

# Improving Health Maintenance Measures: Effect of Pre-Visit Planning on Shingrix Vaccination Rates



Author: Aliya Glattstein, ScM in Medical Sciences Candidate<sup>1</sup>  
 Mentors: Carolyn Joy Nassar MD<sup>2</sup> & Deborah Gutman MD/MPH<sup>1</sup>  
<sup>1</sup>Brown University/ Warren Alpert Medical School <sup>2</sup>Brown Internal Medicine

## Background

- Herpes zoster (HZ), or shingles, is reactivation of latent varicella-zoster virus (VZV)
- HZ is a painful dermatomal rash that evolves in stages
- Shingrix vaccine has a 97.2% efficacy for >50 years old
- Low vaccination rates due to lower sense of collective responsibility, calculation of disease and vaccination risk, and concerns about profiteering<sup>8</sup>
- Pre-visit planning organizes information ahead of time to allow greater devotion of attention responding to that information

## Objectives

- Implement pre-visit planning to increase Shingrix vaccination rates

## Methods

### Intervention

Identify due health maintenance measures and create a pre-visit note in the charts of 442 patients

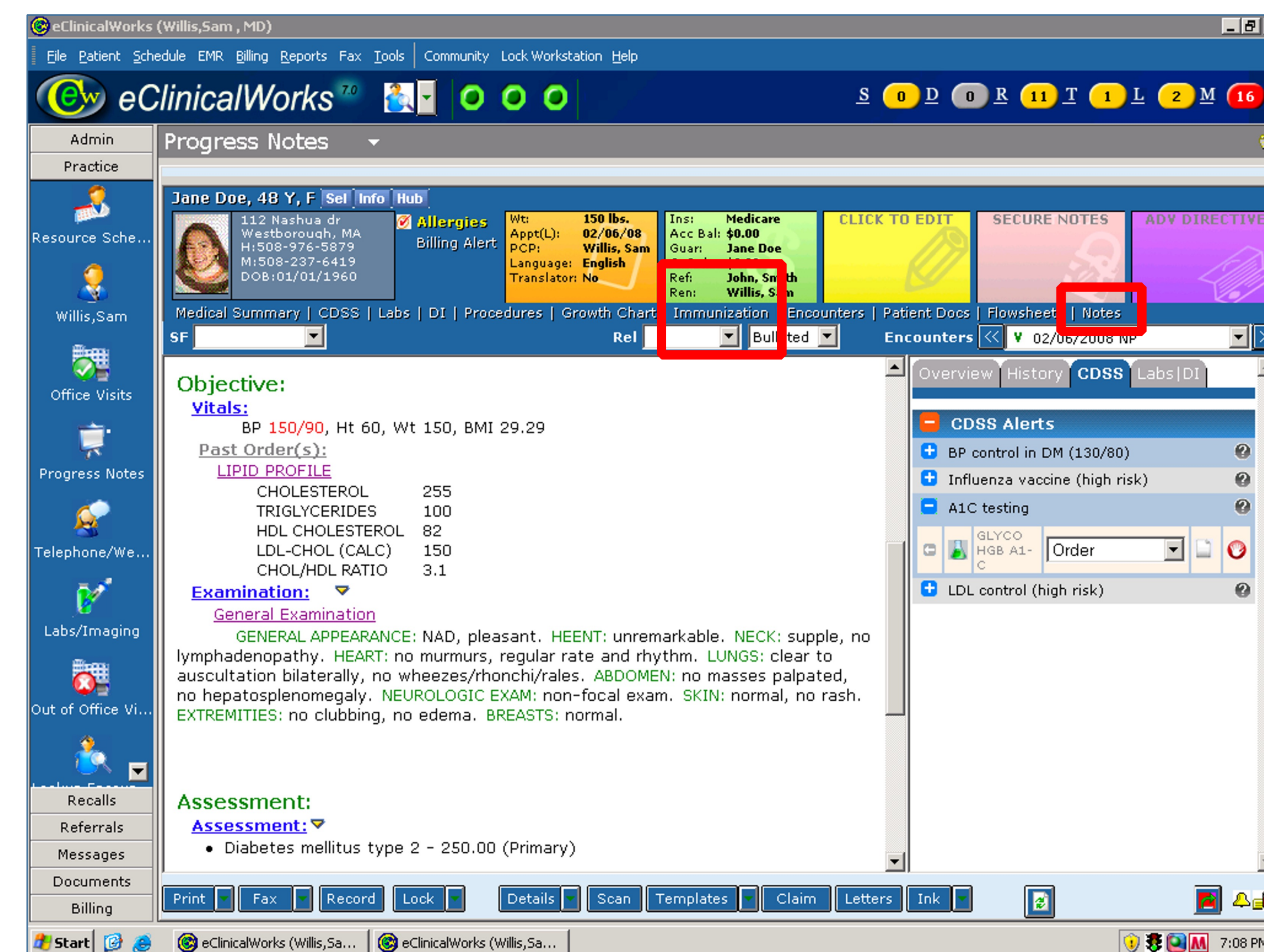
### Evaluation

Compared percent of due vaccinations completed in pre-visit planning group vs. a control group without pre-visit planning

