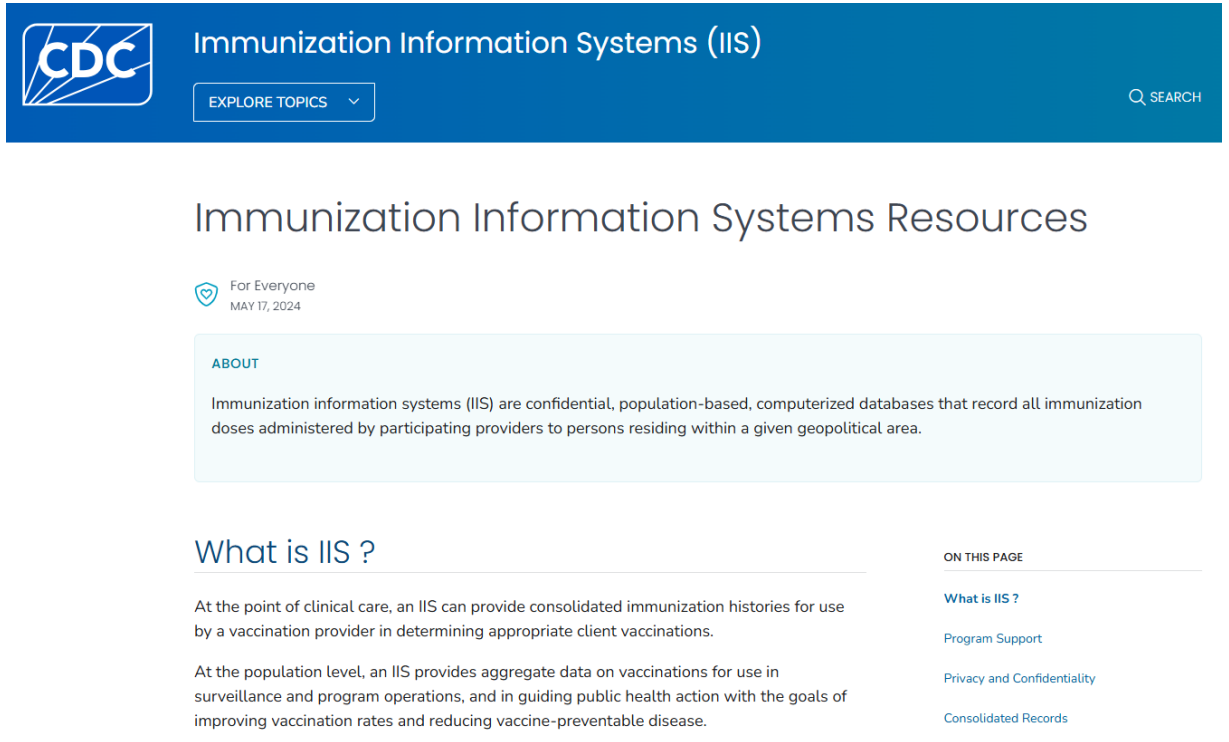
- Adult coverage remains suboptimal
  - Disparities persist by race/ethnicity, income and geography
- Most missed opportunities occur during routine visits and at discharge
  - Fixable via workflow + CDS
- EHRs + IIS create a single source of truth and power point-of-care vaccination

Building the Data Foundation

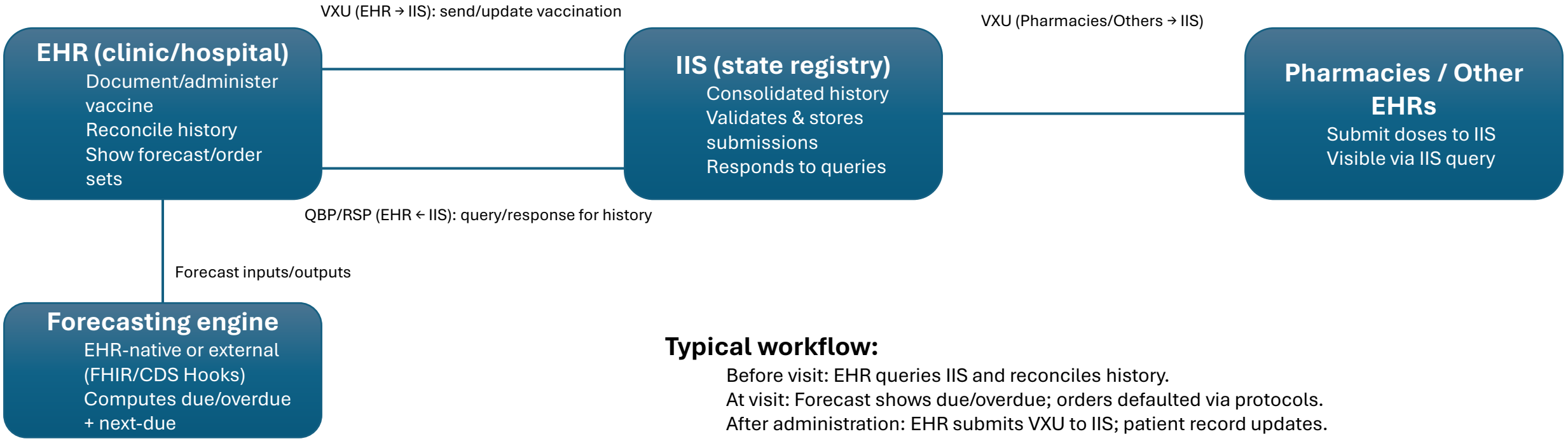
Recent history and success of EHR tools

IIS Bi-directional Connectivity

- Immunization Information System (IIS)
  - HL7 (submit) and QBP/RSP (query) per national and state guides
- Automate pre-visit queries
- Reconcile into HER immunization history
- Forecast at point of care using a standards-based engine



