

Minutes		Immunization Policy Advisory Team (IPAT) Thursday, Sept. 3, 2015/ 11:45 – 2:00pm/Room 1D	
ATTENDEES			
X	Hilary Andrews Sara Beaudrault Joni Busche Jessica Caldwell Clarice Charging	X P	Kevin Hogan Linda Howrey Maggie Klein Tami Kochan Ellen Larsen
x	Paul Cieslak Alison Dent	X	Richard Lemam Paul Lewis
x	Aaron Dunn	X	Mimi Luther
x	Tom Eversole Debi Farr	X X	Jenne McKibben Bob Mendelson
x	Laurie Francis	X	Janet Patin
x	Erica Gillespie	X	Nathan Roberts
x	Judy Gutzman Dana Hargunani Apryl Herron		Jennifer Webster
Guests:			
	Joell Archibald Carrie Beck Rachel Clark Erin Corrigan Stacy de Assis Matthews		Arielle Hardin Sarah Knipper Kathy Thompson Karen Vian
Agenda		Minutes/Action Items	
Introductions 5 minutes			
Update Conflict of Interest Forms		Anne distributed the conflict of interest forms to be signed. Anne will email forms to absent members.	
Oregon Immunization Program (OIP) Update		<p>There have been some challenges for the Oregon Immunization Program in the areas of budget and staffing. The cost allocation percentage of the budget increased by 50%, and may increase again. The Public Health Division (PHD) is under a hiring pause while work is ongoing to evaluate and align positions with the position authority set by the legislature. As part of this, OIP has lost four positions permanently, including one management position. Four other positions are vacant until the pause is rescinded. OIP is restructuring as a result.</p> <p>Until staffing vacancies are resolved, OIP is not enrolling new clinics into the Vaccine for Children (VFC) program. This will affect access to immunizations in the short term. This is a temporary solution aimed at meeting our requirements with current VFC providers. Those interested in enrolling in VFC can begin the onboarding process and will be wait-listed for upcoming openings. Once vacancies are filled, we anticipate lifting the cap in the new year.</p>	
Public Health Modernization Update		<p>With the passage of House Bill 3100, the PHD is formally working toward modernization.</p> <ul style="list-style-type: none"> • Two year assessment of the public health system, due to legislature June 2016 • Defining core functions and metrics to track effectiveness 	

	<ul style="list-style-type: none"> • Core services need to be available at a local level, whether by county, region, or other defined parameter. • Will need sustainable funding • Childhood immunization incentive measure in effect beginning in 2016.
<p>Pharmacy Adolescent Influenza Immunization</p>	<p>Oregon allowed pharmacists to immunize teens down to age 11 starting in 2011. As of 2015, law now allows pharmacists to immunize down to age 7.</p> <p>Study looked at whether adding pharmacists lead to more immunization or simply shifts some volume from clinic to pharmacy.</p> <ul style="list-style-type: none"> • Single season (2013-2014) of influenza immunization • Oregon adolescent (11 to 17) influenza immunizations in Sentinel Region. • Compare pharmacy component of immunization rates to overall and clinic component. • Goal to test null hypothesis - shifting of fixed volume <p>What was found:</p> <ul style="list-style-type: none"> • Controlling for overall rate, there was no association at all between the pharmacy component rate and the clinic component rate • Controlling for clinic rates, pharmacy immunization was significantly associated with increased overall rates <p>Caveats and Next Steps</p> <ul style="list-style-type: none"> • Some payors did not support pharmacy immunizations. • Need to repeat result in more influenza seasons to see if patterns continue. • Uncertain if results can be generalized to other immunizations beyond seasonal influenza. • Potential adolescent and parent co-seeking of immunizations needs further work
<p>End of adolescent well child flyer for pharmacists</p>	<p>Law allowing pharmacists to vaccinate down to age 11 required pharmacist to give patients a flyer reminding parents of benefits the well child visit for adolescents. With the change in the law allowing pharmacists to immunize down to age 7, the Board of Pharmacy decided to eliminate the flyer requirement. Rule changes are underway. Public hearings will be held as part of the process.</p>
<p>ALERT IIS Update</p>	<p>Participation:</p> <ul style="list-style-type: none"> • Organizations enrolled = 1632 <p>Required Participation</p> <ul style="list-style-type: none"> ○ VFC Providers ○ Immunizing Pharmacists <ul style="list-style-type: none"> • 91% submitted data in 2014 <p>Population Capture:</p> <p>Childhood: 4 mo – 5 years</p> <ul style="list-style-type: none"> • 102% with 2 or more immunizations <p>Adolescent: 11-17 years</p>

	<ul style="list-style-type: none"> • 75% with 2 or more adolescent immunizations <p>Adult: 19 years and older</p> <ul style="list-style-type: none"> • 80% with 1 or more adult immunizations <p>Timeliness:</p> <ul style="list-style-type: none"> • Doses for 0-18 years: 69.3% reported day of administration • Doses for ≥19 years: 52.9% reported day of administration <p>Users:</p> <ul style="list-style-type: none"> • 10,306 active User Interface users • 10,272 inactive, disabled, terminated • Training and individual agreements required prior to access <p>Records:</p> <ul style="list-style-type: none"> • Client records: 5,997,532 • Immunization Records: 49,776,712 <p>Future Enhancements</p> <ul style="list-style-type: none"> • Interstate Data Exchange • Explore data exchange with the Oregon Cancer Registry <ul style="list-style-type: none"> • increase HPV vaccination rates • Data Exchange Summary Report • Report for VFC providers <ul style="list-style-type: none"> – offer providers information to assist in determining appropriate order quantity by vaccine type • AFIX – IIS Integration • National IIS Certification
<p>Vaccine for Children (VFC) Update: VtrckS update Wasted, spoiled or expired vaccine update</p>	<p>OIP's restitution policy up to 2015</p> <ul style="list-style-type: none"> • Providers reimbursed OIP for vaccine losses (spoiled and expired) • Only exceptions were flu and open multidose vials • Money collected was used to purchase vaccine <p>CDC's restitution requirements, as of Jan 1, 2015</p> <ul style="list-style-type: none"> • States are not required to have a restitution policy • For states that do have a restitution policy, providers must purchase vaccine on a dose-for-dose replacement • Providers must submit receipt of purchase to state within 90 days <p>December 2014, IPAT voted to support OIP in eliminating restitution policy</p> <ul style="list-style-type: none"> • OIP is monitoring vaccine losses closely. • Majority of vaccine losses are due to expiration <ul style="list-style-type: none"> ○ many clinics report expired vaccine multiple times in a year <p>2015 Vaccine Loss - 2.2% of Doses Distributed</p> <ul style="list-style-type: none"> • Vaccine loss a very small percentage of doses distributed • Ending OIP restitution policy did not lead to an increase in overall vaccine losses <p>OIP will move to implement upstream solutions to reduce vaccine losses</p>

	<ul style="list-style-type: none"> • Enhanced reporting of vaccine loss • Recommended vaccine order quantities in ALERT IIS
Senate Bill 895 Update	<p>Senate Bill 895 passed in July for implementation in 2015-16 school year. Temporary administrative rules have been filed.</p> <p>Changes:</p> <ul style="list-style-type: none"> • Removes grandfathered religious exemptions that were signed prior to March 1, 2014 • Those with prior exemptions will need to follow the new process to obtain exemptions. • Affects ~ 30,000 kids • One-time renewal, not required annually at this time • Requirements for schools to post vaccination and exemption data. • OIP working with school computer systems to enable reporting of required data • Local health department reporting requirements