

Texas Immunization Stakeholder Working Group (TISWG)
Project Kick-Off Meeting Summary
August 25, 2004

1. Participants:

Barry Lachman, M.D., Texas Association of Health Plans (TAHP)
Bonnie Voss, Department of Assistive and Rehabilitative Services (DARS), Division of Early Childhood Intervention (ECI)
Carrie Kroll, Texas Pediatric Society (TPS)
Gayle Harris, Texas Medical Association (TMA)
Jason V. Terk, M.D., Texas Pediatric Society (TPS)
Kim Roberson, Texas Pharmacy Association (TPA)
Linda Crawford, Texas Education Agency (TEA)
Raif Calvert, Texas Academy Family Physicians (TAFP)
Shelley Bjorkman, Health and Human Services Commission (HHSC), Office of Early Childhood Coordination (OECC)
Stephanie Tabone, Texas Nurses Association (TNA)
Tom Valentine, Health and Human Services Commission, (HHSC) Policy

Department of State Health Services (DSHS)

Adriana Rhames
Alecia Hathaway, M.D.
Casey S. Blass
Claude Longoria
David Scott
Diane Romnes
Jack C. Sims
Karen Hess
Lupe M. Garcia
Monica Gamez
Pat Feagin
Robin Scott
Victoria Brice
Vivian Harris

2. Welcome:

David Scott, Manager of the Services and Data Coordination Group of the Disease Prevention and Intervention Section of DSHS opened the meeting and welcomed everyone in attendance. He introduced the DSHS staff and Robin Scott as the meeting's facilitator. Mr. Scott emphasized that this is the first meeting aimed at bringing stakeholders together to implement action plans. He added that we are looking at very exciting opportunities to work with those in the Texas Immunization System.

Dr. Alecia Hathaway, Assistant Commissioner of the Prevention and Preparedness Division of DSHS welcomed the participants. She announced that Texas is ranked 41st in the country for vaccine coverage levels and that this level is the highest we have ever achieved. She stated that it is very encouraging that our efforts are paying off. She noted that improved immunization levels all over Texas, improved awareness, excellent

momentum, and campaigns suggest we are heading in the right direction. She added that we also need to address safety concerns of risk. Dr. Hathaway stressed we must take a leadership role in providing risk communication to parents and the public. We should not only inform of the risk of not vaccinating, but also provide new materials, data, and address vaccine safety concerns of parents.

Dr. Hathaway asked Casey Blass to discuss the new alignment of the legacy agencies of DSHS and the organizational chart for the Prevention and Preparedness Division, effective September 1, 2004.

Introduction of All Participants

All participants introduced themselves and the programs they represent.

3. Overview:

Background and History - David Scott

David Scott gave a power point presentation on the background and history of the TISWG. He stated this is the first time that a group like this has been formed to raise vaccine coverage levels. The highlights of the presentation included the following:

Understanding the Texas Immunization System/Why we are here?

The Texas Immunization System is a complex partnership of federal agencies and programs, state and local governments, schools, health care providers, employers, insurers and health plans, vaccine manufacturers, and others in the private sector. This calls for collaboration and for change. Various internal and external stakeholder studies and state mandates from legislation passed by the 78th Texas Legislature, have called for collaboration.

Taken from a recent published report, Mr. Scott reiterated that adequate funding is necessary for immunization programs but that financial resources alone are not sufficient to guarantee success. Similarly, no single agency or group in the public or the private sector should expect, or should be expected, to solve immunization problems. Collaboration, consultation, and partnership efforts across levels of government and between the public and private sectors are essential.”¹

The Immunization Improvement Action Plan (IIAP) is a road map to help the Immunization Branch set priorities and monitor progress. Expected benefits include increases in vaccine coverage levels; improvements in efficiency and accountability of the Immunization Branch; improved alignment of policies, procedures, and activities with DSHS goals for immunization; increased participation in ImmTrac; and more successful coordination with internal and external partners. There are 5 main objectives covered in the action plan.

- **Objective 1**- Improve Immunization Branch business practices and relationships.
- **Objective 2**- Identify and develop partnerships with stakeholders to increase collaborative efforts to raise vaccine coverage levels.
- **Objective 3**- Design and implement comprehensive education, marketing, and training, which address Immunization Branch customer needs.
- **Objective 4**- Improve vaccine management practices and implement new, automated Pharmacy Inventory Control System (PICS).

