



IHS Partnerships for Improving Immunization Services for American Indians/Alaska Natives

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Overview

- ▶ Historical Perspective: Indian Health Service (IHS) - Tribal Government Relationship
- ▶ Population Served
- ▶ Trends in Immunization Coverage
- ▶ Practice Challenges and Opportunities
- ▶ Improvement Initiatives/Partnerships

IHS-Tribal Government Relationships

- ▶ A unique government-to-government relationship exists between American Indian/Alaska Native (AI/AN) Tribes and Federal Government
- ▶ Relationship is grounded in the Constitution, numerous treaties, statutes, and executive orders.
- ▶ The U.S. recognizes the rights of Indians to self-governance and self-determination.

Indian Health Service

- ▶ Part of the Department of Health and Human Services-- since 1955
- ▶ Federal health care provider for eligible AI/ANs
 - ▶ Member of federally recognized tribes
- ▶ Healthcare to 1.9 million active users
 - ▶ FY 2015 - CA User Population - 89,591
- ▶ Per capita healthcare expenditures*:
 - \$1,600 (IHS) - \$3,900 (Medicaid)
 - \$3,800 (Prison) - \$5,200 (VA)

*Source: U.S. Medicine May 2005

<http://www.usmedicine.com/article.cfm?articleID=1071&issueID=7>

AI/AN Demographics

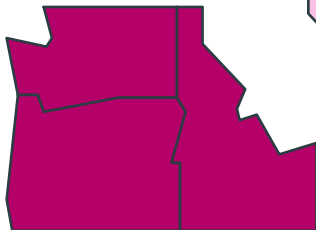
- ▶ 561 **federally recognized** tribes ... 104 in California
- ▶ IHS offers services in 35 states
- ▶ 2010 Census: 5.2 million AI/ANs
 - ▶ 2.9 million AI/AN only
 - ▶ 2.3 million AI/AN in addition to other race
- ▶ **Mostly urban**
 - ▶ 36% live on reservations
 - ▶ 64% live in urban areas

* Source: Census 2010,
<http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>

