

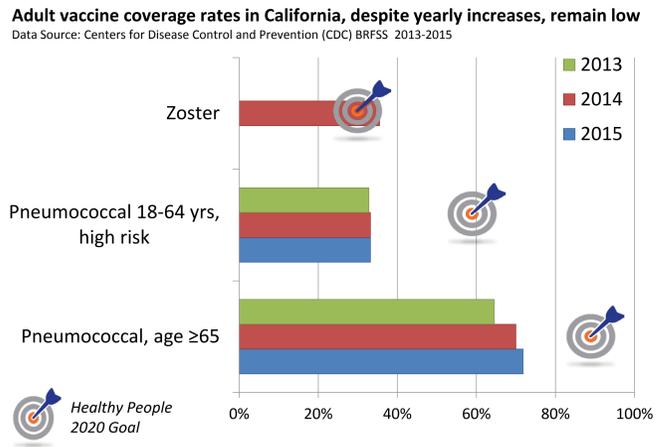


Challenges, Solutions, and Opportunities in Implementing Adult Immunization Interventions in Community Health Centers: A State-Level Approach

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Background



The programs and work described are components of a grant awarded to the California Department of Public Health by the Centers for Disease Control and Prevention (CDC) to implement standards in a variety of settings.

Vaccines for Adults (VFA) Program

A federally funded state-wide program in California intended to:

- Expand access to routinely recommended adult immunizations to uninsured and underinsured adults using section 317 funding
- Implement the standards for immunization practice into routine clinical care
- 462 sites enrolled in the VFA Program (June 2016) out of the 725 Federally Qualified Health Center (FQHC), FQHC Look-Alike (LA), and Rural Health Center (RHC) sites eligible to apply.

Eligible sites were FQHCs and RHCs that participate in the existing California Vaccines for Children (VFC) Program, to ensure:

- Existing infrastructure for vaccine ordering, storing, handling, and documentation
- Presence of staff that are trained in vaccine management and administration
- Adequate targeting of eligible population of un/under insured adults

Preliminary administration data used to evaluate the program indicated room for improvement in vaccine utilization:

- 684,000 uninsured individuals were patients of the FQHCs enrolled in the VFA program (at least ¾ of these patients are adult)
- But only 46,507 vaccine doses of the 100,995 total VFA doses ordered have been administered since the beginning of the program

Regional Consortium of Community Health Centers (CHC)

A project intended to:

- Gain insight into barriers and successes in integrating adult immunization standards within CHCs
- Support efforts to identify barriers to immunizing adults and documenting doses into the immunization registry and use quality improvement initiatives to test interventions that strengthen immunization practices in the adult population
- Share lessons learned with all clinics in the consortium and other regional partners

Grant awarded to a regional consortium that represents 10 CHC member organizations with 39 clinical sites in the San Jose region.

- These clinical sites serve >175,000 patients (2015); two-thirds of these patients had incomes below 200% of the federal poverty level
- 3 clinical sites chosen to pilot interventions

Objectives

Describe how the VFA program and collaboration with CHC consortium contribute to:

- Implementation of the adult immunization standards
- Better understanding of the barriers and facilitating factors to adult immunization
- The long-term goals of improvement of adult immunization coverage rates and decreasing disparities in FQHCs and CHCs

Methods

VFA Key Informant Interviews

- Structured interviews undertaken to discern best practices to share and better understand barriers to vaccine uptake
- 36 FQHC sites were invited to participate based on parameters such as: geographic location, urban-rural designation, patient population size, VFA vaccine administration data
- Telephone and in-person interviews conducted with 17 out of 36 FQHC sites who responded to the invite
- Interviewees were clinical staff and providers at the FQHC sites with immunization coordinators, compliance directors, billing and quality/process improvement roles
- Interviews were conducted between December 2016 – January 2017

CHC Adult Immunization Practices Survey

- Survey questions created and distributed to gain insight around key factors of current implementation of adult immunization standards within CHC organizations
- All 10 CHC organizations within the regional consortium were invited to participate
- Survey distributed to leaders of the CHC organizations (within the consortium via online survey distributor (Survey Monkey)
- Received responses from 9 out of 10 CHC organizations
- Respondents were mostly medical directors (n=7), and a mix of clinical staff (doctors, nurses, medical assistants) and a billing coordinator (n=2)
- Survey was conducted between November 2016 – January 2017

