



AAP—HAWAII CHAPTER NEWSLETTER

American Academy of
Pediatrics—Hawaii
Chapter

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VFC PROVIDERS SURVEYED ON IMMUNIZATION ISSUES EXECUTIVE SUMMARY

In April and May of 2003, the Hawaii Immunization Branch and the Hawaii Chapter of the American Academy of Pediatrics conducted a survey of physicians regarding provider issues and barriers to improving infant immunization coverage levels. The survey included questions about general barriers to timely and complete infant immunization; cost and reimbursement issues; views on universal purchase of vaccines; reminder/recall systems; and priorities for improving infant immunization.

The survey was sent by fax to 598 physicians who are registered as providers with the Vaccines for Children (VFC) program. Reminders were mailed to non-responders three weeks later. A total of 228 surveys were returned, for a response rate of 38%. Physicians from a wide range of practice settings were represented (HMO, private group practice, self employed private practice, community health centers).

Summary of Survey Results

I. Description of Respondents by Specialty

Among the 228 respondents:	
Pediatrician	122 (48%)
Family Physician/General Practitioner	81 (36%)
Private practice	113 (50%)



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II. The following barriers to timely and complete infant immunization were ranked from highest to lowest importance:

<u>Potential Barrier</u>	<u>Mean Score</u>
(1=Not important, 5=Very important)	
1) Missed appointments	4.2
2) Parent resistance	3.2
3) Supplies	2.8
4) VIS paperwork	2.6
5) Ordering	2.4
Documentation	
Staff education	
Obtaining signatures	
6) Storage	2.2

III. Provider's views on the cost of vaccine purchase and administration:

<u>Questions</u>	<u>Mean Score</u>
(1=Not a problem, 5=Major problem)	
Purchase cost a problem?	3.4
Vaccines adequately reimbursed by 3 rd party payers?	3.3
Administration cost a problem?	3.0
Vaccine cost ever prevented timely immunization?	2.1

IV. Universal purchase program

<u>Yes</u>	<u>No</u>	<u>Don't Know/ Did not answer</u>
Would like a universal vaccine purchase program		
60%	5%	35%

Potential Benefits of Universal Purchase Mean Score

(1=Not important, 5=Important benefit)	
Facilitating registry development	4.1
Not responsible for purchase cost	4.0
Standard vaccines for all children in Hawaii	4.0
No need for choices on vaccine brands	2.7

Potential Drawbacks of Universal Purchase Mean Score

(1=Not a concern, 5=Major concern)	
Administration fee inadequate to cover costs	3.6
Paperwork	3.6
Ordering rules	3.4
Delayed adoption of new vaccines	2.8
Limited choice of vaccine brand	2.5

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Call for Nominations

Chapter Elections will be held in 2004 with new officers being installed on July 1, 2004.

Please contact your nominating committee with nominee suggestions:

Dick Mitsunaga—rmitsunaga@yahoo.com or 488-1990

Kenn Saruwatari—ksaruwatari@straub.net or 483-6084

Melinda Ashton—melindaa@kapiolani.org or 955-7845

Chapter Calendar—2004

All of our Chapter meetings will be held on the third Thursdays of the month:

January 15

February 19

March 18

April 15

May 14-16 —

Timely Topics in Pediatrics

June—no meeting

July 15

August—no meeting

September 16

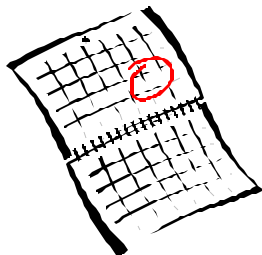
October 21

November— date to be announced

Physician's Review and Update

December—no meeting

Mark your calendars now!



Hawaii Chapter - Planning Committee

Your planning committee selects topics and venues for future Chapter meetings. Contact them to suggest topics, locations, or to help on the committee!

John Nagamine, MD—

askdrjohn@hawaii.rr.com; 235-9696

Vince Yamashiroya, MD—

yamashirv002@hawaii.rr.com; 596-2030

Mae Kyono, MD—

mkyono@hawaii.edu; 983-8387

Judy Okimura, MD —

jokimura@hotmail.com

Don't Forget To Sign Up!

Pediatric Coding Workshop with

Jeri Leong, R.N., CPC, CPC-H

Wednesday, December 10, 2003

Noon to 2:30pm—KMCWC Auditorium

Registration is \$10 each for members and their staff. Contact Kathy Sthay:

aaphawaii@verizon.net or 377-5608

CHAPTER REPRESENTED AT KEIKI CAUCUS Hawaii State Legislature

Jim Drorbaugh, MD

The purpose of the Keiki Caucus is to organize the initiatives for children and youth which are to be presented to the Legislature in the 2004 session. This is a yearly undertaking by a bipartisan group of legislators. Representative Dennis Arakaki and Senator Suzanne Chun Oakland are the leaders and coordinators. Administrative action, resolutions and bills are used as appropriate for each issue. The emphasis is on prevention and early childhood intervention but programs for all ages of children are included.

The Caucus holds a series of meetings at three to four week intervals starting in August. Representatives of many agencies, DOH, DOE, DHS and the University of Hawaii attend. Various issues are presented and discussed in the early meetings. In October a Children and Youth Summit is held. This is an all day session with a break into small groups in the afternoon. The topics of these groups are Substance Abuse/Mental Health, Education, Youth Development, Child Abuse and Neglect, Parenting/Child Care/Family Support, Maternal/Child/Adolescent Health, and Economic Self-sufficiency. Each group selects its three top priority issues.

