



Department of Health
 2021-23 Regular Budget Session
 Policy Level - P2 - COVID-19: Administer Vaccines

Agency Recommendation Summary

The Department of Health (DOH) requests funds to prepare to deploy the COVID-19 vaccine once it is available. This requires DOH to scale up its vaccine operations and immunization information system to take on this new body of work.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Staffing						
FTEs	25.0	19.5	22.25	19.5	0.0	9.75
Operating Expenditures						
Fund 001 - 1	\$6,995	\$2,585	\$9,580	\$2,585	\$0	\$2,585
Total Expenditures	\$6,995	\$2,585	\$9,580	\$2,585	\$0	\$2,585

Decision Package Description

Problem

The department's current immunization program capabilities are established to only manage existing vaccines. A new vaccine requires new work to manage inventory, distribute the vaccine across the state, and manage the Washington Immunization Information System (WAIS) to track vaccinations. DOH will require additional staff and will need make information system upgrades to efficiently and effectively distribute and administer a COVID-19 vaccine.

Background

DOH currently works with over 1,000 providers for the state's childhood vaccine program. However, during the 2009 H1N1 pandemic, this work expanded to over 2,500 providers. The department requires additional staffing to accommodate a similar increase in work for a COVID-19 vaccine.

This request asks for support to manage a public health education campaign, add vaccinators, provide additional supplies necessary for vaccine distribution and administration, and for Local Health Jurisdictions (LHJ) to refresh and implement vaccine response plans on the local level. With this funding, DOH will:

- Provide outreach to communities disproportionately impacted by COVID-19;
- Deploy a public health education campaign to ensure there is good and accurate information going out to providers and to the public;
- Ensure high risk groups including frontline healthcare and essential workers have timely access to the vaccine;
- Collect, track, and report accurate and timely immunization data to better support real-time decision making; and
- Improve the likelihood the state and its economy can resume normal business operations and move into full recovery mode.

Once the COVID-19 vaccine is available to the states, the federal government will likely prescribe standards and protocols regarding vaccine distribution, data tracking and reporting. To prepare for this significant increase in work, DOH identified its needs – and corresponding costs – to ensure a seamless transition from the time the vaccine is first made available to when the vaccination data is collected and reported back to the federal government. WAIS will require modifications and enhancements to its current functionality to track when the COVID-19 vaccine is given and monitor certain populations, such as healthcare providers, if vaccine distribution needs to be prioritized. This improved infrastructure and scalability will ensure the WAIS is equipped and ready when a vaccine is available.

Federal Participation

DOH has applied for nearly \$5 million in federal funds to support COVID-19 response activities. Once awarded, these supplemental funds will be added to the existing vaccination grant, which ends June 30, 2021. So far, conversations with the Centers for Disease Control and Prevention (CDC) leadership and the Association of Immunization Managers (AIM) have only been focused on funding for the 2021 federal grant year. While DOH is hopeful that additional funds to support COVID-19 work will be also be available in the 2022 federal grant, it has not received any confirmation to that effect.

Assumptions and Calculations

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

This request expands the current program to accommodate the additional workload and system requirements to effectively distribute and administer a COVID-19 vaccine.

Detailed Assumptions and Calculations:

DOH assumes it will distribute and administer vaccines to at least 80 percent of the state's population. Individuals will require two doses of vaccine, separated by at least 21 days, within 12 weeks of availability in order to achieve maximum immunity. Washington State has approximately 7.6 million people, so this request estimates the costs to distribute, administer, and track up to 12 million doses of the COVID-19 vaccine (six million people, two doses each).

The state will not be receiving all of the vaccines at once. DOH anticipates receiving multiple COVID vaccine allocations over two years after a vaccine is available and will be taking a multi-phased approach to make sure priority groups and other needs are met at the state and local levels. In addition, DOH will need to address vaccine hesitancy issues with certain populations. DOH expects to be conducting evaluations and continuous quality improvement processes over the next three years and will have to comply with multiple reporting requirements throughout this time.

