

California Vaccines for Adults (VFA) Program Update

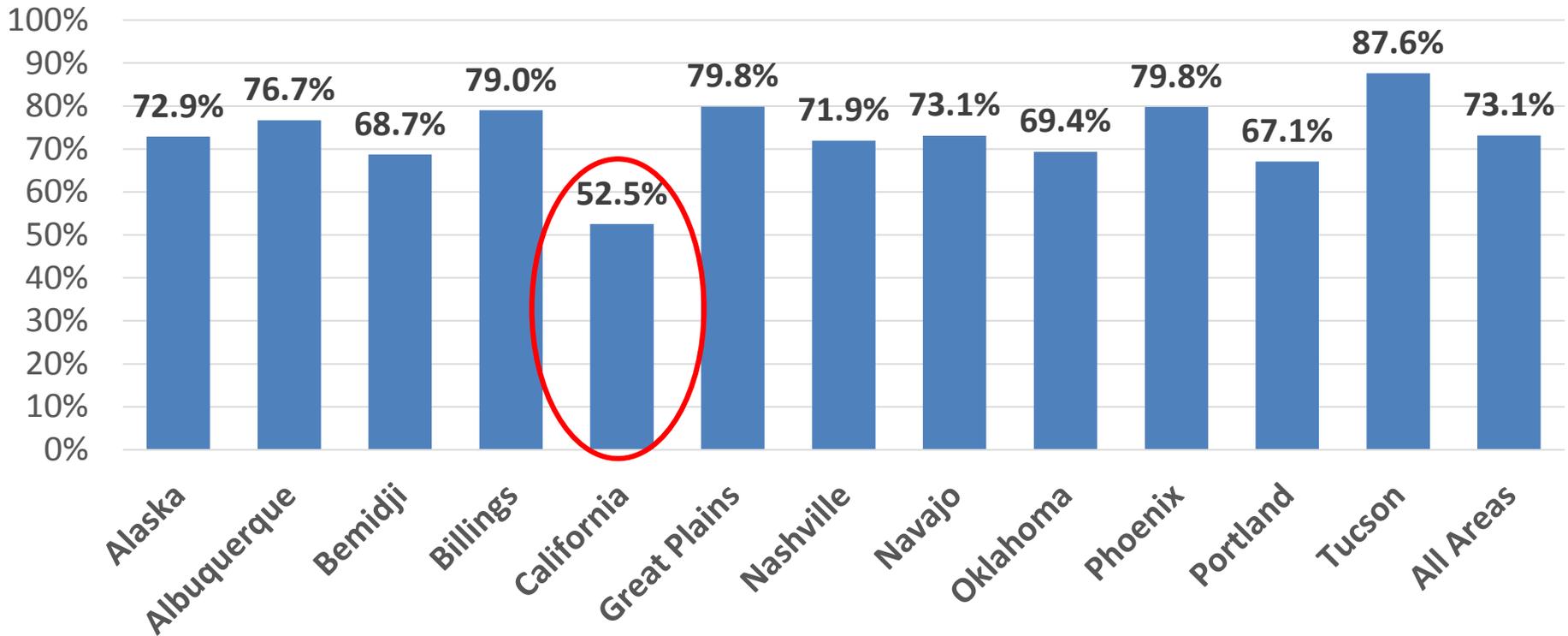


<http://www.valcomnews.com/?p=10991>

Session Outline

- CA IHS adult immunization rates
- VFA Program Overview and Data
- Barriers identified by VFA sites
- Questions

