



# Immunizations

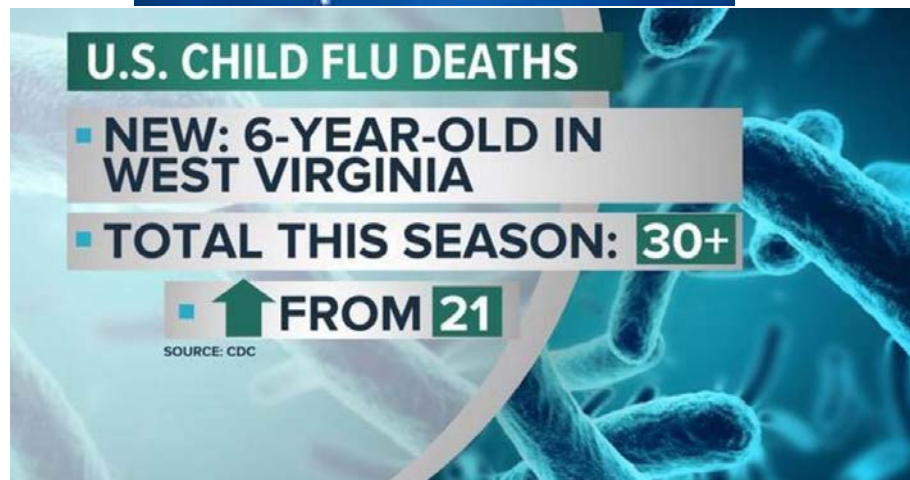
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# Immunizations

In The News

2018

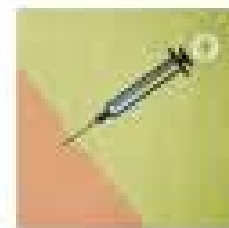


2019

CNN

Rates of unvaccinated and exempted children on the rise, says CDC

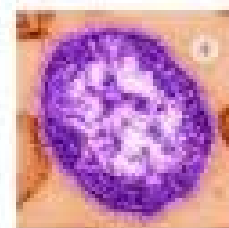
3 days ago



TIME

The Number of Children Without Vaccinations Has Skyrocketed Since 2001,...

3 days ago



# Immunizations

## Always an LCHD/CHC Focus

- Strategic Plan 2017-2019

Goal:

Improve childhood immunization rates

- HRSA/UDS/HEDIS Measures

4 DTaP, 3 polio, 1 MMR, 3 HiB, 3 Hep B, 1 Hep A  
1 chicken pox, 4 PCV, 2 rotavirus, 2 influenza

Any child that turns age 2 in a calendar year

**THEN - 2017 - 25.4%**

**NOW - 2018 - 32.6%**



### 2017-2019 Strategic Plan

HEALTHY CHOICES. HEALTHIER PEOPLE.  
HEALTHIEST COMMUNITIES.

# Immunizations

## Always an LCHD/CHC Focus



- 2017 Annual Report
  - Increase percentage of patients at age 2 & age 7 with appropriate DTaP and MMR vaccinations

