

EPIC® IMMUNIZATION EDUCATING PHYSICIANS IN THEIR COMMUNITIES

Brought to you by:
Georgia Chapter American Academy of Pediatrics
&
Georgia Immunization Program



SCHEDULE YOUR 2010 EPIC PROGRAM NOW!

EPIC PROVIDES *FREE* IMMUNIZATION EDUCATION TO ALL GEORGIA
PHYSICIANS, NURSES, AND SUPPORT STAFF INCLUDING:
PEDIATRICS, FAMILY MEDICINE
INTERNAL MEDICINE, OB/GYN, and SCHOOLS

TO SCHEDULE: FAX FORMS TO
404-249-9503
FOR MORE INFORMATION CONTACT:
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jray@gaaap.org

AVAILABLE EPIC PROGRAMS:

CHILDHOOD (Birth—18yrs)
ADULT (19yrs—Senior)
COMBO (Birth—Senior)
WOMEN 'S HEALTH (OB-GYN practices)
CODING (GAAAP Members Only)



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 1.5 *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 Association



**2010 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

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

1. Requested topic(s) of interest:
 - € Administration of vaccine
 - € Contraindications to vaccine
 - € Vaccine Preventable Diseases
 - € GRITS (registry)
 - € Georgia school requirements
 - € Vaccine Safety / Parental Concerns
 - € Immunization schedule(s)
 - € Storage & Handling
 - € Strategies for increasing rates
 - € Vaccines for Children (VFC) Program
 - € 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
 - € AAP Red Book
 - € Vaccine Manufacturer Representatives
 - € Other _____
 - € Current CDC Vaccine Schedule
 - € Physician Order
 - € GRITS (Georgia Immunization Registry)
11. Have you had your immunization rates assessed? Yes No
If **yes**, how were they assessed?
 - € CoCASA by public health staff
 - € Pharmaceutical manufacturer assistance
 - € Self / chart review
 - € 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**