



November 2008

Texans Speak Out: How to Improve Immunization Rates

Collaboration Members:



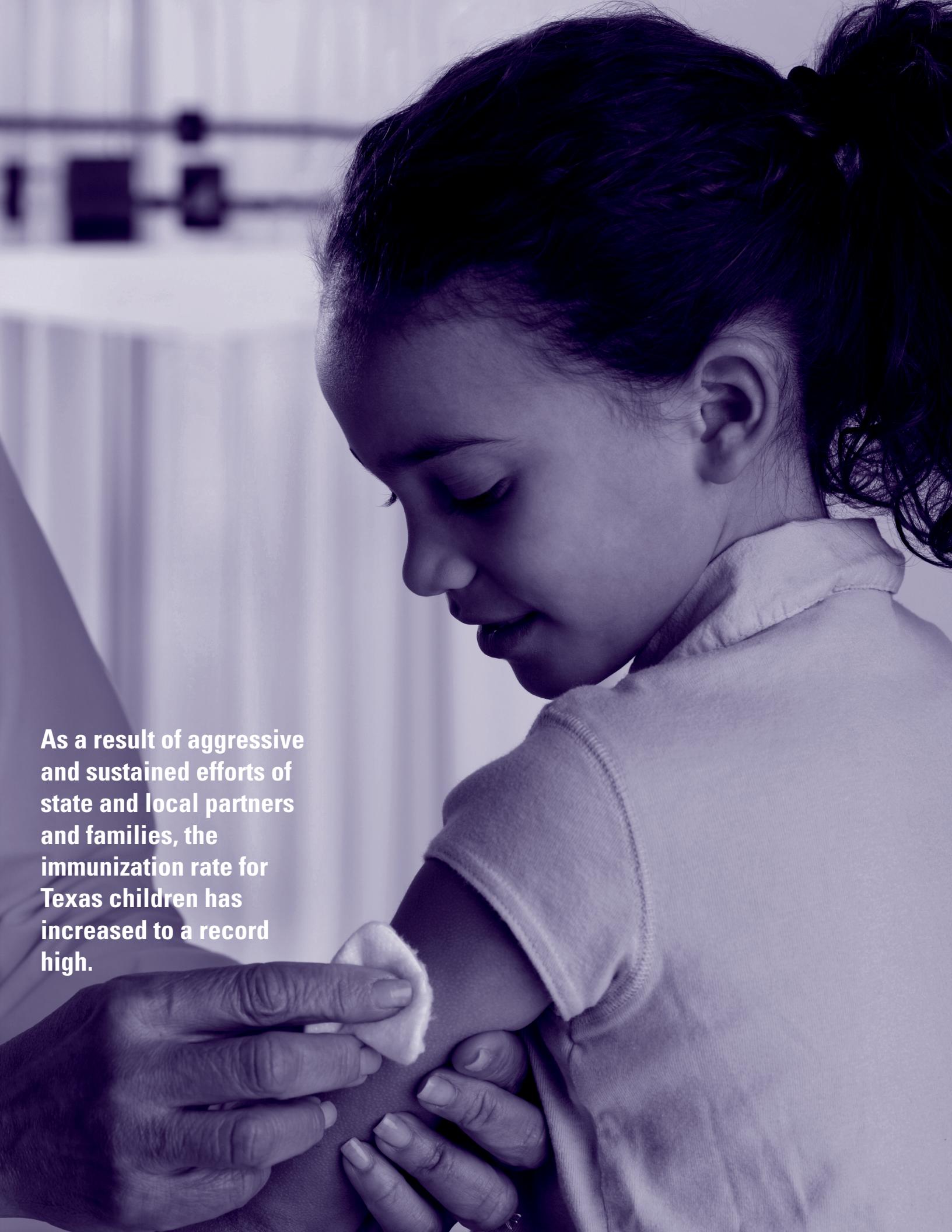
The promise of a better life.



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SUMMARY OF RECOMMENDATIONS

St. David's Community Health Foundation is sponsoring its Second Immunization Summit in November 2008. To determine the Summit's priorities, the Foundation sponsored a Web-based survey and seven town hall meetings across Texas. The goals of the survey and the town hall meetings were to determine local concerns, gather best practices, and promote the Summit while building the first-ever statewide network of Texans interested in improving immunization policies and practices. On all counts the survey and town hall meetings exceeded their goals. About 130 Texans responded to the survey, and more than 200 Texans participated in the town hall meetings. Several recommendations for improving immunization rates in Texas arose from the town hall discussions and survey responses.