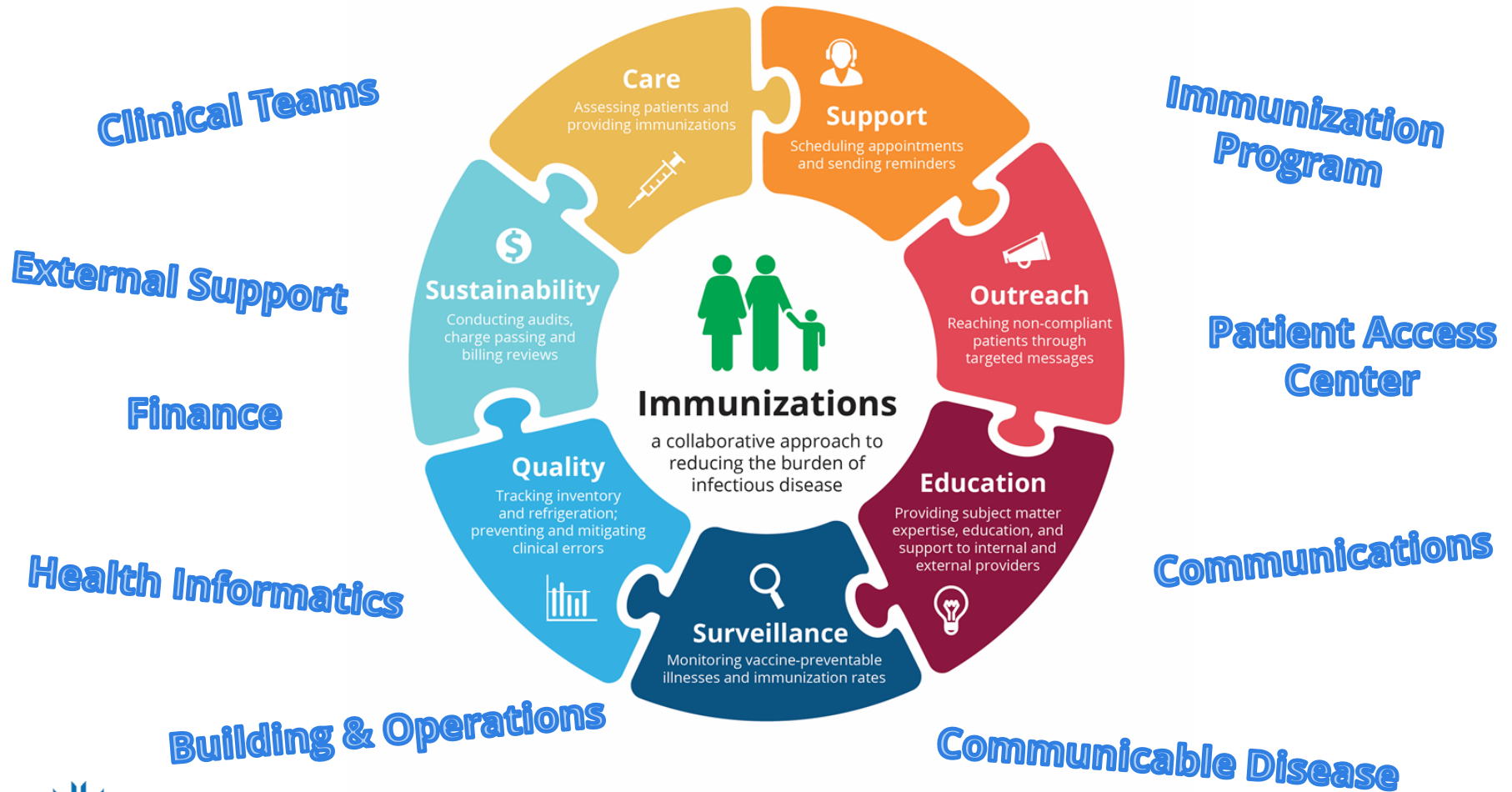
### *Prevention and Education*

GOAL	2016 ACTUAL	2017 ACTUAL	2019 TARGET
Increase the percentage of LCHD/CHC patients, age 2, with four DTaP or DPT vaccines by their second birthday <sup>†</sup>	74.6%	73.7%	80.0%
Increase the percentage of LCHD/CHC patients, age 2, with one dose of MMR vaccine by their second birthday <sup>†</sup>	92.0%	94.2%	95.0%
Increase the percentage of LCHD/CHC patients, age 7, with their booster dose of DTaP or DPT vaccine by their seventh birthday <sup>†</sup>	93.4%	93.6%	95.0%
Increase the percentage of LCHD/CHC patients, age 7, with their booster dose of MMR vaccine by their seventh birthday <sup>†</sup>	94.4%	95.0%	95.0%



# Immunization Workgroup

## Collaborative Framework



# Immunization Workgroup

## Process Improvements

### Goals

- Increase Immunization Rates
- Provide Quality Care
- Service Sustainability

01

Standardized Immunization Formulary

02

Centralized Inventory – Ordering and Tracking

03

Capital Improvements

04

Providing Immunizations in a Medical Home

# Standardized Formulary

## Then – Too Many Vaccine Choices!

- Various brands and options for vaccines
- Multiple vaccines available in Electronic Health Record
  - Caused confusion for providers when selecting appropriate vaccine
- Single vaccines utilized more than combination vaccines

***Increased risk for missed or delayed vaccinations***



# Standardized Formulary

## Now - Standardized Vaccine Products

- Reduced errors
- Increased availability of combination vaccines
- Simplified order sets in Electronic Health Record

