

Note for the Record

Conference Call
Access Working Group
Immunize Kansas Kids
March 13, 2007

Persons Attending: Harry Hull, Sandy Perkins, Jo Ann Harris, John Rule, Laura Harrington, MarLou Wegner, Penny Nicholson and others

The initial topic was the exploring potential obstacles for children being immunized. Sandy Perkins had discussed this with other WIC staff. Languages were not felt to be an obstacle as there was ample budget for translation services. The issue of co-location of clinics and scheduling were not clear. Overall WIC staff felt that the greatest obstacle to children being immunized through WIC was the restriction against USDA funds being used to provide immunization services. Stationing nurses in WIC clinics to provide immunization services was felt to be inefficient since the flow of unimmunized clients did not justify a full-time nurse in the clinic. WIC staff felt that any nurses assigned to WIC immunization duties should primarily track clients referred for immunization as many clients didn't take advantage of immunization clinic services even when located in the same building at the same time. In the course of discussion, the questions of where scheduling and location of clinics was a problem remained unresolved. Although WIC has conducted surveys on the issue, the results were not sufficiently clear. WIC was open to conducting another survey with an improved questionnaire. Such a questionnaire should come from a source other than KDHE, so that respondents would feel less constrained in revealing problems that might originate in KDHE. It was agreed that Dr. Hull would discuss with Dr. Pezzino and Dr. Rodenburg whether KHI could/should assist with the survey.

There was considerable discussion on the goal of ensuring that every child in Kansas has a medical home. This is an important goal since the immunizations are only one part of the total health care that needs to be provided for every child. The Kansas Chapter of the American Academy of Pediatrics identified this as one of their goals and has been awarded a contract from KDHE to expand the number of FP's and pediatricians accepting Medicaid and serving as VFC providers as well as expanding the number of Medicaid patients enrolled in practices already accepting Medicaid. This model has proven successful in other states, notably Ohio. However, it was acknowledged that progress would not be rapid and that it would take at least 2-3 years, and perhaps 5 years to visit all the targeted physicians. Additional discussions are needed on how the goal of providing a medical home for every child might be achieved more rapidly and sustainably.

There was insufficient time to discuss the second scheduled topic for the conference call – exploring how IKK might gain a better profile of who the unimmunized children are in Kansas and what the missed opportunities for immunization are for these children. It was agreed that this would be discussed during the April conference call.