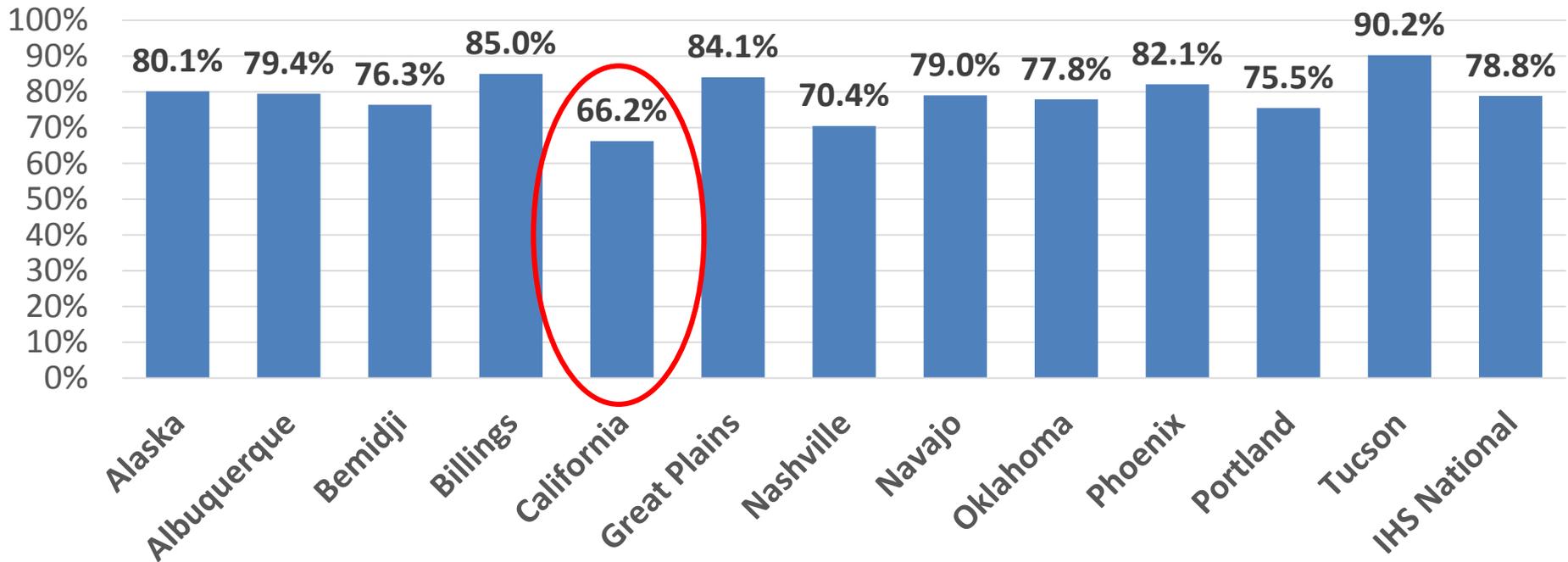
Vaccine Coverage, IHS Areas– Adults 19+ Years FY 2017 4th Quarter Appropriately vaccinated