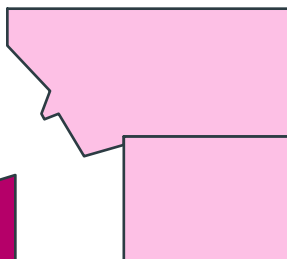
IHS Areas



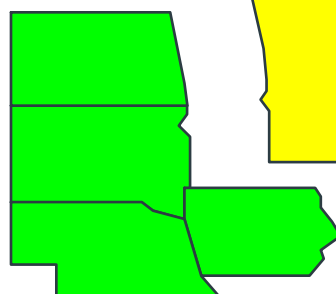
Portland



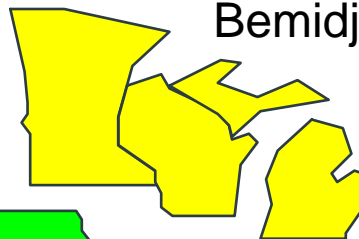
Billings



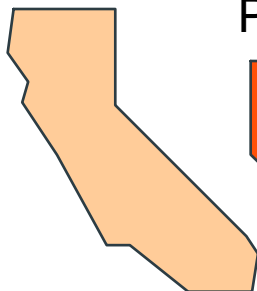
Aberdeen



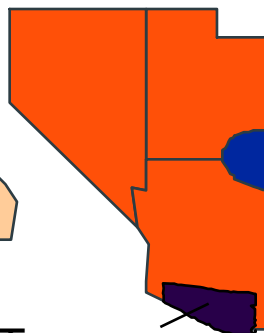
Bemidji



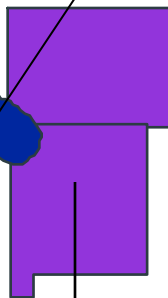
California



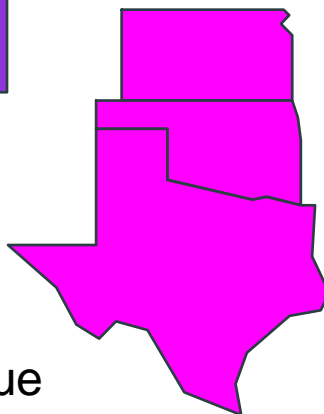
Phoenix



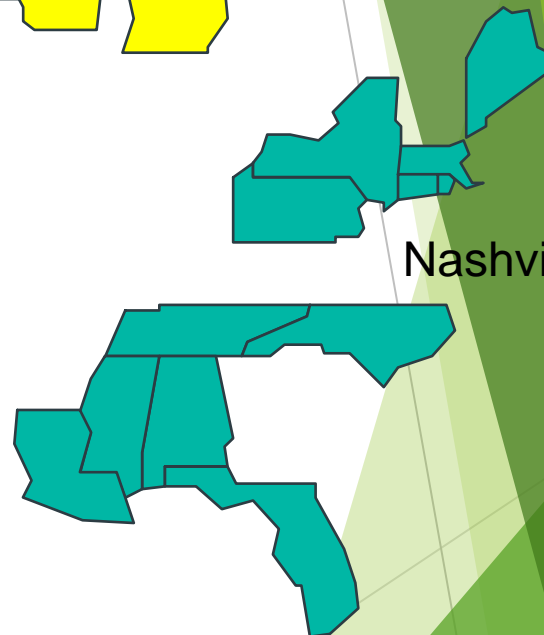
Navajo



Oklahoma



Nashville



Tucson

Albuquerque



Alaska

IHS/Tribal/Urban

- ▶ Indian Health Service facilities
 - ▶ Funded and managed by IHS
 - ▶ CA Area - no IHS Direct-Care facilities
- ▶ Tribal facilities
 - ▶ Funded by IHS; managed by individual Tribe
 - ▶ CA Area - 33 Tribal
- ▶ Urban Indian programs
 - ▶ Funded in part by IHS, but not managed by IHS
 - ▶ CA Area - 8 Urban programs
- ▶ Bottom Line:

Of the 676 facilities funded by IHS, only 21% are directly managed by IHS

California Tribal Healthcare Programs, Satellite Clinics, and Urban Indian Health Organizations



Considering the Evidence of Infectious Disease Risk

- ▶ Despite progress, approximately 42,000 adults and 300 children in the United States die each year from vaccine-preventable diseases.*
- ▶ Communities with pockets of unvaccinated and under vaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases
- ▶ Evidence that rates of infectious disease are higher in American Indian/Alaska Native children than among their non-native counterparts in the United States**

*Source: Healthy People 2020 Immunization and Infectious Diseases Overview

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=2>

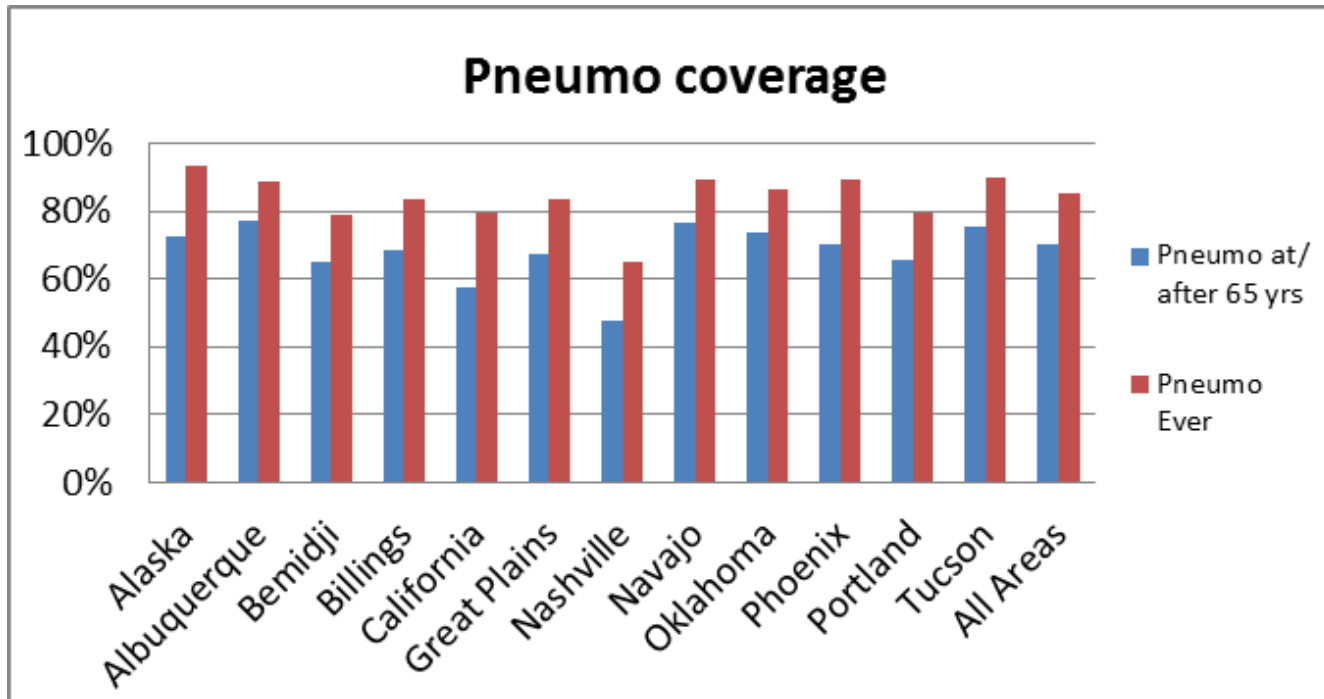
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**Holman RC, Curns AT, Cheek JE, Singleton JE, Anderson RJ , & Pinner RW. (2003) Infectious disease hospitalizations among American Indian and Alaska Native infants. Pediatrics;111(2) E176-E182.