To reduce costs and increase reimbursements, we should:

- Require insurance companies to cover the costs of immunization
- Make Texas a "Universal Purchase" state
- Create and promote vaccine purchasing pools
- Increase collaboration among private physicians and public and private community health clinics

To improve immunization information systems, we should:

- Balance individual rights to privacy and access to information
- Allow adults to maintain their immunization records in ImmTrac
- Make immunization data accessible inside and outside Texas
- Create financial incentives for full participation in immunization information systems
- Improve data quality
- Make data available to health-care providers in a more timely manner
- Improve data linkages and ease the burden of data entry for clinics
- Make sure immunization data is provided in a timely manner to clinics
- Add new childhood screening data to ImmTrac
- Improve technical support and customer service for ImmTrac users

Emerging immunization issues that need to be addressed:

- Increase knowledge about the safety and benefits of immunization among parents
- Increase awareness of new and effective adult immunizations
- Strengthen the public and private immunization infrastructure to serve the coming Baby Boom wave of Texas seniors
- Conduct outreach and reassure undocumented immigrants that it is safe to receive immunization services at community-based clinics

Communities can help to increase access to vaccines among working families by offering more immunization clinics after-hours and on Saturdays and by taking the immunization clinics to children.

BACKGROUND AND PURPOSE

Purpose of Summit, Survey, and Town Hall Meetings

St. David's Community Health Foundation is sponsoring its Second Texas Immunization Summit on November 14-15, 2008 in Austin. The goal of the summit is to develop strategies for improving immunization rates in Texas.

To determine the Summit's priorities, the Foundation sponsored a Web-based survey to be administered to Summit invitees. The Foundation also enlisted the Houston Area Immunization Partnership to conduct town hall meetings in Austin, Houston, El Paso, San Antonio, Dallas, Fort Worth and the Rio Grande Valley. The goals of the survey and the town hall meetings were to determine local concerns, gather best practices, and promote the Summit while building the first-ever statewide network of Texans interested in improving immunization policies and practices. On all counts the survey and town hall meetings exceeded their goals. About 130 Texans responded to the survey, and more than 200 Texans participated in the town hall meetings.

The diversity of participants in both projects reflects the array of Texans interested in immunization issues. Parents, health-care providers, state agency personnel, and representatives from hospitals, foundations, medical associations, local public health authorities, non-profit organizations, and pharmaceutical companies took the survey or gathered together for candid discussions of pressing trends.

The survey and town hall meetings focused on two themes: vaccine finance and immunization information systems. The purposes of the survey related to immunization information systems were to better understand 1) how healthcare providers in Texas use immunization information systems, 2) what enhancements they would like to see in the systems' functionality, 3) and how to increase the systems' utilization and effectiveness to ultimately increase the immunization rate in Texas. Participants in both projects had the opportunity to raise additional concerns and ideas.

The town hall meetings afforded local communities a chance to highlight best practices and allowed front-line providers to learn from one another. Local communities were keen to learn about the structure of immunization coalitions in communities across Texas. As a result, the town hall meetings started new conversations and fostered cross-regional relationships months before the Summit.

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The findings in this report derive from the survey responses and the thoughts and discussions captured during the seven town hall meetings conducted across Texas in the summer and fall of

2008. This report does not express the opinions of the Houston Area Immunization Partnership, Frontera 501, United Ways of Texas, or the St. David's Community Health Foundation.

Immunization Rate in Texas

In 2007, the rate was 77 percent, up from 65 percent in 2002. As a result of aggressive and sustained efforts of state and local partners and families, the immunization rate for Texas children increased to a record high. The 2007 Texas rate is a 4 percent increase over 2006 numbers and ranks Texas as 22nd in the country, the highest ranking Texas has ever reached.¹

In 2007, the Texas immunization rate was 77 percent, up from 65 percent in 2002.

Immunization Information Systems

By two years of age, over 20 percent of children in the United States typically have seen more than one healthcare provider, resulting in scattered paper medical records.² Immunization information systems (IIS) combine immunization information from different sources into a single record and provide official immunization records for school, day care, and camp entry requirements. IIS protects the privacy of all users, including children, families, and providers.

Providers of immunizations in Texas use ImmTrac, the state's system developed by the Texas Department of State Health Services, and other local immunization information systems. Local systems include the Houston Harris County Immunization Registry, the San Antonio Metropolitan Health District Registry, and the Tarrant County Immunization Registry. Immunization providers also use the Texas Web-based Integrated Client Encounter System (TWICES). TWICES maintains immunization history data for children served by public and private clinics, bills Medicaid through the Texas Medicaid and Healthcare Partnership, and reports immunization data to ImmTrac.

Immunization information systems, or immunization registries, play an important role in protecting the public's health. They are a powerful tool for responding to emergencies, for cutting the routine costs of immunization, and for increasing immunization rates. IIS help immunization programs identify populations at high risk for vaccine-preventable diseases and can target interventions and resources efficiently. IIS can remind families when an immunization is due or has been missed. The systems also save money by ensuring that children get only the vaccines they need and improve office efficiency by reducing the time needed to gather and review immunization records.³

The 2007 Texas Legislature made important changes to our state's immunization information system. The changes...

