Analyzing Pharmacies' Impact on Adult Influenza Vaccinations Reported to an IIS

Can IIS Data Be Used to Assess the Impact of Retail Pharmacies in Immunizing Adults?





Sonderegger Research Center



Wisconsin Department of Health Services

Study Goals

- Demonstrate IIS capability to assess retail pharmacy vaccination data
- Demonstrate the value of collaboration between IIS and retail pharmacies
- Demonstrate the value of retail pharmacy participation in an IIS
- Identify next steps

Methods

- Influenza Seasons
 - 2011-2012, 2012-2013, 2013-2014
- First Valid Influenza Dose Administered:
 - To persons aged 18 years and older at the time of administration and resident in Michigan or Wisconsin
 - By retail pharmacies that submit data to IIS (doesn't include pharmacists in clinic settings)
- Denominator for coverage estimates 2013 U.S. Census Population Estimates Data

Michigan Care Improvement Registry (MCIR)

- A statewide, population-based IIS
 - Implemented in 1998 for health care providers to track children's vaccinations
 - Continually populated since 1994 with birth records through a linkage with Michigan's Vital Records
 - Required reporting within 72 hours of administration for children aged less than 20 years
- Expanded to adults in 2006
 - Strongly encouraged reporting for adult vaccinations

MCIR Participation

	2013 Census	MCIR- MI only* (% of Census)	MCIR – All Persons*
Adults 18+	7,650,421	5,847,809 (76%)	6,405,065
18-49 Years	4,071,197	3,389,268 (83%)	3,835,181
50-64 Years	2,091,631	1,193,814 (57%)	1,243,233
65+ Years	1,487,593	1,264,727 (85%)	1,326,651
All Ages	9,839,187	8,161,445 (83%)	9,104,809

^{*}As of January 2015

Wisconsin Immunization Registry (WIR)

- Statewide, population-based Immunization Information System (IIS), established in 1999 by the Wisconsin Division of Public Health (WDPH)
- Populated with demographic information from all birth records in Wisconsin beginning with the 1995 birth cohort
- WIR participation is not a requirement, however the WIR receives new client and immunization data from many public and private healthcare providers, pharmacies, HMOs, Medicaid and WIC
- As of March 2015 WIR receives data from 2,400 provider organizations and 15,300 active users

WIR Participation

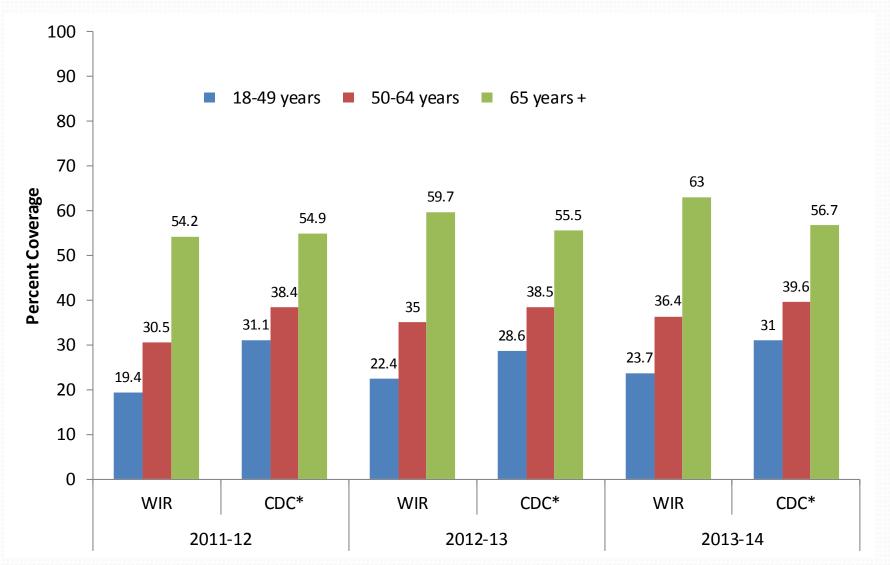
	2013 Census	WIR- WI only (% of Census)	WIR – All Persons
Adults 18+	4,434,937	5,014,668 (113%)	6,405,065
18-49 Years	2,379,514	2,832,440 (119%)	3,835,181
50-64 Years	1,205,456	1,140,793 (95%)	1,243,233
65+ Years	849,967	1,041,435 (123%)	1,326,651
All Ages	5,742,713	6,482,641 (113%)	9,104,809

