

The following information should be collected from every provider who agrees to receive SGF Tdap vaccine; after the 6 month evaluation, please email this form to Rebeca.Boyte@cdph.ca.gov or fax to 510-620-3737.

Your Information

Your name: _____

Phone: _____ Email: _____

Your local jurisdiction: _____

Practice Baseline Information (to be collected before practice signs the Agreement of Use)

Name of Practice: _____

(a). Approximate number of pregnant women at their 3rd trimester per month: _____

1. Of these pregnant women, approximately

_____ (number) have Medi-Cal coverage. This is _____% of the number in (a)

_____ (number) have no insurance. This is _____% of the number in (a)

Are any prenatal care providers in your practice ACOG members? Yes No Not Sure

Date office received first shipment: _____

Suggestion: Put check-in dates on your calendar as a reminder to follow up with provider(s) 1 month, 3 months, and 6 months after the practice receives the first shipment of Tdap.

Check-in 1 month after practice receives the first shipment of Tdap

Date of call (or visit): _____ (mm/dd/yr)

Name of person interviewed: _____

Title: _____ Email: _____ Phone #: _____

Number of doses requested to date (suggested amount: up to 100 Tdap doses/site): _____

Thank you for making the time to check in about your experience administering State Tdap doses to your prenatal patients. (*Review responses in comparison to the information from the Agreement of Use.*)

1. You have received _____ doses of state Tdap. How many of these doses has your practice administered? _____

If **over 50%** administered, complete **Section A**.

If **less than 50%** administered, complete **Section B**

Section A. (If practice has administered over 50% of Tdap doses ordered)

1. What has helped make this happen? *(Prompt and ask them to elaborate on changes in workflow, way they identify eligible patients, etc.)*

2. What barriers, if any, has your staff experienced to administering Tdap to all pregnant women in your practice? Please describe the barriers you have identified, and how you resolved them. If they are not resolved, what is needed to resolve them?

3. How are you tracking vaccine usage? EHR CAIR Local Registry

form provided by the Health Department Other: _____

↳ a. Is this method working for you?

Yes

No. → What would make tracking easier?

4. Are you ready to place a second order at this time?

Yes. *(Explain the program requirement for the practice to purchase doses to “match” number of SGF doses requested in the second order. Suggested limit is 100 doses.)*

No

↳ a. Why aren't you interested in receiving additional doses?

b. Is there anything we can do to help you?

5. Before we wrap up, do you have any questions or concerns that I can address for you today?

Section B. (If practice has administered less than 50% of Tdap doses ordered)

1. What were the challenges to using your Tdap doses? *(Prompt and ask them to elaborate on challenges in workflow, difficulty identifying eligible patients, etc.)*

2. Do you have any ideas as to how these challenges can be resolved?

3. How are you tracking vaccine usage? EHR CAIR Local Registry form provided by the Health Department Other: _____

- L a. Is this method working for you?
 - Yes
 - No. → What would make tracking easier?

4. Is there any further assistance you need from us?

Check in 3-months after the first shipment (or when practice places second order)

Date of call (or visit): _____ (mm/dd/yr)

Name of person interviewed: _____

Title: _____ Email: _____ Phone #: _____

Number of doses requested to date (suggested amount: up to 100 Tdap doses/site): _____

If practice has NOT placed a second order, complete Section A.

If practice has completed second order, complete Section B

Section A. (If practice has NOT placed a second order)

1. How are things going now?

2. Are you ready to place your second order of SGF Tdap doses? (Explain that practice must purchase doses to “match” number of SGF doses requested in 2nd order. Suggested limit is 100 doses.)

Yes. Excellent!

L a. How many doses of State Tdap doses would you like to request? _____

b. Have you purchased your own Tdap supply to match doses requested?

L Yes. → Great! Please send us a copy of your receipt. If you haven't already, please contact the major Medi-Cal plans (or your delegated medical groups) that you routinely bill to learn how your office will bill them for the privately- purchased Tdap doses.