How IIS works with your EHR (bi-directional flow)

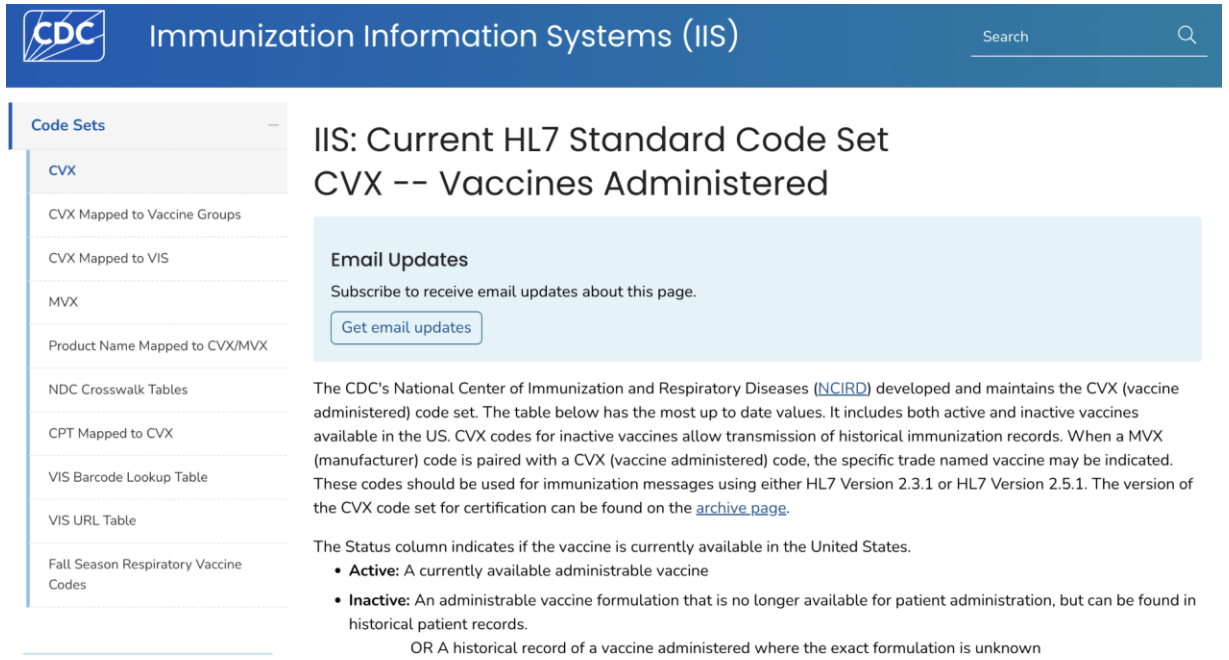


Typical workflow:

Before visit: EHR queries IIS and reconciles history.
At visit: Forecast shows due/overdue; orders defaulted via protocols.
After administration: EHR submits VXU to IIS; patient record updates.
Monitoring: Track rejects, duplicates, and reconciliation lag.

Code correctness = fewer rejects, fewer mismatches

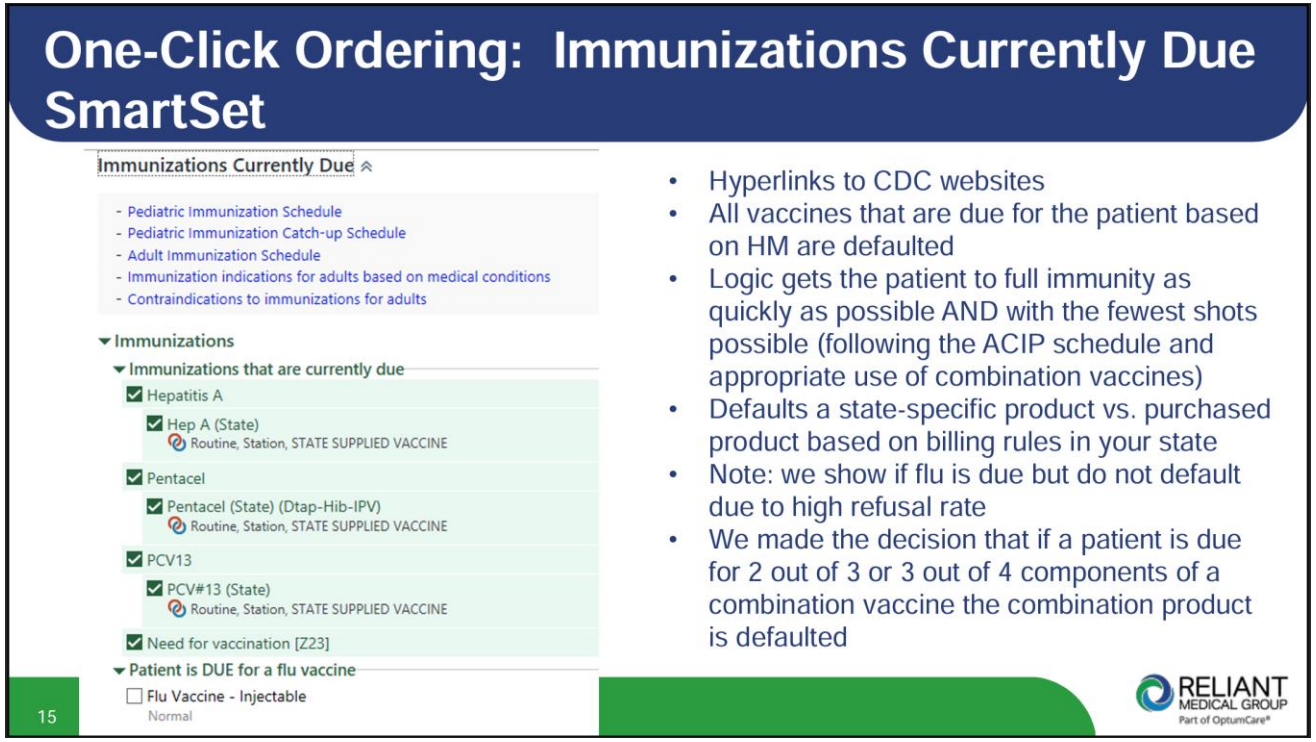
- Use CDC code sets: CVX (vaccine), MVX (manufacturer), NDC crosswalk; map CPT→CVX for legacy
- Keep VIS link/versioning and product name mappings current
- Monitor reject reasons and data quality (e.g., AIRA Data-at-Rest indicators)



