

**2008 Innovations Awards Program
APPLICATION**

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ID # (assigned by CSG): 08-E-36RI

Please provide the following information, adding space as necessary:

State: Rhode Island

Assign Program Category (applicant): Health & Human Services

1. **Program Name:** Immunize for Life Adult Influenza Immunization Initiative
2. **Administering Agency:** Rhode Island Department of Health (HEALTH)
3. **Contact Person:** Virginia Paine RN, MPH Adult Immunization Program Manager
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9. Please provide a two-sentence description of the program.

The *Immunize for Life* (IFL) program is Rhode Island's new groundbreaking adult influenza immunization initiative developed to increase immunization rates and prevent the morbidity and mortality often associated with influenza. As a result of strong alliances and commitment among public health leaders, primary care providers, coalition members, health plans and other community partners, IFL manages the purchasing and distribution of influenza vaccine to healthcare providers at no cost, for all adults aged 19 years and older.

10. How long has this program been operational (month and year)?

IFL became operational in March 2007

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

IFL was developed in response to legislation passed in 2006 [in response to providers concerns about lack of access to influenza vaccine in times of shortage](#). This legislation was proposed by primary care providers who wanted access to adequate and timely supplies of influenza vaccine to enable them to vaccinate as many of their adult patients as possible.

12. Describe the specific activities and operations of the program in chronological order.

- March 2005: HEALTH Presented Initiative concept to the Centers for Medicaid and Medicare Services. Their support and funding for the project was critical to its success.
- April 2006: HEALTH testifies to support the enabling legislation needed to establish the Program.
- October 2006: A planning committee was formed to identify key internal and external stakeholders and other resources to develop program budget, web based provider enrollment, policies and procedures for provider participation, enrollment and certification, public and provider outreach strategy, and vaccine distribution
- November 2006: Influenza Advisory Committee established
- January 2007: 250,000 doses of flu vaccine pre-booked; the contractor begins work on software development for provider on-line program registration and vaccine ordering
- March 2007: IFL webpage developed
- April 2007: IFL program assistant hired; letter from the Director of the Department sent to all adult healthcare providers announcing the commencement of the adult influenza vaccination program and directions on how to enroll; adult provider database purchased
- May 2007: Adult Immunization Program Manager hired; developed program tracking forms and training curriculum for vaccine storage and handling, reimbursement procedures
- June 2007: Developed RFP/LOI for third party vaccine distributor; on-line provider enrollment opens and training sessions begin
- July 2007: CDC offers funding and expertise for IFL evaluation plan
- July – December 2007: Enrollment remained open and trainings continued; CDC evaluation consultant visits RI to begin process
- August 2007: All program enrollees are invited to a billing forum where representatives of the largest health plans explained influenza vaccine reimbursement policies and procedures; third party-vaccine distribution contractor selected
- September 2007: Director of Health presents program at hospital grand rounds; Director declares October 17th as state-wide start date; Program update given at RI's Ocean State Adult Immunization Coalition annual meeting; flu vaccine arrives in-state
- October 2007: Vaccine distribution to enrolled providers began in early October;
 - October 1st: Commencement of influenza vaccine distribution to enrolled providers
 - October 2nd: press release issued
 - October 16th: Director is interviewed on evening news and administers flu vaccine to health news reporter; segment is followed by panel to answers public's questions about flu
 - October 17th is kick-off day for vaccination; flu vaccine administered to local radio talk show host while on air
- November – December 2007: Vaccine shipments and redistribution continued throughout this period;
- October through present: Providers are submitting monthly vaccine inventory reports and refrigerator temperature logs.

13. Why is the program a new and creative approach or method?

IFL is a pilot program for the rest of the nation. For the first time, influenza vaccine is being provided to adult healthcare providers free of charge for all adults 19 years of age and older. The program assures vaccine availability not just for people at high risk, but also for anyone who wants to avoid influenza and its potential complications.

The program’s initiative required the support of the federal (CMS funding), state (legislation and HEALTH), insurance industry (financial and systems support), and health care providers (primary care providers, mass immunizers, institutions).

The program is modeled after Rhode Island’s universal vaccine program for children birth-18 years of age. The childhood program provides all vaccines recommended by CDC’s Advisory Committee on Immunization Practices (ACIP) to health care providers at no cost to providers. Eliminating cost as a barrier to immunization through a universal vaccine policy has contributed to Rhode Island’s high immunization rates among children. Our hope is that an adult flu program will result in a similar outcome, and eventually expand to include other vaccines that are recommended for adults.

IFL provides positive outcomes for all participants. Adult healthcare providers have increased access to flu vaccine, and their patients’ benefit by being able to get flu shot at their primary care provider office. People who do not have a regular provider or prefer the convenience of a public clinic can be vaccinated in a number of locations across the state. Increased claims submission to the health plans means better data on who is receiving influenza vaccine. More data allows public health to better identify and target at-risk populations for vaccination and increase vaccination coverage.

