



AMGA Member  
Best Practices

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*Implementing  
Population Health  
Immunization Strategies:  
UW Medicine's  
Innovative Approach*



# Implementing Population Health Immunization Strategies: UW Medicine's Innovative Approach

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*“Panel navigators build long-term relationships with patients. Some of them have been working with patients for longer than their physicians.”*

— **Nkem Akinsoto, UW Medicine**

*This report summarizes a Sanofi-sponsored webinar that was hosted by Dr. Marais and featured a speaker from UW Medicine, Nkem Akinsoto, who was compensated for her time by Sanofi.*

Marais set the stage with one of immunization's main targets: influenza—specifically “views that this is a non-serious illness, and even erroneously synonymous with the common cold.”

The reality, by contrast, is very different. This “inflammatory cascade” increases the risk of heart attack and stroke and that aggravates chronic conditions, especially when experienced in tandem with aging and co-morbidities. The costs to individual health, the economy, and society “are astronomical and feel unnecessary,” Marais declared, “considering the prevention strategies that exist today.”

“The role of primary care in the success of annual vaccination programs cannot be overstated,” he emphasized.

Here's where UW Medicine's work comes in. Through engaging its primary care providers and teams across the health system, the organization has kept its coverage rates for adult influenza immunizations ahead of both the state of Washington and the U.S. as a whole and seen notable improvements in childhood vaccinations as well.

Akinsoto shared the secrets behind this success, from the initial dashboard that launched their efforts to the multifaceted initiatives UW Medicine implements today.

## Panel Navigators Bring People, Information, and Resources Together

UW Medicine administers services like vaccinations through relationship-based preventative care, with panel navigators as the hub.

This role grew from UW Medicine's health navigators, team members who supported the organization's social work efforts by helping patients navigate the health system and available resources. Continuity of care rose as an organizational priority, and these navigators were seen as being in an ideal position for bringing patients, providers, resources, and data together.

“They look at how often a patient is coming in for checkups and immunizations and which ones are due because of their age or health conditions,” Akinsoto explained. If issues arise, the panel navigator troubleshoots as necessary: initiating a conversation if a patient isn't responding to messages, for instance, or tracking down answers if there's a problem with the phone number listed in the electronic health record (EHR).

<sup>1</sup> Akinsoto was presenting on behalf of Sanofi and received compensation from Sanofi for the presentation.

<sup>2</sup> The webinar was sponsored by Sanofi

“They will study each individual provider’s panel, see where the gaps are, and then begin the work of connecting,” Akinsoto said. The mission: “Make sure that a panel is as healthy as they can be.”

Panel navigators also share best practices across the health system, supplementing the data UW Medicine shares across the organization on how each clinic is performing for adult, child, and adolescent immunizations.

“If one clinic is doing a project and it turns out to be successful, we do case studies and we share this and find out how we could implement that in other clinics,” she said.

## **Supportive Technology Keeps Progress on Track**

Epic factors heavily into UW Medicine’s immunization work, starting with patient outreach and engagement.

“We use a medical record to find out who has not had their flu shots, and then we do bulk outreach,” she said. These automated messages include links for patients to schedule an appointment with a primary care provider, medical assistant, or nurse and provide an opportunity to email back to a navigator with any questions or concerns.

Text messaging similarly opens up a two-way channel of communication, “so patients can respond to us and develop that relationship,” Akinsoto said.

At the same time, patients are able to book appointments online or through the patient portal, receiving a digital “badge of honor” afterward “to bolster that feeling of getting your flu shot,” she said.

Patients can access their vaccine schedule and history in MyChart and upload data for a new vaccination, even if they received it outside of the UW Medicine system.

Such digital self-service not only improves access for patients, it reduces administration for case teams—a priority UW Medicine also tackles through automating routine tasks like vaccine orders and billing.

