California Vaccines for Adults (VFA) Program

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California Department of Public Health

CIC Immunization Summit
Riverside, CA
April 3, 2017
VFA Program Goals and Objectives

- To provide vaccines at no cost to **eligible** adults
  - Expand access to 317-funded vaccines to Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) in California

- To integrate the standards for adult immunization practice into routine adult clinical care
  - **ASSESS** immunization status of all adult patients at every visit
  - Strongly **RECOMMEND** vaccines that adult patients need
  - **ADMINISTER** needed vaccines or **REFER** to a provider who can immunize
  - **DOCUMENT** vaccines received by your adult patients
VFA Program
Year 1 Timeline

- Program Letter released: June 14, 2016
- Enrollment announcements made: June 28, 2016
- Deadline for placing first order: July 15, 2016
- Deadline to submit an application: May 6, 2016
- 598 applications received
- 462 sites enrolled
- Year 1 VFA Program ends: June 30, 2017
VFA Program Participation
Eligibility

Federally Qualified Health Centers, FQHC Look-Alikes, and Rural Health Centers that can demonstrate:

➢ Participation in the California Vaccines for Children Program (VFC);

➢ Experience providing a safety net for uninsured and underinsured adults;

➢ Participation in an Immunization Information System (e.g., California Immunization Registry - CAIR) or use of an Electronic Health Record (EHR) system.
3,100,000 Uninsured in California
FQHCs and Access to Care for California’s Uninsured

- 3,100,000 uninsured individuals in California in 2015
- 769,000 number of uninsured individuals who were patients of CA FQHCs in 2015
- 684,000 number of uninsured individuals who were patients of FQHCs enrolled in VFA

Health and Human Services Administration (HRSA), Community Health Center (CHC) program data, 2015
FQHCs and FQHC lookalikes
administrative entities and clinic locations

Good Health for All (GHA) Community Clinic

- GHA Marina
- GHA Pacifica
- GHA Seaside

199 FQHCs and FQHC lookalike entities in CA

857 individual FQHC locations/sites in CA

Health and Human Services Administration (HRSA) – Community Health Center (CHC) Program Data 2015
FQHCs and FQHC lookalikes administrative entities and clinic locations

Good Health for All (GHA) Community Clinic

- GHA Marina: VFA
- GHA Pacifica: Not in VFA
- GHA Seaside: ...

199 FQHCs and FQHC lookalike entities in CA
103 of them are enrolled in the VFA

857 individual FQHC locations/sites in CA
457 of them are enrolled in VFA
VFA Program Resources

Vaccine Eligibility Guidelines
For FOHCs, FOHC Look-Alikes and Rural Health Centers (RHC) enrolled in the California Vaccines for Adults (VFA) and Vaccines for Children (VFC) Programs

VACCINE ELIGIBILITY GUIDELINES
For FOHCs, FOHC Look-Alikes and RHC enrolled in the California Vaccines for Adults (VFA) and Vaccines for Children (VFC) Programs

VFC Funded Vaccine

Do I qualify for no-cost or low-cost vaccines through the California Vaccines for Adults (VFA) program?
You may be eligible to receive no-cost or low-cost vaccines at your doctor's office or local clinic if you:
- Are 19 years of age or older
- Are uninsured (have no health insurance)
- Are underinsured

California Vaccines for Adults (VFA) 317-Funded Vaccine

Adults 19 years of age and older meeting one of the following eligibility criteria:
- Medi-Cal/CHDP eligible
- Uninsured (no health insurance)
- Underinsured (eligible only if listed vaccines are not covered by insurance)

Note: Fully insured adults are not eligible to receive VFA vaccines (adults enrolled in Medi-Cal/Medi-Cal managed care plans are considered fully insured).

Hepatitis A
Hepatitis B
HPV

Status Verification

Eligibility Screening Record for Adult Patients

Patient Name

Provide Name

Date of Bith

Provider

Determine if the patient named above is eligible to receive 317-funded vaccines at each immunization visit. Write the screening date and check appropriate Eligibility Status Verification Category in the section below.

