



KISS GUIDE TO VACCINE MANAGEMENT



Education Module 3: Data Management

April 2007

**With answers to
reflective activities**

TABLE OF CONTENTS

1. Introduction	3
About this education module	3
How to use	3
Learning objectives	4
Source of material	4
Acknowledgements	4
Disclaimer.....	4
2. Introduction to data management	5
Learning objective/s	5
Background	5
Reflective activities.....	6
3. Roles and responsibilities	7
Learning objective/s	7
Australian Childhood Immunisation Register (ACIR)	7
Medicare Australia – ACIR Secure Site	8
Medicare Australia/ACIR Forms.....	10
Medicare Australia/ACIR Reports	15
Medicare Australia Online Claiming	19
Vaccination Information and Vaccination Administration System (VIVAS)	19
Queensland Health – Population Health Units (PHUs)	20
Vaccine Service Providers (VSPs).....	21
Parents/guardians	22
Reflective activities.....	23
4. Practice Payments	24
Learning objective/s	24
General Practice Immunisation Incentives Scheme.....	24
Benefits for your practice.....	24
Reflective activities.....	25
5. Increasing your coverage rates and incentive payments using data	26
Learning objective/s	26
Immunisation coverage rates	26
Increasing coverage rates and maximising immunisation incentive payments	27
Monthly and quarterly tasks	27
Data cleaning	28

Keep it Simple and Safe!



KISS GUIDE TO VACCINE MANAGEMENT



Reminder systems.....	28
Indigenous identifiers	31
Reflective activities.....	31

Keep it Simple and Safe!

1. INTRODUCTION

About this education module

Purpose

This education module is the third in a series of three which are:

- 1) Introduction to vaccine management
- 2) Cold chain risk management
- 3) Data management

The purpose of this education module is to provide Practice Staff, Practice Nurses and General Practitioners with information and continuing education on vaccination data management for their practice. It provides a comprehensive overview of data management principles and processes for General Practice.

This module has been reviewed and approved by ACIR Field Officer – Queensland, Medicare Australia.

Target audience

All clinical and non-clinical staff involved in immunisation and vaccine management including GPs, Practice Nurses, Practice Managers, Aboriginal Health Workers and Practice Staff.

How to use

How to make the best use of this education module

This education module can be used in many different ways including the following:

- Individuals through self-directed learning
- Small group learning
- Part of a local collaborative

Participants are encouraged to complete each of the education modules consecutively however this is mainly dependent on knowledge, experience and time available to the person. Participants are also encouraged to work through each section in the education module successively as this contextualises the content.

On completion of each section, work through the related reflective activities. Refer to the information in the relevant section to assist you in answering the questions.

Where to go for more information

For more information or answers to the reflective activities, please contact your local Division of General Practice or Population Health Unit. For contact details, visit www.qdgp.org.au/vaccinemanagement.

Learning objectives

It is anticipated that the following learning objectives will be met by participants who successfully complete this education module:

- Identify the need for and importance of effective data management for General Practice and the health system.
- Understand the roles and responsibilities of all key stakeholders for effective data management.
- Understand the financial benefits of effective data management for your practice.
- Understand the benefits of and strategies for effective data management to improve overall immunisation coverage rates for your practice.
- Understand the purpose and use of forms and reports for effective data management.
- Develop effective data management systems and reminders systems for your practice.

Source of material

QDGP has sourced material from the following documents to compile this education module:

1. Australian Childhood Immunisation Register, Information Kit, Medicare Australia, July 2006
2. Immunisation Kit: A Practical Guide to Effective Vaccine Management for General Practice Staff, Australian General Practice Network, 2006
3. Increasing Childhood Immunisation Coverage Rates in your Practice: A guide for Practice staff, Whitehorse Division of General Practice, 2004
4. [Medicare Australia GPII Scheme](#) Website
5. Royal Australian College of General Practice, Handbook for the Management of Health Information in Private Medical Practice, 1st Edition, October 2002, <http://www.racgp.org.au>.
6. [Wikipedia: Data Management](#)

Acknowledgements

QDGP would like to acknowledge the funding provided by the Queensland Government: Queensland Health for the Queensland Vaccine Management Project.

QDGP receives significant funds from the Australian Government: Department of Health and Ageing.

Disclaimer

This document is provided as a generic guide and learning information. All organisations or individuals using this material are required to evaluate the contents for its suitability for their requirements prior to use. The Queensland Divisions of General Practice Association Incorporated (“QDGP”) is not responsible for errors or omissions in the content of this material, or the results of any action taken by any person based on the information contained herein. QDGP expressly disclaims all liability to any person(s) in respect of anything and for the consequences of anything done or omitted to be done by any person in reliance, whether in part or in whole, on the contents of this document.

2. INTRODUCTION TO DATA MANAGEMENT

Learning objective/s

By the end of this section you should be able to identify the need for and importance of effective data management for General Practice and the health system.

Background

What is data management?

Data management comprises all the disciplines related to managing data as a valuable resource. In relation to immunisation data, data management relates to accurately recording and submitting all vaccination records for patients immunised by the Vaccine Service Provider, and receiving overdue notices, GPII reports and other reports/documents relating to vaccination coverage.

The purpose of data management for General Practice

The primary purpose of data management in General Practice is to maintain accurate medical records to facilitate better treatment and care of the patient. It is important that records are accurate and clear. The Privacy Act also requires medical practitioners to take reasonable steps to ensure that the personal health information they keep and use is accurate, complete and up-to-date.

General Practices must take reasonable steps to ensure their medical records:

- are accurate, complete, well organised and legible;
- are up-to-date, in that they reflect the personal health information most recently obtained about the patient concerned;
- would allow another doctor to carry on the management of the patient;
- do not contain prejudicial, derogatory or irrelevant statements about the patient;
- incorporate health summaries in active patient medical records; and
- use a recall system, subject to patient consent, to provide systematic preventive care and early case detection using scientifically validated guidelines.

Importance of accurate data management in General Practice

Accurately recording vaccinations ensures that:

- patient records and notes on patients are completed correctly;
- GPII20A Practice Reports can be checked against the patient's notes kept by the practice.
- the practice does not receive Overdue Notices from the Population Health Unit.
- parents/guardians do not receive reminders from ACIR.
- all appropriate payments to service providers and parents/guardians are received.

For more information

- Local Division of General Practice or Population Health Unit. For contact details, visit www.qdgp.org.au/vaccinemanagement.
- Medicare Australia: Australian Childhood Immunisation Register
ACIR internet helpdesk: 1300 650 039
ACIR internet address: www.medicareaustralia.gov.au
ACIR email address: acir@medicareaustralia.gov.au

ACIR general enquiries: 1800 653 809
GPII general enquiries: 1800 246 101
Medicare Australia eBusiness Service Centre: 1800 700 199

Key resources and links

- Immunisation Kit: A Practical Guide to Effective Vaccine Management for General Practice Staff, Australian General Practice Network, 2006
- [Medicare Australia GPII Scheme](#) Website
- Royal Australian College of General Practice, Handbook for the Management of Health Information in Private Medical Practice, 1st Edition, October 2002, <http://www.racgp.org.au>.

Reflective activities

1. What is data management?

Data management comprises all the disciplines related to managing data as a valuable resource. In relation to immunisation data, data management relates to accurately recording and submitting all vaccinations records for patients immunised by the Vaccine Service Provider, and receiving overdue notices, GPII reports and other reports/documents relating to vaccination coverage.

2. What is the purpose of data management in your practice?

The primary purpose of data management in General Practice is to maintain accurate medical records to facilitate better treatment and care of the patient.

It is important that records are accurate and clear. The Privacy Act also requires medical practitioners to take reasonable steps to ensure that the personal health information they keep and use is accurate, complete and up-to-date.