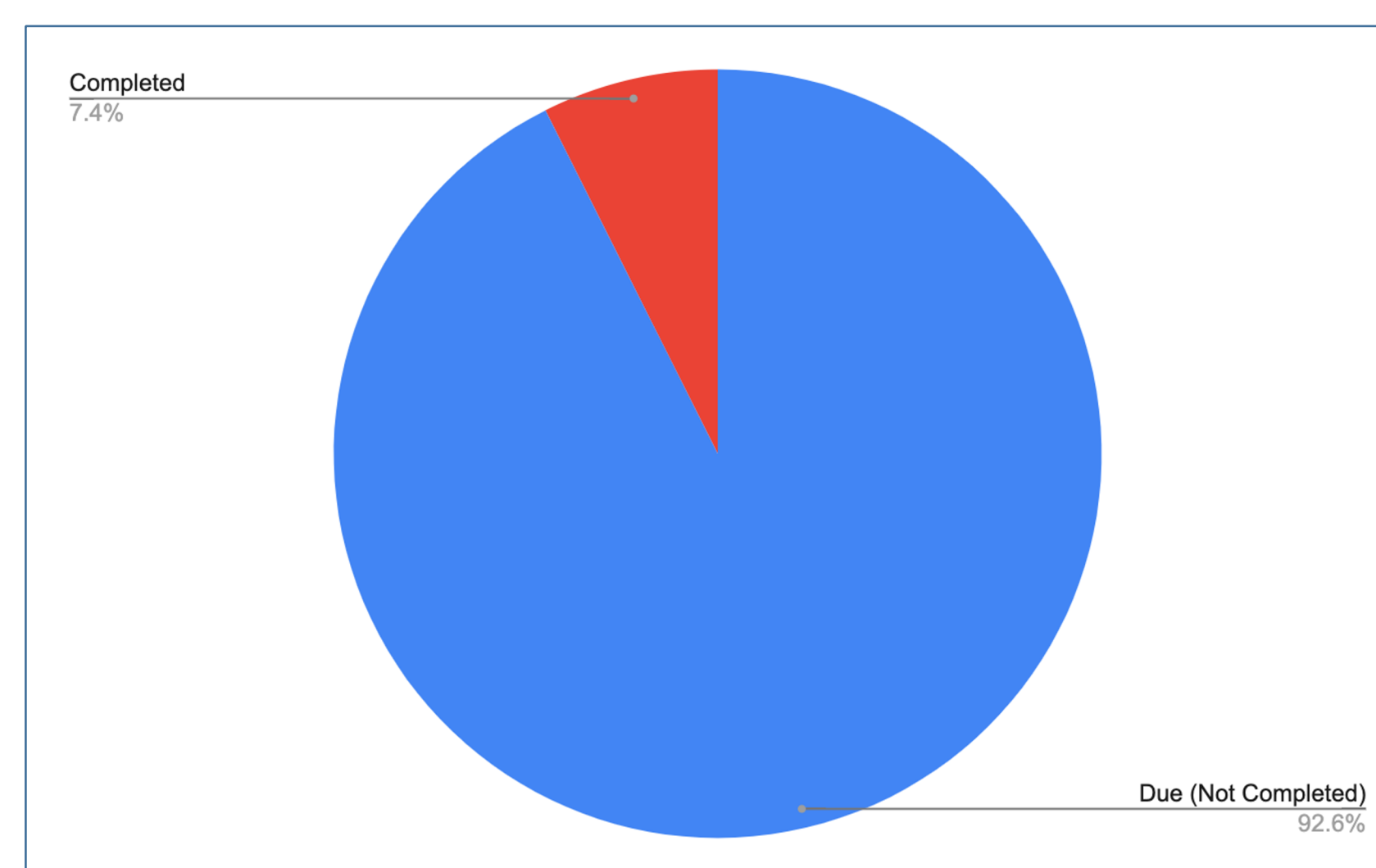
