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States With High Rates: How Do They Do It? Part II

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January 31, 2007



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Presentation Outline

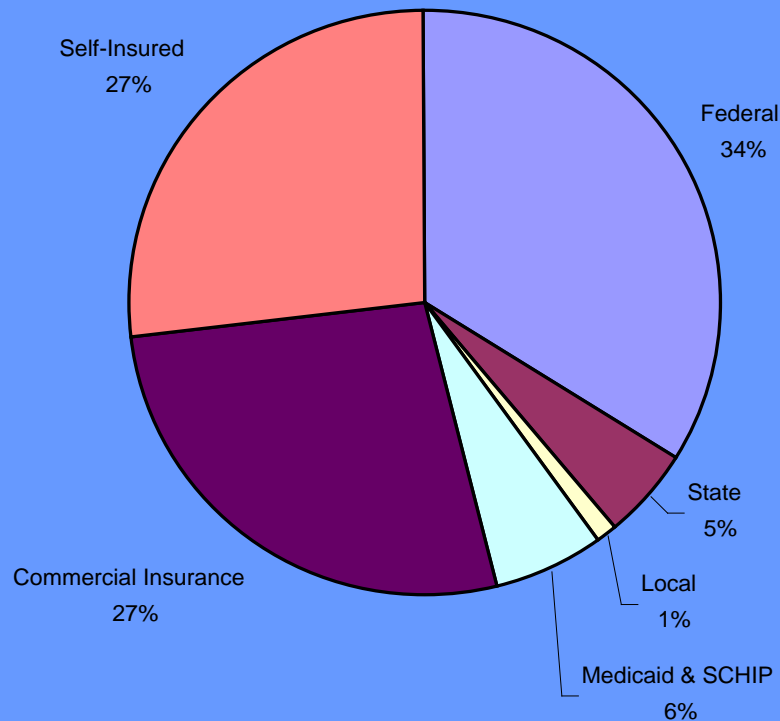
- Review of funding options.
- Do Universal Purchase states have higher immunization rates?
- A new look at state immunization rate rankings 2001-2005.
- Programs and practices in states with consistently high immunization rates.



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Kansas Immunization Spending, 2005

Source of Immunization Expenditures for the 4:3:1:3:3:1 Vaccine Series for Kansas Children Ages 0-3 Years (2003-2005)





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VFC Funding Options

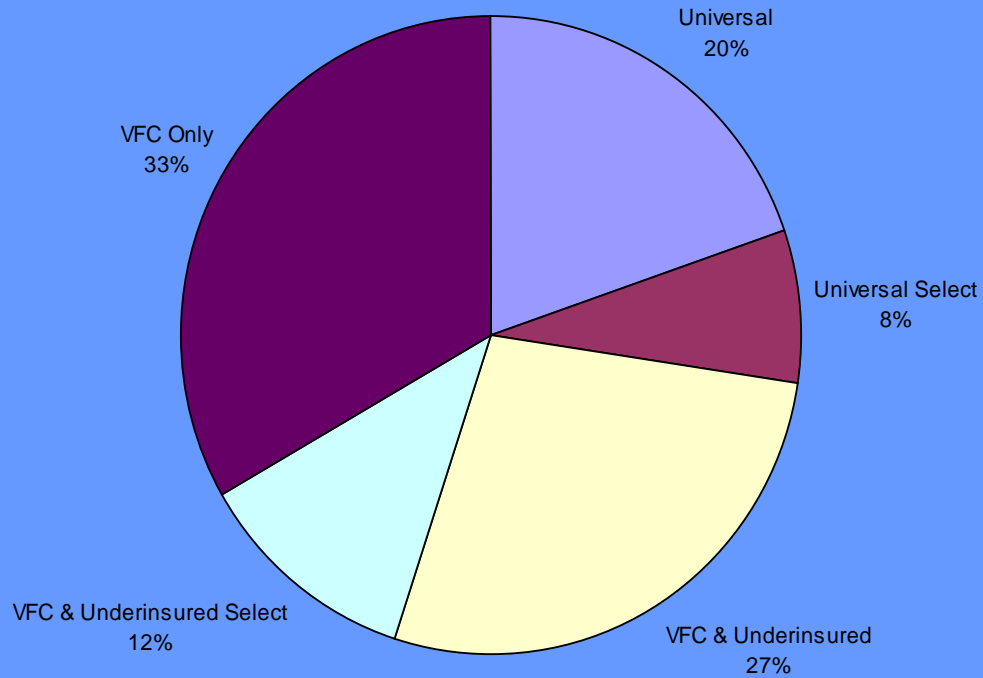
- Universal
- Universal Select
- VFC & Underinsured
- VFC & Underinsured Select
- VFC Only