Workflow & CSD Patterns

Design for defaults, active choice, and the ‘five rights’ of CDS

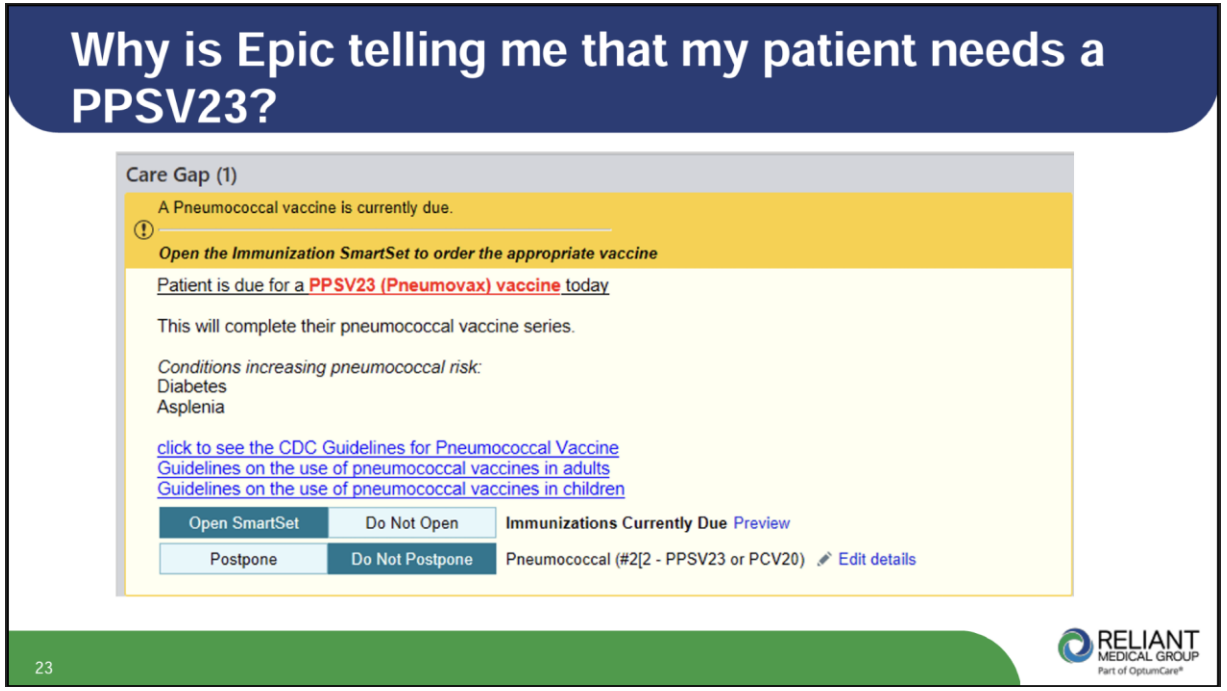
Primary care: high-yield patterns

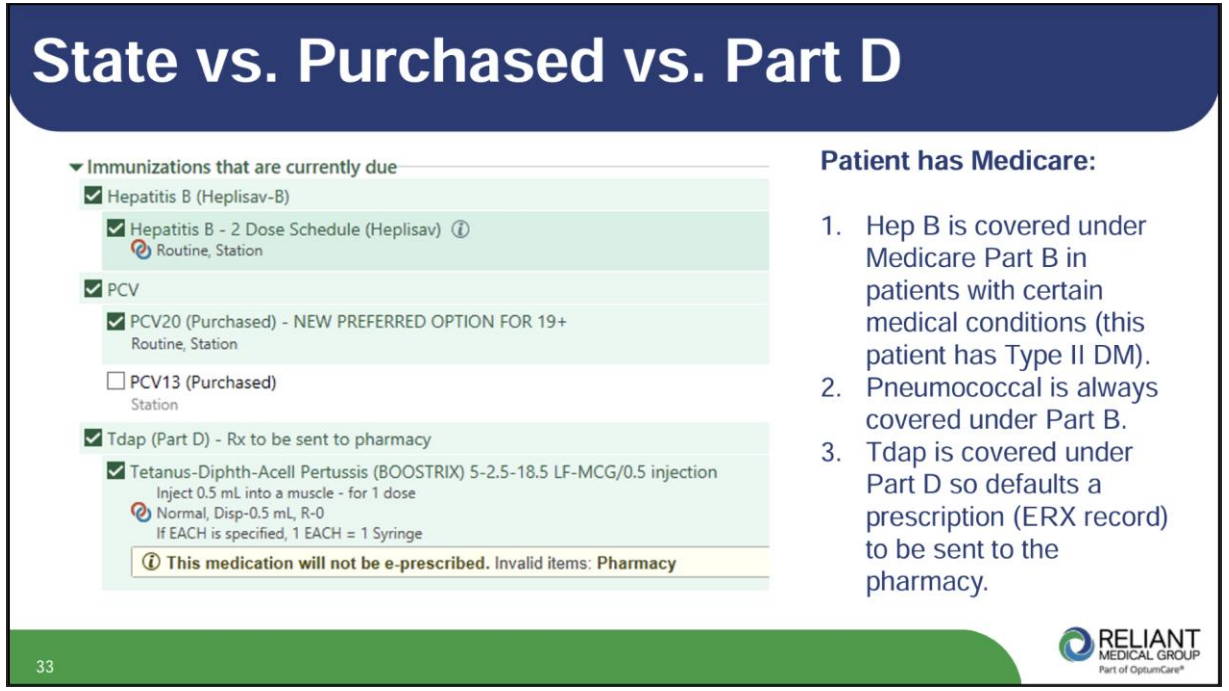


- Active choice for MAs/clinicians: vaccination order must be accepted or declined
- Default-checked vaccine orders when eligible (with easy opt-out)
- Pre-visit plan: surface due/overdue + co-administration opportunities

Epic XGM 2022: Complete Immunization Decision Support from Soup to Nuts. Lloyd Fisher MD

Primary care: high-yield patterns





Epic XGM 2022: Complete Immunization Decision Support from Soup to Nuts. Lloyd Fisher MD

Inpatient & ED: don’t waste the bed

- Discharge-time BPA for flu/COVID/Td/Tdap, soft-stop with bedside administration or scheduled follow-up
- Order groups with default-checked vaccine orders and nursing protocols
- Gamified campaigns and service-level feedback maintain momentum

Alert fatigue: governance + design

- Follow CDS Five Rights; reserve interruptive alerts for high-risk/now-or-never moments
- Tune logic with IIS + EHR data for specificity; collect override reasons and iterate
- Use passive reminders (health maintenance) for routine prompts; monitor alert volume weekly

