

Strategic Plan

**Immunization Program
Oregon Department of Human Services**

Immunization Program Vision:

As a community of dedicated public health professionals, we strive to ensure that no one in Oregon suffers the consequences of vaccine-preventable diseases.

Immunization Program Mission:

As public health professionals, we will continue to enhance the quality of life in Oregon by preventing and mitigating vaccine-preventable diseases through immunization, by managing immunization resources, and by identifying and promoting evidence-based public health best practices.

2007-2008 Oregon Public Health Immunization Program Strategic Plan

Strategic Objective 1:

Address recommendations of:

- Oregon Immunization Policy Advisory Team (IPAT)
- Oregon ALERT Advisory Committee
- Oregon School/Facility Immunization Law Advisory Committee
- National Advisory Committee on Immunization Practices (ACIP)

Background

Oregon's three well-established immunization advisory groups provide valuable insight to the Immunization Program into implementing and managing program components. Utilizing their unique partner vantage points, these advisory groups make formal recommendations to the Program. While the Program is not obligated to accept each recommendation, key staff members carefully consider each recommendation and implement those deemed feasible. Partner organization representatives contribute their valuable time participating in these groups. It is essential to honor these contributions.

The national Advisory Committee on Immunization Practices (ACIP) approves the use of and makes recommendations for the administration of vaccines in the United States. By receiving grant funds from the Centers for Disease Control and Prevention/National Center for Immunization and Respiratory Diseases (CDC/NCIRD), the Oregon's Immunization Program is obligated to follow these recommendations. Though it seldom happens, it is possible for the Oregon Immunization Program Medical Director to overrule an ACIP recommendation.

Strategic Objective 2:

Increase integration and build strong partnerships internally and externally.

Background

While the Immunization Program and the Office of Family Health (OFH) partner with a good deal of internal and external stakeholders, more remains to be done.

Examples of current internal partnerships include:

- The Provider Site Database Team
- Coalitions
- FIX meetings
- Office of Disease Prevention and Epidemiology
- Hepatitis work
- Public/private conference
- Provider workshops

Strategic Objective 3:

Build Capacity for Public Health Preparedness

Background

Immunization Program staff and management recognize the necessity of utilizing particular expertise in ways to assist the agency in emergency preparedness efforts. After experiences with influenza vaccine shortages and delays, Program staff expertise was garnered for assistance with Strategic National Stockpile (SNS)-related preparations.

Strategic Objective 4

Technical and Program Infrastructure for Immunization

Address interoperability between:

- 1) FamilyNet-IRIS and local health departments' (LHDs) computer systems
- 2) FamilyNet-IRIS and ALERT

Background

- 1) FamilyNet-IRIS and LHDs computer systems:

The FamilyNet Data System is the Oregon Department of Human Services' integrated, encounter-based data system consisting of a suite of application modules supporting services provided by the Office of Family Health (OFH). Current modules in production include the WIC module (TWIST) and the Immunization module (IRIS). A third module, the Family and Child Module, is under development.

Currently FamilyNet-IRIS use requires LHDs using IRIS to perform dual data entry. They have to enter demographic information, sometimes make an appointment and process the bill in their local system, and then re-enter demographics and immunization data into IRIS. This creates a great burden for the LHDs, an issue that needs to be resolved. Other FamilyNet modules also need to address this difficult problem.

Interoperability is not just a problem related to FamilyNet, but a problem that has global implications. The issue at hand is getting separate data systems to communicate with each other. LHDs purchase scheduling, billing, and electronic medical record systems to address clients' needs across many programs. Most of these data systems don't have the required individual program functionality to meet federal and state requirements, so it is important to address interoperability. DHS is looking to FamilyNet as a pilot to begin to address this issue.

- 2) FamilyNet-IRIS and ALERT:

IRIS is an electronic immunization medical record used by the majority of LHDs. By using IRIS, LHDs no longer have to keep a paper immunization medical record for each child.

ALERT is Oregon's statewide childhood immunization registry. IRIS provides the majority of the public health immunization records to ALERT. ALERT combines these records with private sector records and public health records sent directly to ALERT, with all going into a data warehouse.

Currently, more than 4,900 Oregon healthcare and school professionals use ALERT to ensure that children (<18 years of age) are properly immunized. ALERT consolidates vaccination records from multiple providers-both public and private-to create a single immunization record for each child. This streamlines the process of ascertaining which vaccinations a child needs, thereby helping to improve immunization rates, preventing the re-emergence of diseases, keeping children in school and avoiding unnecessary repeat vaccination.

ALERT and IRIS provide different functionality that complement each other. However, internal staff and partners often find having two systems confusing. The two systems' interoperability needs improvement, to reduce duplicate resources expended on the two systems and clarify the strengths and roles of each.

Strategic Objective 5

Improve surveillance, evaluation, and research effectiveness

Background

The Immunization Program has worked to increase research and surveillance capacity in recent years. Added positions in epidemiology, research, and ALERT technical areas support this capacity. These new positions have supported public health preparedness, formal research grants, program work (e.g., AFIX, VFC, and adult immunization), sentinel site work, registry data access, etc. These new positions have provided the Immunization Program with analyses of ALERT data, mapping projects, program/project evaluations, parent and provider studies. Statewide immunization coverage rates and disease reporting continue to inform many Program public health decisions.

Program infrastructure issues identified during the January retreat will be integrated into regular program operations.

They include:

- Staff development and training
 - Job rotations, mentoring, career development guidance
- Immunization Program's policies and procedures
 - Cover during new employee orientation
 - Generate ongoing reminders of where to find them — e.g., I drive