IMMUNIZATION PROGRAM INFORMATION

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Program Location:	**Colorado**

Does AIM have permission to share this information on the publicly accessible AIM website? *All materials submitted, including contact information, will be posted on the AIM website.*	_x_ Yes	__ No

BULL'S EYE INFORMATION

Title

Exploring Strategies to Improve Immunization Rates - a Colorado Convening of Immunization Policy Experts with the National Governor's Association

Keywords (up to 5 main terms/phrases that describe the initiative)

Immunization policy, stakeholders, strategies

Is this initiative Evidence / Guideline Based? *(if yes, please include reference below)*	__ Yes	_x_ No

Reference:

Background (scope of the immunization need or problem)

Colorado has maintained high rates for some vaccines, but coverage for some childhood vaccines fall short of the levels needed to prevent disease. Multiple factors impact immunization rates in Colorado, including lenient immunization exemption policies, limited school compliance enforcement, incomplete immunization data, and pockets of vaccine hesitancy. Colorado's governor has been an advocate for immunization issues, and had an opportunity to request technical assistance from the National Governor's Association (NGA) in an area of health policy. Colorado chose immunizations as the target issue.

Description

Describe the initiative's goals and objectives.

Help Colorado think through promising policies and practices to increase immunization rates.
Create an open dialogue on immunization strategies, and identify 3-5 promising strategies in each issue area.

What were the main implementation activities?

The NGA in coordination with the Colorado Governor's Office and the Colorado Department of Public Health and Environment (CDPHE) held a two-day meeting with national experts and local stakeholders. The first day was a "pre-meeting" to set the stage and provide an overview of Colorado and available data with representatives from the NGA, CDC and ASTHO in addition to invited national immunization policy experts. The second day was a facilitated roundtable discussion that included local immunization stakeholders and partners.
This meeting was an important opportunity to brainstorm, prioritize, and gauge support on several policy fronts. The topics in this meetings included:

- Immunization Registries and Other Data Collection Tools
    - Education data-sharing to increase school utilization
    - Strategies for long-term sustainable funding for CIIS
    - Funding for Reminder-Recall
- School and Child Care Exemptions
    - Require exemption reporting to CDPHE rather than schools
    - Strengthen exemption policies
- School Compliance and Policy Enforcement
    - Grant authority to CDPHE to enforce compliance
    - Support local public health to notify schools out of compliance
    - Readdress CDE FERPA interpretation
- Other Policy Considerations
    - Provide support for peer to peer education programs
    - Require health plans to treat LPHAs as in-network providers

Where and when did the initiative take place?
The meetings took place in Denver Colorado on August 18 (State Capitol Building) and August 19 (CDPHE) 2015.

How much staff time was involved?
Several staff across the immunization program and CDPHE were involved in the planning and preparation for this meeting. In addition, staff attended the 2 day meeting. Staff time approached 100 hours.

What were the costs associated with the activity? What was the funding source?
Costs for this meeting included staff time, travel support for national experts, and light refreshments. Funding for this meeting was generously provided by Centers for Disease Control and Prevention and the Association of State and Territorial Health Officials. The cost of CDPHE staff time was covered by the usual funding sources for those staff.

Identify the target population that the initiative affected.
The goal of this initiative is to improve the immunization rates of Colorado residents. Colorado has high rates of some vaccine preventable diseases. For example, in 2013, Colorado had the 5th highest rate of whooping cough (pertussis) of any state. According to data from the Colorado Hospital association, over 500 children were hospitalized due to vaccine preventable diseases, costing nearly $30 million is hospital charges. Colorado was also one of the states who had a resident impacted by the recent Disneyland measles outbreak.

If partners were involved, include who was involved, and how.
Colorado Governor John Hickenlooper's office was involved in the initiation of the event, and Kyle Brown (Senior Policy Advisor to the Governor) represented the governor at both days of the meeting. The NGA invited CDC and ASTHO to be a part of the event, and had two members on-site for meeting organization and facilitation. ASTHO and CDC each sent representatives. A policy expert from the Immunization Action Coalition (IAC) attended, as well as policy experts from Emory Vaccine Center, Johns Hopkins University School of Public Health, George Washington University, and the University of Washington. CDPHE Executive Director Larry Wolk attended, as well as the Chairman of the Vaccine Advisory Committee of Colorado (VACC) Matthew Daley.
For day 2, local stakeholders included participants from the Colorado Children's Immunization Coalition (CCIC), Children's Hospital, Colorado Heath Care Policy and Financing, the Children's Campaign, Healthier Colorado, VACC members, and several local public health agencies. Providers and parents were also

represented.
All attendees participated in the discussion and provided insight, and helped weigh the potential solutions.