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Workforce Assumptions:

To accomplish this work, DOH will need the following staff:

- 2.0 FTE - Health Services Consultant 4 (Three years, 2021 through 2024)
- 1.0 FTE - Health Services Consultant 4 (One year, 2021)
- 7.0 FTE - Health Services Consultant 3 (Three years, 2021 through 2024)
- 3.0 FTE - Health Services Consultant 2 (Three years, 2021 through 2024)
- 1.0 FTE - Epidemiologist 2 (One year, 2021)
- 1.0 FTE - Nursing Consultant, Public Health (One year, 2021)
- 1.0 FTE - IT System Administration Journey (Three years, 2021 through 2024)

Vaccine Management Section:

- 1.0 FTE- Health Services Consultant 4 (Three years, 2021 through 2024)

Supervises and leads four staff and is responsible for daily operations related to vaccine ordering, vaccine receiving, vaccine accountability and provider enrollment. Annual cost is \$122,962 with a three-year total cost of \$365,385.

- 1.0 FTE- Health Services Consultant 3 (Three years, 2021 through 2024)

Performs quality assurance activities by ensuring all enrolled providers are trained to properly store, handle, or mix vaccine. Annual cost is \$112,707 with a three-year total cost of \$334,622.

- 3.0 FTE-Health Services Consultant 2 (Three years, 2021 through 2024)

Assists and supports enrolled providers in navigating WAIS, ensures proper storage and handling of vaccine, ensures proper order submission and inventory management, accountability reporting, vaccine returns and wastage, responds to all provider questions within 48 hours, screening for eligibility and appropriate administration of vaccines. Annual cost is \$101,260 per FTE with a three-year total cost of \$900,842.

Immunization Information System (WAIS):

- 1.0 FTE Health Services Consultant 4 (Three years, 2021 through 2024)

Supervises and leads two staff and is responsible for daily operations related to WAIS data quality activities. Annual cost is \$122,962 with a three-year total cost of \$365,385.

- 2.0 FTE Health Services Consultant 3 (Three years, 2021 through 2024)

Conducts program planning, leads evaluation and implementation of statewide WAIS data quality activities, works with healthcare providers, local health jurisdictions, other system users, and the system vendor to identify and resolve data and system issues and improve data submission processes, develops and documents business rules and processes and procedures, supports healthcare

providers and internal staff in ensuring the vaccine ordering data, vaccine inventory, and dose-level accountability reporting is accurately reflected in the WAIS. Annual cost is \$190,208 per FTE with a three-year total cost of \$655,245.

Health Technology Services:

- 1.0 FTE IT System Administration-Journey (Three-years, 2021 through 2024)

Serves as professional Health Level 7 (HL7) exchange coordinator and application subject matter expert for WAIS and is responsible for leading on-boarding implementation, connectivity, coordination, and support for healthcare organizations, health plans, tribal agencies, and other state and local agencies interested in electronic data exchange of immunization information. Provides informatics consultation and uses technical skills and knowledge to develop database queries and analyze data when troubleshooting system and data quality issues. Annual cost is \$148,643 with a three-year total cost of \$455,930.

Center for Public Affairs:

- 2.0 FTE-Health Service Consultant 3 (Three years, 2021 through 2024)

Oversees development and dissemination of health promotion materials, works with partners to share and implement provider education tools, promotes recommended vaccine to partners and the general public through written and presented communication materials through media campaigns, letters, meetings, presentation, website and social media, maintains website educating about vaccines and linking to appropriate materials and responds to public inquiries. Annual cost is \$112,708 per FTE with a three-year total cost of \$669,244.

Operations:

- 1.0 FTE Health Services Consultant 3 (Three years, 2021 through 2024)

Provides project management and will be contract manager for 40 to 50 contracts with local health jurisdictions and other partners. Responsible for tracking budgets, contract deliverables, preparing reports and engaging in stakeholder meetings. Annual cost is \$109,207 with a three-year total cost of \$327,622.

