The project was conducted at a large Federally Qualified Healthcare Center with three pilot dental clinics that were co-located within medical clinics. Data was collected from 5/24/21-11/12/21. Reports were run daily to identify patients ages 9-17 who were overdue for vaccinations. PDSA cycles were performed which included provider training, vaccine reminders that were added to the electronic medical record, large colorful flags that were placed in patient charts as a visual cue for providers, and individual provider feedback. Patients who were identified as overdue for vaccines were offered same-day vaccines or if they declined were given the opportunity to schedule a follow-up visit with their medical clinic. Chart review was conducted to determine if vaccines were administered the same day or within 30-days of the dental visit. Data analysis was performed via qualitative analysis.

**BACKGROUND**

Dentists are key players in preventative health who routinely screen for oral health cancer as well as counsel on HPV prevention (Wakim and Ramierz, 2020). Children older than 9 years old typically see the dentist more often than their primary care providers. This highlights an opportunity for the departments of dentistry and medicine to collaborate to identify and vaccinate adolescents who are overdue for immunizations during dental visits and provide immunizations.

**RESULTS**

Across all clinics during the 6-month period, 5% (N=119) of all patients vaccinated were due to medical-dental integration (MDI) (Fig 1). Montbello Clinic was particularly successful, with 14% of patients vaccinated in the 6-month period being due to MDI (Fig 2). Same-day vaccine administration efficacy was 12% overall and 19% at the Montbello Clinic (Fig 3).

**METHODS**

The project was conducted at a large Federally Qualified Healthcare Center with three pilot dental clinics that were co-located within medical clinics. Data was collected from 5/24/21-11/12/21. Reports were run daily to identify patients ages 9-17 who were overdue for vaccinations. PDSA cycles were performed which included provider training, vaccine reminders that were added to the electronic medical record, large colorful flags that were placed in patient charts as a visual cue for providers, and individual provider feedback. Patients who were identified as overdue for vaccines were offered same-day vaccines or if they declined were given the opportunity to schedule a follow-up visit with their medical clinic. Chart review was conducted to determine if vaccines were administered the same day or within 30-days of the dental visit. Data analysis was performed via qualitative analysis.

**CONCLUSIONS**

Patients were receptive to discussing and receiving vaccinations during dental visits. Factors for success were buy-in from clinic staff, visual cues in charts and in the office, and presence of an MDI champion. Limitations were dental and medical staff shortages that led to an inability to coordinate same day vaccinations. This highlights the benefits of MDI and that dental providers can play an influential role in pediatric disease prevention by actively participating in vaccination.

**References**