



KEY FINDINGS

Five studies have been completed as part of the IKK project. All are available on the IKK Web site www.immunizekansaskids.org. Together, these studies paint the most complete picture to date of the Kansas immunization system and the barriers that exist to improving it. Key findings from each of the studies include:

Location of Kansas immunization providers

- In every county, at least one local health department provides immunizations.
- In 12 counties no private clinic offering primary care to children could be identified.
- Only 65 percent of primary care providers offer childhood immunizations, ranking Kansas among the lowest seven states in the nation.
- In 49 counties no private provider offering immunizations to children could be identified.
- Of private providers who vaccinate children, only 51 percent use free vaccine available under the Vaccines for Children (VFC) program. Nationally, of private providers who vaccinate children, 81 percent use the free vaccine. Clinics in urban areas are about half as likely to enroll in the VFC program as clinics in rural counties.
- Less than 60 percent of private clinics that provide immunizations accept Medicaid or State Children's Health Insurance Program (SCHIP) clients.

“In 49 of the 105 counties in Kansas, no private provider offers childhood immunizations.”

Medical home impact on immunizations

- Immunization rates in private clinics that provide immunizations are slightly higher than rates at local health departments at three, seven and 13 months of age.
- Immunizations can be delayed when children receive primary care in one place (i.e., private physician's office) and vaccinations in another (i.e., local health department).
- Large clinics tend to have higher rates than small ones. This suggests that clinics that do a large volume of immunizations are more successful at immunizing children on time.
- Children in urban areas immunized at local public health departments trail those immunized in private clinics in terms of age-appropriate vaccination.
- Missed opportunities to vaccinate children on time are widespread in both public and private settings.

Cost and financing of immunizations

- Information on the cost of childhood vaccination activities is incomplete, fragmented and scattered across the health system, which is a barrier to analysis and planning.
- When the direct cost of vaccines is weighed against the reimbursement received from private and government payers, most physician practices that vaccinate insured children appear to come out ahead.
- Payments for vaccine administration, however, are usually below projected costs.
- Among insurance carriers, there exist wide variations in reimbursement for administering immunizations. Medicaid payments for vaccine administration are higher than payments from many private carriers.
- Reimbursement rates by insurers for the same vaccines sometimes vary widely.



A study of high-performing states

- High immunization rates are not associated with a particular program, specific practice or financial arrangement. States that purchase and provide vaccine for every child, even those with private insurance — called “universal purchase” states — do not necessarily have higher rates of vaccination than others.
- Still, half of the 14 states that have some form of universal purchasing program ranked in the top quartile for immunization coverage during a five-year period, while fewer than 30 percent of the 17 states with the lowest availability of free vaccine programs ranked in the same group. The vaccine purchasing mechanism a state employs, therefore, may be one of several components that support the achievement of higher immunization rates in some states.
- Several of the states with high immunization rates offer providers incentives to participate in the immunization delivery system.

A survey of parents and providers

- Both parents and providers believe that reminders and other forms of communication help ensure the timely and complete immunization of children.
- Electronic patient management systems, including an immunization registry, can help with reminders.
- Insufficient follow-up by providers was identified by parents as one of the most significant barriers to timely immunization.
- Providers preferred less interactive methods of follow-up, such as reminder postcards and public campaigns, while parents preferred more personalized approaches.
- Insurance was an issue for parents, who said it sometimes doesn’t cover the full amount of immunizations.

Why 90 Percent?

Vaccines prevent specific infectious diseases. High vaccine coverage levels – approximately 90 percent – are necessary to prevent the spread of viruses and bacteria in a community. High vaccine coverage levels confer “herd immunity” on a population, protecting even those who have not been immunized.

RECOMMENDATIONS

Maintenance of high vaccination coverage levels in early childhood is the best way to prevent the spread of vaccine preventable diseases (VPDs) and to provide the foundation for controlling such diseases among adults. The IKK steering committee recommended 31 strategies to increase the Kansas immunization rate to 90 percent and sustain it. It designated 10 strategies for accelerated implementation, recommending that policymakers, providers, parents and other stakeholders start work immediately to:

- Create an immunization advisory panel that includes representatives from organizations that have a role in implementing or supporting the IKK strategies. The panel should be convened by the secretary of KDHE and should receive the administrative support necessary to perform its activities.
- Increase the number of VFC providers in the state, particularly in urban and semi-urban areas where there are higher concentrations of uninsured and underinsured children.
- Continue and accelerate the implementation of electronic interfaces between KSWebIZ and data management systems. Identify the major remaining technical and policy barriers to fully implementing the registry, as well as the resources and strategies required to remove them.
- Review the groups of users that should be allowed to access registry information. Develop data-user agreements and policies consistent with state laws and regulations to clarify the extent to which each group of users can access registry information to perform the functions that they are responsible for. Particular attention should be given to the need of local health departments for access to registry data.
- Explore centralized, high-volume vaccine purchase and distribution, through a voluntary public-private partnership of provider organizations, health insurance companies and KDHE. This should be a voluntary partnership funded primarily with private resources rather than state tax revenues.
- Establish uniform and higher reimbursement rates from private insurance for vaccine administration.
- Work to persuade the federal government to review the actual costs of administering vaccines and raise allowable Medicaid reimbursement rates for vaccine administration to reflect those costs, including the expense of administering multiantigen vaccines.
- Support and expand initiatives to increase the number of private providers who offer immunizations, such as the Maximize Office Based Immunizations (MOBI) project.
- Continue the KDHE Immunize and Win a Prize initiative.
- Conduct research to identify children in Kansas that are at higher risk of missing some or all of their immunizations.



IMMUNIZE KANSAS KIDS

Organizations Represented on the Steering Committee:

- Blue Cross & Blue Shield of Kansas
- Eagle Community Programs
- Evaluation Insights
- Kansas Academy of Family Physicians
- Kansas Action for Children
- Kansas Assoc. of Local Health Depts.
- Kansas Assoc. for the Medically Underserved
- Kansas Assoc. of Child Care Resource and Referral Agencies (KACCRRRA)
- Kansas Assoc. of Osteopathic Medicine
- Kansas Chapter of the American Academy of Pediatrics
- Kansas Children's Cabinet
- Kansas Department of Health & Environment
- Kansas Department on Aging
- Kansas Foundation for Medical Care
- Kansas Head Start Association
- Kansas Health Foundation
- Kansas Health Institute
- Kansas Health Policy Authority
- Kansas Insurance Department
- Kansas Medical Society
- Kansas Public Health Assoc.
- Kansas State Nurses Assoc.
- K.U. Medical Center — Kansas City
- K.U. School of Medicine — Wichita
- KC CareLink
- Marian Clinic
- Mid America Immunization Coalition
- Parents As Teachers
- Preferred Health Systems
- Project Eagle/Healthy Start
- Seaman School District, USD 345
- Washburn University School of Nursing