Changes Since H1N1: Perspectives from Immunization Managers in Our 2012 National Survey

Satellite Conference and Live Webcast
Wednesday, September 25, 2013
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Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

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Center for Health Research
Kaiser Permanente NW

Agenda

- Emory PERRC overview
- IPM Survey
  - Protocol

Agenda

- Selected Results
  - Changes since H1N1
    - Policy and Infrastructure
    - Relationships
    - Immunization Registries (IIS)
- Discussion

What Is a PERRC?

- PERRC = Preparedness and Emergency Response Research Center

What Is a PERRC?

- CDC funded nine PERRCs in the U.S.
  - The intent of the program is to use the public health systems research approach to examine the organization, function, capacity, and performance of components in the public health system in preparing for and responding to all potential threats and hazards

What Is a PERRC?

- Emory's PERRC has four projects including this project which is called:
  - Immunization Systems and Public Health Preparedness

Project Overview and Goals

- Overview
  - Explore ways to enhance the U.S. immunization system to more effectively handle a disaster in which leveraging the immunization system may be useful

Project Overview and Goals

- Goals
  - Learn how immunization systems have responded to vaccine shortages
  - Identify strategies for improving responses to vaccine shortages

Project Overview and Goals

  - Determine how insights from responses to these shortages could improve responses to shortages of vaccines or other pharmaceutical countermeasures during other public health crises, such as an influenza pandemic, a natural disaster, or a bioterrorist attack

PERRC Immunization System Projects

- Vaccine Provider Surveys
  - Oregon and Louisiana 2009
  - OB/GYN 2009
  - Correctional Facilities 2010
  - Washington 2010
  - California 2011

PERRC Immunization System Projects

- Immunization Program Manager Surveys
  - 2009, 2010, 2012
- MOMVAX
  - 2012 OB/GYN Randomized Controlled Trial in Georgia
    - Maternal Immunization

2012 Immunization Program Manager Survey

- IPM = Immunization Program Managers
- AIM = Association of Immunization Managers
- Survey developed through input from IPM focus group at CDC and the AIM research subcommittee

2012 Immunization Program Manager Survey

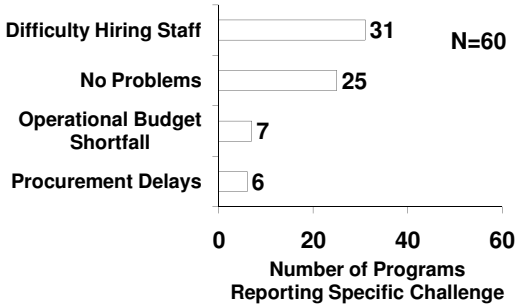
- Survey was mailed to 64 IPMs in US states / districts and territories (50 states, 6 cities, 8 territories) in June 2012

2012 Immunization Program Manager Survey

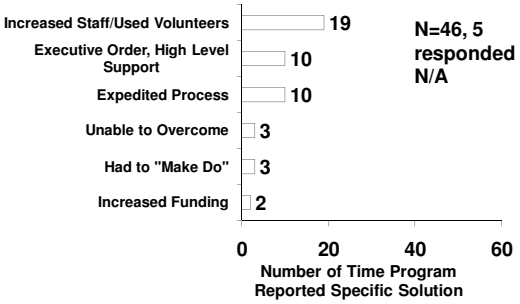
- 95% response rate
  - Covers roughly 99% of the United States population
  - 61 of 64 jurisdictions responded including all states and cities
  - Non-responders were 3 of the 8 outlying territories

During or After the H1N1 Vaccination Campaign: Post H1N1 Changes to Policy and Infrastructure

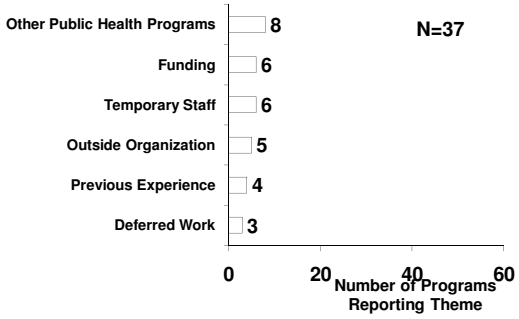
During H1N1, What Budget-related Challenges Did You Face?