¹“Setting the Course: A Strategic Vision for Immunization, Part 2, Summary of the Austin Workshop,” National Academy of Sciences, 2002

- **Objective 5-** Make the Texas immunization registry (ImmTrac) a more effective public health service by strengthening its confidentiality, security, and utility.

4. Goals and Charge to Group- Casey Blass

Casey Blass, Director, Disease Prevention and Intervention Section, stated that a great amount of work has been completed in the last few years. Legislative mandates were part of the call into action. We have already accomplished a lot of planning, and now it is time to take action and “do it”. He emphasized TISWG is not a planning group; rather it is a working group designed to take best practices and put them into action in the best possible way for Texas. Casey discussed the working group’s charge, which has the following two objectives:

- **Objective 1:** Provide support for activities to raise vaccine coverage levels and help increase awareness of the importance of early childhood vaccination.
- **Objective 2:** Work with DSHS to identify and implement improvements to the state immunization system.

5. Questions/Answers- Casey Blass responded to questions.

Casey Blass addressed questions related to what is happening now in order to raise vaccine coverage levels; how the working group would function and communicate to DSHS and obtain information to be knowledgeable enough to assist; how can systems be improved to better serve Texans, i.e. health plans, Medicaid, registry, and TVFC. Also members inquired about bringing other potential members to the workgroup if an obvious void existed especially on certain topics. Casey favorably responded to each issue. In general, a “can do” affect was generated. He added that DSHS is working in a variety of ways to raise vaccine coverage levels and that we will do all we can to help members understand the issues. Information sharing is not limited and would include summaries, point papers, and technical assistance. We are also interested in our project accountability and outcomes and lastly the collaborations we build. It is our intent that the TISWG would be dynamic and flexible, adding additional resource members as we go along. He also stated that tackling our systems issues is a priority. Efforts are being made to simplify processes, becoming more user friendly and increasing our provider base through these measures.

6. Group Exercise Discussion: “What’s Happening Out There?” Describe programs and activities of partner organizations- Robin Scott

Each member of the workgroup had substantial input on what is already occurring in their programs or agencies to raise vaccine coverage levels.

Dr. Barry Lachman, TAHP- Medicaid and CHIP access Immtrac and claims data to determine who is immunized and to account for immunizations. A Maryland prototype project has shown improvements nationally confirming immunization rates go up in well-managed plan areas. The health plans desire to work to improve Immunization records and are excited to be able to use ImmTrac.

Dr. Jason Terk, TPS- TPS is currently involved in educating physicians through the Raising Immunizations through Education (RITE) program in Harris County. Harris County’s vaccine coverage rate was 64 percent. The education program was recently implemented to educate physicians about immunizations. Harris County’s vaccine coverage levels increased 10 percent over the last 2 years.

Gayle Harris, TMA- TMA has been working with the Immunization Branch. The TMA granted funding to DSHS in April 2004, to implement a pilot project for reminder/recall services. TMA Alliance has access to

physician offices. Their plan is to visit physician offices and educate staff on the effectiveness of reminder/recall systems and leave a kit in each office. DSHS will provide the training. The pilot kick-off is expected to launch in Houston and Dallas in mid October 2004. TMA has been quite active in many immunization projects: Caring for Children Car Van clinics, advocacy for newly passed legislation, conscientious exemption campaign, and outbreak readiness training for physicians.

Kim Roberson, TPA- TPA's experiences have been limited to adult immunization. Although we generally focus on adults, we have access to new providers and practitioners and can possibly provide education programs and childhood information. We offer five training programs a year. We largely participate and support adult immunization issues and clinics during exciting flu campaign periods.

Bonnie Voss, DARS/ECI- Our local agencies served 42,000 children in 2003. Part of my responsibilities as policy service coordinator is to assist families in accessing immunizations services and documentation. I am hoping to learn ways to provide support for these efforts.