- Improved the process for parental consent by allowing health-care providers and local immunization registries to affirm that consent has been obtained and is on file in the providers' records

- Required that ImmTrac offers registry services to first responders and their immediate family members in preparation for disasters and emergency events
- Made ImmTrac the disaster tracking and reporting system for vaccines, antivirals, and medications given during response to an emergency or disaster event for both children and adults. If consent is obtained, the information for adults may remain in the registry until that consent is withdrawn, but for a minimum of 5 years
- Required that ImmTrac offers providers the ability to report adverse reactions to vaccines, antivirals, and medications

Vaccine Finance

Immunization is financed through private health insurance, public safety-net programs, and patients' out-of-pocket spending. According to a 2003 study, just over half (52 percent) of all children ages 0 to 5 in the United States were covered by private insurance. About 35 percent of children were covered in public programs, such as Vaccines for Children. The remaining 14 percent were underinsured with private insurance that did not cover immunizations.⁴

Insurance coverage for immunization is fragmented and problematic. Physicians are burdened with determining patients' eligibility for coverage, and doctors receive payments that do not reflect the growing demands of immunizing patients. Additionally, when new vaccines are introduced into the market, some practices receive low reimbursement for the first 12 to 18 months of their existence on the market. As a result, many physicians are unable to offer certain vaccines and must send patients to public clinics for immunization.

To increase access to vaccines, public and private entities have implemented bulk purchasing programs. For example, during the years 1989 to 1991, a measles epidemic in the United States resulted in tens of thousands of cases of measles and hundreds of deaths. Many of the children who got measles had not been immunized, even though many of them had seen a health-care provider. In partial response to that epidemic, Congress created the Vaccines for Children (VFC) Program. VFC helps families of children who may not otherwise have access to vaccines by providing free vaccines to the doctors who serve them.

To administer VFC, the Centers for Disease Control buys vaccines at reduced rates from vaccine manufacturers and delivers them to a VFC Program provider (private doctor, private clinic, hospital, public health clinic, community health clinic, school, etc.). The providers offer the immunizations to eligible patients. To be eligible, patients must be 18 years or younger, Medicaid eligible, uninsured or under-insured, or be considered an American Indian or Alaska Native.⁵

SHARED CONCERNs

Texas is a huge and diverse state. From the skyscrapers of Houston to the *colonias* of East El Paso, we have it all. One would expect pronounced differences in immunization experiences across the state, and each community's strategies for improving immunization rates are based upon unique local contexts, histories, and populations. However, despite geographic, cultural, and economic diversity, our front-line immunization providers and their partners are dealing with similar obstacles and challenges related to immunization.

Immunization Information Systems

Immunization stakeholders expressed concern about the pace of change and about the long-term effectiveness and functionality of immunization information systems in Texas. While changes made in the 2007 Texas Legislature will help to speed up the collection and entry of immunization data, many survey and town hall participants believe that the improved information system lacks the resources necessary to ensure that the system will run well and that good-quality data will be immediately available at the clinic level.

"It's just too expensive to immunize children."

- Private physician,
Ft. Worth

Consequences of Insufficient Reimbursement

Decreasing Access to Immunizations

Several respondents cited "lack of or low reimbursement for vaccines" as the biggest obstacle to getting children up to date on vaccines.

"Reimbursement to providers is the most important topic... if reimbursement is not appropriately tackled, the issue will continue unchanged."
-Physician in El Paso

According to participants at town hall meetings, insurance companies are not paying pediatricians in private practice enough for providing immunizations. Current reimbursements are forcing pediatricians to prioritize cost savings over children's health—a reality that is painful for these doctors. Pediatricians and representatives from medical associations expressed dismay about having to choose between keeping their practices financially viable and offering timely immunizations. Faced with absorbing the costs of immunizations, many have begun to offer fewer immunizations. Some have stopped providing them. Twelve percent of survey respondents said they had referred a patient to another clinic due to cost or reimbursement issues. Seven percent said that their clinic does not currently provide certain vaccines due to cost or reimbursement issues.

At a town hall in a large city in north Texas, a doctor commented that providing immunizations cost his practice the expense of the actual vaccine stock plus an additional 27 percent of the vaccine costs for expensive storage, administrative staff, medical supplies, and other incidentals. He explained that the insurance companies' base reimbursements for vaccines were often less than the actual cost of the vaccines, let alone the additional 27 percent associated with their administration.

