

**Washington Vaccine Association
Vaccine Committee Meeting
November 8, 2018; 12:00-1:00 p.m. PST**

I. Attendance. Participating in all or part of the meeting in person or by telephone (T) were the following individuals:

Members

Ed Marcuse, MD, Chairman
John Dunn, MD, Kaiser Permanente
Michele Roberts, MPH, MCHES, Department of Health
SheAnne Allen, Department of Health, Ex-Officio
Jeff Gombosky, Public Affairs

WVA

Julia G. Zell, M.A., Esq., Executive Director

KidsVax[®]

Fred Potter, Managing Member
Terry Mills, Executive Assistant (T)

Others

Rachel Wood, MD (T)
Julie Bertuleit, GlaxoSmithKline
Breelyn Young, GlaxoSmithKline (T)

II. Follow up Tasks/Action Items

1. Ms. Allen will send information regarding the Vaccine Best Practices Policy to providers and the Committee after the Thanksgiving holiday.
2. Ms. Allen will post the current vaccine defaults and the default selection process in the same location for interested parties.
3. Ms. Allen will update the Committee in February as to the magnitude of any increase in MenB outbreaks.

III. Minutes

Welcome and Introductions

At 12:00 p.m., a quorum having been established, Chairman Ed Marcuse called the meeting to order. Introductions were made, and Julia Zell announced that the meeting was being recorded for the benefit of the minute-taker and will be deleted following final approval of the minutes.

In opening, Chairman Marcuse provided an overview of the agenda indicating most of the meeting would be devoted to SheAnne Allen providing updates on various Department of Health (DOH) activities, followed by brief updates from KidsVax[®], and several Executive Session items.

IV. Department of Health Updates

Vaccine Updates

Ms. Allen began by giving an update on the Vaccine Best Practices Policy. The vaccine storage handling and accountability work group has been working on a policy for about a year. The final edits are being made and are expected to be ready by November 9, 2018 and will be shared with the WVA. Once all edits have been finalized, DOH will begin rolling out the policy to providers. The work group talked about ways to empower the providers enrolled in the program and turning the policy into an engagement process to provide education and training to the providers to reduce the number of excursions. Ms. Allen stated that she would wait until after the Thanksgiving holiday before sending the information out to providers.

Vaccine Choice

Vaccine Choice was extended by one week this year in response to feedback received by multiple providers that there was some confusion and miscommunication about the defaults, which were interpreted as State preferences. DOH needed all providers to complete the form because it was the first time that the MenB vaccine was being introduced on the regular recommended order form. The provider feedback indicated they were hearing from different pharmaceutical companies that when the State sets a default it is the State's preference. Ms. Allen clarified that the State never has a preference on any vaccine presentation and offers what is available. Ms. Allen went on to explain the default mechanism. Dr. Marcuse asked if there is a place that an interested party can look up what the current defaults are. Ms. Allen stated that there currently is not, but she will have that added. DOH will be re-evaluating the defaults over the next six months and adding possible presentations that are being added to the vaccine and the CDC pricelist. Dr. Marcuse recommended posting the default selection process in the same location as the defaults are posted. Ms. Allen responded and stated that she reached out to the pharmaceutical companies and that they, too will be reaching out to their teams to make sure that they are communicating that there is no vaccine preference.

Hepatitis A

Ms. Allen indicated that the Secretary of Health recently went to a national conference where he heard about some Hepatitis A planning that other states are doing in response to the recent outbreaks in San Diego, Michigan, West Virginia, and several other states. DOH was contacted by the Secretary asking what Washington has in place as far as planning. In response, DOH conducted a survey of the local health jurisdictions and some tribes to find out the vaccine needs and any activities they have in place or plan to do in 2018. However, it does not seem like a concern in Washington, though vaccine requests are being fulfilled as they came in. A workgroup was formed, currently consisting of DOH staff, but Ms. Allen stated that once DOH reports back to the Secretary of Health, the group will be extended to include other partners from tribes, local health jurisdictions, and the private sector. Data is being collected from the nine counties that have the highest homeless populations. Feedback was received from those counties; however, vaccine requests were not as high because DOH got them with the adult vaccine program and most of those areas are stocked with supplies.

