

Addressing Low Immunisation Coverage in CSDGP

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Key Messages:

- Under-reporting to the ACIR contributes to low immunisation rates in Central Sydney Division of General Practice.
- Under-reporting to the ACIR is an important clinical and public health issue.
- General Practices in CSDGP can implement effective systems to improve their immunisation coverage rates.
- Improvement require implementation of multiple strategies and commitment of senior staff or management.
- The financial benefits of reporting to ACIR outweigh the costs involved.
- General practices with low immunisation coverage rates should seriously consider reviewing their systems for reporting to the ACIR.

Background and Problem Analysis

Collectively the general practices in CSDGP have the 6th lowest childhood immunisation coverage rate in the state: 83.4% compared with 87% in NSW and 88.5% nationally (ACIR, November 2005). This situation is common to many inner-urban areas in Australia

However, in a survey of the parents of 640 children identified as incompletely immunised at 12-24 months of age by the Australian Childhood Immunisation Register (ACIR), the NCIRS¹ demonstrated that in reality:

- 54% of those living in *capital cities* were “definitely immunised”.
- 57% of those living in *inner urban areas* in capital cities were “definitely immunised”.
- children living in capital cities were significantly more likely to be “definitely immunised” than those living in rural areas ($p < 0.0001$).

Anecdotal reports from general practitioners in CSDGP contribute similar findings. GPs report that when an audit of children’s medical records is conducted, of those recorded as “overdue” for immunisation on the ACIR, reports 40-60% have actually been immunised by the GP but the vaccination was not reported to ACIR.

Why should GPs bother about reporting to the ACIR?

These results indicate that low immunisation coverage figures in CSDGP may be due to under-reporting rather than poor uptake of immunisation by parents. It follows that, by improving reporting systems to the ACIR GPs should be able to:

- improve the immunisation coverage rate of their practice.
- access valuable immunisation incentive payments.
- easily identify children who are actually overdue for immunisation and recall these children, thereby improving the number of children who are protected from harmful diseases.
- ultimately improve the quality of the data on the ACIR which will provide more accurate statistics to inform health planning decisions.

Strategies to improve immunisation coverage¹

Strategy	Actions Required
Senior staff (eg. principal GP, practice manager) prioritise improving immunisation coverage and immunisation reporting system.	<ul style="list-style-type: none"> • Discuss immunisation coverage and review latest GPII statement at staff meeting. • Review financial incentives available for improved coverage (business case below).
Designate one staff member to be responsible for reporting to ACIR, data cleaning and following up overdue children.	All practices are different. Staff who perform data cleaning and ACIR reporting may be: practice nurse, receptionist, practice manager or a GP.
All staff (clinical and administrative) proactively check if a child has been immunised, even if the child presents for another reason.	<ul style="list-style-type: none"> • Immunisation reminder posters in waiting room. • Reception staff ask about immunisation status in waiting room. • GPs and practice nurses routinely ask about immunisation status during consultations.
Proactively report vaccinations given by other providers.	<ul style="list-style-type: none"> • When a new patient presents ask parents for blue book and report all vaccinations previously given to the ACIR. • If a child is returning from overseas find out if immunisations were given outside Australia and report them.
Develop a systematic approach to reporting all immunisations given at your practice to the ACIR.	<p>a) <u>Practices using online claiming</u> Check with your software provider and ensure you are utilising the facility for automatic reporting to ACIR.</p> <p>b) <u>Fully computerised practice</u></p> <ul style="list-style-type: none"> • All GPs record all immunisations given in clinical software (eg. Medical Director) • At the end of the week the staff member responsible for reporting to ACIR prints a list of immunisations given that week, logs into ACIR website and records all immunisations given. <p>c) <u>Partially computerised practice (eg. with Broadband internet)</u></p> <ul style="list-style-type: none"> • Receptionist puts purple ACIR form in front of patient notes and gives to GP or nurse when patient presents for consultation. • GP/nurse completes purple form following consultation. • At the end of the week the staff member responsible for reporting to ACIR logs-in ACIR website and records all immunisations given.

¹ These strategies were consistently identified by the clinical and administrative staff in CSDGP practices with very high immunisation coverage rates (n=9 interviews; mean coverage rate: 93.8 %). Practices of varying sizes were selected; the whole patient equivalent of children aged 0-7 ranged from 103 to 975. Interviews were conducted by the CSDGP immunization project officer in late 2005.

