

## Reviewer's report

**Title:** Private Provider Participation in Statewide Immunization Registries

**Version:** 1 **Date:** 19 December 2005

**Reviewer:** steve berman

### Reviewer's report:

This manuscript presents the findings of surveys sent to 264 private practices not participating or using a registry, as well as 971 private practices using an immunization registry in 15 of the 31 states having a statewide immunization registry. The use of registries for immunizations as well as specific diseases has been promoted as a key strategy in improving performance in primary care practice. Immunization registries have been in place for a long period of time and their effectiveness has been documented in improving childhood immunization rates. While many integrated delivery systems, such as Kaiser Permanente, have successfully implemented immunization registries, the participation rate among private physicians remains low. Further, the use of electronic registries to carry out reminder recall is even lower. Therefore, the findings of this paper are helpful in identifying the barriers to participation by primary care physicians as well as the barriers to carrying out reminder recall. Immunization registries can also be used to promote systems change to improve up-to-date levels by generating feedback on a monthly basis as to the practice's immunization coverage rates.

The following are my specific comments which are relatively minor and should be able to be addressed by the authors:

Page 3, paragraph 1 - "In 2003 only 36% of private immunizations providers submitted data to a statewide or regional registry, and only 44% of children 0 to 6 years of age were enrolled in a registry." Does this refer only to states that have a statewide registry? If so, the sentence should state this condition.

Page 3 - This manuscript should not only review the states that have population-based statewide immunization registries but how the immunization registry is structured in relation to participation. For example, is participation mandated in any of the states? Are there any incentives for participation? Does participation in VFC depend on participation in the statewide immunization registry, or if it is a national purchase state, is receipt of vaccine conditional on participation in the registry? Does the registry use an internet based system? a table would be helpful.

Page 4, paragraph 1 - What was the breakdown between Family Medicine and Pediatrics in the group of childhood immunization providers?

Page 4, paragraph 1 - Why are childhood providers who participate in VFC the most likely targeted for registry participation? What about universal purchase states?

Page 6, paragraph 2 - 48% of the non-confirmed participants did not recall whether their practice had been contacted for participating in the registry, and 23% were unsure is important information. Of those whose practice had not been contacted or were unsure, what proportion, if they had been contacted would participate?

Page 6, paragraph 4 - Is the issue of compatibility of registry technology and office computers an issue if the registry is internet-based? The main issues with participation involve the cost of entering historic data. When historic data is not entered, the value of the registry is compromised. In certain

situations it is possible to use billing data or other administrative data to initially populate the registry and then to do a record review only on those cases that are not up-to-date. To what extent is this initial data population a problem? To what extent is assistance, both financial or staff assistance, available to do this registry population?

Page 6 - Was there a difference in the non-participants who did not recall being asked about participating or were unsure vs. those that were asked and declined?

Page 7, paragraph 2 - It would be helpful to know how private physicians viewed using the registry for reminder recall and to assess immunization coverage. For those who used it, was it helpful? For those who didn't, would they see a benefit in carrying out these activities.

Page 8, paragraph 3 - Is the accuracy of classifying registry participation based on state supplied data of 62% reasonably high? From an operational standpoint of getting to non-participants, it may function as a reasonable screen, but 62% accuracy is not high. It is also important to determine if someone is an active user who is up-to-date, or simply signed up but is not entering data on a regular basis or querying the system.

Page 9, paragraph 4 - Were there differences between clinicians who were using an internet registry vs. those sending hard copy data by phone or fax?

Overall, I'd like to commend the authors on this study. It is timely and very relevant to both efforts to improve immunization, as well as quality improvement activities and systems change in primary care. The information should help both state health departments responsible for immunization registries, as well as health plans wishing to promote electronic medical records and the use of registries to enhance performance in practice.

General

-----  
Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

-----  
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

-----  
Discretionary Revisions (which the author can choose to ignore)

**What next?:** Accept after minor essential revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

'I declare that I have no competing interests'