Community-Based Providers (and Taxpayers) Must Pick Up the Slack

As more doctors opt out of providing basic immunizations, children have to turn to public and non-profit health-care providers to fill the gap. Some families go to Mexico where immunizations are cheaper and easier to get. Community-based clinics rely on funding from taxpayers, charitable donors, and foundations, and their resources are limited.

Public health clinics receive tax dollars for operating expenses and are considered a “safety-net.” Normally, only children who cannot access care in other settings would be treated in a public health clinic. However, public health clinics recently have seen a dramatic increase in children who receive all of their care at their pediatrician’s office but are referred to public clinics for immunization services. The resulting strain on resources costs tax payers and fragments the care of our children.

Quality of Care Can Worsen

Some practitioners expressed concern that low reimbursement rates were a perverse incentive to administer multiple shots, instead of combination vaccines, so that they could collect reimbursements for each separate vaccine. Others said the referral of children from primary care pediatricians to alternative vaccination sources could reduce immunization rates because each transfer requires additional appointments, causes inconvenience for parents, and creates a confusing “patchwork” of immunizations.

In recent years Texas policymakers and health-care practitioners nationwide have noted the health-care benefits and cost savings associated with establishing a consistent and regularly utilized medical home. The referral of children to alternative sites for immunization deteriorates the foundation of a medical home, which can result in a lower standard of care. Current vaccine finance practices encourage doctors to refer patients to lower-cost alternatives, instead of providing the complete package of health-care services in one location.

HOW TO IMPROVE IMMUNIZATION RATES IN TEXAS

Empower Consumers, Protect Texas through Better Immunization Information Systems

Participants in the survey and town hall meetings see the benefit of creating a fully-populated, statewide immunization information system. They offered numerous suggestions for not only improving current immunization information systems in Texas, but also on how to streamline the overall immunization information system to ensure that individual registries meet the needs of parents, providers, and policymakers interested in improving the public health.

In the survey, 24 percent of ImmTrac users want ImmTrac to have an electronic reporting capability through Electronic Medical Records.

In the survey, almost 40 percent of ImmTrac users said they want improved interfacing and links to local registries as an enhancement to ImmTrac.

"Dual data entry must be avoided at all costs."
- Physician in Houston

Data Linkages

Electronic medical records are here

In community after community, town hall participants expressed concern about a disconnect between the growing importance of electronic medical records and the state's immunization information system. Numerous participants predicted that the state's immunization information system would be a weak spot in future efforts to create comprehensive electronic medical records.

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Of particular concern was ImmTrac's lack of Health Level 7 (HL7) capabilities for sharing data with other HL7 compliant systems. HL7 is a set of standards that are used to send and receive electronic health information. Many registries around the country have adopted HL7 to enable more efficient exchange of immunization information with electronic medical record systems. However, ImmTrac has been slow in adopting HL7 and therefore is limited in its capacity to exchange immunization information with many electronic medical record systems. There is strong demand in the community for electronic interfaces to existing software packages to ease the burden of data entry for clinics. By using an electronic interface, the immunization data in a provider's existing system is automatically extracted and sent over to ImmTrac without additional data entry. Since the main barrier to using an immunization registry is the time it takes to enter data, this would be a significant improvement in ImmTrac for many providers. The end result would be a more fully populated registry that would help support disease control and prevention.

ImmTrac, TWICES, and local registries

In the survey, almost 40 percent of ImmTrac users said they want improved interfacing and links to local registries as an enhancement to ImmTrac. When asked what local health departments could do to improve the use of immunization information systems, respondents suggested improving the ability of TWICES and ImmTrac to talk back and forth with each other." Respondents want "more electronic linkages. Dual data entry must be avoided at all costs."

A physician who uses ImmTrac and the Houston Harris County Immunization Registry (HHCIR) said on the survey, "I wish there was better crosstalk between HHCIR and Immtrac. I usually find that HHCIR is more accurate. I wish consent for one were consent for BOTH, and there wasn't this issue of collecting TWO consents. Make my life easy as a busy pediatrician with a high Medicaid/sCHIP population!!"

Another survey respondent explained, "School nurses probably average an hour a day entering shots into a system that cannot communicate with Immtrac. Wouldn't it be more appropriate to enter only once? I know that more school nurses would be interested in entering into Immtrac if [the system were] tied to reports."

Data sharing with schools

According to the survey, about a third of ImmTrac users want ImmTrac to offer schedules for school-required immunizations. Survey respondents also made these recommendations related to data sharing among schools and school districts:

"Open lines of communication with school districts. They are required by law to have immunizations on every student... Schools nurses always have shot records but due to FERPA no one will talk to them."

"Clinics should be able to contact school nurses about a child's school shot records so that doctors can provide adequate immunization. School shot records may be a good way to figure out what shots are needed, especially for children from foreign countries and other children who do not have their records in ImmTrac."

