

Improving Immunization Rates in Rural Southwest Minnesota

All Kids Count II

SUMMARY

Annual birth cohort: 3,897

Geographic area covered: 21 counties

- Legislation: State law allows sharing of immunization data among providers, public health, schools, and health plans without parental consent
- Percentage of immunizations given in private sector: 90 percent
- Other sources of funding: Other foundation grants, state, local

This project was part of the Robert Wood Johnson Foundation (RWJF) national program *All Kids Count*.

The goal of an immunization registry is to provide doctors, nurses, and others with the information that they need to ensure children receive appropriate immunizations. While computer technology may help to make this process more efficient and more accurate, it is not the end goal, and in fact, may not be appropriate for the doctors and nurses in the registry's community.

SWMN-SIIS achieved success because staff understood that technology must match the capabilities and needs of its users. They understood that the success of the registry ultimately relies on strong relationships built among the region's private sector providers, public health clinics, and health plans.

SWMN-SIIS operates in 21 strictly rural counties, where relatively few private providers' offices have computers. Consequently, SWMN-SIIS relied on relatively low-tech methods for receiving and returning data to providers, including batched records on diskettes that are mailed to the registry; paper forms from clinics entered by registry staff; and billing data from which immunization information could be stripped.

Reminders of immunizations due were sent to providers in the form of "flags" to be posted on charts. Histories on new patients were retrieved over the phone. For children age 2 months who were overdue for a shot, a list was generated and sent to the

responsible county health department so that outreach to the child's family could be conducted.

A low-tech approach meant that more "human resources" were required to accomplish many of the same functions as a more computerized registry. But what the SIIS registry lacked in technology, it more than made up in customer-service orientation with providers.

Registry staff knew each of the providers personally, the environments the providers operated in, and what they needed to improve their clinical practices and ultimately increase immunization rates. Registry staff generated reports that identified missed opportunities, children without medical homes, and population coverage assessments. They performed comparative county analyses that identified patterns of care, and they furnished reports that plotted a provider's immunization rates over time and in relation to other practices.

This last report, in particular, was found to motivate providers to make practice changes to increase their coverage.

Minnesota doesn't plan to remain low-tech. Plans are underway for the SWMN-SIIS and other regional registries to connect to a Minnesota state registry hub. The DOS-based application will be migrated to a Windows-based system that supports a Web interface enabling online access.

With relationships between the registry and providers and provider recognition of the value of the registry already firmly established, providers are likely to be receptive to the new technology.

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