



## PROGRAM PRACTICES SUBMISSION FORM

### IMMUNIZATION PROGRAM PRACTICES INFORMATION

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**Program:** Louisiana Office of Public Health  
Immunization Program – Perinatal Hepatitis B  
Prevention Program

**Does AIM have permission to share this information on the publicly accessible AIM website? All materials submitted will be posted on the AIM website.**  Yes  No

### BULL'S-EYE AWARD

The **Bulls-Eye Award for Innovation and Excellence in Immunization** recognizes immunization strategies that “hit their mark” and achieve immunization goals with special consideration for practices that are innovative and easily replicated. Each year, AIM awards three programs the Bull’s-Eye Award. Only those practices with activities that are **currently ongoing or concluded during 2016** (including implementation, follow-up, and/or evaluation activities) will be considered for the award.

**Would you like for this submission to be considered for the 2017 AIM Bull's- Eye Award?**  Yes  No

### PROGRAM PRACTICE INFORMATION

**Title**

Methods to reduce cases lost-to-follow up – Louisiana Perinatal Hepatitis B Prevention Program

**Keywords** (up to 5 main terms/phrases that describe the practice)

Perinatal hepatitis B, case tracking, lost to follow-up, case management

**Is this practice Evidence / Guideline Based? (if yes, please include reference below)**  Yes  No

**Reference:**

**Background** (scope of the immunization need or problem)

The Louisiana Perinatal Hepatitis B Prevention Program works to decrease and eliminate the transmission of Hepatitis B virus from mother-to-child in the state of Louisiana. The program has identified cases labeled as “lost to follow-up” as a target area for programmatic improvement. These cases are defined as those who cannot be located by phone or mailing address by all case tracking modalities available.

## **Program Practice Description**

*Describe the practice goals and objectives.*

*The practice goal is to reduce the overall cases lost to follow-up.*

- Determine additional methods that are useful in locating infants' mothers and/or caretakers.
- Develop a monitoring tool that identifies risks associated with cases lost to follow-up.

*What were the main implementation activities?*

*As part of the program's multifaceted approach, the program maintains contact with infants' mothers and/or caregivers and the infants' health care providers to ensure that infants exposed to hepatitis B at birth receive timely vaccination and post-vaccination serologic testing. Methods of contact include: both certified and non-certified mailed letters to mother, faxed notifications to health care providers, and phone calls. Historically, the program's primary resource for the most up-to-date contact information has been and continues to be the Louisiana Immunization Network for Kids Statewide (LINKS) registry as contact information is required for each individual's profile. The program also continues to utilize information available in the Women, Infant and Children (WIC) program system.*

*The program has mobilized internal resources including, partnerships with vital records and infectious disease epidemiology (access to NBS, the infectious disease reporting system), WIC, Medicaid, and has mobilized external resources including, Lexis Nexis (Accurint), more frequent contact with providers statewide, and social media platforms. These resources provide varied levels of contact information for mothers and caretakers that are difficult to locate. As a result, the program is able to more efficiently locate these mothers/ caretakers that, at one time, were potential cases lost to follow-up. Access to LINKS, vital records, NBS, WIC and Medicaid data provides useful information for locating individuals specifically within Louisiana. Access to Lexis Nexis, building stronger rapport with providers, and use of social media platforms provides useful information for locating individuals both statewide and nationwide, addressing the challenge of locating those who move out of the state.*

*Patient confidentiality is maintained throughout the practice according to HIPAA Privacy Rule standards.*

*Where and when did the practice take place?*

*The practice has been implemented within the state of Louisiana beginning in CY2015.*

*How much staff time was involved?*

*Staff time involved in tracking varies on a case-by-case basis. Potential cases lost to follow-up require more frequent and rigorous efforts in case management compared to cases that do not possess any risk to being lost to follow-up. On average the case tracking process can take anywhere from 5 minutes to an hour depending on the number of mechanisms utilized for a specific investigation. Overall, this practice requires an average of 4 hours of staff time per week.*

*What were the costs associated with the activity? What was the funding source?*

*The additional cost incurred by the program is an annual fee of \$1860 to cover the cost of a single user account for Lexis Nexis (Accurint).*

*Identify the target population that the practice affected.*

*The target population of the practice are mothers, infants, and infants' caretakers enrolled in the program defined as cases "lost to follow-up".*

*If partners were involved, include who was involved, and how.*

*Partnerships include:*

*WIC and Medicaid – provide current addresses on mothers and infants enrolled in the respective programs.  
State infectious disease department – provide any address or phone number linked to a mother's infectious disease report as well as additional notes that may inform successful contact with the individual.  
Vital records – provide accurate mailing addresses as well as death certificates.*

#### **Timeframe of Implementation (Start and Stop Dates)**

This project began in CY2015 and is currently ongoing.

**Evaluation Data: Was the implementation and/or effectiveness of this practice assessed? (if "yes" or "limited," provide any data that is available)**  Yes  No  
 Limited

**Data:** The program is working to develop an effective evaluation tool to better track cases potentially lost to follow-up. The program hopes to integrate this tool within an ongoing project with STC (Scientific Technologies Corporation) – the development of an improved web-based case tracking module, Web HepB, for all HBsAg-positive pregnant women and their infants enrolled in the program. This tool will assist in the identification and tracking of possible risk factors associated with cases lost to follow-up.

Assessment of the enhanced practices is rudimentary and ongoing due to cases that are still open to follow-up since the initiation of the practices in CY2015. However, basic trends from the 2014 and 2015 birth cohort show that there are noticeably less cases that are closed due to lost to follow-up.

#### **Conclusions / Lessons Learned / Key Factors for Success**

Despite an improved tracking system, cases will continue to be lost to follow-up. The program hopes that as additional modalities become available, partnerships are created and strengthened, and evaluation of cases lost to follow-up improves that the overall proportion of cases labeled as "lost to follow-up" will decrease over time.

#### **Check if any of the following are being submitted to complement your submission:**

(All materials will be posted on the AIM website)

- |   |  |
|---|--|
| <input type="checkbox"/> Testimonials                   | <input type="checkbox"/> Project photo(s)                                |
| <input type="checkbox"/> Quote from partner/participant | <input type="checkbox"/> Publication (e.g., news story, journal article) |
| <input type="checkbox"/> Sample of materials produced   | <input type="checkbox"/> Video/audio clip                                |
| <input type="checkbox"/> Press release                  | <input type="checkbox"/> Website URL                                     |
| <input type="checkbox"/> Promotional materials          | <input type="checkbox"/> Tables or graphs                                |
|   | <input type="checkbox"/> Other — Explain: _____                          |

\*\*Email the completed form to Mary Waterman ([mwaterman@immunizationmanagers.org](mailto:mwaterman@immunizationmanagers.org)) with the subject line "Program Practices Submission."