■ Appropriately vaccinated per age recommendation



Vaccine Coverage, IHS Areas – Adults FY 2017 4th Quarter Tdap

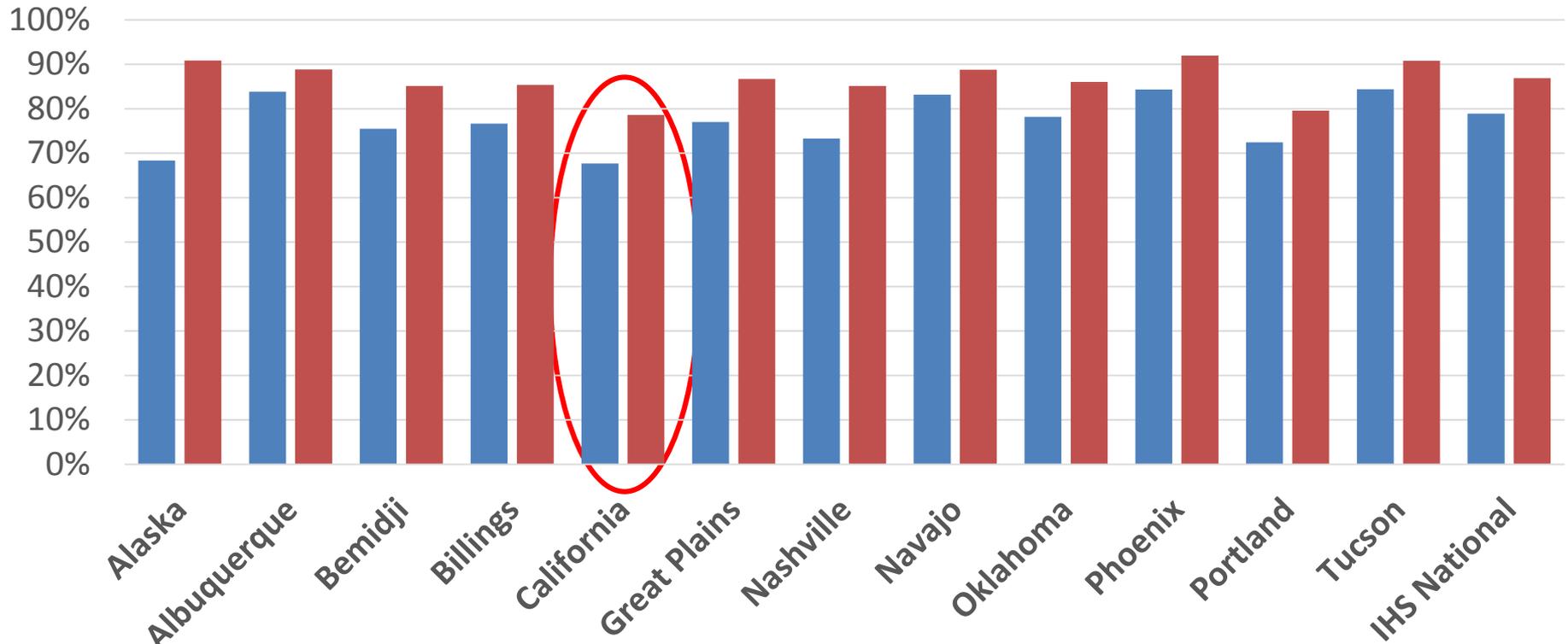


■ Tdap in past 10 yrs.

Vaccine Coverage, IHS Areas– Adults

FY 2017 4th Quarter

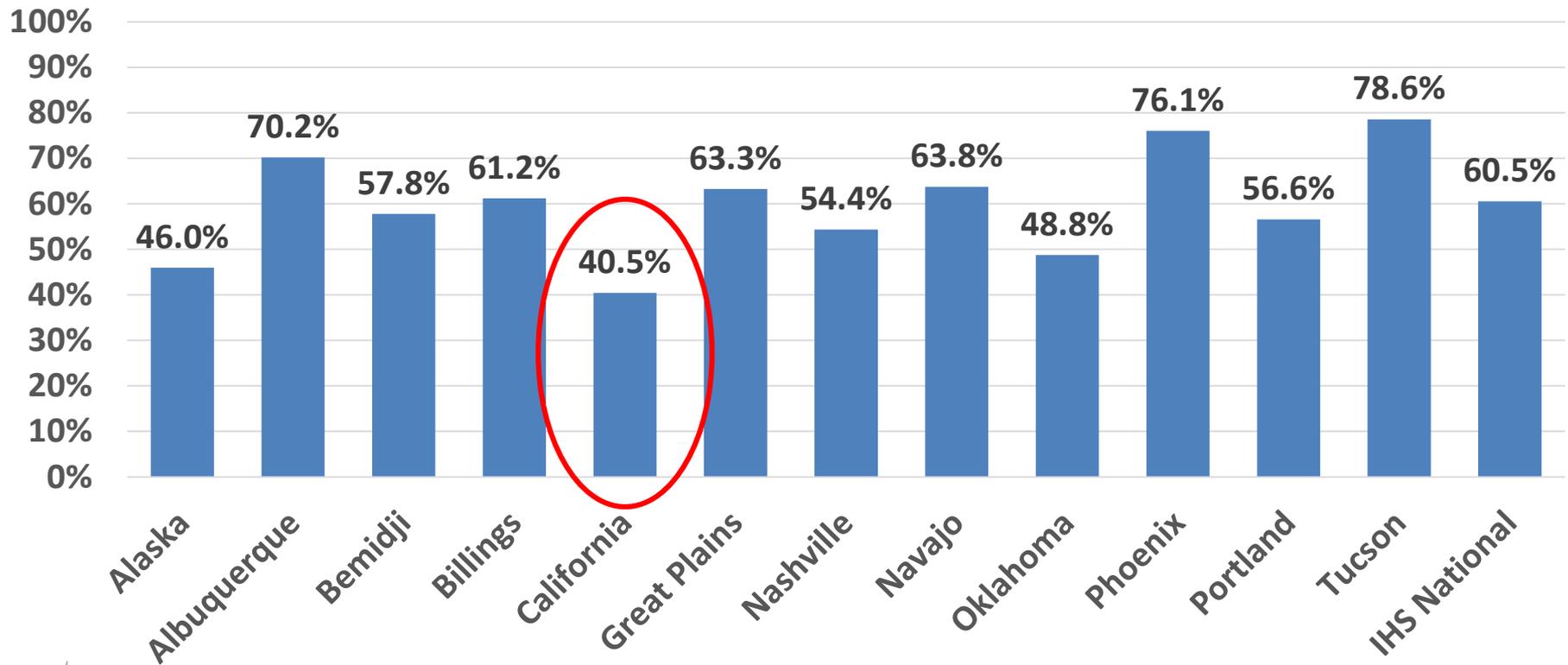
Pneumococcal Vaccine - 1+ PCV13 or PPSV23



