



**AMGA Member
Best Practices**

***Scaling
Communication
and Technology
Enhancements to Drive
Influenza Immunizations***



Scaling Communication and Technology Enhancements to Drive Influenza Immunizations

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Henry Ford earned AMGA Foundation's RIZE to the Challenge award in 2024, recognized as most improved in bundled measures and for successful implementation of its "no missed opportunities" approach.

Henry Ford's presentation began with a video: Dr. Jeb Teichman talking about the death of his son. "Brent was a perfectly healthy young adult. A flu shot was on his to-do list. But he never got a chance to do it."

"I'll often hear from patients: 'I don't need the flu shot. I'm low risk,'" Steven Fried, MD, medical director, quality and resource stewardship, primary care, Henry Ford Health, shared from his own experience as a primary care provider. "And while it's true that the higher-risk people likely can benefit from it even more, even low-risk people unfortunately can have sad outcomes."

Preventing flu through vaccination is "important clinically and financially for health systems," Fried explained, noting that immunization is both an important HEDIS metric and a Medicare five-star metric.

Not only can infection by the influenza virus escalate into a gravely serious illness, as was the case with Brent Teichman, but the flu is also one of the common infectious diseases in the United States, with cases numbered more than the population of New York City during the 2021-2022 season, according to Fried.

Henry Ford has been doing its part to bring case numbers down in southeast Michigan. After a drop in vaccination rates in 2021-2022, the healthcare organization (HCO) achieved a 5.4% increase. One critical component to this success was the HCO's team-based approach to communication, primary care work groups, and technology, which Fried and Gina Aquino, DNP, RN, CHSP, nurse manager at Henry Ford Medical Group, detailed in this discussion.

Team Members RIZE to the Challenge

Henry Ford's immunization efforts faced several obstacles on the patient side, Fried explained, including vaccine hesitancy, misinformation, concerns about side effects, fear of needles, and low perceived risk of disease. Meanwhile, care teams struggled with busy office visits, competing priorities, and registries and alerts that didn't always serve up all the necessary information or make it easy to enter new data.

The vaccination team addressed these challenges with tactics Henry Ford brought back from AMGA Foundation's Rise to Immunize® (RIZE) campaign, specifically the strategic planks of provider and staff education, clinical support tools, IT/documentation improvements, patient education, and financial management.



“We presented AMGA’s Rise to Immunize PowerPoint to our primary care leaders, and this training was then cascaded down to the frontline teams,” Fried recounted. “We all know that flu shots are important, but to have it reinforced with the presentation and the new message certainly went a long way.”

A “very well-attended and very well-received” continuing medical education (CME) event on vaccine hesitancy followed, followed by technology-focused provider education in a variety of areas: how to perform queries in the Michigan Care Improvement Registry (MCIR), how to document past vaccinations and vaccine refusals in Henry Ford’s electronic health record (EHR), and how new updates in the Epic system reflect and accommodate ongoing changes in immunization guidelines.

Another tech-enabled tactic in the flu team’s toolkit involved standing orders, which allowed patients to receive their vaccinations from medical assistants (MAs) and other staff members at primary care visits or separate appointments they scheduled themselves via MyChart.

Fried and Aquino explained how Henry Ford’s EHR presents a comprehensive record of a patient’s immunization history before and during their visit, bringing together internal data and information from external sources like the MCIR. If an immunization is needed, an MA or other authorized member of the care team can “tee it up” during the rooming process.

“Patients who meet inclusion criteria and agree to receive the vaccine will receive it at that time,” Fried said.

Plank 3. IT/Documentation:

Two-Way feed- Michigan Care Improvement Registry (MCIR) & Care Everywhere Features

Immunizations - All Types ▾ All Admin Types ▾ Incomplete Admins ▾ Historical Admins ▾ Immunization Reports ▾ Query Imm Registry Refresh

⚠ Immunizations from outside sources need attention Go Reconcile

Recently Deferred Click the "Go Reconcile" Banner for External Immunizations

"Query Imm Registry"

MCIR-Michigan Care Improvement Registry

Immunizations as of 11/5/2024 at 3:29 PM

Vaccine	Admin Dates
COVID-19 PFR 30 mcg (COVID-19 Pfizer Monovalent 12 yr.+ (Purple Cap))	4/28/2021, 4/7/2021
COVID-19 PFR Bivalent 30mcg/0.3mL (COVID-19, Pfizer Bivalent Tris- Sucrose, 12 Yr. +)	5/24/2023
Influenza IIV4 (Inject) (Influenza Quad w/Preservative)	12/28/2020, 12/24/2019, 9/14/2016
Tdap (adol/adult) (Tdap)	5/3/2016
Zoster RZV (Shingrix) (Zoster Recombinant)	9/12/2023, 7/6/2023

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The EHR also alerts providers to other procedures a patient may have due, such as a colonoscopy, mammography, or other vaccine.

