

Minutes for the Immunize Kansas Kids  
Steering Committee Meeting  
October 12, 2006  
10:20 a.m. – 1:45 p.m.

The Immunize Kansas Kids Steering Committee met on October 12, 2006, at the Capitol Plaza Hotel in Topeka. Around 50 members attended the meeting. Attendance was not taken.

Gianfranco Pezzino called the meeting to order at 10:20 a.m. He then introduced Tom Kean.

Tom Kean gave an overview of the agenda for the day. He encouraged members to use the meeting as an opportunity to have an in-depth conversation about the topics covered and to take the information back to their work groups.

Sheldon Weisgrau presented information on immunization financing in Kansas. Major points of his presentation included:

- Our current financing “system” is the mix of public and private funding from federal, state and local government, private insurance, and out-of-pocket funds. Almost all children are at least partially covered for the costs of immunization.
- More than 50 percent of Kansas’ financing comes from private funding, where other states have about 40 percent from private funding.
- The CDC classifies vaccine supply policies into five categories:
  - a) Universal — State immunization program supplies all vaccines for all children
  - b) Universal Select — State immunization program provides almost all vaccines, with an exception for high cost vaccines, for all children
  - c) VFC & Uninsured — State immunization program provides vaccines to all VFC eligible and uninsured children.
  - d) VFC & Uninsured Select — State immunization program provides most vaccines to all VFC eligible and uninsured children
  - e) VFC Only — State immunization program is at minimal level. Only VFC children are covered.

Sheldon Weisgrau then introduced Sunee Mickle, who dispelled the rumor that new Universal Purchase states could not buy vaccines at the CDC contract rate. Sunee’s findings were based on a conversation with Brad Prescott, who is with the VFC program at CDC. He told Sunee that states new to the program can come up with creative ways to get the CDC contract rate.

Sheldon Weisgrau then spoke on the following issues:

- Specific state interventions with high or improved rates, like:
  - a) Provider assessment and feedback — obtaining information from providers in order to track immunization rates
  - b) Education and outreach — educating parents, providers, day care providers and nurses through training, support and answering questions

- c) Community collaboration — training bilingual parents to serve as liaisons between LHDs and non-English-speaking parents; strengthening community-level relationships
- The nuts and bolts of ongoing research
  - a) How and why have states with high or improved immunization rates reached this point?
  - b) What would it cost for Kansas to participate in the Universal Purchase Program?

#### DISCUSSION:

It was suggested that the work groups concentrate on looking at what works in states that either consistently do well on immunization rates or who have been improving, and determine explicit criteria that define high-performance in those states. There was also concern that strategies that work in urban areas do not necessarily work in rural areas, which would make a unified policy in Kansas difficult. Regarding provider perception, the issue seems to lie in the fact that most pediatric providers believe they lose money giving immunizations. It was questioned whether participation in the Universal Purchase Program would help with shortages and would improve rates. There was general agreement that participation in the Universal Purchase Program would help the system.

To view this entire presentation, please visit: <http://www.immunizekansaskids.org/reports.htm> and click on the States With High Rates: How Do They Do It? report link.

#### PRESENTATION #2

##### John Rule – Update on Immunize Kansas Kids Research Project: Clinic Survey Project

John presented information regarding the creation of a master list of clinics who offer primary care to children 0–5 years vs. the number of those clinics offering immunizations to children 0–5 years. Major points of his presentation included:

- Methods of obtaining information for the original physician-linkage database — 643 total clinics
- Of those 643, there were 479 eligible clinics of which 424 (88.5 percent) successfully completed the survey.
- Questions asked of the clinics provided the needed breakdown of those clinics that offered immunizations to all children, some children, or none at all. After filtering the data, a total of 277 clinics offered immunization services to either all or some children.
- 84.5 percent of clinics offering immunizations are using an electronic billing system.
- Only 31.4 percent of the same clinics have an electronic medical records system that includes immunization information.
- Further analysis based on GIS county mapping will be used to determine density specific data.

#### DISCUSSION:

We see a lot of potential for growth, even in the VFC program. This is just an initial survey whose results will be used to construct sampling frames for the next two research projects — Parental & Provider Qualitative Research, and Clinical Chart Review: Immunization Coverage

Rate Comparison Research. Because of the variations of the data received, there is much more research to be done in this area.

To view this entire presentation, please visit: <http://www.immunizekansaskids.org/reports.htm> and click on the Update on Immunize Kansas Kids Research Project: Clinic Survey Project report link.

