



Improved Systems Performance Updates and Review of Recommendations from Sept & Nov 2018 Meetings

September 2018 Recommendations	November 2018 Recommendations	Staff Comments or Updates	Feb 2019 Notes
HPV Vaccine Goal: 80% IKC Goal 2026: IKC's goal is to increase HPV vaccine series completion in Kansas youth ages 13-17. By 2026, increase HPV vaccine series completion to 80% for both boys and girls. This is to match the Kansas Cancer Partnership goal of 80%	Goal of 80% by 2026 approved.	No action needed. Staff in the process of incorporating into materials.	
Bundling handout: Have blue box explaining bundling – what is bundling? Then have side-by-side yellow boxes that splits bundling into two: 11-year old and 16-year old.	Group agreed with two-column approach for bundling strategies: one for 11-year olds and one for 16-year olds.	Draft in-process	
Bundling ratio goal? No goal. Would be confusing.	Do we have an adolescent immunization rate? 2020 goal for bundling?	They do not report a combined adolescent rate reported by data sources, like they do for the child vaccine series. There is no HP2020 goal for bundling or a combined adolescent immunization rate. We're assuming no goal unless the team recommends otherwise.	
Tdap goal: 90%	80% goal consistent with Healthy People 2020	The Sept. group was aware of the HP2020 target, as well as KS' current rates (slightly below 90%). They thought it would be counter-productive to set a goal 10% below our current rate. There was unanimous agreement on the 90% target by the small group that met in Sept. Reconsider the 90% goal?	

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Men ACWY: Consider updating goal to 90% (equal to Tdap goal) or 85%. Others considered leaving at 80%.	80% for consistency with Health People 2020	The Sept. group was aware of the HP2020 goal, but some thought there could be value in a more aggressive target. Stick with 80% or reconsider?	
Men B: Providers do not understand what “permissive” recommendation means. Have 2 fact sheets: Men B for community/parent (“there are two. You should ask about both.”) and one for providers explaining permissive recommendations.	Too many forms as is. Can we add info on existing fact sheets?	Should we wait on the meningitis hearings and for those regulations to be finalized before making further changes on the meningitis handouts? If you want to proceed now, could the team make specific recommendations about which fact sheets and how to incorporate? (Staff can work on drafting something for your review, but we have limited time for new drafts before the next round of conference begins, and this is not a straightforward topic!)	
Adult Tdap goal: ? Comment: Check on health systems. Find a large health system partner for Tdap.	If IKC adds adult vaccine committee, they should look at all adult vaccine 2020 HP goals to set consistent goals across all adult immunizations for IKC.	There is no HP2020 adult Tdap goal. I think that’s why the Sept. group recommended partnering with a health system to take advantage of HEDIS goals and other quality measures. HP 2020 adult vaccine goals: <u>Annual/Seasonal Influenza</u> <ul style="list-style-type: none"> • Noninstitutionalized adults 18 and older: 70% • Institutionalized adults 18 and older: 90% • Healthcare personnel: 90% • Pregnant women: 80% <u>Pneumococcal</u> <ul style="list-style-type: none"> • Noninstitutionalized adults 65 and older: 90% • Institutionalized (in LTC) adults 18 and older: 90% • Noninstitutionalized high-risk adults 18-64 years: 60% <u>Zoster:</u> Adults vaccinated against zoster (shingles): 30% (baseline data was for 60+ yrs <u>Hep B:</u> <ul style="list-style-type: none"> • High-risk populations: no target yet • Health care personnel: 90% 	

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	Add revision date to IKC resources and handouts	Good idea, in process.	
	Toolkit flash drive	Looked into costs and passed this idea along to the Education and Awareness Team to discuss at today's meeting. Material costs are cheaper than the folders. This appears to be a great option!	
	Take "vaccination rates" off of informational fact sheets. Would not require frequent updating.	When first developed, KS' low HPV and MenACWY rates were a big part of the recommended messaging and calling others (especially health providers) to action. If we take these off, we'll lose that part of the message. It also takes up a good amount of space with the content. If we take it off, we'll have to come up with new content to replace it. If we go to flash drives, we'll have fewer problems with old copies, outdated versions, reprinting, etc., so would the flash drives essentially address this concern?	