3. List 3 reasons why accurate immunisation data management is important in your practice.

- Patient records and notes on patients are completed correctly
- GPII20A Practice Reports can be checked against the patient's notes kept by the practice
- The practice does not receive Overdue Notices from the Population Health Unit
- Parents/guardians do not receive reminders from ACIR

- All appropriate payments to service providers and parents/guardians are received

3. ROLES AND RESPONSIBILITIES

Learning objective/s

By the end of this section, you should have an understanding of the roles and responsibilities of all key stakeholders for effective data management, and the purpose and use of forms and reports for effective data management.

Australian Childhood Immunisation Register (ACIR)

Background to the ACIR

The ACIR is a national register administered by Medicare Australia that records details of vaccinations given to children under seven years of age, living in Australia.

The ACIR was established in 1996 in response to a decline in childhood immunisation rates in Australia and an increase in vaccine preventable childhood diseases.

The vaccines recorded on the ACIR includes all vaccines that are included on the National Immunisation Program (NIP) as well as other non-standard and sub-population childhood vaccines.

Purpose of the ACIR

Health professionals use the Immunisation Register to monitor immunisation coverage levels and service delivery, and to identify regions at risk during disease outbreaks.

ACIR data also:

- enables immunisation providers and parents/guardians/guardians to check the immunisation status of an individual child, regardless of where the child was immunised
- forms the basis of an optional Immunisation History Statement which informs parents/guardians and guardians of their child's recorded immunisation history
- provides information about a child's immunisation status to help determine eligibility for the Australian Government's Child Care Benefit and Maternity Immunisation Allowance payments
- provides information for the delivery of incentive payments and feedback reports to eligible immunisation providers.

Roles and responsibilities of ACIR

The Australian Childhood Immunisation Register:

- provides reports, upon request, to help immunisation providers identify children who are due or overdue for immunisation
- provides an information payment to immunisation providers who administer and notify the ACIR of a vaccination which completes one of the immunisation schedules funded under the National Immunisation Program
- helps to identify areas with low immunisation levels at a national, State/Territory and local level.

Medicare Australia – ACIR Secure Site

Authorised immunisation providers can access the immunisation history of an individual child through the ACIR secure area of Medicare Australia's internet site. This site allows Vaccine Service Providers to request and customise information using the reporting system and display a child's recorded immunisation history.

If consent has been given by the child's parent/guardian, immunisation providers can also contact the ACIR on 1800 653 809 to obtain a child's immunisation details over the phone.

Requesting Access

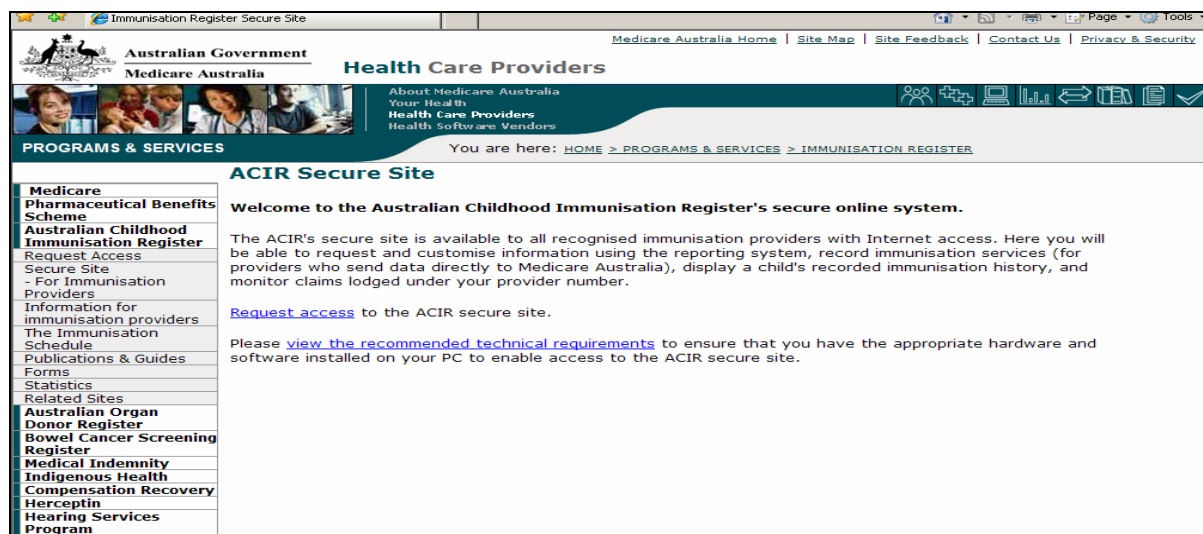
The ACIR's secure site is available to all recognised Vaccine Service Providers with Internet access on the following link:

<https://www1.medicareaustralia.gov.au/ssl/acircirssamn>

In order to obtain access to the ACIR secure site, GPs are required to provide the following information to ACIR:

- Full provider number of their principle practice
- Email address and fax number

After validation, an authentication file name will be posted to the current mailing address (recorded on the ACIR).



The screenshot shows the Medicare Australia ACIR Secure Site webpage. The page header includes the Australian Government logo, Medicare Australia branding, and navigation links such as 'Medicare Australia Home', 'Site Map', 'Site Feedback', 'Contact Us', and 'Privacy & Security'. The main content area is titled 'ACIR Secure Site' and features a welcome message: 'Welcome to the Australian Childhood Immunisation Register's secure online system.' Below this, it states that the site is available to all recognised immunisation providers with Internet access, allowing them to request and customise information, record immunisation services, display a child's recorded immunisation history, and monitor claims. A link for 'Request access' is provided. A sidebar on the left lists various services and programs, including 'Medicare Pharmaceutical Benefits Scheme', 'Australian Childhood Immunisation Register', 'Request Access', 'Secure Site - For Immunisation Providers', 'Information for immunisation providers', 'The Immunisation Schedule', 'Publications & Guides', 'Forms', 'Statistics', 'Related Sites', 'Australian Organ Donor Register', 'Bowel Cancer Screening Register', 'Medical Indemnity', 'Indigenous Health', 'Compensation Recovery', 'Herceptin', and 'Hearing Services Program'. The page also includes a breadcrumb trail: 'You are here: HOME > PROGRAMS & SERVICES > IMMUNISATION REGISTER'.

The 'Guide to requesting access to the secure internet site' can be accessed via http://www.medicareaustralia.gov.au/providers/publications_guidelines/acir.shtml

How to use Medicare Australia – ACIR Secure Site

Logon procedures

The screenshot shows the Medicare Australia website interface for Health Care Providers. At the top, there is a navigation bar with links for Medicare Australia Home, Site Map, Site Feedback, Contact Us, and Privacy & Security. Below this is a banner for Health Care Providers with sub-links for About Medicare Australia, Your Health, Health Care Providers, and Health Software Vendors. A sidebar on the left lists various programs and services. The main content area is titled 'Logon' and provides instructions on how to upload an authentication file. A red circle highlights the 'click here .' link, which is intended to lead to the download of the authentication file. Below the instructions is a form with an 'Authentication Filename' input field, a 'Browse...' button, and a 'Send Authentication File' button.

When accessing the secure site for the first time, you will need to download the Authentication File. To download your Authentication File, click on the “**click here**” located in the centre of the page (do not enter your Authentication File name in the box).

Once you’ve entered your Authentication File, enter your provider number as your User Name and your Authentication File Name in the fields provided and click the Download File button.

If you have lost your User Name and/or Authentication File Name, please contact the ACIR internet helpdesk on 1300 650 039.

Detailed ACIR Internet logon procedures can be access via http://www.medicareaustralia.gov.au/providers/publications_guidelines/acir.shtml.

Hardware/software requirements

Practices will need to have the appropriate hardware and software installed on their PC to access the ACIR secure site. The following technical specifications are recommended to access and communicate securely with the ACIR.