Gardasil

Ms. Allen reported on the expansion of Gardasil 9 from age 27 to 45. The DOH is waiting for a vote in February from ACIP and MMWR to see how quickly managed care adds it as a covered benefit and will coordinate increased CDC ordering with the WVA.

Flu

Ms. Allen reported that so far this flu season has been extremely smooth for the State. The ordering of flu vaccine has gone well, but there was one instance where there was a brief delay from the depot shipping out because they received 6,000+ orders overnight. However, the depot was still able to deliver within their contracted delivery time. DOH ordered 690,000 doses of four different presentations and as of yesterday they have 230,000 doses available. Approximately 67% of the doses have been allocated to date with 42% of the

total having been administered. DOH continues to work closely with providers on education and training regarding how much to order and reminding them that they can order at any time. Further discussion ensued.

Diamond Project

State and local public health began working together about three years ago to design an improved model for how vaccine ordering is done, better define the role of the local health jurisdiction, and increase programmatic efficiencies. DOH selected July 1st as a transition date for all the vaccine ordering to transition to the DOH with the local health jurisdictions performing site visits and to provide a primary contact. Every local health jurisdiction developed some sort of rate improvement project. The education and training for each provider is taking more time than anticipated due to the transition period, but DOH is aware of its importance. With the addition of more staff, the response time to providers continues to decrease.

Ms. Allen provided a brief overview of the Vaccine Ordering and Management Team that she leads. The frontline staff is accountable to and for approximately 1,100 clinics in Washington State. They work with the providers to receive accountability reports each month, place orders, answer technical assistance issues, answer phone calls and emails, provide training, work with providers to do transfers, and lead the annual re-enrollment period for each provider. The day to day functions of vaccine management or assistance are housed at DOH and the work of site visits and visits to increase immunization rates are being done by the local health jurisdictions.

Ms. Allen briefly presented the survey results. Providers are being educated that if they are running out of vaccine, DOH would rather they order it rather than transferring. There was some frustration with the system, but continued improvements are being made to the IIS. Further discussion ensued concerning DOH providing feedback to providers that responded to the survey to help increase their confidence that they were heard.

V. KidsVax® Updates

2019 Assessment Grid

Ms. Zell provided a brief overview from the recent Operations Committee Meeting. It has been a concern of the Board whether there is too much cash on hand for vaccine funding strictly for operations. The Board asked to look at making an off-schedule grid change. Grid changes are typically done July 1st. The notifications go out from the DOH and do not come directly from the WVA.

Ms. Zell stated that after discussion with Peter Smith, who provides cash collections forecasting to the WVA, the recommendation to the Board will be to keep the grid steady to give providers and payers more systematic stability. The WVA has held the grid steady over the past two years and absorbed the inflation. Payers prefer that on their side, but it is also less complicated for providers. It's easier for KidsVax® and WVA to provide a refund through the assessment system to payers versus trying to go through the process with providers of correcting their grids. This will allow WVA to see where it stands when the CDC contract comes out and consider again absorbing the inflation or taking the grid down.

Discussion ensued regarding how WVA compares to universal purchase states with respect to cost savings. Ms. Zell indicated that there has been a steady reduction on the WVA side. WVA's savings were cut down when Gardasil 9 was introduced, and the CDC changed its policy. Now savings are in the 25-30% range, but WVA's operating costs are higher than other state vaccine programs because it is a more complicated system than for per capita states. However, those costs are expected to decrease. When the WVA first began, the operating costs were around 1.7-2.1%, which was normal. This year, the operating costs are up to 3%, mainly due to TRICARE and the extreme cost of getting them back into compliance, but those costs should be going down.

Payer Compliance

Ms. Zell was happy to report that WVA has received the final TRICARE settlement offer for the piece of the arrearage. Ms. Zell will be recommending it to the Board at its upcoming meeting. The settlement offer is believed to be equitable. Hopefully, with Board approval, this matter will be put to rest. TRICARE is paying at the full assessment amount, with an additional 1.8% for not complying with the settlement report process.