"It's the whole concept of no missed opportunities," he explained. "Ideally, an appointment is scheduled before the patient leaves the clinic. But even if the patient's not willing to close the gap that day, or the provider doesn't have time to address the gap in more depth, discussing it at least plants the seed. It facilitates getting the patients the care they need in future visits."

Measuring Success

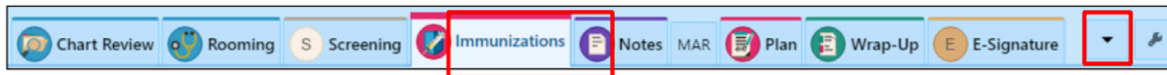
Through its participation in RIZE, Henry Ford has achieved remarkable success in improving flu immunizations, the only health system in the campaign to make these improvements. This work contributed to Henry Ford Medical Group being named the recipient of the AMGA 2025 Acclaim Award, which honored their

Managing Declined Vaccinations

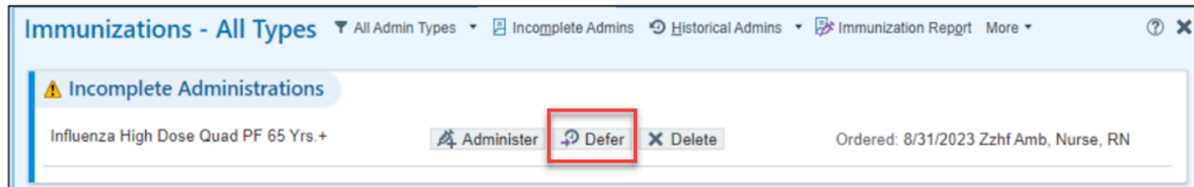
When a patient decides against a flu vaccination, a click on "immunizations" creates a vaccine order marked as deferred, along with a menu with reasons for the deferral. This information automatically enters into Henry Ford's EHR and transfers to Michigan's state registry for their records.

Documentation of a declined vaccination suppresses care gap alerts for the following year—an intentional choice based on patient and care team experience, according to Fried. "It's challenging to have the same conversation with the same patient every single visit," he said, noting that vaccinations can certainly take place during this time if a patient changes their mind. "After one year, it makes sense to have the alert again."

Vaccine Declination Process



- If the patient does not receive the ordered vaccine, the Nurse or MA will document the reason for non-administration in the EHR.

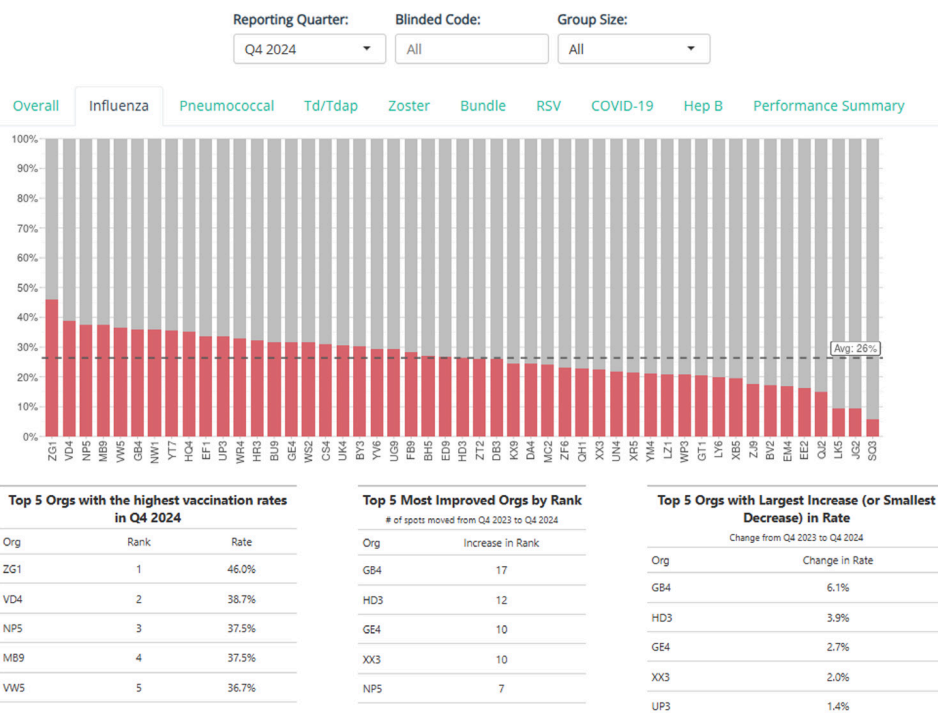


- The Care Gaps alert is deferred for one year which allows staff to readdress at subsequent visits.
- Vaccine declination is transferred to our State's immunization registry for documentation purposes as well.
 - Immunization Information System (IIS) or "registry"- Henry Ford Health's EHR has an interface with the Michigan Care Immunization Registry (MCIR) and documentation will upload from the EHR to MCIR automatically.

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Flu Data Dashboard

Rise to Immunize® Data Dashboard



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innovative strategy implementation, healthcare provider empowerment, technology utilization, and building of successful community partnerships.