Computer	A PC with a Pentium II processor or better
Operating system	Windows 98, NT, 2000, ME or XP operating systems
Memory	Minimum 64 Mb RAM (128 recommended)
Browser software	Internet Explorer 5.5 or higher
Modem	A modem to connect to the Internet (56 kbps minimum)
Internet access	A connection to an Internet Service Provider (ISP)
Screen resolution	Minimum screen resolution is 800 by 600 pixels (1024 by 768 recommended)
Compression software	PC based compression utility

Medicare Australia/ACIR Forms

There are a number of forms that used by Vaccine Service Providers and/or parents/guardians for varying purposes. Below is a summary of the purpose of each form as well as where it can be accessed.

Immunisation History Form

The Immunisation history form should only be used when the ACIR does not have the complete immunisation history for a child and another immunisation provider performed the service.

This form can be accessed online via

<http://www.medicareaustralia.gov.au/providers/forms/acir.htm>.



Immunisation history form		CLAIM ID				
Only immunisations that are not already recorded on the ACIR need to be included on this form.						
Part A - Child's details						
Medicare number	Ref no.	Date of birth	Male <input type="checkbox"/> Female <input type="checkbox"/>			
First name	Initial	Surname				
Address		Postcode				
Part B - Immunisation details						
Approximate age	Vaccines given (Please mark with an 'X')				Date of immunisation	Still given overseas
Birth	Ingenio-B	HiB/Var II			/ /	<input type="checkbox"/>
	Infanrix	Infanrix/legD	Infanrix: Hexa	Infanrix: IPV	/ /	<input type="checkbox"/>
2 months	Pedacel	Pedacel	Quadacel	Tripacel	/ /	<input type="checkbox"/>
	IPOL	Oil Polo			/ /	<input type="checkbox"/>
	Corvax	Pedacel-HB			/ /	<input type="checkbox"/>
	Prevenar				/ /	<input type="checkbox"/>
4 months	Other (please specify)				/ /	<input type="checkbox"/>
	Infanrix	Infanrix/legD	Infanrix: Hexa	Infanrix: IPV	/ /	<input type="checkbox"/>
6 months	Pedacel	Pedacel	Quadacel	Tripacel	/ /	<input type="checkbox"/>
	IPOL	Oil Polo			/ /	<input type="checkbox"/>
	Corvax	Pedacel-HB			/ /	<input type="checkbox"/>
	Prevenar				/ /	<input type="checkbox"/>
12 months	Other (please specify)				/ /	<input type="checkbox"/>
	Infanrix	Infanrix/legD	Infanrix: Hexa	Infanrix: IPV	/ /	<input type="checkbox"/>
18 months	Pedacel	Pedacel	Quadacel	Tripacel	/ /	<input type="checkbox"/>
	IPOL	Oil Polo			/ /	<input type="checkbox"/>
	Corvax	HiB/Var	Pedacel-HB		/ /	<input type="checkbox"/>
	Meningitec	HiB/Var-C	Menjugate		/ /	<input type="checkbox"/>
4 years	Other (please specify)				/ /	<input type="checkbox"/>
	Infanrix	Infanrix: IPV	Quadacel	Tripacel	/ /	<input type="checkbox"/>
10 years	IPOL	Oil Polo			/ /	<input type="checkbox"/>
	MMR II	Private			/ /	<input type="checkbox"/>
<input type="checkbox"/> Immunisation history is not available but I believe the child identified on this form is age appropriately immunized or is following an approved catch-up schedule.				<input type="checkbox"/> Data next vaccination due	/ /	<input type="checkbox"/>
Part C - Immunisation provider's details and declaration						
Note: This section must be completed and signed by a recognized immunisation provider (e.g. GP, Council, etc.)						
Medicare provider/ACIR registration number		Telephone number				
Provider name						
I certify that the information provided on this form is true and correct, and that I have obtained proof of the vaccination(s) given.						
Provider's signature		Date				
ORIGINAL: Please return this form to Medicare Australia, GPO Box 295, HOSBART TAS 7001 or your nearest Medicare office. For further information about the ACIR, phone 18 00 95 3 999.						

Stationery Reorder Form

This form is to be used by Northern Territory and Queensland Immunisation Providers to order immunisation stationary.

This form can be accessed online via



<http://www.medicareaustralia.gov.au/providers/forms/acir.htm>.

				
Stationery re-order form				
QLD NT				
Please PRINT all details				
Provider name		Medicare provider / ACIR registration number		
Delivery address (PO Box not acceptable for courier delivery)				
Name of person placing the order (or contact person)		Contact phone number () ()	Facsimile number () ()	
Signature		Date / /		
FORM DESCRIPTION	CODE	CONTENT PER UNIT	DE CODE	NO. OF UNITS
IMMUNISATION HISTORY FORM	IMMU-13	10	162	
MEDICAL CONTRAINDICATION FORM	IMMU-11	6	163	
CONSCIENTIOUS OBJECTION FORM	IMMU-12	6	164	
PARENTS / GUARDIANS BROCHURE	1381.22.12.2005	50	524	
POSTER	POST-1	1	166	
Please post your re-order form to: Postal address Medicare Australia Locked Bag 1626 Tuggeranong ACT 2901 Additional information & enquiries call: 1800 067 307		One re-order form is supplied with every order delivered. Complete and mail the form to the address supplied. Urgent replacement orders may be arranged by faxing your order to: (02) 9530 0477 Date received:		
Privacy note The information provided by you on this form will be used by the Australian Childhood Immunisation Register and its stationary distributor to forward requested ACIR stationary to you. This information will not be disclosed to any other bodies.				
IMMU-06 1995				

Medical Contradiction Form

This form is to be used by a recognised Vaccine Service Provider to record why a vaccine should not be given to a child.



This form can be accessed online via <http://www.medicareaustralia.gov.au/providers/forms/acir.htm>.

			
Immunisation exemption Medical contraindication form			
This form must be completed by a recognised immunisation provider			
Child details			
Medicare number	<input type="text"/>	Reference number	<input type="text"/>
Child's first name	<input type="text"/>		Initial <input type="text"/>
Child's surname	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb/Town	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Vaccines exempt due to medical contraindication (please tick)			
<input type="checkbox"/> Infantrix Hexa	<input type="checkbox"/> Pediacel	<input type="checkbox"/> Infantrix HepB	<input type="checkbox"/> Meningitec
<input type="checkbox"/> Infantrix Pentix	<input type="checkbox"/> Polioacel	<input type="checkbox"/> Infantrix	<input type="checkbox"/> NelaVax-C
<input type="checkbox"/> Infantrix IPV	<input type="checkbox"/> Quadricel	<input type="checkbox"/> Triptacel	<input type="checkbox"/> Menjugate
			<input type="checkbox"/> Cervarix
			<input type="checkbox"/> Hibervac
			<input type="checkbox"/> PedvaxHIB
			<input type="checkbox"/> Varivax
			<input type="checkbox"/> Priorix
			<input type="checkbox"/> M-M-R II
			<input type="checkbox"/> Prevenar
Other vaccine (not listed above) Vaccine name: <input type="text"/>			
<small>The latest edition of the Australian Immunisation Handbook contains full details of contraindications to vaccination. Any adverse reaction to an immunisation should be reported to the relevant State or Territory Health Authority. A list of telephone numbers is available in the Australian Immunisation Handbook.</small>			
Provider declaration			
I declare that I believe that the child identified on this form should have a vaccine exemption due to a medical contraindication for one of the following reasons:			
<input type="checkbox"/> Unstable neurological disease			
<input type="checkbox"/> Encephalopathy within 7 days after a previous vaccination			
<input type="checkbox"/> Immediate severe acute allergic or anaphylactic reaction after any previous vaccination			
<input type="checkbox"/> Malignant disease and / or immunosuppressive therapy and / or immunosuppression			
<input type="checkbox"/> Allergy to preservative or antibiotic contained in the vaccine			
<input type="checkbox"/> Other medical contraindication to vaccine (specify): <input type="text"/>			
<input type="checkbox"/> Child has other non-permanent contraindication and vaccination is deferred to this date: <input type="text"/>			
Medicare provider/ACIR registration number	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>
<small>Privacy note: The information provided by you on this form will be used by the Australian Childhood Immunisation Register to record details of vaccine exemption due to medical contraindication. The Immunisation Register may disclose this information to the Family Assistance Office, a parent or guardian of the stated child, and to authorised immunisation providers and bodies as authorised by law.</small>			
<small>Please return this completed form to Medicare Australia, GPO Box 295, HOBART TAS 7001, your nearest Medicare Office, or fax to (02) 8211 0555. For more information about the Australian Childhood Immunisation Register, call 1888 652 606.</small>			

