California Vaccines for Adults (VFA) Program
Third VFA Provider Webinar

Erika Contreras, Community Health Centers of the Central Coast (CHC)
Debra Rosen, Northeast Valley Health Corporation (NEVHC)
January 25, 2017
VFA Program Goals and Objectives

- To provide vaccines at no cost to eligible adults
- 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

Expand access to 317-funded vaccines to Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) in California
VFA Program Goals and Objectives

- To provide vaccines at no cost to eligible adults
- To integrate the standards for adult immunization practice into routine adult clinical care

To gain insight into the critical aspects and processes that underlie the integration and coordination of adult immunization services within FQHCs and RHCs and apply the lessons learned toward the larger goal of building a robust adult immunization infrastructure as a way to improve persistently low adult immunization coverage rates.
462 sites enrolled in the VFA Program (June 2016)

Northern California: 31
Southern California: 85
Bay Area: 89
Los Angeles: 104
Central Valley: 153
FQHCs/RHCs/IHS centers in California - Geographic Distribution -

1142 FQHC and RHC sites (2015 data)

Source: Department of Healthcare Services, 2015 data. For internal use only. Do not distribute publicly.
FQHC/RHC Patient Data

Community Health Centers (CHCs) in California participating in Health Resources & Services Administration (HRSA) Health Center Program 2015 data

- Total number of uninsured in California: 3,092,078
- Number of uninsured patients (adults and children) served at FQHCs: 911,036
- Number of adult patients served at FQHCs in California: 2,748,567

➤ Approximately one third of all FQHCs/RHCs sites in California are enrolled in the VFA program.

➤ Approximately one third of all the uninsured in California access healthcare services at FQHCs
VFA Program Evaluation/Quality Improvement Efforts

- Quantitative data – Order data and usage/administration data
- Qualitative data – Progress report questions, key informant interviews
First vaccine order data

Total number of doses ordered: **56,335**
Timeframe: **June 13 - July 15, 2016**
Number of sites that placed an order: **451**

- Td: 850
- MCV4: 2800
- VAR: 3450
- MMR: 4070
- Hep A: 4570
- PPSV23: 4950
- HPV PED: 4970
- ZOS: 5420
- PCV13: 5610
- Hep B: 5880
- Tdap: 13765
First Progress Report Data

(June – September 2016)

- 355/451 sites reporting
- 8,682 doses administered / 56,335 doses ordered

355 sites reporting
8,682 doses administered
(15% of doses ordered)
25,316 VFA vaccine doses used as of December 31, 2016
VFA Vaccine Funding

• Amount *allocated* for 317 vaccines for FFY2017: $9.4 million

• Amount *spent* to date (4 months into the federal fiscal year): $1.9 million (20%)
VFA Program 2016-17 – Halfway Point
Community Health Centers of the Central Coast

Erika Contreras, CCMA
Immunization Coordinator
Introduction

- 28 FQHC Clinics
- 32 Inventories
- Located within Northern Santa Barbara County and throughout all of San Luis Obispo County
Patient Population Characteristics

(Source: Health Resources & Services Administration, Health Center Program, 2015 data)

- Total number of patients served at all CHC clinics: 100,917
  - Income status (% of patients with known income):
    - Patients at or below 200% federal poverty level: 93%
    - Patients at or below 100% federal poverty level: 63%
  - Insurance status (% of total patients):
    - Total uninsured: 22.5%
    - Children (age 0–17 years) uninsured: 11%
  - Special populations:
    - Agricultural worker: 33%
Existing Policies & Protocols
(prior to VFA)

- MA / Nurse prints current CAIR immunization record EVERY VISIT.
  - Our Clinicians must assess immunizations records EVERY VISIT.

- Standardized vaccine storage protocols aligned with VFC

- Bill most insurances
  - TransactRx – part D Medicare

- Monitor Adult Flu and Pneumococcal Rates
  - Quality measure for Medicare

- Nextgen EHR monthly audits – provide continuous feedback to supervisors and staff
  - Audit for correct type of supply, body sites, and billing

- Support from Leadership to Eliminate Barriers
  - no money – send bill, make payments, etc.
317-VFA Implementation

What?

When?

Who?

How?
RESOURCES FOR LOBBY AND EXAM ROOMS

- VFA flyer
- CDC Resources
- Vaccine Reps.
  - Lunch trainings
  - Education materials

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 from your doctor's office or local clinic if you:

- Are 19 years of age or older
- Are uninsured (have no health insurance)
- Are underinsured

Vaccines are one of the safest and most effective ways to protect your health and your family's health.