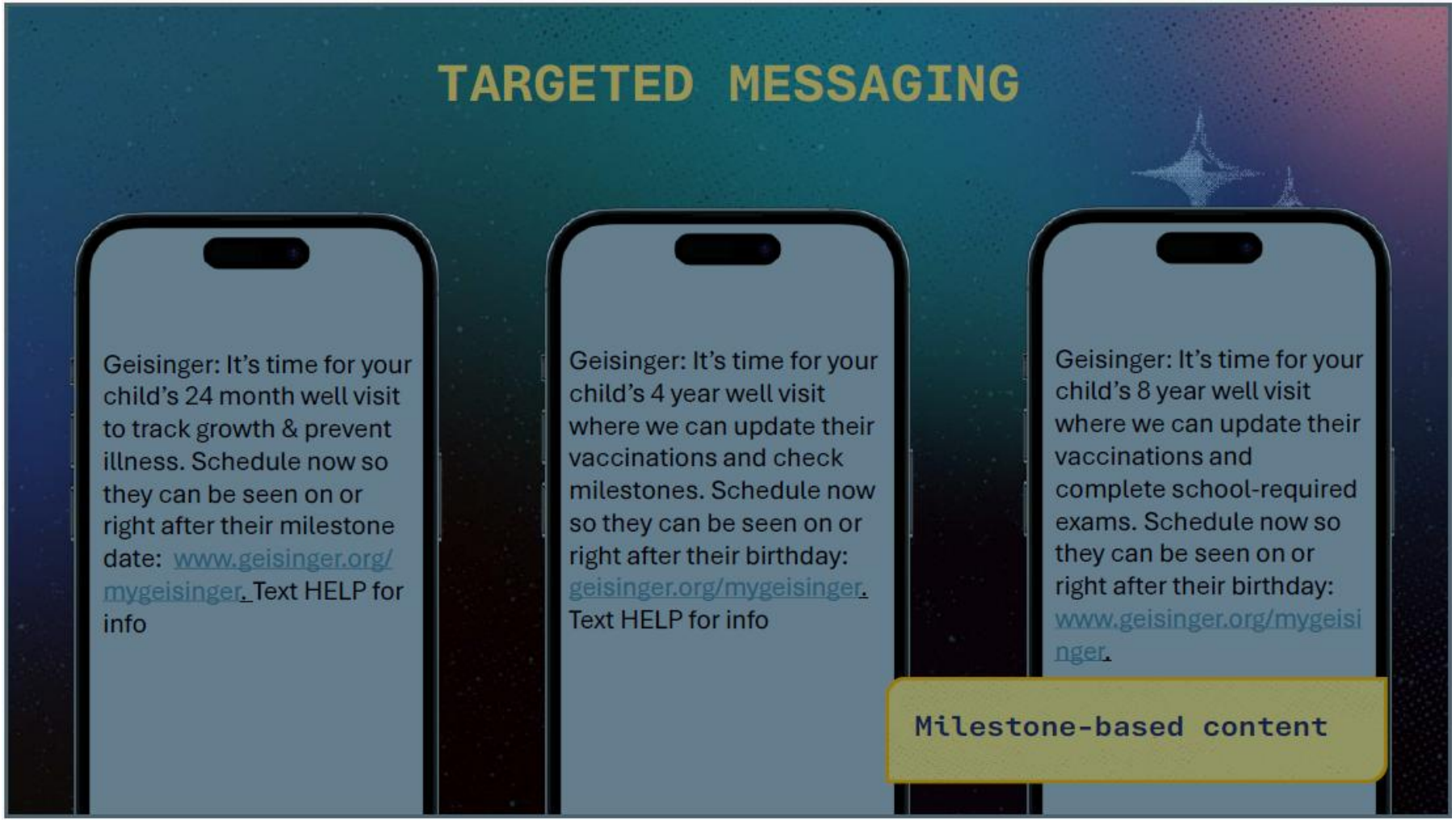
Outreach & Equity

Close gaps outside the visit & design for inclusivity

Reminder/recall that actually works

- Use portal + SMS + IVR; send 2–3 nudges per season
- Personalize content (clinic, vaccine, due date) and language; offer self-scheduling
