



## Agency Recommendation Summary

The Department of Health (DOH) requests funds to sustain operational and data staff to support its core immunization work. Recently, the volume of vaccine data, vaccine data requests, and new healthcare users has increased significantly. To coincide with the increase in work, DOH’s Office of Immunization expanded its data and operational capacity. Without additional funding, OI’s expanded capacity to respond to data requests, provide metrics for situational awareness and to support the needs of health care providers, plans, schools and Washingtonians, will be significantly reduced.

## Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
<b>Staffing</b>						
FTEs	45.7	45.7	45.7	0.0	0.0	0.0
<b>Operating Expenditures</b>						
Fund 001 - 1	\$5,749	\$5,749	\$11,498	\$0	\$0	\$0
Total Expenditures	\$5,749	\$5,749	\$11,498	\$0	\$0	\$0

## Decision Package Description

Routine vaccines are an essential public health tool that keep our children, families, and communities safe and healthy. Recently, the volume of vaccine data, vaccine data requests, and new healthcare users has increased significantly. To coincide with the increase in work, DOH’s Office of Immunization expanded its data and operational capacity to better support core immunization work, enhance situational awareness, assist with current and future emergency response work, and assist leadership decision-making. These staff fill critical roles in the Office of Immunization (OI) which enable DOH to continue providing important data metrics, assure data quality for information coming into the state’s immunization information system (WAIIS), and maintain systems that support customer access to childhood vaccine records required for school entry, and to electronic vaccine records through MyIR<sup>1</sup> and WA Verify<sup>2</sup>. Without adequate funding, OI’s expanded capacity to respond to data metrics and requests and to support the needs of health care providers, plans, schools and Washingtonians, will be significantly reduced.

This proposal is a request for state funding to sustain critical operational and data staff to support the state’s core immunization work. This enhanced operational and data capacity was initially filled using federal emergency response funding which will soon end. However, the need for this expanded staff will remain. Moving forward, OI must be able to continue to respond to data requests, provide data metrics and support the needs of health care providers, plans, schools and Washingtonians to access vaccination records. To ensure the maintenance of these capabilities, DOH requests funding to support:

Immunization Assessment: Conducts routine immunization surveillance and makes data accessible and available to multiple audiences including the Legislature, Governor, agency leadership, and the public

Immunization Informatics: Monitors data quality and provides quality assurance within data sets, works to develop, maintain, operate, and enhance immunization-related data systems

Immunization Information System (WAIIS): Oversees WAIIS system functionality including but not limited to vaccine ordering & accountability, system user training & support, provider onboarding, and testing oversight. The WAIIS team also provides support to public systems such as MyIR, WA Verify and PrepMod<sup>3</sup>, as well as technical support to healthcare organizations reporting to the WAIIS.

Operations: The volume of record requests, emails, and phone calls to OI has increased exponentially over the last two years. These additional staff process immunization record requests, respond to WAIIS-related emails, triage calls from the public who need access to MyIR and WA Verify, and manage a call center for incoming calls, emails, and faxes.

<sup>1</sup> MyIR stands for “My Immunization Record” and is an electronic portal for the public to directly access and manage their family’s immunization records online.

<sup>2</sup> WA Verify is the state’s digital verification tool that allows the public to access their COVID-19 vaccination records.

<sup>3</sup> PrepMod is a web application for vaccine management that helps clinics and providers schedule vaccine appointments and report data to the WAIIS.

## Assumptions and Calculations

### **Expansion, Reduction, Elimination or Alteration of a current program or service:**

Due to the complexity and scale of the request, federal funding is the only feasible alternative and yet DOH has not received any inclination from federal partners that additional funding will be forthcoming. Without state support or additional federal funding, DOH’s immunization data capacity will be jeopardized resulting in vital data collection and analysis that may be cut or significantly reduced or forced to stop altogether, including DOH’s ability to respond to data metrics and requests from the Governor, legislature, media, agency leadership, and customers. The volume of new health care users and vaccine data has increased significantly, and without adequate funding, OI’s operational capacity will be

reduced to a level unable to support the needs of health care providers, health plans, schools, and customers in Washington State.

### ***Detailed Assumptions and Calculations:***

This proposal is to sustain an expansion of the Office of Immunization, which was initially created using federal emergency response funding. However, DOH has not received any indication from federal partners that additional funding will be forthcoming. Without adequate funding, OI's expanded capacity to respond to data metrics and requests and to support the needs of health care providers, plans, schools and Washingtonians, will be significantly reduced.

