



Immunize Kansas Coalition
Adolescent Immunization Innovation Grant
Call for Proposal

Overview

The Immunize Kansas Coalition (IKC) supports innovative, collaborative and sustainable methods to increase age-appropriate immunization rates for Kansas adolescents. IKC is made up of Kansas immunization leaders including physicians, health department officials, researchers and educators, and includes representatives from more than 40 organizations. Founded in 2005 as the Immunize Kansas Kids Coalition, or IKK, the group was a unique partnership among the Kansas Department of Health and Environment, the Kansas Health Institute and dozens of other stakeholder organizations. With financial support from the Kansas Health Foundation, the coalition has spent the last decade identifying barriers to improving the state’s immunization rates and crafting sustainable action plans.

In 2015, IKK transitioned into Immunize Kansas Coalition (IKC), a reflection of the coalition’s expanded plans to support immunization for all Kansans, not just children. To date, the coalition has chosen to focus on adolescent immunizations, specifically the presentation of a “bundled” adolescent immunization schedule. This approach calls for health care providers to recommend all adolescent vaccines in the same way and on the same day. Specifically, this bundled approach includes the human papilloma virus (HPV), meningococcal and Tdap vaccines. One of the goals of IKC is to improve rates of adolescent age-appropriate completion of the recommended vaccines.

This opportunity seeks to provide innovation grants to practice-level quality improvement activities that support evidence-based practices and measurable increases in age-appropriate completion of the recommended adolescent immunizations (e.g., HPV, meningococcal and Tdap).

Background

According to the 2016 National Immunization Survey, Kansas adolescents rank 41st in the nation for HPV vaccination rates among adolescents age 13–17; Kansas also ranks among the lowest (45th) for meningococcal vaccination rates for adolescents. *Table 1* (page 2) shows the immunization rates for adolescents in Kansas and the United States for the first dose in the HPV series, meningococcal and Tdap. Male and female vaccination rate for HPV are broken out because HPV has been an Advisory Committee on Immunization Practices (ACIP) recommended vaccine for females since 2006 and for males since 2011.

Table 1. Immunization Rates for Adolescents in Kansas and the United States, 2016

	HPV up-to-date (combined boys and girls)	Females ≥1 dose HPV	Males ≥1 dose HPV	MenACWY	Tdap
Kansas	35.6%	62.4%	41.7%	69.7%	87.3%
United States	43.4%	65.1%	56.0%	82.2%	88.0%

Note: 1) HPV vaccine, nine-valent (9vHPV), quadrivalent (4vHPV) or bivalent (2vHPV). For ≥1-, ≥2-, and ≥3-dose measures; 2) ≥1 dose MenACWY or meningococcal-unknown type vaccine; and 3) ≥1 dose Tdap vaccine at age ≥10 years.

Source: Walker, T. Y., Elam-Evans, L. D., Singleton, J. A., et al. (2017) National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years – United States, 2016. *MMWR* (66), 874–882.

Though these low rates have begun to improve in recent years, the Immunize Kansas Coalition has chosen to focus its efforts on low adolescent immunization rates, particularly with respect to HPV, meningococcal and Tdap vaccines, which are routinely recommended beginning at age 11.

Award Purpose

The purpose of this award is to recognize and promote the use of innovative and strategic intervention(s) resulting in measurable increases in HPV, meningococcal and Tdap vaccination rates among adolescents.

Total Awards

Four grants, \$5,000 each, will be awarded following the successful demonstration of an immunization rate increase in a clinical practice setting as detailed in the section on *Selection Criteria* (page 6).

Eligibility

These innovation grants (limited to clinical practice settings in Kansas) are open to the following four categories, and one award winner will be selected from each category:

1. Local public health departments;
2. Residency programs in family medicine or pediatrics;
3. Safety net clinics (e.g., federally qualified health centers, community health centers); and
4. Providers and clinics directly involved in the delivery of immunization services for adolescents in Kansas.

For applicants in group practices who submit an intervention implemented by the entire group, with results and immunization rates attributable to the group, the award will be given to the practice group. Individual providers are also eligible to apply as long as they present an intervention implemented by a single provider and provide baseline and follow-up immunization rates for that single provider.

Best and Promising Practices

Despite the numerous strategies that have been tested among thousands of patients, challenges in improving immunization rates still remain. The Immunize Kansas Coalition is committed to supporting innovation, creativity and promising practices within organizations

to design and implement new strategies that effectively target their patients in a manner consistent with the characteristics of that population. The [Kansas Health Matters website](#)—which compiles state and local data—hosts a database of vaccine programs and interventions developed by community organizations. Examples of promising practices include, but are not limited to:

- [Quality improvement projects utilizing](#) the Plan-Do-Study-Act (PDSA) cycle to increase immunization rates;
- [Interventions such as](#) phone-based reminders about vaccination clinics and appointments; and
- [Clinic-wide training](#), empowering nurses and strategic messaging to inform both doctors and patients about the importance of vaccinations.

Additional examples of evidence-based interventions to increase vaccination rates have been compiled by the [Community Preventive Services Task Force](#) and the [Immunize Action Coalition](#). Examples of recommended interventions include:

- Vaccination programs in schools and organized child care centers;
- Home visits to increase vaccination rates;
- Reducing client out-of-pocket costs;
- Client reminder and recall systems;
- Health care system-based interventions implemented in combination;
- Community-based interventions implemented in combination;
- Immunization information systems;
- Provider assessment and feedback; and
- Provider reminders.

