

# Provider Knowledge and Practice: Local Public Health Perspective

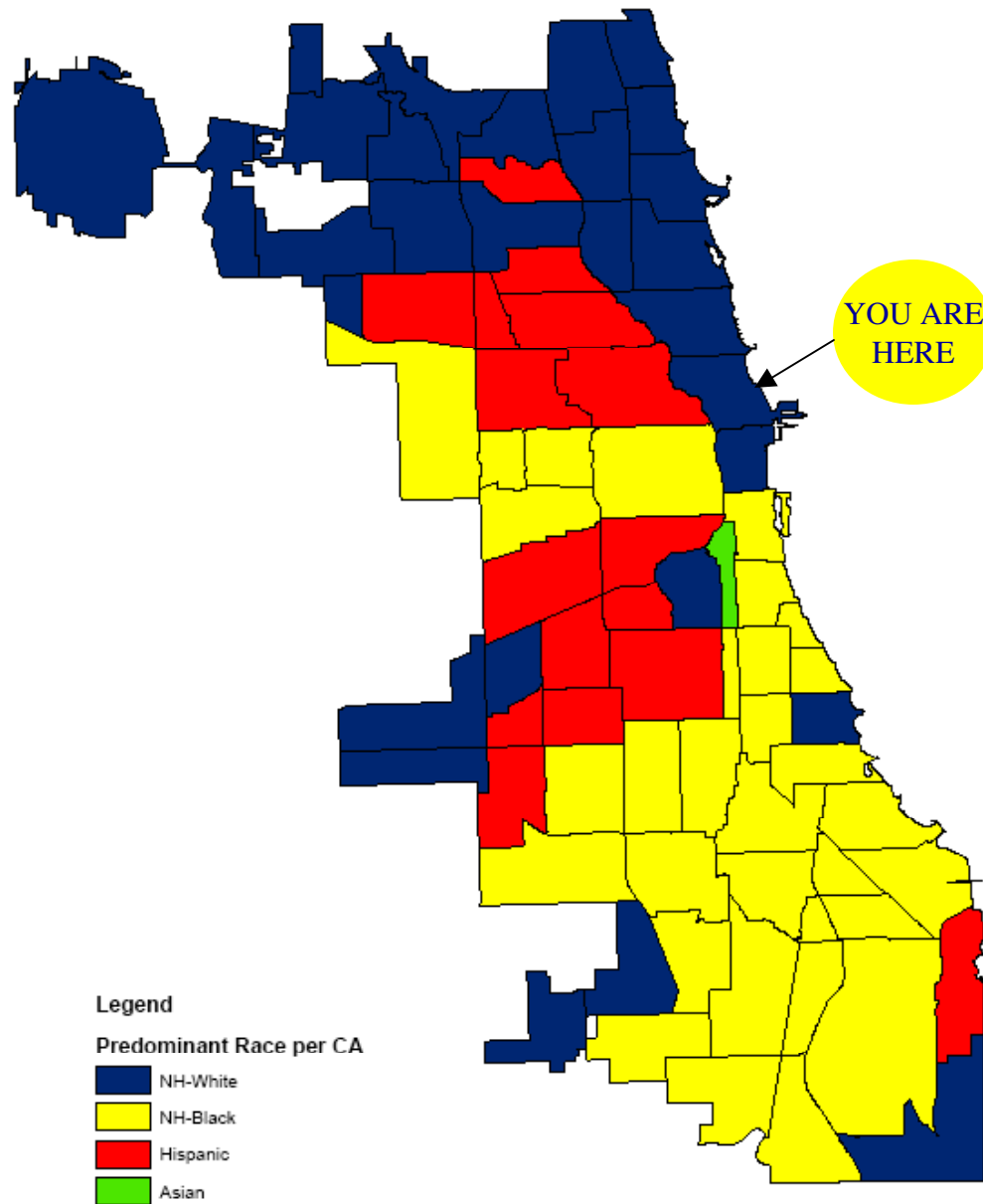
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Population = 2,896,000