- Track bounce/undeliverable; escalate to phone or mail when needed
- Doing “double duty” – offer preventive/Medicare Wellness Visit

Epic UGM: Boosting Pediatric Preventive Care Through CDM Outreach Campaigns. Justin Azar MD



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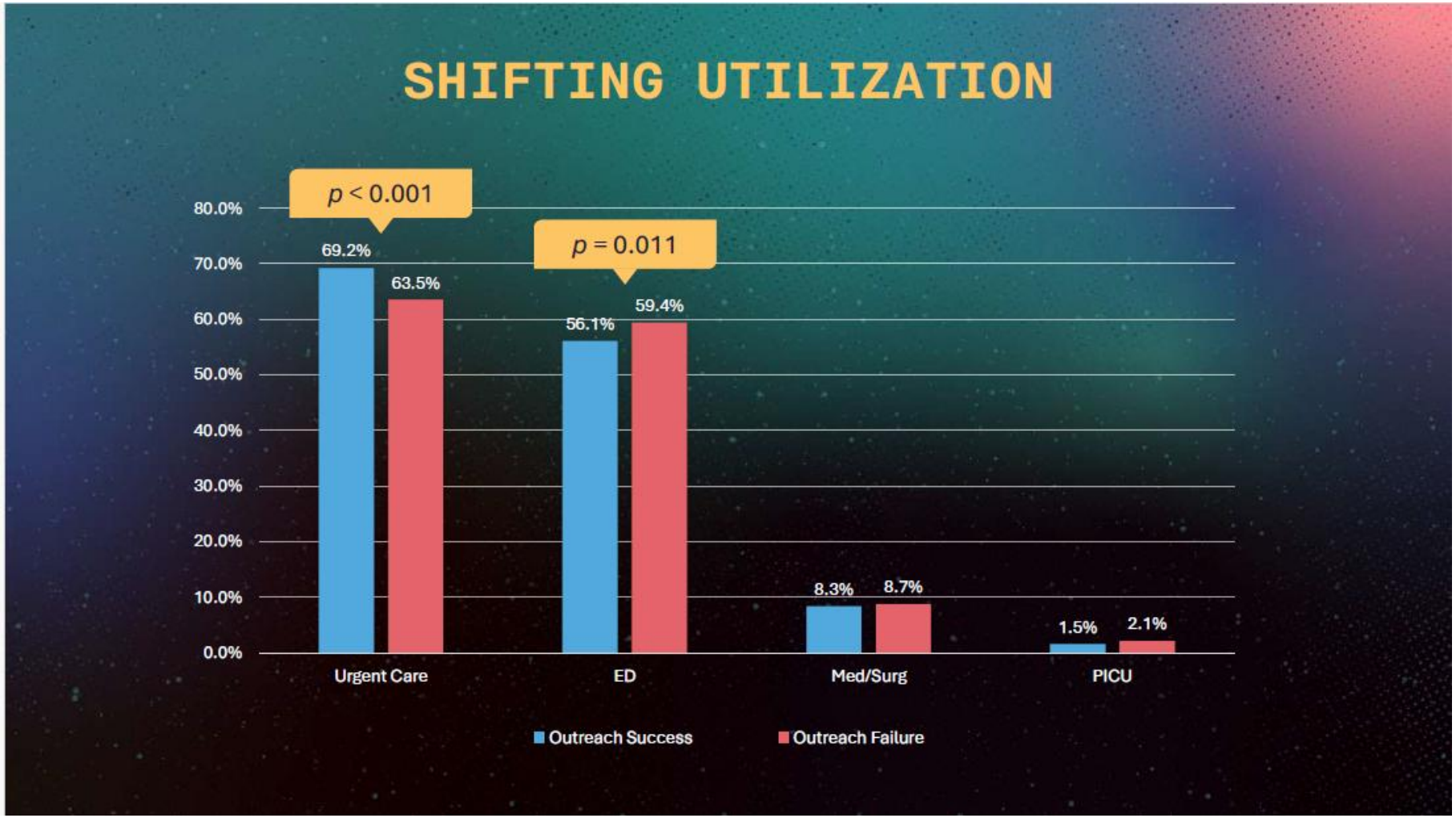