Ms. Zell expects WVA's financial position will be better than ever. There is currently \$25MM of operations capital now invested, which should provide a cushion if any additional vaccines are introduced that impact the Association's cash flow.

Executive Session

Matters concerning internal communications, personnel, and contracts were discussed.

Closing

There being no further business, the meeting was adjourned at approximately 1:15 p.m. PST.

What: Vaccine Committee Meeting
 Date & Time: Thursday, November 8, 2018; 12:00-1:00 p.m. PST
 Location: Ellis, Li & McKinstry, Alki Conference Room, 2025 First Ave., PH-A, Seattle, WA 98121
 Conference Line: (267) 930-4000; Conference ID: 103063718#

Notice: The meeting may be recorded for the benefit of the minute-taker. The WVA intends to delete the recording after the minutes of the meeting are approved.

AGENDA for Vaccine Committee Meeting (in person attendance if possible)

Approx. Time	Topic/[Anticipated Action]	Presented by:
12:00-12:05 p.m.	1. Welcome & Introductions a. Survey of Other Topics	E. Marcuse
12:05-12:35 p.m.	* 2. Department of Health Updates a. Vaccine Updates b. Vaccine Choice c. Diamond Project d. Best Provider Storage and Handling Practices e. Potential DOH Administration Fee Increase	S. Allen
12:35-12:45 p.m.	3. KidsVax Updates a. 2019 Assessment Grid b. Payer Compliance	J. Zell
[Executive Session: Board and Committee Members Only]		
12:45-12:55 p.m.	4. Miscellaneous a. Potential Pilot Program b. DOH Update	S. Allen
12:55- 1:00 p.m.	5. Closing	

*Indicates agenda item attached
 Red text indicates an action item



WA VACCINE ASSOCIATION

SheAnne Allen

November 8, 2018

Agenda

- Best Practices in Vaccine Storage, Handling & Accountability workgroup
- Vaccine Choice
- Hepatitis A
- Gardasil
- Flu
- DOH/ LHJ Engagement Project



Best Practices in Vaccine Storage, Handling, and Accountability Work

- Close to a final policy
- Workgroup final edits by Nov 9th
- Share with WVA & VAC
- Developing roll-out plan
- Next workgroup meeting beginning of December





Vaccine Choice

October 15th – 31st.

- Providers choose the preferred vaccine presentations for their office.

Meningococcal B vaccine will be an option.





Hepatitis A Planning

DOH workgroup to develop plan

- Local jurisdiction activities
- What information do providers need?
- Are providers confident they can diagnose properly?
- Resources/tools available





FDA Expanded Use of Gardasil

FDA approved the expanded use of Gardasil 9 to include individuals ages 27 through 45 years.

Gardasil 9 prevents certain cancers and diseases caused by the nine HPV types covered by the vaccine.

For more information, see the [FDA's Approval Letter - Gardasil 9](#) and view the complete [FDA press release](#).





Influenza 2018-2019 Summary

- 690,000 doses ordered
- 230,380 doses available
- Flu doses received at depot 8/13/18-10/26/18
- Flu orders approved starting 8/27/18





2018-2019 Influenza Season

0.25mL Fluzone Availability:

- 117,000 doses (100%) allocated
- 19,020 doses available for ordering

5.0mL multi-dose Fluzone Availability:

- 227,000 doses (100%) allocated
- 94,740 doses available for ordering

.5mL FluLaval Availability:

- 306,000 doses (100%) allocated
- 106,390 doses available for ordering

0.2mL single dose FluMist Availability:

- 20,000 doses (100%) allocated
- 10,230 doses available for ordering



DOH/ LHJ Engagement Project

State and local public health came together to design an improved model for operating the state Childhood Vaccine Program, which included increasing efficiencies and developing a sustainable staffing model.

Project Goals:

1. Create a consistent statewide standard of immunization promotion and vaccine compliance services that meets customer needs;
2. Create efficiencies in the services DOH/LHJ provide through consolidated contracts in Washington State; and
3. Identify effective immunization promotion activities to improve immunization rates in Washington State.