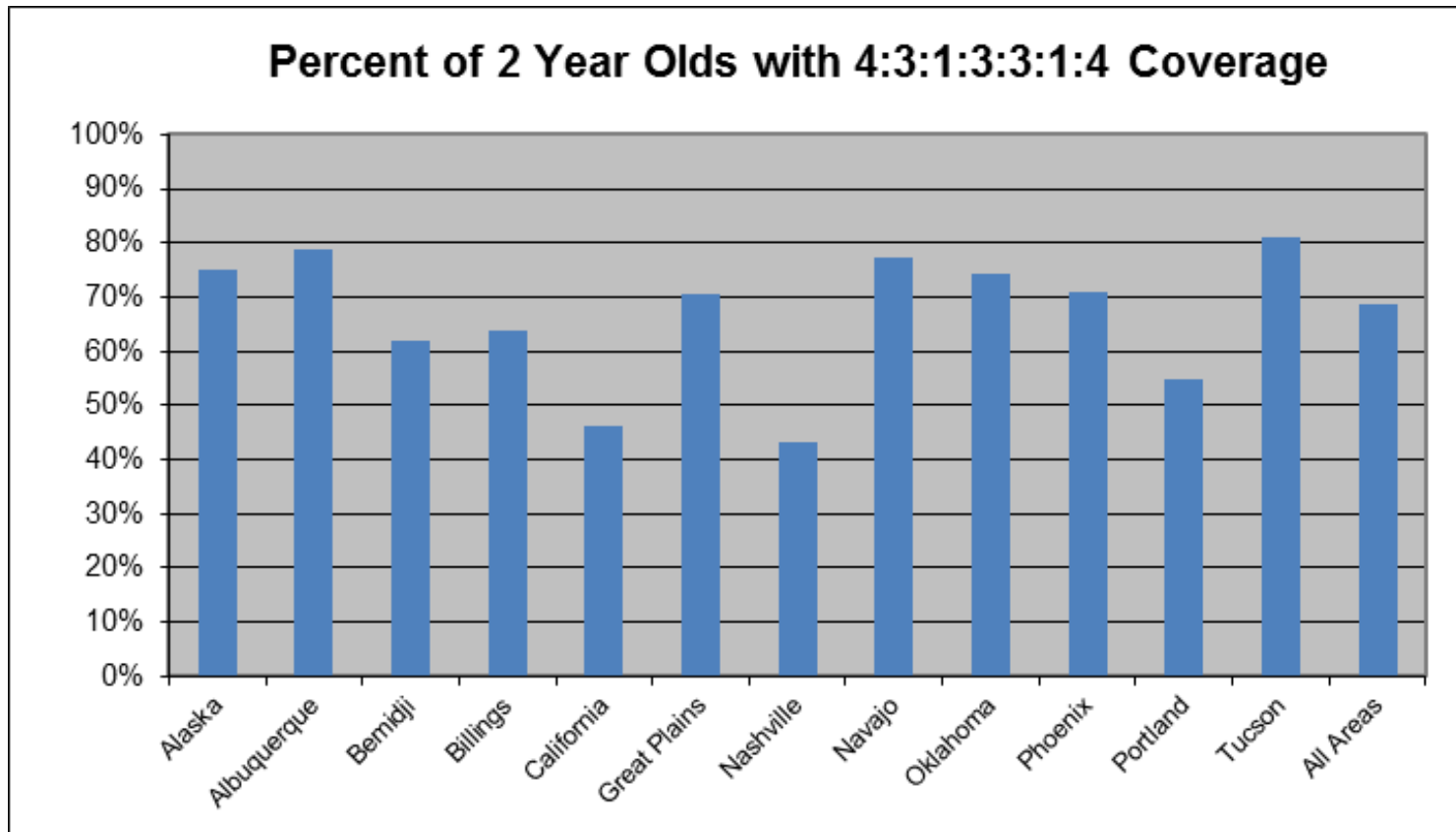
IHS/Tribal/Urban: Reported Immunization Coverage