Continuous improvement is a priority throughout. Akinsoto’s team works with the marketing department

*UW Medicine exchanges knowledge and best practices with external partners as well, participating in initiatives including the AMGA Rise to Immunize® (RIZE) campaign, the Immunization Action Coalition of Washington, and the WA-CHIP Immunization Learning Collaborative.*

to adapt outreach as needed. “When messages are personalized, patients tend to respond better,” for example. Group meetings with leads from strategic communications, ambulatory services, and integrated clinical services ensure alignment throughout the organization.

UW Medicine’s multichannel outreach has reduced appointment no-shows, and these ongoing communications are improving patient adherence, especially in the area of pediatric vaccinations. “Having that prior communication helps to put the patients and family at ease,” Akinsoto said. Her team has noticed “enhanced trust and reduced hesitancy” around vaccine adoption, along with improved vaccination rates at clinics with higher numbers of pediatric patients.

How are patients engaging with outreach materials? How long does it take them to schedule an appointment after receiving a text message? Immunization teams track KPIs like these through a central Tableau-based dashboard, “so we can all see the same picture of how our campaign is going,” Akinsoto said. Different teams are able to access and analyze data at different levels to identify gaps and plan for future efforts.

“We noticed that a lot of our pediatric patients and their families weren’t using the EHR as much as some of

our adult populations,” she shared as one example of putting such findings into action.

Further examination revealed access issues for parents interested in seeing their child’s MyChart, along with a challenging sign-up process altogether. “Parents have to set up their own account and then set up a proxy for the child, and this is just a bit complicated,” Akinsoto said.

Her team worked with IT to implement the necessary fixes, and the updates rolled out last year with a positive result.

## Specialized Support Boosts Knowledge, Comfort, and Access

When a family arrives at a UW Medicine clinic for a well child visit, they’re likely to see information about vaccinations in printed materials and on electronic lobby displays. Their providers, in turn, will be able to order and document a flu shot straight from the EHR.

“We try to make these visits as comprehensive as possible,” Akinsoto said.

This includes extra support for families with lower levels of English proficiency and those who showed a need

for extra support through signs like appointment no-shows. Families may receive reminders of upcoming vaccinations, have a community health worker present during the visit to answer questions, or get guidance with setting up appointments in the way that’s most convenient for them: all in one visit, back-to-back, or over multiple days.

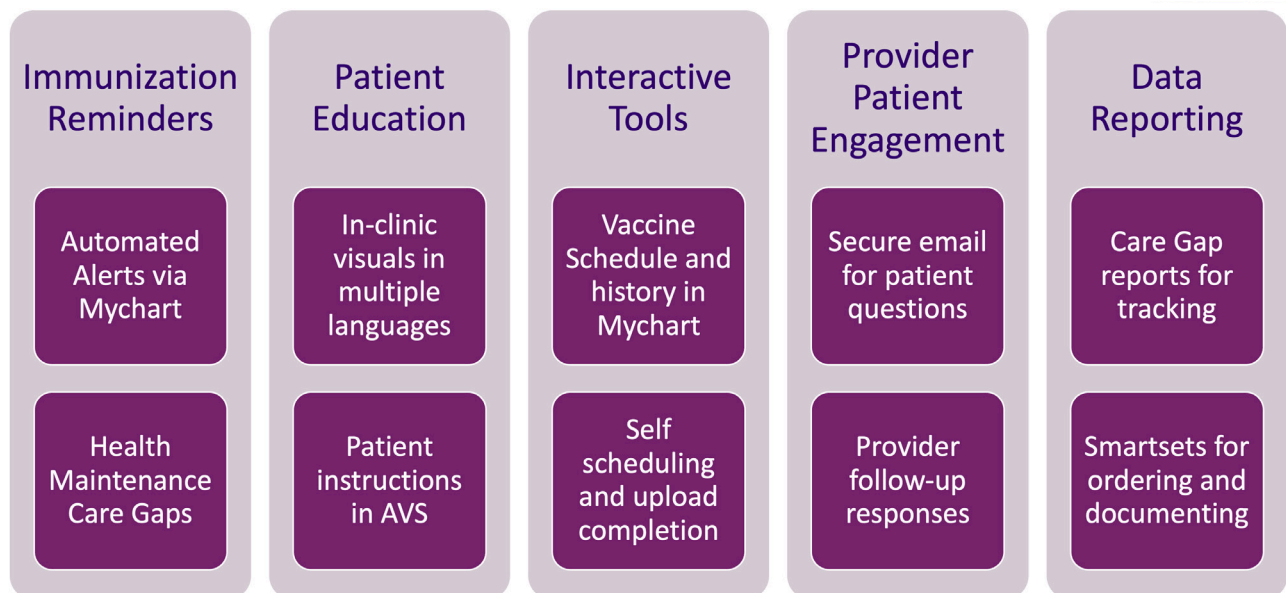
UW Medicine saw positive results in both childhood immunizations and well child visits.

