

From Public Health to Private Practice: What Works?

National Immunization Conference
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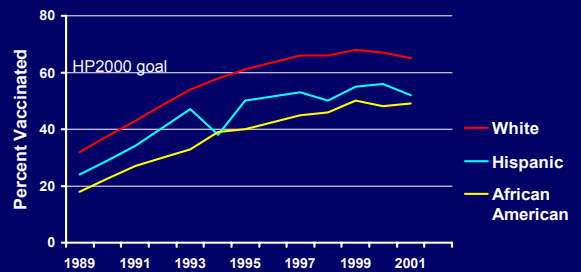
Outline

- Background
- Examples of work with primary care:
 - Monroe County Influenza Vaccination Demonstration, 1988-92
 - Project to Improve Pneumococcal Immunization, 1997-2000
 - Rochester READII, 2002-2004
- Lessons Learned

The Challenge Healthy People 2010

- Increase influenza and pneumococcal immunization coverage
 - For adults aged ≥ 65 , increase to 90%.
 - For high risk adults aged 18-64, increase to 65%.
- Reduce disparities in immunization rates.

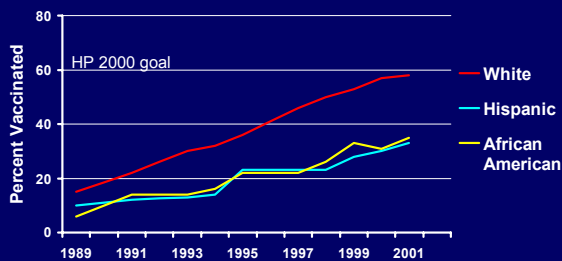
Influenza Vaccination, Persons Aged ≥ 65 Years, by Race/Ethnicity



*National Health Interview Survey, United States



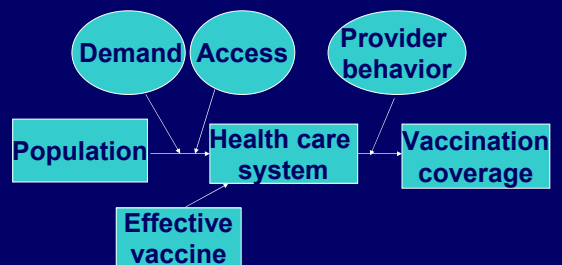
Pneumococcal Vaccination, Persons Aged ≥ 65 Years, by Race/Ethnicity



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Conceptual Framework



Adapted from Briss et al, AJPM, 2000

Barriers to providing adult vaccinations

- Inadequate patient demand / education
- Patient refusal
- Not enough time during acute visits
- Other more acute medical issues
- Lack of office systems
- Costs greater than payment
- Shortages/delays in vaccine supply

Immunization strategies: Guide to Community Preventive Services

- Client reminder/recall
- Reducing out-of-pocket costs
- Provider reminder/recall
- Assessment and feedback for providers
- Standing orders

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McFlu

- Monroe County Influenza Vaccination Demonstration, 1988-92
- To test the cost-effectiveness of Medicare coverage for influenza vaccination
- Ten sites - intervention vs. control
- Collaboration of University of Rochester and Monroe County DOH

McFlu Components

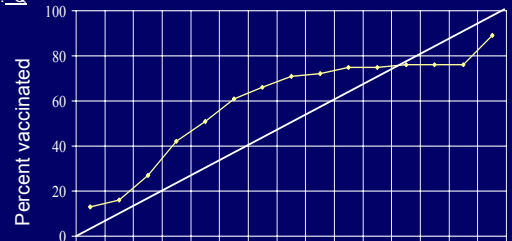
- Public clinics
- Long term care facility interventions
- Practice based interventions
 - Billing systems
 - Denominator based tracking
 - Patient reminder postcards
 - Provider incentives for higher rates
 - Increased payment/shot for higher rates
 - Fine vintage chosen by Marc LaForce

Year: 91-92

Denominator: 573

Physician: Q

Physician Office Poster



Week Ending

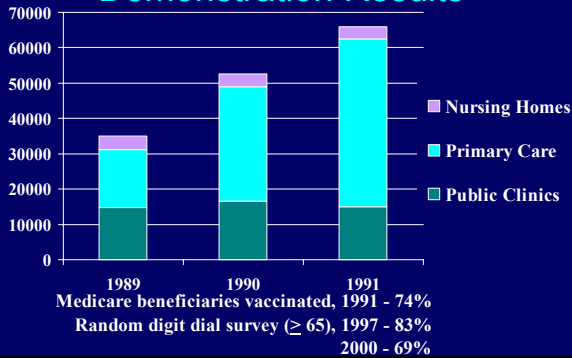
% vax'd

Cumulative Total

Weekly Total

9/27	10/4	10/11	10/18	10/25	11/1	11/8	11/15	3/1/3	11/29	12/6	12/13	12/20	12/27	1/3
73	90	152	242	291	348	380	406	416	430	431	433	435	435	510
73	17	62	90	49	57	32	26	9	15	1	2	2	0	69

McFlu Vaccination Demonstration Results



McFlu Components

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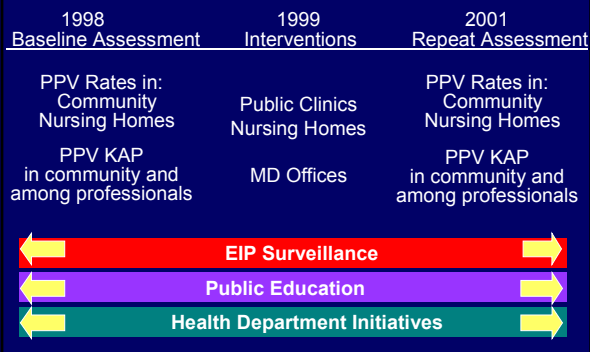
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PPV Immunization Rates Monroe County, 1997

