



## Stakeholder Work Group Provider Education & Promotion Questionnaire

We are seeking collaboration opportunities to help educate and recruit providers for ImmTrac participation. To help us better support your needs please answer the questions below then send the completed form by noon on Friday, April 15<sup>th</sup> to **Cheryl Seeman** either **via fax: (512) 458-7790**, or **mail: DSHS, ImmTrac Group, T-301, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756**.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Would we need to contact your "Provider Relations" staff to initiate provider education and recruitment efforts or would you be the person who can help with this? If we need to contact someone other than you, please provide that person's name and contact information below.

\_\_\_\_\_  
\_\_\_\_\_

2. Does your organization currently offer some kind of provider recognition/awards event?

Yes       No      (mark one)

- a. If **Yes**, what are providers recognized for?

\_\_\_\_\_  
\_\_\_\_\_

- b. What is your selection criteria?

\_\_\_\_\_  
\_\_\_\_\_

- c. What type of award/recognition is offered?

\_\_\_\_\_  
\_\_\_\_\_

- d. When does this recognition or awards event take place?

\_\_\_\_\_  
\_\_\_\_\_

- e. How often?

\_\_\_\_\_  
\_\_\_\_\_

- f. Are either the event or the award held/awarded in conjunction with anything else? If so, please provide details.

\_\_\_\_\_  
\_\_\_\_\_

3. Do you currently give, or have you in the past given cash incentives to providers with patients who are up-to-date on their immunizations?

**Yes**       **No** (mark one)

a. If **Yes**, please provide details.

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b. If **No**, would your organization consider doing so?

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4. Would it be possible to obtain a sample of your “new provider enrollee” packet?

**Yes**       **No** (mark one)

If yes, please mail the packet, etc. to: Cheryl Seeman, Texas Department of State Health Services, ImmTrac Group, 1100 West 49<sup>th</sup> Street, T-303, Austin, TX 78756

5. Would it be possible to obtain a sample of your “new patient enrollee” packet?

**Yes**       **No** (mark one)

If yes, please mail the packet, etc. to: Cheryl Seeman, Texas Department of State Health Services, ImmTrac Group, 1100 West 49<sup>th</sup> Street, T-303, Austin, TX 78756

6. Do you publish a newsletter for providers?

**Yes**       **No** (mark one)

a. If so, how often and in what format (i.e. electronic, hard copy)?

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7. What quantity of ImmTrac literature materials would you need for inclusion in your “new provider enrollee” packets or other promotional efforts?

a. Brochure explaining reasons for providers to use ImmTrac

\_\_\_\_\_ *Protect Texas Children* (#6-218)

b. Bilingual brochure explaining why families should participate in ImmTrac

\_\_\_\_\_ *Love Them. Protect Them.* (#6-202)

c. Bilingual poster for display at hospitals, clinics, and provider offices

\_\_\_\_\_ *Love Them. Protect Them. Vaccinate & Register Them.* (#6-202P)

d. ImmTrac registration materials (for providers to register to use ImmTrac)

\_\_\_\_\_ *Provider Registration Packet (Site Registration Form and Instructions)* (#11-11203)

8. Would you like someone from the ImmTrac Group to present information to your Provider Relations staff and/or any other staff who may need more in-depth ImmTrac information, or directly to your member providers?

**Yes**       **No** (mark one)

If we need to contact someone other than you to further discuss your needs, please provide that person’s name and contact information (including department name, phone, e-mail, etc.) below.

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