In recent years, the need for the enhancements to OI staff was revealed since the volume of vaccine data, vaccine data requests, and new healthcare users in the state's immunization systems has increased significantly. To illustrate this increase in work:

**WAIS:** The WAIS team supports activities that did not exist a couple years ago such as PrepMod through which 1,009,212 vaccinations were administered in 2021 alone. Also in 2021, the WAIS received 19,299,011 HL7 messages, 3,098,800 direct entries & 458,424 file uploads, which is about 2.5 times more data than was received in 2020. With the increased participation from providers and a growing amount of data coming into the system, resources must remain appropriately scaled to match.

**Operations:** Previously the volume of calls and immunization records requests was low enough that it was part of daily work and OI admin staff could easily rotate coverage responsibility. However, the overall volume of calls, emails, and written requests has increased exponentially, especially with the release of MvIR and WA Verify. For the past year, this team has approximately 10,000 record request forms on file and just over 2,000 requests for the MvIR, WaVerify, and WAIS authorization form and currently OI maintains a call center staff of 4 and 2 staff that monitor the WAIS inbox, and they are all working at full capacity to respond to requests.

**Assessment:** The visibility, need and expectations for data analysis and presentation of complex immunization data have increased significantly in recent years making it integral for OI to maintain an enhanced level of staffing to continue to meet the expectations of program needs; local health; agency and Governor's needs; federal reporting and funding requirements; and those of the public.

**Informatics:** This team is a new addition to OI but is critical to the state's efforts to effectively modernize systems in support of moving away from multiple siloed, unsustainable systems to a more scalable, agile and interoperable one. Informatics work supports DOH's plan for implementing the CDC's Data Modernization Initiative (DMI). Specifically, Informatics oversees the migration and governance of immunization related data (e.g., WAIS, Tiberius, VtrackS, VAERS, REDCap) onto a cloud environment for analytics and reporting. In other words, this team ensures OI is able to turn raw data into usable information for analysis and timely decision-making.

To sustain the state's immunization data capacity described above, DOH requests funds to support the following 32.0 FTE:

#### ***Operations:***

##### **Health Services Consultant 2 (1.0 FTE) - Annual cost \$140,032**

Provides immunization-related customer support for call center and immunization record requests

##### **Health Services Consultant 4 (1.0 FTE) - Annual cost \$169,015**

Lead and supervise staff and activities supporting immunization activities, including Long Term Care Facility coordination, supervision of call center, grants, and contract management staff, and WAIS data quality and training staff. These positions assure OI meets federal requirements for vaccine management, and development and maintenance of immunization policies.

#### ***WAIS:***

##### **Health Services Consultant 2 (8.0 FTE) - Annual cost \$1,058,247**

Provides immunization-related customer support and WAIS training and data quality support.

##### **Health Services Consultant 4 (1.0 FTE) - Annual cost \$169,015**

Lead and supervise staff and activities supporting immunization activities, including Long Term Care Facility coordination, supervision of call center, grants, and contract management staff, and WAIS data quality and training staff. These positions assure OI meets federal requirements for vaccine management, and development and maintenance of immunization policies.

#### ***Assessment:***

##### **Epidemiologist 2, non-medical (7.5 FTE) - Annual cost \$1,367,648**

Support the development, maintenance, tracking, surveillance, and reporting for immunizations, including informatics and surveillance capacity.

#### ***Informatics:***

##### **Epidemiologist 2, non-medical (7.5 FTE) - Annual cost \$1,367,648**

Support the development, maintenance, tracking, surveillance, and reporting for immunizations, including informatics and surveillance capacity.

##### **Epidemiologist 3, non-medical (5.0 FTE) - Annual cost \$995,402**

Provide supervision to staff in the Immunization Assessment and Immunization Informatics sections.

##### **Senior Epidemiologist (1.0 FTE) - Annual cost \$231,492**

Manages and prioritizes immunization informatics activities and serves as the Section Manager for the Epidemiology and Informatics team.

Also included in this decision package, DOH requests the following, non-staff, funding:

**Flu Vaccination Campaign?- Annual cost \$353,500**

These funds will be used to promote the benefits of flu vaccination. The campaign strategy will be grounded in behavior change principles using the social marketing process to encourage our audiences to adopt the behavior of vaccination for themselves and/or their dependents. Request is for three years as follows:?

- FY 2024:? \$350,000
- FY 2025:? \$350,000

The above costs have generated **Other Costs totaling \$1,207,430 annually**, which are already included in each line-item annual cost above.

More details on these cost estimates are outlined in the supporting document titled “2023 OI DP BIEN25 EnCal”.

