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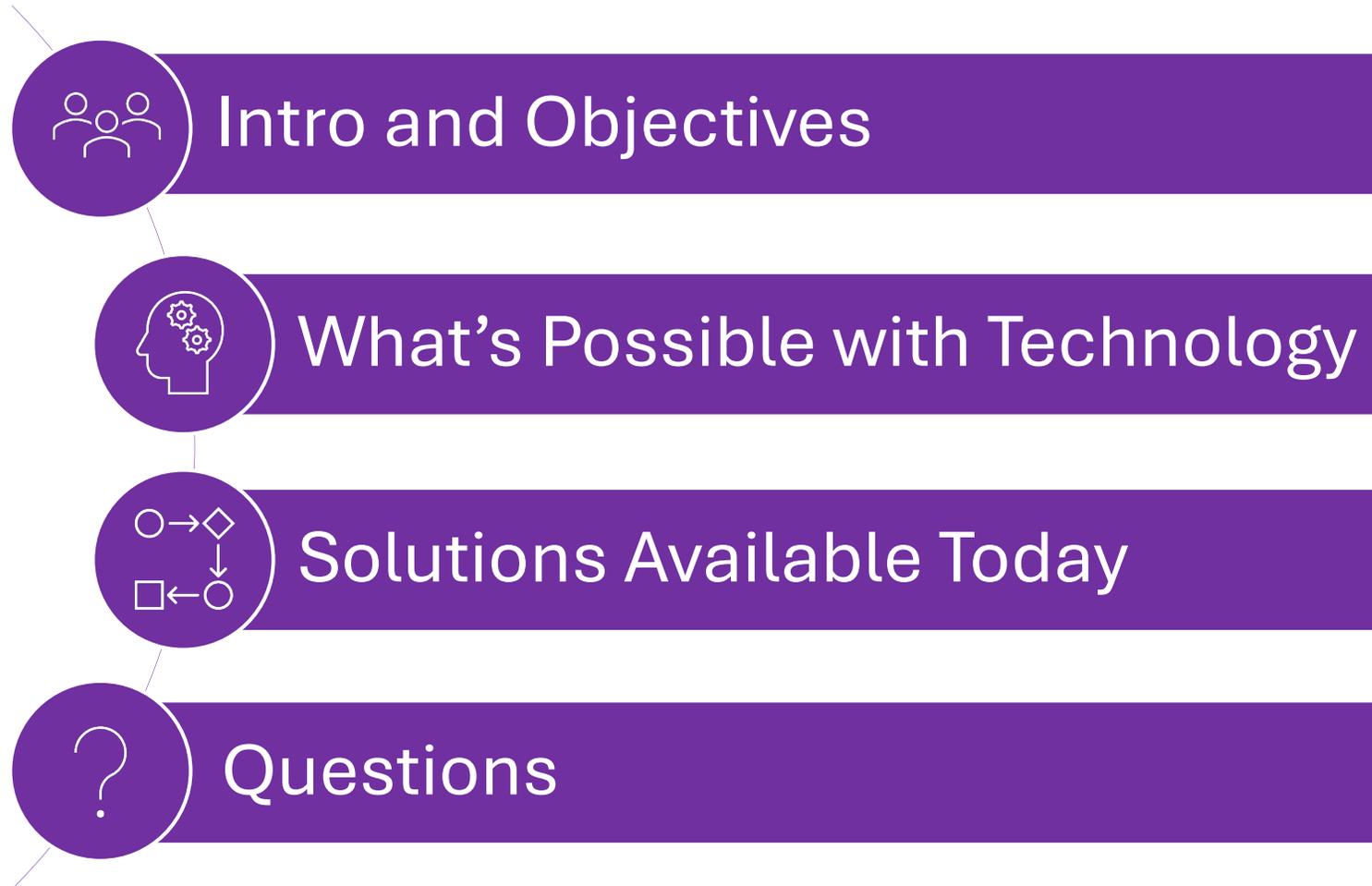
Health Information Technology

Optimizations across the Patient Journey for RSV*



*Respiratory Syncytial Virus

Agenda



Shannon Pohl

HIT and Data Strategist



Shannon brings more than 20 years of health innovation experience to Sanofi. A registered nurse by background, her expertise includes electronic health record implementation and optimization; HIT and data integrations and interfaces; and healthcare-focused, human-centered design. Shannon has led cross-functional software development teams and HIT modernization projects, serving stakeholders in inpatient, ambulatory, and community health spaces. She is committed to the improvement and advancement of healthcare using thoughtful technology and design.