"Make my life easy as a busy pediatrician with a high Medicaid/sCHIP population!!"
- Physician from Houston

Balance Individual Rights to Privacy and Access to Information

Debates around immunization information systems have long focused on individual privacy. At the state level, progress on the issue has been stymied by understandable but ungrounded concerns about the protection of privacy. Immunization stakeholders respond to such concerns with a balanced approach, asking about the rights of Texans not only to privacy but also the right to have easy and voluntary access to their own basic health-care information.

Recent advances in technology and the growing need for easy access to immunization information demand public response. The message from the town hall meetings was clear: Texans want to control access to their own health-care information. As more medical technology brings more immunizations, particularly for adults, into the market, immunization information systems will only become more important. Town hall participants argued that these concerns about privacy can be addressed through data security technology, and Texas must move to make immunization data more accessible and timely for Texans of all ages.

When ImmTrac users were asked in the survey about enhancements to ImmTrac, almost 40 percent said they wanted a lifespan registry. A lifespan registry has the ability for providers to add and view immunization records for people of all ages.

Lifespan Registry

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Currently, when a person reaches 18 years of age, their immunizations are no longer accessible in ImmTrac. This is a critically important time of life to be able to access immunization records since they are required by colleges, the military and for health-care careers. A person who reaches the age of 18 should have the option to renew consent to the registry so that the immunization record is still available.

Immunization stakeholders at the town hall meetings expressed frustration at the lack of a

lifespan immunization registry in Texas. Participants cited numerous examples of adult Texans frustrated by the fact that their childhood immunization records had been purged by the state. Specifically, participants noted the difficulty created for Texans who want to join the military, attend college, or enter the medical professions.

Make Data Accessible Inside and Outside Texas

Town hall participants want greater access to data housed at the state. There was also interest in increased “state to local data sharing.” State to local data sharing would allow providers to track their own patients’ data. It would allow providers to better care for an increasingly mobile population. Inter-state data sharing was also frequently mentioned as a necessary tool for determining the need for vaccination and for managing vaccination supplies during disasters, like hurricanes.

Create Financial Incentives for Full Participation in Immunization Information Systems

Immunizations save money. Given this fiscal reality, town hall participants recommended that health insurance providers create financial incentives to increase utilization of immunization information systems as a tool for increasing immunization rates. This also directly benefits insurance companies who can then leverage the more complete data for quality assessments, such as Healthcare Effectiveness Data and Information Set (HEDIS) reports.

Ease the Burden of Data Entry

At every town hall meeting, participants expressed frustration with the burden of data entry. As one health-care practitioner put it, “If ImmTrac came with a person [to input data], we’d have success with the system.” Among survey respondents who use ImmTrac,

- 37 percent agreed that “it is easy to add new patients to my system”
- 38 percent of survey respondents agreed that “it is easy to correct inaccurate patient information”
- 60 percent agreed that “data entry was easy”

Implementation of recent reforms will reduce the costs of submitting immunization records to the state. One participant requested that the Department of State Health Services provide data entry support for large data sets so that ImmTrac can improve its data quality. Suggestions for further reducing costs among town hall participants included the creation of more user friendly software and support for efforts to train workers to conduct data entry, perhaps including partnerships with community-based job training programs.

Survey respondents also had suggestions for improving data entry:

- Copy previous vaccine history on children.
- Look for duplicate records before entering data.
- "Improve current status data rather than delayed data entry which can inhibit ability to eliminate repeated immunizations thereby increasing risk to clients."
- Improve duplicate immunizations that show dates around the same time period (i.e. provider records date of shot and insurance lists date of claim).
- "Data entry needs to be easier. We need the ability to enter all patients whether they are new or over 19 years."

Provide Data in a Timelier Manner

"Data timeliness" was the key concern among providers currently dealing with the Texas immunization information system. While providers appreciate the support they receive from the state, the delay between submission of information and its entry into the state's system has hobbled the usefulness to providers. Of key concern among town hall participants, were instances of duplicate immunizations, a lack of available data about recently administered immunizations, incorrect demographic information and erroneous immunizations.

Timely, accurate data will improve care at the clinic-level and reduce unnecessary and expensive duplicative immunizations.

Data Quality and Quality Assurance

Only 33 percent of survey respondents who use ImmTrac agreed that "patient immunization information is usually complete and up-to-date."

Several survey respondents believed there should be better monitoring of the data to improve its quality. "Make sure the information that enters into ImmTrac is accurate. I have seen dates for Varicella vaccination that are years before the Varicella vaccine was even licensed in the U.S. I have seen dates for PPV23 vaccine for infants - when it should have been PCV7. It seems ImmTrac could be fine tuned a bit better to alert the data entry person that the information he is attempting to put in may be incorrect."

