

Childhood Immunization QI Fund Project

The purpose of the HMO Childhood Immunization QI Fund Project is to increase the percentage of children receiving timely and complete immunizations by their 2nd birthday. The 2008 goal for this project was a Combination 3 Rate of $\geq 72\%$. Combination 3 includes 4 DTaP, 4 Pneumococcal Conjugate Vaccines, 3 IPV, 3 Hepatitis B, 3 HiB, 1 MMR, and 1 VZV.

The 2006-2008 Network results are outlined in the following table.

Year	Initial Population	Exclusions	Final Population	# of Members with Combination 2 Vaccines	# of Members with Combination 3 Vaccines	Combination 2 Rate	Combination 3 Rate
2006	8,159	227	7,932	6,342	5,435	80.0%	68%
2007	8,014	142	7,872	6,430	5,911	81.7%	75%
2008	7,561	136	7,425		5,665		76%

In 2008, a Physician Outreach component was added to the Childhood Immunization QI Fund Project. IPAs were able to earn an additional percentage of capitation if documentation was provided that during at least three of the quarters in 2008:

- a list was obtained from the HMO reporting vendor’s website of members who, based upon claim and encounter data, are in need of immunization(s), and
- for outreach purposes, the IPA provided PCPs with a list of their members in need of immunization(s).

The information in the newly developed QI module of the vendor’s website for childhood immunization outreach did not include the children who would turn two years of age in 2009, which was the intended target for IPA physician outreach efforts. As a result, BCBSIL continued to send the lists of children turning 12 months of age in 2008 to the IPAs on CD/diskettes for the remainder of 2008. IPAs were instructed to use the data contained on this CD/diskette from BCBSIL to conduct physician outreach. The Childhood Immunization Physician Outreach requirement was reduced from at least three of the four quarters in 2008 to one physician outreach in 2008.

The 2008 Childhood Immunization Physician Outreach results are as follows:

2008	Number of IPAs Meeting Project Requirements
Submission of a completed Attestation Form with supporting documentation of all required elements.	77/78 (99%)

Identified Barriers to Childhood Immunizations:

Members:

- Missed appointments due to competing priorities
- Lack of familiarity with the pediatric vaccination schedule and the importance of timely and complete childhood immunizations
- Lack of transportation/child care
- Concern with potential vaccine side effects

Physicians:

- May fail to identify children who are behind in their immunizations
- May not have reminder or recall programs in place
- May find combination vaccines difficult to track if an electronic system is not used

IPAs:

- May not be distributing the BCBSIL member outreach list to the physician
- May not be monitoring physician performance regarding vaccination rates
- May not have a registry that tracks and trends vaccinations

Interventions Implemented to Address Identified Childhood Immunization Barriers:

Members:

- Distributed the BCBSIL *Children’s Wellness Diaries* to parents of newborns.

2008	Number of Members
Children’s Wellness Diaries	11,353

- Mailed monthly reminders to parents of 15 month old members.

2008	Number of Members
Parent Reminders	9,662

- Published the Annual Guide to Preventive Care in a 2008 Special Edition of *blueprints for health* for HMO members. The special edition included information about childhood immunizations.
- Provided online resources, including the Personal Health Manager.

IPAs/Physicians:

- Awarded a Childhood Immunization Blue StarSM to IPAs with a 2008 Childhood Immunization Combination 3 Rate of $\geq 70\%$
- Provided Childhood Immunization letter templates which are available on the BCBSIL website for IPAs to customize for outreach
- Sent lists of 12-month-old members to IPAs
- Sent IPA member-specific results from the 2008 QI Fund Project summarizing whether all immunizations in a series were documented and whether the immunizations met HEDIS timeframes
- Conducted HMO QI Fund Training for the IPAs in March 2008
- Reviewed best practices to improve childhood immunization rates at the quarterly QI Forums
- Met with physicians of two IPAs and conducted individual training for several IPAs
- Hosted a vendor fair in December 2008 at which IPAs could receive information about programs that are available to help with outreach efforts and tools for tracking and trending data

Identified Barriers to Physician Outreach for Childhood Immunizations:

Physicians:

- Some IPAs lacked the systems to perform physician outreach for childhood immunizations
- Some IPAs were not be aware of the value of physician outreach

Interventions Implemented to Address Identified Childhood Immunization Physician Outreach Barriers:

- A QI Fund payment was available to IPAs for completion of childhood immunization physician outreach.
- The QI staff provided information about physician outreach during the quarterly QI Forums.

Analysis of the data for the Childhood Immunization QI Fund Project demonstrates that 76% of children in the Plan received complete and timely immunizations by the age of 2 years. This rate exceeds the 2008 goal of $\geq 72\%$ for the Childhood Immunization QI Fund Project. An upward trend is noted in the QI Project Combination 3 rate. In 2008, 99% (77/78) of the IPAs participated in the Physician Outreach portion of the Childhood Immunization QI Fund Project. The QI Fund Project and interventions implemented have had a positive effect on the clinical care of children, which should reduce the occurrence of childhood diseases.