

IMMUNIZATION CONGRESS



Increasing Complexity:
Implications for
Practices and Families



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Objectives

- Discuss the medical home concept
- Describe a pediatric practice that is working on the medical home concept
- Review the history of the immunization program in one state
- Identify barriers to implementation of national immunization recommendations in the pediatric medical home



Medical Home

- Accessible
- Continuous
- Comprehensive
- Family Centered
- Coordinated
- Compassionate
- Culturally Effective



Medical Home: Goldsboro Pediatrics, PA

- 12 pediatricians, 7 mid-level practitioners
- 2 lactation consultants
- 1 psychologist
- 2 Medicaid/SCHIP care coordinators
- 4 offices, electronic health record
- 24/7 availability
- 95,000 patient encounters last year



Medical Home: Goldsboro Pediatrics, PA

- Wayne Initiative for School Health
- Wayne County First Steps
- Wayne Action Team for Community Health
- Wayne Coalition for Latino Child Health
- Community Family Support Teams
- Joint venture in pediatric obesity prevention with health department and Family Y
- Wayne Pediatric CME Series



The Medical Home: Child Outcomes

- Complications of prematurity
- Sudden Infant Death Syndrome (SIDS)
- Motor vehicle injuries
- Vaccine-preventable diseases
- Disorders of growth and development



The Medical Home: Child Outcomes, New Morbidities

- School failure
- Mental health problems
- Obesity and Type 2 Diabetes
- Adolescent pregnancy
- Sexually-transmitted Infections including HIV
- Substance abuse



Effect of Immunization Program on Pediatric Practices

- Physician time, staff time, and practice resources are being poured into the immunization effort, leaving little time and resources for practices to focus on medical home issues.



NC Immunization Program

- 1977: DTP (Diphtheria, Tetanus, Pertussis), OPV (Oral Polio Vaccine), MMR (Measles, Mumps, Rubella)
 - 10 vaccine doses before school entry
- 1985: NC Vaccine-related Injury Compensation Program



NC Immunization Program

- 1994: NC Universal Childhood Vaccine Distribution Program
- 1994: Vaccines for Children Program
- 1994: DTP, MMR, OPV, Hib (Haemophilus influenzae type b), Hepatitis B, Td
 - 19 doses of vaccines during childhood/adolescence
- 1994: NC Immunization Advisory Committee and the Commission on Health Services



NC Immunization Program

- 2006: NC Immunization Registry
- 2007: DTaP (Diphtheria, Tetanus, acellular Pertussis), IPV (Inactivated Polio Vaccine), Rotavirus, MMR, Chickenpox, Hib, Hepatitis B, PCV (pneumococcal conjugate vaccine), Hepatitis A, Influenza, MCV-4 (Meningococcal Conjugate Vaccine), Tdap, HPV (human papilloma virus)
 - 36 doses of vaccines during childhood/adolescence



Implementing National Immunization Recommendations

- Vaccines for Children Program (VFC)
- NC Universal Childhood Vaccine Distribution Program (UCVDP)
- Health insurance plans
- Immunizing children when financial barriers exist in the practice setting



Implementing a Public Health Program According to American Rules of Business

- Providers lose money when giving VFC and Universal vaccines unless administration fee is 100% of the Medicare rate
- Providers lose money when buying hundreds of doses of expensive vaccines when managed care companies do not reimburse providers for their vaccine-related costs (acquisition and administration)