***Improved Vaccination Rates!***





# Standardized Formulary

## **Then – Multiple Vaccine Administration Schedules**

- Varied administration schedules utilized by providers
- Challenging requirements for scheduling appointments

## **Now - Standardized Vaccine Administration Schedule**

- Consistency among providers
- Straightforward guidelines for appointment schedulers (Patient Access Center)
  - Infants under 18 months have been prioritized
- Reports generated to track patients due and behind

# Centralized Inventory

## THEN – No Central Oversight

- Clinics would order vaccines directly
  - No standard guidelines for when to place orders or how much
- Vaccines coming from only one vendor, and could not be returned if unused
- Limited communication between sites on vaccine inventory
  - Missed opportunities to transfer overstock

***Increased risk for inventory shortages and vaccine waste***

# Centralized Inventory

## NOW – Centralized Oversight

### Immunization Program Responsibilities

- Orders all vaccines for the agency & tracks shipments
- Establishes Periodic Automatic Replenishment (PAR) levels for vaccines at all clinical locations
  - minimum inventory required to ensure supply demand is met
- Monitors daily inventory counts from clinical sites
- Maintains a “Vaccine Depot” to house emergency back-up supply
  - Transports vaccines between clinical sites

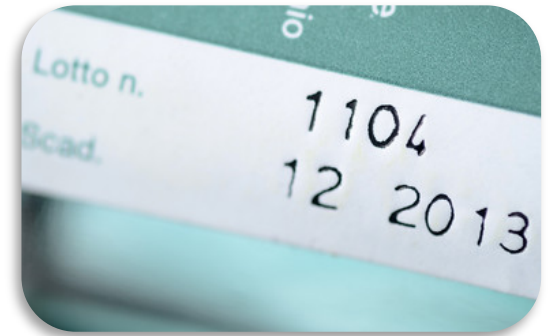
***Steady vaccine supply and improved fiscal responsibility***

# Centralized Inventory

## NOW – Standardized Clinical Roles

### Clinical Team Responsibilities

- “Vaccine Accountability Ambassadors”
  - Daily tracking of inventory and temperatures
  - Vaccine organization and monitoring of expiration dates
- Monthly inventory counts from external pharmaceutical representative
  - Serves as additional check on inventory counts



***Steady vaccine supply and improved fiscal responsibility***

# Capital Improvements

## Then – Outdated Systems and Equipment

- No real-time temperature tracking for vaccine storage

## Now – System Improvement and Asset Protection

- Refrigerator Temperature/Alarm System Upgrade
- Back-up Generators Installed at Clinic Sites
- Replacement of outdated and malfunctioning refrigerators and freezers
- Pack-out materials and training for all clinical sites





# Immunizations in a Medical Home

## Then – Stand-Alone Immunization Clinic

- Served only patients eligible for Vaccine for Children program who had external PCPs or no PCP
  - Patients of LCHD/CHC FQHC's received vaccines with PCP
- Nurse-Visit only appointments
  - Only able to bill low Medicaid fee for service rate: \$6.40
- Operated out of Waukegan location



# Immunizations in a Medical Home

## **Now – Immunizations Integrated into Patient Centered Medical Home (PCMH)**

- FQHC providers continue to immunize their own patients
- Creation of roving FQHC Immunization Clinic staffed by Immunization-focused APN and clinical team
  - Serves all children regardless of income or insurance status
  - Appointments available in Round Lake, Zion and Waukegan/North Chicago areas – Improved customer satisfaction
  - Pilot clinic demonstrated continuous low no-show rate
- Centralized scheduling through the Patient Access Center for all patients
  - Surge capacity for scheduling available through Immunization Program staff

# Immunizations in a Medical Home

## Now – Immunizations Integrated into PCMH

- Increased revenue
  - Able to bill FQHC Medicaid encounter rate of \$142.04
  - Continued access for uninsured and underinsured
- Immunization Program – Public Health Assurance
  - Oversees inventory and ordering
  - Conducts audits and provides training
  - Provides quality assurance
  - Outreach to private providers to encourage uptake of vaccinating in a medical home

# Our Future

- Improve childhood immunization rates
- Increased revenue
- Greater accessibility
- Clear message that immunizations are part of comprehensive health care



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HealthDepartment



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