Number of New and Active Pharmacies Reporting to the IIS by State

Year	MCIR New Submitters	MCIR Active Submitters	WIR New Submitters	WIR Active Submitters
2011	92	887	13	98
2012	14	901	240	339
2013	63	964	28	366
2014	101	1065	10	375

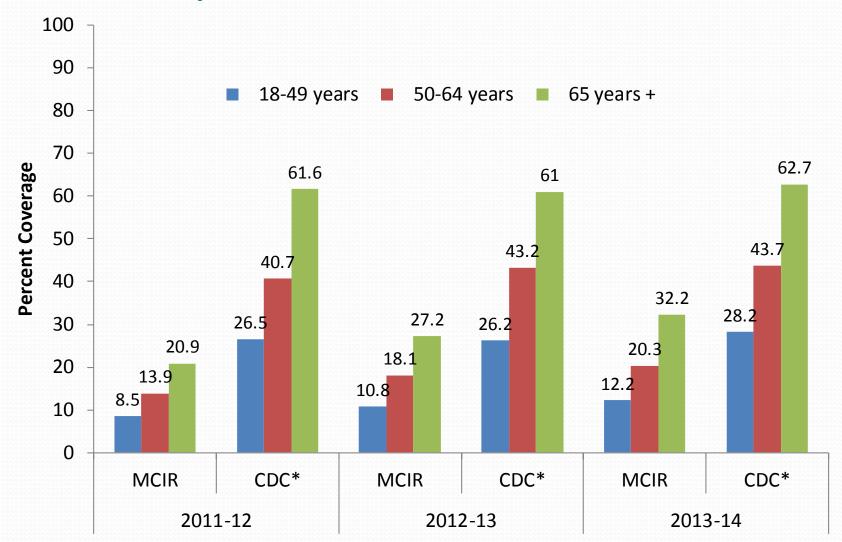
In 2014, MCIR had 1574 pharmacies enrolled and WIR had 626 pharmacies enrolled.

