Vaccination Programs: Provider Reminders

Summary Evidence Tables - Updated Evidence (search period: 1997-2012)

Provider Reminders When Used Alone

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Burns (2002) Study Period: 1995-1996	Location: USA, Pittsburgh, PA Provider reminder (nurse initiated chart prompt).	Study Population: Patients were screened for vaccine eligibility and were randomly assigned into the intervention or control (based on their chart #).	On time vaccination for selected vaccines in the childhood series. Review of patient records for:	Selected vaccines were reported: DTP 36% Oral Polio 56% MMR 1 26%	Selected vaccines: DTP 4 51% Oral Polio 70% MMR 42%	Percent increase: DTP4 15% MMR1 16% OPV3 14% No changes in	1 year
Design Suitability (Design): Greatest (individual randomized trial)	Urbanicity: Urban Setting: Hospital (inpatients). Family practice residency	<u>Arm N accepted</u> PR 448 Control 529	Hepatitis B; Dipht/tetanus/pertusis DPT; Oral Polio; Measles, mumps, rubella (MMR)			DTP3, DTP5,HEP3 and OPV4. Inconclusive results. Marginal	
Outcome Measure: Childhood vaccination series	program. Comparison: Assigned randomly					evidence in support of provider reminders.	
Author (Year): Chan (2002)	Location: USA, Washington State	Setting: Solo practice	Patients Influenza immunization rates				2 years
Study Period: 1997-1998	Intervention: Provider Reminder (mailed reminders	Physicians(n) 1997 1998 Inter 23 20 Cont 21 20	Solo practice	C: 639 (33.5%)	I: 701 (34.2%)	+0.7 95% CI [-2,4] Relative (+2%)	
Design Suitability (Design): Greatest (Randomized Crossover Trial)	sent monthly during influenza season) Comparison: Usual care	Group practice Groups(n) <u>1997</u> <u>1998</u> Inter 7 6 Cont 6 7 * All physicians were randomized	Group practice	C: 811 (37.5%)	I: 879 (39.8%)	+2.3 95% CI [6,5] Relative (+6%)	
Outcome Measure: Influenza vaccination, Outpatients		to receive intervention Patients: Medicare outpatients <u>Period N</u> 1997 4300 1998 4025					

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Dexter (2001) Study Period: 1997-1998	Location: USA, Indianapolis, IN Intervention: Provider reminder system (computer)	Setting: N=1 General medical teams were assigned to condition: N=8 Group <u>N teams</u> <u>N patients</u> Inter 4 4995	Adjusted rates of ordering pnueumococcal vaccine for eligible patients Adjusted rates for	C: 0.8%	I: 35.8%	+35 pct pts p<0.001 95%CI [NA] Relative (+4375%)	18 months
Design Suitability (Design): Greatest (Group randomized trial)	Comparison: Usual care	Comp 4 5070 Note: N eligible were not reported	ordering influenza vaccine for eligbile patients	C: 1.0%	I: 51.4%	+50.4 pct pts p<0.001 95%CI [NA] Relative (+5040%)	
Outcome Measure: PPV; Influenza (other preventive therapies) vaccination		Study Population: Adults	Adjusted ordering rates for PPV based on all admitted patients	C: 0.9% admits	I: 8.5% admits	+7.6 pct pts p<0.001 [6.8, 9.4] Relative (+844%)	
			Adjusted ordering rates for Influenza based on all admitted patients	C: 0.4% admits	I: 5.4%	+5.0 pct pts p<0.001 [4.3, 5.7] Relative (+1250%)	
Author (Year): Dexheimer (2011) Study Period: 2006-2007	Location: USA, Nashville, TN Intervention: Provider reminder	Setting: N=1 Study Population: • Adult, 65+ years • Visited Emergency	Vaccination rate	38.8%	45.4%	+6.6 pct pts 95% CI: not reported	1 year
Design Suitability (Design): Greatest (Prospective cohort) Outcome Measure:	system (computer)	Department during study period Eligible 2062 Consented 621					
PPV vaccination		Received 222					

