

IHOC Immunization Reports

Frequently Asked Questions—December 14, 2012

Why do we need the IHOC reports? Why can't we use the reports we can print out of ImmPact ourselves?

There are a number of important differences between the immunization rates in the IHOC reports and the rates displayed on the ImmPact Home Page and in the Immunization Coverage Reports. While it seems like these rates should align—especially when they are measuring the same vaccines—recognizing why they are different will help in selecting the right report for the right purpose and understanding what the different rates are saying.

The following Questions & Answers explain key features of the IHOC reports and how they may differ from what is available in ImmPact now. It's also important to note that changes to ImmPact are in process which will allow practices to generate reports similar to the IHOC reports. When those changes become available, providers will be notified by IHOC and the Maine Immunization Program.

Which Patients are Being Measured?

For the Two Year Old measures, the IHOC reports use ImmPact data to identify children in your panel who turned two years old during the measurement year. This is known as the 12 month cohort of two year olds. The same process is used to identify the 12 month cohort for 6 year olds and 13 year olds, depending on the measures and reports being generated. The measurement year is essentially the 12 months prior to the "As Of" date of the report. The "As Of" date is the day that the data is actually pulled from ImmPact.

To generate the IHOC reports, the 12 month cohort of, for example, two year olds is identified and rates are calculated using all of the doses that have been entered into ImmPact for these specific children by the "As Of" date. The rates include doses that were entered retroactively (historical data) as well as doses that were entered by other providers. Unlike rates currently calculated in ImmPact, they do not include doses given after the 2nd birthday (more on this later).

Example A:

- An IHOC report is generated with an "As Of" date of September 15th, 2012.
- The 12 month cohort of two year olds includes all the children in the panel who were born between September 16th, 2009 and September 15th, 2010. These children had their *2nd birthday* between September 16th, 2011 and September 15th, 2012.
- The rates are calculated based on doses in ImmPact that were given to these children from birth all the way up to the 2nd birthday.
- In order to include all the doses that were given by September 15th, 2012, the data for the report is extracted from ImmPact about two weeks after the "As Of" date (in this case, September 15th). This wait period gives practices some additional time to get their doses entered into ImmPact.

IHOC Immunization Reports

Frequently Asked Questions—December 14, 2012

If an IHOC report is generated for the same practice the following month, the 12 month cohort of two year olds will *drop* the children who turned 2 during the first month of the previous report, and *add* those who turned 2 during the month following the last month of the previous report.

Example B:

- An IHOC report is generated with an “As Of” date of October 15th, 2012.
- The 12 month cohort of two year olds includes all the children in the panel who were born between October 16th, 2009 and October 15th, 2010. These children had their 2nd birthday between October 16th, 2011 and October 15th, 2012.
- The rates are calculated based on doses in ImmPact that were given to these children from birth all the way up to the 2nd birthday.
- In order to include all the doses that were given by October 15th, 2012, the data for the report is extracted from ImmPact about two weeks after the “As Of” date (in this case, October 15th). This wait period gives practices some additional time to get their doses entered into ImmPact.
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For practices who receive periodic reports from IHOC (monthly, quarterly, etc.), the series of rates presented in the reports give a “rolling rate” that can be helpful in tracking change over time. However, each IHOC report can also be viewed as a stand-alone snapshot in time—a picture of how your practice is doing *in general* regarding immunization rates for your 2 year old patients.

What does “Late Up To Date” mean? Why aren’t they counted in the IHOC reports?

The ImmPact Home Page calculates your practice’s overall immunization rates by including clinically valid “Late Up To Date” doses. These are doses that are considered clinically valid because they were given according to the frequency and interval rules of a number of acceptable vaccine schedules, including catch-up schedules. This rate reflects the *clinical* Up To Date status of your patient panel overall, but does not provide information about how many of the doses were given *on time* versus those that were given on a catch-up or alternate schedule.

