

ARRA-2

**STATE OF DELAWARE
SINGLE POINT OF CONTACT – SPOC
INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS
Office of Management and Budget
Haslet Building, 3rd Floor, Dover, Delaware 19901
(302) 739-4206**

1. STATE APPLICATION IDENTIFIER:		SPOC use ONLY	Month	Reviewer	CC's
S9-05-21-03					

2. Applicant Project Title: Reaching More Children and Adults – Immunization ARRA grant

3. Applicant Department: Delaware Health & Social Services (DHSS) 4. Applicant Division/APU: Division of Public Health #35-05:20

5. Applicant Address: Thomas Collins Building, 540 S. DuPont Hwy, Suite 4, Dover, DE, 19901

6. Contact Person: Martin J. Luta, MD, Chief, Bureau of Communicable Disease 7. Contact Person's Phone Number: (302) 744-1037

8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)
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 Karyl T. Rattay, MD, MS, FAAP, FACPM – Director Division of Public Health, designee for Rita M. Landgraf, Secretary, DHSS

9. Federal Grantor Department: Department of Health and Human Services 10. Federal Sub-Agency: Centers for Disease Control and Prevention

11. Federal Contact Person: Nancy Fasano, Chief, Program Operations Branch 12. Phone Number: (404) 639-8926

13. Address: National Immunization Program, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS E-82, Atlanta, GA 30333

14. Federal Program Title: Supplemental Funding for Reaching More Children and Adults	15. FEDERAL CATALOG NO: CDC-IP08-803 (CFDA) 93 712
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16. Project Description: Grantees have been allocated ARRA funding to purchase priority vaccines and upgrade current immunization registry.

17. Will funds be utilized for any technology initiatives? Yes X - No If so, Business Case Number and brief project summary:
 Business Case#: 20071057-01-02; This funding will be used to update the Vac-Attack system to make it web-accessible.

18. Measurable Objectives:
 a. What were last year's objectives? N/A
 b. Were these objectives met? (If not, please explain why) N/A

c. What are this year's objectives?
 1. Assess capabilities of current immunization registry to provide guidelines for new registry database.
 2. Create Requests for Proposals (RFP's) for creation of new registry database.
 3. Finalize contract negotiations with RFP awarded agency.
 4. Refine tools for new registry database.

(If more space is needed, please attach a separate sheet of paper)



To: Lt Governor Matt Denn

From: Mary Perkins, DPH Bureau of Contracts and Grants

Date: May 21, 2009

Re: ARRA Stimulus Funds: Reaching More Children and Adults – Immunization ARRA Grant

The purpose of this stimulus funding is two-fold: 1) to increase the number of children and adults vaccinated against vaccine-preventable diseases in Delaware, and 2) to improve the functionality of the Delaware immunization registry. CDC has allocated a total of \$826,569 to Delaware to support this project. Of the total, CDC will send \$432,125 directly to drug manufacturers for the purchase of various vaccines for uninsured and under-insured adults in Delaware and flu vaccine for use during seasonal influenza activities in the 2009 and 2010 flu seasons. The remainder of the funds, \$394,444, will be used to improve the Delaware immunization registry. The registry exists to enhance efforts to prevent and control the transmission of vaccine preventable diseases through the collection and maintenance of accurate, complete and accessible vaccination records and sharing this with health care providers, families, and schools.

VACAttack, the current DPH statewide immunization registry was established in 1995 and is now aging and fails to meet current demands. The enhancements will allow the state and private providers to perform a number of functions. Electronic data entry will eliminate the need for paper based reporting, speed up the data entry process, and eliminate backlogs thus creating records that are more accurate. Public and private providers will be able to track children that are due or overdue for immunization and notify them. (The system will automatically determine the immunization status of the patient and recommend vaccines that are due). Complete immunization records will be compiled for individuals and a de-duplication algorithm will be in place to ensure accuracy. The system will allow public and private providers to monitor the immunization status of their patients and determine practice and population immunization rates by providers, age and geographic distribution. The system will assist DPH to identify populations at risk due to delayed immunizations and develop targeted interventions for those populations. An integrated GIS module is expected to assist in these efforts. The need to track the immunizations of large segments of the population (as occurs during pandemic events) will be enhanced by a registry that has data entry access points accessible to most providers likely to immunize.