Please Explain How You Overcame These Challenges



Who or What Most Helped You Overcome These Challenges



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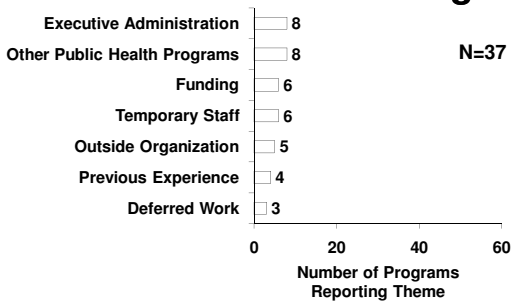
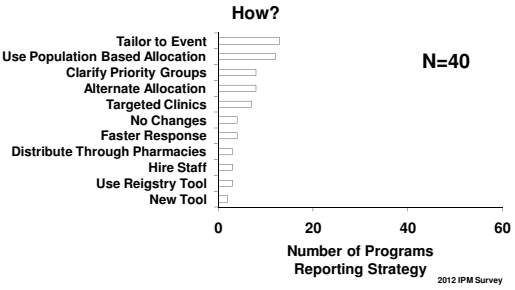


Would You Change Your Vaccine Allocation Strategy in Future Pandemic

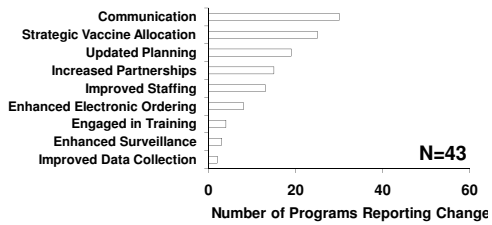
Yes: 35% **No: 37%** **Don't Know: 28%**



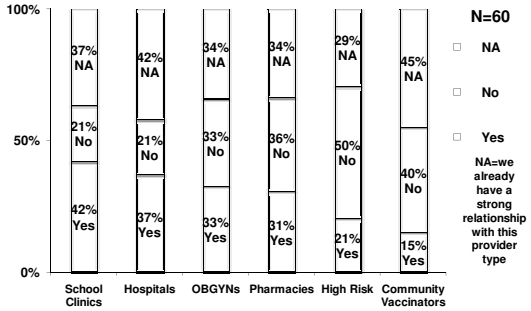
Has Your Pandemic Influenza Plan Been Updated?

Yes: 67% **No: 33%**

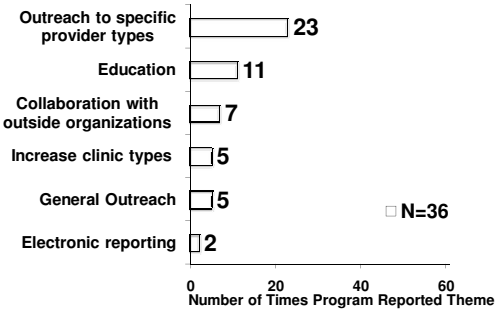
What Are the Most Important Ways Your Plan Has Changed



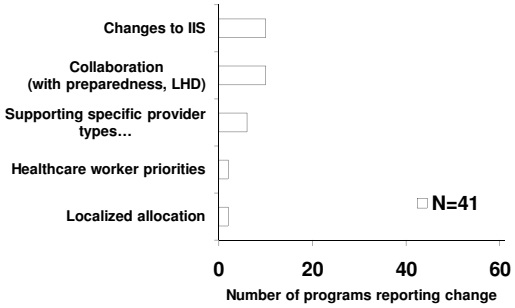
Plans to Increase Number of Providers Offering Seasonal Influenza Vaccines?



Plan to Increase Number of Providers Offering Influenza Vaccine

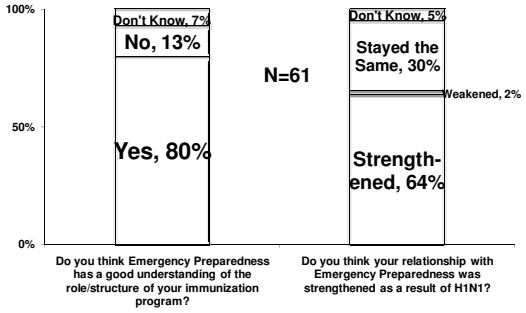


What Other Relevant Policy Changes You Have Made Since The H1N1 Pandemic?