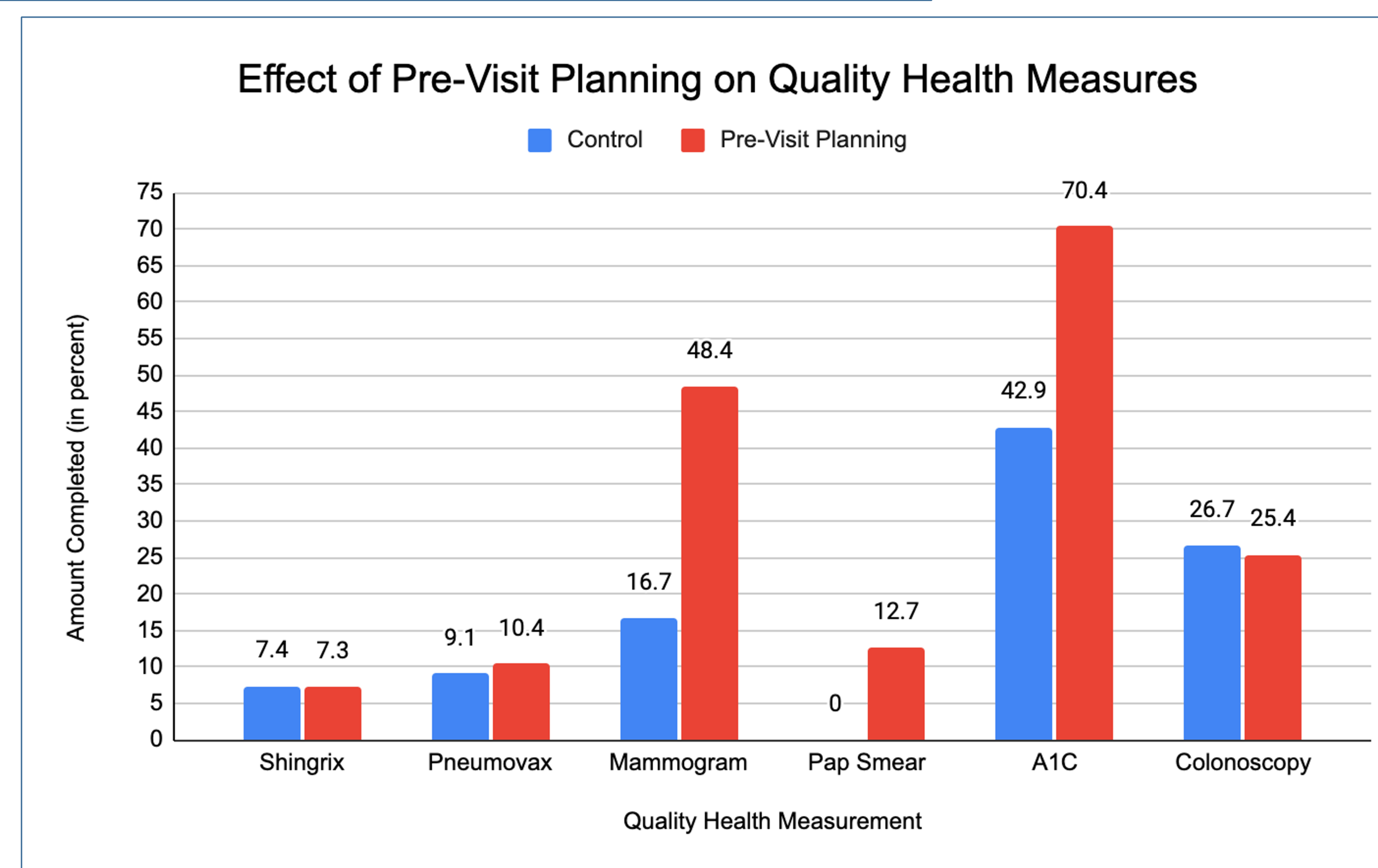
### Literature Review