Timeframe of Implementation (Start and Stop Dates)

August 18-19, 2015

Evaluation Data: Was the implementation and/or effectiveness of this initiative assessed? *(if "yes" or "limited," provide any data that is available)*	__Yes _X_ No __Limited

Data:

Conclusions / Lessons Learned / Key Factors for Success

After the conclusion of the meeting CDPHE staff spent time analyzing information shared at the meeting, identifying key considerations for each strategy and priority setting. A table summarizing the evaluation of the policy options discussed at this meeting is attached.

Key factors for success of this intervention included the engaged discussion of national experts, local stakeholders, and leadership from CDPHE and the Governor's Office.

Check if any of the following are being submitted to complement your submission:
(All materials will be posted on the AIM website)

__Testimonials
__Quote from partner/participant
XX_Sample of materials produced
__Press release
__Promotional materials
__Project photo(s)
__Publication (e.g., news story, journal article)
__Video/audio clip
__Website URL
X_Tables or graphs
__Other — Explain: _____

Summary of Legislative Immunization Policy Options						
Priority (1 = Urgent, 2 - High, 3 = Medium, 4 = Low, 5 = Not a priority)	**Title**	**Description**	**Need Gov's Office Support?**	**Feasibility (Easy, Moderate, Difficult)**	**Opportunities**	**Challenges**
1	Require exemption reporting to CDPHE rather than schools	Via statute, grant CDPHE the authority to collect exemption data rather than parents submitting exemption forms to the school.	Y	Moderate - Given the make-up of our legislature and that it's an election year, this is likely our best opportunity for getting legislation passed in 2016. It is also the most important as it will give us concrete, real exemption data for the first time ever. I look at this effort as a logical step toward being able to use data to justify more stringent exemption policies in the future.	CDPHE will have accurate and timely exemption data for all aged children for the first time	CDPHE can only offer a service to collect data due to statute
					Timely and accurate data is critical in the event of an outbreak	Parents can still opt out of CIIS resulting in incomplete data in CIIS for providers, schools and public health to view
					CDPHE will have data for decision-making and the development of new policies	
					Parents will have an easy online form available 24-7 to submit exemption information	
					Exemption information will be recorded in CIIS (except opt-out) and shared with providers, schools and public health	
					Schools will no longer have to shoulder the burden of collecting exemption forms	
					CIIS will have more complete data	
2	Increase exemption effort	Implement new requirements that would strengthen exemption policy and ensure only those with true convictions against immunizations claim one	Y, for some	Given the tactic we choose, options range from Easy to Difficult: o Easy - Implementing informed refusal is currently in process with the new version of the nonmedical exemption form - *does not need legislation* o Moderate - o Charging exemption fee to cover costs fits in with libertarian viewpoint of fairness (if we are going to pursue granting CDPHE the authority to collect exemptions, we should consider adding this as part of the legislation); o Requiring parents to explain why they are not vaccinating could be seen as discriminatory but we may be able to use the argument that this would demonstrate "closely held beliefs" o Requiring provider licensed to administer	Charge exemption fee to fund state/local public health processing of exemption forms	With the exception of informed refusal, all of these initiatives require legislation
					Require education/counseling prior to claiming exemption	Will receive significant push-back from anti-vaccine community
					Require parent to explain why they are not vaccinating	If CDPHE collects the funds, will need statutory authority to spend the fees collected
					Require provider (only those licensed to admin imms) signature prior to claiming nonmedical exemption	
					Implement "informed refusal" by adding info on the nonmedical exemption	