In contrast, the IHOC reports follow the CHIPRA measure specifications for childhood and adolescent vaccines which are based on the recommended vaccine schedules for 0 to 6 year olds and 7 to 18 year olds. The CHIPRA measure does not accommodate for alternate or catch-up schedules, and so Late Up To Date doses are not counted in the rates. This means that any doses given after the 2nd birthday, 6th birthday, or 13th birthday (depending on the report) will not be counted in the rate even if they were *clinically* valid. So, the IHOC rates reflect the *on time* Up To Date status of your patient panel overall, which may differ from the *clinically* Up To Date status of the same patient panel.

So, it is not uncommon for your IHOC rates to look different than the rates you see on the ImmPact Home Page. The difference between these two rates could be significant for practices that have been doing a lot of recent catch-up work. In these cases, you will see improvement reflected in your ImmPact Home Page rates sooner than you will in your IHOC rates.

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Frequently Asked Questions—December 14, 2012

Why does it take so long to see our rates go up in the IHOC reports? Our ImmPact rates are great!

Seeing how the rolling rate is generated can help explain why it takes a while to see the rates improve in the IHOC reports, despite all the catch-up work and data entry you may be engaging in. The rolling rate in IHOC monthly reports is measuring the same group of children each time except for the first month and last month. This means that the biggest possible rate increase in one month's time is 8%, which could only be achieved if the month that is dropped off had an Up To Date rate of 0% and the new month had an Up To Date rate of 100% (highly unlikely). Therefore, even small improvements in these rolling rates should be viewed as significant. However, you may see a faster and more dramatic change in rates when running reports in ImmPact which include clinically valid "Late Up To Date" doses in the rate.

The graphs below illustrate that for three consecutive *monthly* IHOC reports, the majority of the rolling rate is accounted for by the same individuals. For three consecutive *quarterly* IHOC reports, half of the rolling rate is accounted for by the same individuals.

Three Monthly IHOC Reports (December, January, February)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	
		MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB

Three Quarterly IHOC Reports (December, March, June)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC						
			APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR			
						JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN

IHOC Immunization Reports

Frequently Asked Questions—December 14, 2012

Why *doesn't* CHIPRA count Late Up To Date doses?

This is a complicated question and is beyond IHOC's ability to answer fully, but providing some background information may help. The Maine Immunization Program (under Maine's Center for Disease Control and Prevention) is required to report immunization rates in a certain way to the US CDC. The US CDC is concerned with the clinical immunization status of a population so that they can identify areas that are under-protected as well as areas that have high rates of protection. Understandably, the Maine CDC also uses this information to inform its outreach and raising rates activities. ImmPact (as with other state immunization registries) has been developed to meet those data requirements and program needs, which is why it is important for the reports to capture *clinically valid* Late Up To Date doses. The CHIPRA measures, on the other hand, are quality measures adopted by the Centers for Medicare and Medicaid Services (CMS) which CMS has asked states to report on annually. The CHIPRA immunization measure for childhood vaccines also aligns with meaningful use (NQF #0038) and HEDIS immunization measures.

ImmPact and IHOC both employ the US CDC's software program—the Comprehensive Clinic Assessment Software Application (CoCASA)—which is designed to take dose data imported from a registry (like ImmPact) and calculate rates based on a variety of complex algorithms that are selected according to the needs of the user. For example, the user can select “Apply ACIP Recommendations” to create a report that identifies valid doses according to recommended standard, catch-up, and alternate schedules from the Advisory Committee on Immunization Practices (ACIP). If the user does not select “Apply ACIP Recommendations,” then every dose is considered valid and total dose count is used to determine Up To Date status. The CHIPRA measures were specified so that they could be calculated using claims data rather than data from a registry system (like ImmPact). The level of complexity that claims-based calculations can achieve in terms of identifying valid doses for vaccines is somewhat lower than what can be achieved using software programs and electronic calculation. These differences mean that although similar vaccines are being measured for similar populations, the resulting rates will not be identical.

