

Minutes	Immunization Policy Advisory Team (IPAT) Thursday, Dec. 5, 2019/ 11:45 – 2:00pm/Room 1B
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ATTENDEES					
X	Joell Archibald		Nadine Gartner		Bob Mendelson
X	Mark Bajorek		Bryan Goodin		Jessica Nagelkirk
	Sara Beaudrault	X	Holly Groom	X	Janet Patin
X	Carrie Beck		Judy Guzman	X	Diane Quiring
	Jessica Burgon	X	Linda Howrey	X	Joanne Rogovoy
	Albert Chaffin	X	Fiona Karbowicz		Deborah Rumsey
X	Lisa Chambliss		Maggie Klein		Danielle Sobel
X	Clarice Charging	X	Tami Kochan	X	Amanda Timmons
X	Paul Cieslak	X	Jan Larsen	X	Cecile Town
R	George Conway		Rex Larsen	X	Amy Valdez
	Erin Corrigan	X	Richard Leman	X	Erica Wright
X	Jessica Daniels	X	Paul Lewis		Collette Young
X	Stacy de Assis Matthews	X	Mimi Luther		
	Aaron Dunn	X	Jenne McKibben		
	Barbra Fisher				

X – in person R – via webinar or phone

Guests:

Bridget Abshear Sarah Bacon Carissa Bonham Jessica Gonzales - R Stan Gotshall Tim Kang Ana McMurry	Aaron Pride Seema Rathor Parjinder Toor		
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Agenda	Minutes/Action Items
Introductions / Announcements / Old Business	None
Public Comment	Three comments: Topics included better tracking and sharing of vaccine adverse events, better education for providers and the public about vaccine adverse events, and working towards greater transparency, communication and information exchange around vaccine safety, science and data.
ACIP Agenda Update	Three votes from the last meeting <ul style="list-style-type: none"> • Pertussis – Tdap can be used instead of Td for routine boosters, wound management with certain injuries, and catch-up immunization schedules • 2020 childhood schedule – adopted the new version • 2020 adult schedule – adopted the new version. PVC13 removed from routine recommendations Other items: <ul style="list-style-type: none"> • Discussion of NY measles outbreak • Dengue fever vaccine (the 3-dose series) • New Ebola vaccine on the horizon •

	<p>Discussion: Was the Tdap vote based on the possible pertussis protection? <i>No, based on evidence of safety of multiple doses and tetanus immunogenicity.</i></p>
ALERT IIS Update	<ul style="list-style-type: none"> • Focusing on data quality currently; merging and cleaning of data • No major releases underway, doing some bug fixes and transitioning from AFIX to IQIP for quality improvement work.
Immunizations on a college campus <ul style="list-style-type: none"> • 2nd Hep B dose • HPV • Flu clinics 	<ul style="list-style-type: none"> • Thanks to IPAT members for help in facilitating connections for partnerships • For Hep B vaccination, Portland State University (PSU) finds the 2-dose series works better for their student population, although have the three-dose available for students only needed the last dose. • HPV vaccine available, although they see good coverage when looking up students in the ALERT IIS registry. • Last year, PSU saw a lot of flu among the basketball and golf teams. This year, Mark reached out and provided flu vaccination to those students. ALERT IIS was very useful in determining shot history. • Proof of measles vaccination or history of disease required for PSU students. Can hold registration until proof provided or immunization received.
OIP Hot Topics / Roundtable	Oregon Immunization Program (OIP) Strategic Plan OIP has updated their strategic plan for 2019-2021. See Appendix A Hepatitis A Project <ul style="list-style-type: none"> • In 2017, Hepatitis A outbreaks started occurring mainly among homeless populations, intravenous drug users and MSM. • To date: 29,000 cases, 61% needing hospitalization and 300 deaths. • No outbreak in Oregon as yet, but all surrounding state have had outbreaks. • OIP applied for funding this year to use for Hepatitis A activities. <ul style="list-style-type: none"> ○ Eleven applicants, eight funded. ○ Project funded to June 30, 2020. • Twelve hospitals across the state received vaccine for high risk patients • All state correctional facilities are vaccinating <p>Discussion:</p> <ul style="list-style-type: none"> • Does funding always go to local health authorities or do non-profit organizations qualify also? <i>Funding goes to LHAs but they can distribute as needed in their communities</i> • Will a report on activities be forthcoming? <i>Should be able to do preliminary report for March meeting.</i>

