

**The Use of an Immunization Registry for Statewide CASA Assessments**

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**Agenda**

- ✦ Louisiana Overview
  - How the State is Structured
  - Roles and Responsibilities of Regional Consultants
- ✦ The Annual CASA Audit of Local Health Departments
- ✦ Deployment and Conversion of the State Immunization Registry (LINKS)
- ✦ Use of the Registry for CASA
- ✦ Lessons Learned and Next Steps

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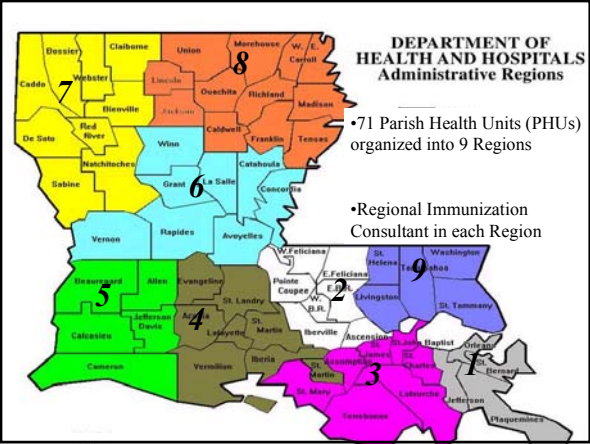
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## Regional Immunization Consultants

### Role and Responsibilities

- Serve as “Immunization Expert” and point of contact for public and private providers
- Conduct CASA assessments and other quality improvement activities
- Form local community-based coalitions of all immunization partners and assure ongoing activities
- Perform outreach to private providers

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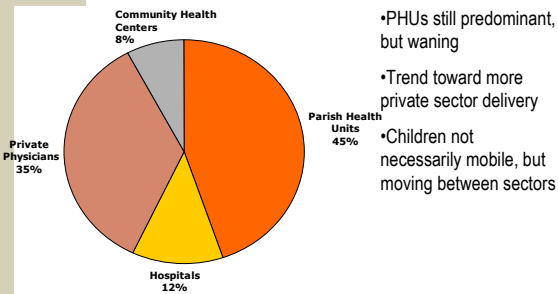
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## Who Immunizes Louisiana?

*Percent of All Doses Given by Sector*



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## Immunization Service Delivery in Louisiana

- ✦ About 690 active VFC sites
  - Administering 1.25 million doses to an annual birth cohort of 67,000
- ✦ Consolidation or closing of some Parish Health Units— shift toward private sector or community based programs
- ✦ Health Insurer’s need for HEDIS data
- ✦ Medicaid GPRA Initiative
- ✦ Need for greater efficiency of CASA assessments of Parish Health Units

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## How CASA Used to Be Done

- ✦ “Summertime Blues”—very labor intensive
  - Drawing the Sample (all 19-35 month olds)
  - June thru September field work to Parish Health Units
  - Chart Pulls and Data Entry of >22,000 records
  - 2 month Data Analysis—Data Consolidation and Results by facility, parish, region and state
  - Comparison to NIS—more localized data that provided ability to intervene where necessary

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## Major Milestones of LINKS

*(Louisiana Immunization Network for Kids Statewide)*

- ✦ March, 2001—STC begins implementation of a totally Internet based system
- ✦ April 2001—conversion of 2 local public health registries
- ✦ Integration of WIC and Vital Records Data
- ✦ March 2001—Training and Deployment to 94 Parish Health Units
- ✦ Summer 2001—data entry of the “Pink Cards” at Parish Health Units
- ✦ October, 2001--1 millionth patient record entered into system

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## Use of LINKS for CASA

- ✦ Historical data entered into LINKS
  - Some PHUs enter all, some only those < age 2
- ✦ All new data entry into LINKS
- ✦ CASA defines sample period and “system review date”
- ✦ System exports all data for age range (not just a sample) to CASA
- ✦ CASA reports run and results generated

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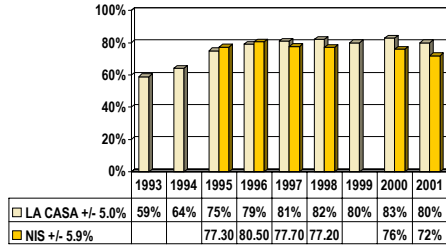
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## Louisiana PHU CASA vs. NIS Comparative Results 1998-2000



4:3:1 for 19-35 month olds

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## Impact of the Use of the Registry

- ✦ Significant staff time commitment now available for other duties
  - Private Provider Outreach and Marketing for Registry
- ✦ Standardized, objective results
- ✦ Greater ability to examine data quality, timeliness and completeness
  - Interventions can now be more focused and appropriate

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## Next Steps

- ✦ Legislative change removing "consent to load record"—no barriers to data sharing
  - Medicaid
  - Managed Care
  - Other local registries
- ✦ Targeting and Enrollment of High Volume Private Providers
  - Electronic data exports to LINKS via HL7 or vendors "native format" for conversion by Data Translation Tool

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## Lessons Learned

- ✦ Change can be scary, and can be resisted by overwhelmed staff
- ✦ Benefits of change can take some time and hard work to achieve
- ✦ Benefits should be significant and timely to be valuable
- ✦ There's always more work to be done

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