

Free CME/ Contact Hours for Physicians & their Staff



TO **SCHEDULE**: FAX ENCLOSED
FORMS TO **404.249.9503**

FOR MORE INFORMATION
CONTACT:

SHANRITA MCCLAIN
EPIC PROGRAM COORDINATOR
404.881.5054
smcclain@gaaap.org

SANDRA YARN, RN, BSN, CHES
EPIC PROGRAM DIRECTOR
404.881.5081
syarn@gaaap.org

DELIVERING VACCINES IN YOUR PRACTICE: OB/Gyn Guide *Clinical, Operational & Financial*

For OB/Gyn Physicians & their Staff

EPIC (EDUCATING PHYSICIANS IN THEIR COMMUNITIES)
Brought to you by the Georgia Chapter American Academy of Pediatrics &
the Georgia Immunization Program

Topics include:

- Develop a plan to incorporate vaccines into the workflow of the practice
- Learn how to conduct an immunization financial analysis
- Appropriate storage, handling and administration of vaccines
- Vaccine recommendations for pregnant and non-pregnant female patients

EPIC Provides:

- FREE, physician led, peer-to-peer education in your office
- 1-hour session during a time convenient for your staff
- Immunization Resource Kit
- FREE CME and contact hours
- Immunization: Operational/Financial Resource Guide



This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education by the Georgia Chapter of the American Academy of Pediatrics. The Georgia Chapter of the American Academy of Pediatrics is accredited by the Medical Association of Georgia to offer continuing medical education to physicians. The Georgia Chapter of the American Academy of Pediatrics designates this educational activity for a maximum of 2.0 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

2012 EPIC Immunization Education
Program Request Form

Please provide us with the following information to ensure necessary arrangements (training team, delivering of materials, etc.) are made. Our office will contact you as soon as possible to confirm the date of your presentation. Thank you and we look forward to providing you with this free educational opportunity.

Please select which program your office would prefer by checking the appropriate box:

Childhood Program
(Birth – 18yrs.)

Adult Program
(19yrs. – Senior)

Combo Program
(Birth – Senior)

Coding *
(For GAAAP Members)

Women's Health
(For OB/GYNs)

***Some geographical locations in Georgia may be offered a Coding teleconference versus a live presentation.**

Note: Offices should dedicate a minimum of 1.0 hour for the Childhood/Adult/Coding/Women's Health Programs and 1 hour and 45 minutes for the Combo Program.

Date of Request: _____ Name of Person Making Request: _____

Practice/Facility Name: _____

Names of Physicians in Practice: _____

Type of Practice/Facility: _____ Family Medicine _____ Pediatric _____ Internal Medicine
_____ OB/GYN _____ School _____ Other

Address: _____

_____ District/County: _____

Phone: _____ Fax: _____

List Available Dates for Presentation: 1) _____ 2) _____ 3) _____

Best Time of Day: 1) _____ 2) _____ 3) _____

Approximate Number of Attendees: _____ Number of Physicians in Practice _____

Approximate # of Attendees by category: (This will allow us to send the appropriate certificates for your office)

_____ Physicians _____ NP/PA _____ RN/LPN _____ MA/MT _____ Office Staff _____ Other

Location of Presentation if other than office location listed above:

Program Host/Contact Person if different from person making request:

Name _____ Phone: _____ E-mail _____

How did you hear about EPIC? Blastfax Mail EPIC Exhibit Website Other _____

Pre-EPIC Program Survey

(Childhood, Adult, Combo, Women's Health)

Please complete to this survey to assist our trainers in providing you with the most appropriate immunization information for your office!

Please rank the topic(s) of interest (1-5) in order of preference (1 indicating most interested):

- _____ General Overview/Statistics
- _____ Vaccine Safety
- _____ Vaccine Preventable Diseases
- _____ Vaccine Administration
- _____ GRITS/Assess Immunization Rates
- Other _____

2. Is your office new to providing immunizations? Yes No
3. Are you a VFC provider? Yes No
4. Are you enrolled in GRITS (Georgia Immunization Registry?) Yes No
5. Do you have/use reminder/recall system in your office? Yes No
6. Does your office have an Electronic Medical Record system? Yes No If **yes**, is it linked to GRITS? Yes No
7. Do you check immunization status at every visit? Yes No
8. Do you give vaccines even if mild illness is present? Yes No
9. Do you have policies to reduce barriers in immunization? Yes No
10. What resources do you use to determine which immunizations are due?
- | | |
|---------------------------------------|---------------------------------------|
| CDC Guidelines / ACIP Recommendations | Current CDC Vaccine Schedule |
| AAP Red Book | Physician Order |
| Vaccine Manufacturer Representatives | GRITS (Georgia Immunization Registry) |
| Other _____ | CDC Pink Book _____ Edition |
11. Have you had your immunization rates assessed? Yes No
If **yes**, how were they assessed?
CoCASA by public health staff Self / chart review
Pharmaceutical manufacturer assistance Other _____
What were your immunization rates? _____
If **no**, what is your best estimate of your immunization rates? _____
12. Would you like to schedule a *CoCASA? Yes No
**CoCASA is a clinical assessment software package that is designed to calculate immunization rates for physician practices.*
13. Has your office received any immunization education in the past 2 years? Yes No
If yes, please describe the information received and who provided this information.
EPIC Program (Which Year? _____)
Other _____

Please FAX EPIC Request form and Pre-Survey to 404.249.9503