Marais shared his key takeaways from the webinar and UW Medicine’s efforts. “The first one is teamwork,” he said. “It was very clear that it takes a group of people dedicated to this initiative to make this work and make this happen.”

He also praised Akinsoto’s team on their “wonderful understanding and leveraging of the resources available to you, particularly the technology tools.”

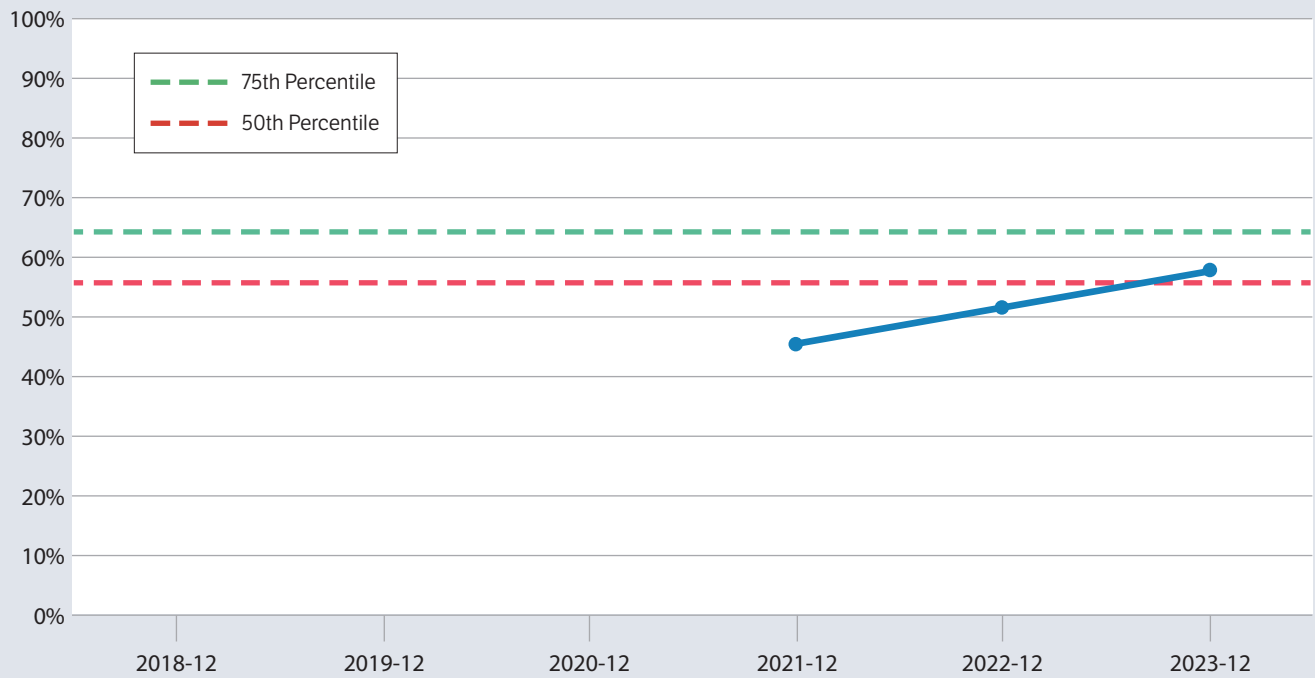
Finally, he concluded, “Relationship-based preventive care, which recognizes the patient as an individual, I think was a big part of your success.”