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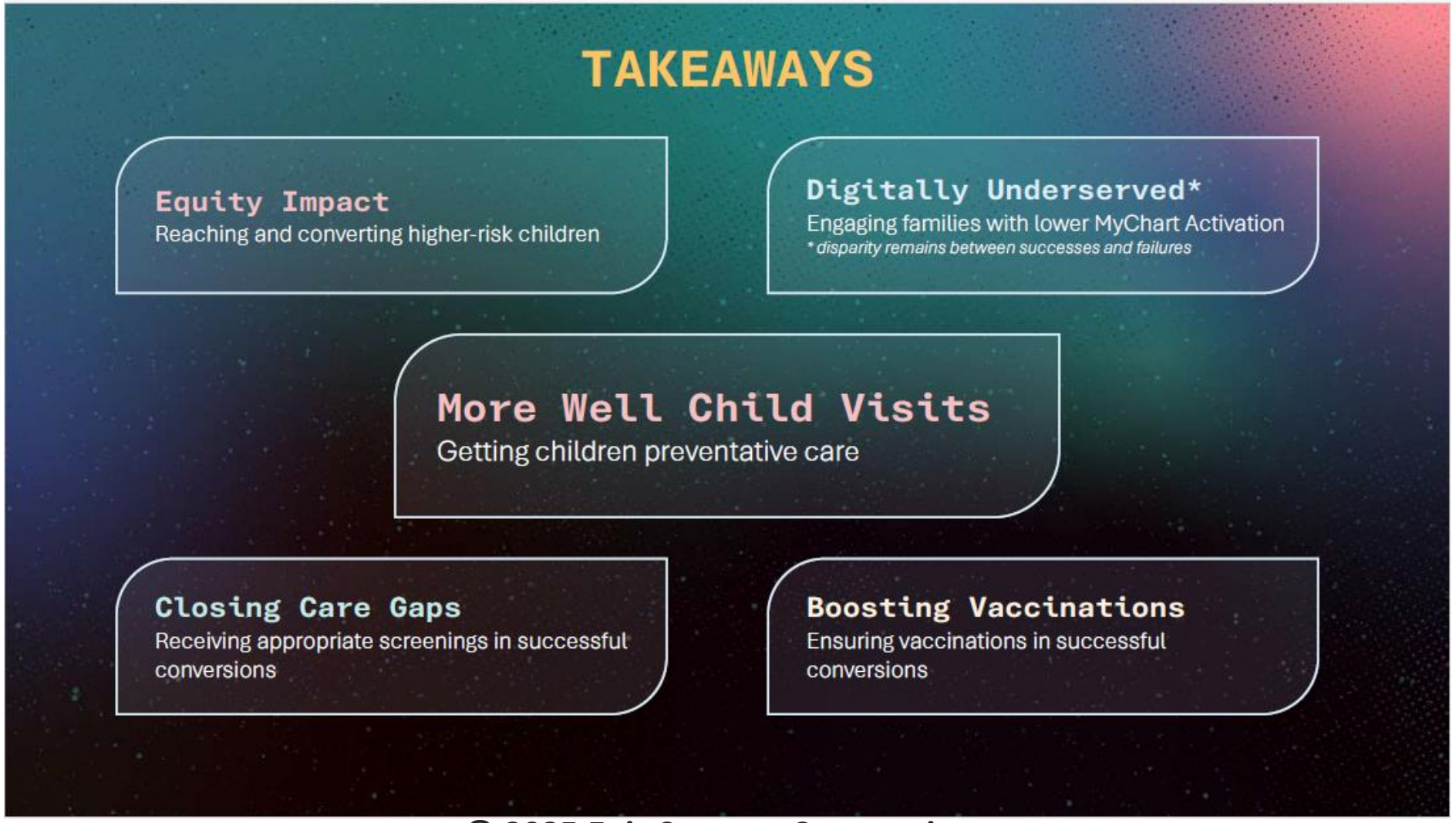


