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# ccpa news

SUMMER/FALL 2016

## Letter from CCPA/CCPAPP's Executive Director Kena Norris, MJ, FACHE

To paraphrase the Greek philosopher Heraclitus, the only constant is change.

With the presidential election fast approaching, we cannot help but wonder what impact it will have on the healthcare delivery system. So as we forge ahead into unfamiliar tides, Children's Community Physicians Association (CCPA) will continue to provide high-quality member services via practice management education and other resources to help you wade through this period of uncertainty.

Speaking of educational resources, thank you to all who attended the 2016 CCPA Annual Meeting. Pediatric coding expert and American Academy of Pediatrics' Board of Director, Dr. Richard Tuck, was met with great enthusiasm from attendees as he shared his insights on "collections, copays, and coinsurance" as well as how pediatric practices can improve their bottom line.

Our next event, *Time for a Check-up*, is scheduled for Thursday, November 17, 2016, featuring a day-long training on a variety of practice management issues, which will be hosted by CCPA Purchasing Partners (CCPAPP). This seminar will cover strategies for practical marketing, hiring smarter, improving practice revenue, enhancing the patient experience, and the Medicare Access & CHIP Reauthorization Act (MACRA). And if MACRA and Merit-Based Incentive Payment System (MIPS) are not already a part of your lingo, we hope that you will join us to learn more about this Medicare value-based reimbursement and how it will affect your practice. Registration information can be found at [www.ccpapp.org](http://www.ccpapp.org).

As the future continues to unfold new initiatives as well as unexpected challenges, CCPA will help your practice navigate by keeping you up-to-date during these ever-changing times. ■

# Association Updates

## Staff Update

We are pleased to announce Katherine Ewing as the new Member Relations Specialist for Children's Community Physicians Association (CCPA). Prior to joining CCPA, Katherine served as the Fellowship and Residency Program Coordinator at Lurie Children's so she is experienced in working with pediatric physicians, which will help her to better serve our members. Katherine can be reached at **312.227.7567** or [kmewing@luriechildrens.org](mailto:kmewing@luriechildrens.org).

## CCPA Purchasing Partners (CCPAPP) Annual Seminar

Registration is now open! Time for a Checkup: Improving the Business Health of Your Practice is set for Thursday, November 17, 2016. The seminar will be held at Café La Cave located at 2777 Mannheim Rd in Des Plaines, IL. For more information, please contact Priya Stemler, CCPAPP Director of Operations, at **312.227.7437** or [pstemler@luriechildrens.org](mailto:pstemler@luriechildrens.org). To register, please visit the CCPAPP website at [www.ccpapp.org](http://www.ccpapp.org).

## CCPA News

*CCPA News* has expanded its content to cover pertinent healthcare law, practice management, and other related issues using experts in these areas. If there is a legal, regulatory or practice management matter that you would like us to address in the newsletter, please contact Kena Norris, CCPA/CCPAPP Executive Director, at **312.227.7406** or [knorris@luriechildrens.org](mailto:knorris@luriechildrens.org).

## Managed Care Update

CCPA is in a partnership with Lurie Children's and the Faculty Practice Plan to create a Clinically Integrated Network (CIN). CCPA is maintaining its seventeen payor agreements, but will slowly start terminating these contracts as the CIN establishes new payor agreements with improved reimbursement for community physicians.


Currently, the CIN has contracts with Meridian, Molina, and Blue Cross Blue Shield of Illinois' intensive medical home program, but is working on relationships with other payors, including Aetna. For questions about CIN contracts, please contact Scott Wilkerson, Executive Director at **312.227.7320** or [scwilkerson@luriechildrens.org](mailto:scwilkerson@luriechildrens.org).

## CCPA Bylaw Changes

The CCPA Board of Directors approved, and the general membership ratified, two bylaw amendments, which will allow for:

- An Associate Membership category for Lurie Children's employed physicians for the purposes of clinical integration.
- The limitation that no more than four (4) members from a single medical practice may serve as Directors on the CCPA Board simultaneously.