Timely, accurate data will improve care at the clinic-level and reduce unnecessary and expensive duplicative immunizations.

One respondent explained, "It is hard to know what to do when you see dates entered that are obviously incorrect. For example, dates that are entered are days apart, or the same vaccines are entered on the exact same day with consecutive years. We did not enter them, so we don't know which is correct."

A registered nurse said on the survey: "...It is very important to have some type of quality assurance (QA) on the data to make sure there are no repeated dates and that the data transferred is accurate. We have to be very careful about 'Garbage in - Garbage out.' Also, see if ImmTrac can have some type of checks and balances, maybe where a QA report of the data 'batched' over by a provider is sent back to the provider when there are vaccine dates that do not match what is recommended by the Advisory Committee on Immunization Practices. For example, a flag would go out if a Varicella vaccination was given before the vaccine was licensed, if PPV23 (Pneumococcal Polysaccharide) were administered to a baby, if two of the same vaccines were administered the same day, etc. The QA report would include the patient's ImmTrac ID number and the issue in question."

Additional Data Elements

When asked what additional childhood screening data ImmTrac users would like to see included in ImmTrac, almost half of survey respondents said "tuberculosis testing results with readings" (Table 1) Almost 30 percent said newborn screen; 21 percent said lead screening.

Table 1. Childhood Screening Data Desired by ImmTrac Users, 2008*

Tuberculosis testing results with readings	49%
Newborn screen (NBS)	29%
Lead screening	21%
Asthma screening	11%
Other newborn screening	4%
None	22%

* Sum is greater than 100% because some respondents suggested more than one element.

Respondents also suggested adding these to ImmTrac:

- Hearing screening, including newborn hearing tests
- Hepatitis B immune globulin doses or administration
- Healthcare coverage or insurance
- Hepatitis B labs
- Hemoglobin screening
- Vision screening
- Body Mass Index or other weight indicator

Support and Customer Service

According to the survey, several users of ImmTrac want to see improvements in technical support and customer service. Only 36 percent said that local IT support for my system is adequate." One said, "Bring it up to par with other immunization registries and improve the support staff." Another explained, "We are unable to contact ImmTrac directly with questions or problems, which is extremely frustrating." And another: "It would really help if there was reliable customer service at ImmTrac. They are understaffed, and my experience has been that they are unwilling or unable to address important problems like provider upload problems."

Reduce Costs and Increase Reimbursement

Require Insurance Companies to Cover the Costs of Immunization

Ultimately, private health insurance providers are choosing not to reimburse providers for the costs of providing immunizations. Many town hall participants want to require health insurance companies to cover immunizations at the actual cost of administration. Such a move would require federal action, as the overwhelming majority of Texans are covered by health insurance companies operating in Texas and other states and thus cannot be required to offer increased administration fees in Texas because they are subject to federal regulation under the Employees Retirement Income Security Act (ERISA). However, mandating a higher administration reimbursement for insurance providers in the state of Texas could reinforce for insurance providers the human and economic repercussions of under-immunizing the children for the economy. Ultimately the insurance companies will benefit from their investment in immunization through reduced incidence of disease and the related cost of treatment.

Make Texas a "Universal Purchase" State

One solution to the high cost of providing vaccines to physicians is the implementation of a "universal purchasing" program. Universal purchase simply means that the state itself will purchase the entire vaccine stock needed to immunize all Texas children and adults, ensuring a constant supply of vaccines at a reduced cost to physicians. The state would distribute the vaccine and pay a uniform administration fee and then charge insurance companies for the vaccine that would have been covered under each plan. Numerous participants in town hall meetings expressed support for introducing universal purchase to Texas, but expressed concern that the strategy was politically difficult and cost-prohibitive, despite the clear benefits to the state's long-term public health.

Create and Promote Vaccine Purchasing Pools

Many Texas immunization providers are already taking advantage of the market and working to cut vaccine costs by joining purchasing cooperatives with other vaccine consumers. Participants in several town halls urged not only the promotion of existing purchasing pools, but the creation of new stronger cooperatives with greater purchasing clout and thus a stronger opportunity to negotiate the best prices possible from pharmaceutical companies.

Increase Collaboration among Private Physicians and Public and Private Community Health Clinics

Vaccine finance issues increase costs for all immunization providers—public, for-profit, and non-profit alike. So, Texans from across the health-care spectrum can see new benefits by working more closely together. Because of impending expiration dates, vaccine stock often must be destroyed.

Many vaccine manufacturers give providers a credit for expired vaccine stock so that they do not take a financial hit on expired vaccine, however town hall participants suggested a public/private partnership to ensure the distribution of vaccines among providers of all kinds to help keep costs down for everyone. One participant suggested that the Texas Department of State Health Services create incentives for private providers to share leftover vaccines with community-based health-care providers. The benefits of this relationship could potentially go beyond immunization finance issues, as these parallel systems begin to coordinate their work in other meaningful ways.