State of California Vaccines for Adults (VFA) Program:
Phone: (877) 241-8832

Information Series for Adults
3 Important Reasons For Adults to Get Vaccinated

1. You may be at risk for serious diseases that are still common in the U.S.
   - Each year thousands of adults in the United States get sick from diseases that could be prevented by vaccines. Some people are hospitalized, and some even die.
   - Even if you get all your vaccines as a child, the protection from some vaccines can wear off over time. You may also be at risk for other diseases due to your age, jobs, lifestyle, travel, or health conditions.

2. You can't afford to risk getting sick.
   - Even healthy people can get sick enough to miss work or school. If you're sick, you may not be able to take care of your family or other responsibilities.

3. You can protect your health and the health of those around you by getting the recommended vaccines.

Vaccines lower your chance of getting sick:
Vaccines work with your body's natural defenses to lower the chances of getting certain diseases as well as suffering complications from these diseases.

Vaccines lower your chance of spreading certain diseases:
There are many things you want to pass on to your loved ones: a vaccine preventable disease is not one of them. Infants, older adults, and people with weakened immune systems (like those undergoing cancer treatment) are especially vulnerable to vaccine preventable diseases.

Vaccines are one of the safest ways to protect your health:
Vaccine side effects are usually mild and go away on their own. Severe side effects are very rare.

Getting Vaccinated:
Adults can get vaccines at doctors' offices, pharmacies, workplaces, community health clinics, health departments, and other locations. To find a vaccine provider near you, go to vaccines.healthmap.org.

Meet health insurance plans cover the cost of recommended vaccines. Check with your insurance provider for details and a list of vaccine providers. If you do not have health insurance, visit www.healthcares.gov to learn more about health coverage options.
Insured Adult Billing Codes

Example: Twinrix given to CenCal insured 19 year old adult.

317-VFA Billing Codes

Example: Tdap given to uninsured 19 year old adult.

VFC Billing Codes

Example: Hib given to CenCal insured child.
## Outside of Refrigerators

**Do Not Take Vaccines Until You Know:**
- Patient’s Age
- Patient’s Insurance
- Type of supply (VFC, Private, etc.)

### CHC Vaccine Supply

<table>
<thead>
<tr>
<th>SUPPLY</th>
<th>AGE</th>
<th>INSURANCE</th>
<th>VFC REASON</th>
<th>FUNDING</th>
<th>BILLING CODE</th>
<th>ADMIN CODE</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>VFC</td>
<td>0 through 18 years</td>
<td>ConClub/Medical, CHIP, uninsured,</td>
<td>Depend on Child Insurance</td>
<td>Federal</td>
<td>90460</td>
<td>59 Admin</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>underinsured, or Native American</td>
<td></td>
<td></td>
<td>(90462 per</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td>additional</td>
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<td>component)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRIVATE</td>
<td>0 through 18 years</td>
<td>Private Insurance: Blue Cross,</td>
<td>Non-Eligible</td>
<td>Private</td>
<td>90460</td>
<td>59 Admin</td>
<td>Vaccine + Admin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blue Shield, Healthy Families/Kids,</td>
<td></td>
<td>Regular CPT</td>
<td>(90464 per</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>admission with private + Medical,</td>
<td></td>
<td></td>
<td>additional</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>etc.</td>
<td></td>
<td></td>
<td>component)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRIVATE</td>
<td>19+ years</td>
<td>Any insurance or uninsured</td>
<td>Non-Eligible</td>
<td>Private</td>
<td>90471</td>
<td>59 Admin</td>
<td>Vaccine + Admin</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Regular CPT</td>
<td>(90472 each</td>
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<td></td>
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<td></td>
<td></td>
<td>vaccine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>317</td>
<td>19+ years</td>
<td>Uninsured or underinsured</td>
<td>Non-Eligible</td>
<td>Federal</td>
<td>NC+CPT</td>
<td></td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(temporary)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td>Any age</td>
<td>Uninsured or special high-risk</td>
<td>Non-Eligible</td>
<td>State</td>
<td>NC+CPT</td>
<td></td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>groups (temporary)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Image Description

- The image shows a sign with a hand symbol and text: "Do Not Take Vaccines Until You Know:
  - Patient’s Age
  - Patient’s Insurance
  - Type of supply (VFC, Private, etc.)."

- The table outlines the CHC Vaccine Supply criteria based on different age groups and insurance statuses.

