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Evaluation of the Kansas Statewide Immunization Tracking and Implementation Initiative

Final Evaluation Report Executive Summary

December 2014

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Acknowledgements

James Bell Associates (JBA) would like to acknowledge the following individuals for assisting the JBA team by providing invaluable data for this report: Gianfranco Pezzino, Nancy Ruf, Barbara LaClair, Jennifer Woodward, and Sheena Smith from the Kansas Health Institute; and Timothy Budge, Charlie Hunt, and Jeremy Howard from the Kansas Department of Health and Environment. JBA would also like to acknowledge the following individuals for taking their valuable time to participate in our structured interviews: Gianfranco Pezzino, Edie Snethen, Bruce Miyahara, Nichole Lambrecht, Carolyn Williams, Robert St Peter, Christine Steege, Marcia Nielsen, Sue Bowden, Margaret Smith, Brenda Kruder, Polly Witt, Marlou Wegener, Jerry Slaughter, Allison Peterson, Claudia Blackburn, Deborah Frye Stern, Carolyn Gaughan, Aaron Dunkle, Mike Dittmore, Laura McCrary, Michelle Ponce, Joann Wheeler, Meghan Fowler, Marilyn Hatten, Sheila Boos, Lougene Marsh, Joe Young, Shelly Kurek, Ellie Brooke, Nancy Keim, Sarah Meador, Mitzi Sexton, Babara Massey, Evelyn Batiz, Kerry Turner, Leana Euggan, Camille Heeb, Linda Auguilana, Sarah Maimer, Geoff Coburn, and Charles Powell.

Quadratic Trajectories by State 2002-2010

I. Executive Summary

This Final Evaluation Report on the Kansas Statewide Immunization Tracking and Implementation Initiative (also referred to as Immunize Kansas Kids, or IKK) focuses on implementation processes and the extent to which objectives were achieved. The outcome analysis findings support the general conclusion that IKK objectives were achieved, including improvements in the State’s annual childhood immunization rate. IKK leadership and financial support prompted improvements in childhood immunization rates and other meaningful enhancements of the Kansas immunization system such as the full implementation of the immunization registry (KSWebIZ). Nonetheless, the descriptive methodology used for the evaluation does not allow substantiation of a causal link between IKK actions and observed outcomes.

The main objective was to improve the rate at which Kansas children received immunizations based upon Centers for Disease Control and Prevention (CDC) recommendations. The primary outcome measure is the estimated childhood vaccination coverage rates from the CDC’s National Immunization Survey (NIS 4:3:1:3:3:1 series); the same measure used by the Governor’s Blue Ribbon Task Force and the IKK Steering Committee. Kansas’s estimated coverage rates rose steadily in 8 of the 9 years from 2002 through 2011—the exception was 2005 to 2006. The 2002 coverage rate was considerably below the national rate, but the gap steadily narrowed until Kansas surpassed it in 2008. Kansas’s rate fell below the national rate in 2012, but rebounded in 2013. A change in the CDC’s sampling procedures in 2011 led to a period of coverage rate volatility that affected most states.

Using regression analysis, longitudinal curves of estimated coverage rates that represent each state and the nation as a whole were calculated. Kansas outperformed a large majority of the states and the US as a whole. Among the 51 estimated coverage rate curves, Kansas had the most accurate fit to its data points— consistency of the data over this time period—further reinforcing confidence in the conclusions on immunization coverage rate improvement.

The outcomes analysis addresses the 10 top priority strategies in the June 2008 *Achieving and Sustaining High Vaccination Rates Among Kansas Children* report of the IKK Steering Committee. The outcome analysis revealed that 5 of the 10 strategies were fully implemented and 2 were partially implemented. The remaining 3 strategies each registered a different “other”

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outcome: attempted, not attempted for a reason, and not attempted. A summary of the status of the 10 top priority strategies at the end of the IKK grant follows.