The selected issues are discussed at subsequent meetings and eventually written up as position papers, one for each issue. The position papers are then made available to all legislators for use during the session. Bills, resolutions and administrative recommendations are put forward.

Jim Drorbaugh and three of our residents, Raji Adikary, Kawika Liu and Dan Ulrich, have been following these meetings. They will suggest issues for Chapter support as the Legislative Position Papers are written. The Chapter's main interest is in the areas of Poison Center, child abuse, graduated driver's licensing and the obesity epidemic.

We are hoping that we can post information on the Chapter web site which will let everyone know the details of the bills and resolutions proposed. We will be able to follow the bills through the legislative session by using their web site: <http://www.capitol.hawaii.gov>

We will be asking the membership to help us with testimony. The Chapter has very valuable testimony to give because it is based on our personal interaction with our patients, the children and their families. There will be general reasons for supporting a bill but of much more significance is our frontline experience with the families relative to the issues.

Members may have issues of their own which they are interested in. If you let me know what those issues are, I will try to find out which agencies or groups are involved. You can reach me at drorbau8@aol.com. We are hoping to use the Chapter website to develop a system which will maximize our participation in the legislative process.

Editor's note: The Chapter Website is www.hawaiiap.org



HAAP Immunization Committee Update November 2003

Galen Chock, MD

FluMist 90060 (& Preservative Free Influenza Vaccine 90655) cost more than the standard **inactivated, subvirion Influenza Vaccine (90658 / 90657)**.

Per HMSA's Provider Update October 2003, you may bill your patient the cost of the vaccine beyond the MAC (\$9.65) which HMSA pays as long as:

1. the patient has signed a written "waiver", which is filed in your records, and
2. you submit the claim to HMSA w/ modifier "**GA**" appended.

Your Immunization committee has submitted to HMSA a proposed "**waiver**" form. We have been told that it meets HMSA's requirements. The form is below.

The "**Agreement of Financial Responsibility**" form, which is found in the HMSA Provider Manual, is also acceptable.

Remember to also use CPT **90473 / 90474** (Intranasal administration) when giving FluMist 90060.

The MAC for FluMist for HMSA's members with the Federal plan 087 is **\$51.75**. HMSA will pay 80% of the MAC, the patient pays 20%. Do not append the GA modifier for these patients' claims. You may not bill the patient anything over the MAC.

Please let the committee know if you have information on any other health plans and FluMist.

The FluMist website (<http://flumist.com/pdf/flumist110303.pdf>) has a downloadable **rebate** form that patients may submit.

Please let the committee know if there are any other vaccine issues that should be addressed. Contact me at gychock@aloha.net.

FluMist Waiver

I, _____ have chosen to receive FluMist, (90060, the Live Attenuated Influenza Vaccine, LAIV), which is administered intra-nasally, for my child: _____ instead of the inactivated influenza vaccine, (90658), which is administered intra-muscularly.

I understand that the cost of the LAIV is higher than the inactivated vaccine and that I am financially responsible to pay the difference between HMSA's payment (\$9.56 as of 10/1/03) and the actual charge for the vaccine.

Signature

Printed Name

Date

VFC PROVIDERS SURVEYED ON IMMUNIZATION ISSUES

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V. Reminder/Recall

<u>Type of system</u>	<u>Percentage using this system</u>
Phone calls	56%
Post cards	35%
Email	(Percentage not calculated: n<10)
None	29%

Note: some providers use more than one type of system.

VI. Age of Primary Series Completion

According to the usual immunization schedule followed by the practice, the age at which the primary vaccination series (4 DTaP, 3 IPV, 3-4 Hib, 1 MMR, 3 Hep B) would be completed for a child receiving all well child visits (by specialty):

Age	Total	Peds	FP/GP
12-14 months	18 (8%)	7 (Percentage not calculated)	11 (12%)
15-17 months	84 (39%)	54 (45%)	30 (33%)
18-23 months	95 (44%)	56 (46%)	38 (42%)
24+ months	17 (8%)	4 (Percentage not calculated)	12 (13%)

VII. Prioritizing issues for improving infant immunization

<u>Issue</u>	<u>Mean Score</u> (1=Low priority, 5=High priority)
1) Parent education	3.8
2) Reimbursement	3.7
Decrease paperwork	
Reminder/recall systems	
3) Universal purchase	3.5

VIII. How the following groups could help practitioners in improving complete & timely infant immunization (top three answers):

Health plans:

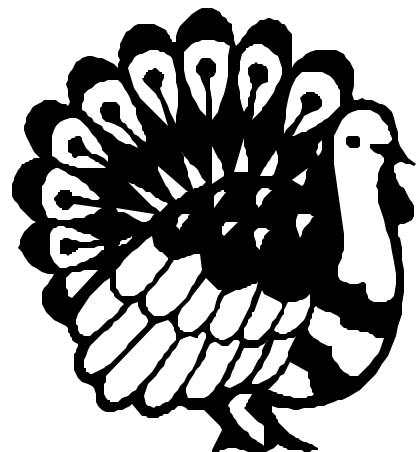
- 1) Reimbursement/vaccine cost and administrative fee
- 2) Reminders (phone/mail) to patients
- 3) Educate parents on vaccines and scheduled visits

Department of Health:

- 1) Provide/help fund reminder/recall systems
- 2) Advertise/parent and public education
- 3) Effective and reliable central registry

Manufacturers:

- 1) Adequate supplies/prevent shortages
 - 2) Lower costs/prices
 - 3) Bar code peel off labels
- Combination vaccine



*For the complete Survey results, contact Kathy Sthay
aaphawaii@verizon.net or 377-3608*