### PRESENTATION #3

#### Sunee Mickle – Local Health Department Immunization Billing Questionnaire Results

To begin, Sunee thanked Edie Snethen and Kathy Kroupa for their assistance with this data. She then presented information regarding local health departments and their role in the immunization delivery network. Major points of her presentation included:

- Only 6 questions were asked of these LHDs.
- 85 percent of the 105 county LHDs responded to the survey.
- 74 percent of these LHDs said that they offer immunizations to all children, regardless of insurance coverage.
- 74 percent also stated that they bill on a sliding fee scale for immunizations.
- 93 percent of LHDs bill insurance companies for immunizations; those that don't bill insurance companies use public vaccine or bill clients.

### DISCUSSION:

Based on a list from Edie Snethen, there are a total of 107 LHDs in Kansas. Two counties have more than one LHD, and only one from each county was surveyed. We do not know how many children are included within these surveys. Some insurance companies don't have contracts with LHDs. Most were impressed with the response rate with this survey.

To view this entire presentation, please visit: <http://www.immunizekansaskids.org/reports.htm> and click on the Local Health Department Immunization Billing Questionnaire Results report link.

### PRESENTATION #4

#### Candace Ayars — Parental and Provider Attitudes, Practices, and Beliefs about Childhood Immunizations in Kansas

Candace began by stating that the information presented will not be results, but the plan for a qualitative study design. Major points of her presentation included:

- Purpose of the study is to assess attitudes, barriers, and facilitating factors of health care providers and parents of children aged 0–2 that influence timing and delivery of childhood vaccinations.
- The challenge when utilizing a study design will be accounting for discrepancies between statistical inference, observed practice, and desirable practice. The goal is to discover how the subject views the immunization world and themselves.
- In order to conduct the qualitative study, a random sample from private provider clinics and parents is needed, as well as from local health department clinics in the same county as those private provider clinics.

- Sampling three clinics from each stratum (small, medium & large) and three parents from each clinic can be a strategy to obtain information.
- Twenty-seven private provider clinics will be sampled and perhaps up to 27 LHDs.
- Parent sampling size will depend on the number of counties represented by the private providers.
- The research team may ask the clinics to contact parents, or have providers send a confidential mailing to parents.
- Both subjects will receive incentives.
- All interviews will be recorded and around one hour long at convenient times.
- NVivo software will use (NUDIST) Non-numeric Unstructured Data Index Searching and Theorizing technology to extract data from interview tapes.

#### DISCUSSION:

It appears that the sampled providers would be able to help find parents for the study. A question was asked about why public providers aren't taking the survey. The main goal for this particular study is to find the barriers and factors within private providers and parents. Another area of interest is finding the barriers of 'at-risk' children; children who aren't being accounted for in these subject groups. For now, this study is a matching process to get a foundation to build from and then move on to age-eligible children who aren't being immunized.

To view this entire presentation, please visit: <http://www.immunizekansaskids.org/reports.htm> and click on the Parental and Provider Attitudes, Practices, and Beliefs about Childhood Immunizations in Kansas report link.

Lunch at noon.

Reconvened at 1:00 P.M.

#### GENERAL DISCUSSION

To begin, work group two met Tuesday, October 10, to discuss success with the CDC Registry site visit. They are trying to formalize how paper surveys and interviews can target the information they are noticing. Part of this effort is to get a systemic solution through interventions, organization and structure.

To follow, members of the management team discussed problems within IKK as a whole, and long-term plans. Because of the little data to support action items, much more research activity will be needed. The next step is production of an action plan, or work frame. The committee will need more details and answers to link different activities. Suggested was a progress report to inform committee members of updated information, findings, and progress. From here on, proposed quarterly meetings will allow for workgroups to meet on their own, and with added support. Resources from the outside will provide specific knowledge for each workgroup.

With the notion of a Quarterly Progress Report, it was suggested to provide this information to the media, to inform them and the public of the development and progression of this movement.

The next and 6<sup>th</sup> Steering Committee meeting will be Wednesday, January 31, 2007, from 10:00 a.m. to 3:00 p.m. at the Capital Plaza Hotel. More information and details will be sent via e-mail to the committee members.

- The first half of this meeting will be dedicated to updates and presentations while the second half will allow the four work groups to meet.
- Each work group will hopefully have support from an outside resource with specific knowledge on their particular area of importance.

Quarterly meeting dates will be announced at a later time, with the hopes of a preliminary meeting in April 2007.

The meeting adjourned at 1:45.