**Workforce Assumptions:**

Workforce Assumptions						
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs	
1.0	SENIOR EPIDEMIOLOGIST (NON-MEDICAL)	\$123,000.00	\$41,000.00	\$4,000.00	\$8,000.00	
5.0	EPIDEMIOLOGIST 3 (NON-MEDICAL)	\$544,000.00	\$189,000.00	\$21,000.00	\$38,000.00	
15.0	EPIDEMIOLOGIST 2 (NON-MEDICAL)	\$1,479,000.00	\$533,000.00	\$62,000.00	\$113,000.00	
2.0	HEALTH SERVICES CONSULTANT 4	\$166,000.00	\$64,000.00	\$8,000.00	\$15,000.00	
-	HEALTH SERVICES CONSULTANT 3	\$0.00	\$0.00	\$0.00	\$0.00	
8.0	HEALTH SERVICES CONSULTANT 2	\$531,000.00	\$228,000.00	\$33,000.00	\$60,000.00	
1.0	HEALTH SERVICES CONSULTANT 1	\$56,000.00	\$26,000.00	\$4,000.00	\$8,000.00	
7.7	FISCAL ANALYST 2	\$408,000.00	\$197,000.00	\$0.00	\$0.00	
6.8	HEALTH SERVICES CONSULTANT 1	\$359,000.00	\$173,000.00	\$0.00	\$0.00	
<b>46.5</b>		<b>\$3,666,000.00</b>	<b>\$1,451,000.00</b>	<b>\$132,000.00</b>	<b>\$242,000.00</b>	

*Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.?*

**Strategic and Performance Outcomes**

**Strategic Framework:**

This proposal contributes to the Governor’s Results Washington goals; specifically it supports Goal 4, “Healthy and Safe Communities” by fostering a better understanding of vaccine coverage gaps and potential barriers to vaccination which then informs other programmatic work to increase to catch kids up and stay current on routine immunizations.

The proposal also aligns with DOH’s cornerstone values of equity, engagement, and innovation:

Equity: OI’s enhanced capacity to collect, review and analyze data fosters a better understanding of vaccine coverage gaps and potential barriers to vaccination. This then informs other programmatic work to increase vaccine uptake, especially in underserved communities.

Innovation: OI’s enhanced capacity to collect, review and analyze data supports situational awareness and leadership decision making. These additions to OI help foster innovation because a better understanding of the data can result in an increased ability to identify and solve problems more quickly.

Engagement: OI’s enhanced capacity to collect, review and analyze data fosters a better understanding of vaccine coverage gaps and potential barriers to vaccination in underserved communities. Which in turn informs OI’s engagement and communication strategies.

Additionally, this proposal supports the state’s current and future emergency response work by providing necessary immunization data capacity that enhances situational awareness and assists leadership decision-making.

This proposal supports the departments Transformational Plan objectives:

I. Health and Wellness – so that residents can receive timely vaccination services so they can attain their full health and wellbeing potential.

II. Health Systems and Workforce Transformation – to build the core foundation of immunization activities such as data collection and analysis by a healthcare system so that timely services can be provided which promotes transparency, equity and trust.

**Performance Outcomes:**

Enhanced operations staff provide DOH the capacity to maintain call center staff and staff that are responsible for monitoring the WAIS inbox. Currently this workload is enough for 6 FTE. The goal of having this additional staff is timely responses to public inquiries and immunization records requests.

The complex nature of DOH's immunization data systems and analyses requires a specific skillset. OI defines success of these teams, in part, by:

**Assessment:** the quantity and quality of the myriad products including (but not limited to) timely fulfilling of data requests from Agency Leadership, Governor's office, LHJs, and the public; updating and maintaining data visualization dashboards for public use and decision-making; and timely reporting of program efforts.

**WAIS:** timely solutions to technical issues, prompt responses to public inquiries, and participation in data quality initiatives led by the American Immunization Registry Association (AIRA).

**Informatics:** participation in the design and development of a Provider Support Database project to streamline tracking of providers, timely submissions of routine and adhoc data linkages and linked data reports and overseeing the migration and governance of immunization related data (e.g., WAIS) onto a cloud environment.

In addition, OI must also track, and complete multiple performance metrics as required per CDC grant funding stipulations.

## Equity Impacts

**Community outreach and engagement:**

Also, additional operations staff ensure DOH can fulfill its duty to provide all Washingtonians the ability to access their immunization records; the need for which has expanded exponentially. By maintaining operations staff who process immunization record requests, all Washingtonians can receive access to their records, even if they don't have the technology needed to electronically request records. Our operations staff have also expanded DOH's ability to assist callers not only with requests for immunization records but also in finding locations for available vaccine appointments in their communities.