Previous Roles: Director of Informatics, Data Scientist, Clinical Informaticist

Education: MS Health Informatics, University of Illinois at Chicago; BS Nursing, University of Michigan

Objectives

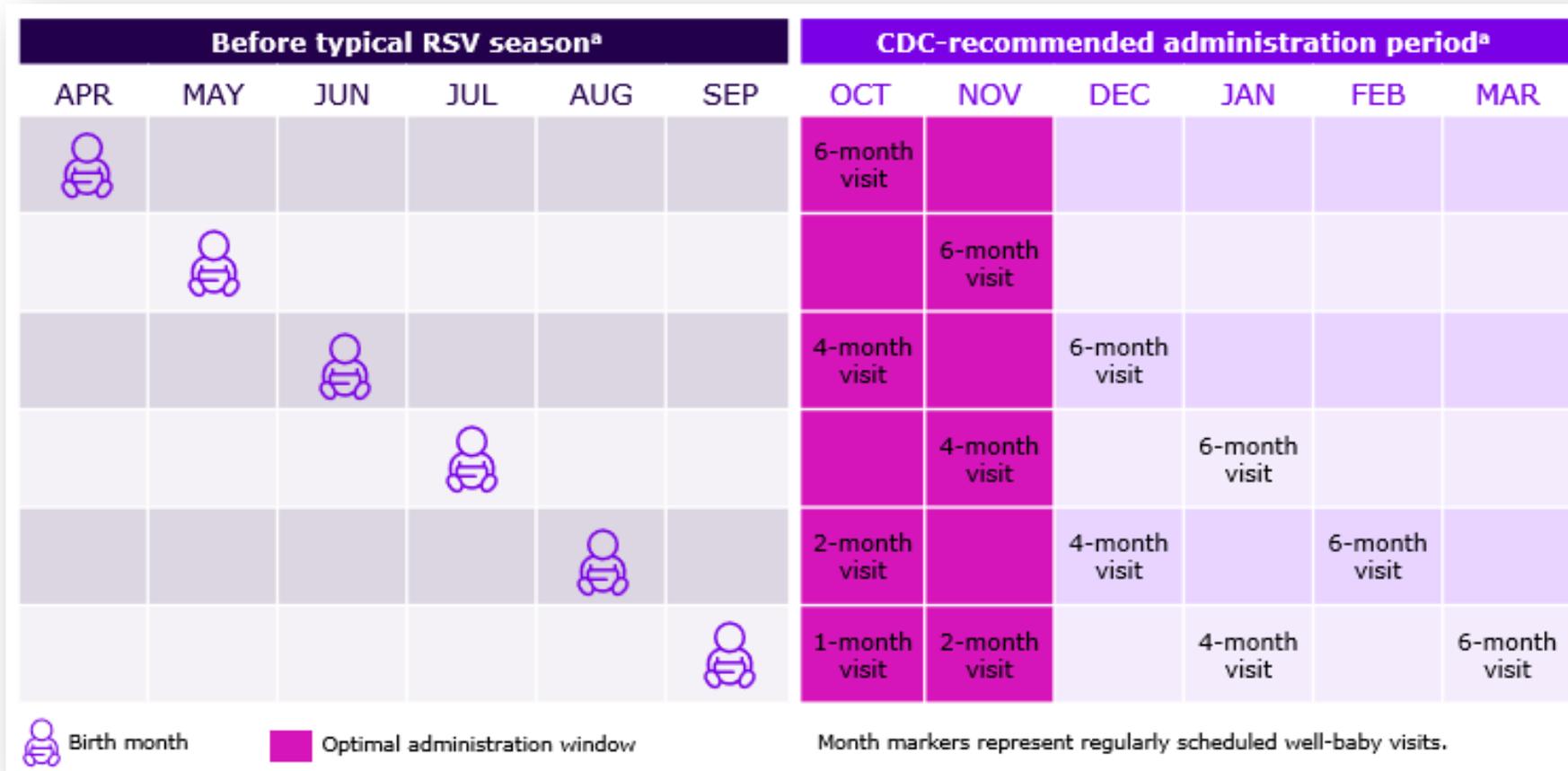
Learn about HIT configurations that can be aligned in advance of the respiratory season, to support RSV protection, and immunization workflows

Discover integration strategies that can help your clinical care teams be efficient, effective, and communicative in your patient care encounters

Find out about data and technology functionality to support adherence, outreach, and quality of care for immunizations

Immunizing infants born outside of the typical RSV season^{1,2,a}

Infants born between April and September will have at least 1 scheduled well-baby visit shortly before or during the typical RSV season.