■ Pneumo at/ after 65 yrs ■ Pneumo Ever



Vaccine Coverage, IHS Areas– Adults FY 2017 4th Quarter Live Zoster Vaccine



■ Zoster

CA Vaccines for Adults (VFA)

- Program implemented in June 2016.
- Uses Federal 317 Program vaccine to support immunization of uninsured or underinsured adults

Goals and Objectives

- Provide vaccines at no cost to eligible adults
- Integrate standards for adult immunization practice into routine care

CA Vaccines for Adults (VFA)

Eligibility

- Federally Qualified Health Centers,
- FQHC Look-Alikes, and Rural Health Centers that can demonstrate:
 - Participation in VFC
 - Experience providing a safety net for uninsured and underinsured adults
 - Participation in the California Immunization Registry (CAIR) or use of an Electronic Health Record system.

CA Vaccines for Adults (VFA)

- To integrate [standards for adult immunization practice](#) into routine care
 - **ASSESS** immunization status at every visit
 - Strongly **RECOMMEND** needed vaccines
 - **ADMINISTER** needed vaccines or **REFER** to a provider who can immunize
 - **DOCUMENT** vaccines received by adults

VFA Program Enrollment

501 Current Clinical Sites

Year 1:

Selected **457** clinical sites for enrollment:

- **440** sites at 108 FQHCs and FQHC lookalikes
- **17** RHC, IHS or tribal health sites

Year 2:

Enrolled **61** additional sites from organizations in VFA

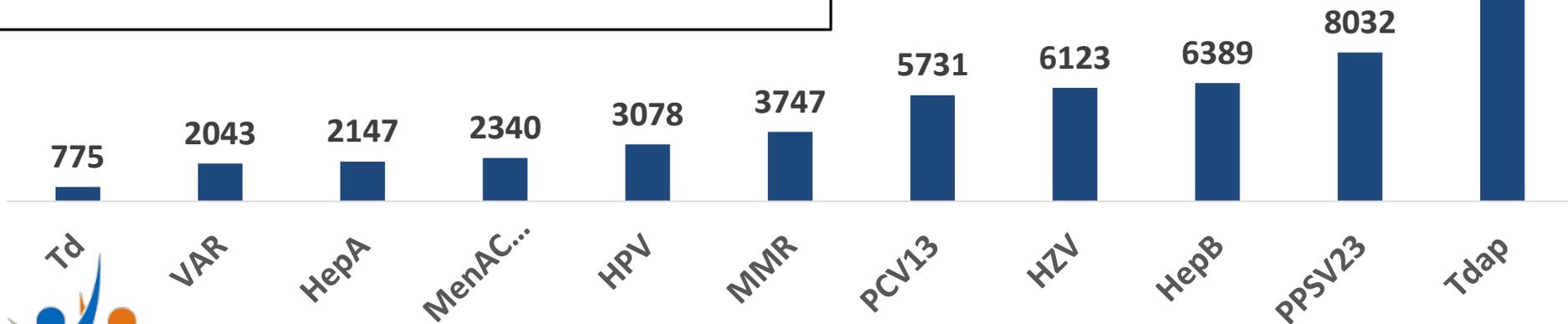
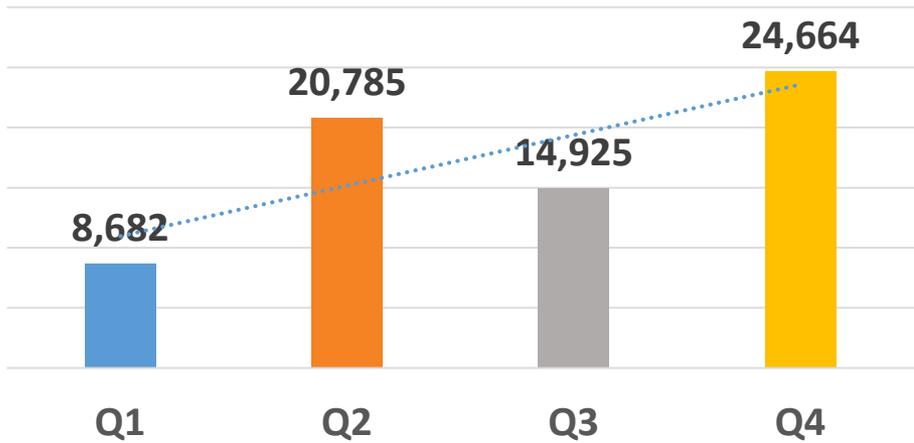
- Sites belong to 24 FQHCs and lookalikes

