

2012 Nevada Health Conference: A Focus on Immunizations and MCH



## Building **Medical Homes** Through Partnerships for Immunization

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### Presentation Outline

- Describe the components of a **medical home**
- List strengths of a **medical home** model for preventive services and immunization delivery
- Offer strategies to bring public health and private practice into partnership to provide a **medical home** for comprehensive primary care.

### Medical Home

- A **medical home** is not a building, house or hospital, but rather an **approach** to providing health care services in a high-quality and cost-effective manner.
- Primary care providers, families and allied health care professionals act as **partners** in a medical home to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential.

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### Medical Home History

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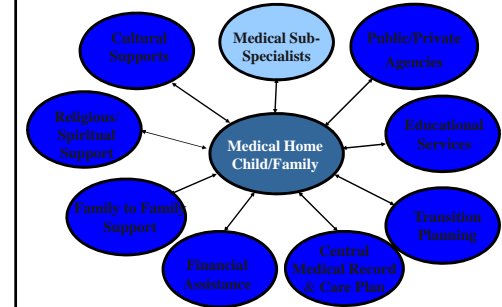


- The American Academy of Pediatrics, Family Voices and the Maternal and Child Health Bureau
- Children and Youth with Special Health Care Needs

### Medical home care is:

- Accessible
- Family-centered
- Coordinated
- Compassionate
- Continuous
- Culturally effective

### The Medical Home



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### Primary Care Definition

- IOM 1978
  - Accessible, Comprehensive, Coordinated, Continuous, Accountable
- Barbara Starfield 1992
  - First Contact, Longitudinal, Comprehensive, Coordinated

### Medical Home Definition

- Primary care
- Family-centered partnership
- Community-based, interdisciplinary, team-based approach to care
- **Preventive, acute and chronic care**
- **Quality improvement**

### Successes of a Medical Home

- Increased patient and family satisfaction
- Establishment of a forum for problem solving
- Improved coordination of care
- Enhanced efficiency for children, youth, and families
- Efficient use of limited resources
- Increased professional satisfaction
- Increased wellness resulting from comprehensive care

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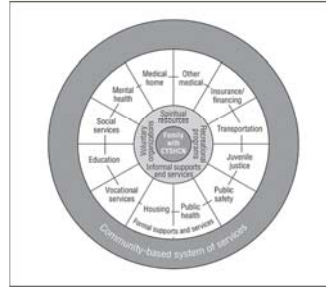
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### Challenges to Medical Homes

- Time
- Communication
- Coordination
- Organized *systems* of care with defined roles
- Awareness of community resources and programs
- Reimbursement
- Alternative care models, ex. Retail-based Clinics, Catastrophic Health Plans, etc.

### Family-centered Community-based System of Services for Children and Youth



Perrin, J. M. et al. Arch Pediatr Adolesc Med 2007;161:933-936.

### American Academy of Pediatrics Stance on Immunizations

The American Academy of Pediatrics (AAP) believes that immunizations are the safest and most cost-effective way of preventing disease, disability, and death, and that the benefits of immunizations far outweigh the risks incurred by childhood diseases, as well as any risks of the vaccine themselves. The AAP urges parents to immunize their children against dangerous childhood diseases.

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### Impact of Vaccine Costs on Medical Home

- The increasing prices of new vaccines are causing more and more pediatricians to threaten to stop providing vaccines.
- The increasing prices are also causing Section 317 and other program dollars not to go as far.
  - 1985: 10 vaccines with cost of \$45 to \$115
  - 2006: 33 vaccines with cost of \$1200 to \$1700 (excluding flu)
- 46% of vaccines are purchased through private sector
- Over 80% administered through private pediatric offices

### Medical Home and Immunizations

- Smith et al, Pediatrics, 2005 (National Imm. Survey)
  - VFC eligible children with medical home
    - Up to date vaccination rate – 75.3%
  - VFC eligible children without medical home
    - Up to date vaccination rate – 65.7%

### Applying Medical Home Principles Can:

- Improve health monitoring and delivery of preventive services
  - Track needed immunizations
  - Reduce missed opportunities
  - Facilitate practice team efforts to educate families

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Applying Medical Home Principles Can:

- Improve immunization delivery for children with chronic conditions
  - Monitor immunization for children needing special immunizations (Influenza, synagis, pneumococcal polysaccharide, etc.)
- Improve patient compliance