IHS-Wide Adult Pneumococcal Vaccine Coverage

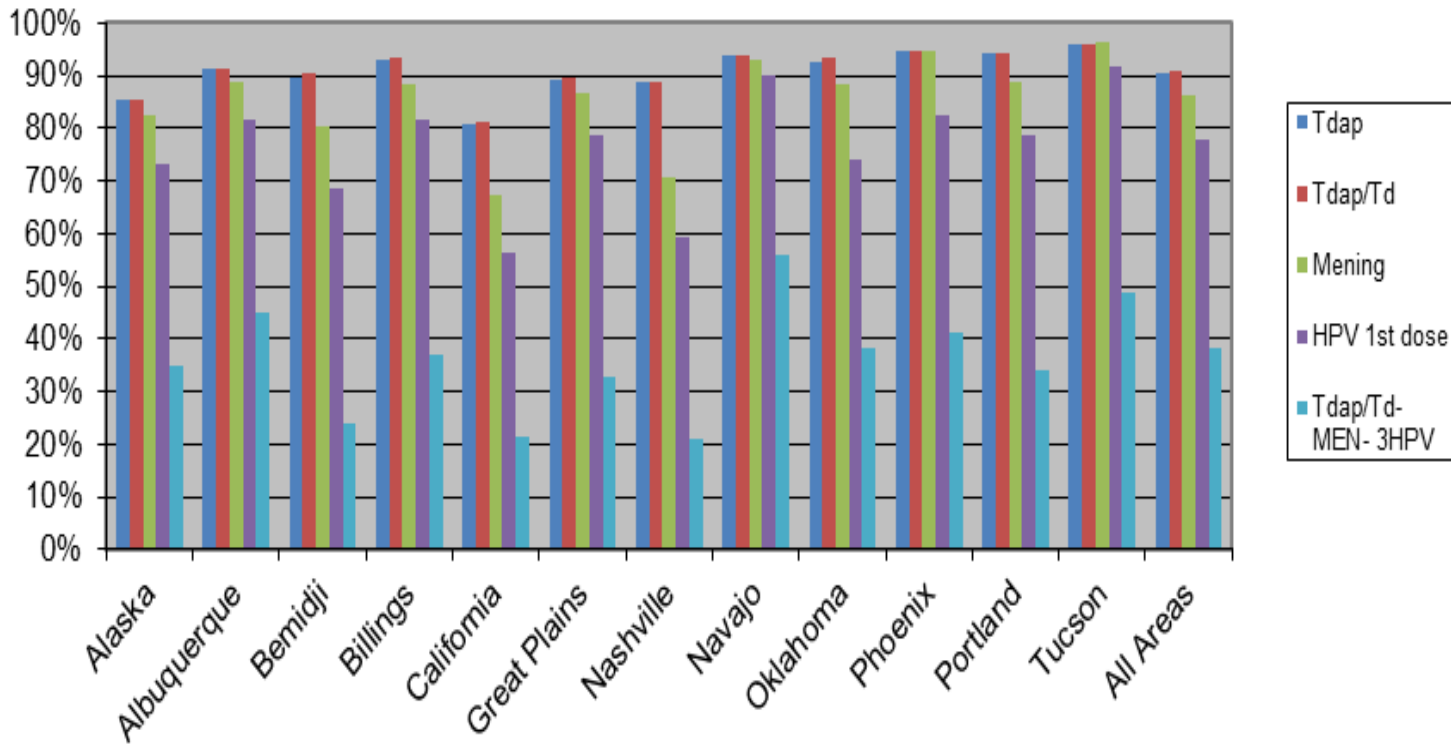


IHS-Wide Data: Percent of 2 year olds with 4:3:1:3:3:1:4 Coverage

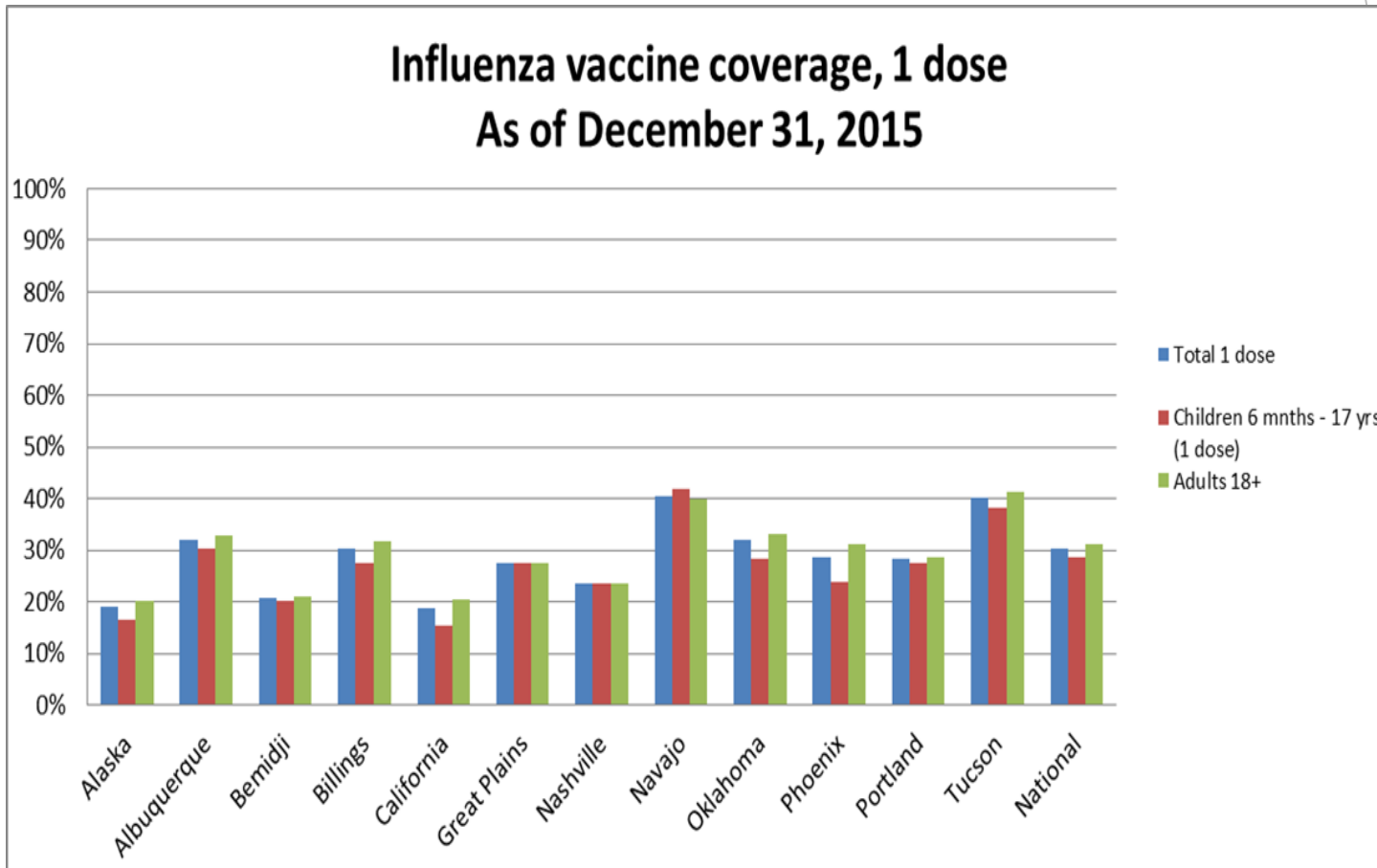


IHS-Wide Adolescent Immunization Coverage

Immunization Coverage for 13 year olds

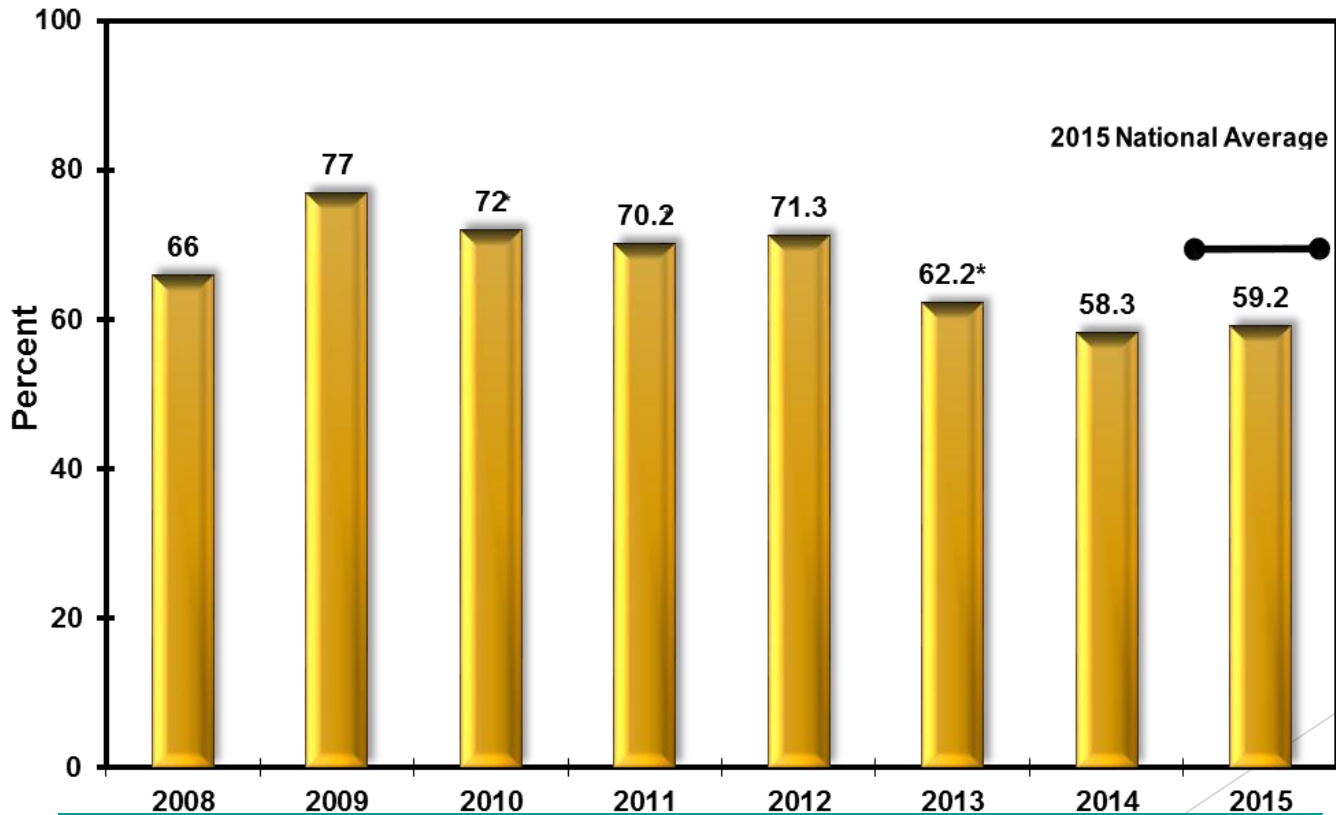


All IHS Area, 1 dose Influenza Vaccine Coverage



CA Area AI/AN Immunization Coverage Trends

California Area IHS Childhood Immunization GPRA Results



* Varicella vaccine added to childhood immunization series in FY 2010 and four pneumococcal conjugate vaccines in 2013.

Practice Challenges and Opportunities

Challenges

- ▶ AI/AN children - immunized by outside providers
- ▶ High staff vacancies/turnover
- ▶ Limited resources for staff development