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Dubey (2006) Study Period: 2002-2003 Design Suitability (Design): Greatest (Group randomized trial) Outcome Measure: Td (rubella immunity)	Location: Canada, Toronto Intervention: Provider reminder (checklist of adult preventive services) Comparison: Usual care	Setting: N=4Stratified random assignmentGroup# ClinicsInter2Comp2Samples of charts of patientsseen for health check-upappointments.Patient chart samples (Td andRubella numbers differed).GroupN preInter242308Comp259297	Rate of preventive manuever for Tetanus immunization (status, immunization, or offered but refused). Adjusted Relative Risk for Td immunization preventive service. Rate of preventive man <u>e</u> uever for rubella immunity in women of childbearing age.	I 12.8% C 19.7% I 15.5% C 10.0%	I 40.9% C 9.4% I 34.7% C 9.6%	+38.2 pct pts p<0.001 95%CI [32,44.8] Adj RR=3.00 95%CI [1.72, 5.22] +19.6 pct pts p<0.001 95%CI [9.6,29.6] Adj RR=3.14 95% CI [0.78, 12.62]	9-12 months
Author (Year): MacIntyre (2003) Study Period: 1998 Design Suitability (Design): Greatest (Individual randomized trial) Outcome Measure: PPV; Influenza	Location: Australia, Westmead, Victoria Intervention: Provider reminders delivered in hospital (Chart memo and face-to-face reminders for staff). Comparison: Provider reminders sent by mail on day	Setting:Study Hospital and community providers:Study Population:Adults (≥65yrs)InpatientsConsenting (vaccine eligible) patients were randomized to type of provider reminder.GroupN patientsIn hospital Prov Rem70	Patient receipt of pneumococcal vaccine at follow-up. Patient receipt of influenza vaccine at follow-up. Note: High baseline coverage for influenza.	Outpatient provider reminder 32 (55%) of 58 eligible patients 9 (50%) of 18 eligible patients	Inpatient prov reminder 47 (67%) of 70 17 (63%) of 27	+12 pct pts p=0.22 [-5, +29] +13 pct pts p=0.58 [-16, +42]	5 months

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Patwardhan (2012) Study Period: 2007-2010 Design Suitability (Design): Moderate (Retrospective cohort) Outcome Measure: Influenza vaccination	Location: USA Intervention: Provider reminder (EHR automatic best practice alert reminder)	Setting: rheumatology clinic in a large pediatric hospital Study population: • Rheumotology clinic patients • Children N=NR	Influenza vaccination rate	5.9%	25.5%	+19.6 pct pts	1 influenza season
Author (Year): Shaw (2000) Study Period: 1996-1997 Design Suitability (Design): Greatest (Group randomized trial) Outcome Measure: Pediatric vaccination	Location: USA, Boston, MA Intervention: Provider reminder system (computer printout at time of patient encounter) + Provider education (lectures and posting of guidelines). Comparison: Provider Education	Setting: Study hospital-based continuity clinics: N=1 Outpatient pediiatric clinicsStudy Population: Pediatric resident physicians Randomized by clinic day. Group N days N prov N visits Inter 2 NR 298 Comp 3 NR 328 Unit of analysis: Well child visits for patients < 5 yrs oldChildren < 5 yrs old	Proportion of well child visits with a missed opportunity to vaccinate (one or more vaccines). Note: Change represents a reduction of missed opportunities.	C: 71 (21.6%) of 328 well child visits	I: 34 (11.4%) of 298 well child visits	Missed Opportunity -10.2 pct pts p<0.0001 [-16, -4.5]	NR
Author (Year): Tang (1999) Study Period: 1995-1998 Design Suitability (Design): Greatest (Other design with concurrent control) Outcome Measure: Influenza	Location: USA, WI Intervention: Provider reminder (rule-based computer reminders that appeared in eligible patient's charts). Comparison: Paper reminders	Setting: University-based Family Practice Center: N=1 Physicians: N= I: 13 C: 10 Study Population: All patients 65 years or older who had one or more non-acute clinic visits during seasons of each year.	Provider compliance rates Computer Reminder Paper Reminder	27 (40.1%) 11 (27.9%)	112 (68.2%) 25 (30.06%)	+25.4 pct pts 95% CI: 13.2, 37.6	3 influenza seasons