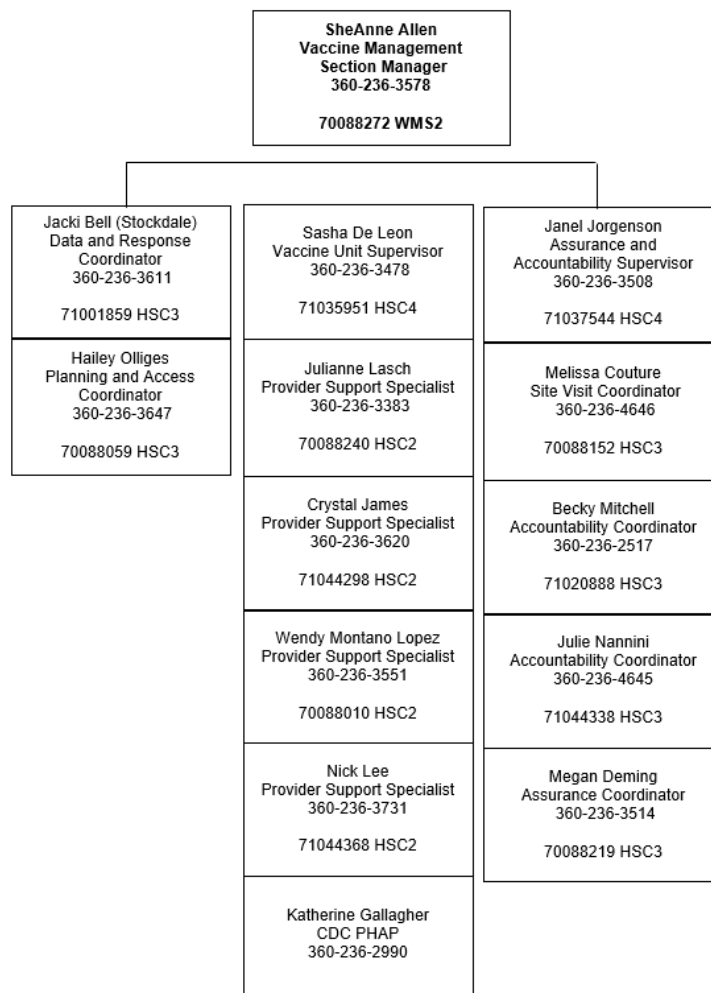


Project recommendations

- These recommendations resulted in the following changes:
 - Centralizing all vaccine ordering, accountability, and management to the state Department of Health.
 - Contracting with nine local health jurisdictions in a regional model to perform all site visit compliance reviews, AFIX visits, new enrollment site visits, and disenrollment visits across the state.