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Distribution of Funding Options

State Variation Under the Vaccines for Children (VFC) Program, 2005





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State Rankings (2001-2005)

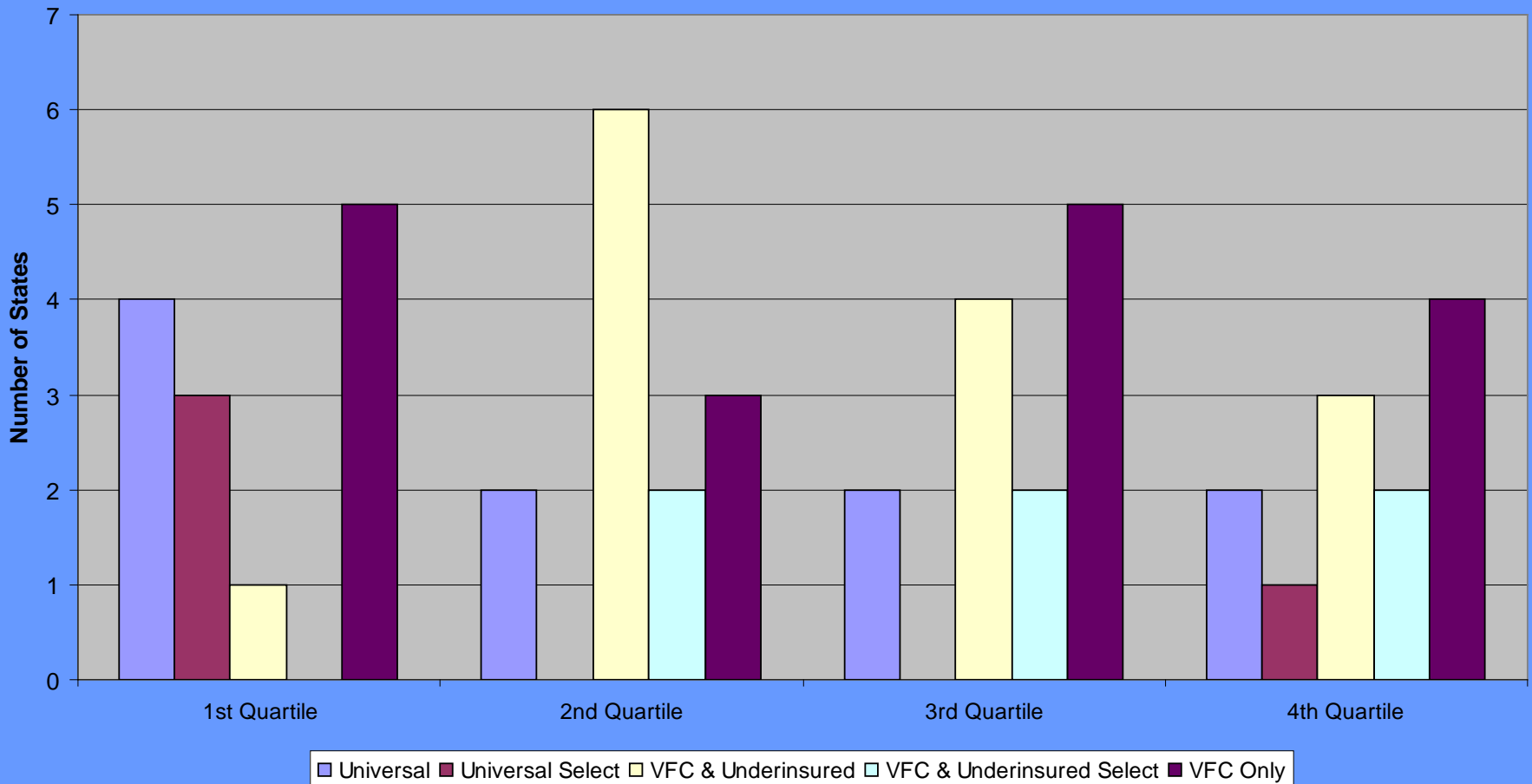
- Five-year ranking (p. 10)
 - Variation between years
 - Identification of exemplars
 - Distribution of state VFC program participation by five-year quartile rank
 - Do Universal Purchase states have higher immunization rates?