^aTypical RSV seasons last from November through March for most of the continental United States.

Abbreviations: CDC, Centers for Disease Control and Prevention; RSV, respiratory syncytial virus.

References: 1. RSV immunization guidance for infants and young children. Centers for Disease Control and Prevention. Published August 30, 2024. Accessed July 16, 2025. <https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html>

2. Recommendations for preventive pediatric health care. Bright Futures/American Academy of Pediatrics. Published February 2025. Accessed July 16, 2025. https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

Immunizing infants born shortly before or during the typical RSV season^{2,a}

Infants born between October and March will have multiple well-baby visits shortly before or during the typical RSV season.

Outside the typical RSV season ^a							Typical RSV season ^a				
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
						 3-5 day visit	1-month visit	2-month visit		4-month visit	
							 3-5 day visit	1-month visit	2-month visit		4-month visit
								 3-5 day visit	1-month visit	2-month visit	
									 3-5 day visit	1-month visit	2-month visit
										 3-5 day visit	1-month visit
											 3-5 day visit

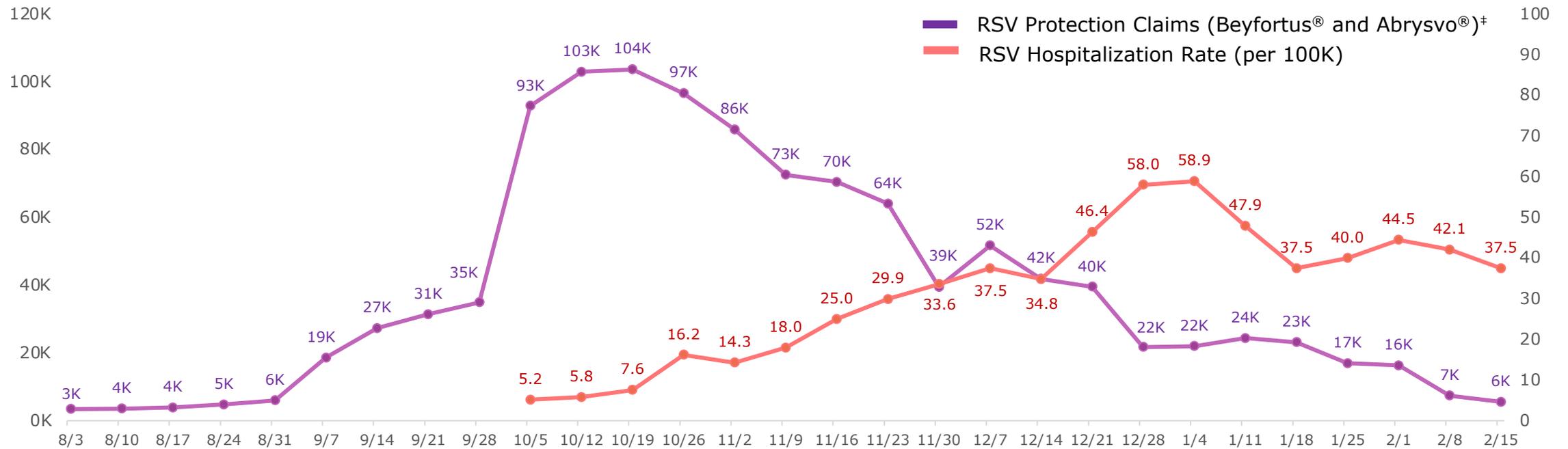
^aFor most of the continental United States.  Birth month

Abbreviation: RSV, respiratory syncytial virus.

