

California Vaccines for Adults (VFA) Program Overview

NAICP Quarterly Call
April 3, 2018



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

CA Vaccines for Adults (VFA)

- New program implemented in June 2016.
- Currently, **501 clinical sites are enrolled in VFA.**

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

Eligibility

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

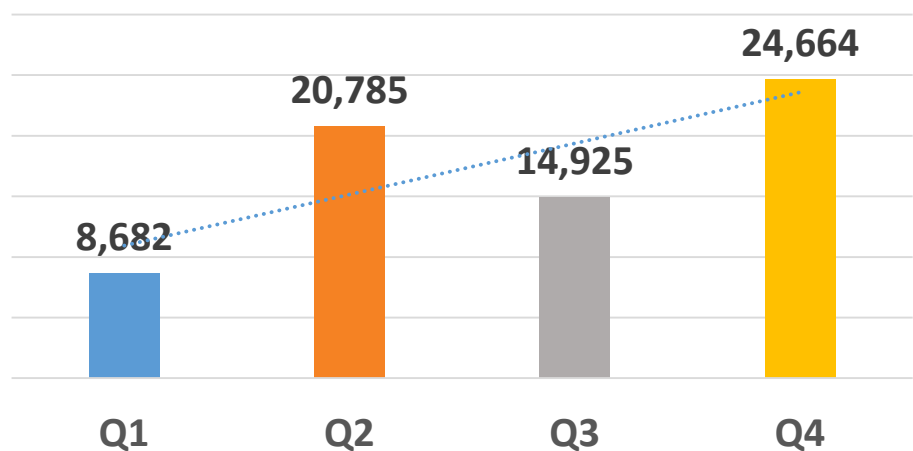
- Participation in the California Vaccines for Children Program (VFC);
- Experience providing a safety net for uninsured and underinsured adults;
- Participation in an Immunization Information System (e.g., California Immunization Registry - CAIR) or use of an Electronic Health Record (EHR) system.

- To integrate [the standards for adult immunization practice](#) into routine adult clinical care

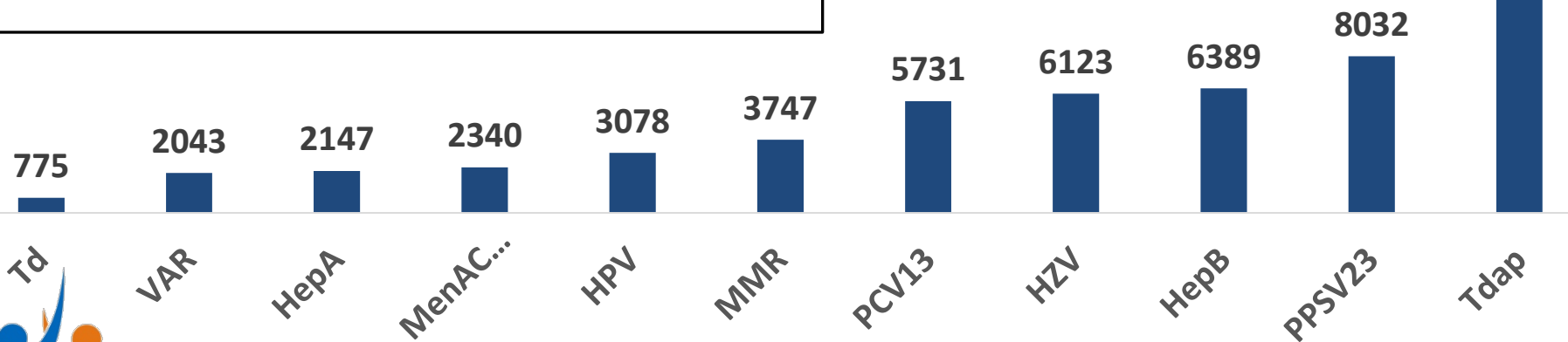
VFA program data

Doses administered during Year 1

Quarterly Administration Data



68,719 vaccine doses administered during Year 1



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

Adult Immunization Intervention/VFA Program Implementation - Barriers -



Systems :

- Immunizations are not “always” encounters
- There are no established workflows to support the administration of adult vaccines
- Vaccine orders need to be placed by provider only
- FQHCs are confronted with a staff turnover rate, lack of continuity in knowledge on topic
- Providers and clinical staff feel overwhelmed (too many encounters/provider, short appointment time)
- Transition to new state immunization registry, CAIR2

Adult Immunization Intervention/VFA Program Implementation

- Barriers -

- Access/Policy/Billing

- Out of pocket costs for patients (visit fee, administration fee – addressed in Year 2)

- Inadequate reimbursement for clinics – prospective payment system (PPS) visit rate, IZ-only or nurse-only visits are not billable encounters

- Some vaccines are pharmacy-only benefits, such as for vaccines covered under Medicare Part D)

- Very few quality measures related to adult immunizations, no performance reporting requirements

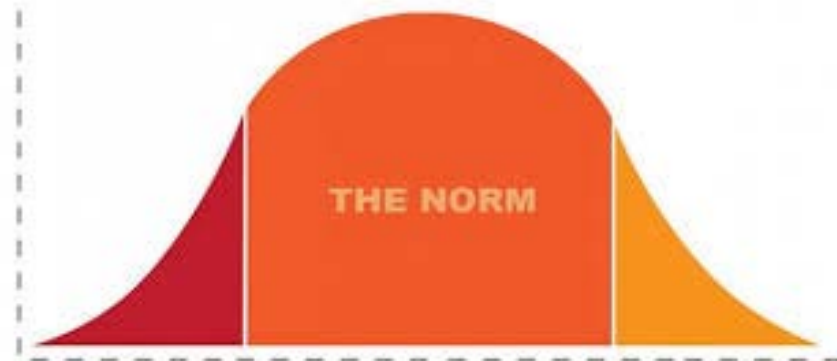


Adult Immunization Intervention/VFA Program Implementation

- Barriers -

Demand/Norms:

- Patient refusal
- Adult immunizations perceived as low importance among clinicians and staff
- No provider/clinical staff/leadership adult (vs. childhood) IZ culture
- Lack of knowledge of schedule and standards
- IZ champion role not well-understood



Interview Data Analysis

- Facilitators-

- Norms/Culture/Demand
 - Providers and clinic leadership supportive of immunizations
 - Engagement of providers and clinical staff
- Systems/Infrastructure
 - EHR – use of clinical decision guidelines/health maintenance forms
- Access
 - Incentives - adult IZ incentive provided by Medi-Cal Managed Care Plan

Questions?

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