

Summary of IKK Research Results

A. Overview

Following suggestions and directions from the project management team and from the steering committee, project staff focused their research activities on five areas:

- 1) The first area concerned who provides immunizations in Kansas. This research was meant to expand our knowledge about the shortage of private practitioners in Kansas who provide immunizations to their clients. Project staff first linked individual primary care practitioners to the clinics where they operate. This information was then used to contact all the clinics asking questions about their procedures to administer immunizations or to refer clients to local health departments. This effort created a census of immunization points of service in the state that can be used in the future to monitor access gaps and assess the results of interventions aimed at increasing the number of practitioners who immunize their clients. The full report can be found at <http://www.immunizekansaskids.org/reports/ClinicsSurveyReport.pdf>.
- 2) The second area focused on the cost and financing of immunization relative to reimbursement. This research examined the costs for providers to administer some childhood vaccinations and compared them to the reimbursement that providers receive for those services. It also calculated an approximate total costs for delivering immunizations to children in the state. The full report can be found at <http://www.immunizekansaskids.org/reports/FinancingReport.pdf>.
- 3) The third research area focused on immunization financing across the nation. This research reviewed financing models for selected states. It also examined whether some common policies or practices could explain why some states have been consistently more successful than others in maintaining high immunization rates in their children. The full report can be found at http://www.immunizekansaskids.org/reports/Financial_Part_2.pdf.
- 4) The fourth study was centered on real and perceived barriers for parents and providers to deliver timely immunizations to children. This study was based on in-depth interviews with physicians and parents to discuss what they perceive as barriers to immunizations. Analysis of those data is pending.
- 5) The fifth study aimed at examining immunization rates among children in private clinics that provide immunizations on site with rates in similar clinics that refer their clients elsewhere (usually to local health departments). The goal is to measure the effect in Kansas of a child's having a medical home on the timeliness of vaccination delivery. This study is still ongoing.

B. Low Private-Sector Participation

- Every county has at least one local health department clinic providing immunizations.
- In 12 counties we were unable to identify any private clinic offering primary care to children.
- Two hundred seventy seven (65 percent) of 424 primary care clinics in the state offered immunizations to pediatric clients.
- In 49 counties we identified no private provider offering immunizations to children.
- Private clinics in counties with 600 or more children ages 0 to 5 are more likely to offer immunizations. The odds of being a clinic that offers immunization services are 12.1 times greater in counties with 600 or more children compared to counties that have fewer than 600 children. This may be the result of the need for many private providers of a minimum “critical mass” of potential immunization recipients to justify the investment in infrastructure, training and supplies that is necessary to provide immunizations in their offices.
- Clinics in urban or semi-urban counties and medium or large clinics also are more likely to provide immunizations.
- Potential access barriers include the fact that just 51 percent of private providers who offer immunizations to children also administer free vaccine available under the Vaccines for Children program. The national average is 81 percent. Also, less than 60 percent of private clinics that provide immunizations accept Medicaid or State Children Health Insurance Program (SCHIP) clients.
- Based on findings from this study and other published literature, Kansas ranks among the lowest seven states in the country for private share of vaccination activities.

C. Costs & Reimbursements for Vaccines and Vaccination

- Information on the cost of childhood vaccination activities is incomplete, fragmented, and scattered across agencies, which represents a barrier for analytical and planning purposes.
- Spending on the series of immunizations recommended for Kansas children from birth through 3 years of age was at least \$16.5 million in 2006 – and likely more than that.
- After taking into account the direct cost of vaccines and the reimbursement received from private and government payors, most physician practices that vaccinate insured children don’t appear to be losing money doing so, because their vaccine reimbursements exceed their costs. Wide variations of reimbursement by insurance carrier and vaccine type were observed.

- Payments for vaccine administration are usually below projected costs. Therefore while private physicians may not lose money when they purchase their vaccines, in general they do not recover the full cost of operating an immunization program in their offices. Just like the reimbursement for direct vaccine costs, wide variations by insurance carrier and vaccine type were observed. Contrary to a common belief, Medicaid payments for vaccine administration are higher than payments from many private carriers.

D. Immunization Funding in States that Succeed

- Eleven states (referred to in this report as “exemplary states”) whose immunization rates have been consistently high were studied.
- High immunization rates are not associated with one particular program, specific practice or financial arrangement.
- States that purchase and provide vaccine for every child, even those with private insurance (“universal purchasing” states), do not necessarily have higher rates of vaccination than others. However, half of the 14 states that have some form of universal purchasing program ranked in the top quartile for immunization coverage over a period of five years, while less than 30 percent of states with the most limited free vaccine program ranked in the same group. While the vaccine purchasing mechanism alone cannot explain differences in state performance, it could be one of multiple components that support the achievement of higher immunization rates in some states.
- Several of the exemplary states we studied try to incentivize providers, not parents.
- Immunization registries are at different points of development across exemplary states. The effect of immunization registries on immunization rates in these states was unknown at the time of the study.

E. Barriers to Providers, Parents

Analysis of this qualitative study, based on interviews, is pending.

F. Medical Homes and Timely Immunization

This study, of the effect that a child’s having a private medical home has on the timeliness of vaccinations, is pending.