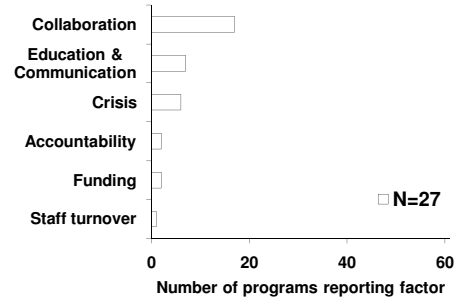


Post H1N1 Relationships: Immunization Programs and Emergency Preparedness Programs

Immunization Programs' Collaborations with Emergency Preparedness Programs



Describe What Factors Contributed to A Change in Relationship with Emergency Preparedness Program



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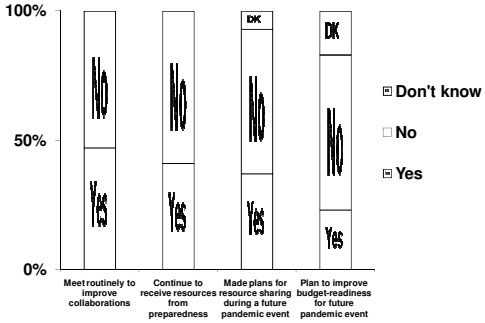
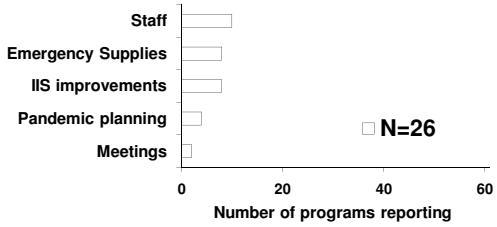


Do You Continue to Receive Funding, Staffing Support, or Other Resources From Emergency Preparedness?

Yes: 41%	No: 59%

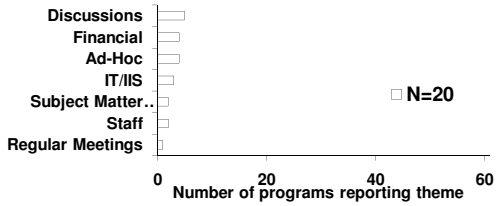
How are immunization-specific preparedness funds used?



Have Plans Been Made With Emergency Preparedness About Sharing Funds For Future Pandemics?

Yes: 37%	No: 57%

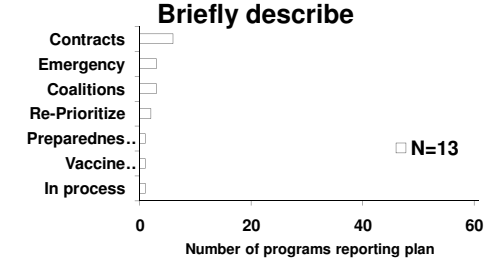
Please describe these plans



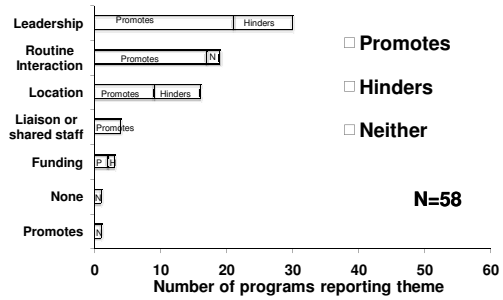
Plans to Investigate Budget Readiness for Future Pandemics?

Yes: 23%	No: 60%	Don't know, 17%

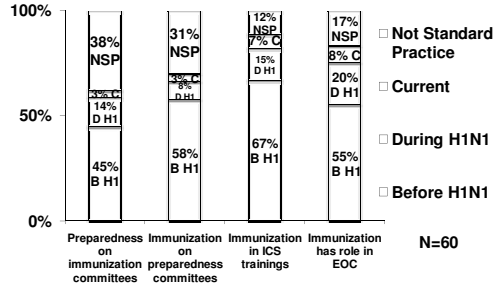
Briefly describe



How Does the Structure of the Health Department Promote or Hinder Collaboration with Emergency Preparedness?



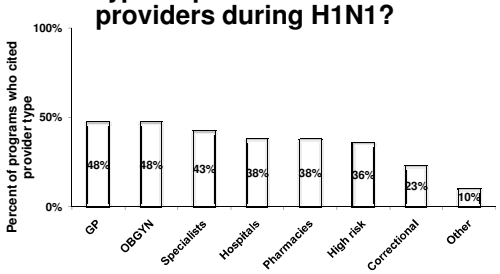
How Long Have the Following Cross-program Activities Been Standard Practice?