References: **1.** Friedman J. RSV: What you should know. Children's Primary Care Medical Group. Accessed July 16, 2025. <https://www.cpcmg.net/rsv-what-you-should-know/> **2.** RSV immunization guidance for infants and young children. Centers for Disease Control and Prevention. Published August 30, 2024. Accessed July 16, 2025. <https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html>

Infant RSV protection and hospitalization data from August 2024 to February 2025^{1,2*†}

Infant RSV: Claims vs Hospitalization Rate (per 100K)



	8/3	8/10	8/17	8/24	8/31	9/7	9/14	9/21	9/28	10/5	10/12	10/19	10/26	11/2	11/9	11/16	11/23	11/30	12/7	12/14	12/21	12/28	1/4	1/11	1/18	1/25	2/1	2/8	2/15
RSV Claims	3,440	3,613	3,911	4,778	6,036	18,602	27,354	31,428	34,934	92,908	102,970	103,661	96,649	85,975	72,554	70,481	64,074	39,497	51,723	41,867	39,536	21,777	22,018	24,406	23,185	16,972	16,311	7,416	5,589
Hospitalization Rate										5.2	5.8	7.6	16.2	14.3	18.0	25.0	29.9	33.6	37.5	34.8	46.4	58.0	58.9	47.9	37.5	40.0	44.5	42.1	37.5

Reporting Dates: From Aug 2024 to Feb 2025, 2023/2024 season. Time-period: From Aug 2023 to May 5, 2024

*Claims do not capture non-AMA affiliated clinics, Kaiser and public claims. Claims capture ~90% private clinic claims and are bumped up by 10% to reflect overall market. Medical claims projected by ~35% to align on private claims market.¹

†RSV claims sourced from IQVIA private medical and retail claims through Feb 15, 2025 (Mar 2025 claims data feed). IQVIA private claims are restated up to 2 months from capture owing to which weekly claim values may alter marginally in upcoming claims feeds.¹

‡There were 4,847 babies who received Synagis® that are not in this chart.¹

References: 1. Data on file. Sanofi. 2. RSV-NET. Centers for Disease Control and Prevention. Updated March 19, 2025. Accessed April 2, 2025. <https://www.cdc.gov/rsv/php/surveillance/rsv-net.html>

Today, Health Information Technology can be optimized across the patient journey...



Before

During

After

...but most customers have not fully optimized existing technology for RSV immunizations.

RSV: Before the Visit



Identification & Outreach
People, process & technology

DID YOU KNOW YOU CAN...

Identify babies born out of RSV season, send caregivers education, and prep everything so the infant is ready for immunization at their first in-season visit

Set up a VFC process using a plug-and-play template to automatically update race, ethnicity, and insurance status in the chart

Automate tailored messages on hesitancy for parents who decline infant RSV protection

Create an alert to flag patients for conditional RSV recommendations based on weight, birth timing, and seasonality

Verify coverage for RSV immunizations during registration by running insurance checks through your integrated payor network

Document in the EHR whether parents want their newborn to get RSV protection in the hospital

RSV: During the Visit



Dialogue & Immunize
People, process & technology

DID YOU KNOW YOU CAN...

Integrate infant RSV immunizations into **standard immunization workflows**—ensuring it's ordered, used, and triggering automated outreach if it's not

Tailor **provider reminders** to align with RSV seasonality

Document reasons for patient declining RSV immunization **and trigger automated patient engagement**

Ensure RSV immunizations **options and images** are listed in **health maintenance, associated order sets, and integrated into clinical decision support** with preferred formulary status