Vaccine Management Section





Vaccine Ordering and Management Team



Julianne Lasch
Provider Support Specialist



Crystal James
Provider Support Specialist



Wendy Bowman
Provider Support Specialist



Nick Lee
Provider Support Specialist



Sasha De Leon

Vaccine Unit Supervisor

Jacki Stockdale

*Data & Response
Coordinator*

Hailey Olliges

*Planning & Access
Coordinator*

Janel Jorgenson

*Assurance &
Accountability
Supervisor*

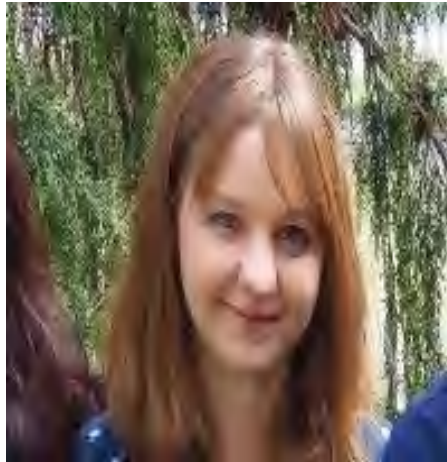


Assurance and Accountability Team



Melissa Couture

Site Visit Coordinator



Becky Mitchell

Accountability Coordinator



Julie Nannini

Accountability Coordinator



Megan Deming

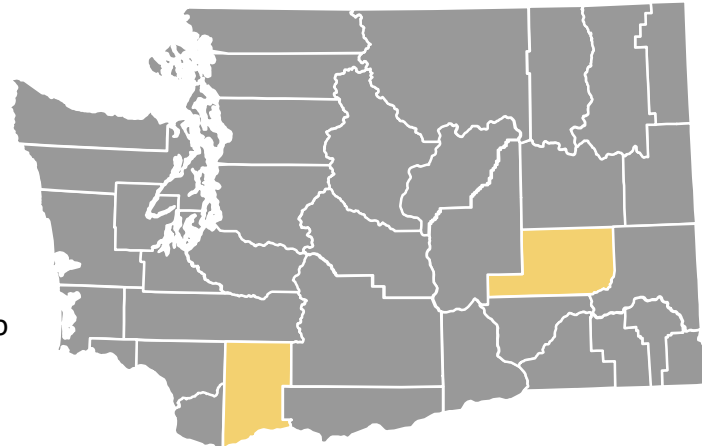
Assurance Coordinator

DOH/LHJ Engagement Project Survey Results

RESPONSE

475 Providers from
33 LHJs completed the
survey

Adams and Skamania counties had no
responses

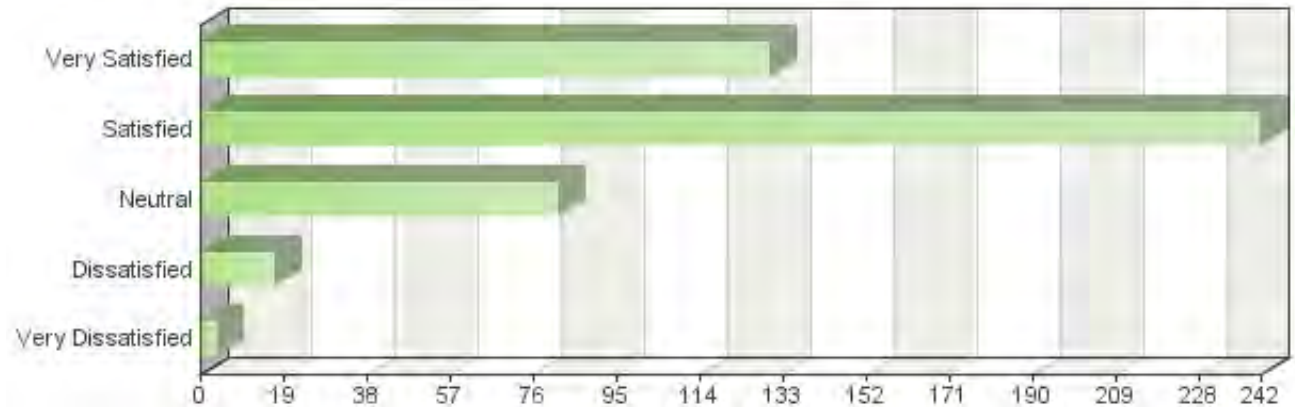


■ Provider
Response ■ No
Provider
Response

Results

OVERALL SATISFACTION

78.32%



Frequency table

Levels	Absolute frequency	Relative frequency
Very Satisfied	130	27.37%
Satisfied	242	50.95%
Neutral	82	17.26%
Dissatisfied	17	3.58%
Very Dissatisfied	4	0.84%
Sum:	475	100%

Themes

- Requests for more ordering opportunities
- Frustration with functionality of IIS
 - Most frequently mentioned was submission of reports and the glitches that happen during the reporting process
- Requests for more training using various methods and on various subjects
- Providers requesting more expedient response from DOH regarding problems

Summary

- Overall, providers have a high satisfaction with how the program is being administered
- This survey identifies some process education opportunities to target to providers
- The requests for training from staff within provider offices can help guide future communication development and office interactions
- There may be opportunities to drill down further on frustrations with IIS interaction

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