Shelley Bjorkman, HHSC, Office of Early Childhood Coordination- The OECC is in the Office of Program Coordination for Children and Youth at the HHSC Health Services Division. Currently the OECC has two early childhood grants, Healthy Child Care America and the State Early Childhood Comprehensive Systems (SECCS) planning grant. Both grants have objectives that have an immunization focus. The Healthy Child Care Texas effort is primarily to develop an infrastructure of Child Care Health Consultants who will consult with childcare providers on health and safety. The health consultant may improve immunization rates by encouraging the child care provider to sign up for ImmTrac, by checking immunization records and ensuring children are accessing proper immunizations. Adriana Rhames with ImmTrac wrote an article about the importance of ImmTrac for the Texas Association for the Education of Young Children's newsletter. The goal is to increase ImmTrac enrollment and record searches. We will also seek other ways to promote immunizations, i.e. conference attendance, assisting childcare providers in how to talk to parents about the importance of immunization and promoting the registry in trainings.

Linda Crawford, TEA- We recently distributed a jointly signed letter with DSHS to every campus in Texas with frequently asked questions regarding the Attorney General decision to ensure school children bring records to school upon entry. We launched a huge outreach to parents to inform them of the new changes, in addition to numerous "back to school" vaccination clinics.

Tom Valentine, HHSC Policy- Basically I see my role on this committee is to articulate legislative policy, assist with coordinating legislative budget pieces as well as provide analysis.

Stephanie Tabone, TNA- TNA worked with TNA on HB 1921 legislation. TNA is a major supporter of Texas Health Steps education and provide ongoing continuing education to professionals, which include topics on immunization. We inform our members at least once a year and more often about current issues. Our website links to the immunization schedule. We also have access to several thousand "Ready Nurses" for bio-terrorism events. We tested our recall system with the recent hurricane warnings. We had over 100 nurses ready to deploy in less than eight hours.

Casey Blass, DSHS- DSHS launched a new statewide media campaign in November. We added an African American Houston/Dallas campaign in June 2004. We plan to extend the entire campaign through December 2004. The latest NIS rates shows Houston rates have improved and that Dallas rates went down. HB 1921 registry law takes effect in January 2005. It expands access to ImmTrac. The registry remains an opt-in registry. The Bureau of Vital Statistics (BVS) launches a new system in January 2005. Health providers will not have to keep the consent forms. DSHS can only record records for children whose parents do consent. We see a lot of

benefit and potential for quality assurance. This system will avoid duplication of records, and aide in provider reminder/recalls. Our staff is working hard with technological advancements.

Jack Sims, DSHS- Stated that ninety-five percent of parents are consenting to the registry. Our quality assurance project with the Texas Medical Foundation for TVFC providers has shown benefits and increased immunization levels.

7. Issues/Concerns and Challenges/Opportunities – Group Exercise (Brainstorming on the basis of the Charge)

Six groups of three generated significant immunization issues and concerns. Over forty issues identified were than mapped into working categories. The categories were as follows:

- Registry
- Reminder/Recall
- VFC
- Provider-education
- Recipient access & Public/Parent Education
- Data (outcomes)
- Over-arching & Maintenance of Medical Home

During each break, workgroup participants viewed the latest immunization media campaigns in both English and Spanish. Vivian Harris thanked the Texas Pediatric Society for recruiting physician models for the video.

Afternoon Session

Review and Discussion –Robin Scott

Robin Scott welcomed the TISWG back. A review of the listed issues, questions and discussion followed. David Scott stated several items listed were similar to issues identified in the IIAP and best practices. He asked the group if anything was missing. The working group placed the identified immunization issues into the following nine categories:

A. Over-Arching:

- Better coordination among programs, initiatives, agencies
- Understand role of state agencies in the legislative process versus non-state agencies
- Understanding of what is already being done – time it will take TISWG to understand

B. Provider Education:

- Provider knowledge on immunization schedule
- What is needed to know? Who needs to know?
- Ways to get education to provider; time/CEU's
- Encourage private providers to increase immunization rates

C. Reminder/Recall

- Physician identified barriers to Reminder/Recall
- Marketing Reminder/Recall systems
- Fourth dose DTaP

D. Recipient Access

- Adolescents “How to Reach”
- How do you reach children in non-traditional child-care settings
- Plans for changing demographics
- Texas has poor adult vaccine rates
- Define Early Childhood vaccinations – age group

E. Texas Immunization Registry (ImmTrac)

- Privacy and confidentiality
- Registry opt-out versus opt-in
- Adults over 18 remain in registry
- Registry reporting needs to be simplified
- Need to increase provider participation in ImmTrac
- Marketing ImmTrac assistance
- Registry usefulness tied to complete data

F. Data Outcomes

- Share information on data to identify pockets of need
- Lack of good data makes it difficult to identify what drives approximately 20 percent not to get immunized
- Non-coordinating data from various agencies
- Measuring outcomes with increasing success of vaccines
- Litmus test all ideas – does the activity raise levels?

