

# Let's Get Out of the Office:

Expanding the Role of Private Providers to Meet  
Community Needs

Immunization Action Coalition

Carolyn Cook

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Tacoma-Pierce County

**Health Department**

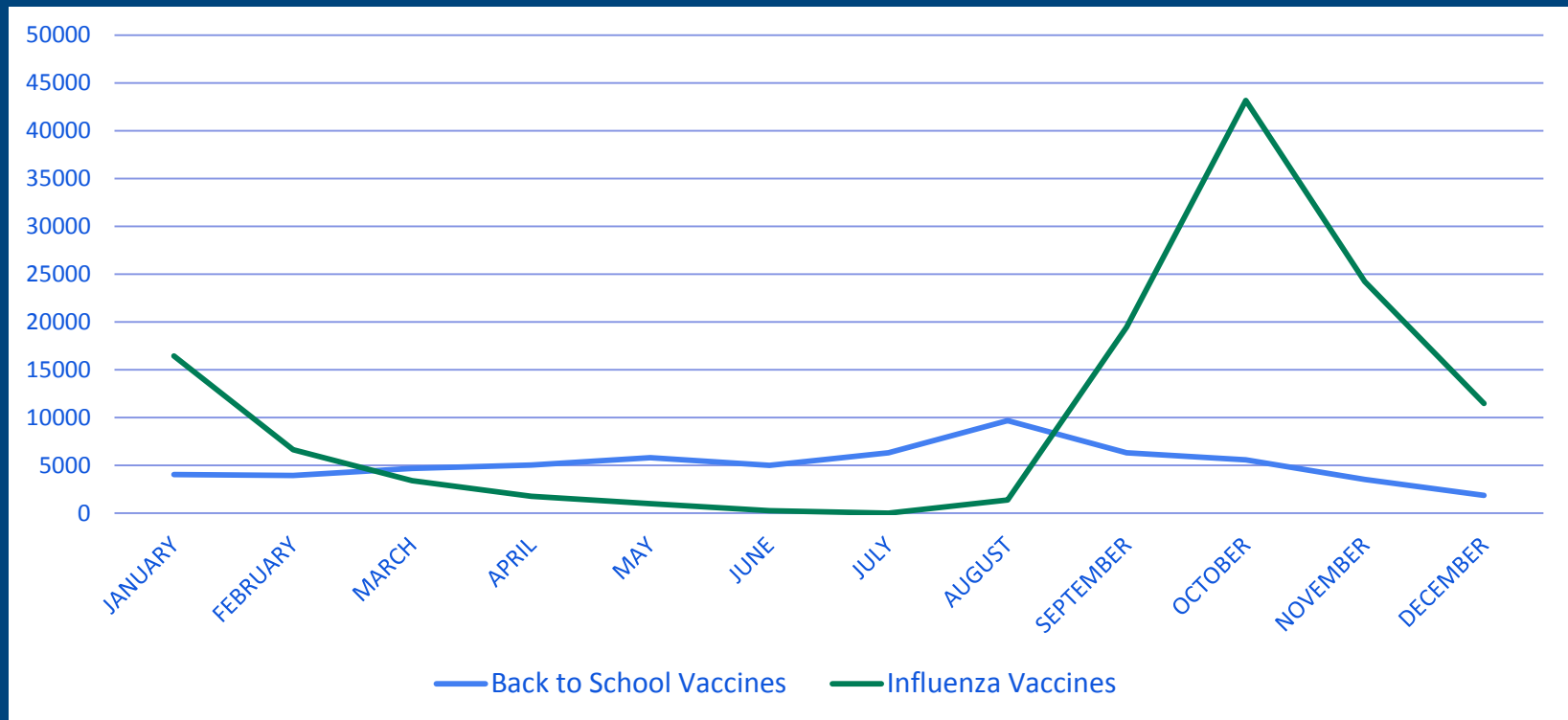
*Healthy People in Healthy Communities*

# Overview

- Vaccine use for children varies throughout the year.
- Highest usage is from late August through December.
- We working to develop ways to meet community needs for children's vaccination that are:
  - Innovative
  - Financially sustainable
  - Provider led