Influenza Vaccination Coverage by Season, WIR compared to CDC



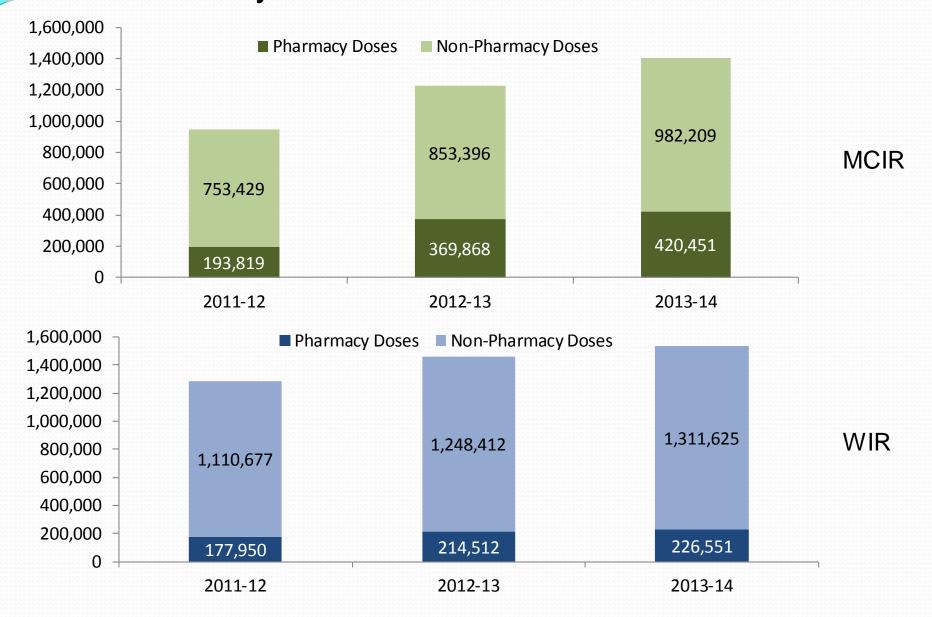
^{*}Behavioral Risk Factor Survey

Influenza Vaccination Coverage by Season, MCIR compared to CDC

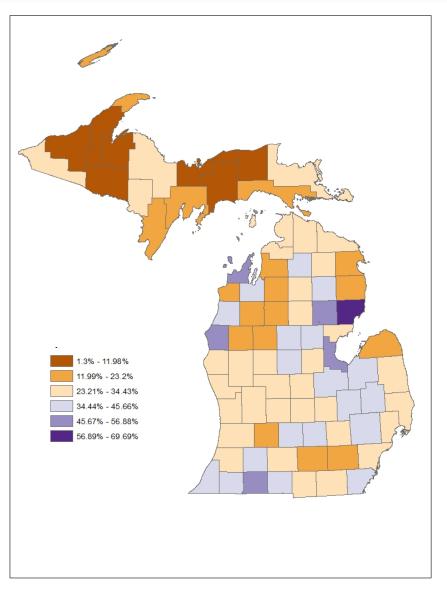


^{*}Behavioral Risk Factor Survey

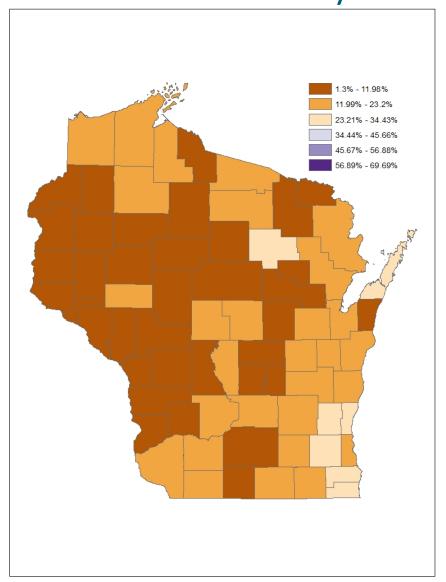
Influenza Vaccination Doses Reported to the IIS by Pharmacies by Season



Proportion of Influenza Vaccinations Reported to MCIR during the 2013-14 Influenza Season by Pharmacies



Proportion of Influenza Vaccinations Reported to WIR during the 2013-14 Influenza Season by Pharmacies



Vaccinations Reported to the IIS by Pharmacies Administered to Adults 18+

	2011	2012	2013	2014		
WIR						
Zoster	7,208	24,637	25,922	20,293		
PPSV23/PCV13	5,611	4,347	4,655	6,513		
Td/Tdap	474	6,362	5,909	7,078		
MCIR						
Zoster	20,993	60,947	57,025	50,084		
PPSV23/PCV13	8,463	11,712	13,292	15,252		
Td/Tdap	6,643	9,968	14,308	17,441		

Limitations

- Adult data are likely to be under-reported
- Pharmacies may be more likely than other provider types to report their immunization data because many of them have adopted HL7 messaging standard
- WIR has inflated population denominators due to clients not being marked as 'Moved out of State' and instead maintaining an 'active' status in WIR associated with a WI address
- MCIR has incomplete capture of the adult population because of the lack of a reporting requirement for adults and may have inaccurate address information for adults because their records may not be assessed / updated regularly
- Assessing impact on coverage is difficult because pharmacies more consistently report adult data in Michigan compared to non-pharmacies

Conclusions

- IIS are valuable in measuring the progress in pharmacies administering & reporting adult vaccinations
- Pharmacies play an important role in immunizing adults
- We are seeing an Increasing rate of reporting by pharmacies
- Coordination of data analysis is crucial to comparing data from several sources

Next steps

- Investigate cross border immunization
- Do pharmacies fill a gap in some counties?
- Age related differences on utilization of pharmacies by adults
- In what types of counties do pharmacies play the biggest role (health care scarcity, age, number and type of pharmacies)
- Look at impact on childhood immunization by pharmacies

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