Identify how to adjust pre-visit planning to improve Shingrix vaccination rates and the importance of the vaccine

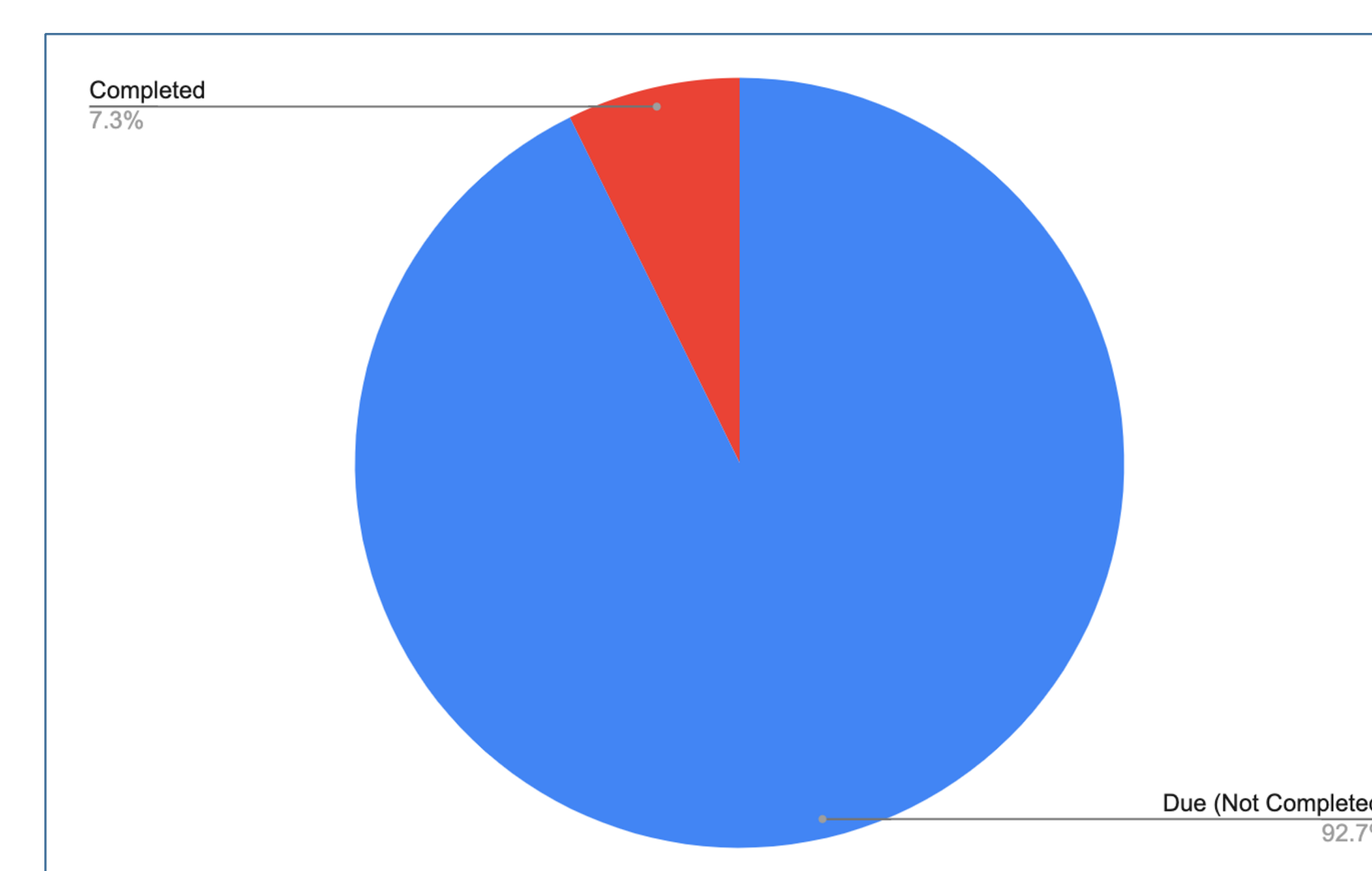
## Results



- eClinicalWorks holds the patient charts
- Pre-visit planning was done by looking under section titles
- The provider received information in the notes section



Control Shingrix



Pre-Visit Planning Shingrix

## Best Practice Suggestions from the Literature

- Conduct the pre-visit planning near the end of the previous visit
- Use a checklist to plan for the next visit
- Conduct pre-visit lab testing, phone calls, and questionnaires
- Emphasize disease risks and vaccine benefits for the individual as well as the community

## Conclusions and Next Steps for Brown IM Health Center

- Pre-visit planning showed a 0.12% decrease in Shingrix vaccinations
- There were variable results among the other health quality measures
- It cannot be concluded from the study that pre-visit planning improved vaccination rates
- Also, there were limitations to the study:
  - discrepancies in the chart for if a vaccination was completed
  - accounting for vaccinations in and out of office
  - note placement in chart might have been overlooked by physician
- Recommend Brown IM implement other pre-visit planning aspects and adjust chart auditing placement

## Acknowledgements

I would like to thank Dr. Nassar<sup>2</sup>, Dr. Gutman<sup>1</sup>, Professor Elizabeth Tobin-Tyler JD, MA<sup>1</sup>, Jonathon Woo, Alana Labaschin, Kajal Grover, Corey Mallozzi, Gabrielle Moore, and the providers of Brown Internal Medicine.