Additional Evidence on Provider Reminders when Implemented Alone

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Bloom (1999) Study Period: 1996 Design Suitability (Design): Least (post-only) Adults (≥65yrs) Inpatients Outcome Measure: Influenza; PPV vaccination	Location: USA, managed care plan in NY and NJ Intervention: Provider Reminder (faxed reminder sheet sent to provider for each admitted patient). Comparison: Post intervention vaccination	Setting: Study Managed Care Plan included 10 high volume hospitals. Study Population: Patients admitted to study hospitals of plan providers: N= 206 patients admitted over the period. N= 153 eligible patients of 106 providers.	Proportion of patients who received influenza vaccine during hospital stay. Proportion of patients who received PPV vacine during stay. Note: Provider reminders did not document patient vaccination status.	NR (survey incomplete) NR (survey incomplete)	3 (2%) of 153 patients 1 (0.6%) of 153 patients	2 pct points 95%CI [NA] 1 pct point 95%CI [NA]	2 months
Author (Year): Minkovitz (2001) Study Period: 1998-1999 Design Suitability (Design): Least (Before-after) Children Outpatient Outcome Measure: Childhood vaccines	Location: USA, Baltimore, MD Intervention: Provider reminder (nurse assessment with computer printout attached to chart). Minimal provider education (told to look at printout) and feedback Comparison: Before-after	Setting: Study Hospital-based pediatric clinic: N=1 Study Population: Patients of the pediatric clinic (≤ 3 yrs of age) with 1 or more visits to the clinic. <u>Period N total N eligible</u> Pre 654 521 Post 930 642	Vaccination coverage for the 4:3:1:3:3 series among children 24m and older. Vaccination coverage for 3:2:3:3 series among children 10-23 months.	149 (70%) of 213 132 (64%) of 207	152 (78%) of 195 214 (71%) of 302	+8 pct points [-0.5, +16.5] +7 pct points [-1.3, +15.3]	14 months

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Noped (2001) Study Period: Oct-Nov 1999 Design Suitability (Design): Least (Before-After) Outcome measure: Pneumococcal vaccination	Location: USA, Winston-Salem, NC Intervention: Provider Reminder (pharmacist assessment) Comparison: Before-after	Pilot pneumococcal vaccination program implemented to increase coverage. Study Population: High-risk patients ≥ 65 years of age Inpatient Study Hospital: N=1 <u>N assessed</u> Pre: 1998 354 Post:1999 458	Percentage of eligible patients vaccinated: pneumococcal	<u>1998</u> 26 (7.3%) of 354	<u>1999</u> 134 (29.3%) of 458	+22 pct pt 95% CI: [17, 27]	2 months
Author (Year): Skledar (2003) Study Period: 2000-2002 Design Suitability (Design): Least (Before-After) Outcome measure: Pneumococcal vaccination	Location: USA, Pittsburgh, PA Intervention: Registry + Standing Orders + Provider Reminder + Client Reminder + Provider Education Comparison: Before-After	Setting: Study hospital: N=1 Study Population: Adult Hospital patients Pre Baseline: 309 January 2002: 383	Eligible patients that were vaccinated	Pre: (3) 1%	Post: (162) 33%	+ 32 pct pts 95% CI [26.7, 36.3]	2 years
Author (Year): Skull (1999) Study Period: 1996 Design Suitability (Design): Least (Before-After)	Location: Australia, Northern Territory; Darwin Intervention: Provider Reminder + Provider Education	Setting:Study Hospital:N=1;Royal Darwin HospitalStudy Population:ChildrenInpatientsAnalyses (NCIR)PdNPre42390st 443351/422139	Opportunistic vaccination rate among children: Pediatric Ward and Emergency Department NT Childhood Immunisation Register (NCIR)	0 (0%) out of 84	6 (4%) out of 139	+4 pct pts 95% CI [.7,7]	4 months

