



IMMUNIZE KANSAS KIDS

2004 Governor's Blue Ribbon Task Force on Immunizations

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Kansas Department of Health and Environment
March 13, 2006



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Governor's Blue Ribbon Task Force on Immunizations

- Convened March 2004
- Purpose: Study the problem and make recommendations to improve the immunization status of Kansas children



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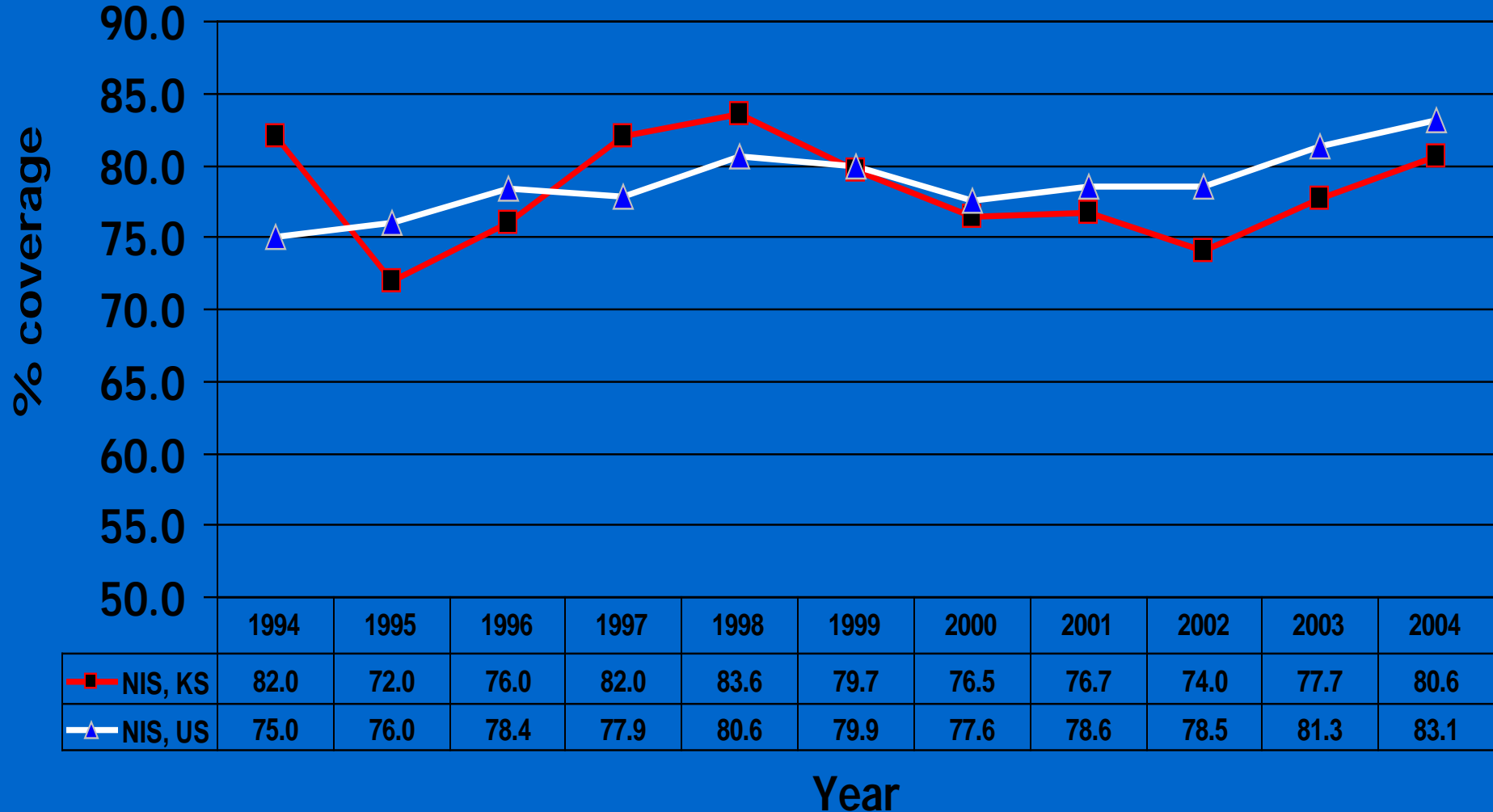
Immunization Coverage

- Coverage rates in KS have decreased
- Decrease may have started as early as 1999
- DTP4 decrease is particularly noticeable
 - A shortage of vaccine in 2002 and 2003 postponed the fourth dose of DTP under certain circumstances, which exacerbated this problem.