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Do Universal Purchase states have higher immunization rates?

Distribution of State Program Participation by Five-Year Quartile Rank, 2001-2005

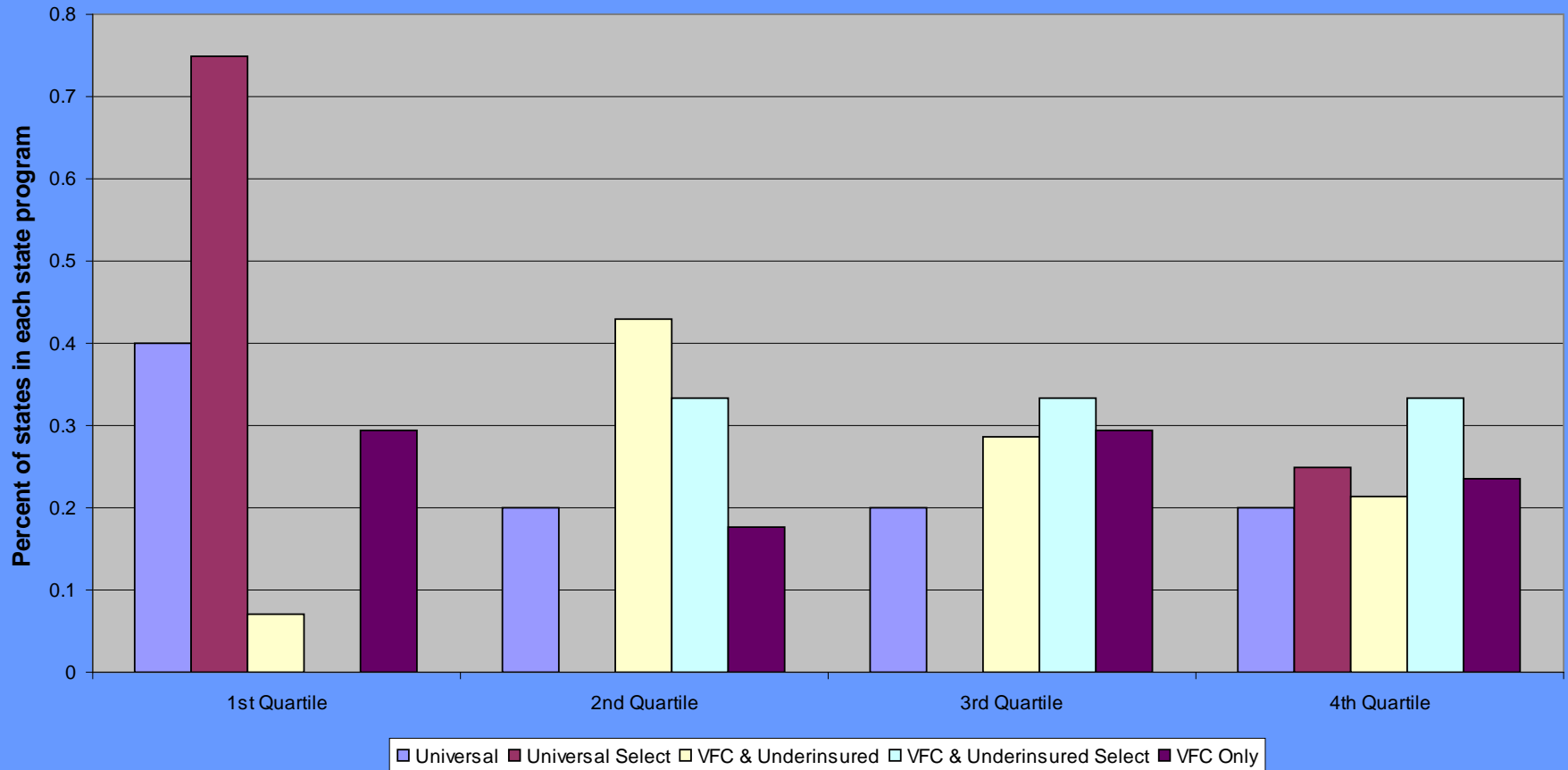




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Do Universal Purchase states have higher immunization rates? (cont.)