GPII Practice Report (GPII020A) Request Form

Practices that have never received a GPII020A Practice Report since joining the GPII scheme must complete a GPII Practice Report Request Form in order to receive this report. This form can be accessed via

http://www.medicareaustralia.gov.au/providers/forms/incentives_allowances.shtml

			
General Practice Immunisation Incentives (GPII) GPII Practice Report (GPII020A) request form			
Practice details: (please print)			
Practice name	<input type="text"/>		
Practice address	<input type="text"/>		
	State	Postcode	
Contact person	<input type="text"/>		
Telephone number ()	<input type="text"/>	Fax number ()	<input type="text"/>
Please complete the following details of one provider registered at your GPII/RP Practice:			
Provider name	<input type="text"/>		
Medicare provider number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider signature	<input type="text"/>		
GPII/RP practice number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please indicate the purpose for which you intend to use this information:			
<input type="checkbox"/>	To follow-up children who are overdue for a scheduled immunisation;		
<input type="checkbox"/>	To contact children who are in a risk group because of an outbreak of a disease;		
<input type="checkbox"/>	To maintain accurate records in order to provide an immunisation recall/reminder;		
<input type="checkbox"/>	To identify particular children requiring an immunisation service;		
If the purpose for which you intend to use the information is not listed above, please state the reason below:			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Has your Practice forwarded a signed Section 46E Agreement to Medicare Australia?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A signed Agreement is required before your Practice Report can be produced. Please contact 1800 246 101 (free call) and an Agreement will be forwarded to you.	
Please indicate the information you wish to appear on the report:			
<input type="checkbox"/> Children Not Fully Immunised	<input type="checkbox"/> Children Fully Immunised	<input type="checkbox"/> Include Single Visits	
Please mail or fax the completed form to:			
Immunisation Section, Medicare Australia, GPO Box 295, HOBART TAS 7001			
Facsimile (03) 6281 0555			
Enquiries relating to requesting Immunisation Reports—telephone 1800 246 101 (free call)			
<small>Privacy Note: The information provided by you on this form will be used by Medicare Australia solely to process your request for the GPII Practice Report (GPII020A), supplied to you under the provisions of the Health Insurance Act 1973. Information on this form will not be disclosed to any other individual, organisation or agency.</small>			
			<small>IMMU-1.6 (14/02/04)</small>

Section 46E Agreement

Data recorded on the ACIR is collected under Section 46 of the *Health Insurance Act 1973* and is released in accordance with the provisions of this Act and the Privacy Act 1988.

Information about children and their immunisation status can be released to a recognised Vaccine Service Provider where the information is sought for a purpose relating to the immunisation or health of the child.

Information can be released to authorised persons for immunisation or health-related purposes. Individuals or groups requesting identifiable information must complete a written agreement.

All GPs who administer vaccination from the practice must complete a Section 46E Agreement. This provides consent by the GP for identifiable immunisation data to be provided to the practice.

This form can be accessed via http://www.medicareaustralia.gov.au/providers/forms/incentives_allowances.shtml

Australian Government
Medicare Australia

Australian Childhood Immunisation Register

Agreement under Section 46E(2) of the Health Insurance Act 1973

This agreement is made by:

An individual immunisation provider (the "Applicant")

Name of Immunisation Provider.....
 Business address of Provider.....
 GP/II or PIP Practice number (if applicable).....
 Telephone no (.....) Fax no (.....)

OR

A Medical Practice - each of the individual signatories (each being an "Applicant") together constitute the Practice known as:

Name of Practice.....
 Business address of Practice.....
 GP/II or PIP Practice number (if applicable).....
 Contact name.....
 Telephone no (.....) Fax no (.....)

Background

The *Health Insurance Act 1973* (the Act) makes provision in relation to the Australian Childhood Immunisation Register (the ACIR) and enables Medicare Australia to provide identifying information from the ACIR to certain people for a purpose relating to the immunisation or health of a child.

Medicare Australia cannot release any identified information to you unless this Agreement is completed and signed as required.

You, as the Applicant, are recognised by Medicare Australia as a provider of immunisation services to children specified by Schedule 1A to the *Health Insurance Regulations*.

1

For more information

For further information about ACIR Forms, visit <http://www.medicareaustralia.gov.au/providers/forms/acir.htm>

Medicare Australia/ACIR Reports

The Australian Childhood Immunisation Register (the ACIR) produces a series of statistical, identified and access reports for immunisation providers who are registered to use the ACIR secure internet site.

The following table indicates which reports are available to General Practice:

ACIR Report	Report Name	Medicare GP	General Practice
ACIR001A	Number of children registered with ACIR	✓	✓
ACIR002A	Number (or percentage) of children who have received valid vaccinations		✓
ACIR002B	Number of children who have received valid vaccinations by a selected service provider		✓

ACIR Report	Report Name	Medicare GP	General Practice
ACIR003A	Number of children whose parents/guardians have withdrawn consent		✓
ACIR011A	Due/overdue report by locality		✓
ACIR011B	Due/overdue report by provider	✓	✓
GPII020A	GPII Practice Report	✓	
ACIR021A	Due/overdue report	✓	

ACIR001A Report: number of children registered with ACIR

This report lists the number of children currently registered with the ACIR by the locality and age of the child. The report includes the following options for age breakdown:

- by scheduled age (for example <3 months, 3–4 months);
- by age group (for example 0 months, 1 month, 2 months); and
- by birth date range (for example 01/01/2006 to 31/12/2006).

ACIR002A—number (or percentage) of children who have received valid vaccinations

This report provides statistics on children who have received valid vaccinations, identified by locality and age. The information can be broken down by vaccination information, date type and age breakdown.

Vaccination information by:

- the disease vaccinated against (for example Diphtheria, Tetanus); or
- the vaccination brand (for example IFX, CMX, OPV).

Date type by:

- age calculated at current date (age at date report produced); or
- age calculated at vaccination date (age at date vaccination given).

Age breakdown by:

- scheduled age (for example <3 months, 3–4 months);
- age group (for example 0 months, 1 month, 2 months); and
- birth date range (for example 01/01/1997 to 31/12/1997).

ACIR002B—number of children who have received valid vaccinations by a selected provider

This report provides the number of valid vaccinations administered by a specified provider. The information can be broken down by vaccination information, date type and age breakdown.

Vaccination information by:

- the disease vaccinated against (for example Diphtheria, Tetanus); or
- the vaccination brand (for example IFX, CMX, OPV).

Date type by:

- age calculated at current date (age at date report produced); or
- age calculated at vaccination date (age at date vaccination given)

Age breakdown by:

- scheduled age (for example <3 months, 3–4 months);
- age group (for example 0 months, 1 month, 2 months); and
- birth date range (for example 01/01/1997 to 31/12/1997).

ACIR003A—number of children whose parents/guardians have withdrawn consent

This report provides a count and percentage of children by locality, whose parents/guardians have either:

- opted out of receiving immunisation history statements;
- withdrawn consent for HIC to pass on immunisation details to a third party; or
- lodged a conscientious objection form.

In addition, Divisions of General Practice can request this report for a particular division number. The report includes the option for age breakdown by birth date range (for example 01/01/1997 to 31/12/1997).

