

Implementing a “Vaccines for Adults” Program in New York City Federally Qualified Health Centers

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April 2, 2019

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Objectives and Outline

- Review the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) Bureau of Immunization (BOI) grant objective for community health centers, or federally-qualified health centers (FQHCs)
- Provide background on vaccination access for New York City (NYC) adults
- Describe the needs assessment of NYC FQHCs
- Describe steps taken to implement a Vaccine for Adults (VFA) program in FQHCs
- Next steps in developing program
- Discuss barriers to establishing program

NYC Standards for Adult Immunization Practices-FQHCs

- Increase the proportion of FQHCs in NYC that routinely conduct adult immunization assessments, administer Advisory Committee on Immunization Practices (ACIP) recommended vaccines and report to the Citywide Immunization Registry
- Implement the Standards for Adult Immunization Practice (Standards) at FQHCs
- Provide Section 317 funded vaccine to vaccinate adult patients at under and uninsured adult patients presenting at selected FQHCs

The Standards for Adult Immunization Practice

Call to action for ALL healthcare professionals to:

- Assess the immunization status of all patients at every clinical encounter
- Strongly recommend all needed vaccines
- Administer needed vaccines or refer to a provider who can immunize
- Document vaccines received by patients in state/city vaccine registries – NYC Citywide Immunization Registry (CIR)



“The Standards”

- Assess**
- Recommend**
- Administer or Refer**
- Document**

Background

- In 2015, one immunization clinic (walk-in) operated by the NYC Department of Health and Mental Hygiene (DOHMH), Bureau of Immunization
 - 3 clinics in 2014
 - 5 clinics in 2011
- Other city-run hospital/clinics required patients to register as primary care patients to receive vaccination services
- BOI offered vaccine to not-for-profit community health centers treating high-risk patients until Section 317 funding cuts in 2012 (Gratis program)
- BOI was not intimately familiar with the role of FQHCs in vaccinating NYC adults

NYC FQHCs characteristics

370 sites across NYC that serve:

- Over 1 million patients
- Underserved areas and populations
 - 3/4 of FQHC patients in NYC are Medicaid or CHIP beneficiaries or are uninsured
 - A majority of FQHC patients in NYC are Latino (46%) or Black (28%)
 - ~86% of FQHC patients in NYC live at or below 200% of the Federal Poverty Level

Understanding the NYC FQHC Landscape

- BOI collaborated with the Community Health Care Association of New York State (CHCANYS) to identify FQHCs in NYC
- Conducted a survey of FQHCs to:
 - Gain a better understanding of adult vaccine delivery practices across NYC FQHCs
 - Identify FQHC capacity to improve adult vaccine delivery access in NYC

Finding all eligible NYC FQHCs

- 41 umbrella organization (“entities”) identified by the CHCANYS

- Inclusion criteria

- FQHC status
- Located within 5 NYC boroughs
- Serve general population



7 entities excluded



- **34 FQHC entities**
- **135 corresponding FQHC sites that met the inclusion criteria**

FQHC Survey

- Content
 - Patient population
 - Vaccines offered
 - Practices to improve access to adult vaccinations
 - Knowledge and implementation of evidence-based of the Standards
- Delivery
 - Web-based surveys sent to medical directors at FQHC entities and sites in late 2016 – early 2017

Response rate

- 25 of 34 FQHC entities – 74%
- 79 of 135 FQHC sites – 59%

Patient population

- Over 1.2 million patients served across all responding FQHCs
- Over 1.6 million adult patient-visits across all responding FQHCs
- 20% of adult patients had no health insurance

Survey key findings

- FQHCs offer a majority of vaccines for adults
 - All FQHCs offered flu, hepatitis A, hepatitis B, Tdap and varicella vaccine
 - All other recommended adult vaccines available in ≥ 65 sites ($\geq 82\%$)
 - Zoster vaccine was the least frequently offered, 42 sites (53%)
- The majority of FQHCs have implemented practices to improve access to adult vaccinations for their registered patients
 - Immunization-only visits, walk-in visits
 - Pay strategies to lessen the cost associated with vaccination
- The vast majority of FQHCs reported familiarity with the Standards; however, implementation of its components was inconsistent

Identifying eligible sites

- To select FQHCs that would best meet BOI's expectations for VFA participation, the following criteria were established:
 - Saw adult patients
 - Saw $\geq 12\%$ un/underinsured adult patients
 - Have $\geq 8,000$ visits by adult patients (ages 18 and older) per year
 - Were not H+H facilities (city hospital system)
 - Were VFC providers and
 - Were not in same geographic area as DOHMH's Immunization Clinic
- BOI identified 14 sites that met its initial VFA criteria

Assessing the eligible FQHCs

- A second survey was conducted among the 14 sites (completed by 11), narrowing the field to seven FQHCs for consideration
- All seven remaining FQHCs were visited in person or via tele-meeting to assess ability to provide vaccine through VFA requirements
 - Five FQHCs demurred; VFA requirements could not feasibly be enacted due to difficulties in billing vaccination-only patients, nursing-only visits (standing orders) or for individuals not part of their patient panels
 - Two sites agreed to consider participating in the VFA program despite these concerns

Additional funding source

- During discussion for VFA program implementation, an existing funding source being used to provide vaccination services at non-DOHMH city-run facilities became available. (~\$500K annually)
- BOI has begun planning to redirect those funds to provide registered nurses at the two FQHCs participating in the VFA program.
 - Under the reconfigured plan, RNs contracted to DOHMH will provide vaccines to under/uninsured adults and pediatric patients who present for vaccination-only visits, using appropriately funded vaccine for eligible patients

Next Steps

- A memorandum of understanding for the VFA program has been drafted by DOHMH and is under review by the FQHCs
- BOI is developing a vaccine distribution plan for 317 funded vaccines that is similar to the Vaccines for Children program for the two participating sites
- If successful, BOI plans to expand the program to three additional sites using the same DOHMH-funded RN/317-funded vaccine plan

Barriers to implementing VFA program

- Many FQHCs have developed vaccination policy for publicly insured adults that are compatible with patients health plans, consequently:
 - Providing vaccine-only visits to unestablished patients not aligned with the FQHC mission to provide complete medical services at each visit
 - Standing orders (nurse-only visits) not a billable visit with many health plans
 - Nurse staffing not adequate to provide vaccination-only visit
 - Implementing a VFA program would require changes to registration process and workflow

Thank you!

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