# Influenza and Back to School Vaccinations, Annual Average, 2012-2014, Ages 3-18 years, Pierce County



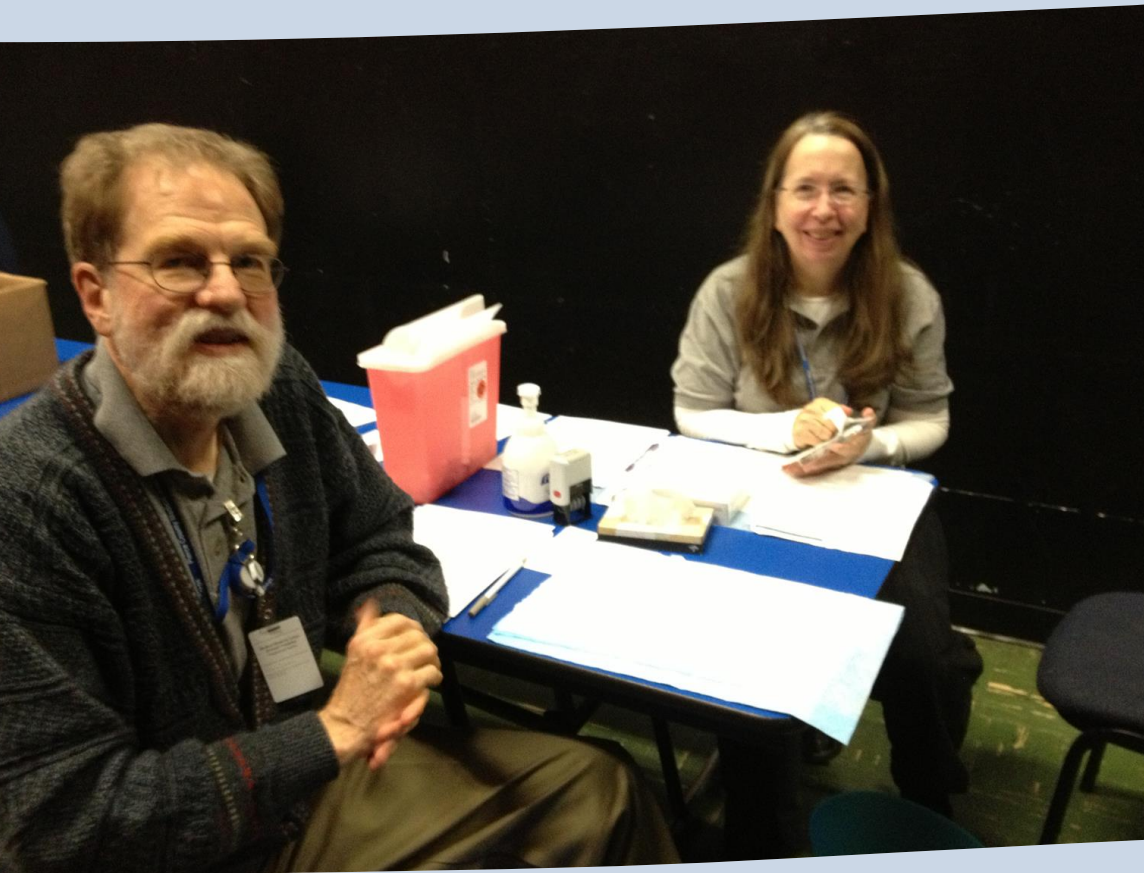
# Searching for Sustainability

- Literature search
  - SLIV (School Located Influenza Vaccine) accepted by parents, providers and schools.
  - BTS (Back to School) vaccination less well accepted.
  - BTS requires more time, expertise, vaccines.

# Searching for Sustainability

- Key Informant Interviews of Programs
  - Diverse models for in-school flu.
  - Consistent immunization champion.
  - Innovative ideas:
    - Coordinate support from large health systems.
    - Incorporate back to school vaccines.
    - Funding from private insurance companies.

# Applied Research



## Based on research:

- SLIV clinics are best for immunizing against influenza.
- Back to school immunizations are best given in provider's offices.

# Private Provider Pilot Project

## Year One:

- Formed Community Advisory Group.
- Increased the number of schools and districts that have in-school flu clinics.
- Examined financial feasibility of private providers hosting back to school and in-school flu clinics.

# Year One:

Successes	Barriers
Expanded from 19 schools in one district to thirty one schools in five districts.	Delays in availability of LAIV caused delays and rescheduling of clinics.
Rural pharmacy became a VFC provider.	Due to delays the pharmacy did not receive vaccine in enough time to give back to school vaccines.
Private provider office, Woodcreek Pediatrics, increased its participation from four to six schools.	Reduced to two in school flu clinics due to shortage of LAIV.
Private provider hosted three Saturday back to school clinics in their office.	Clinics were busy and required additional staffing.