Older Adults (≥ 65 years) with past PPV:

- Survey at public flu clinics 56 %
- Telephone survey (RDD) 50 %
- Medicare cumulative data 39%
- Long term care facilities 66%

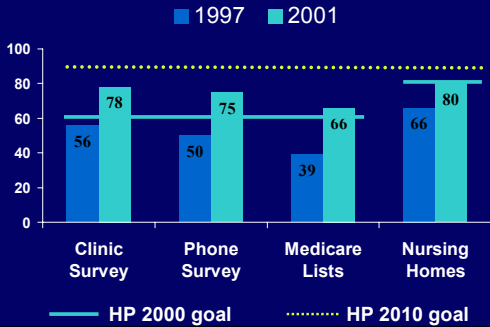
Project to Improve Pneumococcal Immunization



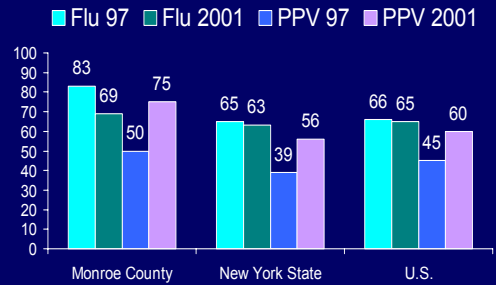
PIPI Practice-Based Interventions

- Accurate denominator lists
- Patient education materials
- Physician reference materials
- Updates on local communicable disease

Changes in PPV coverage Monroe County, 1997 to 2001



Change in immunization rates: Monroe County vs. NYS vs. US



Sources: BRFSS and Monroe County Health Survey

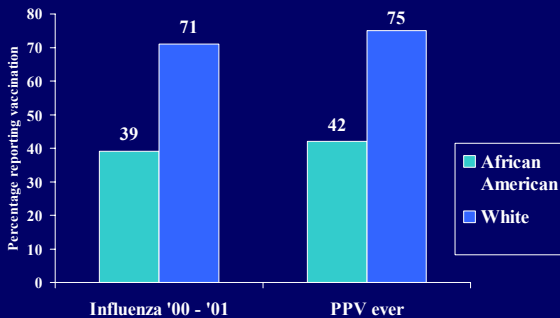
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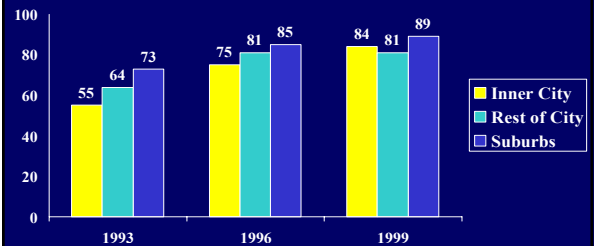
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Older Adult Immunization Rates Monroe County, 2001




Childhood Immunization Rates Monroe County, 1993-1999



Percentage of children aged 24 months who have received complete series of 4 vaccines

Source: Child Health Studies, Department of Pediatrics, University of Rochester

READII Overview

2002 Baseline Assessment	2002-2003 Intervention	2004 Repeat Assessment
Baseline rates from RDD survey, 2001 Medicare sample, 2003	Community Action Plan	Repeat RDD survey Medicare sample
Baseline rates in NHC's	Targeted outreach Patient materials Provider prompts	Continual monitoring Cost Effectiveness
		

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Why engage providers?

- Concept of the medical home
- Sustainable
- Centralized information leads to higher quality care
- Model for other preventive health services
- Spillover effects for other services
- Because it works!

What irritates providers?

- Provider “education”
- Redundant information systems
- Anything that requires additional work for office staff
- Inaccurate denominator lists
- Vaccine shortages, price gouging and inadequate payment

What do providers want?

- Assistance with office systems
 - denominator lists, standing orders, recall
- Useful reference materials
 - e.g., pocket cards - PPV revax recomm.
- Patient education materials
 - low literacy but sufficient information
- Communication
 - flu surveillance
 - local antibiotic resistance patterns

What strategies work?

- Find out what your providers want
- Customize the approach -- provider’s “stage of change”
- Add tools/resources to assessment and feedback
- Provide support that seamlessly integrates with their offices

Summary: *Primary care is....*

- The most effective, efficient and sustainable way to deliver preventive health services
- Not currently organized to deliver PHS well
- Able to deliver PHS more effectively with outside support from public health
- Ready for external interventions tailored to providers' and staff specifications

Summary (Continued)

- While physician knowledge and pro-prevention attitudes are necessary, they are not sufficient
- System changes must make PHS part of standard procedures - like vital signs.
- Staff members are key to success
- Public health can bring tools, information and support to primary care practices
- Public health must advocate for primary care

The Challenge

PUBLIC HEALTH

- PH agencies
- CBO's
- Schools/Churches
- Worksites

ACADEMIC COMMUNITY

- University Medical Centers
- Other Universities/Colleges

HEALTH CARE SYSTEM

- Insurers
- Hospitals
- Clinics
- Providers

The Promise: Better Health

PUBLIC HEALTH



ACADEMIC COMMUNITY

HEALTH CARE SYSTEM

Thank you to my Colleagues in Rochester

- Christine Long, M.P.H.
- Monroe County DOH Immunization Staff
- William Barker, M.D.
- F. Marc LaForce, M.D.
- Peter Szilagyi, M.D., M.P.H.
- Sharon Humiston, M.D., M.P.H.
- Joseph Stankaitis, M.D.

and at the CDC!