14. What were the program’s start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

Program Element	Cost (\$)
One, full-time Adult Immunization Program Manager	100,000
Part-time Adult Influenza Program Manager (60%)	50,000
One, full-time Program Assistant	30,000
Part-time Vaccine Manager (10%)	10,000
Software development and maintenance (HLN Contract)	30,000
Mass mailings of program announcement and enrollment directions to 900 providers (2 staff/practice x 2 mailings)	5,000
Vaccine Distribution Contract (includes purchase of coolers, packing supplies, shipping and personnel)	57,000
Provider database	10,000
Provider Resource Binders	2,000
Total Operations	294,000
Vaccine Costs	
Influenza vaccine costs (Health Plan Assessments)	2,735,930
Influenza Vaccine for Uninsured	60,000
Preservative-free vaccine for pregnant women (317 funds)	14,300
Total Vaccine	2,810,230

15. What are the program’s annual operational costs (estimated)?

Program Element	Projected Cost (\$)
One, full-time Adult Immunization Program Manager	100,000
One, part-time Quality Assurance Specialist (50%)	35,000
One, part-time Vaccine Manager (10%)	10,000
Software Development and maintenance	50,000
Vaccine Distribution Contract	65,000
Mailings	3,000
Vaccine Costs	
Influenza vaccine costs (Health Plan Assessments)	2,800,000
Vaccine for Uninsured	60,000
Preservative-free vaccine for pregnant women	14,300

16. How is the program funded?

Medicare, Medicaid, and health insurance plans contribute to the overall cost of the program based on an annual assessment of health and accident policies written for people who are insured in Rhode Island. The annual assessment rate is determined based on data received from the Department of Business Regulations on the policy premium’s collected ~~es-written~~ and the projected costs for vaccine and program operations. In addition, providers are reimbursed by the health plans for their vaccine administration costs.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

The adult influenza immunization program was born of legislation enacted by the Senate on June 30, 2005 (S-0471 Substitute A) and the House on July 7, 2007 (H-5282).

18. What equipment, technology and software are used to operate and administer this program?

All vaccine providers have access to web-based enrollment features. The Rhode Island Department of Health (HEALTH) contracted with a software developer who created a web-based front-end system utilizing a Red Hat Enterprise Linux-Apache web server and Tomcat application server to collect provider demographic and order information. The system software converted the collected data into a Microsoft Excel file. Secure web-based file transfer software was used to transfer the Excel-based data from the web server to desktops within HEALTH. The Operating System environment utilizes an Oracle database that resides on a server within HEALTH’s internal network. This computer application is currently being enhanced to include user authentication, reordering capability and administrative capabilities for internal and vaccine distributor users. The flexible data base design will also allow other adult vaccines to be ordered and monitored in the future. In addition to Microsoft Excel, HEALTH used Microsoft Word and email to manage the 2007-2008 Flu Program. The fax machine was often used to receive vaccine inventories and temperature logs from the enrolled providers.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator’s name, present address, telephone number and e-mail address.

Yes, the program originated in Rhode Island and is the result of collaboration among various partners including public health leaders, primary care providers, coalition members, health plans and other community partners. The key organization was the RI Department of Health and its Immunization Program. Dr. David Gifford is the director of HEALTH.

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20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

To our knowledge, there is no other adult influenza immunization program in any other state.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

By the end of February 2008, the program has yet to be fully implemented. Once providers have finished vaccinating their patients, they will be asked to return any unused vaccine to the distribution contractor, and will be required to reimburse the Department of Health for any unused or spoiled vaccine that exceeds 5% of their total order.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

The most important positive outcome of the program was that providers received influenza vaccine free of charge, delivered to the offices by mid-October. Some issues to be worked out include confusion around which health plans were accepted, the different methodologies for claim submissions, different reimbursement rates that discouraged providers from accepting some health plans with lower rates and reciprocity for the "border state" providers who see out-of-state patients who were ineligible to receive a dose of the state-supplied vaccine. HEALTH is also working to streamline reporting requirements that providers report as being too time-consuming.

23. How has the program grown and/or changed since its inception?

The adult influenza vaccination program is growing everyday due the good press it has received among enrolled providers and the high level of customer service provided to enrollees. Provider participants do not hesitate to call HEALTH with complaints about the program administration that are resolved as soon as possible. Because of this continual input from providers, HEALTH is constantly revising program components to be more responsive to different provider needs

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

Any health department who would attempt to create and administer a similar program would need the unanimous support of legislators, health plans and health care providers. Lack of support from any one of these partners could prevent this program from being successful. A local distribution contractor is very important to the success of an immunization program. Any time there was an ordering error, or a provider needed additional vaccine, their demands were satisfied quickly, and sometimes the next day. The other keys are frequent communication and excellent customer service, which during flu season, is very labor-intensive.