- ▶ Competing healthcare priorities
- ▶ Workflow processes often lacking

Opportunities

- ▶ Committed Staff
- ▶ AI/AN children eligible for Vaccines for Children (VFC) services
- ▶ IHS immunization registry and Electronic Health Record (RPMS)
- ▶ Access to CAIR/SDIR Registries
- ▶ Strong Immunization Stakeholder Partnerships
- ▶ Government Performance and Results Act (GPRA)

Healthcare Records Management

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the page, creating a modern, layered effect. The text is centered on the white background to the left of these shapes.

Resource and Patient Management System (RPMS)

- ▶ Essentially an electronic medical record
- ▶ Used by all IHS facilities and many tribal facilities
- ▶ Data are stored at the facility-level
- ▶ Data are not shared between facilities

RPMS Immunization Package

- ▶ Created in the 1980's
 - ▶ One of the earliest “registries”
- ▶ Information entered into the package is integrated into other health information in RPMS
- ▶ Functions include:
 - ▶ Tracking and forecasting
 - ▶ Immunization coverage reports
 - ▶ Reminder/ recall letters
 - ▶ Due lists
 - ▶ Doses Administered Report

IHS Supported Immunization Practice Strategies

- ▶ Use of practice protocols
- ▶ VFC Registration and policy compliance
- ▶ Follow CDC Recommendations for Practice
- ▶ Patient reminder letters and education
- ▶ Consistent documentation, tracking and reporting
- ▶ Annual continuing education for staff
- ▶ Use of EHR clinical reminders
- ▶ Partnering with local, county, state and federal entities to enhance practice

