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# Improving Access: Issues Around Private Providers in Kansas

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May 2, 2006



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- 1) Increasing Community Demand for Vaccinations
- 2) Enhancing Access to Vaccination Services
- 3) Provider-Based Interventions



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  - Reducing Out-of-Pocket Costs
  - Expanding Access in Healthcare Settings
  - Vaccination Programs in WIC
  - Home Visits
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# Expanding access in health care settings

- Reducing distance from settings to population
- Increasing hours of service
- Delivering vaccinations in settings previously not covered
- Reducing administrative barriers (e.g., “express lanes”, ‘drop-in” clinics)
- ***Strongly recommended as part of multi-component intervention (median increase 10%)***



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# Who delivers immunizations in Kansas?

	U.S.	KS
Children vaccinated in private sector alone	57%	40%
Children vaccinated in public sector alone	18%	32%
Estimated proportion of vaccine providers who are private sites	81%	59%
Proportion of VFC providers who are private sites	81%	61%



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# Why we think it could matter

- Preventive Service Task Force recommendations suggest that expanding access through multiple settings is effective
- “Medical Home” is considered the best place to receive all preventative and curative health care
  - Local Health Departments in general are not good “medical homes”



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# A glimpse of the possible impact of the lack of medical homes

- CDC study published in 2005 from 2001-2002 NIS data:
  - Among VFC-eligible children, those with medical home were more likely to:
    - Have more visits to vaccine provider (6.5 vs. 4.8)
    - Have higher coverage rate (72% vs. 63%)
  - VFC children who received all their vaccinations from their medical home:
    - Had higher coverage rate than other VFC children (75% vs. 66%)
    - Had same coverage rate as non-VFC children
  - KS at the bottom of ranking for VFC penetration and medical home use





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# In summary – What we do and do not know

- Disproportionate reliance in Kansas on public sector for childhood immunizations
  - Low private provider participation in VFC
  - Low proportion of children immunized by private sector
  - Low use of VFC by VFC eligible (i.e. low penetration)
  - Low use of medical home for vaccination

**→ *Does it make a difference in outcomes?***



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# Does it matter?

“Based on these results, it appears that Kansas relies more than most states on the public sector to immunize its children. To what degree this finding influences Kansas’ overall coverage rate is unclear. The reason(s) why Kansas relies so much on the public sector will be explored through research activities to be conducted under this project during the next year.”

Dr. Richard Hoffman, *The 90 percent solution*. Page 29



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