Clinical, Quality, Epidemiology, and Schools:

- 1.0 FTE Nursing Consultant, Public Health (One year, 2021)

Provides nursing consultation, technical assistance and education for healthcare providers, office staff, local health jurisdictions, the public and other immunization partners. Provides clinical expertise to support pandemic planning, including approaches to reach critical healthcare provider workforce and occupational groups. Annual cost is \$154,559 with a one-year total cost of \$154,559.

- 1.0 FTE Epidemiologist 2 (One year, 2021)

Designs, develops and implements immunization assessment and evaluation studies and projects to estimate coverage and pockets of need for state and local areas, including the development of tools and methods, statistical analysis and interpretation of findings and the preparation and dissemination of reports summarizing the studies or projects and their uses for program planning and policy development. Annual cost is \$140,120 with a one-year total cost of \$140,120.

- 1.0 FTE Health Services Consultant 3 (Three years, 2021 through 2024)

Responsible for leading equity work related to the COVID-19 vaccine response. This includes seeking input from tribal nations, local health, community partners, and communities disproportionately impacted by the novel coronavirus. Through collaboration, this input will be incorporated into aspects of the vaccine response including allocation process, vaccine requirements, and vaccine confidence

and hesitancy guidance and resources. Annual cost is \$112,707 with a three-year total cost of \$334,622.

Policy:

- 1.0 FTE- Health Services Consultant 4 (One year, 2021)

Leads and coordinates policy development by ensuring input into policy direction from a broad group of stakeholders, including policy makers, healthcare providers, community organizations, other state agencies and the public. Responds to questions from policymakers and informs rule-making and legislation. Annual cost is \$119,462.

WAIS Costs:

Modifications of the WAIS will be necessary to implement a mass immunization module, streamline enrollment, improve system data quality, offer more flexibility of coverage analytics and reporting, and assist in connectivity to additional providers. First year costs will be \$621,300 and each subsequent year will cost \$128,210 for ongoing maintenance of the enhancements made. Total cost will be \$877,720 for the three-year period.

More details on these cost estimates are outlined in the supporting document titled, "2021-23 PL-P2 Administer Vaccines - FnCal".

How is your proposal impacting equity in the state?

DOH will do its part to ensure equitable vaccine distribution to essential workers and to those disproportionately impacted by COVID-19. For example, as of June 2020, DOH data shows COVID-19 case rates for:

- Hispanic, Native Hawaiian, or Other Pacific Islander residents are nine times higher to contract COVID-19 than those of Whites;
- Hospitalization rates are seven times higher for Hispanics and 10 times higher for Native Hawaiians or Other Pacific Islanders than those of Whites;
- Case and hospitalization rates for Blacks and American Indians or Alaska Natives are three times higher than those of White; and
- Death rates are over three times higher among Hispanics and Native Hawaiians or Other Pacific Islanders, twice as high among American Indians or Alaska Natives, and over 50 percent higher among Blacks and Asians compared to Whites.

Throughout the vaccine response planning and implementation process, DOH will use the COVID-19 data to inform strategies and to assist in the development of a culturally appropriate public health campaign. Additionally, this proposal asks for a staff person to lead the equity work related to the COVID-19 vaccine response. This staff person will be responsible for seeking input from tribal nations, local health, community partners, and communities disproportionately impacted by the novel coronavirus. Through collaboration, this input will be incorporated into multiple aspects of the vaccine response including vaccine distribution, vaccine requirements, and vaccine hesitancy guidance.

Strategic and Performance Outcomes

Strategic Framework:

This proposal is critical and necessary to support the Governor's and the Department of Health's top priority: End the pandemic. A well prepared and adequately funded COVID-19 vaccine response will:

- Provide outreach to communities disproportionately impacted by COVID-19;
- Deploy a public health education campaign to ensure there is good and accurate information going out to providers and to the public;
- Ensure high risk groups including front line healthcare and essential workers have timely access to the vaccine;
- Collect, track, and report accurate and timely immunization data to better support real-time decision making; and
- Improve the likelihood the state and its economy can resume normal business operations and move into full recovery mode.