Strategy	Actions Required
	<p>d) <u>Non-computerised practice</u></p> <ul style="list-style-type: none"> • Receptionist puts purple ACIR form in front of patient notes and gives to GP or nurse when patient presents for consultation. • GP/nurse completes purple form following consultation. • At the end of the week the staff member responsible for reporting posts all purple forms to ACIR.
<p>Routinely reconcile the due/overdue reports available from ACIR with practice records and report vaccinations that have been completed.</p>	<ul style="list-style-type: none"> • Ensure the practice receives the quarterly GPII020A report form ACIR. • When the report arrives, staff member responsible for reporting progressively checks patient files (paper and/or electronic) to see if immunisation has been done. <p>The GPII020A and other due/overdue reports are available for downloading from the Medicare Australia website. CSDGP can advise you which reports would suit your needs. Contact Naomi Morton: 9752 4919.</p>
<p>If immunisation has been done report to ACIR by your preferred method</p>	<p>ACIR accepts reports by the following methods:</p> <ul style="list-style-type: none"> • purple forms • secure website • phone • write details of immunisation on GPII020A report and fax to ACIR • print list of immunizations given from Medical Director, GP signs and fax to ACIR
<p>For patients identified as unimmunised, implement a reminder system to help GPs and practice staff to identify these patients during routine consultations .</p>	<ul style="list-style-type: none"> • Use reminder flags in Medical Director or other clinical software. • Paper system: put relevant page of GPII020A report in front of patients' file or use brightly coloured sticker in file. • Regularly print a list of children overdue for immunization and post behind reception desk. Receptionist to raise immunisation if parents ring the surgery.
<p>For patients identified as unimmunised, implement a recall system.</p>	<ul style="list-style-type: none"> • Practice staff or GP phones parents of children overdue for immunisation. • Generate a reminder letter and post to parents (see sample text in appendix 1). • Other novel ideas are SMS or email reminder systems.

Is GPII financially worthwhile?

The average practice in CSDGP misses out on **\$ 3 556.60** annually by not adequately reporting to ACIR.

This figure is based on the following reasoning:

Current Position:

- Whole Patient Equivalent: n=200
- 83% coverage rate: 17% "unimmunised"
- 17% of 200: n=33

Of the n=33 showing as "unimmunised" on the ACIR, 57% (n=18) have actually been vaccinated but the immunisation has not been reported¹:

- assume that 50% (n=9) of these children were immunised at your practice
- income generated from reporting these to ACIR (\$ 24.50 x 9): \$ 220.50

(NB. There is no additional income generated from reporting a child who has been immunised by another provider. However, if you have seen the child his/her immunisation status will contribute to your practices' coverage rate. Therefore, reporting immunisations done elsewhere makes it easier to reach the target coverage rate of > 90%).

Of the n=33 recorded as "unimmunised" on the ACIR, 43% (n=14) are truly unimmunised³. Of these, if a recall letter or reminder phone-call is made to the child's parent 44% (n=6) will return for the immunisation²:

- Medicare billing for n=6 immunisations (Items 36+10990 = \$64.85 x 6): \$ 389.10
- GPII Payment for reporting these immunisations to ACIR (\$24.50 x 6): \$ 147.00

New Position:

- Additional n=15 immunisations have been reported to ACIR.
- Total number fully immunised children n=182
- Revised immunisation coverage rate: $182/200 = 0.91 = 91\%$
- GPII outcomes payment per WPE for achieving coverage > 90% (\$3.50 quarterly ie. \$14.00 annually x 200 WPE) \$ 2800.00

Total income generated: **\$ 3556.60**

The above figures will differ depending on the number of children aged 0-7 in your practice and your current coverage rate. Contact Naomi Morton at CSDGP for assistance in working out these numbers for your practice. Ph: 8752 4919.

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Hercules Street Family Medical Practice: Ms Ada Mok, Dr Charles Mok

Inner West General Practice: Mr Des Clarke, Ms Tracey Jaggard, Ms Syliva Lavis, Ms Amanda McKee

Wetherill Street Health Centre: Ms Jenny Graham

References

¹Hull, B., Lawrence, F., MacIntyre, C. & McIntyre, P. (2003). Is low immunisation coverage in inner urban areas of Australia due to low uptake or poor notification? *Australian Family Physician*, 32: 1041-3.

²Lieu et. al. (1998). Effectiveness and cost-effectiveness of letters, automated telephone messages or both for underimmunised children in a health maintenance organization. *Pediatrics*, 101(4).

Appendix 1: Sample patient recall letters

Dear parent/guardian,

The Australian Childhood Immunisation Register (ACIR) has informed us that: _____
_____ DOB _____ has not been fully immunised according to ACIR current records.

The following vaccinations appear incomplete:

It is our usual practice to notify you of this if the above child has attended this surgery in the past 12 months.

If you believe that your child has received the above vaccines and wish to update his/her details on the Australian Childhood Immunisation Register (ACIR), please bring the supporting documentation (eg. your "blue book" or other vaccination record) to the surgery and we will notify the register of the appropriate changes to your child's vaccination history. (Regulations require that the doctor must sight the appropriate documentation prior to making a notification to the ACIR).

Alternatively, if your child is not up-to-date with his/her vaccinations, please make an appointment with a doctor for this to be done as soon as possible.

It is advisable that you telephone the practice on _____ to make an appointment for either of the above services. Any consultations relating to childhood immunisation are "bulk-billed" through Medicare.

Yours faithfully,

Dr etc.