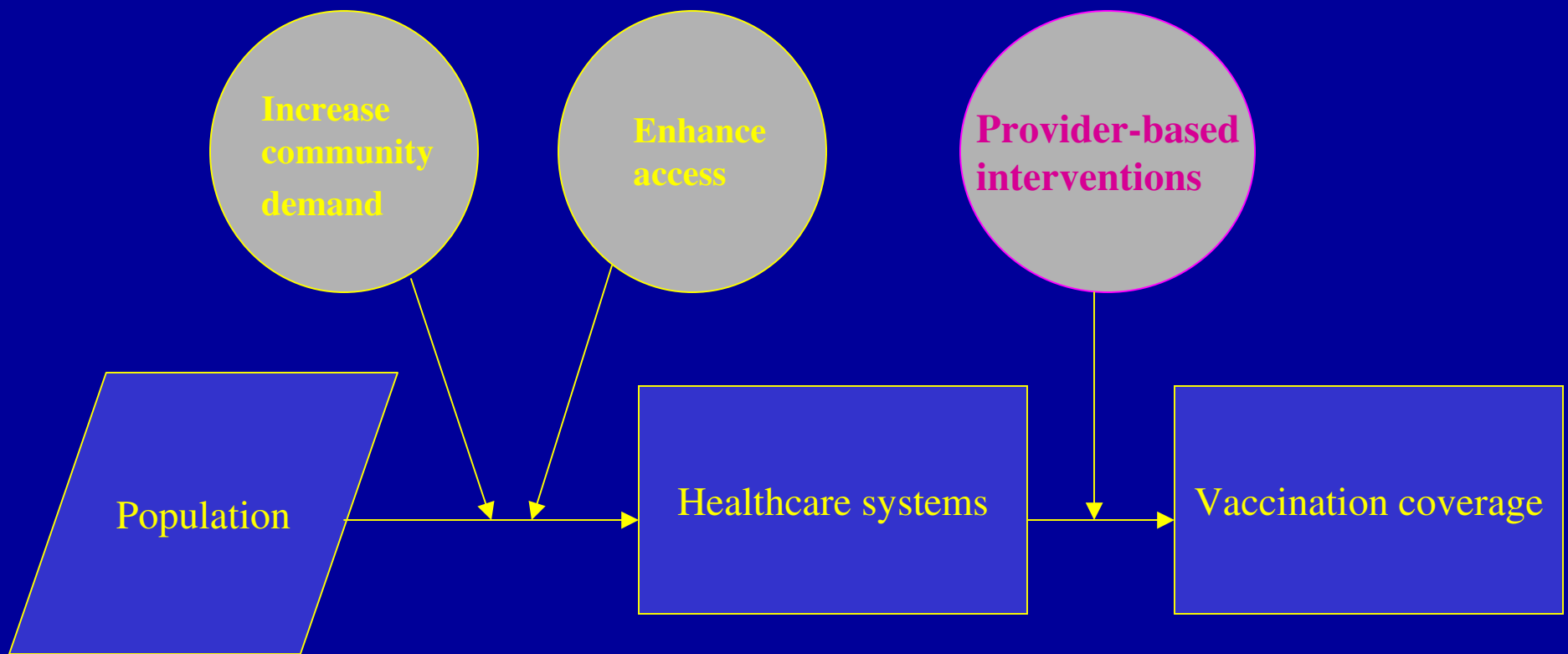
Source: United States Census Summary File, 2000