For a complete copy of the CCPA bylaws, please visit [www.ccpaipa.org](http://www.ccpaipa.org).



# To See or Not to See: The Question of Unvaccinated Patients

*By Julie E. Treumann, Esq, de jure de facto, p.c.*

Sooner or later you, like every other pediatrician, will have to determine how your practice will manage patients whose parents have chosen to delay or forego recommended vaccinations. A twelve-month survey by the American Academy of Pediatrics (AAP) found that 74% of pediatricians had encountered a parent who refused or delayed one or more vaccines. Refused or delayed vaccines erode "herd immunity" of the population, once so strong that in 2000, the U.S. declared measles eradicated. Despite that, measles outbreaks are becoming more prevalent and more widespread in pockets of unvaccinated communities. Being the first line of defense of disease prevention and care, pediatricians have the opportunity to be a factual and caring source of information for parents whose fear of vaccine safety and efficacy may be inaccurate.

What happens, however, when parents refuse to vaccinate their children, despite your repeated

conversations with them? Do you continue to see and treat unvaccinated children as the AAP recommends? Or, considering the risk to the child and the other children in your practice, do you discharge them? This article outlines best practices in counseling parents on the importance of vaccination as well as steps to discharge patients in ways that minimize risk to you and your practice. Best practice includes legal and ethical perspectives as well as industry guidance.

## Mandatory Vaccination Law

Mandatory immunization laws in the United States have been in place for over 200 years – the first being a smallpox vaccination law enacted in Massachusetts in 1809. Since that time, vaccines have eradicated smallpox worldwide. Mandatory vaccination laws for school entry are in place in every state and have also played a large role in improving public health. Exemptions to these laws vary by state, typically falling under medical,

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religious and philosophical exemptions. A medical exemption would be for immuno-compromised or allergic patients, or those for whom vaccine is otherwise contraindicated and generally requires physician certification.

Illinois does not have a philosophical exemption in its mandatory vaccination law, however it does allow for a medical exemption as well as a parental religious objection exemption. A medical exemption must be:

- Made by a physician licensed to practice medicine in all its branches indicating what the medical condition is, and
- Endorsed and signed by the physician on the certificate of child health examination and placed on file in the child's permanent record.
- Should the condition of the child later permit immunization, this requirement will then have to be met.<sup>1</sup>

Illinois law was recently amended, effective October 16, 2015, to require that exemptions to immunizations based on religious grounds must be

"in general, pediatricians should avoid discharging patients from their practices solely because a parent refuses to immunize his or her child."

submitted on a standard form created by Illinois Department of Public Health.<sup>2</sup> The form requires that parents detail the grounds for objection to each immunization. The grounds for objection must set forth the specific religious belief that conflicts with the immunization. In addition, the health care provider must sign the form confirming that the provider provided education to the parent on the benefit of immunization and the health risks to the student and to the community of the communicable diseases for which immunization is required in Illinois. Please note that the health care provider must sign only to indicate that education was provided, not that the provider determined a religious exemption.<sup>3</sup> The new requirements are more stringent than the old law, which required parents only to supply their own written statement to the school district, without specific reference to religious beliefs.

Thus, under Illinois law, parents are required to have their children immunized in order to attend day care or school unless either (i) the physician determines and documents a medical exemption in the child's permanent health record; or (ii) parents provide an Illinois Certificate of Religious Exemption to their school district setting forth their specific religious objections, which is signed by the physician or health care provider indicating that appropriate education was provided.