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year):	Location: USA,	Setting: Study hospital: N=1	Proportion of	Pre:	Post		
Vondracek (1998)	Oklahoma City; OK	Inpatient medicine and cardiology wards and rotating	pneumococcal vaccine eligible inpatients who	0 (0%) of 80	23 (28.8%) of 80	+28.8 pct pts [18.9,38.7]	6 wks
Study Period:	Intervention:	physicians and resident	were vaccinated prior				
April-June 1996	Provider reminder	physicians.	to discharge.				
	system (pharmacist-		Baseline coverage was				
Design Suitability	run)	Study Population:	28.6% of indicated pts.		60 (24.1%)		
(Design): Least		Consecutive Inpatients admitted		27 (13.6%) of	of 249	Post	6wks
(Before-after)	Comparison:	to study wards until 40 PPV	Overall PPV vaccination	198 admits	admits	+10.5 pct pts	
. ,	Before-after	eligible patients were identified.	coverage change at			[3.4, 17.6]	
Adults			discharge in study				
Hospital inpatients		Period <u>N admits</u> <u>N PPV eligible</u>	samples of inpatients.				
		Pre (4wks) 198 80					
Outcome Measure:		Inter (6wks) 249 80					
PPV vaccination							

Provider Reminders when Implemented with Additional Interventions

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Britto (2006) Study Period: 1999-2004 Design Suitability (Design): Moderate (Time Series) Children (high-risk) Outpatient (Cystic Fibrosis clinic) Outcome Measure:	Location: USA Cincinnati, OH Intervention: Quality Improvement Project: Registry + Client Reminder/Recall + Client Education + Provider Reminder + Provider Reminder + Provider Education + Standing Orders + Expanding Access.	Setting: Study Medical Center Cystic Fibrosis Clinic Study Population: Patients of the Cystic Fibrosis clinic N=Not reported (205 in 2003-04)	Influenza vaccination coverage among the patients of the Cystic Fibrosis Clinic 1999-2004	Baseline 1999- 2001 (2 seasons) <u>Yr Coverage</u> 99-00: 17.3% 01-02: 41.3%	QI project (2 seasons) 02-03: 85.5% 03-04: 90.4%	+49.1 pct pt 95% CI= not calculated	4 years
Influenza vaccination Author (Year): Coyle (2004) Study Period: 1999 Design Suitability (Design): Greatest (Group non- randomized trial) Outcome Measure: PPV	Before-after Location: USA, Bronx, New York Intervention: Provider reminders (pharmacist assessment with computer prompt) + Patient education (pharmacist assessment with small media for patient) Comparison: Usual Care Note: Study also compared Standing Orders to Provider Reminder	Setting: Study Hospital: N=1 Patient wards were assigned to condition: N=3 Study Population: Patients admitted over study period N=424 Adults Hospital inpatients Group N admit N elig N accpt Prov remi 122 55 35 StdOrders 147 56 42 Usual Care 155 (NR) (NR)	Proportion of inpatient admits who received the pneumococcal vaccination Note: Patient refusal rate was 30% Note: Standing Orders was significantly better than provider reminders in direct comparison		Prov Rem 8 (6.6%) of 122 admits	+6.0 pct pts [1.4, 10.6]	4 months