Joining Forces Before, During, and After Flu Season

Henry Ford leverages technology and teamwork at every stage of the immunization campaign, starting with patient education and outreach.

Materials relate important facts about flu shots and the importance of receiving them. “Based on the patient preferences, educational messages can be printed for mailing, emailed, or sent to the patient portal,” Aquino explained. For patients who prefer audio/visual learning, Henry Ford offers several short videos.

When it’s time to make an appointment, patients can click on a link in the message to self-schedule via the portal. “It’s a lot easier than if you have to call someone,” Fried

noted. During the time leading up to the appointment, patients receive reminders through their MyChart portal as well.

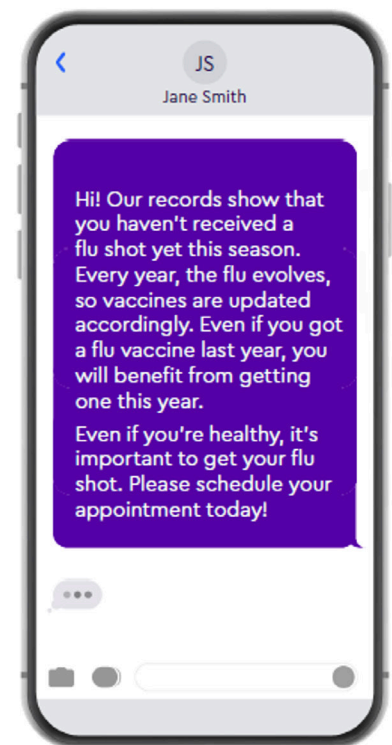
Each year’s campaign starts in June with weekly meetings of a systemwide committee of physicians, pharmacists, nurses, and IT support. As materials and messages take shape, staff education and policies are updated as needed.

Members of the IT department make the necessary EHR enhancements, such as health maintenance topics that trigger due/overdue vaccinations and features that tie vaccinations in with the appropriate standing orders and diagnostic codes. Pharmacy steps into its vital role as well.

“They let us know when it’s time to order our flu vaccines and notify us when our flu shipments are expected to be delivered to the clinic,” Aquino said. “We are very grateful

Outreach and Scheduling

- Flu campaign
- Patients can self-schedule flu shots through the patient portal
- Open scheduling for patients to book appointment at any clinic offering flu vaccines
- Walk-in flu shots available



for this team because they ensure that we are ready to go prior to flu season.”

Payment for the vaccination is a critical step—and frequent barrier. Aquino and Fried noted that many flu shots have been declined because of high out-of-pocket costs as well as issues with the vaccines being covered under a patient’s pharmacy benefits.

Henry Ford uses TransactRx to improve access and adoption for Medicare Part D patients. The tool helps providers assess whether a patient has coverage, their financial responsibility for a specific vaccine, and how much the physician will be reimbursed.

“It’s a real-time portal that enables medical professionals to bill for Part D-covered vaccines with minimal time and effort,” Aquino said. “Using this tool has helped with increasing our immunization rates, especially with our adult population.”

As the 2025 flu season approaches, what’s next for the program at Henry Ford?

Aquino shared that the team, supported by systemwide policies and a robust dashboard, is scaling the primary

Lessons Learned

Aquino walked through what her team has learned so far and her advice for other HCOs undertaking this journey:

- Share data transparently with all team members. “You can’t improve what you don’t measure.”
- Reinforce education in multiple venues. “Team members learn in different ways.”
- Stock up on vaccines before peak flu season.
- Establish processes to facilitate team member workflows.
- “Become good friends with your IT support team.”

care program to a wide array of specialties. These include OB/GYN, infectious disease, cardiology, oncology, nephrology, and endocrinology departments, as well as athletic trainers, who were recently added to Henry Ford’s influenza vaccination standing orders.

“Having your specialty clinics on board is so valuable with closing gaps in care,” she said.

Q&A

Q: *What strategies do you use to overcome care team resistance?*

A: “I think education is key in overcoming resistance,” Aquino replied. This involves making sure care delivery teams understand all the relevant steps in the immunization process, like navigating policies like standing orders, teeing up vaccine orders, and reviewing MCIR queries. “Training providers all the way through the backline, including our cost-share reduction (CSR) staff, is helpful as well,” she added.

Q: *What advice do you have for tackling challenges related to state registry connections, such as duplicate vaccinations or documentation errors?*

A: Aquino talked about running reports to make sure their systems communicate with the MCIR, using standardized CVX codes when mapping vaccine data to external entities (which Michigan’s registry requires), and leveraging digital tools for additional standardization. She also noted the importance of having contacts within the registry to address and resolve any issues.

Q: *Have you expanded any of these interventions systemwide, to other adult vaccinations or the pediatric vaccine schedule, and if so, how does that work?*

A: Fried pointed out that many of the processes he and Aquino outlined in the webinar can be generalized to other vaccines and services overall.

“It’s a great question,” he concluded. “In my opinion, it’s important to develop processes that could be used for many different things, because if you have just a process for one particular item, it may be hard to remember as you’re seeing patients.”



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