

2008 Pediatric Immunization Results Goals and Targets

THIS MEASURE LOOKS AT PRACTICE IMMUNIZATION RESULTS FOR CALENDAR YEAR 2007

- Practices that score 75 points or more using the 2005 National and New England averages for immunizations will be eligible for Blue Ribbon designation. (Note that we are using the same source of targets as in 2006 and 2007 – National Immunization Program Survey. Note, the 2006 Survey actually has 2005 averages. These are the most recent available to us.)

Immunizations	2005 National Average	Points for Meeting National Avg.	2005 New England Average	Points for Meeting New England Average
4 DTaP	85.7	5	90.0	10
3 IPV	91.7	5	96.1	10
1 MMR	91.5	5	93.4	10
3 HiB	93.9	5	96.8	10
3 HepB	92.9	5	93.8	10
1 Varivax *	87.9	10	86.4	5*
3+ Prevnar #	82.8	5	89.8	10
COMBO I: 4 DTAP, 3 IPV, 1 MMR 3 HiB, 3 HepB	80.8	10	85.1	20
COMBOII: 4 DTAP, 3 IPV, 1 MMR 3 HiB, 3 HepB, 1 Varivax	76.1	10	78.0	20
Total Possible Points				110 points
Initial Target for Blue Ribbon Designation				75 Points

*Since the National average is higher than the New England average for Varivax, the higher number of points is awarded for meeting the national average.

#One Prevnar immunization must be after one year of age

PTE 2008 Immunization Specifications

Defining the Population: **Please adhere to the following criteria:**

- 1) Any patients who turned 2 between 1/01/07 and 12/31/07 (i.e. born between 1/01/05 and 12/31/05.)
- 2) Include all patients regardless of payer (e.g. commercial, Medicare, Medicaid, self-pay, uninsured, etc.).
- 3) Include only patients who are active members of your practice. For example:
 - a) You are the assigned PCP (e.g. HMO, PPO, MaineCare, etc.) or
 - b) The patient has had 2 or more visits to your practice between 1/1/07 and 12/31/07, and no other PCP
 - c) AND the patient has continually been your patient from birth to age 2 yr.
- 4) Exclude:
 - a) Patients who have died.
 - b) Patients who no longer receive care from your practice.*
 - c) Patient who receive their primary care predominantly from another practice.(e.g. the 2 Visits to your practice as in 3b above were in coverage for another practice.)

*** If you WISH you may report on patients no longer receiving care from your practice but who received ALL of their immunizations at your practice. You may ALSO choose to report on patients who were not your patients for the entire 2 year span but for whom you have a complete immunization record IF YOU WISH.**

Suggested steps to find patients in practice:

Use your billing system, registries, EMR, and/or IMMPACT to find all eligible patients in the age range.

Apply the inclusion/exclusion criteria to create your final patient list for reporting

Required Patient Count: Practices need to submit data on all patients that meet the criteria in their practice. It is expected pediatric practices will have at least 40 patients per FTE practitioner. If this minimum is not met for your practice, please include an explanation with your submission on the attached form.

Performing the Measure:

Note: Specifications- For each patient, determine if they have received the following, and document date(s) of service for each immunization

- 1) An initial DTaP or DT or individual D and T immunizations after 42 days of life and three booster doses with at least one after 12 months of age. (Can be exempted from Pertussis and be in compliance)
- 2) At least three IPV vaccinations all after 42 days of age.
- 3) One MMR given between 12 and 24 months of age
- 4) Three Hemophilus Influenzae type B (HiB)vaccinations with different dates of service administered after 42 days of age with one between 12 and 24 months of age (One HiB product requires only 3 doses, hence this is the standard used.)
- 5) Three Hepatitis B (HBV)vaccinations with different dates of service by 24 months of age, with one falling between 6 and 24 months of age.

- 6) One chickenpox vaccination with date of service between 12 and 24 months of age, or the disease after 12 months of age.
- 7) At least three Pneumococcal vaccines with one administered after one year of age.

The following values will be calculated by the Maine Health Information Center after you have submitted your worksheet.

Individual Immunizations:

- DTaP-Percentage of 2 year old children who have received 4 Diphtheria/Pertussis/Tetanus vaccines
- IPV- Percentage of 2 year old children who have received 3 Polio vaccines
- HiB- Percentage of 2 year old children who have received three Hemophilus Influenzae vaccines
- MMR- Percentage of 2 year old children who have received one Measles, Mumps And German Measles vaccine
- Hepatitis B- Percentage of 2 year old children who have received three Hepatitis B vaccines
- Varivax- Percentage of 2 year old children who have received one Varicella vaccine.
- Prevnar-Children who have received 3 or more Pneumococcal vaccines. If 3, one was given after one year of age.

Combinations:

1. Percentage of 2 year old Children who received 4 DTaP/DT, 3 OPV/IPV, 1 MMR, 3 HiB, and 3 HBV vaccinations as specified above.
2. Percentage of 2 year old Children who received ALL of the vaccinations in the first combination as well as Varicella