# Chicago Neighborhoods, by Race

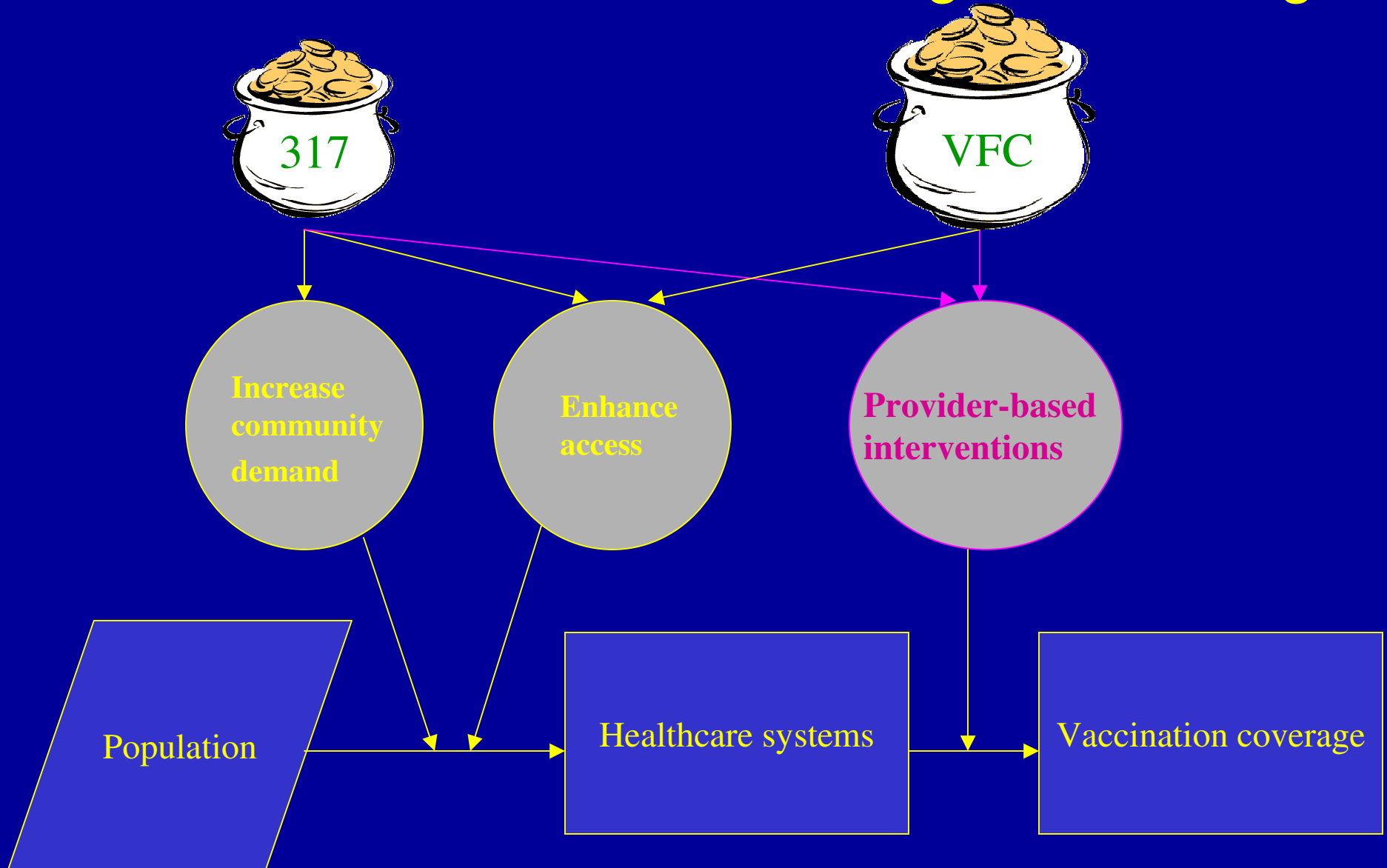


Source: United States Census Summary File, 2000

# Chicago's Approach to Improving Immunization Coverage Levels



# Childhood and Adolescent Program Funding



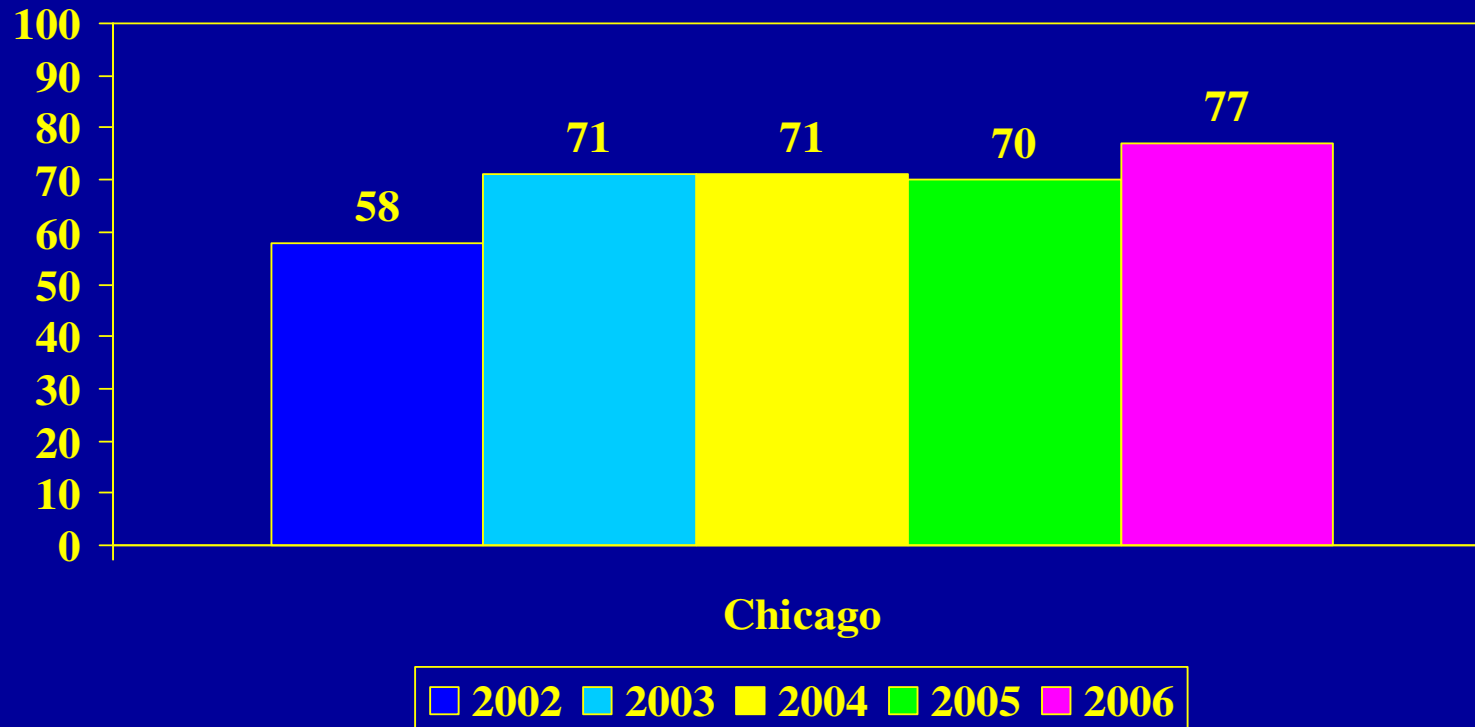
# Required Provider-based Interventions

- Chicago VFC Program
  - Half-day regional meetings for all clinics
    - No attendance = No vaccine
  - Assessment, Feedback, Incentives and eXchange (AFIX)
    - FQHCs: 100%, annually
    - Private providers: 33%, annually

# Optional Provider-based Interventions

- Partnership with Illinois AAP
  - In-office education program
  - Large-group seminars
    - Hospital Grand Rounds
    - Medical assistant training
    - Office manager training

