

Comments related to SB 448- Vaccine Choice

These comments were taken from the TISWG meeting 6/18/09.
They are not verbatim but are combined to reduce redundancy.
There were 11 response groups.

Question 1 – From your standpoint, what is the most important thing to address in development and planning?

Systems/Process Issues

- Review of infrastructure Capacity
- Need for pilot (6months) to assess infrastructure and capacity issues.
- Find a way to gauge the volume of vaccine that will be requested
- Look at how vaccine needs to be forecasted
- Logistical issues of limiting choices and transfer of paper to electronic
- Tweaking if possible w/modifications of internal systems
- Who is responsible for data entry?
- Look at bar code for vaccine products
- Consider plan to deal with overage – must be done beforehand
- Allow for 'I don't care box'
- Electronic ordering is key
- Must be simple to order
- Establish guidelines committee – stock level
- How to handle vaccine accounting with vials an syringes
- What about temperature report?
- Need chart with brands – maybe with pictures

Providers

- Educated providers
- Huge PH education burden for physicians
- Review provider list to reduce waste
- E-mail communicating to providers when vaccine ships
- Still need paper system for rural areas – mentioned twice
- Education on how to manage inventory and when to order

Education and Training

- Communicate vaccines free for uninsured
- Education on what to consider when making choices – Consistency, doses, efficiency, Packing, etc
- Estimate training requirement
- Look at web-base training
- Training should be required
- Education early to let people know about change coming
- Have drug companies help with education of what is coming – mentioned twice
- General education mentioned 5 times
- Work with regions and LHD's – hands on, group training
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Decisions To Be Made or Issues to Resolve

- State now mandates choice
- DTaP received from Fed Govt. contract
- Go to Oklahoma – one of the better ones – user friendly

Question 2 – Who needs to be communicated with?

Providers/Staff

- 3500 practitioners statewide
- Independent providers
- Medical Assistants
- Nurses
- Office managers
- Clinical staffs

Professional Societies

- TMA, THOG,THA, TPA, TAFP – multiple mentions
- FQHC/RHC/Family planning
- Use site visit(TVFC QA) to educate new process and all normal communication
- Pharmacy reps