

**2009 Bull's-Eye Nomination: Washington State Department of Health Immunization
Program CHILD Profile**

Washington Initiative to Transition from Universal Purchase to HPV Select

Background

After over 15 years as a universal purchase state, Washington State budget signed in May 2009 directed the Department of Health to discontinue state-funded purchasing of human papillomavirus (HPV) vaccine starting July 1, 2009. The work to transition the state from universal vaccine purchasing to universal select began in late May 2009, and had to be fully implemented on July 1, 2009. This transition required state and local public health and the private provider community to work together in new ways, in a short timeframe, and on a stressful transition.

Setting: Washington State

Population: Children 0 - 19, 1250 providers, 35 health jurisdictions

Annual budget and funding sources: The project was completed using existing program resources.

Timing: Late May 2009, through July 1, 2009.

Innovation

Human papillomavirus vaccine allocations were developed based on the projected population of VFC, state-sponsored, and insured children served by each of the 1200 providers participating in the program. Providers and local health jurisdictions (LHJs) were notified of their HPV vaccine allocations. We took the following actions to assure a smooth transition to universal select:

- A notification of the changes in each vaccine shipment: June 1, 2009 through July 31, 2009.
- Bi-weekly conference calls and weekly e-mail updates to local health with new materials and tools.
- A new Web page for communication materials and tools to support the transition.

- Participation in medical association workgroups created by the Washington State Chapter of the American Academy of Pediatrics and the Washington State Medical Association to address the changes and inform the transition.
- Presentations about the changes at meetings with the state Vaccine Advisory Committee, representatives of the Health Plans, the state Immunization Action Coalition, vaccine manufacturers, and the CHILD Profile Advisory Committee.
- News releases resulting in multiple newspaper articles and radio announcements.
- E-mails to health care providers through medical associations and health plans.
- Mailings to immunization providers with specific information about use of state-supplied HPV vaccine and their allocation of HPV vaccine. Refrigerator magnets and sharpie markers to support appropriate use of vaccines.
- Faxes to providers with information about VFC status, identifying children in state-sponsored health programs, identifying insurance status, and related administration fees.

In addition to efforts at the state level, each LJH communicated the changes and helped providers in the community navigate the change. Local activities included in-person site visits and training for providers; sharing of materials developed by the state as well as support materials developed by the LHJ; mass faxing; and many phone calls. Materials were modified based on the questions and needs identified as we worked with all stakeholders. We implemented a toll-free phone line and a dedicated e-mail in box on our Web site. Multiple materials and tools have been created and are available at www.doh.wa.gov/cfh/Immunize/providers/universal.htm

Effectiveness

A quantitative measure of our shared success is the decreasing number of calls and e-mails with questions about the transition, and the smooth process of HPV vaccine orders in July. During July and August, fewer than fifteen providers requested adjustments to their HPV vaccine allocation. Fewer than 20 providers have dropped out of the childhood vaccine program. We continued to promote vaccine access for children not eligible for the Vaccines for Children Program by completing the delegation of authority process to allow underinsured children to continue to be served in their medical home. We utilized 317 DA funds, and ARRA funds, to assure access to vaccines for children living below 300% of the federal poverty level who are

served through state sponsored health plans (State Children's Health Insurance Program, the Children's Health Plan and the Basic Health Plan). By working closely with the State Medicaid agency and the agency that sponsors the Basic Health Plan we plan to assure continued access to childhood vaccines for these children. We also worked with state insurance carriers to develop plans to provide coverage for HPV vaccine. A group of stakeholders, lead by the Washington Chapter of the American Academy of Pediatrics and representatives from the Legislature convened during the summer of 2009. They are seeking alternatives for continuing the universal purchase and distribution of childhood vaccines through different funding mechanisms. The Governor has been briefed and a representative from the Governor's office attended the stakeholder meeting in late September 2009.

Potential for replication

All the tasks that were performed can be replicated. The paths of communication and the partnerships can and are replicated by Immunization Programs across the nation. The basic communication and materials development strategies could be replicated for initiatives other than transitioning from one vaccine funding strategy to another. The use of rapid cycle improvement process to ensure educational materials are meeting the needs of the target audience was valuable to our process, and could be replicated by others. The momentum and strength of the stakeholder community comes from long-term partnerships, strong leadership, and the respect Washington's Immunization Program CHILD Profile has built through its engagement with stakeholders. The success of the transition was based on strong, persistent communication, meeting the needs for materials and support documentation, and strong partnerships between state and local public health and the provider community.

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