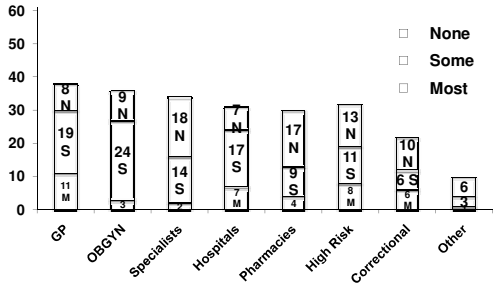
During H1N1, Was There an Increase in VFC Provider Enrollment?

Yes: 70%	No: 30%

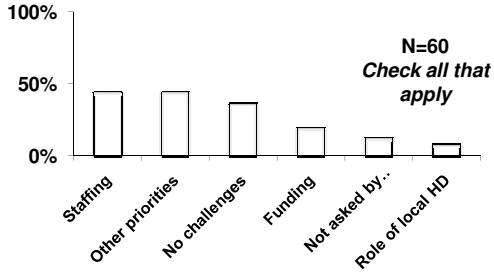
Which type of providers became VFC providers during H1N1?



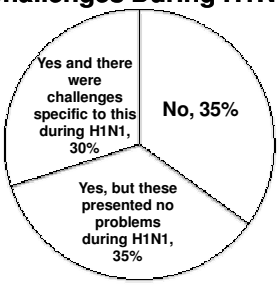
Of the Providers Who Joined VFC During H1N1, Which Types Are Still Active VFC Providers?



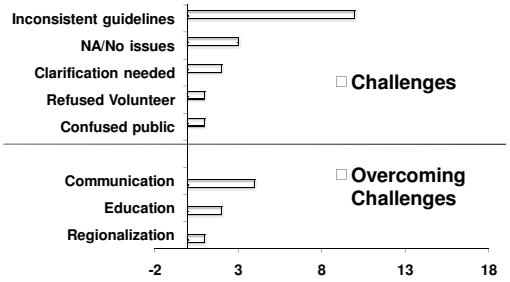
What Challenges Does Your Program Face in Participating in Future Preparedness Activities?



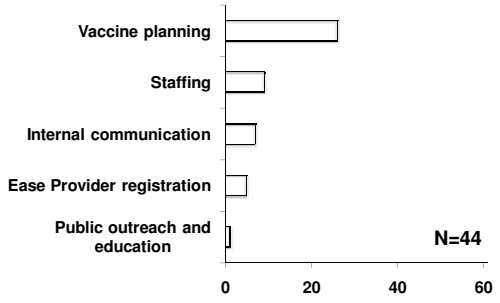
Are There Autonomous / Self-rule Local Health Departments in Your State or Territory? Did This Present Any Specific Challenges During H1N1?



Describe Challenges Specific to Autonomous / Self-rule During the H1N1 Vaccination Campaign and How You Overcame Them



Please Explain Three Decisions That Occurred During the H1N1 That You Would Manage Differently in a Future Pandemic.



Examples of Lessons Learned

- **We allowed local health departments to manage the entire inventory allocated to their jurisdictions for the first 8-10 weeks**
  - **We would probably begin allocating vaccines to other providers sooner in a future pandemic**

Case Study: One State's Perspective

- Federally Qualified Health Center – Pharmacies
- First Responders and Prophylaxis
- Standardization of Standing Delegation Orders

Case Study: One State's Perspective

- Federally Qualified Health Center: Pharmacies
  - Clarify the role of FQHCs in the disaster response system, and specifically in the private pharmacy network with explicit notation that FQHCs:

Case Study: One State's Perspective

- Serve a defined patient population who have an established doctor-patient relationship
- Provide pharmacy services to established patients only, not to the public at large

Case Study: One State's Perspective

- Charge a sliding scale fee for physician visits
- Are not a free clinic

Case Study: One State's Perspective

- First Responders and Prophylaxis
  - Educate first responders on when and under what circumstances prophylaxis will likely be offered and the limitations of antiviral medications as prophylaxis

Case Study: One State's Perspective

- For example, antiviral prophylaxis availability during a future pandemic influenza event will depend on illness severity, likelihood of transmission, extent of patient contact, availability of stock, and other epidemiological factors

