Immunizing Adults in California’s Community Health Centers

National Adult Immunization and Influenza Summit
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Background

• Adult immunization: low levels, disparities
• Federally Qualified Health Centers (FQHCs)—important safety net provider
  • Payer for 2.7 million adult FQHC patients*
    – 53% Medi-Cal
    – 10% Private
    – 9% Medicare
    – 28% Uninsured

CA Vaccines for Adults (VFA)

- Expand access to federally-funded adult vaccines for un(der)-insured adults already served in community health clinics (CHCs)
- Support clinics to systematically implement adult immunization standards
- Invited FQHCs, lookalikes, tribal and rural clinics already enrolled in Vaccines for Children (VFC)
  - 492 sites in 120 clinic orgs enrolled as of 2019
- Provide resources and webinars http://eziz.org/vfa-317/vfa-resources/

Relationships before grant

- Vaccines for Children (VFC) providers
  - CDPH staff compliance/quality improvement visits
- Local health departments (LHDs)
  - Hold fewer clinics, limited to un(der)insured adults
  - Rely on safety net (medical home)
  - Provide $2.5M state flu vaccine to community health clinics (CHC) to:
    - Vaccinate CHC’s adult patients
    - Hold flu clinics for broader community
- Medi-Cal
Evaluation methods

- Ongoing
  - Sites report doses ordered, administered
  - Feedback from webinars, state field staff VFC visits
- Surveys/interviews 2016-17
  - Survey of 9 of 10 CHC organizations in a regional consortium
  - Key informant interviews in 17 VFA sites
  - Meetings with CPCA, regional consortium
  - Several site visits
  - Surveys sent to all VFA sites

VFA vaccines doses ordered, reported quarterly, CA, 2017 vs. 2018

![Bar chart showing VFA vaccines doses ordered and reported quarterly in CA for 2017 and 2018. The chart shows a comparison of doses ordered and reported for Q1, Q2, Q3, and Q4 for both years, with a noticeable increase in doses reported in 2018 compared to 2017.](chart.png)
VFA Doses Administered, Quarter 4, 2018

VPDs in persons > 19 years of age, ranked by number of cases/year, California

<table>
<thead>
<tr>
<th>VPD</th>
<th>Cases/year</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Influenza*</td>
<td>2,600,000</td>
<td>2017-18 season</td>
</tr>
<tr>
<td>2. Zoster*</td>
<td>45-90,000</td>
<td>2015</td>
</tr>
<tr>
<td>3. HPV-associated cancers</td>
<td>5,230</td>
<td>2015</td>
</tr>
<tr>
<td>4. Invasive pneumococcal*</td>
<td>2,743</td>
<td>2016</td>
</tr>
<tr>
<td>5. Acute hepatitis A</td>
<td>934</td>
<td>2017</td>
</tr>
<tr>
<td>6. Pertussis†</td>
<td>429</td>
<td>2017</td>
</tr>
</tbody>
</table>

*estimated
† includes confirmed and probable pertussis cases
Evaluation results: facilitating factors

• Standardized nursing procedures
• Chart reviews each morning (huddles)
• EHR clinical decision support, computer provider order entry
• Panel management, dashboards using pop health software, recall pts for preventive care
• Incentive $ from one medical group
• Immunization champion
• Group purchasing of adult vaccines

California Immunization Registry (CAIR)

• Bright spots
  – Check CAIR for doses given elsewhere, decision support
  – Bidirectional data exchange with 92 sites, including 82 clinics in OCHIN, a health center controlled network (HCCN)
  – Monthly CAIR usage reports by site, used by Medi-Cal managed care plans to monitor contract requirement
    http://cairweb.org/chedis/cair2-usage-reports-available-to-health-plans/

• Challenges
  – CAIR use not optimized. Ex: dual data entry and look up (CAIR, EHR)
  – At state level, can’t run FQHC rates without list of patients; hard to link sites to parent organizations
Californians with ≥ 2 doses in CAIR by age, 2011-2018

Evaluation Results: more barriers

- Clinicians focused on urgent health needs; no routine clinic flow for immunization assessment
- Financial
- Vaccine ordering more complex than for kids
- No immunization performance measures required by HRSA grant or Medi-Cal managed care plans; no feedback to clinic managers or providers
- Don’t stock all vaccines for Medi-Cal or privately insured
- Systems not in place to f/up on referrals to pharmacy*

$ barriers

- Uninsured patients face out of pocket costs
  - Administration fee—waive
  - Visit on sliding scale
- FQHCs face financial barriers for Medicaid patients:
  - Immunization-only visits not billable unless "qualified provider" (MD, NP, PA)
  - Prospective Payment System (PPS) rate may not reflect new adult vaccine or increased vaccine utilization

