



## Healthy Connecticut 2020 State Health Improvement Plan

### Infectious Disease ACTION Team Meeting AGENDA & NOTES

**Date:** July 29, 2015  
**Time:** 2 pm- 3 pm  
**Location or Conference Call Number:** (866)-717-1460  
**Conference Call Access Code:** 21750269

**Attendees (Please list all who participated):** Dale Cunningham (AFT/CT), Sandy Gill (DPH), Delores Greenlee (CSHHC), June Holmes (YNHH), Alison Hong (CHA), Victoria Liquori (DPH), Kristin Magnussen (Ledge Light HD), Richard Melchreit (DPH), Donna Ortelle (DPH), and Cathy Wiley (CT Children’s MC)

Agenda Items	Time	Discussion	ACTION Items and person responsible
<b>Introductions and General Comments</b>		<ul style="list-style-type: none"> <li>• After roll call, members were asked to give general comments regarding either drafts of the Action Agenda               <ul style="list-style-type: none"> <li>➤ Objective ID-1 targets children and adults and the strategy says that it wants to expand coverage for all ages, but the action only addresses children and adolescents (up to 18 years old). Should we request a change in the phrasing of the objective or make a separate action that addresses adults?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Infection disease ACTION team</b></li> </ul>

<p><b>Action Agenda Draft Discussion</b></p>	<ul style="list-style-type: none"> <li>• <b>ID-1:</b> Increase by 5% the vaccination coverage levels for Advisory Council on Immunization Practices (ACIP) recommended vaccines among children and adults. <ul style="list-style-type: none"> <li>➤ <b>Action:</b> Expanding the vaccines offered through the Connecticut Vaccination Program (CVP) for all children through age 18, regardless of insurance status to include: influenza, HPV, rotavirus, hepatitis A. <ul style="list-style-type: none"> <li>○ Budget option is a reasonable action step in this coming year</li> <li>○ The action step: <b>Apply for federal funds to help local health departments bill Medicaid for administration costs and vaccine</b> was taken out of draft 1 since it doesn't seem to apply to this objective and action <ul style="list-style-type: none"> <li>▪ Federal funds for registering are probably not necessary</li> <li>▪ Most local health departments are unable to bill Medicaid (some departments receive reimbursement for some vaccinations, like Tuberculosis (TB))</li> <li>▪ Many local health departments stopped giving vaccination because it was too costly for them (for administration)</li> <li>▪ Department of Social Services (DSS) may need to get involved with Medicaid reimbursement</li> <li>▪ Pomperaug Health District is currently billing Medicaid for influenza vaccine</li> <li>▪ Suggestion was made to discuss possible Public Health Emergency Preparedness (PHEP) support</li> </ul> </li> <li>○ The action step: <b>Increase speed of provider reimbursement process</b> was removed from draft 1 because it was felt that this is purely an insurance issue and it might not be worth pursuing, especially in year 1 <ul style="list-style-type: none"> <li>▪ It was suggested that it could be worth leaving it in and consulting with the SHIP Advisory Council because they may have some influence in this area</li> </ul> </li> </ul> </li> </ul> </li> <li>• DPH is the responsible partner listed for these actions <ul style="list-style-type: none"> <li>➤ This was due to a misunderstanding and we will list all partners are next draft</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Infection disease ACTION team</b></li> </ul>
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	<ul style="list-style-type: none"> <li>• <b>ID-1</b> continued <ul style="list-style-type: none"> <li>➤ <b>Action:</b> Enable Electronic Health Records (EHR) to report directly to the registry <ul style="list-style-type: none"> <li>○ The action step: <b>Hire program coordinator at DPH</b> was removed based on the suggestion from the subject matter expert</li> <li>○ A date change for action step: <b>Implement interoperability grant</b> was suggested by the subject matter expert, but was not changed because that is the first 2016 Action reporting date</li> <li>○ The action step: Technical assistance from CDC was removed because it is not relevant to interoperability</li> <li>○ Potential partners for this action include doctor’s offices, CDC, and various facilities who manage EHR</li> </ul> </li> <li>➤ <b>Action:</b> Increase access by increasing the number of providers and local health departments using Connecticut Immunization Registry and Tracking System (CIRTS) <ul style="list-style-type: none"> <li>○ The action steps: <b>Providers: Legislative option to require providers to order vaccines through the registry</b> and <b>Local Health Departments: Apply for federal funds to help local health departments bill Medicaid for administration costs and vaccines</b> were changed to <b>Propose legislation to expand reporting to CIRTS immunizations administered through age 18</b> and <b>Propose legislation to require electronic reporting to CIRTS</b> by the subject matter expert</li> <li>○ <b>Legislative option to require providers to order vaccines through the registry</b> is not feasible in the near future</li> <li>○ Potential partners for this legislation includes the Advisory Council, the American Academy of Pediatrics (CT chapter), CT Vaccine Advisory Committee, and American Federation of Teachers- Connecticut (AFT-CT)</li> <li>○ Coordinated advocacy is very important for these action steps</li> <li>○ DPH can make requests, but constituents need to raise their voices to attempt to make it more successful</li> </ul> </li> </ul> </li> <li>• <b>ID-5:</b> Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza.</li> </ul>	
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	<ul style="list-style-type: none"> <li>➤ <b>Action:</b> Increase venues and outreach for influenza vaccine administration through local health departments <ul style="list-style-type: none"> <li>○ Concerning action step: <b>Inventory local health departments that currently administer influenza vaccines with outreach programs and see if they would administer vaccines at African American and Hispanic churches, WIC clinics, childcare centers, and private residences:</b> <ul style="list-style-type: none"> <li>▪ Local health departments are reaching out to groups that need help and it might not be necessary for DPH to send a letter and try to inventory their efforts</li> <li>▪ Local health departments had to stop vaccinating due to lack of funds</li> <li>▪ Try to work with DPH Emergency Preparedness to allocate funds for local health departments provide clinics and mass dispensing events</li> <li>▪ Local health departments still need to be able to bill Medicaid as well</li> </ul> </li> <li>○ Concerning action step: <b>Letter from DPH to local health departments requesting they establish flu clinics and develop outreach programs:</b> <ul style="list-style-type: none"> <li>▪ Many local health departments already do have clinics and outreach programs</li> <li>▪ They have to be creative so they can get reimbursement</li> <li>▪ They rely on volunteers</li> <li>▪ A possible action is to identify ways to reimburse administration costs to local health departments through Emergency Preparedness</li> </ul> </li> <li>○ Employers can encourage employees to get vaccinated and possibly try to enforce flu vaccination for nursing home employees</li> </ul> </li> <li>● <b>ID-7:</b> Increase by 20% HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines. <ul style="list-style-type: none"> <li>➤ <b>Action:</b> Expanding the vaccines offered through the Connecticut Vaccination Program (CVP) for all children through age 18, regardless of insurance status to include: influenza, <b>HPV</b>, rotavirus, hepatitis A.</li> </ul> </li> </ul>	
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<b>Conclusion</b>		<ul style="list-style-type: none"> <li>• Homework <ul style="list-style-type: none"> <li>○ A third Action Agenda draft will be sent out</li> <li>○ Continue to give feedback</li> </ul> </li> <li>• Next Conference Call: 8/4/2015, 2pm</li> </ul>	<ul style="list-style-type: none"> <li>• Infection disease ACTION team</li> </ul>