Case Study: One State's Perspective

- Revise plans and operational guidelines to include language sensitive to the decision-making process involved in determining when and under what circumstances prophylaxis will be made available to first responders

Case Study: One State's Perspective

- Identify opportunities to review plans and procedures as related to prophylaxis for other infectious disease or bioterrorism incidents

Case Study: One State's Perspective

- Standardization of Standing Delegation Orders
  - Standing delegation orders were needed to allow non-physician personnel within [our health department] greater scope of practice to support health and medical response activities

Case Study: One State's Perspective

- We did not have all of the needed standardized standing delegation orders (SDO) available for personnel at the statewide level

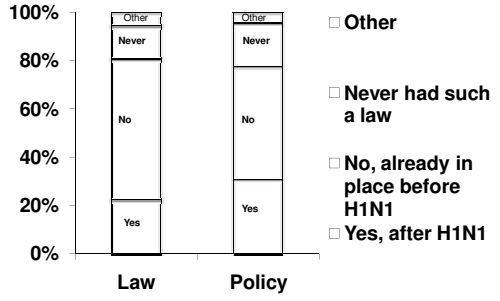
Case Study: One State's Perspective

- However, during this event, some health service regions created the additional SDOs needed to allow nursing personnel to provide additional duties under the scope of practice of the regional medical director
  - This practice was effective

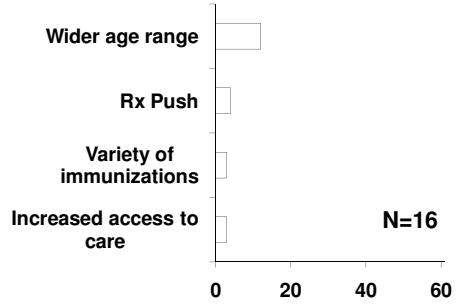
Case Study: One State's Perspective

- Develop SDO templates at the DSHS statewide level for all medications in the SNS

Did Your Program Change the Law or Policy That Gives Authority to Pharmacists to Administer Vaccine?

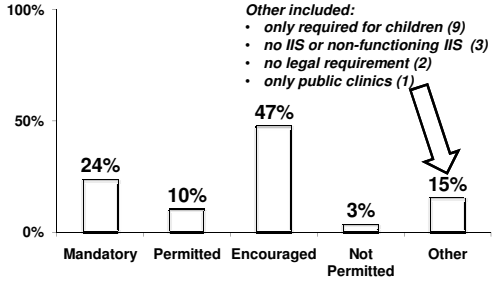


What Was the Rationale Behind the Changes?

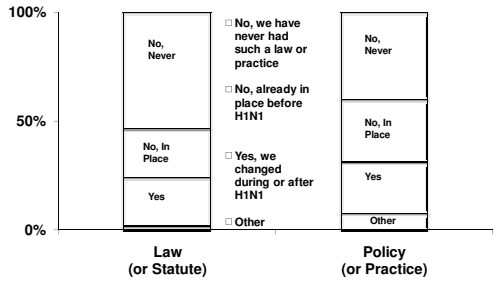


Immunization Registries: Immunization Information Systems

What Was the Legal Requirement in Your Jurisdiction Regarding Data Entry or Data Submission into the IIS Prior to the Pandemic H1N1 Vaccination Campaign?



During or After H1N1, Did Your Jurisdiction Change the Law or Policy That Requires Providers to Enter Data or Submit Data for Direct Entry into the IIS?



Please Describe Any Policy Changes Since H1N1

- Qualitative themes for this response
  - Require entry into registry:
    - Within a given timeframe
    - When not required previously
    - Wider range of ages or more vaccines
    - Other than state or city IIS

Please Describe Any Policy Changes Since H1N1

- Already required, but accelerated efforts or new enforcements
- N=31

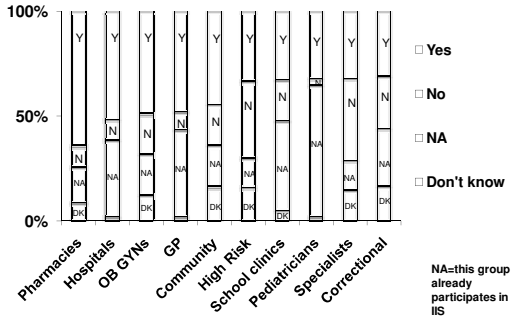
What Challenges Did Providers Face As a Result of Changes?