Percentage Distribution of State Program Participation by Five-Year Quartile Rank





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Estimated Costs of Universal Purchasing

| | |
|--|-------------|
| <u>Vaccines Only</u> | |
| Cost of universal vaccine purchases | \$7,543,580 |
| Less current public funding for vaccines | \$5,903,854 |
| Additional cost of vaccine purchases | \$1,639,726 |
| <u>Administration Only</u> | |
| Cost of administration to all children | \$5,440,000 |
| Less current public funding for administration | \$907,618 |
| Additional cost of vaccination administration | \$4,532,382 |
| Total cost to State of vaccines and administration | \$6,172,108 |



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Cost comparison and tradeoffs

| | |
|---|--------------|
| Expenditures for 4:3:1:3:3:1 vaccine series, 2005 | \$15,664,950 |
| Estimated Expenditures for 4:3:1:3:3:1 vaccine series, 2005 assumptions | \$12,983,580 |

Tradeoffs

- Expenditures to State of Kansas increase by \$6,172,108
- Revenue to providers declines

- Expenditures to state decrease by \$2,681,370
- System simplification
- Improved access to immunizations for all children



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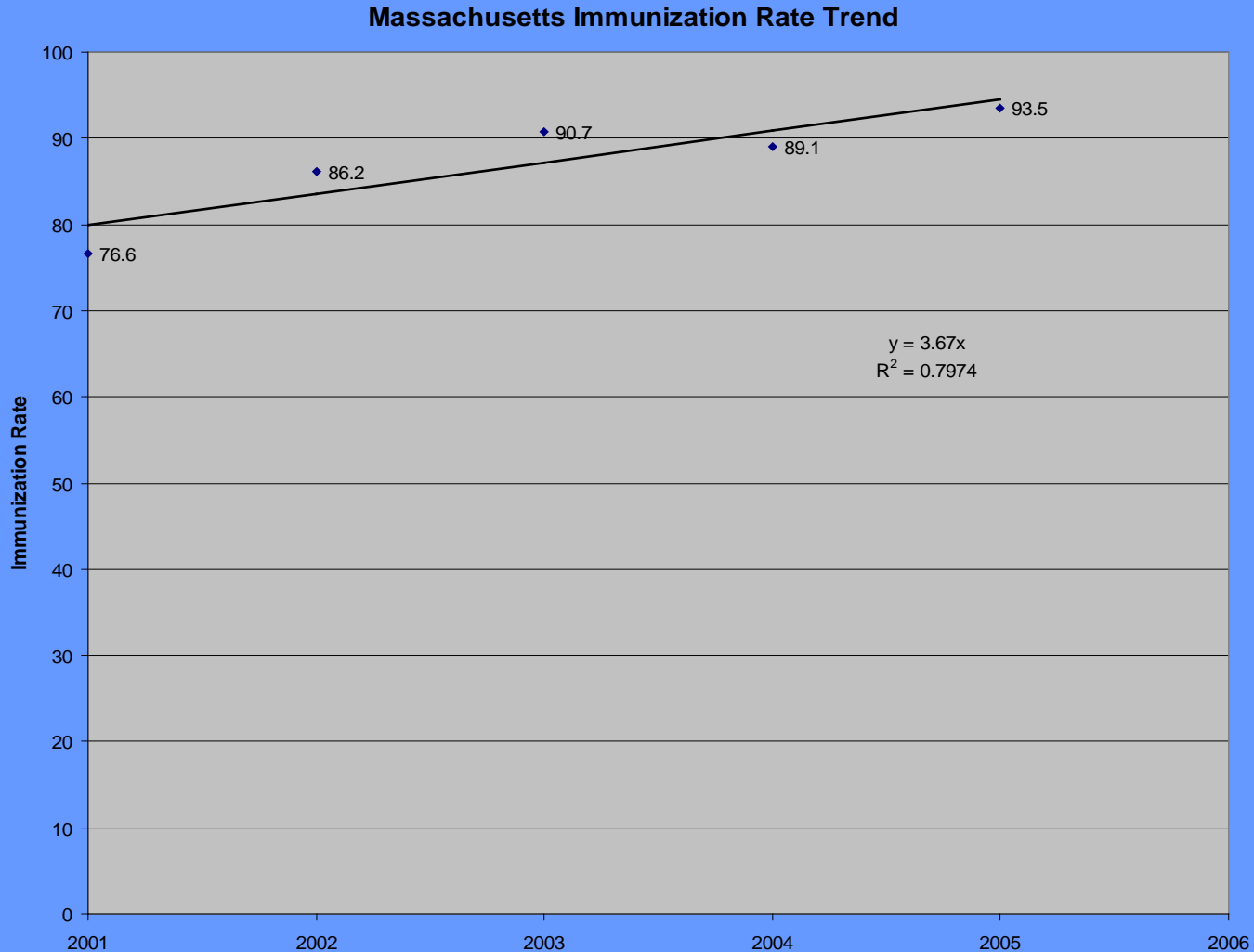
State Immunization Rates (2001-2005)

