



2025 Best Practices Childhood Immunization Status 0-2 Years

Partnership Tools, Programs, and Promising Practices:

- The **Preventative Care Report** is continuously available in the [eReports portal](#) and is updated daily. This tool shows each provider's member list for the Childhood Immunization Series measure denominator, along with completion dates for each immunization in the series. Use this tool to track, schedule, and complete all immunizations in the series before each child turns two years old.
- The **Preventative Care Report** now contains race/ethnicity and language fields. Use this dashboard to look at Childhood Immunization Series completion rates by race, ethnicity and language to learn more about inequities within your patient community.
- Partnership's **Growing Together Program** offers member incentives for completion of the childhood immunization series. A \$100 gift card is offered to members who complete the recommended immunization series. Members can enroll directly by contacting the Population Health Department at **(855) 798-8764** or PopHealthOutreach@partnershiphp.org.
- Partnership has published **VaxFacts websites** in collaboration with local providers in many of our counties. Refer your patients and parents/caregivers to these websites to learn more about the importance of childhood vaccinations.
 - Del Norte VaxFacts: <http://www.delnortevaxfacts.com>
 - Humboldt VaxFacts: <https://humboldtvaxfacts.com/>
 - Lake VaxFacts: <https://www.lakevaxfacts.com/>
 - Mendocino VaxFacts: <https://www.mendocinovaxfacts.com/>
 - Shasta VaxFacts: <http://www.shastavaxfacts.com>
 - Solano VaxFacts: <https://solanovaxfacts.com/>
- The most common missing vaccination in the childhood immunization measure is completion of two influenza vaccines. Partnership has added a unit of service measure, **Early Administration of the Initial Flu Vaccine Series**, to incentivize providers to complete the flu vaccine series by the child's second birthday.
- Attend or view Partnership's [Improving Measure Outcomes training](#) on *Preventative Care for 0-30 month olds*.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. Members can access services by calling [Partnership Transportation Services](#) at **(866) 828-2303**, Monday – Friday, 7 a.m. – 7 p.m.

Increase Access:

- Every Partnership provider for pediatric patients is enrolled in the [Vaccines For Children \(VFC\) program](#).

2025 Best Practices | Childhood Immunization Status 0-2 Years

- Offer immunization only visits or walk-in services to reduce the need to make an appointment.
- Use all visits, as appropriate, to provide immunizations.
- Offer extended evening or weekend hours to accommodate work and school schedules.

Measure Workflows:

- Schedule next well-child visit or vaccination appointment at checkout, or while in exam room. Have parent/caregiver address appointment reminder card in own handwriting.
- Utilize “flag” alerts in the EMR/EHR system so care team/staff can identify and communicate to parents/caregivers which immunizations are due at every member visit.
- Appoint a vaccine coordinator or pregnancy and well-baby panel manager within your organization. This individual will ensure effective vaccine tracking, ordering, and training to all new care team/staff.
- Prior to visits, “scrub charts” to determine if immunizations and/or preventive services are due. Use California Immunization Registry (CAIR) data to update charts.
- Use standardized childhood vaccination templates in the EMR/EHR system to track vaccination status and progress.
- Use huddle time to communicate patient needed service(s).

Promote Vaccination as a Practice:

- Establish a formal practice commitment to vaccinations.
- Train clinical and operational teams on addressing vaccine hesitancy and motivational interviewing to have productive conversations with families about the benefits of childhood vaccination.
- Train clinical teams on talking points to understand the two-dose influenza vaccination series for infants and promote influenza vaccination, which is the most commonly refused vaccination in the childhood vaccination series.
- Discuss with parents/caregivers what may be keeping them from getting their child vaccinated. Explore possible barriers such as access to care, hours of operation, and listen to their concerns about vaccination.
- Offer parents/caregivers a one-page handout outlining well baby visit schedule, including immunization and screening milestones, in appropriate languages.
- Communicate with parents/caregivers when vaccinations are due (reminders) or late (recall) via portals, texts, and/or calls.
- Educate support staff on immunization catch-up schedule.
- Be consistent with offering vaccinations. You may need to offer and discuss several times before a parent/caregiver agrees to complete vaccinations.
- Promote vaccination as a competency and strength within your practice. Clinical team members should aspire to excel at giving children shots, which reduces stress for both children and their parents/caregivers and increases the likelihood that they will continue their child’s vaccinations on schedule.

Equity Approaches:

- Consider using an equity approach to increase screening rates for targeted communities. Look at vaccination rates by factors such as race, ethnicity, location (i.e, zip code), and preferred language. It is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.
- Ensure information is consistent, welcoming, in plain person-centered language, appropriate, and delivered in traditional and electronic applications (based on patient's preference).
- Have a conversation with parents/caregivers to confirm that vaccination information and next steps covered in the visit are mutually understood. Parent/caregivers should agree with any plans made and given the opportunity to ask questions.
- Use approaches that align with your practice's demographics (partner with local schools and faith-based organizations).
- Identify and address barriers to care (transportation, hours of operation, childcare).

Streamline Vaccination Series:

- Consider converting from a three-part Rotavirus series to a two-part series, which streamlines completion of the Rotavirus series for providers and patients.

Data and Coding:

- Use California Immunization Registry (CAIR), ideally with a bi-directional interface between CAIR and the practice's EMR/EHR. Resources for practices can be found at <http://cairweb.org/how-cair-helps-your-practice/>.
- Establish or update EMR/EHR templates to accurately reflect coding for visit reason and diagnosis. Review vaccination templates and linked coding in EHR or superbill to ensure alignment with HEDIS technical specifications.
- Review and ensure all vaccinations for children ages 0-2 are completed and coded with correct vaccines and doses (example: Kinrix is not compliant for DTaP series for the Childhood Immunization Status measure).
- Use diagnosis coding to document reason for exclusions.
- Submit claims and encounter data within 90 days of service. We highly encourage submitting claims within 14 to 30 days of service toward the end of the measurement year period to avoid claims lag.
- Document parental refusal (Z28 code). While parental refusal will not exempt a child from the vaccination measure, patients with documented parent refusal on file will increase visibility of parental refusal.

Helpful Links:

[2025 PCP QIP Technical Specifications:](#)

- Measure Description
- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
- Early Administration of the Initial Flu Vaccine Series Unit of Service measure
- Notes for eReports and PQD

[QIP eReports Portal:](#)

- Measure Reports
- Diagnosis Code Crosswalk Report
- QIP Member Report
- Preventative Care Report