### Practical Application

- Understanding these criteria helps in planning and ensuring that vaccines are administered to the appropriate individuals according to their eligibility.
Inside of the Refrigerators

Shelf labels
Supply type & eligibility

Vaccine box stickers
VFC, 317, Private, & State
### CHC Vaccine Supply

<table>
<thead>
<tr>
<th>AGE (YRS)</th>
<th>SUPPLY</th>
<th>INSURANCE</th>
<th>VFC REASON</th>
<th>FUNDED</th>
<th>BILLING CODE</th>
<th>ADMIN CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-18</td>
<td>VFC</td>
<td>Medi-cal, CHDP, Uninsured, Underinsured</td>
<td>DEPEND ON INS</td>
<td>FED</td>
<td>V+CPT</td>
<td>90460 (90461 add. components)</td>
</tr>
<tr>
<td></td>
<td>PRIVATE</td>
<td>Private Insurance, H-Families/Kids, Private + Medi-cal</td>
<td>NON-ELIG Private</td>
<td>CPT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19+</td>
<td>PRIVATE</td>
<td>Any Insurance or Uninsured</td>
<td>NON-ELIG Private</td>
<td>CPT</td>
<td>1st 90471 (90472 add. vaccines)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>317</td>
<td>Uninsured or Underinsured</td>
<td>NON-ELIG FED</td>
<td>NC+CPT</td>
<td>NC+CPT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>STATE</td>
<td>Limited high risk</td>
<td>NON-ELIG STATE</td>
<td>NC+CPT</td>
<td>NC+CPT</td>
<td></td>
</tr>
</tbody>
</table>

### Vaccine Administration

<table>
<thead>
<tr>
<th>AGE (YRS)</th>
<th>IM</th>
<th>SC</th>
<th>ORAL/NASAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>VASTUS LATERALIS</td>
<td>OUTER THIGH</td>
<td>In EHR type: ORAL / NASAL</td>
</tr>
<tr>
<td>3 &amp; Older</td>
<td>DELTOID or VASTUS LATERALIS</td>
<td>OUTER ARM or OUTER THIGH</td>
<td>Give oral or nasal before any injections.</td>
</tr>
</tbody>
</table>

Never administer vaccines in the buttocks.
Nothing is Perfect...

Barriers

- Standardization across Clinics
- Limited office visit time for immunization assessment
- Confusion about Adult Recommendations
- Unable to bill some insurances for a Nurse IZ visit – some must be a Provider Visit
Success

Best Practices

*High performing Clinics:

CHC Del Valle, CHC Santa Maria, and CHC Guadalupe (Northern Santa Barbara County)
CHC Casa and CHC Templeton (San Luis Obispo County)

- Standard work to review immunizations of all patients each visit
- Medical Assistants and Nurses begin conversation if vaccines are due
- Clinicians and staff provide ASSERTIVE vaccine recommendations
  - examples: You need to have ... / It is important that you receive..
- Adult walk-in patients accepted for nurse visits if VFA eligible
- Frequent reminder emails to all staff about 317–VFA, educational materials, and alerts when vaccines are expiring soon
Adult Immunization Practice – How has the Vaccines for Adults Program Helped?

Northeast Valley Health Corporation
January 25, 2017
Northeast Valley Health Corporation

- FQHC established in 1972
  Los Angeles County
  14 sites
  71,888 users/patients 2016
- 263,390 billable visits in 2016
- 21.4% state they are best served in a language other than English (2015 UDS)
- 98% below 200% of FPL
- 82% below 100% of FPL
- 27.5 uninsured 2015
Caring for our community’s health since 1973

Northeast Valley Health Corporation

Licensed HEALTH CENTERS

- Health Center
- & WIC Site
- WIC Site
- Special Population
- Other

Northeast Valley Health Corporation
a california health center

"Caring for our community’s health since 1973"
Background VFC Program

- Nine (9) NEVHC sites are VFC sites
- Uniform Data System (UDS) report to Health Resources and Services Administration (HRSA)
- Childhood Immunization Status for DTaP 4, IPV 3, MMR 1, HIB 3, VZV 1, Hep B 3, Pneumococcal 4
  - 2013 – 92.9%
  - 2014 – 92.3%
  - 2015 – 91.8%
- NEVHC was in the highest quartile ranking
Background VFC Program

- Vaccines for Children: VFC Program
  - NEVHC has excelled in providing vaccines for children
  - Focused on NO missed opportunities to immunize
  - All vaccines (adults and children) are entered into our EHR (NextGen) and interfaces one direction to CAIR (challenges with interface)
  - Use CAIR routing slip at every visit as Clinical Decision Support (CDS)

Routing Slip - The following immunization are due or could be given today

- Polio 3 11/30/15 (due ACIP/AAC or accelerated schedule)
- VZV 2 2/28/19 (could give today as a valid dose)
Challenges with Adult Immunization Practice