No. → OK. Once you have purchased your own supply to match the doses requested, please send me a copy of the receipt. If you haven't already, please contact the major Medi-Cal plans (or your delegated medical groups) that you routinely bill to learn how your office will bill them for the privately- purchased Tdap doses.

(Encourage them to join a group purchasing organization to obtain vaccine at lower costs:
<http://immunizationforwomen.org/providers/practice-management/managing-costs.php>.)

No. → Is there anything we can do encourage you to place an order and support your efforts?

(Please see problem-solving strategies bulleted below)

- If **upfront costs** of the vaccine are too high, suggest joining a group purchasing organization. More details about managing costs are available at:
<http://immunizationforwomen.org/providers/practice-management/managing-costs.php>
- If provider **anticipates billing problems**, refer to ACOG's information on coding:
<http://immunizationforwomen.org/providers/practice-management/coding.php>
<http://immunizationforwomen.org/downloads/Toolkits/Tdap/Tdap-Phys-Script-and-Coding-guide-2013.pdf>
- If provider **faced a billing problem**, ensure provider contacted Providers Services of the Medi-Cal managed care plan [provider services number](#). For issues that cannot be resolved by calling the Medi-Cal MCP, ask providers to contact the California Department of Health Care Services (DHCS) [Office of the Ombudsman](#) at 1-888-452-8609 (office hours are Monday through Friday, 8am to 5pm Pacific Time; excluding holidays) or MMCDOmbudsmanOffice@dhcs.ca.gov. DHCS recommends calling the Ombudsman for any issues that require the inclusion of confidential data. If their issue is still not resolved, they are free to contact Amber Christiansen at amber.christiansen@cdph.ca.gov or (510) 620-3737.
- If staff is **convinced that they will not be ordering** additional doses nor continue offering Tdap onsite, ensure the site has a strong referral plan in place as described in the prenatal Tdap program letter:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Pertussis-CDPH-DHCSletterPrenatalTdapProgram.pdf>.

3. Is there any further assistance you need from us?

Section B. (If practice has placed a second order)

1. How are things going now? *(Prompt and ask them to elaborate on changes in workflow, way they identify eligible patients, etc.)*

2. What has been your experience billing for Tdap doses? *(Please see problem-solving strategy below.)*

- If provider **faced a billing problem**, ensure provider contacted Providers Services of the Medi-Cal managed care plan [provider services number](#). For issues that cannot be resolved by calling the Medi-Cal MCP, ask providers to contact the California Department of Health Care Services (DHCS) [Office of the Ombudsman](#) at 1-888-452-8609 (office hours are Monday through Friday, 8am to 5pm Pacific Time; excluding holidays) or MMCDOmbudsmanOffice@dhcs.ca.gov. DHCS recommends calling the Ombudsman for any issues that require the inclusion of confidential data. If their issue is still not resolved, they are free to contact Amber Christiansen at amber.christiansen@cdph.ca.gov or (510) 620-3737.

3. Is there any further assistance you need from us?

Check in 6-months after the first shipment (after placement of second order)

Date of call (or visit): _____ (mm/dd/yr)

Name of person interviewed: _____

Title: _____ Email: _____ Phone #: _____

Number of SGF Tdap doses requested to date (suggested amount: up to 100 Tdap doses/site): _____

Number of SGF Tdap doses administered to date: _____

1. How are things going now? (*Prompt and ask them to elaborate on changes in workflow, way they identify eligible patients, etc.*)

2. Does your practice continue to stock privately-purchased Tdap for your Medi-Cal prenatal patients?

No → Why not?

Yes.

↳ a. Great! Tell me how it's going now.

b. What advice would you give other practices who want to start offering Tdap?

c. Would you be open to sharing your experience offering Tdap with other providers interested in doing the same? Yes No

d. Do I have your permission to share your contact information with the California Department of Public Health to follow up with you in the next 12 months?
 Yes No

3. Is there any further assistance you need from us?