



Benefits to Health Plans and IPOs*

Immunization registries are automated tracking systems offered free of charge to California health care providers. America's Health Insurance Plans (AHIP) supports the use in all states of immunization registries, calling them "natural partners" for health plans. AHIP cites evidence that registries are a valuable tool for reducing costs of both immunization service delivery and HEDIS® reporting.¹ A growing number of California health plans are participating and reaping the benefits. Immunization registries have a proven track record in saving costs and improving childhood immunization rates.

A national *Healthy People 2010* objective is to have the immunization histories for 95% of children under age six years in a registry. As of 2005, registries nationwide have an average of 48%.² California trails the national average at just under 30%² in its nine regional registries.³

California's Challenge

From 2006 to 2009, California's nine regional registries are being linked electronically to each other and to large provider organizations, greatly increasing data exchange throughout the state and rapidly increasing the proportion of children in the system. However, the full benefit of the registry will only be realized when it is fully populated. Collaboration among California's immunization registries, health plans, and provider organizations is key to our mutual success.

An estimated 80% of immunizations in California are given in private-sector medical offices. Health plans and provider organizations are well positioned to help gain participation from their member providers.

This brief demonstrates how health plans stand to benefit from registries through reduced costs, increased efficiency, and access to data for HEDIS® performance measures, while suggesting strategies to increase provider participation and therefore increase value to all.

I. Health plans increase efficiency, reduce costs for HEDIS®

- Eliminate redundancies, duplication and waste
- Streamline HEDIS® annual reporting

Evidence

- The estimated annual cost of maintaining a child in an immunization registry is \$3.90. In contrast, practices without a registry spend about \$14.50 per child per year to manually retrieve, review, update, and refile a patient's record.⁴
- The cost of collecting immunization data for annual HEDIS® reporting is estimated to be \$35 per manual chart pull. Each plan would save up to \$30,000 per year if data were extracted from the registry.⁵
- Kids with incomplete immunization histories can receive needless and expensive clinic visits and duplicate vaccines. Registry participation can significantly decrease the chances of over-immunizing plan members. Redundant immunizations for toddlers have been estimated at 23%.⁶ Not having to repeat shots saves an estimated \$1.1 million in California.⁷



California Statewide
Immunization
Information System



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www.immunizeca.org

* Independent provider organization



II. Improve immunization coverage and plan competitive standing

- Automated reminder systems get patients back in, on time, for shots
- Increase patient and parent satisfaction
- Improve immunization coverage measures

Evidence

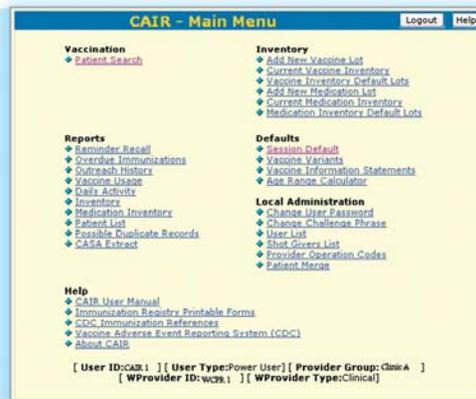
- San Bernardino and Riverside Counties saw significant jumps in coverage rates from 1999-2002 when two health plans joined their registry. Molina Health Plan's rates for toddlers increased by 24% and Inland Empire Health Plan saw a 15% increase in toddler immunization rates.⁹
- Utah's Intermountain Health Care (IHC) and other health plans participating in their state registry increased HEDIS[®] immunization measures from 65% to 80% between 1999 and 2003.¹⁰
- A 2006 15-state survey revealed high satisfaction among private sector provider offices using a registry. Ready-to-print immunization record cards were cited by over 8 in 10 respondents as a "very important" benefit.¹¹

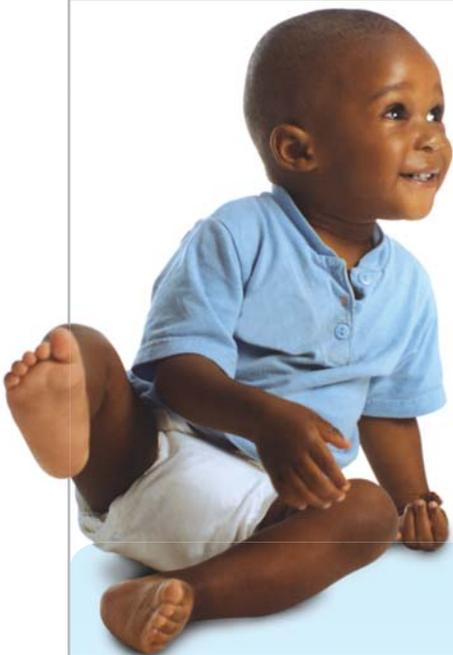
III. Improve quality of care

- Rapid electronic access to immunization records
- Provide current recommendations and information on new vaccines
- Quickly access consolidated records as patients switch providers or plans

Evidence

- An in-depth report on three California immunization registries demonstrated a 30% to 50% increase in staff productivity after the practice began using the registry.⁸
- Immunization registries are vital to disaster and emergency preparedness to safeguard patient histories. In 2005, thousands of children displaced by Hurricane Katrina required their immunization records to enter school in their new locales. Immunization registries in the affected areas made it possible to transmit children's records to their new medical homes across the U.S.
- Southern California's Kaiser Permanente registry rapidly determined that only 4 children out of 15,000 vaccinated had received a certain lot of vaccine identified in a recall notice. Thousands of children were spared the pain of unnecessary repeat immunizations. And, Kaiser realized substantial savings by not having to reimmunize all the children.⁸





How can California's health plans help get more providers on board?