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				imms or public health signature could be another opportunity for conversation with hesitant parents but will be seen as another administrative hurdle o Difficult - o Requiring education prior to claiming an exemption - we have the module already built and is another opportunity to provide factual information but has already failed in legislature once; o Health plans to provide incentive for vaccinating or charge higher premium for not vaccinating could be very challenging. However, DPA just recently announced that Kaiser and UHC will offer a $10 discount on one month's insurance premium if we received our flu shot. I spoke with our Wellness Coordinator and asked if they plan to collect data to see if the incentive encourages more people to vaccinate. He said he didn't think so but I think it's worthwhile to collect this data and see if this is a viable method to increasing flu vaccine coverage.	Health plans to provide incentive for fully immunized children covered under their plans	
					Health plans could charge higher premiums for those not vaccinated	
2	Grant authority to CDPHE to enforce compliance	Authorize CDPHE to create stipulations for schools who do not comply with immunization law or rule	Y	Difficult - This is a really important policy initiative, but with the BOE being so political and the pushback experienced with the Child Health Survey, they could very well oppose any initative that grants authority to another entity over the schools. Will also receive opposition from schools who already don't want to comply with the school entry law. Significant outreach and stakeholder input is needed.	Schools rarely choose to spend money even when needed, but if there can be some legal requirement that empowers public health, that can help motivate the schools	Unclear if CDE or BOE will be supportive
					Establishes consequences for inaction – loss of funding, req. to present before BOH why not complying, etc.	May receive push-back from schools
					Allows CDPHE to follow-up on policies that are important to public health	Identifying the consequences for lack of compliance

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					Set threshold for poor performance and only target schools that have large numbers of students out of compliance	Need to be careful to not penalize low income children who may be out of compliance due to lack of access
					Target schools that are "low hanging fruit" where interventions are likely to improve compliance	
3	Require health plans to treat LPHAs as in-network providers	Implement legislation that would require health plans to include LPHAs as in-network providers for direct patient care services they provide	Y	Difficult - This is worth pursuing but would prefer a group like CALPHO or CPHA who has a lobbyist to take the lead on this initiative and then the department supports. There has been some discussion about this among the programs who provide direct clinical services or fund LPHAs to provide those services. The support is there but most programs seemed interested in Immunizations leading this charge.	Will allow LPHAs to secure sustainable funding to continue the provision of key direct care services	
					Will allow LPHAs to continue to serve as essential community providers	
					Will allow LPHAs to continue or start to fill critical service gaps based on community need	
					Allow providers to bill for vaccine education	
3	Strategies for long-term sustainable funding	Pursue diversified, sustainable funding to optimize registry operations and functionality. Pursue charging health plans $5 - $10/patient for annual HEDIS matches.	Y	Moderate - This is worth pursuing in future legislative cycles. We may receive some opposition from health plans but the amount of money they would need to pay is small and dependent upon how many records they request to be matched. Matching records for HEDIS is a service that CIIS provides for free and several other state registries already charge for HEDIS matches.	Pursue charging health plans $5 - $10/patient for annual HEDIS matches. CIIS matches approx. 80K patients annually which could result in $400k - $800K in funding	CDPHE would need statutory authority to collect fees for HEDIS matches
					Ongoing funding could support evidence-based strategies, such as reminder/recall, to increase immunization rates	CDPHE would need statutory authority to spend the fees collected.
						CDPHE would need to establish a process for collecting the fees.
5	Eliminate nonmedical exemption for specific disease	For highly communicable diseases, such as measles, eliminate nonmedical exemptions.	Y	Difficult - Not worth pursuing. It places a value judgement on one vaccine over another and creates a more difficult process for schools, public health and parents to navigate.	Allows restriction of exemptions for the most serious communicable diseases	
					Allows for tailoring policy	

