Evidence-based Immunization

"…identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system."

PROBLEM STATEMENT:
Immunization prevents debilitating and critical illnesses across the lifespan.[i,ii] Vaccination rates have decreased in Washington state in recent years, with variation across counties.[iii] Measles has resurged in 2025, with several cases identified across Washington state.[iv] Vaccine preventable diseases are costly, with a single measles outbreak in 2019 in Washington state costing around $2.3 million. Addressing patient concerns around vaccination[v,vi], as well as ensuring availability and coverage, can improve public health and reduce cost to patients and health systems.
DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):
☒VARIATION IN CARE ☒ SAFETY CONCERNS ☒HIGH COST AND POOR OUTCOMES ☒EQUITY CONCERNS
PROPOSED SCOPE:
Scope: promoting evidence-based guidelines on childhood and adult vaccination schedules, maintaining no up-front coverage, and recommend strategies to address vaccination communication across different communities in Washington State Out of scope: evidence-based treatment for vaccine-preventable conditions,
EVIDENCE-BASED IMPACT STRATEGIES:
Clinicians/Care Teams: Following evidence-based vaccination schedules, best practice informed communication around vaccination with patients and families *Delivery Systems:* Standing orders and reminders for vaccination integrated across systems, QI initiatives to improve population vaccination rates *Plans:* Cover all evidence-based recommended vaccinations at minimal cost-sharing, member education/outreach *Purchasers:* On-site/near-site vaccination clinics, vendor-based performance guarantees on vaccination rates *Public Health:* Community-based outreach to populations with lower vaccination rates, maintaining vaccination database
AVAILABLE DATA FOR MONITORING AND EVALUATION:
HEDIS vaccination measures (CIS- childhood immunization status, AIS – adult immunization status, FVA – flu vaccination status for adults 18-64, FVO – flu vaccination for adults 65+, PNU – pneumococcal vaccination older adults; Statewide vaccination database – maintained by DOH
POTENTIAL PARTNERS:
Department of Health, Health Care Authority, WCAAP, Washington Health Alliance, immunization action coalition of Washington (WithinReach)
HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS
Bree could reinforce evidence-based immunization schedules for children and adults in Washington state, strategize to protect financial coverage and supply of vaccines, and recommend a communication framework for use by clinicians, plans and purchasers to reach immunity thresholds

[i] American Academy of Pediatrics. (2025, March 28). Recommended childhood and adolescent immunization schedule for ages 18 years or younger. https://aap2.silverchair-cdn.com/aap2/content_public/cms/resources/15585/0-18yrs-child-combined-schedule.pdf

[ii] American Academy of Family Physicians. (n.d.). Adult immunization schedule. Retrieved August 13, 2025, from https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules/adult-immunization-schedule.html

[iii] Wilson, C. (2025, August 12). Immunizations urged as back-to-school season approaches. Gig Harbor Now. https://www.gigharbornow.org/news/health-wellness/what-vaccines-are-required-for-school-kids-washington-state/

[iv] Washington State Department of Health. (n.d.). School immunization data dashboard. Washington Tracking Network. Retrieved August 13, 2025, from https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/school-immunization/dashboard

[v] Vaccinate Your Family. (2025, March 28). The 2025 State of the ImmUnion Report. Retrieved August 13, 2025, from https://vaccinateyourfamily.org/the-2025-state-of-the-immunion-report/

[vi] O'Leary ST, Opel DJ, Cataldi JR, Hackell JM; American Academy of Pediatrics, Committee on Infectious Diseases., Committee on Practice and Ambulatory Medicine, Committee on Bioethics. Strategies for Improving Vaccine Communication and Uptake. Pediatrics. 2024;153(3):e2023065483