1 77 Ill. Admin. Code 665.520

2 <http://www.isbe.net/research/pdfs/immun-exam-gdlns-religious-exempt.pdf>

3 105 ILCS 5/27-8.1 <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=099-0249>

## Physician's Role in Immunization Requirements

Physicians have various obligations under both State and Federal law with regard to immunization education and exemptions. Under Illinois law there is the obligation to provide medical exemption certification as necessary, and to make sure that sufficient information is provided to parents who seek a religious exemption. Under the Federal National Childhood Vaccine Injury Act, physicians are legally obligated to provide patients (parents/guardians) with current Vaccine Information Statements (VISs) produced by the Centers for Disease Control and Prevention (CDC) before administering any vaccines.

## Parent Education

The education requirements that comprise a physician's legal obligations with regard to immunization are also the cornerstone of AAP guidance which is that, "in general, pediatricians should avoid discharging patients from their practices solely because a parent refuses to immunize his or her child."<sup>4</sup> Instead, the AAP suggests that pediatricians should listen carefully, share honestly, try to understand and attempt to correct misperceptions and misinformation so that parents have the information necessary to make an informed decision. Parents are able to make medical choices for their children and the State cannot intervene unless there is a substantial risk of serious harm to the child.

Combine that with the ethical duty to treat patients and do no harm, and the duty not to abandon patients, it becomes crucial that pediatricians have a well-documented, detailed policy that is provided to parents on patient intake, available at all times thereafter, and most importantly, followed. Ideally, the policy will include all legal requirements of the physician, as well as how to educate parents on the benefits and risks of immunization to an individual and the community, how to discuss immunization with vaccine-hesitant parents, how to document



conversations, requesting that parents sign a vaccine waiver, and if and when to discharge unvaccinated patients.

## Immunization Policy and Procedure Elements

1. Background. As background for your policy and procedure, it is helpful to know the most common reasons parents cite for vaccine-hesitancy and also some appropriate, effective responses. In 2009, the Association of State and Territorial Health Officials (ASTHO) commissioned a survey of 1,278 U.S. parents and guardians about vaccine-hesitancy and core influencers of vaccine-hesitant parents. The resulting report contains a wealth of information on what influences parents and how best to message to each influence, and is well worth reading.<sup>5</sup> In your policy, you can document that you have read and based your policy on published data about how to speak with parents.

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<sup>4</sup> American Academy of Pediatrics Clinical Report, "Responding to Parental Refusals of Immunization of Children" Pediatrics Vol. 115 No. 5 May 2005.

<sup>5</sup> ASTHO Report on Communication Resources: [http://www.astho.org/Communicating\\_Effectively\\_About\\_Vaccines/](http://www.astho.org/Communicating_Effectively_About_Vaccines/)



2. Understand Parents' Hesitation and Learn How to Respond. The ASTHO study found that parents viewed positive messages about vaccination as more convincing than negative ones. The study also found that the number one influencer and source of information about vaccines is the pediatrician. Similarly, the AAP provides strategies for talking to parents that include "presumptive recommendations" versus "participatory recommendations." In other words, instead of asking parents their views on vaccination, simply telling parents which vaccines are due on that visit.

AAP also recommends using a "CASE" response to parent questions: Corroborate, About Me, Science and Explain/Advise. For example, from the AAP website:

## Parent Question: Do vaccines cause autism?

CASE Response:

- **Corroborate:** I understand why you might think this. There is a lot of information online and in the news about vaccines and autism.
- **About Me:** I like to make sure that I always have the most up-to-date information on this topic so I can inform families about what we do know about vaccines and autism, so I've researched this thoroughly.

- **Science:** The scientific evidence does not show any link between vaccines and autism. There have been several studies that have looked for a connection, but none has been seen. The CDC, the AAP, the National Institutes for Health, and the Institute of Medicine agree that vaccines do not cause autism.
- **Explain/Advise:** Vaccines are critical to maintaining health and wellbeing. They prevent diseases that cause real harm. Choosing not to vaccinate does not protect children from autism, but does leave them open to diseases. I would recommend that your child receive these vaccines today.<sup>6</sup>

Other strategies include listening with eye contact, asking and answering questions without judgment, acknowledging both benefits and the known risks of vaccines, not talking down to parents, developing a sense of shared responsibility for the child's health and offering information about pain-reducing techniques for administration of vaccines. When you find a strategy that makes sense for you, document it in your policy and train yourself, your partners and your staff.