- The need to track the immunizations of large segments of the population (as occurs during pandemic events) shall be enhanced by a registry with data entry access points accessible to most providers that are likely to immunize.

Timeline:

2009-2010	2010-2011
Complete assessment of current registry capacity.	Implementation phase I
Review and selection from currently available options.	Implementation phase II

Budget and Budget Justification:

Budget and Budget Justification:

Registry Development

Name of Contractor: TBD

Method of Selection: Competitive bid process/request for proposal

Period of Performance: Nov 30, 2009 - October 31, 2010

Scope of Work: To develop the web based Immunization Data base to allow medical providers on-line data entry.

\$197,222

Registry Development

Name of Contractor: TBD

Method of Selection: Competitive bid process/request for proposal

Period of Performance: Nov 30, 2010 - October 31, 2011

Scope of Work: To develop additional tools to determine practice and school immunization rates, generate reminder/recall notices, provide data for the CDC school and day care surveys and capture data for CoCASA (Comprehensive Clinic Assessment Software Application) assessments.

\$197,222

Description of the project:

Project name: Life cycle upgrade to Immunization registry

The immunization registry exists to enhance efforts to prevent and control the transmission of vaccine preventable diseases through the collection and maintenance of accurate, complete and accessible vaccination records and sharing this with health care providers, families, and schools. The system is a lifespan registry and will maintain a record of shots given through the life of each individual.

VACAttack, the current Division of public Health's statewide immunization registry was established in 1995 and is now aging and failing to meet some of the requirements of a fully functional registry;

- The old paper based data entry process is slow and failing to keep up with the increased number of records received. This has led to a chronic backlog of entries that means registry data is at times incomplete.
- The current system cannot generate automatic reminder recall notifications at the provider level or at the central registry level. Providers may be unable to identify children in need of vaccines until they present to the office, at which time they are usually ill.
- The current system does not link with the CDC's vaccine management system. Such a linkage will allow accurate tracking of vaccine use and a better inventory management.
- The current system cannot cope with the needs of collecting information from and tracking large segments of the population as would occur during a pandemic situation.

The proposed system will have a web-based front-end with a database that contains all NVAC-approved data fields and transfer data using HL7 protocol, assure security and accuracy of data, automatically recommend needed vaccines, produce reminder/recall letters and reports, including an official immunization record.

The enhancements will allow the state, and private providers to perform a number of functions.

- Electronic data entry will eliminate the need for paper based reporting, speed up the data entry process and eliminate backlogs thus creating records that are more accurate.
- Public and private providers will be able to track children that are due or overdue for immunization and notify them. (The system will automatically determine the immunization status of the patient and recommend vaccines that are due.)
- Complete immunization records will be compiled for individuals and a de-duplication algorithm will be in place to ensure accuracy.
- The system will allow public and private providers to monitor the immunization status of their patients and determine practice and population immunization rates by providers, age and geographic distribution.
- The system will assist Public Health identify populations at risk due to delayed immunizations and develop targeted interventions for those communities. An integrated GIS module is expected to assist these efforts.

Director's Overview
Reaching More Children and Adults – Immunization ARRA grant
59-05-21-03

Program Narrative

The purpose of this stimulus funding is two-fold: 1) to increase the number of children and adults vaccinated against vaccine-preventable diseases in Delaware, and 2) to improve the functionality of the Delaware immunization registry. CDC has allocated a total of \$817,569 to Delaware to support this project. Of the total, CDC will send \$432,125 directly to drug manufacturers for the purchase of various vaccines for uninsured and under-insured adults in Delaware and flu vaccine for use during seasonal influenza activities in the 2009 and 2010 flu seasons. The remainder of the funds, \$385,444, will be used to improve the Delaware immunization registry. The registry exists to enhance efforts to prevent and control the transmission of vaccine preventable diseases through the collection and maintenance of accurate, complete and accessible vaccination records and sharing this with health care providers, families, and schools.