The table below compares the methodology and specifications of common immunization reports.

Name of Report	Nat'l Immunization Survey (NIS)	ImmPact Home Graph	CoCASA (ME CDC)	CoCASA/IHOC (First STEPS & PTE)
Level of Data	Statewide	ImmPact Provider	ImmPact Provider	Practice
Rate Methodology	Lenient	Most Lenient	Stringent	Most Stringent
Includes Late Up to Date Doses	YES	YES	NO	NO
Includes Additional Recommended Vaccines	NO	NO	NO	YES

IHOC Immunization Reports

Frequently Asked Questions—December 14, 2012

Can we use the IHOC report for reminder/recall activities?

While the CHIPRA measures are often used to give an overall picture of how states are doing over time, the *on time* Up To Date rate they reflect can also be useful in setting improvement targets at a statewide level and at the practice level. Having a sense of the *on time* rate can help practices pin point opportunities for improvement that will raise their overall Up To Date rates. However, it is important to understand that the IHOC reports are *not* ideal for reminder/recall activities that require identification of specific children who are Up To Date, Coming Due, or Overdue for vaccines, because:

- The IHOC reports present an aggregate rate for the practice and do not identify individual patients
- The IHOC reports do not include clinically valid “Late Up To Date” doses

Instead, practices should use the Patient List that is generated through the ImmPact Immunization Coverage Report to identify individuals who are coming due (or who are overdue) for vaccines. For identifying a child’s immunization status at the time of a visit, the Up-To-Date status on the ImmPact client page should be used.

IHOC Immunization Reports

Frequently Asked Questions—December 14, 2012

ROTAVIRUS

For a rotavirus dose to be counted as valid and included in the rate for this measure, the dose had to be given after 42 days of age and before 32 weeks of age. Doses given outside of that range are not included in the rate.

Because rotavirus is given before 32 weeks of age, the rate is based on doses given between 16 and 24 months ago, not on doses given now. Catch-up work will be reflected in the IHOC rates, over time.

Practices can choose to give the 3-dose series vaccine or the 2-dose series vaccine for rotavirus. When we surveyed practices in First STEPS, all had used the 3 dose series 2 years ago so the current reports base their calculations on the 3 dose series. In the spring of 2010, the 3-dose series vaccine was recalled for several months and rates may have been skewed for practices that had to switch to the 2-dose series for a few months. As we move farther out from that recall period, this effect on rates will diminish.

Some Practices have switched to the 2-dose series due to the Universal Vaccines for Children law of January 2012. Remember that the IHOC reports that have been generated so far have not measured the cohort of children that will be affected by a switch in January 2012, because they haven't yet turned two years old. IHOC will continue to monitor the use of the two-dose series and will adjust the calculations accordingly, for future reports.

HEP A

For a child to be counted as Up To Date in the IHOC rate for HepA, the first dose must be given after 1 year of age and the second dose must be given six months after the first dose. Remember, though, that both doses must be given by the 2nd birthday in order to be included in the rate. Some practices have not been routinely giving HepA until recently, and so doses are commonly given after the 2nd birthday for this particular vaccine. As catch-up work continues, these rates should improve over time.

HPV for Girls and Boys

For a child to be counted as Up To Date in the IHOC rate for HPV, all three doses must have been given by the 13th birthday. Until recently, it was not possible to calculate separate rates for both boys and girls. The IHOC reports are able to do that, but because HPV for Boys has not yet been put into practice consistently, low rates are not unexpected for now. Also, it was very difficult to establish a target rate for boys since little data exists as of yet. Therefore, the IHOC report identifies a rate for girls and a rate for boys, but the rate for boys is not included in Good, Better, Best scoring for Pathways to Excellence. As practices engage in catch-up for HPV, rates for both boys and girls will improve over time, and targets may be re-assessed.