Patient named above is not eligible to receive 317-funded vaccines.
The patient meets one of the following criteria:
- 10 years of age or older and uninsured patient does not have health insurance.
- Is 10 years of age or older and uninsured patient has health insurance, but it:
- Does not cover vaccines, does not cover certain vaccines, or covers vaccines with a fixed dollar limit that has been reached.
- Is 10 years of age or older and uninsured.
- Patient has Medicare Part B, but NOT Part B - PATIENT OK for Zoster.
- Patient has Medicare Part B, but NOT Part B - PATIENT OK for PCV13.
- Patient has Medicare Part B, but NOT Part B - PATIENT OK for Hepatitis B.

The patient named above is not eligible to receive 317-funded vaccines because he/she:
- Has health insurance that pays for vaccines. Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured.
- Is 10 years of age or older and patient has both Medicare Part B and Part D.

Eligibility Status Verification

Screening Date

Eligible for 317-funded vaccines
- Uninsured, 10 years of age or older
- Uninsured, 10 years of age or older
- Uninsured, 10 years of age or older
- Has health insurance that pays for vaccines
- Is 60 years of age or older and patient has both Medicare Part B and Part D

Not Eligible for 317-funded vaccines
- Uninsured, 10 years of age or older
- Uninsured, 10 years of age or older
- Uninsured, 10 years of age or older
- Has health insurance that pays for vaccines
- Is 60 years of age or older and patient has both Medicare Part B and Part D

317 Vaccine Order Form for PJN 999999, Test Practice.
Program evaluation

• **Process:**
  - Structured interviews with key informants from VFA sites
  - Qualitative data (progress reports)

• Program **outputs:**
  - Number of 317 VFA vaccine doses delivered (progress reports)

• Program **outcomes:**
  - Number of 317 VFA vaccine doses administered (progress reports)

• **Impact**
Key Informant Interviews
- Methods -

• 17 interviews
• Conducted between December 2, 2016 – January 30, 2017
• Invites to participate sent to 36 FQHC entities, selected based on parameters such as: geographic distribution, urban-rural designation, patient population size and VFA vaccine administration data
Key Informant Interviews (KII) - Methods -

• **Limitations:**
  - Social desirability bias in surveys and interviews responses
  - Findings cannot be generalized to a larger population. They can, however, be transferable to another setting.

• **Advantages:**
  - Issues can be examined in-depth.
  - The research framework and direction can be revised quickly, based on new information.
  - The data based on human experience that is “rich” and can be used to identify patterns or themes.
Key Informants

I. Roles and titles of interviewees: Vaccine/Immunization Coordinators, Directors of Nursing, Administration Services Supervisor, Clinical Quality Director, Director of Clinical Operations, Director of Compliance

II. FQHC patient population
- Total number of patients: 6,083-135,210 patients, median 8,000
- Total number of uninsured patients as percentage of total patient population: 8-44%
- Total number of uninsured patients: 1,095-40,556
KII Findings: Access to Adult Vaccines

Private Stock and Drug Discount Programs

All 17 clinics interviewed had **private vaccine:**
- HZV, followed by PCV13 least likely to be stocked;
  - 12/17 clinics don’t **routinely** stock HZV; 3/17 don’t stock PCV13 and 1 clinic did not stock HPV

**Drug discount programs** - 340B program and patient assistance programs
- 15/17 participate in 340B
- All participate in patient assistance programs

**Barriers:**
1) patient doesn’t return to get immunized and
2) the visit has to be an IZ-only visit.
How do adult patients find out that they are due for vaccines?

- For 15/17 of the informants, this happens at the time when the patient comes in for an appointment
- Only 2/17 recall patients identified as overdue for vaccines
Clinic Systems - Electronic Medical Records and Population Health Management Systems (PHMS) Used at the FQHCs Interviewed

<table>
<thead>
<tr>
<th>PHMS</th>
<th>Number of sites using PHMS</th>
<th>EHR systems used with PHMS</th>
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<tbody>
<tr>
<td>i2i</td>
<td>5</td>
<td>NextGen, Allscripts</td>
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<tr>
<td>AzaraDRVS</td>
<td>1</td>
<td>NextGen</td>
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<tr>
<td>AthenaHealth</td>
<td>1</td>
<td>AthenaHealth</td>
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<tr>
<td>NHCS</td>
<td>1</td>
<td>eCW</td>
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<tr>
<td>BridgeIT</td>
<td>1</td>
<td>eCW</td>
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<tr>
<td>Proprietary</td>
<td>1</td>
<td>Proprietary</td>
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</table>
The Standards for Adult Immunization Practice