Increase Knowledge and Awareness among Parents

Several survey respondents felt that lack of outreach, misinformation, and complacency among parents were major obstacles to getting children immunized. When asked in the survey what the biggest obstacle to getting children immunized was, 21 percent cited hesitation or fear among parents, and 23 percent said the difficulty of recalling children who need vaccines back to the clinic. “Parents don’t understand why vaccines should be given age appropriately.” There is “not enough on-going and visible information outside of the clinics. Parents do not feel immunizations are important.”

Another obstacle is that many parents do not keep track of when immunizations are needed. Survey respondents suggested “making the schedules easier to follow” and more user-friendly. An ImmTrac user said: “With one this way and one that, parents find them hard to learn and hard to keep track of.”

Across Texas immunization stakeholders reported increased time and expenses as parents ask more and more questions concerning the basic safety of immunizations. One participant went so far as to describe this phenomenon as the “Jenny McCarthy effect.” Unfortunately, recent media attention to unsupported and unscientific challenges to immunizations has created a huge new responsibility for on-the-ground providers to offer research-based and factual responses to the emerging drumbeat against immunization.

Survey respondents wanted more information on how the public health community can decrease the unfounded fears of vaccines. For example, “How can we as a knowledgeable pediatric community be an effective voice against the Jenny McCarthys of the world who are spreading incorrect information? We need PR training!”

“We need PR training!”
- Physician in Houston

Across Texas, immunization stakeholders reported increased time and expenses as parents ask more and more questions concerning the basic safety of immunizations. One participant went so far as to describe this phenomenon as the “Jenny McCarthy effect.”

Many survey respondents suggested improvements in outreach and training. When asked what local health departments could do to improve the use of immunization information systems, several respondents cited the need to better promote the benefits of the systems to increase enrollment and utilization.

Expand Clinic Hours

Town hall participants noted that the public sector budget cuts and vaccine finance issues have created barriers to immunization. Those without a medical home are especially likely to find access to a clinic difficult. With the downturn in the economy, more parents will be working two jobs and managing time-constrained schedules. Participants feared that routine medical check-ups and immunizations will be lost in the shuffle of the daily lives of working families. Participants in both projects emphasized the importance of after-hours and Saturday clinics for working families and outreach efforts to take clinics directly to children. Some suggested free, no-appointment-needed clinics.

Address Emerging Issues

Adult Immunizations

Changing policies and new vaccinations have brought attention to adult immunizations. Participants in the town hall meetings worried about the ability of the public and private immunization infrastructure to serve the coming baby boom wave of Texas seniors. They also said more outreach is needed among adults.

Also, it will become increasingly important to track and record vaccines administered to adults through a lifespan registry, especially since adults typically receive many immunizations outside of their provider's office. Indeed, during a public health emergency, it is critically important to know which adults need certain immunization, such as Tetanus and Hepatitis B. Also, the high cost of some adult vaccines (a dose of the new Zoster Vaccine for shingles costs about \$162) makes tracking these vaccines an economic imperative to contain healthcare costs.

Fear among Immigrants

Fears among immigrants result in fewer people immunized. The national immigration debate has had numerous ripple effects across the Texas/Mexico border. Town hall participants explained that many immigrant families are hesitant to utilize clinics and maintain accurate personal information on public and private systems. If sub-populations live under the health-care radar and do not get vaccinated, all families in Texas, especially those with infants who are too young to get immunized, are at risk.

ENDNOTES & APPENDICES

APPENDIX I: METHODOLOGY OF WEB-BASED SURVEY

St. David's Community Health Foundation sponsored the Web-based survey, which was administered using SurveyMonkey. Staff from St. David's Community Health Foundation constructed the survey with input and feedback from representatives of People's Community Clinic, the Houston Area Immunization Partnership, and the Texas Pediatric Society. Some of the questions used in the 2008 survey were also included in the 2006 survey.

On August 18, 2008, staff from the Houston Area Immunization Partnership sent emails to invitees to the 2008 Texas Immunization Summit, announcing the dates of the Summit and asking them to take the online survey. Staff sent a reminder to complete the survey a week after the Save-the-Date. Most of the invitees to the Summit are people who actively use Immunization Information Systems. They include people who work for city and county health departments, school district health departments, private non-profit clinics, private for-profit doctors' offices, clinics, and hospitals. Other invitees to the Summit include foundation staff members. The Save-the-Date and the reminder email were also sent to the Summit's Planning Committee (representatives from St. David's Community Health Foundation, Texas Pediatric Society, Houston Area Immunization Partnership, Texas Academy of Family Physicians, Texas Medical Association, and Center for Health Training). The Planning Committee representatives were encouraged to send both the Save-the-Date and the reminder to their members and contacts.