# Vaccination Coverage\* among Children 19-35 m, Chicago, 2002-06

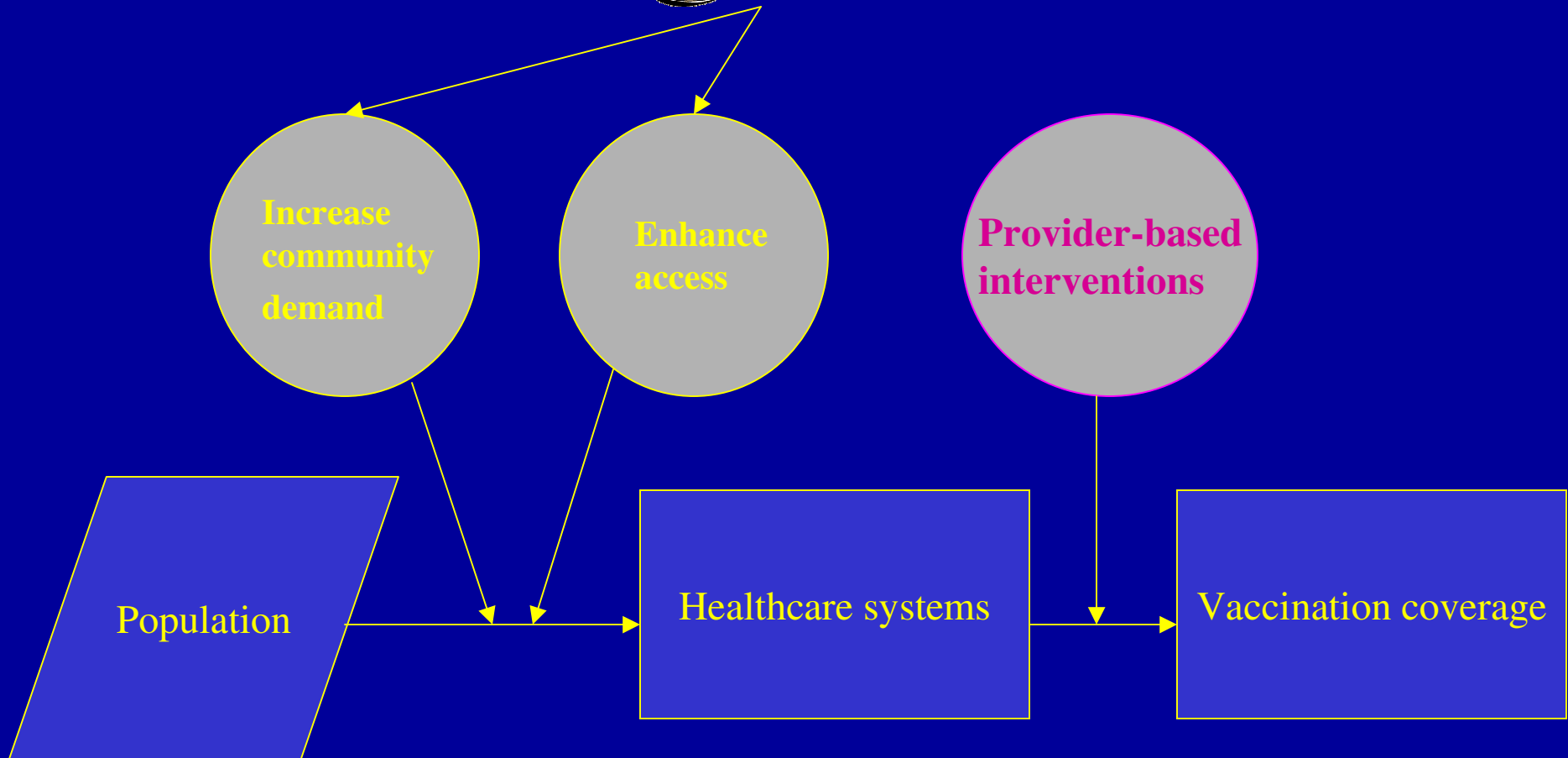


\* 4DTP/DT:3Polio:1Measles:3Hib:3HepB:1Varicella

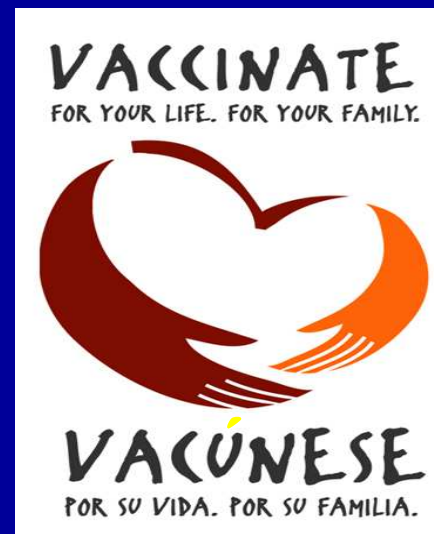
# Conclusions

- Provider-based interventions contributed to increased childhood immunization coverage levels
  - Provision of vaccine coupled with educational programs is a successful model
  - Continued 317 and VFC funding are necessary to sustain provider-based activities

# Adult Program Funding



# Impact of Provider-Based Interventions on Influenza Coverage Levels among African American and Hispanic Seniors: The Chicago READII Experience



