



Transition to a Public-Private Partnership for Childhood Immunizations

By Kathryn Bergh

Washington State has a universal purchasing system to promote access to recommended childhood immunizations. Under this system, the Washington State Department of Health purchases all vaccines recommended for children under the age of 19 and distributes them to vaccine providers at no cost. This system has significant benefits, including access to federal contract rates that are typically 15–60 percent lower than private purchasing alternatives. Universal purchasing also increases provider participation in the immunization program by reducing administrative burdens, thereby expanding access for families.

Washington’s universal purchasing system is currently a result of effective public-private collaboration, but for many years the system was run with state funds. This support ended when the Washington State Legislature voted to end funding for the program, effective May 2010, as part of broader budget cuts.

Aware of the coming change, a group formed in June 2009 to discuss options for maintaining a strong system and to organize an Immunization Congress. The planning group included representatives from the legislature, the Department of Health, physician groups, local public health, school nurse organizations, and health plans. The group adopted guiding principles, researched vaccine financing and delivery models in other states, and developed policy options.

In September 2009, the group presented its findings at the Immunization Congress that it had organized. The meeting was attended by over 60 people from a broad spectrum of stakeholders, including

representatives from vaccine manufacturers and the governor’s office. The group presented three options:

- A dedicated tax on health plans or providers
- Voluntary contributions by health plans to the Department of Health
- Voluntary contributions by health plans to a private purchasing consortium

As Congress attendees discussed these options, a fourth option emerged, which was widely supported. Under this model, private contributions would be made to a designated fund administered by the Department of Health. This model would make it possible for the program to be eligible for federal contract rates while keeping private funds separate from other Department of Health funds.

After the Immunization Congress, the planning group added more members and redefined itself as a leadership group. The group also increased its stakeholder engagement efforts. Although the Congress had created momentum for preserving a universal purchasing system, it became clear that legislation was necessary to address concerns that some providers and insurers might not fully participate if participation in the program was voluntary. On March 23, 2010, then-governor Christine Gregoire signed House Bill 2551 into law, establishing the Washington Vaccine Association (WVA), a nonprofit organization funded by mandatory payments from health plans and other payers. By outlining the rights and responsibilities of the payers, the legislation increased confidence that the system would be administered in a fair way.

The WVA completed its second full year of operations in June 2012 and is broadly regarded as a success. The Department of Health’s ability to purchase vaccines was not disrupted by the creation of the WVA, and the assessments collected from payers have been sufficient to pay for all start-up costs and vaccines included in the program. Starting February 1, 2012, the WVA lowered the amount that insurance companies must pay per vaccine.



Key informant interviews with members of the planning and leadership groups were conducted to identify factors that contributed to the successful formation of the WVA. Responses consistently identified four factors as vital to every stage of the transition process:

- *Broad stakeholder engagement:* The inclusion of representatives from across the spectrum of groups affected by the childhood vaccine program ensured that all relevant interests and concerns could inform the discussion.
- *Emphasizing a shared purpose:* As diverse (and occasionally conflicting) stakeholder interests emerged, it became essential to establish a strong foundation of shared interests and mutual benefit. Guiding principles and a purpose statement helped to keep stakeholders unified and invested when challenges surfaced.
- *Strong champions:* The leadership group was composed of individuals who were dedicated to childhood immunizations, and their passion and energy played a key role. Support from key legislators and the governor also enabled the passage of legislation that allowed universal purchasing to continue.
- *Strong relationships between representatives of major stakeholder groups:* Many members of the group had a long history of successfully working together. This history created trust among the members and helped them to work efficiently and effectively.

The Immunization Congress was a pivotal event because it solidified these factors and generated momentum. Key informants identified several elements that contributed to the success of the Congress:

- *Speakers from similar programs in other states:* Presentations by representatives from two states with universal purchasing systems helped convince stakeholders that maintaining a universal purchasing system was a realistic goal.
- *Detailed analysis of the options:* The extensive research of the planning group enabled the presentation of several alternatives along with their respective strengths and weaknesses.
- *Skilled facilitator:* A facilitator helped the group effectively prepare for the Congress, including the

development of a structure that communicated a clear mission and focus to attendees.

- *Attendees from across the stakeholder spectrum:* Securing feedback and support from diverse groups paved the way for eventual consensus. Despite the diverse strengths of this group, its successes also depended upon two other factors that should be considered before beginning a similar effort:
- *Strong precedent for the proposed system:* At the time of the transition, Washington had been a universal purchasing state for over 20 years. The

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necessary infrastructure and technical expertise were already in place and the Department of Health's vaccine purchasing and delivery processes were well established.

- *Immediate action was not required:* The legislature enabled previously-allocated funding for the universal purchasing system to continue through April 2010 by dropping the vaccine for human papillomavirus from the list of vaccines included in the system. This action reduced costs, delayed the end of state funding, and provided time to secure grant funding. These factors made it possible to plan and hold the Immunization Congress, build consensus, draft legislation, raise nearly \$8 million, and otherwise ensure a seamless transition. ■

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