<p>Metro County Vaccine Hesitance Project</p>	<ul style="list-style-type: none"> • Spring of 2018, Clackamas county public health directory gathered a group to discuss trend of vaccine hesitancy in tri-county area. • Clackamas, Multnomah and Washington counties, and Health Share of Oregon, an organization serving Oregon Health Plan members, initiated project. <ul style="list-style-type: none"> Strategy #1: <ul style="list-style-type: none"> ◦ Design and implement multifaceted community mobilization initiatives, utilizing evidence-based and promising practices, focused on multiple audiences with the purpose of influencing vaccine perception and behavior. Strategy #2: <ul style="list-style-type: none"> ◦ Advocate for a supportive policy that promotes and rewards provider immunization practice improvement utilizing the Immunization Quality for Providers (IQIP) program model. Strategy #3: <ul style="list-style-type: none"> ◦ Convene a group of stakeholders to discuss policy initiatives, which support an increase in childhood immunization rates. • 2019 - conducted a tri-county regional analysis of immunizations using ALERT IIS records • Selected Russian speakers as focus: have the lowest completion of vaccine series while having highest missing ALERT IIS records. • Conducted focus groups and key informant interviews • Conclusion: concerns in the Russian-speaking communities are same as those in the general population regarding reliable information, safety, and effectiveness of vaccine. • Work ongoing on developing materials and education in appropriate languages and building relationships in community.
<p>Comagine Health Overview</p>	<ul style="list-style-type: none"> • Comagine is a national, nonprofit, health care consulting organization formed through 2018 merger between HealthInsight and Qualis Health • Works collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system • Quality improvement for Centers for Medicare & Medicaid Services (CMS) • Adult immunization project started in 2015 to improve vaccination rates, increase utilization of IIS and reduce disparities <ul style="list-style-type: none"> ◦ Target vaccines: Influenza, Pneumonia, Herpes zoster (shingles) ◦ Target populations: Medicare patients and dually insured beneficiaries ◦ Interviewed health care staff, assessed processes, developed toolkits, sent flu reminder postcards to beneficiaries • Surveyed home health agencies and nursing homes about IIS utilization <ul style="list-style-type: none"> ◦ Concerns about staff time to enter data

	<ul style="list-style-type: none"> ○ Lack of knowledge about IIS (what it is, and that it is available for home health) ○ Difficulty knowing where to sign up for IIS ○ Heavy reliance on hospitals to check immunization status and offer immunizations ○ Rural agencies concerned that IIS record may be incomplete and so not worth logging in ○ Common home health EHRs not on ALERT IIS compatibility list • Future work <ul style="list-style-type: none"> ○ Improve behavioral health outcomes, focusing on decreased opioid misuse ○ Increase patient safety ○ Increase chronic disease self-management ○ Increase quality of care transitions ○ Improve nursing home safety and quality <p>Discussion: Did survey reveal any ways to work with long term care facilities to improve staff vaccination?</p> <ul style="list-style-type: none"> • <i>Limited staff to administer the vaccines</i> • <i>No policy or procedures about staff vaccination</i> <p>Pharmacies willing to immunize staff but lack of insurance through employer a barrier. Processing individual insurance types can be confusing. Could be a good opportunity for partnership Staff immunization is an OSHA rule; employers are required to provide certain vaccines for health care staff (ORS 433.416) Partnership opportunities: www.comagine.org/partnership</p>
Wrap-Up and Next Agenda	<ul style="list-style-type: none"> • HOPP Project report • OHA metrics that are changing in 2020 • Tri-county access issues • Flu season recap FluBites

OIP Strategic Plan 2019-2021

Safeguard Access

Safeguard access to clinical immunization services in an environment of unprecedented and unknown risks.

- Work with partners to identify risks
- Develop plans to eliminate or mitigate risks
- Increase access to evidence-based immunization services

Invest in Staff

Invest in our staff and identify opportunities to enhance technology in support of program outcomes.

- Ensure staff involvement at national/state/county levels
- Identify processes for enhancement
- Maintain positions of technical or clinical expertise
- Invest in core business system enhancements
- Commitment to support employee wellness

Serve Communities

Collaborate with and better serve communities identified as being at greater risk of VPD outbreaks

- Identify groups at greater risk of missed immunization opportunities
- Approach at-risk groups with humility and engage
- Build partnerships, grow capacity, increase coverage
- Better understanding to address concerns & prevent outbreaks

Improve Rates

Improve immunization rates for specific diseases with high morbidity in Oregon through innovative projects and partnerships

- Increase HPV immunization rates
- Increase maternal immunization
- Increase influenza immunization

Address Equity

Maintain focus and build capacity to better understand and address equity needs within our work

- Increase staff understanding, awareness and skills
- Improve results from the OIP racial equity assessment