The survey is not representative in the statistical sense. Each response represents an important view that any number of people may share. The percentages shown in the tables can act as a guide to interpreting the salience of the issues.

One hundred and twenty-nine respondents completed the survey from August 14, 2008 to September 8, 2008. The survey took about 10 to 12 minutes to complete. Sixty percent of respondents reported they were healthcare providers; 33 percent said they were in administrative or managerial positions. Among providers, 65 percent said they were registered nurses, and 22 percent were physicians.

For a more detailed description of the methodology and the full report, search the Central Texas Health Data Collaborative (<http://www.centexhealthdata.org/>). Type in any part of the title, *Framing Discussion at the 2008 Texas Immunization Summit: Findings from the Web-Based Survey*, in "Word Search."

APPENDIX II: HOW TOWN HALL MEETINGS WERE CONDUCTED

During the summer and early fall of 2008, the Houston Area Immunization Partnership and Frontera 501 conducted a series of town hall meetings across Texas to determine the priorities of the 2008 Immunization Policy Summit. Seven meetings were held in Austin, Houston, El Paso, San Antonio, Dallas, Fort Worth and the Rio Grande Valley. The goals of the town hall meetings were to determine local concerns, gather best practices, and promote the Summit while building the first-ever statewide network of Texans interested in improving immunization policies and practices. More than 200 Texans participated in the meetings.

Parents, health-care providers, state agency personnel, and representatives from hospitals, foundations, medical associations, local public health authorities, and pharmaceutical companies, and others participated in the town hall meetings. Events were scheduled at times and places convenient to the broadest range of participants possible.

Town hall meetings focused on two themes: vaccine finance and immunization information systems. Participants also had the opportunity to raise additional concerns and ideas. The meetings also afforded local communities a chance to highlight best practices and discuss the existing coalitions around Texas. Careful notes were taken at each session to ensure that emerging trends and themes could be included in the proceedings of the Summit. All participants gave their contact information, received invitations to the Summit, and helped to disseminate information about the Summit and the related Web-based survey.

For the more detailed full report, search the Central Texas Health Data Collaborative (<http://www.centexhealthdata.org/>). Type in any part of the title, *Texans Talk about How to Improve Immunization Rates in Texas*, in "Word Search."

ENDNOTES

1. Texas Department of State Health Services. *Texas Childhood Immunization Rates Hit 5-Year High in National Survey*. News Release September 4, 2008. Available: <http://www.dshs.state.tx.us/news/releases/20080904.shtml>. September 5, 2008.
2. "Welcome to Immunization Information Systems." National Immunization Program, Centers for Disease Control. Available: <http://www.cdc.gov/vaccines/programs/iis/default.htm>. September 15, 2008.
3. "What are IIS?" National Immunization Program, Centers for Disease Control. Available: <http://www.cdc.gov/vaccines/programs/iis/what-iis.htm>. September 15, 2008.
4. Institute of Medicine. *Financing Vaccines in the Twenty-First Century: Assuring Access and Availability*. Washington: National Academies Press, 2003, cited in Giffin, Robert, and K. Stratton, R. Chalk. "Childhood Vaccine Finance and Safety Issues," *Health Affairs*, Volume 23, Number 5, September/October 2004. Available: <http://content.healthaffairs.org/cgi/reprint/23/5/98>. September 5, 2008.
5. *Vaccines for Children*. Centers for Disease Control. Available: <http://www.cdc.gov/vaccines/programs/vfc/parents/default.htm>. September 10, 2008

RESOURCES

For more information on immunization, please visit the following websites:

Center for Vaccine Awareness and Research, Texas Children's Hospital
<http://www.texaschildrens.org/carecenters/vaccine/Default.aspx>

Every Child By Two
<http://www.ecbt.org/>

Houston Area Immunization Partnership
www.immunizehouston.org

Immunization Action Coalition: Vaccination Information for Healthcare Professionals
<http://www.immunize.org/>

Immunization Branch, Texas Department of State Health Services
<http://www.dshs.state.tx.us/IMMUNIZE/>

Vaccine Education Center, Children's Hospital of Philadelphia
<http://www.chop.edu/consumer/jsp/microsite/microsite.jsp?id=75918>

For online copies of this report, visit the St. David's Community Health Foundation website at
<http://sdchf.org/publications.htm>



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We keep the promise of a better life by improving health and health care for all Central Texans.

Our Mission

We work with commitment, integrity, and respect to achieve our vision in our hospitals, programs, and community partnerships.

Our Values

Compassion Community Collaboration
Innovation Stewardship



The promise of a better life.