New Hampshire has a population of 1.3 million. 325,000 are children under 19 years. The Vaccine for Children Program services approximately 85,000 children (Medicaid, uninsured, AN/NA). The southern part of the state is made up of two cities and many small towns. 50% of the state is designated as a “Medically Underserved Area.” The two cities have a full service public health department. The rest of the state depends on the state public health infrastructure for surveillance, laborator, vaccine supply, education, etc. The Immunization Section has agreements with 305+ vaccine provider sites, private and public. Approximately 45 provider sites have agreements to offer a limited supply of Section 317 vaccine for uninsured adults. All other adult vaccines are purchased by the providers/health systems.

**Partners Involved:** Division of Public Health Services - Immunization Section (state health agency), Dartmouth College, Leadership and Preventive Medicine Residency (academic institution), Dartmouth Hitchcock Primary Care Practices (health center controlled network)

**Description of the Integration:** The goal of this integration project is to increase immunization rates across the lifespan. The strategy is to increase the number of patients in a primary care/pediatric office are offered recommended vaccines, based on age and medical history. When assessed using the Microsystem approach, every person, process, system that comes in contact with the patient is examined. To increase immunizations the following might be aligned with the goal: reception area/education, receptionist, EMR, billing system, standing orders, nurse/provider knowledge, patient routing, vaccine availability, reporting, reminder/recall, etc.

- **Resources Required:** No additional funding was obtained for this project
- **Results:** Pilot studies have been completed. In two provider offices, the number of patients offered pneumococcal vaccine was determined by month. Processes were assessed, changes implemented. The number of adults vaccinated against pneumococcal disease per month increased for an average of 11.4 to 32.2. Conducted by Antonia Altomare, DO and John Mecchella, DO; both LPMR, Dartmouth College
- **Key Elements for Success:** 1. The two Leadership and Preventive Medical Residents, partnered with the NH Immunization Program staff to thoroughly understand the concepts of public health (10 Essential Services of Public Health) and immunization as a primary prevention strategy for all ages. 2. Implemented public health and primary care best practices to effect change in Microsystem. 3. The two LPMR physicians were perceived as medical and public health experts by members of the Microsystem staff.
- **Lessons Learned:** 1. Use of information technology (EMR, Billing) is key for gather baseline data and giving continual data feedback, but cannot make the changes. 2. A Champion is imperative. He/She must continue to motivate and create sense of urgency/importance. 3. All processes, systems and staff need to align with the goal.

**Movement on the Integration Scale:** Start: cooperation; Finish: collaboration; Desired: partnership

**Website Links:**

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