Medical home care is:

- Accessible
- Family-centered
- Coordinated
- Compassionate
- Continuous
- Culturally effective

Immunization: Accessible Care

Accessible: *Physically and economically* accessible to all patients

- Immunizations are available and administered according to the harmonized immunization schedule



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**Immunization: Family-Centered**

Family-Centered: Care that is based on the understanding that the family is the child's primary source of strength and support and that the child/family's perspectives and information are important in clinical decision making<sup>1</sup>

**Immunization: Coordinated Care**

Coordinated: All needed immunization services are facilitated through the medical home. Clinicians practice community-based approaches and work with community groups to develop appropriate vaccination services<sup>1</sup>

- Each visit is an opportunity for vaccination
- Continually educate practice staff
- Regularly review and update immunization procedures

**Immunization:  
Compassionate Care**

Compassionate: Concern for the well-being of the child and family is expressed and demonstrated in verbal and nonverbal interactions. Efforts are made to understand and empathize with the feelings and perspectives of the family and child

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Strategies to Provide  
Compassionate Care

- Address specific concerns directly:
  - Discuss myths or misconceptions openly and dispassionately
  - Offer them the pamphlet “[Be There for Your Child During Shots](#)”
- Ensure privacy/confidentiality for families

Immunization: Continuous Care

Continuous: The same primary pediatric clinician practice is available from infancy through adolescence and young adulthood

- ◆ Continuity of care from birth through the second year of life greatly increases immunization levels<sup>3</sup>
- ◆ Multiple clinicians leads to scattering of the immunization record<sup>1</sup>

Strategies to Provide  
Continuous Care

- Utilize standing orders to allow staff to independently screen patients, identify opportunities for immunization, and administer vaccines under physician supervision (in accordance with local regulations)
- Promote immunization at both well and sick visits

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Immunization:  
Comprehensive Care

- Promoting vaccination within the medical home improves both vaccination coverage and receipt of other preventive services<sup>1</sup>
- Errors maintaining cold-chain (improper vaccine placement, inaccurate thermometers, improper temperature) can affect the access to vaccine quality<sup>4</sup>

Strategies to Improve  
Comprehensive Care

- Clinicians do not use false contraindications to prevent immunizations
- Practices adopt and implement the Standards for Child and Adolescent Immunization Practices established by the National Vaccine Advisory Committee (NVAC)
- Vaccines are administered according to the Recommended Childhood and Adolescent Immunization Schedules; physician stays up-to-date about potential new vaccines

Immunization:  
Culturally-Effective

Culturally-Effective: The delivery of care within the context of appropriate physician knowledge, understanding, and an appreciation of all cultural distinctions

Family's cultural background, including beliefs, rituals, and customs, are recognized, valued, and respected and incorporated into the care plan<sup>3</sup>

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**Immunization:  
Culturally-Effective**

Scope of Problem:

- Immunization coverage rates are lower among children living in poverty<sup>1</sup> and among black and Hispanic children<sup>2</sup>
- By 2020, approximately 40% of school-age children will be of non-white racial or ethnic backgrounds<sup>3</sup>

**Strategies to Provide  
Culturally-Effective Care**

- Listen to verbal and nonverbal cues, using translation or interpretation resources if necessary
- Ensure the child/family understands the results of the medical encounter
- Consider medical, religious, and philosophical exemptions to immunization ([understanding state law and requirements](#))

***Up-To-Date Immunization Rates at  
Key Ages***

	* 3 months	* 7 months	13 months	19 months	24 months
Overall	81.3%	60.0%	86.2%	65.1%	74.4%
Private	84.0%	67.6%	88.2%	63.6%	71.6%
LHDs	78.6%	52.4%	84.3%	66.7%	77.2%

\* The difference is statistically significant

LDH = Local Health Department

Source: Kansas Health Institute, 2008

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## Resources

- [www.aap.org](http://www.aap.org)
- [www.cispimmunize.org](http://www.cispimmunize.org)
- AAP Medical Home website:  
[www.medicalhomeinfo.org](http://www.medicalhomeinfo.org)
- Brightfutures.aap.org



## UNICEF's Overview of Child-Well Being in Rich Countries - 2007

A true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education, socialization and their sense of being loved, valued and included in the families and societies into which they were born.




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Let us commit to working as partners in health promotion and disease prevention for the benefit of the children and families we serve



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