Vaccine ordering for adults

- Define patient population and vaccine needs. For ex:
  - By age (zoster vaccine for ≥ 50 y/o)
  - By medical condition (PPSV for diabetes patients)
  - By social risk (HepA for pts experiencing homelessness)
- Determine gap: Baseline immunization level, identify pts needing vaccination
- Set target
- Calculate order
  - VFA
  - insured
Barriers to zoster vaccine in FQHCs

- Generate line lists of ≥ 50 y/o
- Workflow by insurance status
  - Un/underinsured*—immunize on site using VFA vaccine
  - Medi-Cal
    - immunize on site, but cost vaccine >> PPS rate, or
    - refer to their network pharmacy
  - Medicare Part D*--refer to pharmacy

* Pts who have only Medicare Part B are eligible for VFA zoster vaccine [http://eziz.org/assets/docs/IMM-1247.pdf](http://eziz.org/assets/docs/IMM-1247.pdf)

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Diabetes pts in CA’s FQHCs, 2015*

- 315,000 diabetes patients (12% of adult patients)*
  - 3.8 visits/year (opportunities to vaccinate)*
- Quality of diabetes care is already being measured
- Need for PPSV23-
  - Low immunization rates, disparities in state wide surveys
  - Sizeable population faces increased risk of invasive pneumococcal disease
  - Preventable using straightforward ACIP recommendation
- PPSV23 affordable for FQHC to purchase for insured patients, to sustain a comprehensive approach to all adult patients (regardless of payer)

Barriers to PPSV23 in FQHC diabetes patients

- Immunization not included in diabetes quality of care HEDIS measures
- Takes bandwidth, motivation to run rates and take on more improvement activities
- Look back to diabetes diagnosis for one time PPSV
- Could potentially avert ~32 cases of invasive pneumococcal disease per year in the 315k diabetes pts in CA’s FQHCs* if all were vaccinated

*assumes 2/3 of 315k diabetes patients are unvaccinated (BRFSS 2015); diabetes risk is 3 times the reported risk of IPD caused by serotypes in PPS23 (CDC ABC, Kyaw JID 2005)

Hepatitis A outbreak, 2016-18

- Bright spot: Medi-Cal managed care plans identified their members experiencing homelessness and their primary care providers, promoted outreach*
- Survey of VFA sites
  - Of 358 sites, 267 (88%) reported stocking hepA vaccine for insured patients, shared list to expand access
  - One clinic located in “ground zero” did not stock HepA, LHD set up clinics outside
- Hard to sustain efforts to implement new ACIP recommendation

*https://www.dhcs.ca.gov/Documents/MMCD/Innovation_Award_booklet_2018.pdf
Other challenges

• 317 vaccine
  – uncertain duration/level of $ (not entitlement)
  – Competing demands from outbreaks
• Fragmented vaccine programs from CDPH to CHCs
  – State funded flu for any patient (via LHDs)
  – VFA (317 federal) for un(der)insured
  – VFC (federal) for low income children, including Medi-Cal
• Vaccine “follows the fridge”
  – clinic site vs. CHC agency level
• Focus vaccine/population vs. all adults up to date?
• No state staff for VFC-type compliance or quality improvement visits; variable LHD availability

Summary

• Increased access to vaccines for uninsured adults, ~ 45,000 doses per quarter
• Better understanding, stronger relationships
• Financial barriers to comprehensive adult immunization across payers:
  – Uninsured CHC patient: out of pocket costs
  – FQHC for Medicaid patients: PPS rate may not reflect new vaccine or increased utilization; no reimbursement for nurse-only visits
• Need adult immunization measures to drive QI
Next Steps in CA’s FQHCs

- Determine baseline immunization levels by FQHC
  - Proxy of doses administered
  - Health Center Controlled Networks (HCCN)
  - EHR/population health software (org, medical group, consortia)
  - CAIR
  - Medi-Cal (start with new HEDIS prenatal immunization measure)
- Optimize use of California Immunization Registry
- Further engage CPCA, consortia, parent organizations
- Promote HepA in HRSA Healthcare for Homeless-funded clinics, with Region 9 US DHHS office
- Assess program compliance at sample of VFA sites

Possible “Pearls”

- Build political will
  - Work with state Primary Care Association, regional consortia
  - Medicaid program
- Determine baseline immunization rates by CHC organization
- Analyze HRSA data for your state (age, payer, clinical and social risk factor indications for immunization)
  
  https://bphc.hrsa.gov/uds/datacenter.aspx?q=dl
- NAIIS
  - Share solutions to our common challenges
  - Advocate for national policies to better support immunization in federally qualified health centers
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• CA VFA sites