Summary of Non-Legislative Immunization Policy Options

Priority (1 = Urgent, 2 - High, 3 = Medium, 4 = Low, 5 = Not a priority)	Title	Description	Need Gov's Office Support?	Feasibility (Easy, Moderate, Difficult)	Opportunities	Challenges
1	Education data-sharing to increase school utilization	Utilize CDE's October 1st count to identify the school/school district for children with an immunization record in CIIS attending K-12 schools.	Y	Depending on the tactic we choose, the feasibility ranges from moderate to difficult: o Moderate - Implement a data-sharing agreement for the existing data collected as part of the October 1st headcount. Need to finalize the data sharing agreement that is in process - it is currently at a standstill. o Difficult - Expand the data designated as Directory Information (i.e., October 1st count) to include additional identifiers (e.g., parent name, address, phone number and email) that can be uploaded into CIIS. CDPHE would likely need to present the case for this additional data before the EDAC and/or the BOE, which is a political entity.	This dataset could simplify and shoulder the bulk of data collection needed to generate school immunization rates by using existing CIIS data to determine who is up-to-date or exempt by school	Current data fields collected as part of October 1st count: student first/last name, DOB, gender, school and school district. To ensure accurate matches, CIIS needs additional data fields: address, phone, email and parent/guardian first/last name
					Could lead to CDPHE running imm rates for schools	There is no similar list for children in childcare facilities.
					Could support public health collecting immunization records for students instead of schools	Students who are in process would not be captured
1	Readdress CDE FERPA interpretation	Need high-level buy-in from CDPHE, CDE, BOE and the Governor's Office that the current FERPA interpretation impedes public health's and education's mission of healthy students in school. Per CDC, vast majority of states allow public health to review immunization records of students.	Y	Depending on the tactic we choose, the feasibility ranges from moderate to difficult: o Moderate - Work with CDE to develop rules that requires schools to keep immunization records separate from the student's educational records so they may be accessed by public health. o Moderate - Work with CDE to establish a policy that requires schools to gain written consent from all parents to share immunization information with public health. A small minority of schools currently do this. o Moderate - Work with CDE to establish a policy that allows for and encourages or requires LPHA staff to be volunteers or non-paid contractors of the school district for the purposes of examining, auditing and verifying student immunization records, entering data into CIIS and conducting interventions such as outreach and reminder/recall. One of the challenges with this tactic is that each district is very likely to have different employement rules and considersations that will need to be addessed. o Difficult - Work with the U.S. Department of Education and the U.S. Department of Health and Human Services to allow for a public health exception to FERPA requirements similar to what is allowable under Privacy Rule. CDPHE provided information to the Association of Immunization Managers and the American Immunization Registry Association describing the challenges of FERPA related to public health; both organizations are advocating for a public health exception.	Allow state/local public health to support schools with: o Ensuring compliance school entry law and regulation o Collecting immunization records o Following –up with families for missing records o Sending out exclusion letters to kids not in compliance o Sending home letters to parents asking for approval to vaccinate students not UTD, etc. o Conducting back-to-school imm clinics based on kids who are not UTD o Conducting reminder/recall	Getting buy-in from CDE leadership and the BOE No guarantee that the AG's office with reinterpret FERPA any differently
2	Publication of data	Publicize immunization and exemption rates by school as well as list of which schools are out of compliance	N	Easy - CDPHE has the authority to collect and publish this data. Work is underway on the data collection tool and a pilot of this tool will be conducted December/January.	Will hold schools accountable publicly	Will need resources to notify schools they are out of compliance
					Will promote school efforts to ensure compliance	Will need to publicize the data when available
					Will provide more transparency and data to parents for decision-making	How to address inaccurate data or if school wants to update data mid-year