# Provider Intervention

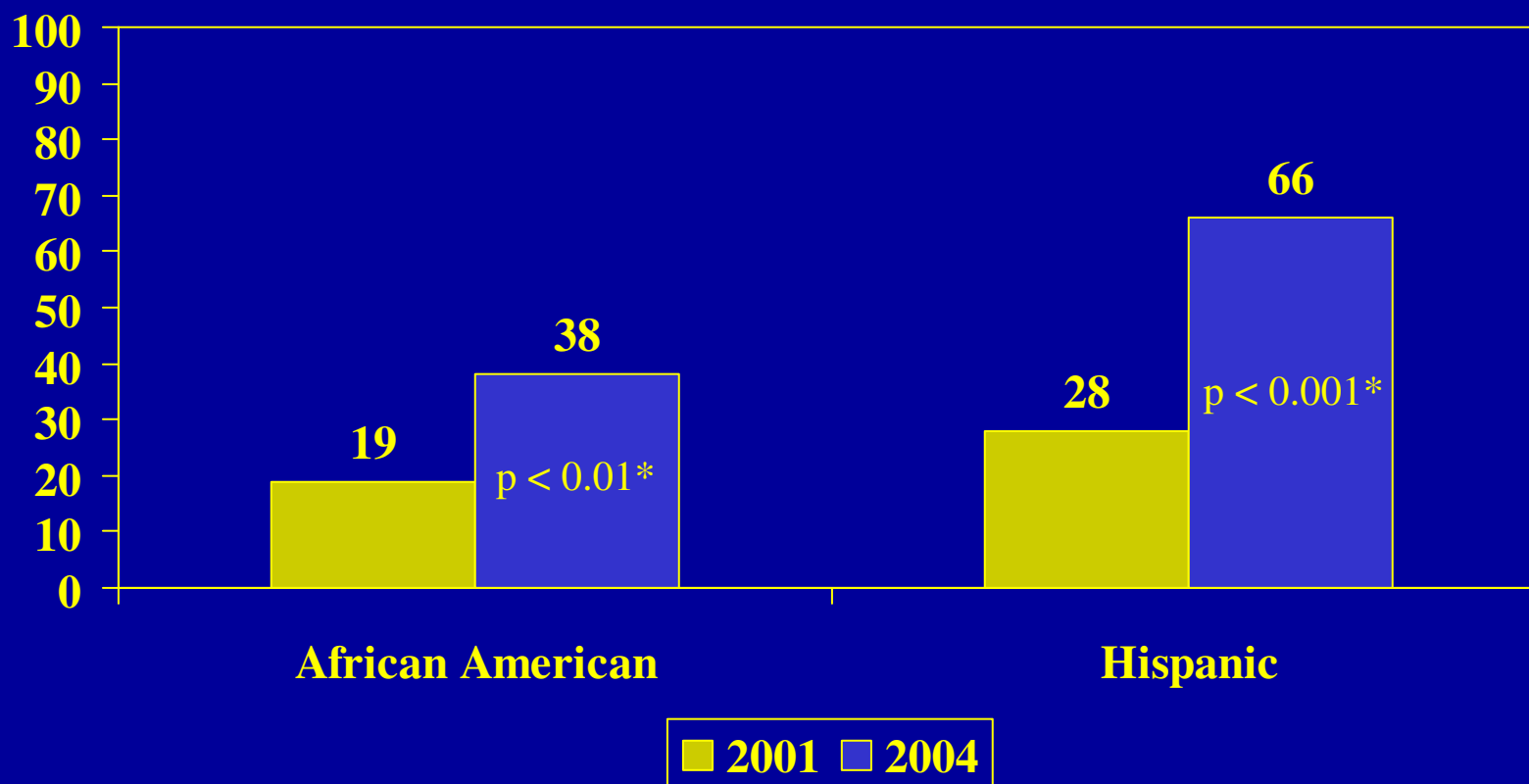
	Assessment	Feedback	Incentives	eXchange
Chicago Dept. Public Health (CDPH)	<ul style="list-style-type: none"><li>•Coverage determined by ACASA*</li></ul>	<ul style="list-style-type: none"><li>•Coverage levels</li><li>•Clinic-specific strategies</li></ul>	<ul style="list-style-type: none"><li>•Vaccine</li><li>•Certificates</li></ul>	<ul style="list-style-type: none"><li>•Newsletters</li></ul>
Illinois Foundation for Quality Health Care (IFQHC)			<ul style="list-style-type: none"><li>•CEUs</li><li>•CMEs</li><li>•Resource materials</li></ul>	<ul style="list-style-type: none"><li>•Group learning sessions</li><li>•Tele-conferences</li></ul>

\*ACASA = Adult Clinic Assessment Software Application

# Vaccine as an Incentive

- Initial recruitment efforts unsuccessful
  - \*\*Lack of vaccine identified as a barrier\*\***
- CDPH offered free vaccines to clinics for patients  $\geq 65$  years of age

# Influenza Coverage Levels, Pre and Post Intervention by Population Served, Chicago



\* Paired t-test

# READII Observations

- AFIX approach effective in improving coverage levels in clinics providing healthcare to adults
- Provision of vaccine is a *critical* component of provider-based interventions
  - Incentive for provider participation in educational programs
  - Eliminated one barrier to improving adult immunization coverage

# Conclusion

- For adult immunization programs to achieve the success of childhood programs, sustained investment in vaccine and infrastructure is required