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Kansas Immunization Coverage, National Immunization Survey (NIS) KS and U.S.



Year

**4 doses of DTP, 3 doses of polio, 1 dose of measles*



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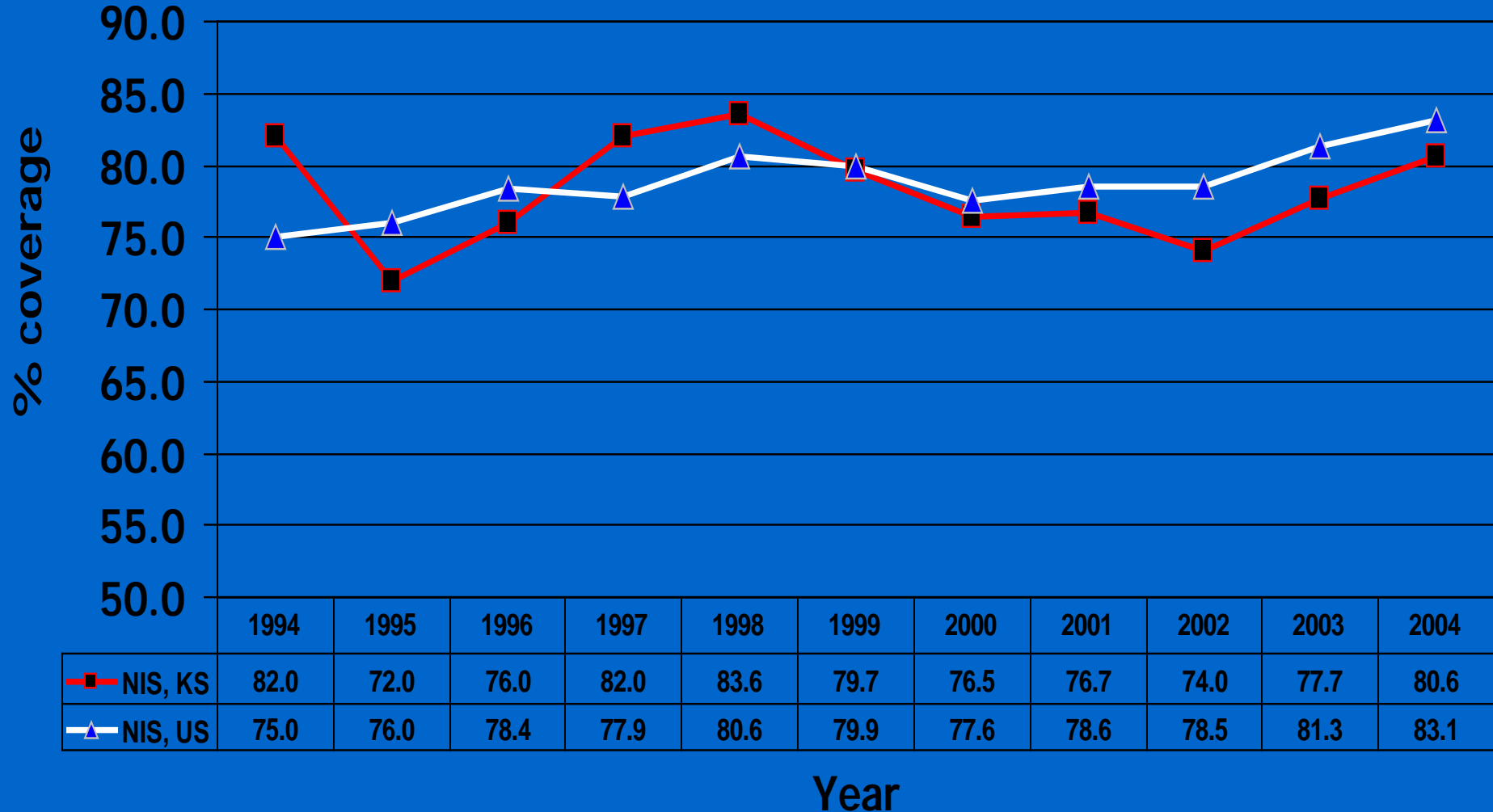
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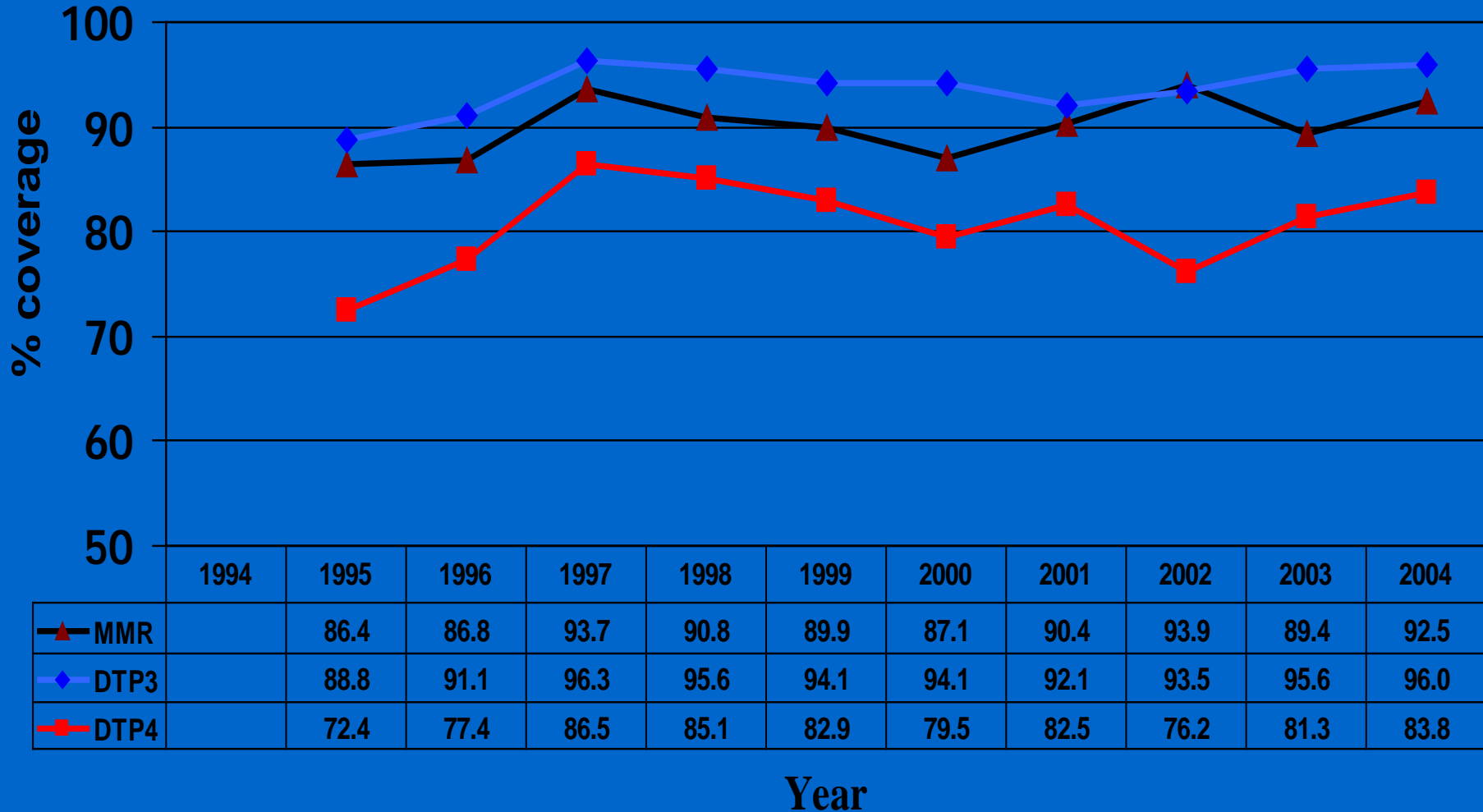
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Kansas Immunization Coverage, National Immunization Survey (NIS) – Rates for Selected Antigens





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Governor's Blue Ribbon Task Force on Immunizations

- Possible barriers identified:
parental objection, inability of parents,
financial barriers, lack of providers,
vaccine shortage