Results/ VFA Key Informant Interviews

Assess/Recommend/Administer/Document Adult Immunizations	
Barriers	<ul style="list-style-type: none"> Difficult to assess patient population and forecast VFA vaccine need Lack of knowledge of adult immunization schedules and standards; adult immunizations perceived as low importance No staff leadership on adult (vs. childhood) Immunization culture Confusion where vaccine label is different from ACIP recommendation No established workflow; vaccine order needs to be placed by a clinician Immunization champion role not well understood
Facilitators	<ul style="list-style-type: none"> Engagement of providers and staff; leadership support of immunizations Strong provider recommendation Implementation of standing orders Use of EHR – clinical decision guidelines/health maintenance forms, computer provider order entry (CPOE)
Solutions	<ul style="list-style-type: none"> Education of providers and clinical staff in conjunction with clinic system interventions Implementation of focused intervention (age and/or condition-based, for specific vaccines)
Reimbursement and Vaccine Price	
Barriers	<ul style="list-style-type: none"> Inadequate or late reimbursement Immunization-only visits without a qualified provider (Physician, Nurse Practitioner, Physician Assistant) are not billable
Facilitators	<ul style="list-style-type: none"> One Medi-Cal Managed Care Plan (MCP) reimburses for immunization-only visit
Solutions	<ul style="list-style-type: none"> Clarify reimbursement in FQHCs, especially how the prospective payment system (PPS) and alternative payment methodology (APM) work for capitation based payments (such as Medi-Cal Managed Care Plans, MCPs) Identify mechanisms for determining set of core services that are included in MCP-provider agreements and advocate for the inclusion of adult immunizations Encourage exploration of group purchasing options for adult vaccines to lower costs
Clinical Quality - Requirements and Incentives	
Barriers	<ul style="list-style-type: none"> Few required adult immunizations measures
Facilitators	<ul style="list-style-type: none"> Agreement with Independent Practice Association has incentives to improve adult immunization coverage rates
Solutions	<ul style="list-style-type: none"> Identify and leverage existing adult immunization measures that the clinics are already reporting Advocate for the inclusion of adult immunization measures and related incentive payments

Results/CHC Survey

Barriers	<ul style="list-style-type: none"> Vaccine purchase and administration cost Difficulty finding time or leadership to fully implement standing order protocols Lack of continuing education on adult immunizations for providers Limited staff to enter immunization data and check for immunization status of patient Difficulty setting up data exchange with EHR and California Immunization Registry
Facilitators	<ul style="list-style-type: none"> Patient registry and panel management Utilization of EHR clinical decision guidelines Routine screening of immunization at every appointment Implementation standing orders Chart “scrubs” or reviews and morning huddles (quick morning meetings) to strategize preventive health steps to be taken with each patient being seen that day

Summary

- The VFA program has garnered eager interest among FQHCs in California and has increased access to vaccines for underserved populations
- Despite this interest, uptake of adult vaccines in VFA clinics remains lower than expected
- There are infrastructure barriers that need to be addressed in order to increase and routinize administration of adult immunizations
- Most prominent barriers include: lack of provider and staff engagement, absence of workflows, and inadequate vaccine purchase and administration cost reimbursement
- Most promising facilitators include: increasing engagement and education of provider and staff in VFA and consortium clinics through targeted trainings (in consortium) or implementation of a targeted intervention (VFA clinics)
- There is an overlap of barriers and best practices/facilitators identified from both the VFA Key Informant Interviews and the CHC survey

Limitations

- VFA Key Informant Interviews and the CHC Survey:
 - Low sample sizes
 - Lack of external validity
 - Findings may not be fully transferable to other clinics (non-FQHC)
- The CHC survey respondents were mostly Medical Directors; clinical staff may have more detailed knowledge of clinic-specific practices related to adult immunizations

Next Steps

VFA Program

- Continue to assess and support existing VFA locations
- Expand program to additional sites within parent organizations that have VFA-enrolled sites
- Engage the clinical and executive leadership of the FQHCs enrolled in the program in addition to clinic-level interaction
- Implement a focused campaign to improve vaccination coverage rates – vaccine specific, age and/or condition-based.

Regional Consortium of CHCs

Work with 3 pilot clinic sites within the consortium to:

- Implement a standardized workflow that includes adult immunization with a focus on Tdap vaccine for pregnant women and Zoster vaccine for adult ≥60 years of age
- More fully utilize Medical Assistants to be proactive in initial assessments of patient immunization gaps and report to provider
- Routinely share immunization data with staff to drive improvement in coverage rates
- Continue collaboration between pilot clinic and CDPH staff to improve data exchange between EHR and Immunization Registry
- Provide training to clinic staff on conducting care team huddles to identify immunization gaps

All FQHCs and CHCs

- Dissemination of best practices to increase adult immunization coverage rates and decrease disparities
- Continuous work with CDPH to improve data exchange to enhance data quality in the California Immunization Registry

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Acknowledgments

This project was supported by Grant #1H23IP000997-01 from the Centers for Disease Control and Prevention(CDC).