- Provider Culture
- FINANCIAL
- Competing Priorities – Significant Acute and Chronic Conditions
- Adult Immunization Schedule – Recommendations are based on Age and Risk
Past Interventions to Improve Adult Immunization Rates – Prior to VFA Program

- Vaccine Assistance Programs for Uninsured (Financial)
- Internally reported on adult up-to-date rates
- Identified Priorities with use of Clinical Decision Support – through i2i Tracks (Culture/Practice)
  - Flu
  - Tdap
  - Pneumococcal Vaccines
- CAIR routing slip
- i2i Tracks (Population Management System)
- Provider and Staff Education (Culture/Practice)
Improved Finances

● Vaccines for Adults Program
  ➢ NEVHC participated in the VFA Pilot August 2015
  ➢ Ordered ALL Adult Vaccines
  ➢ Participation in the VFA Program began June/July 2016
  ➢ Helps reduce financial barriers for the uninsured
Improved Finances

- Health Care LA, IPA Incentive Program – 2016 (Managed Care)
  - Developed after recognition by the IPA Leadership of the extent to which financial barriers were inhibiting more appropriate immunization practice.
  - 62,229 Medi-Cal Managed Care
    - 54% children,
    - 46% adults
Increased Focus

- NEVHC internal budget now includes funds specifically for the purchase of adult vaccines
  - Budget based on historical cost of purchasing adult vaccines
  - Goals established to increase immunization rates
  - Track expenditures each month and report
- Expanding use of Clinical Decision Support tools for all adult immunizations
- Look forward to bi-directional interface between NextGen and CAIR
Recommendations for next steps

• Strategize to implement **evidence-based interventions** to integrate adult vaccinations as part of routine care in your sites

• Check your inventory and devise strategies for the utilization of any short-dated vaccines

• Consider adopting a **targeted approach** such as choosing to administer a few key vaccines or focus on a segment of your patient population (age, condition-based, etc.) and administering the vaccines recommended for that specific subpopulation.
Evidence based IZ interventions

Meta-Analysis of Interventions to Increase Use of Adult Immunization

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Odds Ratio*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational change (e.g., standing orders, separate clinics devoted to prevention)</td>
<td>16.0</td>
</tr>
<tr>
<td>Provider reminder</td>
<td>3.8</td>
</tr>
<tr>
<td>Patient financial incentive</td>
<td>3.4</td>
</tr>
<tr>
<td>Provider education</td>
<td>3.2</td>
</tr>
<tr>
<td>Patient reminder</td>
<td>2.5</td>
</tr>
<tr>
<td>Patient education</td>
<td>1.3</td>
</tr>
</tbody>
</table>

*Compared to usual care or control group, adjusted for all remaining interventions

Thank you!

Program contacts:

• 317 VFA vaccine orders - VFC call center at 1-877-243-8832
• All other questions - my317vaccines@cdph.ca.gov
Details of the Program

- **Timeframe**: One-year program for vaccine ordering. Use of vaccine doses until vaccine doses are completely administered (through expiration date).
- **Participation**: Clinics receiving 317 doses will agree to comply with items listed on the 317 Provider Agreement and Certification of Capacity to Store and Manage Vaccines. For current VFC Providers, this is very similar to the agreement the practice has already agreed to as a condition of participating in the VFC Program.
- **Vaccines Available**: Hepatitis A, Hepatitis B, Meningococcal Conjugate vaccines, Tdap, Pneumococcal Conjugate, Pneumococcal Polysaccharide, HPV, Varicella, and Zoster.
- **Vaccine Quantities to be Ordered**: Quantities and vaccine types to be approved are dependent upon the number of uninsured/underinsured adults already being served by the clinic, the number of vaccine doses administered by the clinic on a monthly basis, and available vaccine supply for the program.
- **Vaccine Ordering**: Vaccine orders will be submitted electronically to CDPH at a set order frequency.
- **Vaccine Storage Unit Requirements**: Clinic must have stand-alone units with the capacity to store the requested doses and maintain temperatures within the manufacturer’s specified ranges.
- **Vaccine Administration and Tracking**: CAIR or your local immunization registry must be used to document doses administered. Documentation and tracking using an EHR may be acceptable if data exchange with the immunization registry is established or in process. If your clinic is not yet entering immunization doses into an immunization registry (by either web interface or data exchange), usage logs and 317 Eligibility Form may be approved.
- **Reporting**: Clinic will be required to report vaccine usage and inventory.
Why have Standards for Adult Immunization Practice?

• Adult vaccination rates are extremely low.

• Most adults are not aware that they need vaccines.

• Recommendation from their healthcare professional is the strongest predictor of whether patients get vaccinated.

• There are many missed opportunities for vaccination because many healthcare professionals are not routinely assessing vaccination status.