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Dexter (2004)	Location: USA, Indianapolis, IN	Setting: Study Hospital: N=1 Study Population: Inpatient	Vaccination admin rates for eligible inpatients:	Provider Rem 137 (30%) of 463	Standing Order 163 (42%) of	+12 pct pts [5.5,18.5]	14 months (2 influenza seasons)
Study Period: 1998-1999	Intervention: Standing Orders (nurse assessment;	medical ward physician teams assigned to condition. Standing orders: 4 teams	Influenza Pneumococcal	Provider Rem	385 Standing Order		,
Design Suitability (Design): Greatest (Group Randomized Trial)	computer entry) Comparison: Provider reminders (nurse assessment;	Provider reminder: 4 teams Npatients N eligible <u>Grp Analyses</u> <u>PPV</u> <u>Influenza</u> SO 623 406 385	Note: This study is not a direct assessment of effectiveness of	132 (31%) of 423	209 (51%) of 406	+20 pct pts [13.4,26.6]	
Adults Hospital inpatients	computer prompt) Note: This study	PR 691 423 463	provider reminders. Provider reminders were less effective				
Outcome Measure: Influenza; PPV vaccination	compared Standing Orders to Provider Reminders		than Standing Orders in this comparison.				
Author (Year): Fiks (2007)	Location: USA, Philadelphia, Pennsylvania	Setting: Primary care clinics Study Population: • Children	Up-to-date for 4:3:1:3:3:1	1266 (81.8%) of 1548	1504 (90.1%) of 1669	+ 8.3 pct pts [95% CI: 6,11]	1 year
Study Period: 2004-2005	Intervention: Quality improvement + Provider reminders	 Majority African American <u>N</u> 					
Design Suitability (Design): Moderate (Pre-Post Design with Non-concurrent comparison)	+ Provider education Comparison: Provider education						
Outcome Measure: Childhood series vaccination							

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Fiks (2009) Study Period: 2006-2007 Design Suitability (Design): Greatest (Group randomized Trial) Quality of Execution: Fair Outcome Measure: Influenza vaccination	Location: USA, Philadelphia, Pennsylvania Intervention: Provider reminders + Provider education Comparison: Provider education (routine care)	Setting: Pediatric practices Study Population • Children • 5-19 years of age • Asthmatic N Pre N Post Interv 5329 6110 Compr 5338 5809	Vaccination rates	I: 45.7% C: 46%	I: 51% C: 47.9%	+ 3.4 pct pts [95% CI: 1,9]	6 months
Author (Year): Fishbein (2006) Study Period: Not reported Design Suitability (Design): Greatest (Other Design with concurrent comparison group) Adults Outpatients (family practice) Outcome Measure: 8 vaccines indicated for adults	Location: USA, Three clinics in Georgia, Louisiana, New Mexico Intervention: Client Education + Provider Reminder (client completes self-assessment in office then takes form to provider at appointment). Comparison: Usual care + fact sheet on physical activity.	Setting: Participating family practice clinics and providers N=3 clinic systemsStudy Population: Convenience samples of 200 consenting adult patients (18 yrs or older and not acutely ill) assigned to condition in each setting.ConditionN recruited patients InterInter100 per setting CompComp100 per setting	Overall receipt of one or more indicated vaccines at subsequent appointment. Note: No individual vaccine was administered significantly more commonly to intervention patients than control patients in all three clinic systems.	C 50 (9%) of 556 eligible patients	I 99 (18%) of 550 eligible patients	+9 pct pts p<0.0001 95%CI [NR]	

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Flanagan (1999) Study Period: Not reported Design Suitability (Design): Greatest (Individual Randomized Trial) Adults Outpatient Outcome Measure: PPV; Influenza; Td; Hepatitis B vaccination	Location: USA, Iowa City, Iowa Intervention: Provider reminder system (computer- based but activated only if the provider checked the immunization section of the patient's online medical record). Comparison: Usual care (no section- based rem)	Setting: Study University Medical Center (general medical services) Study Population: Providers were stratified on experience and assigned to condition. Group <u>N providers</u> Inter Not reported Comp Not reported N=89 physicians provided some data in these analyses	Provider orders for 1 more vaccinations during the study period. Rate of ordering based on online checks of the patient immunization section.	C: 169 orders of 1 or more immunizations Rate 169 (66%) of 254 immunization section checks	I: 391 orders of 1 or more immuniz. Rate 391(54%) of 726 immunization section checks	More checks and more orders for vaccinations No specific vaccine was ordered correctly to a significant degree based on condition	
Author (Year): Gil (2000) Study Period: 1997-1999 Design Suitability (Design): Moderate (retrospective cohort) Outcome Measure: Influenza vaccination	Location: USA, North Wilmington, Delaware Intervention: Provider Reminder (computer prompt in patient electronic medical record) + Client Reminder (postcard sent in October). Comparison: Before-after	Setting: Study Family Medicine group practice: N=1 Study Population: Patients age \geq 65 years with visits before 9/97 and after 1/99 N=344 eligible patients identified in this retrospective review	Proportion of eligible patients who received an influenza vaccination	1997-pre 173 (50.4%) of 344	1998-post 212 (61.6%) of 344	+11.2 pct points p<0.001 95%CI [4, 19]	2 influenza seasons

