Name of Program or Initiative:  Validation of Provider Profile Data
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Location:  New Hampshire        Date of Nomination:  10/08/12
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Background: The Vaccines for Children (VFC) Provider Profile form requires that
providers report the number of VFC-eligible children in a practice. The Provider Profile
is used to evaluate vaccine orders and ensure that VFC-funded vaccine is administered
only to VFC-eligible children. The Centers for Disease Control and Prevention (CDC)
requires that the Provider Profile be updated annually. Each grantee is responsible for the
accuracy and reliability of the data submitted by the VFC-enrolled practitioners.

The New Hampshire Immunization Program (NHIP) requires all VFC providers to
submit updated Provider Profile data by no later than January 1 of each year. The
purpose of the program initiative was to develop and implement a protocol to validate the
accuracy of the Provider Profile data submitted by VFC providers.

Planning for our Provider Profile validation initiative began in 2011. Our target audience
includes all current and future VFC immunization providers. The initiative’s funding
sources include 317 and the VFC funds from New Hampshire’s federal Cooperative
Agreement. The timing of the initiative coincided with the grant year (January 1, 2012)
and will continue through 2013.

Innovation: As a Quality Improvement measure, the NH Immunization Program
initiated a validation protocol for purposes of ensuring the accuracy of the health care
provider’s data. Ten percent of enrolled providers (~30 providers) are randomly selected
for a validation visit annually. Additional providers are chosen based on submission of
questionable or outlier data.
The elements of the protocol include:

1. New language in the 2012 VFC Provider Agreement requiring providers to make available documentation validating [showing how they developed] their most current Provider Profile. This documentation can include: 1) electronic medical records reports; 2) doses administered data; or 3) patient chart audits.

2. The Provider Agreement was revised to include language that instructs providers to annually recalculate their Provider Profiles instead of submitting the same numbers year after year.

3. Providers enrolling in VFC for the first time were required to submit documentation to validate how they arrived at their Provider Profile estimates.

4. Prior to a QA visit, the NHIP determines if the provider’s VFC estimates are reasonable and coincide with the provider’s vaccine ordering patterns. This determination may include: 1) reviewing the provider’s doses shipped and/or doses administered reports, or 2) reviewing a cross-section of the provider’s vaccine orders.

5. The NHIP uses a mathematical algorithm to check incoming provider vaccine orders. Providers that over/under order are provided with additional training.

6. The NHIP audits ten percent of the active childhood providers annually. Additional providers may be selected based on recommendations from the field staff.

Effectiveness

As a quality improvement measure, the NHIP initiated a validation protocol for purposes of ensuring the numbers provided by enrolled healthcare providers were accurate. Using
this new methodology, NH was able to demonstrate gaps in the process used by providers to document their current Provider Profile numbers.

Initial findings suggest that 11% of the audited providers reported VFC enrollment numbers that were as much as 164% higher than audit findings indicated. The NHIP worked closely with each health care provider to identify and correct the errors in the Provider Profile, as well as the specific process employed to determine their numbers. This Corrective Education was provided and the issue(s) resolved, prior to the end of each validation site visit.

The NHIP will continue to audit VFC-enrolled health care providers. In addition, opportunities for specific, enhanced education and training will continue to be developed with the goal of on-going quality improvement.

**Potential for Replication**

This initiative can be easily replicated in other immunization programs. One obstacle to implementation is limited human resource. This can be resolved by combining validation audits with VFC Quality Assurance visits, AFIX visits, and in-service presentations.

Consideration should be given to adding this element to new provider visits. Validation audits are an excellent teaching opportunity for providers that may not understand the detail required to complete a Provider Profile. Mistakes can be identified and corrected, information shared, and the use of VFC vaccine can be properly distributed to providers.