Summary of Non-Legislative Immunization Policy Options

Priority (1 = Urgent, 2 - High, 3 = Medium, 4 = Low, 5 = Not a priority)	Title	Description	Need Gov's Office Support?	Feasibility (Easy, Moderate, Difficult)	Opportunities	Challenges
					Link to other education ranking sites such as Great Schools, Colorado School Grades or School Digger	
2	Focus on nonmedical and not personal belief & religious exemptions separately	New policies that focus on strengthening exemption laws/rules should address both religious and personal belief exemptions.	N	Easy - Minimal effort is needed to implement. This merely entails a change thinking when we address exemptions. As there are no requirements in Colorado for claiming a personal belief or religious exemption, it makes the most sense to treat the two exemption types equally.	Treating all nonmedical exemptions the same ensures we will not see a spike in religious exemptions Equity among those with personal vs. religious convictions against immunizations	Potential for push-back from religious community but feel this might be minimal given we did not receive push-back during the latest rule-making process
2	Support local public health to notify schools out of compliance	Develop model for optimal collaborative relationship between school district and local/state health department and pilot in 3-5 areas	N (unless LPHA needs state funds to implement)	Easy - CDPHE has interviewed 5 districts to determine what makes them successful in complying with school entry requirements. Each district said a strong relationship with the LPHA contributed to their high compliance rates. Best practices could be gathered and piloted. An activity to work with their school districts to ensure compliance could be incorporated into the LPHA core contracts in 2017 after the current special project funding expires. Around 20 LPHAs are currently receiving additional funding to support school and childcare compliance.	Fosters relationship between schools and public health Will promote school efforts to ensure compliance LPHA could publish list of schools out of compliance in local paper Promotes transparency LPHA could set a standard exclusion day in the district LPHA could provide immunization clinics prior to exclusion days or on registration days	Will need resources to notify schools they are out of compliance. We could take the additional money used to support the special project and incorporate into the overall funding formula for LPHAs.
3	Study school successes and challenges regarding compliance	Reach out to schools and childcares to determine: 1) what makes them successful in maintaining compliance, 2) what hinders them from complying	N	Easy - Ties in with "Support local public health to notify schools out of compliance". CDPHE has started some of this work with 5 school districts who had high compliance and low exemption rates. Potentially this is something that CCIC could lead.	Qualistar rating for childcare immunization compliance Could promote best practices among schools for them to implement locally Could recognize schools who have already achieved high compliance/low exemption rates	Some schools may not implement due to: o Lack of funding o Lack of school nurse/champion o Lack of support from leadership o Competing priorities o Lack of consequences from not complying
3	Provide support for peer to peer education programs		N	Moderate - This dovetails with work currently underway for Strategy 2 of the SB222 Vaccine Access Taskforce - "Provide mentoring opportunities for practices seeking to improve administrative, clinical, and technical expertise in the management and delivery of vaccines". o Pilot is currently being conducted with Medicaid providers in RCCO Region 6. AAP is working on recruiting participants; the challenge will be in sustaining the mentoring program. o Resource Hub on CDPHE's website is in the early stages of development and will include resources geared for various staff	Education for providers, MAs and office managers Educate front line health care staff about vaccine safety and provide script and competency to address parental concerns about safety Opportunity to promote AFIX Opportunity to promote best practices, e.g. standing orders, reminder/recall Synchronize with public education	Who would lead and ensure content is current Need resources to implement?
4	Better understanding of vaccine safety concerns- tailored messaging	Implement a public education campaign that specifically develops messaging to the demographic or geographic area of interest	N	Difficult - This is listed as difficult because it will a couple of years to fully implement and potentially require a significant amount of funding to buy TV, radio, internet and print ads targeted towards various populations. There is an opportunity to collect real-time vaccine confidence data on pregnant women through an internet survey and potentially more opportunities in the future to collect real-time vaccine confidence data in other populations. Once we	Education campaign that resonates with the targeted population Targeted messaging could result in a change of opinion and ultimately more people being vaccinated	Tailored campaign would be expensive and time-consuming to implement Research would need to be conducted up front prior to implementing the campaign

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				real-time vaccine confidence data in other populations. Once we have enough data collected on a given population it would need to be analyzed, funding allocated for a public info campaign, content of the messaging determined, implementation and evaluation.	Bringing up vaccination as the "default" action and a social norm helps increase rates	Red herring – CDPHE could spend a lot of money and time trying to debunk safety concerns that have no impact on a population's perception of vaccines
					Synchronize with provider training	
					Smoking cessation research provides some relevant insight into how providers can convincingly talk to patients about health interventions	
					Promote Tdap & Flu Vaccine during pregnancy	Different providers who may not provide immunizations currently
5	State standards for EHR vendors	Publicize the attributes of EHRs who have successfully interfaced with CIIS.	N	Difficult - This is not worth pursuing. Nationally, EHR vendors do not have an incentive to conform to state standards and they are already complaining about having to meet our current standards. I do not believe this will have a positive impact on our ability to move more quickly through interfaces because relies solely on external entities making this a priority.	Could provide more information to providers who are considering changing EHRs	Most providers have already chosen an EHR and those that have not are generally smaller practices that likely would not be able to sway an EHR.
					Could challenge EHRs to update their products to incorporate those attributes	Immunization reporting is only one small part of what a provider looks for in an EHR
					Other orgs can use these attributes to name EHRs who fit the criteria	
5	Loan Forgiveness Program-community education requirement	Work with primary care office to add immunization policy requirement for providers who receive loan forgiveness	N	Difficult - The 2014 COLORADO HEALTH WORKFORCE DEVELOPMENT STRATEGY developed by the CDPHE Primary Care Office does not address loan forgiveness for meeting certain criteria nor do they have funding to implement their current priority strategies. Based on feedback from the Primary Care Office, this strategy is unlikely to get much traction.	Public health service loan forgiveness program could have a vaccine competency requirement added to it	
					Could provide an incentive for providers to become proficient at speaking with patients about vaccines	