Immunization Rate Assessments

Applicants will identify quality improvement efforts to increase the immunization rates for all three adolescent vaccines:

1. HPV Vaccine, ≥ 1 dose;
2. Meningococcal Vaccine, ≥ 1 dose; and
3. Tdap.

Prior to implementation of quality improvement activities, an assessment of the baseline coverage rate in the practice should be conducted. A similar assessment must be conducted after the intervention is implemented. Baseline and follow-up assessments should include patients age 11 to 17 on the date of each assessment. The review can be done manually or using computerized systems, such as an electronic medical record, immunization registry or the CoCASA software described on page 4.

If the total number of patients in the specified age range is under 50, or the practice has the ability to use a computerized system to produce the desired rate assessment, a total review is required (i.e., including all the patients in the practice within the specified age range).

When the total number of patients in the specified age range is over 50 and no computerized tool is available, the assessment can be conducted using a randomly selected sample of patient charts. Immunization rates shall be calculated according to the following guidelines:

Immunizations Complete = Number of patients who received the vaccines by the assessment date

And

Patients Eligible = Number of active patient records - Number of patients moved or gone elsewhere (MOGE)¹ at date of assessment

Immunization rate = (Immunizations Complete / Patients Eligible) x 100

Additional information on collecting practice-level immunization rates may be obtained from the Centers for Disease Control and Prevention's (CDC's) Comprehensive Clinic Assessment Software Application ([CoCASA](#)). Some limited technical assistance from the Immunize Kansas Coalition partners to measure immunization rates is also available by contacting the Immunize Kansas Coalition at immunize@khi.org.

Competitiveness

The most competitive applications will include the following elements:

- Assess rigorously the initial adolescent immunization rates in the appropriate patient population with respect to HPV, meningococcal and Tdap vaccines;
- Utilize the Institute for Healthcare Improvement's [Plan-Do-Study-Act \(PDSA\) cycle](#) to develop a project that focuses on determining the best way(s) to address a barrier to providing immunization by identifying what the issue is (if possible including data to demonstrate the existence of the issue) and discussing the process that caused the issue;
- Implement small-scale interventions within their own clinical setting or target population that address the issue identified as a barrier, incorporating one or more promising and/or evidence-based practices or policies for the delivery of immunization services; and
- Include methods to measure and report the results of their interventions.

¹ Before a child is categorized as MOGE, one or more of the following criteria needs to be met, and a notation must be included in the medical record:

- a) A request had been made to transfer the child's immunization records to another vaccine provider;
- b) A mailed reminder has been returned indicating the child had moved and left no forwarding address;
- c) The provider has been notified by a family, neighbor, employer, school, daycare, Head Start program, WIC program or post office that the child moved out of the county; or
- d) A home visit was made and the child no longer resides at that location and there is no forwarding address, or the forwarding address indicates that the child moved out of county.

Registration and Application

Providers interested in the recognition awards must register their intention to do so by November 30, 2017, using a form developed by IKC and available by contacting immunize@khi.org. *Only registered providers will be allowed to apply for a recognition award.*

Final applications for the innovation grants must be submitted by November 30, 2018. A submission form will be distributed to all registered participants 60 days prior to the submission deadline. The final submission form must include the following:

- A description of the methods and results of the baseline rates assessment;
- A description of the barrier identified for the delivery of the immunizations in the applicant's practice, and how it was identified as a barrier;
- A description of the applicant's innovative approach and promising and/or evidence-based immunization practices to the delivery of immunization services for adolescents that the applicant has adopted; and
- The results of the interventions, in the form of a measured increase in HPV, meningococcal and Tdap immunization rates for the patient population.

Timeline

Registration – All group or individual providers interested in the recognition awards should register using a form provided by IKC that can be requested at immunize@khi.org.

Registration forms must be received no later than November 30, 2017 by 11:59 p.m. CST.

Baseline assessment – All interested providers must assess baseline rates in their patient population before initiating their projects. Providers should assess the baseline rates no later than January 15, 2018.

Intervention – Each intervention should start no later than February 1, 2018.

Follow-up assessment – A follow-up assessment of the rate for the vaccine targeted by the intervention should be conducted no later than October 31, 2018.

Application for a recognition award – Providers who can demonstrate an improvement in their targeted immunization rate will submit an application, using a form developed by IKC that will be distributed to registered participants 60 days prior to the submission deadline. Applications for recognition awards must be received no later than November 30, 2018, by 11:59 p.m. CST.

Winners will be selected by a panel of experts appointed by the Immunize Kansas Coalition and will be announced no later than January 10, 2019.

Selection Criteria

Applications will be judged using the following selection criteria:

1. Thorough and accurate assessment of baseline immunization rates for the patient population;
2. Thorough description of the barrier(s) identified for the delivery of the immunizations in the applicant's practice, and how it was identified and addressed;
3. Implementation of a program that shows innovation and thoughtfulness in addressing the needs of the specific population;
4. Demonstration of a measurable increase in immunization rates for HPV vaccine ≥ 1 dose, Meningococcal vaccine ≥ 1 dose, and Tdap over the period of the project;
5. Reasonable likelihood that the rate increase can be attributed to the applicant's intervention; and
6. Potential broad applicability and long-term sustainability of the program.

Resources

For technical assistance and more information on improving your organization's adolescent immunization rates, see these resources:

- Operation HoneyBee: 3-Bee Report, available to local health departments from Kansas Department of Health and Environment; and
- Centers for Disease Control and Prevention (CDC) Preteen and Teen Vaccine Services: <https://www.cdc.gov/vaccines/parents/protecting-children/index.html>.