- Qualitative themes for this response
  - Technical problems such as with entering data into IIS and issues with internet
  - Increased workload due to the need to increased need for reporting immunizations, education and training

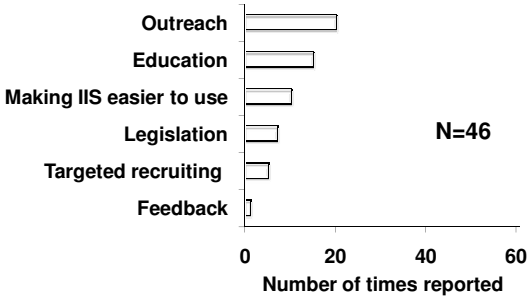
What Challenges Did Providers Face As a Result of Changes?

- General resistance
- N=27

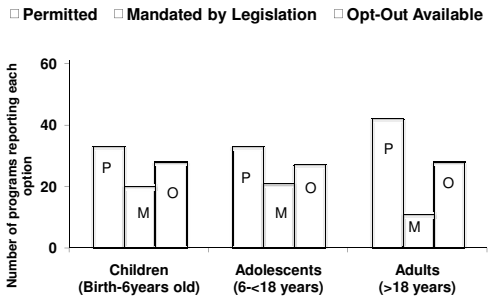
Do You Have Plans to Improve Provider Participation in the IIS for These Groups?



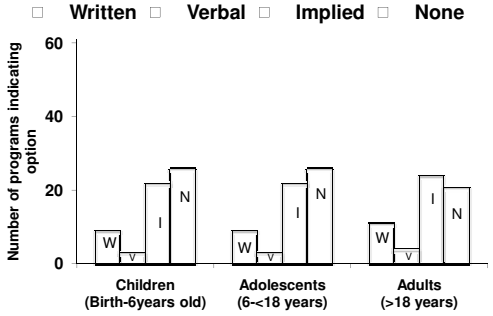
Please Describe How You Plan to Increase the Number of Providers Participating in the State IIS



Please Indicate the IIS Data Entry Requirements in Your Jurisdiction



For Each Age Group, What Type of Consent Is Required for IIS Data Entry



What Functionality Changes Occurred to the IIS During or After H1N1

- Prior to H1N1, more than 80% of IISs were able to document eligibility
- More than 50% could track vaccine adverse events

What Functionality Changes Occurred to the IIS During or After H1N1

- Two main functions reported being added after H1N1
  - Billing
  - Vaccine Ordering

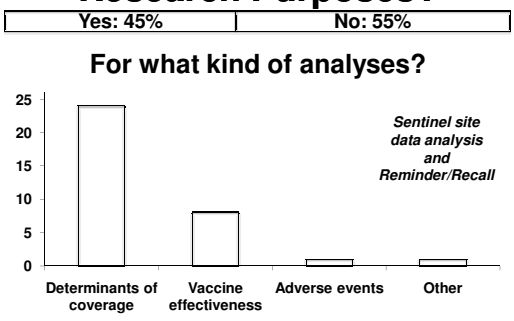
Using IIS for Research

- For the purposes of the next few survey items, we defined the term "research" to mean:
  - An activity that involves a research plan and data analysis to answer a research question intended to contribute to generalizable knowledge

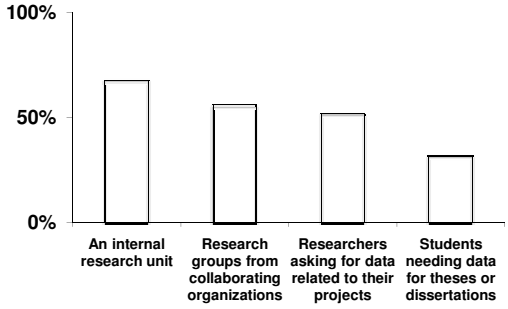
Using IIS for Research

- i.e., not only for internal program or evaluation purposes

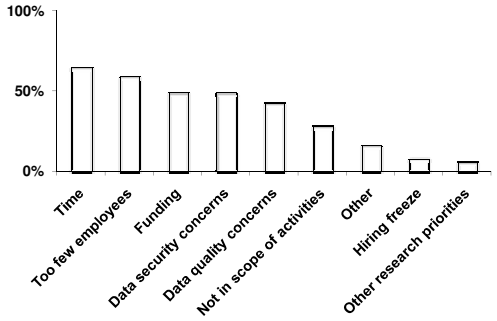
Has Your IIS Been Used for Research Purposes?