ACIR011A—due/overdue report by locality

This report identifies children due/overdue for immunisation, by their locality. The information can be broken down by postcode or a postcode range. The following options are available:

- children overdue for an immunisation service by a specified number of days;
- children due for an immunisation service; or
- children within a date of birth range.

Output options available:

- child's details (name, address and overdue status);
- immunisation history of each child (all vaccines recorded on the ACIR at the time the report is produced);
- due/overdue antigens (due and overdue date for each child on the report);
- provider's details (name, address and phone number of providers who have given vaccinations to the children reported and details of the information provider)*; and
- natural immunity/medical contraindication details.

*Note: not all providers have access to the Provider Details file.

ACIR011B—due/overdue report by provider

The report identifies children due/overdue for immunisation by immunisation provider. The provider requesting the report must have immunised the child at least once.

The following options are available:

- children overdue for an immunisation service by a specified number of days;
- children due for an immunisation service;

- all children immunised by a specified provider (this is a maximum 12 month date range based on receipt of encounters); or
- children within a date of birth range.

Output options available:

- child's details (name, address and overdue status);
- immunisation history of each child (all vaccines recorded on the ACIR at the time the report is produced);
- due/overdue antigens (due and overdue date for each child on the report);
- provider details (name, address, and phone number of providers who have given vaccinations to the children reported and details of the information provider)*; and
- natural immunity/medical contraindication details.

*Note: not all providers have access to the Provider Details file.

GPII020A Practice Report

This report identifies those children who have attended the practice during, the 12 month reference period* and were, according to ACIR records, assessed as not fully immunised. This report is only available to Practice Incentive Payment and General Practice Immunisation Incentive scheme registered practices. Practices must complete a GPII Practice Report Request form to receive their first GPII020A Practice Report. All subsequent reports will be forthcoming with the quarterly outcome statements.

The GPII020A Practice Report is generally used by practices to:

- Follow-up children who are overdue for a scheduled immunisation;
- Contact children who are in a risk group because of an outbreak of a disease;
- Maintain accurate records in order to provide an immunisation recall/reminder; and/or
- Identify particular children requiring an immunisation service.

*Reference period is the 12 month period that ends four months before the start of the quarter in which the immunisation level/payment is calculated.

Practices not receiving their GPII020A Practice Report

If a practice has never received a GPII020A Practice Report since joining the GPII scheme, they will need to complete a GPII Practice Report (GPII020A) Request Form and ensure that all GPs have signed a Section 46E Agreement. The Section 46E Agreement provides consent by the GP for immunisation data to be provided to the practice on vaccinations performed by the GP.

Copies of the GPII Practice Report (GPII020A) Request Form and Section 46E Agreement can be requested by contacting GPII enquiries line on 1800 246 101 or printed off the Medicare Australia website via www.medicareaustralia.gov.au/providers/forms/incentives_allowances.

If a practice has been receiving their GPII020A Practice Report previously but it has stopped arriving. It is generally due to a GP that has recently joined the practice and has not signed the Section 46E Agreement.

Practices can contact the GPII general enquiries line on 1800 246 101 to find out why they are not receiving their GPII020A Practice Report.

ACIR021A Report – Due/Overdue Report

This report enables GPs to follow-up children who are classified as due/overdue for one or more antigens. The report identifies children for all current practice locations the GP has when requesting the report. This report is only available to registered Medicare Australia practices.

For more information

For further information about ACIR/Medicare Australia reports, visit http://www.medicareaustralia.gov.au/providers/publications_guidelines/acir.shtml or contact ACIR on 1800 246 101.

Medicare Australia Online Claiming

Medicare Australia's online claiming facility allows providers to submit claims electronically via the internet from the provider's health care location. The internet is used to send the claim to Medicare Australia for processing and payment. Vaccine Service Providers can submit general immunisation data, immunisation history data and immunisation next-due-date to Medicare Australia using this facility.

For more information about registering for online claiming, contact the Medicare Australia eBusiness Service Centre on 1800 700 199.

For more information

ACIR internet helpdesk: 1300 650 039
ACIR internet address: www.medicareaustralia.gov.au
ACIR email address: acir@medicareaustralia.gov.au
ACIR general enquiries: 1800 653 809
GPII general enquiries: 1800 246 101
Medicare Australia eBusiness Service Centre: 1800 700 199

Vaccination Information and Vaccination Administration System (VIVAS)

Queensland Health Immunisation Program (QHIP)

The QHIP are responsible for the coordination, maintenance and enhancement of the immunisation database by undertaking the following roles:

- In collaboration with key stakeholder groups, develop and oversee the implementation of policy and strategies to improve immunisation in Queensland
- Develop and distribute resources to support immunisation service providers
- Coordinate delivery of free vaccines to service providers (including GPs, councils, child and community health, hospitals, aboriginal medical services) in Queensland
- Represent Queensland Health on national and state committees on immunisation and related issues
- Liaise with key stakeholder groups including the Commonwealth, immunisation service provider organisations and immunisation service providers to ensure regular and accurate dissemination of information to providers and the community
- Coordinate vaccine purchase contractual arrangements and vaccine purchase

Background to VIVAS

The Vaccination Information and Vaccination Administration System (VIVAS) was established by Queensland Health in 1996 and is a Queensland register of vaccination events for all children vaccinated according to the NHMRC schedule and individuals vaccinated with free vaccine supplied through Commonwealth and State programs. It is also a database for Queensland's centralised vaccine distribution system.

Service Providers enrolled on VIVAS include general practitioners, local government, hospitals, community health clinics, Aboriginal Health Services, Royal Flying Doctor Services and some community based organisations. Once enrolled, providers then have access to a range of services such as the Vaccine Distribution System incorporated in VIVAS, overdue notices, the ability to access individual records of vaccination and provision of data to the Australian Childhood Immunisation Register (ACIR).

VIVAS is updated from records supplied by registered Vaccination Service Providers via the Vaccination Record Form, computer generated hardcopy records, and data sent electronically using Medicare Online. VIVAS submits all data for children under seven years of age to the ACIR through electronic data interchange on a daily basis. Information collected by VIVAS is cleaned and entered on the database before it is forwarded to the ACIR. As information is collected by VIVAS first, the data needs to be collected in a timely manner to ensure the supply of data to the ACIR is not delayed for the purposes of payments to service providers and parents/guardians.

Roles and responsibilities

The data held on VIVAS is:

- Used to monitor immunisation levels at a state and local level.
- Used to produce overdue notices by local Population Health Units for children who are 8 weeks to 16 weeks overdue for vaccination. The overdue notices are forwarded to the last service provider for that child every 8 weeks.
- Linked to the free vaccine distribution system component of VIVAS which supplies appropriate vaccine orders to service providers, according to a history of vaccine usage and past vaccine orders. The system is able to monitor vaccine wastage and the supply of special program vaccines.
- Used to identify the use of expired vaccines. This provides an opportunity to educate service providers on stock rotation of vaccines and the need to check expiry dates of vaccines to be administered. When a child is vaccinated using expired vaccine, VIVAS contacts the service provider and requests that the child is recalled and revaccinated. Until the child is re-vaccinated, the child is considered incompletely vaccinated and payments for both the service provider and the parent/guardian will be delayed.

Queensland Health – Population Health Units (PHUs)

Background and purpose of PHUs

Population Health Units are located within three Area Population Health Services (Northern, Central and Southern), with offices in multiple locations across the State.

The Northern, Central and Southern Area Population Health Networks, and Communicable Diseases Branch work together in a collaborative and multidisciplinary approach to plan for and address a broad range of population health issues in partnership with Health Service Districts, other health services, other sectors and the community.

Population Health Units and Area Population Health Services are committed to a quality approach to service delivery, planning, management and reporting.

