

State of Washington
Decision Package

FINAL

Agency: **303 Department of Health**
Decision Package Code/Title: **R1 Immunization Reporting Compliance**
Budget Period: **2015-17**
Budget Level: **PL-Performance Level**

Recommendation Summary Text:

This package invests in a Medical Record Validation Tool to interface with the State's Immunization Information System (IIS) and make improvements to the existing School Module. The Medical Record Validation Tool will electronically determine if a child meets all immunization requirements for school entry using data from the child's immunization records.

Fiscal Detail

Operating Expenditures		<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
001-1	General Fund-State	0	511,000	511,000
Total Cost		0	511,000	511,000

Package Description:

Washington State immunization rates are currently well below state and national goals and thus our students are not adequately protected against diseases that vaccines can prevent. Efficient states use records from their IIS to determine student immunization compliance. Currently Washington parents self-report their child's immunization status and school staff have to manually determine compliance.

Immunization coverage has dropped from 85.5 percent in 2012-2013 to 82.7 percent in 2014-2015. The percent of students out of compliance with school immunization requirements increased from 7.5 percent in 2012-2013 to 10.9 percent in 2014-2015. An appropriate health protector goal is 95 percent coverage.

The addition of these two electronic capabilities to the IIS will show healthcare providers and parents which vaccines are needed for each child and provide schools easy identification of students who are not completely immunized to help get them into compliance for school entry. This is an important Lean efficiency project.

The Office of Immunization and Child Profile worked with stakeholders and researched other states to identify factors that may be contributing to decreasing immunization coverage and the rising number of students out of compliance. These factors are (1) inability of providers and parents to easily and accurately determine if all immunization requirements have been met for each school year, and (2) lack of standardized school electronic systems to allow schools to efficiently identify which children are not in compliance. The department will develop and implement an immunization validation tool and will roll out the IIS School Module statewide which houses children's immunization data as reported by providers to correct the problem and reduce noncompliance. Additionally, increasing the reliability of child immunization data will allow the department to develop effective strategies to improve access to vaccines and increase immunization coverage.

Program Contact: Office of Immunization Child Profile, Michele Roberts, (360) 236-3568.

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

The department worked with stakeholders to identify two strategies to improve immunization coverage and better protect our students against disease. Funding is necessary to implement these strategies.

The first strategy is to develop and implement an immunization validation tool in the statewide IIS. Healthcare providers and school staff will use the validation tool to easily determine if a child has all the required immunizations for school and child care, and encourage vaccination if the child is still missing immunizations.

The second strategy includes implementation and training of the IIS School Module to all schools in Washington. The module provides schools with a tool to easily and accurately identify and track whether students are in compliance, to follow-up with parents if students are not fully immunized, and to submit required reports to the state. All schools will use this immunization system, rather than relying on multiple district-specific student systems, to manage their immunization work.

Performance Measure Detail

Activity: A010 – Family and Child Health and Safety

Is this DP essential to implement a strategy identified in the agency's strategic plan?

Goal 2: Prevent illness and injury and promote ongoing wellness across the lifespan for everyone in Washington.

Objective 2: Increase immunization rates for all groups.

Strategy: Improve school coverage rates and decrease exemption rates.

Does this DP provide essential support to one or more of the Governor's Results Washington priorities?

The following sections of the Governor's Results Washington are affected by this request:

Goal 4: Healthy and Safe Communities

What are the other important connections or impacts related to this proposal?

Benefits of using the IIS School Module: 1) all schools will use one immunization system, rather than relying on multiple district-specific student systems, to accurately and easily determine if each student is fully immunized and in compliance, 2) reduces the resources needed to handle and analyze paper documentation prepared by parents and enter it into a school information system, 3) reduces chances of error in compliance reporting as the bulk of the data will be pulled from existing data in the IIS, 4) allows schools to redirect efforts from collecting and verifying data to focusing on children who are not compliant and helping them get the vaccinations required for school.

This proposal would help to better identify equity and disparity issues while supporting the development of strategies to increase immunization rates in target populations. This data system could also conceivably be designed to produce more in-depth ethnographic data, something that is not currently collected by the existing IIS.

Healthy People 2020 Goal IID-19 details the Center for Disease Control and Prevention (CDC) minimum standards for collecting school immunization data. One of these minimum standards is that

school immunization data should be validated. A review of all 50 states and the District of Columbia shows that 45 out of 51 (88 percent) only accept verified immunization records for school entry. Washington State is one of the few that currently allows parents to self-report immunization histories. Implementation of the immunization validation tool will bring Washington into compliance with CDC minimum standards and Healthy People 2020 goals because all immunization data in the IIS has been entered by a healthcare provider and is considered validated.

The IIS School Module is currently being piloted in eight schools in Washington and we have received positive feedback about improved efficiencies and ease in determining student compliance.

What alternatives were explored by the agency and why was this alternative chosen?

No other funding source exists to support broad rollout of the School Module. The federal immunization grant supports most IIS system work and does not support the School Module.

What are the consequences of not funding this package?

Washington's children are not adequately protected against diseases that can be prevented by vaccines. The percentage of kindergartners in Washington who received all immunizations required for school entry dropped over the last two years and there is a general downward trend over the past 17 years. In addition, the percentage of kindergartners who are noncompliant with school immunization requirements increased over the past two years and was 10.9 percent in 2014-2015. A review of 13 states with website postings of kindergarten out of compliance rates revealed that Washington has the highest rate of noncompliance.

Low immunization coverage rates in children may be contributing to outbreaks nationally. We need to act now to stop the spread of diseases that can be prevented by vaccines. The recent outbreak of measles that started in California and spread to our state as well as six other states and Canada and Mexico shows us the risk that arises from low immunization coverage rates in our students.

What is the relationship, if any, to the state capital budget?

N/A

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

An interagency agreement will be created for funds provided to OSPI for staffing. Currently the agency is developing a data sharing agreement with OSPI to access student directories. The program has an existing contract with our IIS vendor to develop modifications to the IIS, which will need to be updated.

Expenditure and revenue calculations and assumptions:

Revenue:

None

Expenditures:

Beginning in fiscal year (FY) 2017, the department requires, one-time funding of \$165,000 to develop the immunization validation tool in the IIS, and make technical improvements to the existing IIS School Module.

Beginning in FY 2017 and ongoing through FY 2019, funding of \$233,000 is required for 2.0 FTE and associated costs, and \$113,000 for an interagency agreement with OSPI to support staff for student immunization compliance work. (FY 2017 – 2.0 FTE and \$511,000)

- 1.0 FTE Health Service Consultant 3 (HSC 3) for 3 years to oversee the development of a validation tool with our IIS vendor, pilot test the tool, develop training and communication resources for providers, and implement the validation tool; ongoing maintenance of this tool will be absorbed by the program.
- 1.0 FTE HSC3 for 3 years to develop and lead a roll out plan for the School Module, roll out the School Module to 100 school districts per year, set up student directory exchange and user accounts, train school staff at approximately 100 school districts statewide per year, oversee modifications to the School Module, and provide ongoing support to school staff. Training school districts will be done on-line, in person, and by training videos.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

In FY 2017, there are one-time costs of \$165,000. On-going costs through FY 2019 will be \$346,000 per year to complete the rollout of the School Module.

<u>Object Detail</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
A Salaries and Wages		130,000	130,000
B Employee Benefits		39,000	39,000
C Personal Service Contracts		113,000	113,000
E Goods and Services		180,000	180,000
G Travel			0
J Capital Outlays			0
T Intra-Agency Reimbursements		49,000	49,000
Total Objects	0	511,000	511,000