- **Assess** -

## Immunization Registry Participation

<table>
<thead>
<tr>
<th>Clinics</th>
<th>Transitioned to CAIR2</th>
<th>Not transitioned to CAIR2</th>
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<tbody>
<tr>
<td>Clinics in non-CAIR regions</td>
<td>5</td>
<td></td>
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<tr>
<td>Clinics in CAIR</td>
<td>9</td>
<td>3</td>
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</table>

➢ **Forms/systems** used:

- IZ registry: CAIR routing slip/vaccine forecast or IZ card

5/17 noted that they reconcile CAIR with the EHR patient record.
Standards for Adult Immunization Practice

**Assess**

Provider and Clinical Staff Roles

1. MA for vaccines on standing orders, MA and Provider for the rest

2. MA alone

2. Provider alone

12. MA and Provider
"The MA is the most important person because they start the conversation (and the providers continue it).“

Only one clinic talked about a strong recommendation: “our provider doesn’t ask, she pretty much tells the patient that they have to get the vaccine”
Implementation of Standards for Adult Immunization Practice

Who **administrates** the vaccine?

For all the clinics, the provider **orders** the vaccine (even for the clinics with standing orders, they still “have to sign off on the order”).
Implementation of Standards for Adult Immunization Practice

- Administer or Refer-

- 16/17 refer out for vaccines that are **pharmacy-only benefit** (i.e. Medicare Part D covered vaccines)

- **Travel vaccines** – all 17 clinics refer out to county health clinics

  - For referrals, 9/17 note that this part needs to be improved
  - Two parent organizations whose clinics are not all in the VFA program have a system to refer out from non-VFA to VFA sites within the organization.
For all the clinics interviewed, the MAs document (in both EHR and IZ registry for 15/17 sites) that the vaccine was administered.
Provider and clinical staff roles

“The success of the program depends on the providers, making sure they are on board and the MAs, making sure that they are engaged, since they have to remind the providers to vaccinate.”

8/17 indicated that the MA is the most important person because “... they start the conversation and the providers continue it.” “Providers are focused on the reason for visit, they forget about vaccines”. “MAs and care coordinators are essential for the IZ part”. “They [providers] don't think about it automatically like they do for kids’ schedule".
<table>
<thead>
<tr>
<th>Barriers (specific)</th>
<th>Recommend</th>
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<tbody>
<tr>
<td></td>
<td>- Lack of knowledge of schedule and standards</td>
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<td></td>
<td>- Confusion where label is different than ACIP recommendation</td>
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<td></td>
<td>- Patient refusal</td>
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<td>- Order needs to be placed by provider only</td>
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<tr>
<td>Facilitators and</td>
<td>- Engagement of providers and clinical staff</td>
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<tr>
<td>predictors for</td>
<td>- Strong recommendation</td>
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<tr>
<td>vaccination</td>
<td>- Computerized provider order entry (CPOE)</td>
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<tr>
<td>(specific)</td>
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<tr>
<td>Solutions (issue</td>
<td>Education - providers and clinical staff - on how to make a strong</td>
</tr>
<tr>
<td>specific)</td>
<td>recommendation</td>
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## Interview Data Analysis

<table>
<thead>
<tr>
<th>Assess</th>
<th>Recommend</th>
<th>Administer</th>
<th>Document</th>
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<tbody>
<tr>
<td><strong>Barriers (overarching)</strong></td>
<td>Adult IZs perceived as low importance among clinicians and staff</td>
<td>No provider/clinical staff/leadership adult (vs. childhood) IZ culture</td>
<td>Lack of or partial knowledge of the standards for adult IZ practice</td>
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<tr>
<td><strong>Facilitators (overarching)</strong></td>
<td>Medical Director or CMO supportive of IZs</td>
<td>Standing orders implemented</td>
<td>EHR – use of clinical decision guidelines/health maintenance forms</td>
</tr>
<tr>
<td><strong>Solutions (overarching)</strong></td>
<td>Education/TA - clarify recommendations for vaccines that have more complex recommendations (webinar in conjunction with focused campaign)</td>
<td>Education and TA - standing orders and importance of ARAD, adult immunization champion role</td>
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<tr>
<td>Barriers (specific)</td>
<td>Reimbursement and vaccine price</td>
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<td>-----------------------------------------------------------------------------------</td>
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<tr>
<td>- Inadequate or late reimbursement</td>
<td>- Inadequate or late reimbursement</td>
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<tr>
<td>- IZ-only visits are not billable encounters</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Some vaccines are pharmacy-only benefits</td>
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<tr>
<td>- Not all vaccines/manufacturers are on the 340B drug list</td>
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<tr>
<td>Facilitators and predictors for vaccination</td>
<td>- One MCP reimburses for an Office, IZ only visit, for both administration fee and vaccine cost without a Provider Office visit</td>
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<tr>
<td>Solutions</td>
<td>- One MCP reimburses for an Office, IZ only visit, for both administration fee and vaccine cost without a Provider Office visit</td>
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<tr>
<td>- Clarify reimbursement in FQHCs, especially how the PPS and APM work for capitation based payments (MCPs)</td>
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<td>- Identify mechanisms for determining set of core services are included in the negotiated MCP-provider agreements and advocate for the inclusion of adult IZs</td>
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<tr>
<td>- Clarify which adult vaccines are on the 340B lists</td>
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<tr>
<td>- Encourage exploration of group purchasing options for adult vaccines</td>
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## Interview Data Analysis