3. New Patients/Existing Patients. Some pediatricians determine that they will not take any new patients who are unvaccinated and will not continue to see existing patients who will not be vaccinated within a certain time period (for example, if recommended vaccines are not started by 4 months of age).

4. Educational Materials. Provide required VISs and appropriate additional written information regarding immunizations, including the benefits to the individual child and the community. Refer parents to the CDC website or the Immunization Action Coalition website for more information. Your policy should indicate what information you will

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<sup>6</sup> See more at: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunization/Pages/vaccine-hesitant-parents.aspx#sthash.14xhZLEQ.dpuf>



provide and when, and should be enough to make you comfortable signing any religious exemption certificate, if you choose to do so.

5. Document. Discuss vaccination at each patient encounter, as applicable, and document in the patient record the conversation that was had and the parent's response. Note all written materials that were provided.

6. Time Limit and Discharge. You may choose to determine a time limit beyond which you will no longer continue to discuss vaccination without parents consenting to it. If so, include this in your policy. At each visit, inform the parents what the time limit is and what that date will be so that they have adequate warning and time to find another provider if they choose not to vaccinate. Include the consequences of not vaccinating before the end of the time limit – refusal to sign religious exemption forms, discharge from the practice, etc.

In determining whether or not to discharge unvaccinated children, pediatricians must weigh various factors, including concern for an individual patient's well-being, concern for patients not old enough for vaccination who could be at risk if an unvaccinated child presents with an avoidable illness, what is the liability if an unvaccinated child is exposed to measles in the waiting room and has complications, do I value a continued relationship with the patient and parents over this one issue, or is immunization so fundamental to caring for the child that I cannot work with parents who refuse and will this patient find adequate care elsewhere. Ultimately, each physician must make his or her own determination according to their belief and comfort level and craft a policy accordingly; there is no legal or ethical "correct" way.

If discharge is the consequence, the policy needs to include a form letter for providing notice to the family of the discharge, including the effective date. The notice should be provided with a reasonable amount of time before the effective date – maybe sixty days. The notice should also include

the reasons for the discharge so that parents understand it and it could provide references to where they can find a new provider (such as a general listing of physicians in the area if you do not want to refer to a specific physician).

7. Refusal to Vaccinate Form. Regardless of whether your policy is to continue to see unvaccinated patients or not, you might consider having parents sign a refusal to vaccinate form if they absolutely refuse immunization after your education efforts. At a minimum, this documents that you provided the required and appropriate information for parents to make an informed decision. The AAP website has an example form for review, which is not considered a legal document without advice from an attorney.<sup>7</sup>

8. Make the Policy Available. Include your policy in your intake procedure. Have it up on your website. Have it up in the office. Make sure parents know your stance on vaccinations, including for new patients and existing patients.

A vaccination policy requires some time and effort to think through the various factors and ethical dilemma and determine your position, but will provide you and your patients a clear path for discussion and education.

## Additional Resources

AAP Clinical Report: <http://pediatrics.aappublications.org/content/115/5/1428>

ASTHO Report on Communication Resources: [www.astho.org/Communicating\\_Effectively\\_About\\_Vaccines](http://www.astho.org/Communicating_Effectively_About_Vaccines)

CDC Vaccine Information Statements: [www.cdc.gov/vaccines/hcp/vis](http://www.cdc.gov/vaccines/hcp/vis)

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7 AAP Refusal to Vaccinate Form [https://www.aap.org/en-us/Documents/immunization\\_refusaltovaccinate.pdf](https://www.aap.org/en-us/Documents/immunization_refusaltovaccinate.pdf)

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