Registries lack the resources to inform, recruit, and enroll all California health care providers in a timely manner. Health plan support will help. Your institution's financial or in-kind contribution will benefit your providers, your HEDIS® rates, your bottom line—and keep California kids healthy.

Use this check-list to see how to channel resources to advance registry participation among your network providers.

Offer Performance incentives

- Offer financial bonus to providers who join the registry.
- Encourage registry participation. Offer direct financial incentives per shot given on schedule and entered in the registry. Some plans do this already. See the Integrated Healthcare Association website www.ihc.org for information on California's "Pay for Performance" initiative.
- Contribute funds or other resources to regional registries to support provider recruitment and training.

Provide In-kind support

- Offer new computers, or reimbursement for computer upgrades tied to registry use.
- Pay for Internet Service.
- Supply personnel (or reimbursement) for initial historical data entry to get complete records entered into the registry.
- Reimburse the postage costs for patient reminder postcards.

Promote the registry among your network providers

- Distribute promotional materials or sponsor a seminar.
- Put an article about registry participation in your health plan newsletter
- Promote the registry's vaccine inventory reporting to any providers enrolled in the Vaccines for Children (VFC) program. Registry use to track inventory will assist VFC providers in preparing for California's Fall 2006 rollout of automated vaccine reporting (VMBIP).
- Publicly recognize provider offices and medical staff successfully using the registry as "registry champions."

Be registry-ready!

- Use facility site reviews to help assess your providers' technical readiness for the registry. An immunization registry technical readiness assessment form is available under the "Registry Staff & Stakeholders" tab at www.ca-siis.org.
- Market vaccine inventory function to providers as a way to track costs.

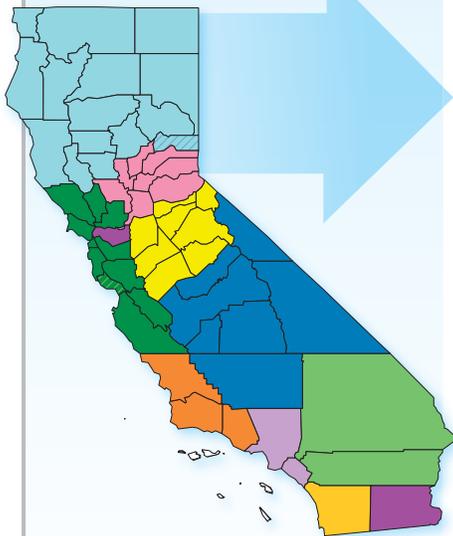
Collaborate with registries

- Contact the immunization registry nearest to you at www.ca-siis.org.
- Work with your regional registry to plan promotional activities for your network providers.
- Be a registry champion. Speak to others in the community or present at industry meetings. Publish data documenting your plan's coverage improvements after joining the registry.

For a map of California's regional immunization registries and contact information in your area, visit www.ca-siis.org.

Don't stop there.

Health plans are well-positioned to encourage registry participation in other ways.



References

- 1) America's Health Insurance Plans (2004). Immunization registries boost rates and improve quality. *AHIP Coverage* Nov-Dec 2004. Washington DC.
- 2) Centers for Disease Control and Prevention (2005). Immunization registry standards of excellence in support of core immunization program strategies. *Morbidity and Mortality Weekly Report*, November 18, 2005, p. 1156-7.
- 3) California Department of Health Services, Immunization Branch, (2005). Unpublished information from regional immunization registry progress briefs summary report, January – June 2005.
- 4) National Vaccine Advisory Committee (January 1999). Development of community and state-based immunization registries. Centers for Disease Control and Prevention, National Vaccine Program Office, Atlanta GA.
- 5) Boyer, J. Western Health Advantage Personal Communication, January 26, 2004 [Calculation based on 400+ charts for 2-year olds and 400+ charts for 7th graders at an average cost of \$35 per chart for each of California's 22 Medi-Cal Managed Care plans.]
- 6) Feikema SM, Klevens RM, Washington ML, Baker L (2000). Extra immunization among US children. *Journal of the American Medical Association*, 282:1311-17.
- 7) The birth cohort population is 538,000 (Department of Finance, 2004), half of whom are insured by Medi-Cal and other State safety net programs. Based on a 23% rate of redundant immunizations administered annually to toddlers in the U.S. (Feikema, op cit) at 2 extra immunizations per child and \$9.00 administration fee per immunization, the estimated total cost of over-immunization is \$1,114,000. Avoidance of over-immunization may also reduce outpatient visits for immunizations, the costs savings of which are not included here.
- 8) Fontanesi J (1999). University of California at San Diego. Presentation at the National Immunization Conference, 1999. As cited in All Kids Count (2004). *Immunization registries: Improving health and health care*.
- 9) California Department of Health Services, Immunization Branch, (2003) unpublished information from regional immunization registry progress briefs.
- 10) Zavolinsky J (2004). Immunization registries boost rates and improve quality. *AHIP Coverage* Nov-Dec 2004. America's Health Insurance Plans.
- 11) Clark SJ, Cowan AE, and Barlett DL (2006). Private provider participation in statewide immunization registries. *BMC Public Health*, 6(1) 33-40.