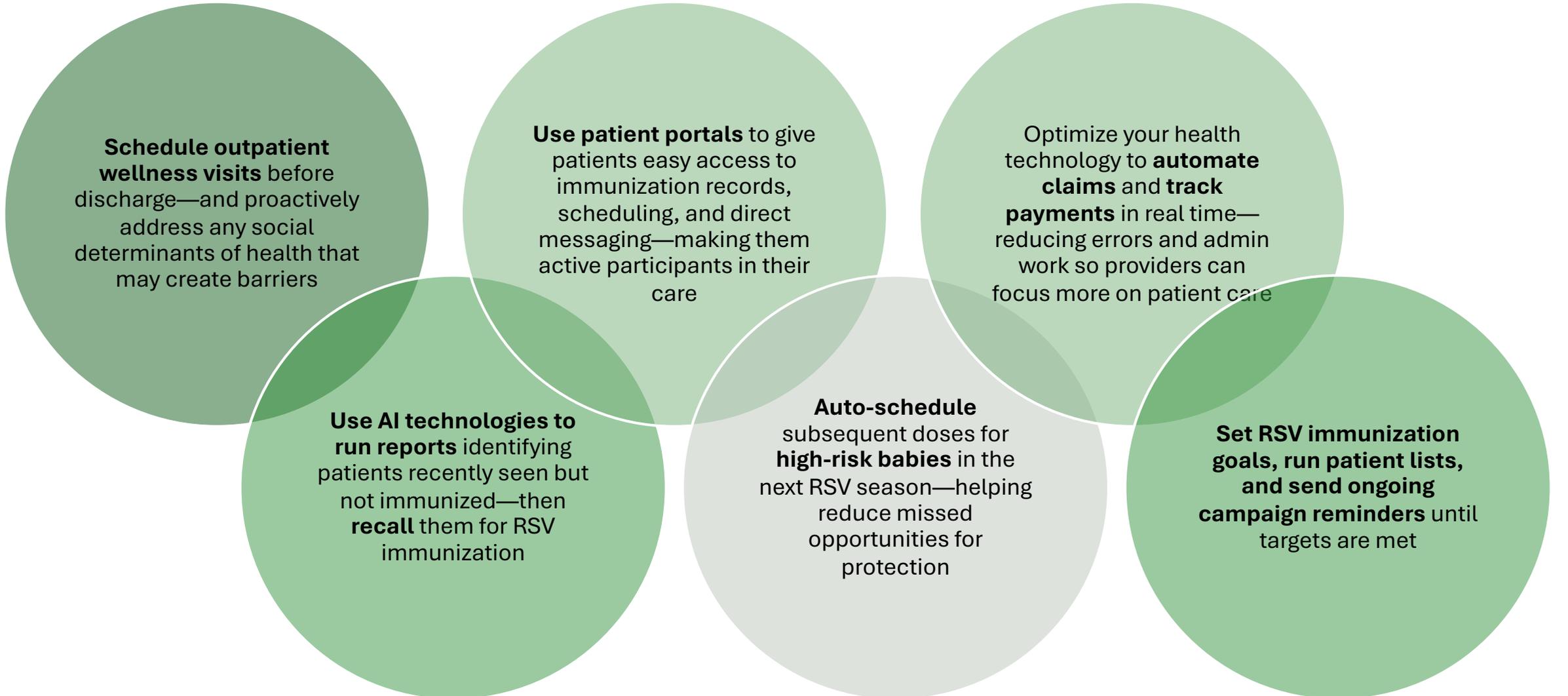
Use **weight-based dosing** built into the EHR to assist in the determination of the right RSV formulation for each baby

RSV: After the Visit



Outreach, Adherence, & Quality
People, process & technology

DID YOU KNOW YOU CAN...



HIT Solutions & Tools

Sanofi's HIT CAPABILITIES

Drive Immunization Rates Through Health Information Technology (HIT)



Effective use of EHRs for immunization can impact broader priorities



Improve Population Health and Quality Outcomes

- Find and address gaps
- Promote evidence-based care through standardized workflows



Increase Care Team Satisfaction and Address Burnout

- Implement team-based approaches
- Improve point-of-care and clinical decision support



Enhance Patient Experience

- Provide point-of-care recommendations
- Educate and follow up according to need



Advance Health Equity

- Identify disparities
- Understand which patients are affected by which SDOH and target interventions



Effective use of EHR and HIT can lead to improved clinical outcomes and more efficient care.

HIT Activation Guides: PREPARING FOR THE SEASON

*Managing Respiratory Syncytial Virus (RSV) Disease in Infants:
A Year-Round Approach to Protecting Infants in your Health System.*

Planning and Preparing RSV Immunization Season

Planning and Preparing for the Upcoming RSV Season *Ambulatory Care Environment*

1 2 3 4

EHR Optimization Checklist

Have you identified areas of care where EHR optimization can support RSV immunization rates and standardized workflows with education, alerts, encounter plans, etc?

Use the suggestions in the checklist below to identify opportunities to operationalize your process based on your needs to increase RSV immunization rates.

Done = We have already integrated this into our process.

In progress = We have implemented some aspects of this and are continuing to build.

Not yet = We have not yet integrated this, but are planning to.

New idea = We have not tried implementing this and will consider it.

For more information about a suggestion, click the arrow.

EHR optimization of	Done	In progress	Not yet	New idea
After-visit summary education ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order sets ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health maintenance and care gap alerts ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision support alerts ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-visit encounter plans ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State immunization registry interfaces and access ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV immunization screening ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Links to parent/caregiver education and vaccine hesitancy resources ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Abbreviations: EHR, electronic health record; RSV, respiratory syncytial virus.

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Questions?

Thank you



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