## Using the EHR



## Results – Well Care Visits (Child and Adolescent)

**Navigator WCV outreach at small clinic contributed to 11.8% increase from 2021 to 2023.**

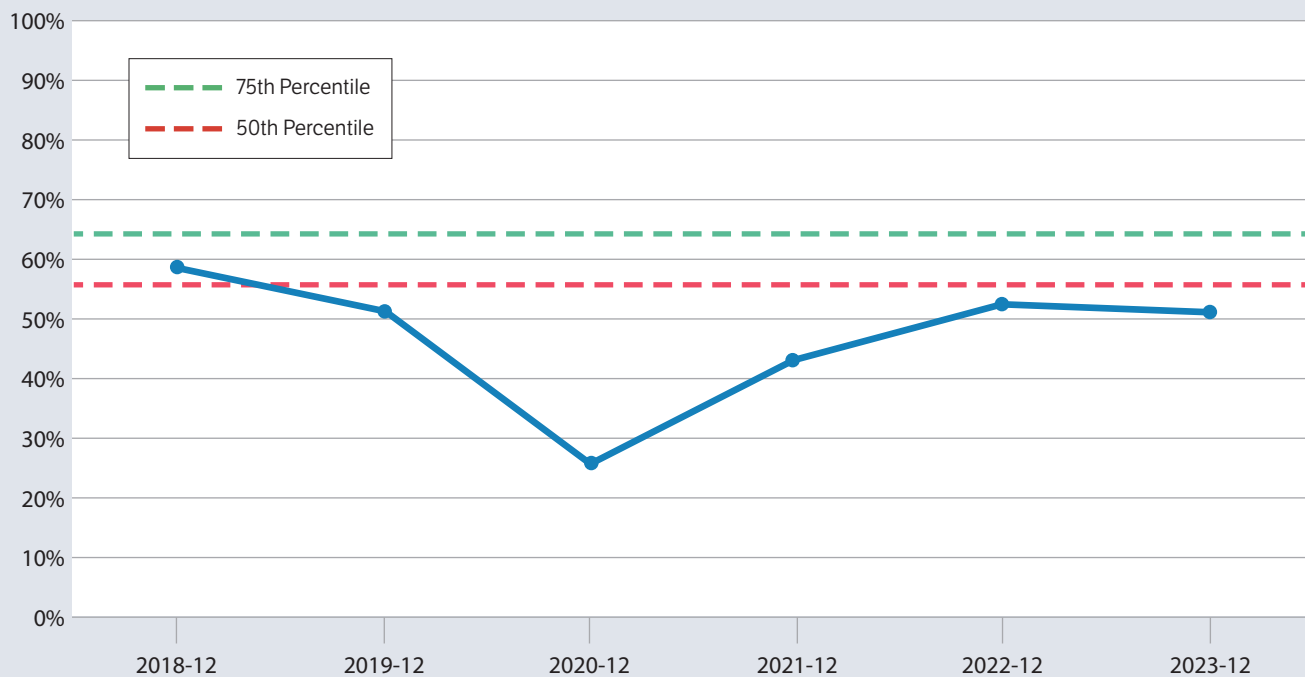


**CHWs employed March 2023 contributed to 8% rise in WCVs from end of 2022 to end of 2023.**

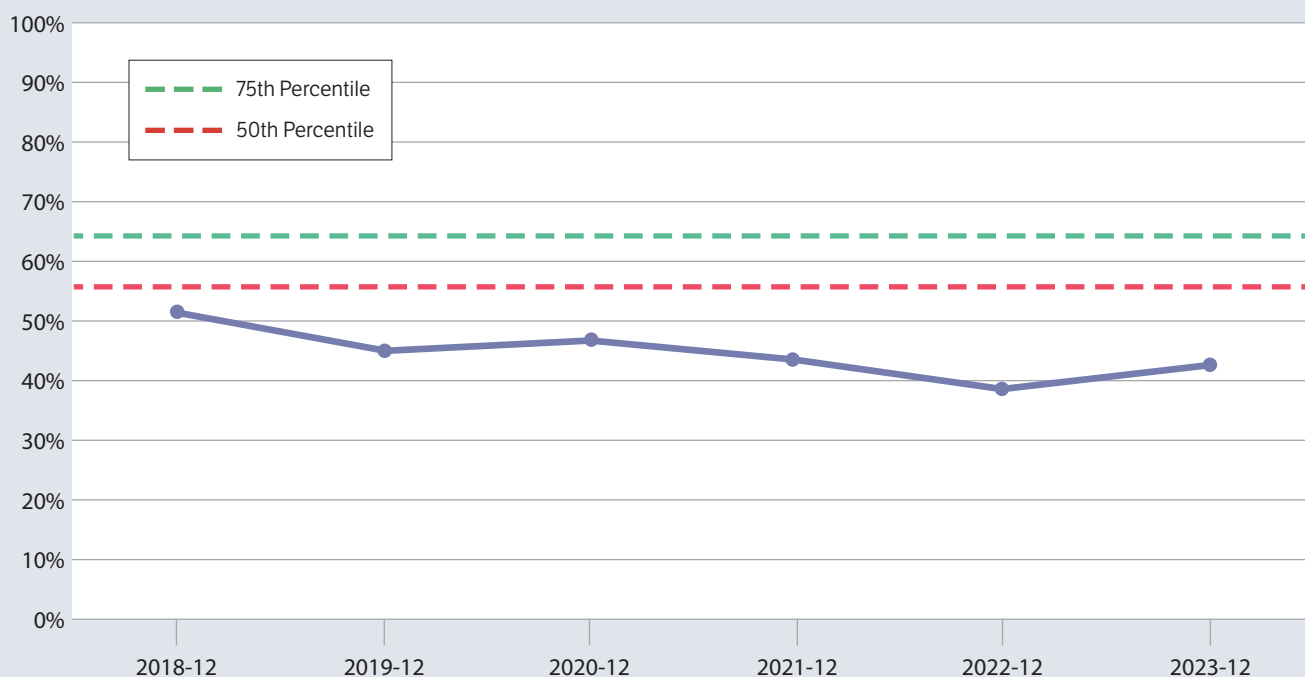


## Results – Childhood Immunizations

**Navigator outreach at small clinic contributed to 25.6% increase from 2020 to 2023.**



**CHWs employed at large clinic March 2023 contributed to 4.5% rise from end of 2022 to end of 2023.**



**Q: *Who handles the planning for visits related to pediatric immunization?***

**A:** Navigators, and in some cases medical assistants, reach out to families beforehand, “to check in on whether they need any supports and answer any questions they might have,” Akinsoto said.

For providers, navigators also often tackle much of the pre-meeting preparation, such as pulling lists of patients who are overdue for certain interventions or who’ve expressed hesitancy around vaccines, or who have behavioral health needs as well as data showing panel progression over time.

**Q: *How are you capturing the impact of your interventions?***

**A:** “UW Medicine has been measuring patient engagement, such as the number of patients who respond to text messages and how often phone call outreach results in a scheduled appointment.

A population health dashboard is in the works for tracking additional metrics, like the number of appointments that patients schedule for themselves, as is tracking for a new set of pilot program through Epic’s Cheers function.

**Q: *How are you dealing with the challenge of increased vaccine recommendations for adults?***

**A:** “It’s definitely a challenge,” Akinsoto said. “Some patients are just not interested, some navigators have reported to me.”

In response, her team is working to have information on new vaccine recommendations added into MyChart to catalyze questions and conversation during patient visits. “We’ve seen some success with this,” she said.

**Q: *What credentials do you require for the panel navigator role?***

**A:** “When we first set up this role, there were no credentials,” Akinsoto shared. Since then, the Centers for Medicare and Medicaid Services (CMS) has implemented codes for non-physician patient support “that fall within the wheelhouse of what our navigators do,” she said.

The team is currently researching and reviewing credentials that can be added to job criteria, including community health worker training through the state department of health.



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