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Hambidge (2004) Study Period: Not reported Design Suitability (Design): Greatest (Group Randomized Control Trial) Outcome Measure: Childhood vaccination	AFIX cycles) + Provider Education + Client reminder recall (registry based postcard reminder). Comparison: Usual	Setting: School based clinics within the Denver Health Medical Center: N=11Study Population: Patients born at DH Medical Center between July 1, 1998 and June 1999.GroupN patients 1. Imm. Arm (4 clinics)1. Imm. Arm (4 clinics)1030 2. WCV Arm (3 clinics)3. Control (4 clinics)1160	% Up to date at 12 months	C: 71%	I: 76%	+5 pct pts 95% CI [1.3, 8.7]	12 months
Author (Year): Hogg (1998) Design Suitability (Design): Greatest (Randomized control trial) Outcome Measure: Physicians Preventative procedures including vaccinations (MMR, Influenza, tetanus, HIB and DPT).	care Location: Quebec, 40 km from Ottawa Intervention: Provider reminders+ client reminders. All groups (1&2) received provider reminders. 1. Two types of mailed patient letters with reminders for preventative procedures. A. Customized letter B. Form letter. Comparison: No letter for the control	Study Population: Clinicians and patients from the Wakefield family medical center. 8770 eligible patients, 719 families were randomly selected. Customized letter N= 204 families Form letter N=252 families Control N=263 families	Data collected at baseline and at 2, 4 and 6 months. Family received index: proportion of all procedures for which a family was overdue and were received. Family end-of-study up-to-date index: proportion of procedures for which the family was eligible and for which they were up-to-date at the end of the study	Data not reported	Customized letter was statistically significant over the form letter and no letter at increasing compliance with preventative procedures.	Significant for MMR booster vaccines (X ² P=.04). Higher rates (not significant) for tetanus, flu (over 65), flu (chronic disease), HIB vaccine, DPT)	1 year

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Honeycutt (2007) Study Period: 2003-2004 Design Suitability (Design): Moderate (Retrospective cost analysis) Adults Hospitals Physicians and health care providers Outcome Measure: Influenza and Pneumococcal vaccination	Location: USA, NC Intervention: Standing Orders (SOP): Authorize non- physician personnel to deliver vaccines. + Pre-printed Orders (PPO): Pre-printed forms in charts that do not have a physician's signature. + Physician Reminders (PR): Notes in charts to remind physicians to determine patient eligibility and order vaccination.	Study Population: 10 immunization programs: Study arms: 4 SOPs, 3 PPO, 3 PR Patients: PR N= 259 Comparison was PPO N= 529 Characteristics Age: not stated Gender: not stated Race: not stated	Percentage of admitted patients that received a vaccine order. Estimated # of patients with a vaccine order divided by total number of admissions.	Data not reported	SOP 8.9% PR 7.9% PPO 3.2%	7.9-3.2= 4.7%	6 months
Author (Year): Humiston (2011) Study Period: 2003-2004 Design Suitability (Design): Greatest (Individual randomized control trial) Adults 65+ Outcome Measure: Influenza vaccination	Location: USA, Rochester, NY Intervention: Provider reminders + Client reminder/recall Comparison: Usual care	Study Population: • active patients of participating primary care clinics • aged ≥65 years • residents of New York Group N I: Prov Rem + Client Rem 1748 C:Usual Care 2004	Proportion of eligible patients who received influenza vaccination	22%	64%	+42 pct pts 95% CI: [39, 45 pct pts]	4 months