Roles and responsibilities of PHUs – General

The role of Population Health Units is distinguished from other roles of the health system by its focus on the health and well-being of populations, rather than individuals. The objectives of Population Health Units are:

- Protecting health
- Preventing disease, illness and injury
- Promoting health and well-being

In general, Population Health Units are responsible for:

- Developing, coordinating and supporting public health interventions for priority health issues of local significance.
- Undertaking health surveillance including the collation, analysis, monitoring and distribution of information on health status and disease trends to relevant organisations.
- Coordinating local disease control initiatives, including response to and notification of disease outbreaks.
- Undertaking environmental health surveillance and implementation of legislation, policy and programs.
- Providing specialist public health advice and develop the capacity of health services, other sectors and the community to collaboratively plan and implement effective public health programs.
- Implementing appropriate public health legislation.

Population Health Units achieve this by working collaboratively with and supporting a range of organisations including other health services; other government departments; local government; non-government agencies; research institutions, Divisions of General Practice and local communities.

Roles and responsibilities of PHUs – Vaccination data

Population Health Units in Queensland have access to VIVAS data and are therefore able to respond locally to requests for information and use the data for program planning.

Population Health Units are responsible for forwarding each General Practice a VIVAS Overdue Notice every 8 weeks listing children who are 8 weeks to 16 weeks overdue for vaccination. Practices are not required to request this information. The Population Health Units forwarded the overdue notices to the last service provider for that child.

Vaccination Service Providers can contact their nearest Population Health Unit to access VIVAS data to check the immunisation status of a child vaccinated in Queensland.

Vaccine Service Providers (VSPs)

Roles and responsibilities of VSPs

When compiling immunisation information, vaccine service providers are required to accurately record the following information:

- the practice VSP Number or Medicare Provider Number at the top of the Vaccination Record Form;
- personal details of the patient (e.g. name, address, date of birth, contact details);

- all vaccines administered to the patient;
- all dose numbers and vaccine batch numbers; and
- any vaccines that are transferred, discarded or received to or from the practice;

If the practice is computerised, practice's can send computerised printouts of the Vaccination Event, rather than transcribing the details onto the Vaccination Record Form. Contact VIVAS on **3234 1500** to check the format of the printout.

Aboriginal and Torres Strait Islander (ASTI) status should be indicated on the VIVAS Vaccination Record Form, as either:

- Aboriginal;
- Torres Strait Islander;
- Non Indigenous; or
- Not stated

In order for Vaccine Service Providers and parents/guardians to receive the appropriate immunisation incentive payments, Vaccine Service Providers are required to cross check all immunisation information received from ACIR and VIVAS with their practice records and update the information if necessary. If vaccination information of a patient is incorrect, the Vaccine Service Provider should update the correct information and return to VIVAS in a timely manner.

All practices should ensure that all GPs providing vaccinations from the practice have signed a Section 46E Agreement form. This provides consent to ACIR to provide the practice with immunisation data on a child vaccinated by a GP from the practice.

For more information

Contact your local Division of General Practice or Population Health Unit. For contact details, visit www.qdgp.org.au/vaccinemanagement.

Parents/guardians

Roles and responsibilities of parents/guardians

Parents/guardians should also be responsible for keeping their child immunisation status up to date by using a reminder system of their own, e.g. marking it on the calendar.

If a parent/guardian receives a reminder letter or phone call, parents/guardians should respond to this reminder by either:

- Booking a vaccination appointment with the practice;
- Providing the practice with the Child's Health Record if the child is up-to-date; or
- If the parent is a conscientious objector, they should discuss this with their GP and complete a conscientious objection form.

Parent incentives and benefits

The ACIR provides parents/guardians with benefits such as:

- reminder letters when the child is due or overdue for vaccination;
- an immunisation history of the child; and
- the ability to track immunisation levels in Australia to assist health professionals to monitor disease outbreaks; and
- assistance in providing eligibility for child care and maternity allowance.

For more information

Contact your local Division of General Practice or Population Health Unit. For contact details, visit www.qdgp.org.au/vaccinemanagement.

Key resources and links

- Australian Childhood Immunisation Register, Information Kit, Medicare Australia, July 2006
- Immunisation Kit: A Practical Guide to Effective Vaccine Management for General Practice Staff, Australian General Practice Network, 2006
- [Medicare Australia GPII Scheme](#) Website

Reflective activities

4. What is the ACIR and why was it established?

The ACIR is a national register administered by Medicare Australia that records

details of vaccinations given to children under seven years of age, living in Australia.

The ACIR was established in 1996 in response to a decline in childhood immunisation

rates in Australia and an increase in vaccine preventable childhood diseases.

5. Outline three roles of the ACIR?

1. _____
2. _____
3. _____

6. List three roles of VIVAS?

1. _____
2. _____
3. _____

7. What information does the GPII020A Practice Report contain and what is the purpose of this information for practices?

This report identifies those children who have attended the practice during, the 12 month reference period and were, according to ACIR records, assessed as not fully immunised.

The GPII020A Practice Report is generally used by practices to:

- Follow-up children who are overdue for a scheduled immunisation

- Contact children who are in a risk group because of an outbreak of a disease
- Maintain accurate records in order to provide an immunisation recall/reminder
- Identify particular children requiring an immunisation service

8. What is a Section 46E Agreement and why is it important that all GPs administering vaccinations complete this form?

All GPs who administer vaccinations from the practice must complete a Section 46E

Agreement. This provides consent by the GP for identifiable immunisation data to be

provided to the practice. It is important that all GPs complete the Section 46E Agreement

so the practice can receive information from ACIR, particularly the GPII020A

Practice Report which identifies overdue children. This report is withheld if one or more

GPs from the practice have not signed the Section 46E Agreement.

4. PRACTICE PAYMENTS

Learning objective/s

By the end of this section, you should have an understanding of the financial benefits of effective data management for your practice.

General Practice Immunisation Incentives Scheme

The General Practice Immunisation Incentives (GPII) scheme was introduced in 1998 to support General Practitioners to play a central role in preventative health care and in increasing childhood immunisation rates. This scheme provides financial incentives to GPs who immunise children according to the National Immunisation Program (NIP).

Benefits for your practice

Practices can receive a number of financial benefits, as outlined below, if accurate immunisation information is promptly reported to VIVAS/ACIR and maintained within the practice as well as fully immunising children from the practice.

General Practice Immunisation Incentive Payments

General Practitioners are eligible for three immunisation payments for carrying out vaccinations:

- ACIR Notification Payment
 - Vaccine Service Providers receive a notification payment for providing immunisation information. The amount is agreed between each State and Territory Health Departments and the Commonwealth. In Queensland, Vaccine Service Providers receive up to \$3.00 for each immunisation encounter that completes an age appropriate schedule. A further \$3.00 per encounter is

provided to Queensland Health for administrative support e.g. the VIVAS database.

- Service Incentive Payment (SIP)
 - Only those GPs who are registered with the ACIR as *Vaccine Service Providers* are eligible to receive SIP.
 - Their eligibility is an automatic process and does not require registration. This payment is paid monthly along with the ACIR Notification payment.
 - This payment is an \$18.50 payment to individual GPs and other Medical Practitioners who notify the ACIR of a vaccination that completes an age appropriate immunisation schedule. The payment is made monthly in addition to the ACIR notification payment.
 - SIP payments commenced July 1998.
- Outcome Payments
 - This payment is only received if the practice is registered with the General Practice Immunisation Incentive (GPII) Program. If the practice is registered with the Practice Incentive Program (PIP) or Better Practice Program (BPP), the practice is automatically registered for the GPII program.
 - The Outcomes Payment is intended for practices that have larger numbers of children in their patient populations. Practice population is determined by virtue of a child attending a practice for a non referred Medicare consultation during a 12 month reference period. The GPII scheme has a threshold set at 10 Whole Patient Equivalents (WPEs).
 - It is a tiered series of payments to registered practices that achieve certain percentage proportions of full immunisations. Payments commenced in August 1998 and are made every 3 months. The funds are electronically transferred into practice accounts and are practice payments. The payment is \$3.50 per Whole Patient Equivalent children for above 90% fully immunised.