This proposal supports the maintenance of these staff to assist all Washingtonians in accessing vaccination records, using data systems to identify vaccination coverage gaps which inform engagement and planning strategies which promotes vaccine uptake of all immunizations, especially in communities where under vaccination is a concern. Communities that benefit from this work include, but are not limited to:

- Communities disproportionately impacted because of systemic inequities and racism
- Communities likely to experience barriers to accessing healthcare services (e.g., geographical barriers, health system barriers)
- Communities with historically low vaccination rates
- Communities that are not well-known to health authorities or have not traditionally been the focus of immunization programs
- Those who are home-bound
- Those with barriers to technology

**Disproportional Impact Considerations:**

DOH recognizes that community-driven and community-led efforts are better positioned and equipped to listen, understand, and respond to the needs of their members in the most culturally relevant and linguistically appropriate way. As part of its core immunization work, OI works closely with community partners and local health on an ongoing basis to learn about activities they conduct to support routine immunizations and understand barriers to vaccination in their communities. This feedback is then incorporated into OI's outreach and engagement strategies and vaccine planning efforts. For example, recent feedback provided by local health shows that most counties are trying to regroup around childhood immunizations. Smaller counties are asking for support from the state and so DOH is planning internally to help fill that need.

**Target Populations or Communities:**

To better understand and act on vaccination inequities, DOH must first have the capacity to collect and analyze immunization data. The expanded data capacity in DOH's Office of Immunization (OI) has allowed DOH the ability to analyze and publish childhood immunization rates by race/ethnicity for the first time. In Washington State routine childhood immunization rates decreased for most age groups during the pandemic. However, vaccination coverage for the African American/Black population for ages 4-6 showed the greatest decrease in comparison to other race/ethnicities of the same age.

## Other Collateral Connections

### ***Puget Sound Recovery:***

N/A

### ***State Workforce Impacts:***

N/A

### ***Intergovernmental:***

**Health Care Authority (HCA):** Apple Health provides coverage for routine immunizations and for the state's Medicaid clients.

**Office of the Insurance Commissioner (OIC):** Policies regarding insurance coverage of routine immunizations requires collaboration with the Office of the Insurance Commissioner.

**Department of Social and Health Services (DSHS):** Vaccination efforts at long-term care facilities requires the collaboration of the state agency responsible for oversight and licensing of such facilities.

**Local Health Jurisdictions:** Work to increase childhood immunization rates across the state requires the assistance, coordination, and collaboration with local health jurisdictions.

**Tribes:** Work to increase childhood immunization rates requires collaboration with tribal clinics.

**Office of the Superintendent of Public Instruction (OSPI):** Support school nurses and administrators and help DOH in communicating out information regarding immunization requirements for school entry.

**Department of Children, Youth & Families (DCYF):** Oversee the state's licensed childcares and help DOH in communicating out information regarding immunization requirements for childcare entry.

### ***Stakeholder Response:***

Healthcare Providers: Support

Healthcare Professional Associations: Support

Healthcare Organizations: Support

Parents & Families: Support

Marginalized and/or under vaccinated communities: Support

Informed Choice & Other Vaccine-Opposed Groups: Oppose

Community Organizations: Support

Vaccination Contractors: Support

WAIS Vendor: Support

General Public: Support

Health Plans: Support

### ***State Facilities Impacts:***

N/A

### ***Changes from Current Law:***

N/A

### ***Legal or Administrative Mandates:***

N/A

## Reference Documents

[Immunizations - DP REVISED 9.02.2022.docx](#)

[Immunizations - FnCal REVISED 9.02.2022.xlsm](#)

## IT Addendum

***Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?***

No

## Objects of Expenditure

<b>Objects of Expenditure</b> <i>Dollars in Thousands</i>	<b>Fiscal Years</b>		<b>Biennial</b>	<b>Fiscal Years</b>		<b>Biennial</b>
	<b>2024</b>	<b>2025</b>	<b>2023-25</b>	<b>2026</b>	<b>2027</b>	<b>2025-27</b>
Obj. A	\$3,624	\$3,624	<b>\$7,248</b>	\$0	\$0	<b>\$0</b>
Obj. B	\$1,281	\$1,281	<b>\$2,562</b>	\$0	\$0	<b>\$0</b>
Obj. C	\$13	\$13	<b>\$26</b>	\$0	\$0	<b>\$0</b>
Obj. E	\$239	\$239	<b>\$478</b>	\$0	\$0	<b>\$0</b>
Obj. N	\$350	\$350	<b>\$700</b>	\$0	\$0	<b>\$0</b>
Obj. T	\$242	\$242	<b>\$484</b>	\$0	\$0	<b>\$0</b>

## Agency Contact Information

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