G. Texas Vaccines for Children (TVFC)

- TVFC reimbursement and participation
- Need to increase number of TVFC providers

H. Public/Parent Education

- Could we use a message to prevent examples of past versus today; how it could be better and point out problems of lack of herd immunity
- More segmented approach to demand based on community perception of immunizations
- Focus efforts on risk communication
- Parent knowledge on immunization; recommendation schedule
- Challenge- How to determine community psychology from doctor driven to consumer demand for prevention? How did the dentists do it?
- Need to change to a positive model/ message for immunization
- Is education based on fear useful/effective?
- Do we really know why people don't get immunized? Could we use that to improve demand?

I. Maintenance of Medical Home

- Access to children without medical home
- Medical home; 2-tier system
- ERISA plans
- Educate parents new to a medical home

Discussion and Questions:

This very interactive session generated a lot of interest and energy to explore the possibilities to raise vaccine coverage levels. There were topics that participants were not involved with in any way, i.e., working only with adult immunization issues, or never having involvement with the TFVC Program, however it was a general consensus that all of the topics were equally important and that as a small working group they could work on the issues as a group. It was also clarified that participants could attend those sessions that most interest them and that technical assistance would be made available to each member or agency as needed. Discussion then led to decisions to value all input, focus on deliverables, be open to differing views and forging on with the decisions the group has made together.

8. Categories/Priorities/Ideas and Solutions - Group Exercise (Interactive exercise continues)

Participants identified additional groups and individuals that could provide input to working with issues. After categorizing issues and topics, participants suggested special subject matter experts (SME) to attend meetings when specific issues will be discussed. In addition, the participants requested additional resources and materials when special and unfamiliar topics would be discussed. Invited SME's would not be expected to attend every meeting. Not all would be invited to participate due to logistics and other considerations.

Priorities/Ideas for Solution and Remedies: The working group decided all of the issues were important to tackle. By majority, it was considered to look at all of them as a group beginning with Texas Immunization Registry (ImmTrac) and reminder/recall issues.

9. Resources Needed/Resources to Share

Group participants agreed to share resources at future meetings.

10. Next Steps - Group Exercise led by Robin Scott

- Determine how frequently we meet
- Decide the structure
- Take one issue at a time
- Narrow the issues
- Focus on each category
- Generate possible solutions to issues by category; review as categories are worked
- Overview and current status in each category (get more detail)
- Have at least two meetings before legislative session
- Identify legislative issues at each meeting
- Meeting at end September 9:00 am – 4:00 pm and end of October 9:00 am- 4:00 pm
- Wednesday or Thursday preference as meeting dates
- Meeting minutes
- Follow-up via email with information and current briefing papers before next meeting;
- Detailed action items, meeting outcomes and recommendations should be included
- Consider maintaining a measuring stick in each category, some of larger issues will overlap. These larger issues may be deferred and revisited.

11. Assignments/Timelines and Next Meeting– Robin Scott

During the group discussion, members agreed to the following:

- To review all categories together. Members asked to have the categories sent to them electronically prior to meeting.

- Explore all categories one by one beginning with the Texas Immunization Registry, ImmTrac and reminder/recall systems at the next meeting.
- Include a general discussion in preparation to seek possible solutions, identify resources needed and resources available to address these issues
- Begin to make recommendations for action items needed to address these issues.

12. Evaluation of Meeting– Robin Scott

A plus/delta evaluation concluded the daylong session. The following comments are listed:

- Noise in adjoining room
- Staff distractions at TDH, recommend meeting location off site
- + Robin
- + “How” attitude
- + Participation
- + Products process
- + Back-ground information

13. Closing Comments– David Scott

David Scott thanked everyone for coming and stated that because this type of effort had not been done before, DSHS is excited about the many opportunities for working together to raise vaccine coverage levels for Texas. Meeting adjourned.