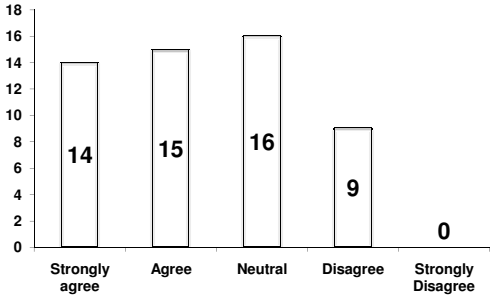
Who Has Used These Data for Research?



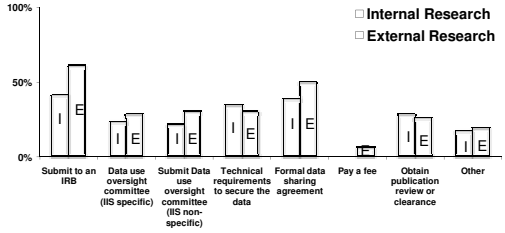
What Are the Barriers to Conducting Research with Your IIS?



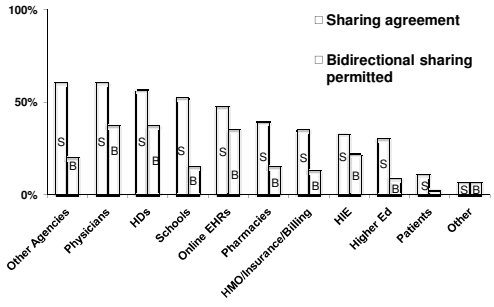
"Conducting Research with the IIS Data Is Part of the Mission of Immunization Programs"



What Needs to Be Done in Order to Obtain Access to Data from Your IIS for Research Purposes?



Do You Have Data Sharing Agreements with the Following?



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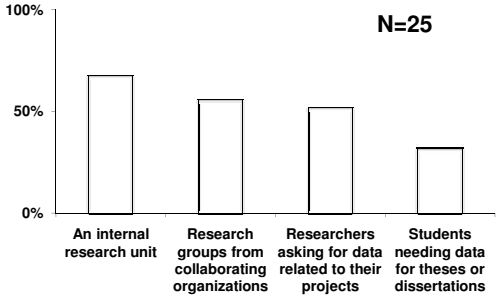

Criteria for Sharing?

- Registration in registry
- Formal agreement, such as a MOU
- Part of one departmental agency
- Authorized users

Criteria for Sharing?

- HL7 compatibility requirements
- Must be an immunization provider
- Only have view access
- Signed consent or authorization

– N=12

Barriers to Sharing?

- State law
- Data sharing agreements / MOU requirements
- IT issues such as bi-directional interface and compatibility
- Patient consent / HIPAA rules
- Data quality concerns

Barriers to Sharing?

- Not enough time
- Not enough staff
- Competing priorities or lack of interest
- Lengthy review process

– N=12

Discussion: Summary

Policy Changes Since H1N1

- Revised pandemic influenza plans focusing on
  - Establishing clear communication Increasing partnerships
  - Improving data collection

Policy Changes Since H1N1

- Vaccine allocation strategies will likely
  - Tailor strategy to event
    - Taking into account disease virulence, vaccine production rates and public demand
  - Having targeted clinics
    - Through pharmacies or schools

Relationship Changes Since H1N1

- Budget and staff problems can be mitigated by:
  - Ensuring well defined roles during response
  - Experience collaborating during non-emergency times
- Improved collaboration with emergency preparedness

Challenges: Areas for Improvement

- Leadership needed to increase capacity of existing immunization infrastructure
- A sustainable, flexible approach to funding public health also needed

Barriers to Using IIS

- Staff size and time were the two most cited barriers to conducting research with IIS data
  - Funding and data security were also top barriers
- Though only 16% disagreed that conducting research was part of their mission, only 45% reported having done so

IIS Changes Since H1N1

- Addition of billing and vaccine ordering / inventory management modules
- For some grantees, addition of laws or policies mandating reporting to IIS

Future Plans for IIS

- Grantees plan to increase participation levels in IIS among pharmacists, specialty providers (e.g. OBs), and hospitals through:
  - Outreach
  - Education
  - Improvements to IIS

Thank You!

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Thank You!

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