Using Technology to Communicate and Engage

- ▶ **California Area Office Immunization Webpage** links to CDPH, CDC and IHS Epidemiology Program Websites
- ▶ **CAO hosts weekly virtual EHR “Office Hours”** for providers and IT support staff - information sharing and discussion
- ▶ **RPMS Training:** Satellite, web-based, and in person training on for RPMS software users
- ▶ **CA Area based IHS GPRA Support Team** hosts monthly webinars targeting Area and national provider audiences - opportunity to showcase/promote immunization “Best” practices
- ▶ **IHS National Immunization Program-** hosts virtual practice training and updates

Using Technology and Visual Images for Communicating Immunization Messages

- ▶ The following resources are developed for use with American Indian/Alaska Native Audiences and are accessible through the IHS website <https://www.ihs.gov/Epi/>:
 - ▶ **Good Health TV** - Native American TV Programing for Patient education
 - ▶ **ShotBYShot.org** - Site hosts shared personal stories of vaccine preventable disease <http://www.shotbyshot.org/>
 - ▶ Pharmaceutical-sponsored **Vaccine Reminder Programs** - AI/AN specific messages
 - **Public Service Announcements** - Culturally-considerate
 - **Lifespan immunization posters** - developed by CDC in collaboration with IHS staff and Tribal stakeholders

The background features abstract, overlapping green geometric shapes in various shades, including light lime green, medium green, and dark forest green. These shapes are primarily located on the left and right sides of the slide, framing the central white area.

IHS/California Area Immunization Initiatives

The IHS Immunization Data Exchange Initiative

GOAL:

- An electronic two-way exchange between IHS Immunization Registry and State Immunization Registry
- ▶ Software technology built to CDC standards

IHS supports the use of Immunization Registries as a critical “Tool” for increasing and sustaining vaccination coverage.....

- ▶ **A Healthy People 2020 objective is to increase to 95% the proportion of children aged <6 years who participate in fully operational, population-based immunization registries**
- ▶ **The IHS Strategic Plan includes language to develop and support ongoing data sharing relationships, such includes exchange of immunization data with state immunization registries.**

IHS Data Sharing Policy*

- ▶ Under HIPAA, sharing immunization data with state registries is permitted
- ▶ An IHS policy memo states -- sharing data with state registries is permitted and encouraged
- ▶ However, no requirement for IHS or tribal facilities to share data with states

“disclosures made pursuant to a routine use are discretionary, not mandatory”

*Available at:

http://www.ihs.gov/medicalprograms/epi/health_issues/vaccine/lmm_Data_Sharing.pdf

Engaging Partners

- ▶ IHS Interface Guide
 - Available to IHS, State Immunization Registry and CDC partners
- ▶ IHS Immunization Program Manager and Area Immunization Coordinators serve liaisons to State Immunization Registry staff

Impact of Exchanging Data with State Immunization Registry

Provides opportunity for collaboration and data sharing:

- ▶ Patients see multiple providers, some not participating in the registry
- ▶ Comprehensive records often requires manual double data entry...resource intensive
- ▶ Patients frequently receive care outside of Tribal service area

Immunization Data Exchange: CA Area Progress

- ▶ RPMS/CAIR data exchange testing currently underway:
 - ▶ 12 of the 18 RPMS-using Tribal health programs; one site in production stage.
 - ▶ Southern Indian Health - 1st CA Area RPMS user to exchange immunization data bi-directionally with a State Registry.