VFA IHS and Tribal Health Center Sites

VFC PIN	Health Center Site Name
70199	NATIVE AMERICAN HEALTH CENTER
70281	NATIVE AMERICAN HEALTH CENTER
71870	NATIVE AMERICAN HEALTH CENTER- UFSA
70743	NORTHERN VALLEY INDIAN HEALTH, Inc
70651	NORTHERN VALLEY INDIAN HEALTH
70668	INDIAN HEALTH CENTER OF SCV
71100	FAMILY HEALTH CENTER
71775	Indian Health Center -Silver Creek
71440	SACRAMENTO NATIVE AMER HEALTH CTR
71844	American Indian Health and Services
44848	SANTA YNEZ TRIBAL HEALTH CLINIC

68,719 VFA Doses administered during Year 1

Quarterly Administration Data



Looking Ahead

- Second half of Year 2:
 - Roll out of Shingrix, Heplisav (2-dose HBV)
 - Mid year report from umbrella organization
- Year 3
 - Possible partial open enrollment for new sites
 - Documentation of VFA doses in CAIR

Adult Immunization /VFA -Barriers



Systems

- Immunizations are not “always” encounters
- Lack of workflows to support adult immunizations
- Vaccine orders need to be placed by provider only
- Staff turnover rate, lack of continuity in knowledge
- Providers and clinical staff feel overwhelmed (too many encounters/provider, short appointment time)
- Transition to new state immunization registry, CAIR2

Adult Immunization / VFA Barriers



Access/Policy/Billing

- Patient costs (visitor or administration fees)
- Inadequate reimbursement – PPS visit rate, IZ-only or nurse-only visits are not billable
- Some izs are pharmacy-only benefits (Medicare Part D)
- Lack of quality measures or reporting requirements

Adult Immunization / VFA Barriers



Demand/Norms

- Patient refusal
- Lack of priority by clinicians or staff
- Lack of culture for adult iz, unlike for kids
- Lack of knowledge of schedule and standards
- IZ champion role not well-understood

Adult Immunization / VFA

What Helps

- Systems/Infrastructure
 - EHR – clinical decision guidelines/health maintenance forms
- Access/Policy
 - Incentives – e.g., those offered by Medi-Cal Managed Care Plan
- Norms/Culture/Demand
 - Providers and clinic leadership supportive of immunizations
 - Engagement of providers and clinical staff

Thank you!

- my317vaccines@cdph.ca.gov



Extras



California Vaccines for Adults (VFA) Program Evaluation

Year 1

Formative:

- Structured interviews with key informants from VFA sites
- Qualitative data (progress reports)
- Survey of VFA enrolled sites

Process:

- Number of 317 VFA vaccine doses administered (progress reports)

Program **outputs**:

- Number of 317 VFA vaccine doses ordered (progress reports)

Program **outcomes**:

- Patient awareness
- Provider awareness
- Number of adults immunized

Impact

- Reduced prevalence of disease in adults immunized



317-funded vaccines in California

- Primarily used to support adult immunization efforts (uninsured/under-insured adults) in:
 - local health departments
 - FQHCs/ RHCs enrolled in the CA Vaccines For Adults Program
- As available, 317 funds also support outbreak prevention efforts
 - Past 2 years dealing with outbreaks
 - Mening in 2016, 2017
 - Mumps in 2016, 2017
 - Hep A in 2017

Program Requirements Changes for Year 2

VFA vaccine-related charges, including fees for administering (injecting) vaccines

To ensure that VFA-eligible patients will not incur additional costs outside of any routine copay for the clinic visit, VFA program sites shall:

- Not charge eligible patients or third party payers for the cost of the 317-funded VFA vaccines.
- Not charge a vaccine administration fee to eligible patients for 317-funded VFA vaccines.
- Prominently post a sign clearly visible to patients which states that:

“FREE vaccines are available to adult patients who are uninsured or have insurance that doesn’t cover (certain) vaccines. We do not charge these patients for getting the vaccine or for the cost of the vaccine.”

VFA Year 1 Accomplishments

During July 2016-June 2017:

- Enrolled and supported 457 clinical sites
- Developed educational materials and program resources
- Conducted 3 webinars attended by 500+ participants
- Developed system to collect dose administration and qualitative data
- Conducted key informant interviews to identify facilitators and barriers to program implementation; synthesized and presented findings at state and national meetings
- Conducted program survey to inform planning for Year 2