Fully Implemented Strategies

- **Create an immunization advisory panel.** The creation of the immunization advisory panel—as envisioned by the Steering Committee—was not achieved. The KDHE Secretary chose not to appoint the panel. An IKK-only advisory panel was, however, convened as the Partners Group in 2011 by the Management Team and is currently carrying on the IKK initiative as the Kansas Immunization Coalition. The coalition has expanded its focus to include immunizations for all age groups.
- **Increase and accelerate electronic interfaces between KSWebIZ and data management systems to fully implement the immunization registry.** The use of electronic interfaces has increased substantially since 2008. While it is difficult to precisely define what the Steering Committee considered “full implementation,” the outcome data indicate either full implementation of the registry—or something very close to it. The anticipation is that further growth in the numbers of providers connected to the registry will come through the registry’s electronic interfaces to the State’s two health information exchanges—the Kansas Health Information Network (KHIN) and the Lewis and Clark Information Exchange (LACIE).
- **Establish uniform and higher reimbursement rates from private insurers for vaccination administration.** While “establishing” vaccination administration rates for private insurers is clearly beyond the scope of what IKK could accomplish, the weighted rates for a combination of all private providers in Kansas has increased steadily over the period. As of 2013 data, the average annual rate is 58 percent higher than it was in 2009.
- **Work to persuade the Federal government to raise allowable Medicaid reimbursement rates for vaccination administration.** While “persuading” the Federal government to increase Medicaid vaccination administration rates was also clearly beyond the scope of what IKK could accomplish, the current rate is 37 percent higher than it was in 2009.
- **Continue the KDHE Immunize and Win a Prize initiative.** KDHE continues to support the “Immunize and Win a Prize” program.

Partially Implemented Strategies

- **Support and expand initiatives such as MOBI to increase the number of private providers who offer immunizations.** IKK research studies by the Kansas Health Institute (KHI) in 2006, 2009, and 2012 show a slight decline from 2006 to 2009, but a substantial 18 percent increase from 2009 to 2012. The 2012 study used a more aggressive survey methodology, so it is difficult to tell if the increase is attributable to an actual increase in immunizing clinics or just a better method used to identify clinics. IKK did fund the continuation of the MOBI initiative, although a KHI evaluation of the

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program completed in 2009 did not recommend continued funding of the program in its existing format.

- **Review the groups of users that should be allowed access to registry information.** This strategy was created primarily to address the data access needs expressed by the State's local health departments (LHDs). KDHE has made progress in addressing those needs and is currently working on the development of a program called Datamart for the counties to use as a reporting tool for registry data. KDHE is working in collaboration with two representatives from the LHDs and expects Datamart to be completed by the end of calendar 2014.

Other Outcomes

- **Increase the number of VFC providers in the State.** This strategy was attempted, but the number of Kansas's VFC providers has not increased over IKK's time period. The number of the State's VFC clinics has fluctuated within a narrow range (354-382) between 2009 and 2014 with no definitive apparent trend.
- **Conduct research to identify children in Kansas that are at higher risk of missing some or all of their immunizations.** Despite recognizing that research on at-risk children was important to further development of other strategies, this strategy was not attempted. The Management Team decided that the resource requirements to complete the research in a rigorous and thorough manner would be too great. Such an effort would entail primary data collection on hard to reach populations. The team decided it would be more cost effective to rely on national studies of the same target populations.
- **Explore centralized, high volume vaccine purchase and distribution.** No evidence was found that Kansas attempted to launch a centralized-high volume vaccination purchase program during the period of time that the IKK program was active.

The evaluation of the IKK process is largely based upon the observations of JBA team members in their role as participatory evaluators supplemented by structured interviews with IKK participants and stakeholders. A JBA team member attended most of the meetings of the Management Team and the Partners Group and reviewed all the documents, presentations, and proposals presented at all the meetings. The overall conclusion regarding the IKK process is that the actions taken by the grantee were appropriately executed in pursuit of the documented objectives; although, delays on key actions such as appointing an immunization advisory panel slowed progress.