For more information

- Contact your local Division of General Practice or Population Health Unit. For contact details, visit www.qdgp.org.au/vaccinemanagement.
- GPII General Enquiries: 1800 246 101

Key resources and links

- [Medicare Australia GPII Scheme](#)
- Immunisation Kit: A Practical Guide to Effective Vaccine Management for General Practice Staff, Australian General Practice Network, 2006

Reflective activities

The following questions will help you to review the content in Section 4. Contact your Division of General Practice for help or to obtain the answers to these reflective questions.

9. What is the GPII scheme and why was it established?

The General Practice Immunisation Incentives (GPII) scheme was introduced in 1998

to support General Practitioners to play a central role in preventative health care and

in increasing childhood immunisation rates. This scheme provides financial incentives to GPs who immunise children according to the National Immunisation Program (NIP).

10. List the three immunisation incentive payments available to General Practice for carrying out vaccinations.

1. ACIR Notification Payment
2. Service Incentive Payment
3. Outcome Payment

11. Who is eligible for a Service Incentive Payment?

The Service Incentive Payment is only available to those GPs who are registered with the ACIR as Vaccine Service Providers.

5. INCREASING YOUR COVERAGE RATES AND INCENTIVE PAYMENTS USING DATA

Learning objective/s

By the end of this section, you should have an understanding of the benefits of and strategies for effective data management to improve overall immunisation coverage rates and maximise incentive payments for your practice.

Immunisation coverage rates

Background

Coverage rates are the measure of children, up to 7 years of age, who are assessed as fully immunised against the diseases included on the National Immunisation Program Schedule. A practice's coverage rate only includes children who have attended the practice at least twice in the preceding 12 months. The child's visit does not have to be immunisation related.

How are they calculated?

Immunisation coverage rates are calculated from immunisations that are reported on the ACIR. A practice's coverage rate relies on accurate and up-to-date reporting of immunisations to the ACIR. All immunisations should be reported including:

- Immunisations that occur in the practice.
- Immunisations that have been administered by a provider outside your clinic but not reported to ACIR.
- Immunisations that are not part of the NIP.

When are they calculated?

Coverage rates are calculated 4 times per year, within the last two weeks of each quarter. This includes:

- February quarter (December – February)
- May quarter (March – May)
- August quarter (June – August)
- November quarter (September – November)

How practices are notified of immunisation coverage rates?

At the end of each quarter, practices receive a letter in the post from Medicare Australia called the GPII Feedback Statement. Immunisation coverage rates are located at the bottom of the first page.

Recalculation of coverage rates

Practices have a second chance to improve their coverage rate result. Approximately 2 months after the original calculation, the same children will be retested. If the immunisation status has changed for any children, practices will be posted a GPII Feedback Recalculation Statement which summarises the practices improved coverage rate and payments.

Increasing coverage rates and maximising immunisation incentive payments

Below are some strategies practice can adopt to increase practice coverage rates and maximise immunisation incentive payments:

- Report all vaccination information to VIVAS in a timely manner;
- Maintain accurate practice records;
- Cross check all immunisation data received from ACIR with accurate practice records;
- Report any changes of vaccination information to VIVAS in a timely manner;
- Follow-up all overdue children using an effective practice based reminder system;
- Conduct regular data cleaning;
- Accurately identify and record Aboriginal and Torres Strait Islander people;
- Follow a regular monthly and quarterly task log.

Monthly and quarterly tasks

There are monthly and quarterly tasks that can be undertaken to maximise immunisation incentive payments and increase coverage rates for your practice.

Monthly Tasks

Every month, practices will be posted an Immunisation Payment Statement. The second page of the statement summarises all encounters that the ACIR has received from the practice since the last month's Immunisation Payment Summary. The summary includes the child's name, the vaccines they received and the payments that were earned. Any encounters rejected for payment will be indicated by a code that is explained on the last page of the statement.

Every month, practices should:

- Ensure that every encounter reported in the last month is accounted for on this statement.

- Re-report any missed encounters. Encounter vouchers can be disposed of once they are sighted on the statement.
- Examine any encounters that have been rejected for payment.
- Correct errors by writing on the Immunisation Payment Statement and posting or faxing it back to ACIR. Alternatively, practices can call ACIR on 1800 653 809.

Quarterly Tasks

Every quarter, practices should receive a GPII020A Practice Report.

Once the GPII020A Practice Report is received, practice should carry out the following:

- Cross check the child's immunisation history on the practice records with the information received on the GPII020A Practice Report. If further immunisation history is identified, practices should report this information to VIVAS by updating this information and forwarding it to the local Population Health Unit in a timely manner.
- If, after checking practice records, the child appears to be genuinely overdue, make contact with the parents/guardians by telephone or letter using the practice/clinic [reminder system](#).

Data cleaning

Data cleaning is a process that is used both on a Division and practice level to improve immunisation data quality. Data cleaning is an essential step in populating and maintaining vaccination data in practices. Typical data cleaning tasks include record matching, removing duplication and reminder systems.

Various reports available to both Divisions and General Practice from the Australian Childhood Immunisation Register (ACIR) and Vaccination Information and Vaccination Administration System (VIVAS) can be used for data cleaning purposes.

Data cleaning is important so that practices, VIVAS and ACIR maintain accurate and consistent immunisation details on individuals vaccinated in Queensland.

Data cleaning can not only improve immunisation coverage rates for the practice but can also maximise income earned from immunisation incentive payments.

Reminder systems

Background to reminders systems

The majority of overdue vaccinations result from people simply forgetting that the vaccination is due. A friendly reminder from your practice via a phone call or letter is a simple strategy to recall patients for vaccinations and increase practice immunisation rates and payments.

Some Population Health Units include a simple recording table on the bottom of the VIVAS Overdue Notices for this purpose.

The benefits of a practice based reminder system

The benefits of a practice based reminder systems are as follows:

- to remind parents/guardians of a child who is overdue for a vaccination and therefore assist in protecting children against certain communicable diseases;
- to increase overall practice immunisation coverage rates;
- to maximise income earned on all immunisation incentive payments.

Types of reminder systems

A practice can use two types of reminder systems:

Paper based reminder system

The practice can use information generated from the GPII020A Practice Report or VIVAS Overdue Notice to identify the children who are overdue for vaccination.

Computer based reminder system

Most medical software programs have the ability to record immunisation data electronically. The benefit of this system is that it can generate printouts of all vaccinations completed and 'flag' children who are overdue for vaccinations.