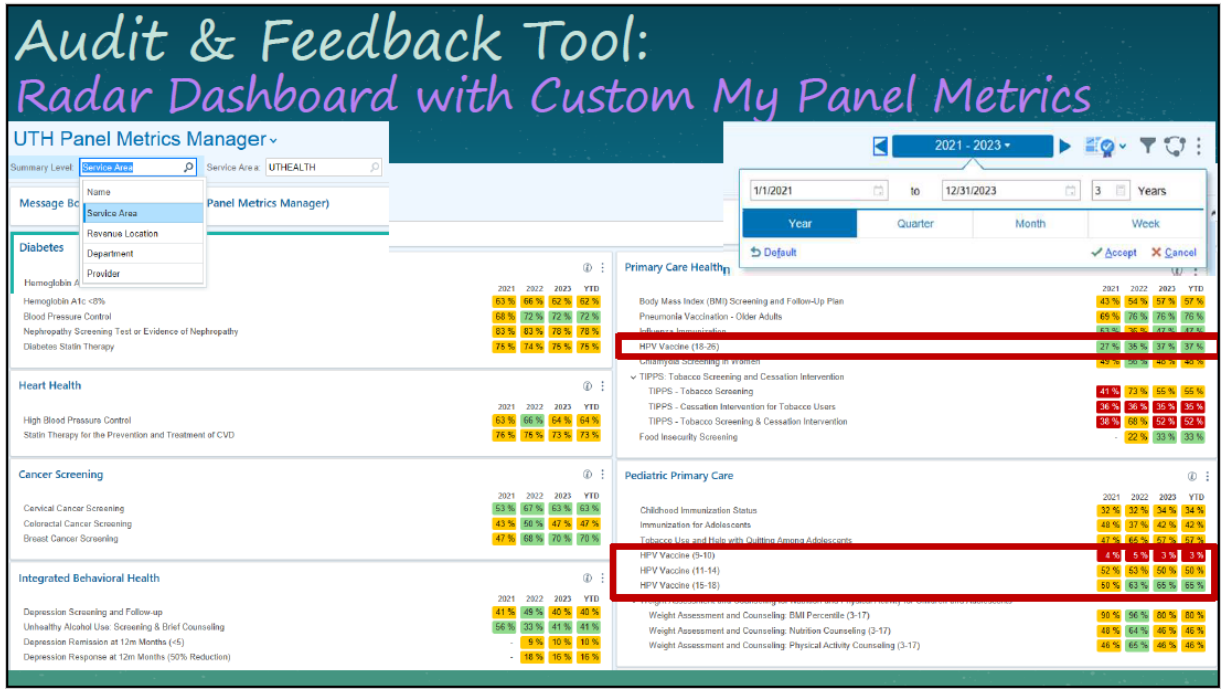
Design for equity

- Use EHR SDOH flags to prioritize outreach and on-site access (walk-in, extended hours)
- Offer culturally and linguistically tailored messages; capture preferred language and contact modality
- Report rates by race/ethnicity, language, payer, and neighborhood deprivation to focus effort

Measurement & Improvement

Make success visible and actionable

A Pragmatic Scorecard



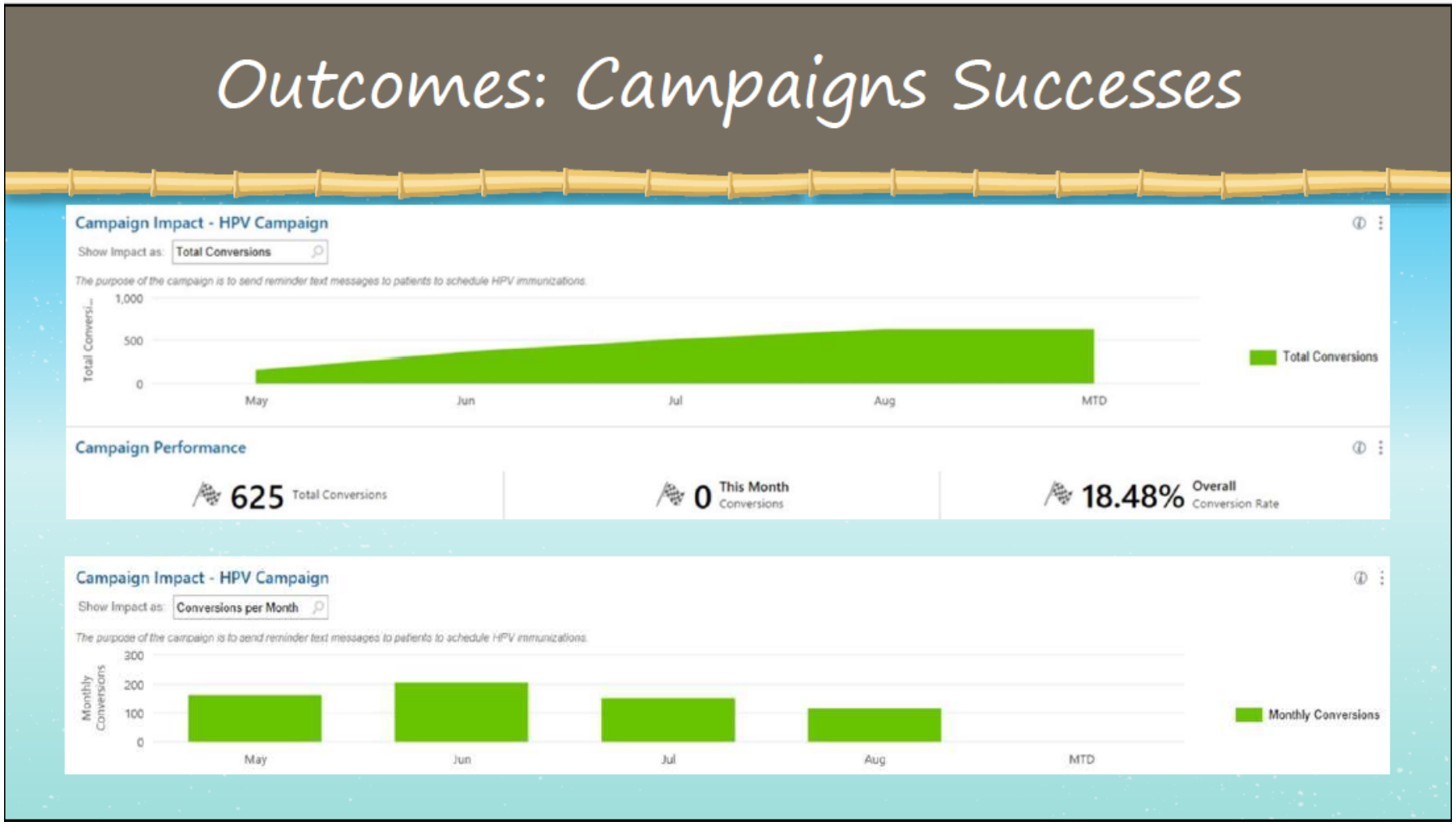
Epic UGM: Campaigns and Other Tools for Improved HPV Vaccination Rates. UT Health Houston