<table>
<thead>
<tr>
<th></th>
<th>Clinical quality - Requirements and Incentives</th>
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<tbody>
<tr>
<td><strong>Barriers (specific)</strong></td>
<td>- Only very few requirements in terms of adult IZ for eCQM/MU/CHIPRA/MIPS/PCMH/IHAP4P Medi-Cal</td>
</tr>
<tr>
<td><strong>Facilitators and predictors for vaccination</strong></td>
<td>IPA has incentives tied to improving adult IZ coverage rates</td>
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<tr>
<td><strong>Solutions</strong></td>
<td>- Work to identify and leverage existing CQMs and P4P program requirements that the clinics are already reporting on/to and create and disseminate strategies based on that</td>
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<td></td>
<td>- Medi-Cal/MCPs/IPAs and advocate for the inclusion of adult IZ measures and related incentive payments</td>
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VFA Order Data

First and second reporting periods

- **First period (June 1 - October 1, 2016)**
  - orders: 62,780

- **Second period (October 1, 2016 – March 1, 2017)**
  - orders: 26,575
First and Second Progress Report Data - VFA Doses Administered -

32,960 VFA vaccine doses administered during the first 8 months of the program
Vaccine doses administered monthly by all VFA sites

32,960 VFA vaccine doses used between June 1, 2016-March 1, 2017

*Includes pilot administration data
VFA Program
Next Steps

• Expansion of program to additional non-VFA sites within parent organizations that have VFA-enrolled sites

• Implementation of focused campaign to improve vaccination coverage rates – vaccine specific, age and/or condition-based
FQHCs and FQHC lookalikes participation in the VFA program
Proposed Intervention: Targeted campaign to increase PPSV23 vaccination coverage rates in adults (ages 18-64) with diabetes

Background:

➢ Diabetes is a risk factor for invasive pneumococcal disease (IPD) - bacteremic pneumonia, sepsis, meningitis

➢ PPSV23 protects against IPD

ACIP recommendation:

For adults 19-64 y/o, PPSV23 at diagnosis of diabetes and again at age 65
# Targeted Intervention Analysis

<table>
<thead>
<tr>
<th>Analysis Criteria</th>
<th>PPSV23</th>
<th>HZV, Tdap, etc.</th>
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<tbody>
<tr>
<td>Coverage Rates</td>
<td>Low</td>
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<tr>
<td>Ethnic/Racial disparities</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Ease of identifying patient population/reports</td>
<td>Well-defined patient population (age and condition-based)</td>
<td></td>
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<tr>
<td>Opportunity to vaccinate</td>
<td>High (3.8 visits/year) (quality of care indicators, HRSA CHC 2015 data)</td>
<td></td>
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<tr>
<td>Ability to leverage CQMs, P4P and other measures/program or certification requirements</td>
<td>Yes, DM and PPSV23-related</td>
<td></td>
</tr>
<tr>
<td>Vaccine Cost</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Vaccine is medical/pharmacy benefit</td>
<td>Medical benefit</td>
<td></td>
</tr>
<tr>
<td>Other (VFA administration data)</td>
<td>Second highest vaccine administered</td>
<td></td>
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Acknowledgements
317 Workgroup

- Claudia Aguiluz
- Connie Chung-Bohling
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Thank you!

Questions?