- Immunization rate trends (p. 12)
 - Calculating and interpreting trend lines
 - Slope and coefficient of determination (r^2)
 - Every state over the five-year period made progress in improving its immunization rates.



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Calculating Trend Lines





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State Immunization Program Interviews

– Universal Purchase:

- Massachusetts
- Rhode Island
- New Hampshire
- Vermont

– Universal Select:

- Connecticut
- North Carolina
- South Dakota

– VFC and Underinsured:

- Minnesota

– VFC and Underinsured Select:

- Kansas

– VFC Only:

- Iowa
- Mississippi
- Nebraska



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State Immunization Programs

- Incentives for Immunizations
- Immunization Education
- Immunization Conferences
- Immunization Registries
- Provider Assessment



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Parental Incentives

- *Incentives versus gifts*
- Two states use parental incentive programs
 - South Dakota
 - Coloring books, crayons, stickers, teddy bears for fourth DTAP
 - New Hampshire
 - Books for children in VFC program who can show immunization records during WIC visits
- Kansas: “Immunize Win a Prize”



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Provider Incentives

- Recognition for high-performing providers
- “Pats on the back” rather than incentives
- Kansas
 - Providers immunizing 90-94.9% of patients receive framed certificate
 - Providers immunizing 95-100% of patients receive plaque



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Parent Education

- Active distribution vs. passive distribution
- Use of immunization websites for education: passive distribution
- Other than websites, means of education vary state-by-state



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Provider Education

- Method of communication varies by state
- Majority of states interviewed stress the importance of provider education: active distribution
- Education at provider assessment visits



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Immunization Conferences

- 7 of 11 states offer immunization conferences
- 6 of 7 states offer statewide conferences
- 4 of 7 states offer regional conferences



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Immunization Registries

- 10 of 11 states use immunization registries
- New Hampshire disbanded registry
- 9 of 10 registries are statewide; Minnesota has the only regional registry



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Provider Assessment

- 11 of 11 states interviewed reported that providers receive specific recommendations on how to increase their practice immunization rates
- Details of assessment vary by state



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Summary: Finding 1

- No single VFC arrangement is perfect, no single VFC arrangement is unworkable.



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Summary: Finding 2

- Most states do not use parental incentives, which suggests that high performing states target increased provider participation over parental participation.
- Kansas may want to:
 - Evaluate the benefit of the “Immunize Win a Prize Program.”
 - Assess whether the program is cost effective.



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Summary: Finding 3

- The majority of the exemplar states do not actively distribute or promote the use of educational material for parents, but do actively distribute and promote educational materials to providers.



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Summary: Finding 4

- Immunization registries are at different points of development across states.
- Kansas should prepare a plan to evaluate the effectiveness of the registry while the registry is still in development.



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The Multi-Faceted Approach

- High immunization rates are not associated with one particular program, one specific practice, or one financial arrangement.
- Successful immunization programs employ various approaches simultaneously to increase immunization rates.



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Sources of Variation in Immunization Rates

- Financing system
- Immunization program infrastructure
- Other possible influential factors
 - Local/state health department relations
 - Managed care penetration
 - Threshold population of children < five years of age
 - Ratio of family practice physicians and pediatricians to the population of children < five years of age
 - Population density
 - Area (i.e., size) of the state
 - Immigration
 - Small area practice variation



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