

VACCINE PROVIDER PERCEPTIONS OF THE [insert name of state registry]

This brief survey explores barriers to and influences on vaccine providers' participation in the [insert name of state registry]. All responses will be kept confidential. To complete the survey, please circle the number of your response, unless otherwise directed.

1. Do you (or does your practice) currently participate in [insert state registry name]?

- 1 No 2 Unsure 3 Yes => GO TO Question 6 on back

2. Have you/your practice ever been contacted about participating in [insert state registry name]?

1 No 2 Unsure 3 Yes

2a. Who contacted you? (circle all that apply)

- 1 State immunization program staff
- 2 Managed care organization
- 3 Other physicians/administrators in practice
- 4 Professional association
- 5 Other _____

2b. How were you contacted? (circle all that apply)

- 1 Letter
- 2 Personal contact in practice
- 3 Meeting/conference
- 4 Other _____

3. In your opinion, why does your practice not participate in [insert state registry name]? (circle all that apply)

- 1 Registry not compatible with practice's computer system
- 2 Too much staff time / cost to participate
- 3 Confidentiality concerns
- 4 Small number of pediatric patients
- 5 Practice has its own system for recording and monitoring immunizations
- 6 Insufficient technical assistance available
- 7 Other (specify) _____

4. Which of the following would be essential to gaining your participation in [insert state registry name]? (circle all that apply)

- 1 Automated data entry
- 2 Technology compatible with office computers
- 3 On-site technical assistance from registry staff
- 4 Support for registry from state medical/specialty society
- 5 More support for participation from practice's nursing/administrative staff
- 6 State law mandating private practice participation in the registry [option only in states with existing mandate]
- 7 Legal advice/expertise to address confidentiality concerns
- 8 Increased participation among other vaccine providers in my community

5. On a scale of 0 to 10, how likely are you to begin participating in [insert state registry name] in the next two years? _____

6. How important to your practice are the following potential benefits of an immunization registry?

	<i>Not Important</i>	<i>Somewhat Important</i>	<i>Very Important</i>
1 Easy access to records of vaccines provided to my patients at other sites	1	2	3
2 Ability to generate reminder/recall notices	1	2	3
3 Ability to assess practice's immunization coverage	1	2	3
4 Printable immunization records for patients	1	2	3
5 Ability to document vaccines given for HEDIS, managed care organizations	1	2	3

7. In the past 2 years, have you received information regarding your practice's childhood immunization rate?

- 1 No 2 Unsure 3 Yes ⇒ **7a. What was data source for this information?**
- 1 Internal audit using practice records
 - 2 HEDIS, other external audit
 - 3 Internal audit using registry data
 - 4 Health department assessment
 - 5 Other _____

8. What is the most important thing registry officials could do to increase/improve provider participation in [insert state registry name]?

Please tell us about your practice.

9. What is your specialty?

- 1 Pediatrics 2 Family Practice 3 Other _____

10. How many physicians in your practice provide childhood vaccines? _____

11. In a typical week, how many vaccines are administered to children?

- 1 <10 vaccines/wk 2 10-25 vaccines/wk 3 26-100 vaccines/wk 4 >100 vaccines/wk

12. What proportion of your practice's pediatric patients are covered by Medicaid (including fee-for-service and managed care Medicaid plans)?

- 1 None 2 Less than 10% 3 10%-50% 4 More than 50%

13. What is the practice's ownership/affiliation?

- 1 University or hospital medical center 4 Physician network
 2 Private, independent office 5 Public clinic
 3 Managed care organization 6 Other (*specify*) _____

Thank you for your time. Please return this survey in the prepaid, addressed envelope provided.

VACCINE PROVIDER UTILIZATION OF THE [insert state registry name]

This brief survey explores benefits, barriers, and influences on vaccine providers’ participation in the [insert state registry name]. All responses will be kept confidential. To complete the survey, please circle the number of your response, unless otherwise directed.

1. Do you (or does your practice) currently participate in [insert state registry name]?

- 1 Yes 2 Unsure 3 No => GO TO Question 10 on back

2. How long have you participated in [insert state registry name]?

- 1 Less than 1 year 2 1 to 2 years 3 More than 3 years 4 Unsure

3. How do you use [insert state registry name] in your practice? (circle all that apply)

- 1 Input data on vaccines given
2 Review immunization records of individual patients
3 Print immunization records for patients
4 Generate reminder/recall notices for patients due for vaccines
5 Assess immunization coverage for practice
6 Other (specify) _____
7 Not actively using registry

4. How influential were the following factors in your practice’s decision to participate in [state registry name]?

Table with 4 columns: Factor, Not Influential, Somewhat Influential, Very Influential. Rows include: Need to consolidate records for patients who receive vaccines at multiple sites, Compatibility of registry technology with office computers, Ability to use registry to monitor immunization rates, State law mandating registry participation [option only in states with existing mandate], Medicaid/health plan mandates participation, Availability of technical assistance/training from state, Nursing/administrative staff in favor of participation, Expected cost/staff time required for data input.

5. Overall, what was the biggest influence on your practice’s decision to participate in [state registry name]?

6. Which staff are responsible for reporting your practice’s immunization data to [insert state registry name]?

- 1 Nurses 3 Other (specify) _____
2 Clerical/billing staff 4 NA – Data not reported => SKIP TO Question 9

7. On average, how many hours per week does staff spend reporting data to [insert state registry name]?
- 1 Less than 2 hrs/wk 2 2-5 hrs/wk 3 5-10 hrs/wk 4 >10 hrs/wk 5 Unsure
8. How does your practice interact with [insert state registry name] to input and retrieve data?
- 1 Via internet connection 3 Hard copy of data sent by mail or fax
2 Via modem 4 Other (specify) _____
9. To what extent has your practice experienced any of the following problems with [insert state registry name]?
- | | <i>Not a problem</i> | <i>A small problem</i> | <i>A significant problem</i> |
|---|----------------------|------------------------|------------------------------|
| 1 Cost/staff time associated with using registry | 1 | 2 | 3 |
| 2 Problems with software/computer compatibility | 1 | 2 | 3 |
| 3 Difficulty in accessing registry (e.g., busy phone lines) | 1 | 2 | 3 |
| 4 Concerns with accuracy or completeness of data | 1 | 2 | 3 |
| 5 Confidentiality concerns | 1 | 2 | 3 |
| 6 Inadequate technical support or training | 1 | 2 | 3 |
| 7 Other (specify) _____ | 1 | 2 | 3 |
10. What is the **most important** thing registry officials could do to increase/improve provider participation in [insert state registry name]?
- _____
- _____
- _____

Please tell us about your practice.

11. What is your specialty?
- 1 Pediatrics 2 Family Practice 3 Other _____
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13. In a typical week, how many vaccines are administered to children?
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15. What is the practice's ownership/affiliation?
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3 Managed care organization 6 Other (specify) _____

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