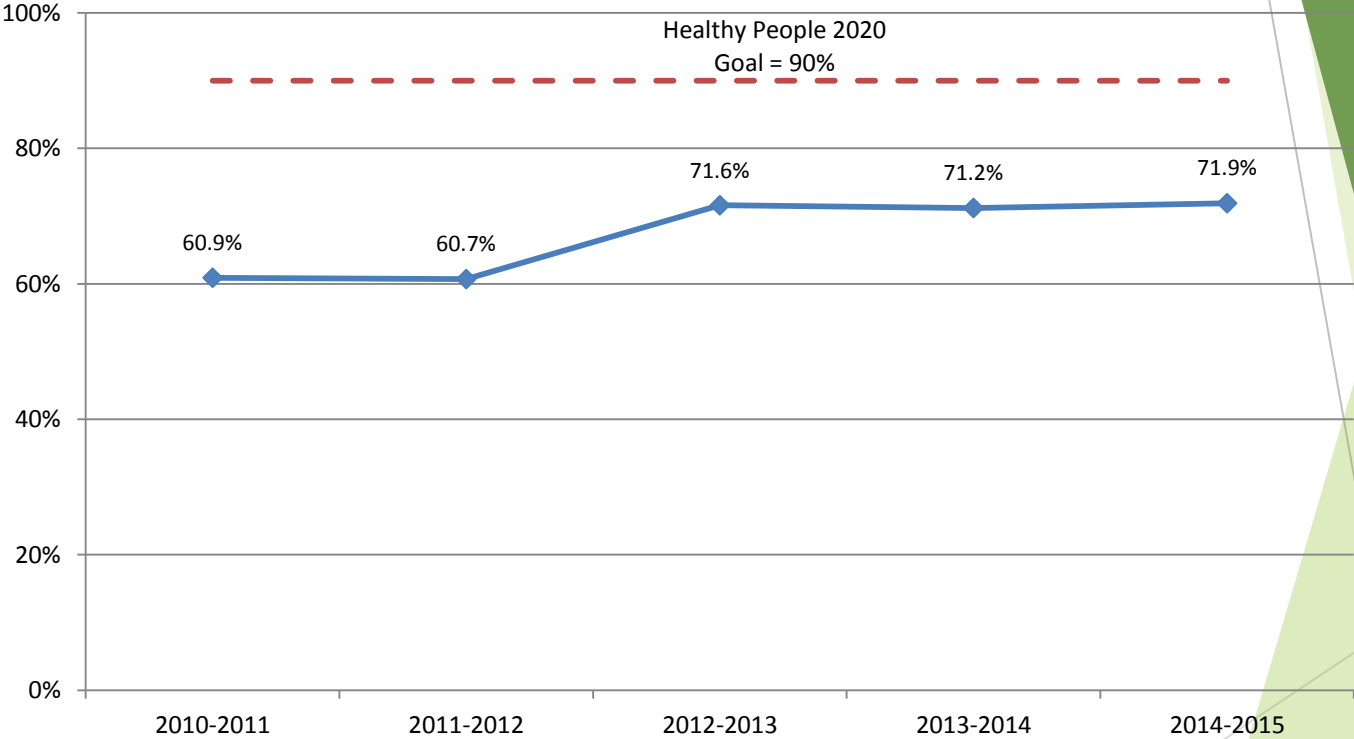
IHS Influenza Awareness System (IIAS) Initiative

- ▶ Public Health Surveillance system implemented in 2009 after H1N1 pandemic
- ▶ Monitors IHS/Tribal and Urban healthcare organizations' reported Influenza-like-illness activity
- ▶ The surveillance system tracks doses by vaccination type, age group, number of doses, by clinic
- ▶ Weekly IIAS seasonal influenza surveillance reports are available on the IHS Flu Website - www.ihs.gov/flu

IHS Healthcare Personnel (HCP) Influenza Vaccination Initiative

- ▶ **HP 2020 Objective calls for 90% Seasonal Influenza Vaccination Coverage for Healthcare Personnel**
- ▶ **IHS collects HCP seasonal influenza vaccination reports from IHS, Tribal and Urban organizations through on-line reporting site; monitors coverage activity**
- ▶ **Policy and Guidance for tracking and reporting data are located on the IHS FLU website at <http://www.IHS.gov/flu>**

Influenza Vaccine Coverage among Healthcare Workers* California Area, Flu Seasons 2010-2015



*** Healthcare personnel defined as all employees, contractors, volunteers and students working in IHS healthcare facilities**

Successful Partnerships

- ▶ Establish ongoing immunization liaison with IHS Area Office and site-based immunization coordinators
- ▶ Involve all parties “team approach”....IT, clinic, outreach staff
- ▶ Engage Tribal and Urban Indian health program staff in immunization coalition efforts
- ▶ Include Area Tribal and Urban Indian Health clinics in consideration for immunization awards & activities

IHS Web Resources for Immunization Partners:

- ▶ Indian Health Service website:
<https://www.ihs.gov>
- ▶ California Area Indian Health Service
website: <https://www.ihs.gov/california>
- ▶ Indian Health Service Influenza website:
<https://www.ihs.gov/flu>
- ▶ IHS Division of Epidemiology and Disease
Prevention website:
<https://www.ihs.gov/epidemiology>

Acknowledgements

- ▶ IHS National Immunization Program Manager/CDC Assignee - Amy Groom, MPH
- ▶ IHS National/ Former Immunization Data Exchange Coordinator/CDC Field Assignee - CDR Cecile Town, MPH
- ▶ IHS/CAO Executive Leadership
- ▶ IHS/CAO, National GPRA Support Team
- ▶ IHS/CAO Office of Public Health Staff/Registry Interface Team
- ▶ CDPH Immunization Branch Staff
- ▶ CAIR and SDIR Registry Data Exchange Staff
- ▶ California Immunization Coalition Leadership



Thank you!

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