Outcome: HEDIS AIS-E (MY2025) and scheme-specific coverage (flu, COVID-19, Td/Tdap, zoster, PCV/PPSV, HepB, HPV, RSV)

Process: % visits with forecast reviewed | % eligible with order placed | % orders administered

Opportunity: Missed opportunities per 100 eligible encounters; alert override rate

Epic UGM: Campaigns and Other Tools for Improved HPV Vaccination Rates. UT Health Houston



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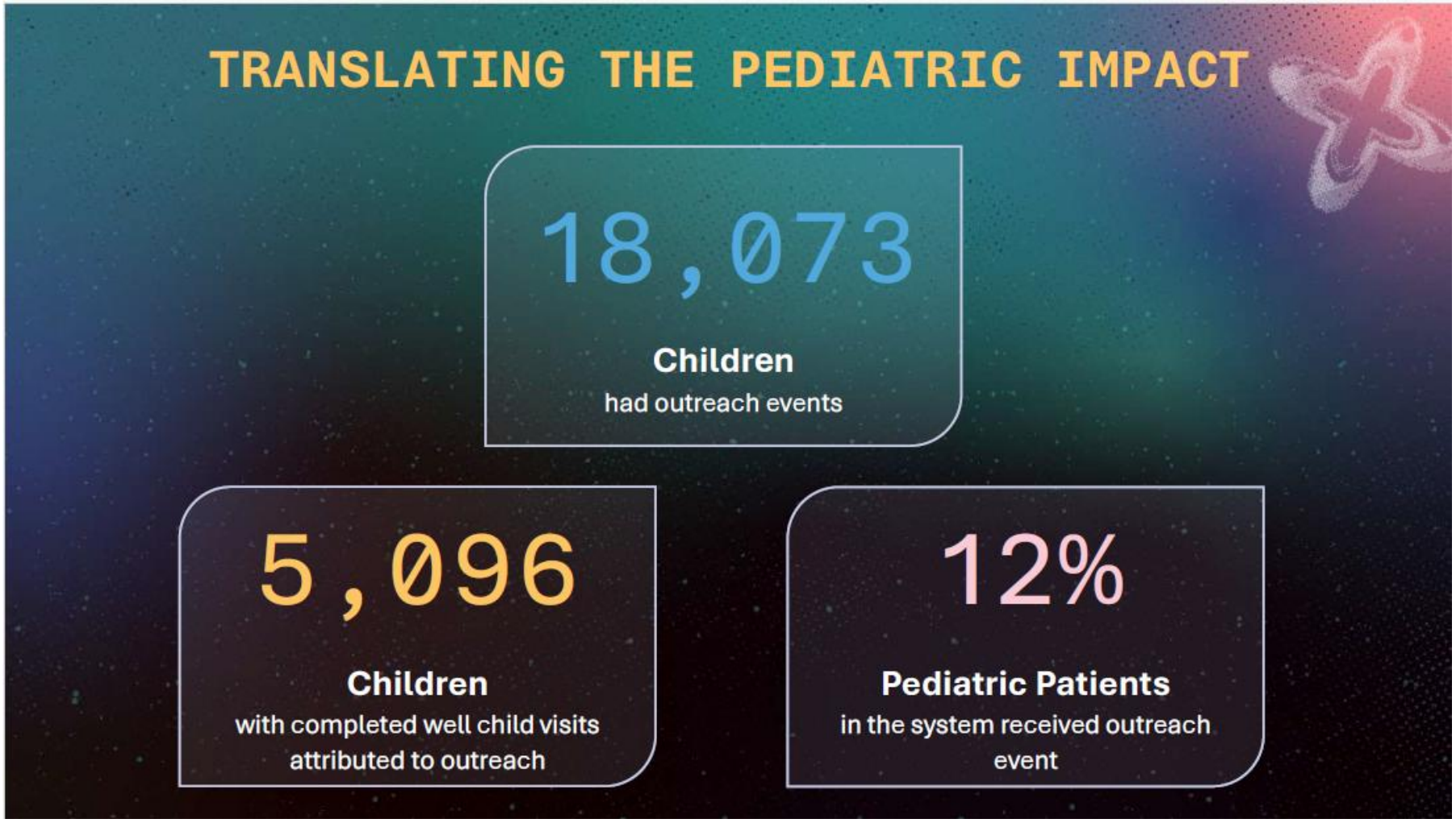

30/60/90-day rollout

- 30 days: determine primary “problems” and goals, baseline scorecard
- 60 days: pilot active choice + default orders in 1–2 clinics; launch outreach
- 90 days: expand system-wide; tune alerts; publish equity dashboard

Upcoming Webinar

Topic: Year 4 Data and RIZE Awards

Date/ Time: Thursday, November 20th at 2pm ET

Presenter: Stephen Shields, MPH, *AMGA* and representatives from RIZE award-winning groups

Questions?

Submit your questions using the **Q&A feature** at the bottom of the screen