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Latessa (2000) Study Period: NR Design Suitability (Design): Greatest (Other design with a concurrent comparison) Patients with risk indications (most adults) Outpatient Outcome Measure:	Location: USA, NC Intervention: Provider Reminder (nurse assessment with chart sticker placement for indicated patients) + Client Education (poster in exam room). Comparison: Usual Care Note: A third arm had only client	Study Family Practice center of East Carolina University: N=1 Allocation by module: N=NR Patients with indications for PPV <u>Group N</u> Inter : Prov Rem + Client Edu 205 Comp Usual Care 386	Proportion of eligible patients who received pneumococcal vaccination	C: 27 (7%) of 386	I: 41 (20%) of 205	+13 pct points [7, 19]	6 months
PPV Author (Year): Nowalk (2008) Study Period: 2001-2005 Design Suitability (Design): Greatest (Other Design with Concurrent Comparison) Quality of Execution: Good Outcome Measure: Influenza vaccination PPV	education. Location: Pennsylvania Intervention: Standing orders + Provider education + Client reminder/recall + Reduced out-of- pocket costs + Client education + Expanded Access + Provider reminder + Client incentives + Provider incentives Comparison: Usual care	Setting: Faith-based centers and community inner city health centers Study Population: Adults ≥50 years of age Period I(N) Site C(N) Site Year 1 255 A,B 313 C,D,E Year 2 401 A,B,C 167 D,E Year 3 507 A,B,C,D 61 E Year 4 507 A,B,C,D 61 E	Receipt of vaccinations Influenza PPV	27.1% 48.3%	48.9% 81.3%	+ 21 pct pts [95% CI: 13, 29] + 33 pct pts [95%CI: 24, 42]	4 years

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Margolis (2004) Study Period: NR Design Suitability (Design): Greatest (Group randomized trial) Outcome measure:	Location: USA, NC Intervention: Continuing medical education+ provider education + provider reminder + clinical process improvement. Comparison:	Study: Intervention: reviewed 5703 medical charts of children (24-30 months of age) from 22 medical practices. Control: 3647 medical charts from 22-Non-intervention medical practices.	4 injections of dpt, 3 oral polio,1 mmr, 3 h influenzae type B, and 3 HBV.	I = 16% C= 15%	No differences between the intervention and contol. Data not reported.	NR	15-18 months
Complete immunized schedule	control						
Author (Year): Mason (2000) Study Period: 1998-1999 Design Suitability (Design): Greatest (Individual randomized trial)	Location: UK, Lechyd Morgannwg, Wales Intervention: IIS(registry) + Client reminder/recall- mailed letter + Client education -mailed leaflet+Provider Reminder-mailed	Study Health Authority in WalesUnder-immunized pediatricclients (at 21m of age) of thestudy Health Authority wereenrolled and randomly assignedto condition.GroupNassignedInter255249 (97%)Comp256244 (95%)	Receipt of MMR vaccination between 21m and 24m of age	Comparison 6.1%	Intervention 7.2%	+1.1 pct pts (95%CI -3.3, +5.5) Relative change (+18%)	8 months (3m f/u)
Outcome measure: MMR vaccination	letter. Comparison: IIS (registry) + Usual Care						

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Muehleisen (2007)	Location: Basel, Switzerland	Children hospitalized during recruitment period (Jan-April 2003)	Receipt of 1 or more catch-up immunizations	Not reported	A combined intervention of Client	9 Month f/u <u>Group N %</u> Inter 95	9 months
Study Period: 2003 Design Suitability (Design): Greatest (Individual non- randomized trial) Outcome measure: Childhood vaccine series	Intervention: Client Reminders + Client Education + Provider Reminders	Ages 61 days to 17 yrs -Ages 61 days to 17 yrs -Without chronic conditions -With immunization records -Under immunized <u>N 1m f/u</u> Inter 98 95 Comp 111 106 Overall follow up (f/u) 96% Characteristics <u>Inter Comp</u> N f/u 98 111 Age-median 3.8 4.0 Gender-male 56% 52% Race/Ethnicity: Swiss perm resident since 2m of age	Immunizations 1 month f/u of vaccination status and 9-12m f/u at end of study. Under immunized: Patient was not up to date on 1 or more immunizations according to the Swiss schedule. Swiss childhood vaccine series: diphtheria, tetanus, pertussis, haemophilus b, MMR, hepatitis b.		of Client reminder, client counseling, and provider reminder letter increased the proportion of under- immunized pediatric patients who received at least 1 catch- up vaccination at 9month follow-up.	45% Comp 106 35% Difference: +10 pct points	