Operating a practice based reminder system

Recalling patients

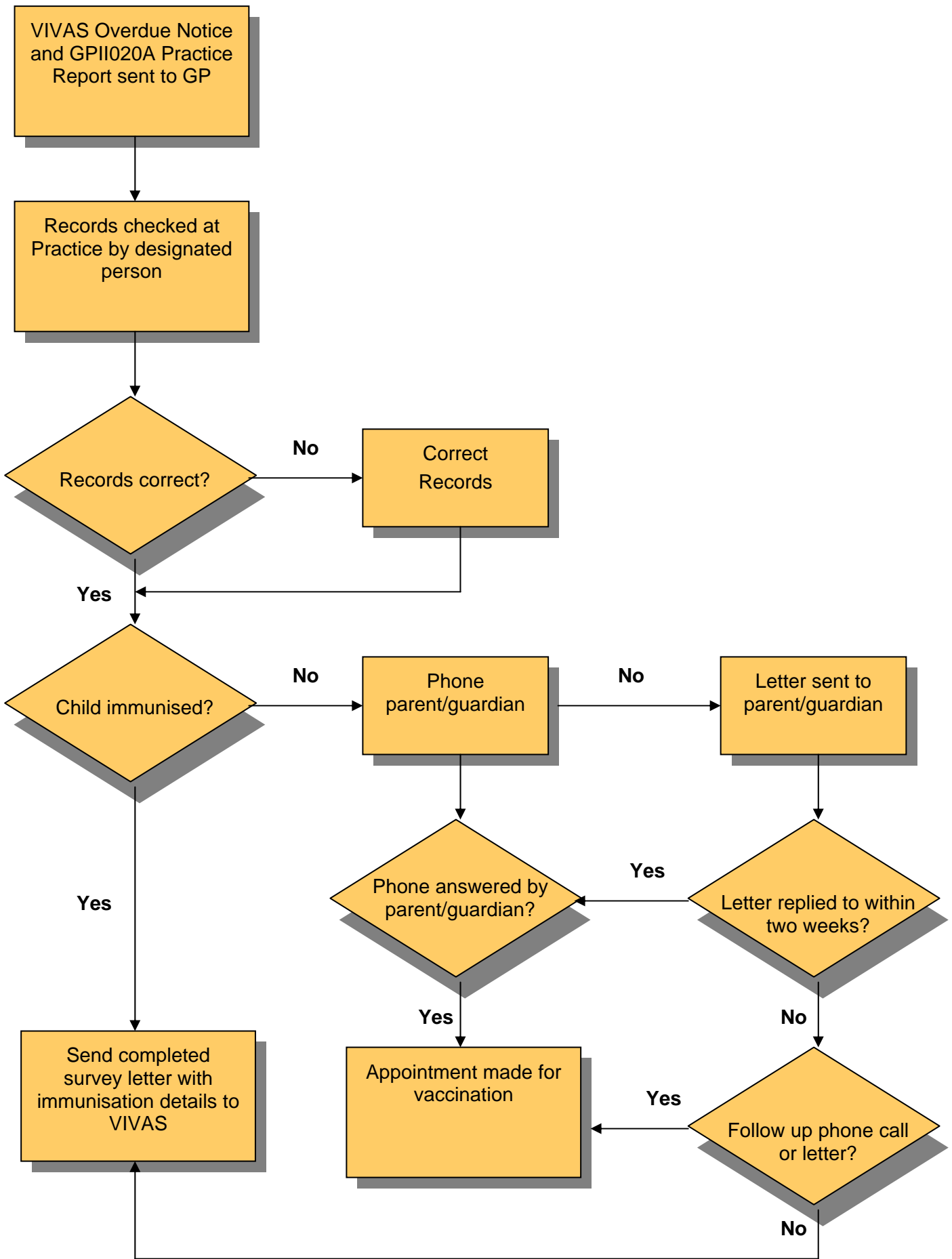
If the reminder system indicates that a child is overdue for a vaccination, firstly check your practice records to determine if in fact this is the case. If the vaccination has been completed you need to update VIVAS. If the child is found to be overdue then make contact with the parents/guardians by letter or telephone.

- **Letter** – A copy of the child's GPII020A Report can be posted to the parents/guardians. Practices should highlight the child's name and overdue items on the report.
- **Telephone** – If the child is up-to-date, request parents/guardians bring in their Child's Health Record so that it can be reported to VIVAS and transmitted to ACIR. Otherwise, encourage the parent/guardian to make an immunisation appointment. If they are a 'conscientious objector', they should be encouraged to discuss this with their GP on their next visit. Once a conscientious objection form is lodged, the child will **not** appear on the GPII020A Practice Report however they will still be included in the practice's coverage rate as 'not fully immunised'.

Queensland Health guidelines recommend that practice's make three (3) attempts to contact a patient who is overdue for vaccination and this needs to be completed within four (4) weeks of receiving a VIVAS Overdue Notice from the Population Health Unit. A child is defined as 'uncontactable' if a response has been received from the child's parent/guardian after a minimum of three (3) contact attempts.

Practices should ensure that they keep a record of all recall letters and phone calls and forward this information to VIVAS.

Reminder system flow chart



Indigenous identifiers

Better information about the indigenous community assists us to reduce inequalities that currently exist. Practices can contribute to better health outcomes for the Aboriginal and Torres Strait Islander people.

Why are Indigenous identifiers important?

The poorer health status of the Aboriginal and Torres Strait Islander population is one of the most pressing concerns for the health system. As the first point of contact many people, GPs (and Practice Staff) are in a unique position to advance the health status of Aboriginal and Torres Strait Islander people.

What is needed?

Information collected by GPs, in particular vaccination records, assists to better understand and meet the needs of indigenous people.

A free pamphlet entitled, "You and Your Indigenous Patient", is available from Queensland Health by phoning 07 3234 1155. The pamphlet aims to address some of the key concerns for health professionals and provides answers to many questions that may be asked when dealing with indigenous patients.

For more information

Contact your local Division of General Practice for more information or support on increasing coverage rates and maximising immunisation incentive payments for your practice.

Key resources and links

- Increasing Childhood Immunisation Coverage Rates in your Practice: A guide for Practice staff, Whitehorse Division of General Practice, 2004

Reflective activities

12. List three strategies practices could adopt to increase immunisation coverage rates and immunisation incentive payments for their practice.

1. Report all vaccination information to VIVAS in a timely manner

2. Maintain accurate practice records

3. Cross check all immunisation data received from ACIR with accurate practice records

4. Report any changes of vaccination information to VIVAS in a timely manner

5. Follow-up all overdue children using an effective practice based reminder system

6. Conduct regular data cleaning

7. Accurately identify and record Aboriginal and Torres Strait Islander people

8. Follow a regular monthly and quarterly task log

13. Outline one monthly and one quarterly task a practice should undertake to increase immunisation coverage rates and immunisation incentive payments for their practice.

Monthly task

Check and correct information (if required) on the Immunisation Payment Statement

received monthly. The second page of the statement summarises all encounters

that the ACIR has received from the practice since the last month's Immunisation

Payment Summary. Practices should:

- Ensure that every encounter reported in the last month is accounted for on this statement
- Re-report any missed encounters. Encounter vouchers can be disposed of once they are sighted on the statement
- Examine any encounters that have been rejected for payment
- Correct errors by writing on the Immunisation Payment Statement and posting or faxing it back to ACIR. Alternatively, practices can call ACIR on 1800 653 809

Quarterly task

Once the GPII020A Practice Report is received, practice should carry out the following:

- Cross check the child's immunisation history on the practice records with the information received on the GPII020A Practice Report. If further immunisation history is identified, practices should report this information to VIVAS by updating this information and forwarding it to the local Population Health Unit in a timely manner
- If, after checking practice records, the child appears to be genuinely overdue, make contact with the parents/guardians by telephone or letter

14. What is data cleaning and why is it important?

Data cleaning is a process that is used both on a Division and practice level to

improve immunisation data quality. Data cleaning is an essential step in populating

and maintaining vaccination data in practices. Data cleaning is important so that practices,

VIVAS and ACIR maintain accurate and consistent immunisation details on

individuals vaccinated in Queensland. Data cleaning can not only improve immunisation

coverage rates for the practice but can also maximise income earned from

immunisation incentive payments.

15. What are the benefits of a practice based reminder system?

- To remind parents/guardians of a child who is overdue for a vaccination and therefore assist in protecting children against certain communicable diseases.
- To increase overall practice immunisation coverage rates.
- To maximise income earned on all immunisation incentive payments.

16. If a practice identifies an overdue child, what steps should the practice take to recall the child?

1. Check the VIVAS Overdue Notice and/or GPII020A Practice Report against practice records.
2. If records for a child are incorrect, the practice will need to make corrections and notify VIVAS.
3. If the child is confirmed overdue, the practice phones or send a letter to the parent/guardian.
4. If the parent responds, an appointment should be made to complete the vaccination.
5. The practice should make a minimum of three attempts to contact the parent/guardian of the child.

Congratulations on completing Education Module 3: Data management!

For answers to the reflective activities, please contact your local Division of General Practice or Population Health Unit. To locate their contact details, visit www.qdgp.org.au/vaccinemanagement.

There are also two more Education Modules available for you to complete: **Education Module 1: Introduction to vaccine management** and **Education Module 2: Cold chain risk management**. Both are both available on www.qdgp.org.au/vaccinemanagement.