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Task Force Findings

- Kansas parents are willing to have their children immunized
- Unique features of the Kansas delivery system
 - low- per-capita funding
 - Low participation of private providers



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State Per-Capita Funding

State	SGF Immunization Spending (SFY 2004)	Population (2001)	Per Capita	Ins. Contributions	New Per Capita
1) Massachusetts*	\$15,300,000	6,379,304	\$2.40	\$0	\$2.40
2) Rhode Island	\$76,000	1,058,920	\$0.07	\$0	\$0.07
3) New Hampshire**	\$466,000	1,259,181	\$0.37	\$2,158,261	\$2.08
4) North Carolina	\$13,759,621	8,186,268	\$1.68	\$0	\$1.68
5) Connecticut	\$6,700,000	3,425,074	\$1.96	\$0	\$1.96
45) Kansas	\$674,896	2,694,641	\$0.25	\$0	\$0.25
46) Louisiana	\$0	4,465,430	\$0.00	\$0	\$0.00
47) Montana	\$0	904,433	\$0.00	\$0	\$0.00
48) Oklahoma	\$350,000	3,460,097	\$0.10	\$0	\$0.10
49) New Mexico***	\$1,300,000	1,829,146	\$0.71	\$1,000,000	\$1.26
50) Colorado	\$0	4,417,714	\$0.00	\$0	\$0.00

Ranking	Avg. SGF Spending	Avg. SGF + Ins.
Top-Ranked	\$1.30	\$1.64
Bottom-Ranked	\$0.18	\$0.27

* In SGY '04, had ~\$17.3M in SGF funds for immunizations. Less than \$2M was for adults; \$2M has been removed for the utilized figure.

** In SGY '03, had \$2,158,261 in required insurer contributions.

*** Also has ~\$1M from health insurers in vaccine reimbursement account for insured patients (voluntary program).



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Enrollment of Public and Private Providers in VFC -2002

State	Ranking	Public Providers	Private Providers	Total Providers	% Private Providers
Massachusetts	1	457	1238	1695	73%
Rhode Island	2	23	0	23	0%
New Hampshire	3	131	276	407	68%
North Carolina	4	371	812	1183	69%
Connecticut	5	104	409	513	80%
Delaware	13	54	212	266	80%
Hawaii	14	35	241	278	87%
Nebraska	17	84	177	261	68%
Missouri	35	305	452	757	60%
Kansas	45	178	120	298	40%
Louisiana	46	316	657	973	68%
Oklahoma	48	260	383	643	60%
New Mexico	49	214	229	443	52%



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Task Force Recommendations

- Changes in Immunization Program Operations to Improve Rates
- Improving Access to Immunization Services Vaccine Costs
- Vaccine Costs



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Task Force Recommendations

- Changes in Immunization Program Operations to Improve Rates
 - Development of Immunization Registry
 - Change the Age for Administration of Fourth Dose of DTaP (Diphtheria, Tetanus, and Pertussis)
 - Expand Immunization Reminder Systems
 - Expand the Current, Successful Medicaid Immunization Outreach Project
 - Expand Current WIC/KDHE Partnership



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Task Force Recommendations

- Improving Access to Immunization Services
 - Expand Access to Childhood Immunizations through the Child's Medical Home - Conduct a systematic assessment of the barriers that prevent private-sector medical providers from offering childhood immunizations.



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Barriers to Provision of Immunizations in Private Practice Settings

- No systematic assessment
- Need information regarding
 - current childhood immunization practices
 - reasons for offering or not offering immunization services



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Task Force Recommendations

■ Vaccine Costs

- Provide an overall description of the current system for financing childhood immunizations
- Investigate and describe how ERISA plans operating in Kansas cover childhood immunizations
- Analyze and describe the potential costs and benefits of shifting to a statewide universal vaccine coverage program



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Status of Recommendations

Impact	Component	Status
Short Term	Immunization Registry Development	Implemented
Short Term	Change the Age for Administration of 4 th Dose of DtaP	Implemented
Short Term	Expand Immunization Reminder Systems	Implemented
Short Term	Expand Current, Successful Medicaid Immunization Outreach Project	Implemented
Short Term	Expand Current WIC/KDHE Partnership	Implemented
Long Term	<i>Expand Access to Childhood Immunizations through Child's Medical Home</i>	Delayed
Long Term	<i>Examine Vaccine Cost Issue</i>	Delayed



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