# Providers Can Recoup All Costs Associated with SLIV

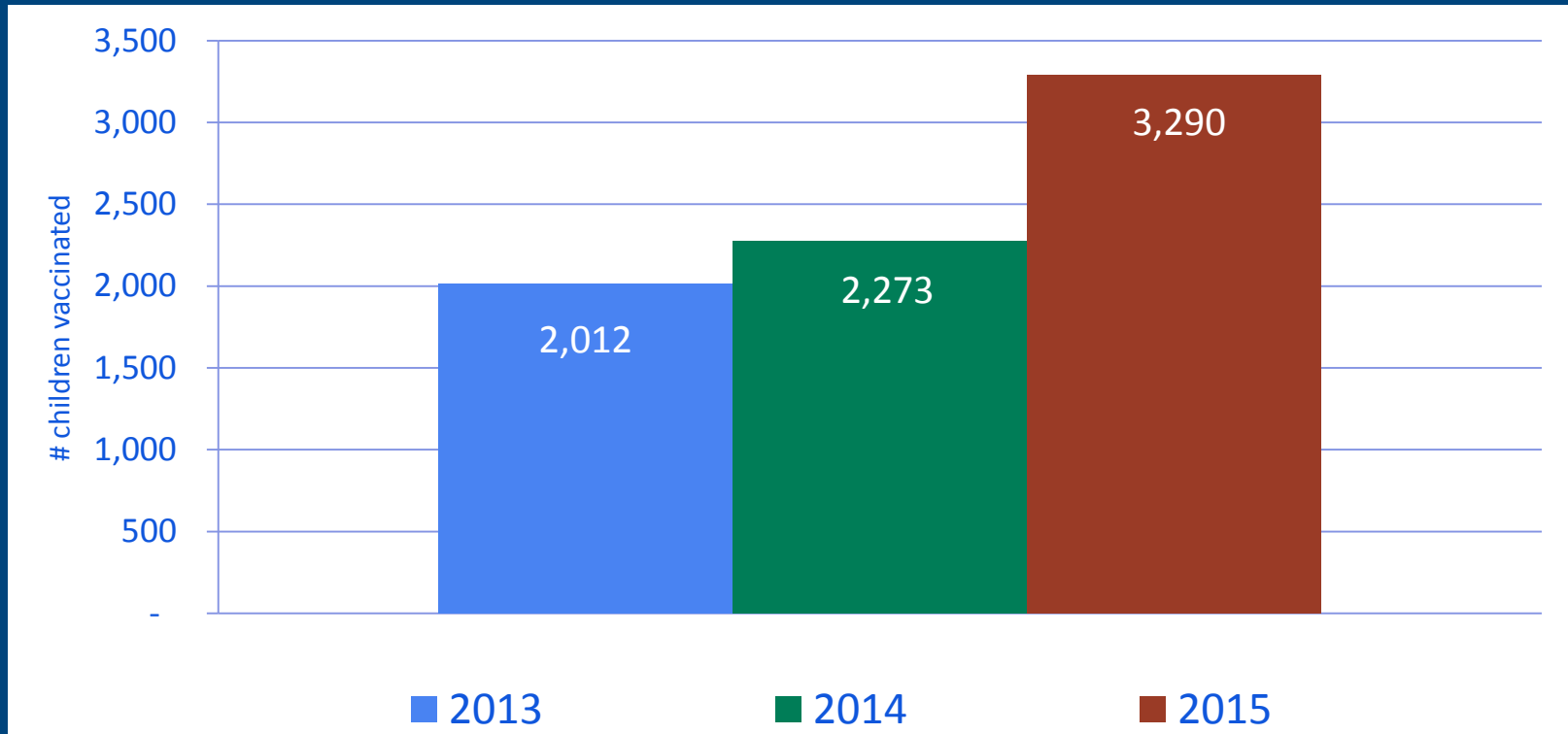
	Vaccines Given	Number of Clinics	Costs to Clinics	Billing Recovered	Staffing
Medical Reserve Corps (MRC) (2014)	1,568	19 in School flu 4 Back to school	~\$1,500 Supplies Stickers	\$23,153.77*	1 Volunteer RN Coordinator 1 CDC Associate 4 PLU Students 2 Parent Volunteers per site
Pilot Office A Large Multi-Office Pediatric Clinic (2015)	119	2 in School Flu	\$1,500	\$2,052	2 RN 1 LPN 1 MA 1 Front Desk Staff
Pilot Office B Small Private Pediatric Office (2015)	240	3 Back to School	\$990	\$3,085.63	2 RN 1 MRC RN 1 Health Department RN 1 Front Desk Staff

Table 1: Cost data from private provider led vaccination clinics.

Key: SLIV = school located influenza vaccination, MRC = Medical Reserve Corps, Back to School = all school required vaccinations