A COVID-19 vaccine response also contributes to the Governor's Results Washington initiative. Specifically, it supports the following "Healthy and Safe Communities" goal areas:

- Ensuring Access to Quality Healthcare
- Preparing for Aging Washingtonians

Updating WAIS aligns with the strategic element of "Efficient & Effective Government" in the Enterprise Technology Strategic Plan.

Performance Outcomes:

This proposal ensures state readiness to offer a COVID-19 vaccine to the public. Until more information is available, the CDC recommends using pandemic influenza vaccine planning resources as a guide. The overarching goal of Federal Pandemic Influenza Vaccination Planning is to ensure readiness of the state's vaccine providers and partners to vaccinate at least 80 percent of the state's population with two doses of vaccine, separated by at least 21 days, within 12 weeks of availability.

DOH anticipates the federal government will have expectations for states around vaccine distribution, data tracking and reporting. However, it does not yet have such guidance and the department is unsure if or when it may receive such guidance. Regardless, DOH plans to use WAIS to track important aspects of the vaccine response in order to position the state to deliver on federal reporting requirements if/when they are made available. Important aspects of the response that will be tracked include:

- Developing a vaccine allocation framework to inform decisions about limited supplies of vaccine;
- Engaging outreach and collaboration activities with communities disproportionately impacted by COVID-19;
- Enrolling an estimated 1,500 additional providers in the state's vaccination program (For the state's childhood vaccine program, DOH works with about 1,000 providers. For H1N1, DOH worked with about 2,500 providers. The department anticipates a similar increase for a COVID-19 vaccine);
- Connecting all providers to WAIS;
- Identifying methods to reach and vaccinate priority populations; and
- Tracking vaccines administered and vaccine series completed. If a vaccine has more than one dose, it is a series. Initial information about potential COVID-19 vaccine candidates suggest the vaccine may be a two-dose series.

Other Collateral Connections

State Workforce Impacts:

Not applicable

Intergovernmental:

Governor's Office: The COVID-19 vaccine response will be led by the Governor's Office. This will require ongoing coordination between DOH and the Governor's Office.

Health Care Authority (HCA): Apple Health will be expected to cover the vaccine and administration costs of a COVID-19 vaccine for Medicaid clients.

Office of the Insurance Commissioner: Policies regarding insurance coverage of a COVID-19 vaccine will impact the Office of the Insurance Commissioner.

Local Health Jurisdictions: Deployment of a COVID-19 vaccine across the state will require the assistance, coordination, and collaboration with local health jurisdictions.

Tribes: Deployment of a COVID-19 vaccine across the state will require input and collaboration with tribal governments.

State Facilities Impacts:

Not applicable

Changes from Current Law:

Not applicable

Puget Sound Recovery:

Not applicable

Legal or Administrative Mandates:

Not applicable

Stakeholder Response:

Immunization Providers	Support
Healthcare Workers	Support
Professional Associations	Support
Essential Workers	Support
Groups at highest risk for developing complications from COVID-19	Support
Vaccine Manufacturers	Support
Vaccine Distributors	Support
Informed Choice & Other Vaccine-Opposed Groups	While this proposal doesn't mandate COVID-19 vaccines, opposition is expected

Reference Documents

[2021-23 PL-P2 COVID-19 Administer Vaccines - IT Addendum.docx](#)

IT Addendum

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

Yes

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. A	\$1,723	\$1,311	\$3,034	\$1,311	\$0	\$1,311
Obj. B	\$649	\$499	\$1,148	\$499	\$0	\$499
Obj. E	\$671	\$514	\$1,185	\$514	\$0	\$514
Obj. J	\$33	\$0	\$33	\$0	\$0	\$0
Obj. N	\$3,755	\$128	\$3,883	\$128	\$0	\$128
Obj. T	\$164	\$133	\$297	\$133	\$0	\$133

Agency Contact Information

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