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Rhew (1999) Study Period: 1997 Design Suitability (Design): Greatest (Group Randomized Trial) Outcome measure: PPV	Location: USA, West Los Angeles, CA Intervention: 1. Nurse/clerk assessment, Nurse standing orders, comparative feedback, client education (reminders), provider reminders. + 2. Nurse/clerk assessment, nurse standing orders w/compliance reminders, client education (reminders), provider reminders. Comparison: client education (reminders) and provider reminders.	3 health care firms/teams in geographically distinct areas. Providers were randomly assigned to condition. Study clinic (provides care to 12,000 patients; 90% men; 36.5% age 65 yrs and older; lower SES). Team N patients seen in 12wks 1. 1,101 2. 1,221 3. 1,180	Total number of vaccines given by team (all eligible staff) Pneumococcal vaccine Note: All 3 study arms included provider reminders, so this study does not provide direct evidence on the effectiveness of provider reminders. However, the arms including Standing Orders demonstrated significant improvements over the arm with only client education and provider reminders.	Team Eligible 1. (24%) 2. (26%) 3. (0.9%)	Team 1. 22% 3. 5% P<0.001 Team 2. 25% 3. 5% P<0.001	+17 pct pts [14.3, 19.7] +20 pct ts [17.3,22.7]	Interv period was 12 weeks
Author (Year): Shevlin (2002) Study Period: 1999 Design Suitability (Design): Greatest (Group non- randomized trial)	Location: USA, Atlanta, GA Intervention: Provider reminder system (nurse-run) + Provider education (in-service and feedback over intervention period).	Setting: Study hospital: N=1 Hospital floors were assigned to condition Study Population: Adult Hospital inpatients Intake assessment determined patient admit as eligible for PPV or not	Proportion of PPV eligible inpatients who were vaccinated for PPV Overall PPV vaccination coverage change for inpatients	C: 7 (4.7%) of 150 I: 41 (16.6%) of 296 C: 28 (16.4%) of 238	I: 78 (38%) of 205 119 (40.2%) of 296 35 (14.7%) of 238	+33.3 pct pts p<0.001 [25.8, 40.8] Overall PPV coverage chg +25.3 pct pts [18.5, 32.5]	4 weeks
Outcome Measure: PPV	Comparison: Usual care	Group <u>N floors Nadmits N eligible</u> Inter 2 296 205 Comp 2 238 150					

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Zimmerman (2006)	Location: USA, Pittsburgh, PA	Participating clinics within the University of Pittsburgh School of Medicine: N= 5 practices in 10	Influenza vaccination coverage of active patients	Baseline I 10.4% C 42.0%	Year 2 I 18.7% C 42.7%	(+7.6 pct pts p<0.001)	2 years
Study Period: 2001-2004	Community health system project to improve vaccination	offices <u>Condition N practices N patients</u>	Note: Study conducted prior to			95%CI [NA]	
Design Suitability (Design): Greatest (other design with a concurrent	rates. Individual clinics adopted their own sets of interventions	Inter 5 2438 (Pre) 2935 (Int 1) 3311 (Int 2) Comp 1 Not reported	and during change in ACIP influenza recommendations for children			(OR=2.8 p<0.001 95%CI [2.3, 3.4]	
comparison group) Outcome Measure:	including Provider Reminders + Provider Education	Note: Only 2 or 3 of the 5	Note: Dramatic difference in baseline			Note: Results not specific to provider	
Influenza vaccination	+ Client Education + Standing Orders + Client reminders + Expanded access.	combinations that included provider reminders and results are not specific to specific practices. Comparison clinic was an inner-	coverage rates indicating a significantly different comparison population			reminders Significant differences at baseline	
	Comparison: Usual Care (Provider Education)	city family medicine residency Study Population: Children (high-risk)					