\*Special billing year

# School Located Influenza Vaccination, Total Number Vaccinated, 2013-2015, Pierce County



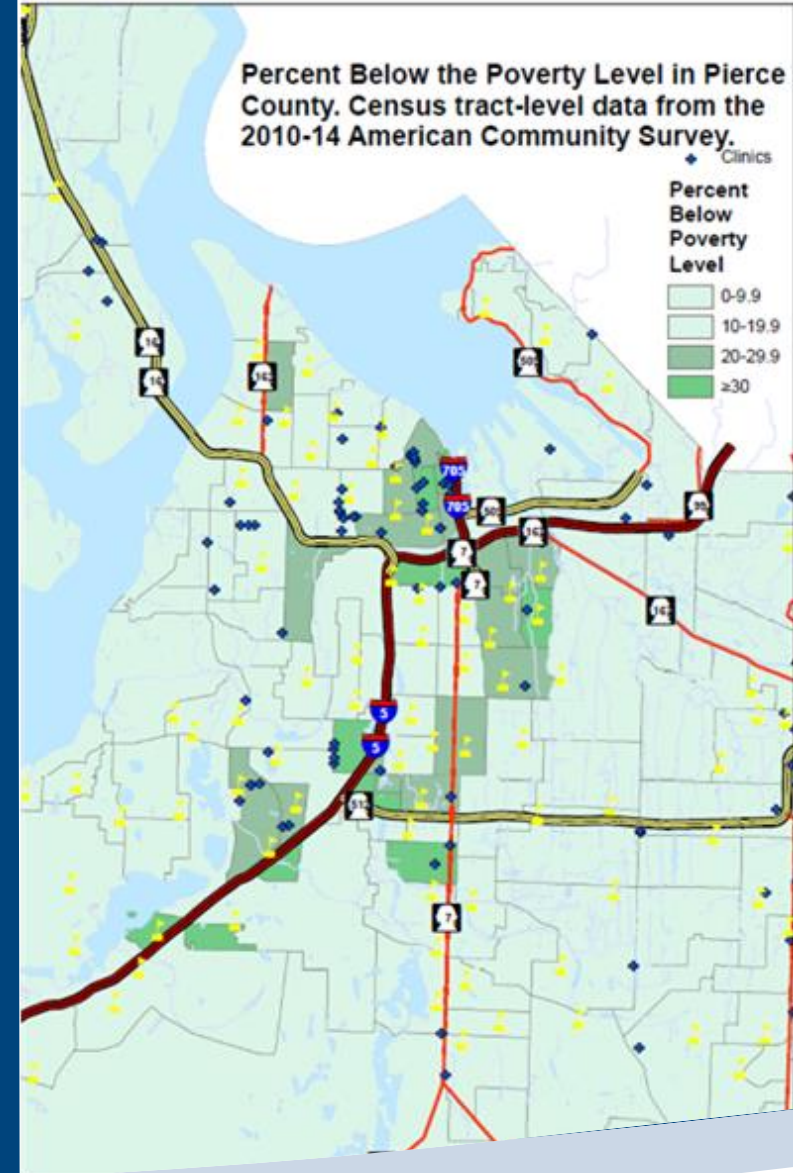
# Private Provider Pilot Project

## Year Two

- Establish relationships between private provider offices and schools to increase the number of in-school flu clinics.
- Prioritize health equity.
- Reduce barriers to private provider participation in school flu clinics.
  - Billing.
  - Risk management.
- Increase availability of free back to school vaccines.

# Influenza and Poverty

- People who live in areas where more than 20% of the population is below the poverty level, are more likely to:
  - Get the flu.
  - Have flu complications.
    - Hospitalization
    - Mechanical ventilation
    - Death



\*Hadler et. al., MMWR, February 12<sup>th</sup> 2016

# Year Two

## Successes

Providers interested in participating from Franciscan Medical Group, Group Health, and multiple private clinics.

Target schools where >20% of the population is below federal poverty level.

Discussing billing solutions with a large insurance company.

Private provider will continue hosting back to school clinics in their office.

## Barriers

Overcoming challenges with risk management at large systems and time required for billing.

Covered all schools in high poverty areas, but not enough capacity to cover all schools with high FRPL.

Time required to develop an effective solution with each individual company.

Reduced to two clinics due to staffing challenges.

## Next Steps

- National Immunization Conference.
- Transition to injectable vaccine for SLIV.
- Continue to recruit private providers.
- Reduce billing barriers.
- Continue increase access to vaccination.
  - In-school.
  - Back to school clinics.

Prepare for

FLU  
SEASON

# Acknowledgements

- Pierce County Medical Reserve Corps
  - [mrc@tpchd.org](mailto:mrc@tpchd.org), (253) 798-3566, [piercecountymrc.org](http://piercecountymrc.org)
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- Harbor Pediatrics
- Kirk's Pharmacy
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  - Steve Reville, Shalae Hobbs, Janice Doyle, Jenny Arnold, Mary Yerxa, Michelle Campbell, Shirley Carstens, Nigel Turner, Charron Plumer, Stephanie Dunkel, Carmetrus Parker

# Questions?

Carolyn Cook

Tacoma-Pierce County Health Department

253-798-4428

[ccook@tpchd.org](mailto:ccook@tpchd.org)

Michelle Campbell

Medical Reserve Corps

253-798-3566

[mrc@tpchd.org](mailto:mrc@tpchd.org)