VACAttack, the current DPH statewide immunization registry was established in 1995 and is now aging and fails to meet current demands. The enhancements will allow the state and private providers to perform a number of functions. Electronic data entry will eliminate the need for paper based reporting, speed up the data entry process, and eliminate backlogs thus creating records that are more accurate. Public and private providers will be able to track children that are due or overdue for immunization and notify them. (The system will automatically determine the immunization status of the patient and recommend vaccines that are due). Complete immunization records will be compiled for individuals and a de-duplication algorithm will be in place to ensure accuracy. The system will allow public and private providers to monitor the immunization status of their patients and determine practice and population immunization rates by providers, age and geographic distribution. The system will assist DPH to identify populations at risk due to delayed immunizations and develop targeted interventions for those populations. An integrated GIS module is expected to assist in these efforts. The need to track the immunizations of large segments of the population (as occurs during pandemic events) will be enhanced by a registry that has data entry access points accessible to most providers likely to immunize.

Budget Comparison

This is a first time request for these ARRA Immunization funds. The amount requested for enhancements to the Immunization Registry is \$385,444. In addition, CDC is purchasing \$432,125 worth of vaccines for DE. The total allocated for this grant is \$817,569.

Relationship to State Budget

There is no state match required.

19. Grant Period: From: <i>September 1, 2009</i> To: <i>December 31, 2010</i>	20. How many years has this project been funded: <i>0</i>	21. If the project was funded last year, how much federal money was awarded? <i>N/A</i>
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22. Source of funding for this application:	Dollars
a. Federal grant	<i>\$385,444</i>
b. Other federal funds (Specify source of funding) <i>CDC purchase of vaccines for DE</i>	<i>\$432,125</i>
c. Required state contribution (Specify source of funding) <i>None</i>	<i>0</i>
d. Discretionary state contribution (Specify source of funding) <i>None</i>	<i>0</i>
e. Required local contribution (Specify source of funding) <i>None</i>	<i>0</i>
f. Other non- federal funds (Specify source of funding) <i>None</i>	<i>0</i>
TOTAL	<i>\$817,569</i>

23. Budget by cost category and source:	Federal Funds	Other Federal Funds – CDC Purchase of Vaccines for DE	Other Funds	Total Funds
Salaries & Fringe Benefits	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Personal or Contractual Services	<i>384,674</i>	<i>0</i>	<i>0</i>	<i>384,674</i>
Travel	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Supplies & Materials	<i>0</i>	<i>432,125</i>	<i>0</i>	<i>432,125</i>
Capital Expenditures	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Audit Fees	<i>770</i>	<i>0</i>	<i>0</i>	<i>770</i>
Indirect Costs	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Other	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
TOTAL	<i>385,444</i>	<i>432,125</i>	<i>0</i>	<i>817,569</i>

24. How many positions are required for the project? (Exclude casual/seasonal employees)			
Breakdown of position(s)	Authorized in State Budget	New Positions Required	Total
Paid for out of federal funds	<i>0</i>	<i>0</i>	<i>0</i>
Paid for out of General Funds	<i>0</i>	<i>0</i>	<i>0</i>
Paid for out of state special funds	<i>0</i>	<i>0</i>	<i>0</i>
Paid for out of bond/local/other funds	<i>0</i>	<i>0</i>	<i>0</i>
TOTAL	<i>0</i>	<i>0</i>	<i>0</i>

25. PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. If a position has been reallocated to or from another grant please indicate the grant source.