

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*

72%

- 53% Medi-Cal
- 10% Private
- 9% Medicare
- **28% Uninsured**



*<https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2015&state=CA>

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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/>



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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



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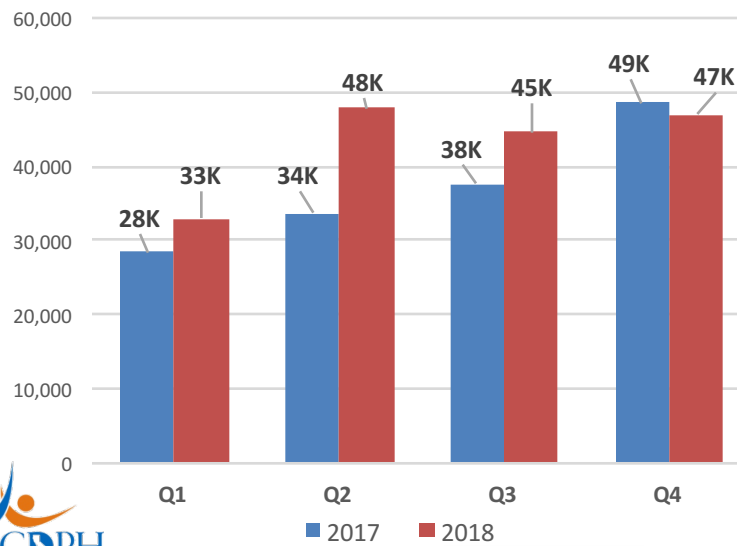
Evaluation methods

- 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



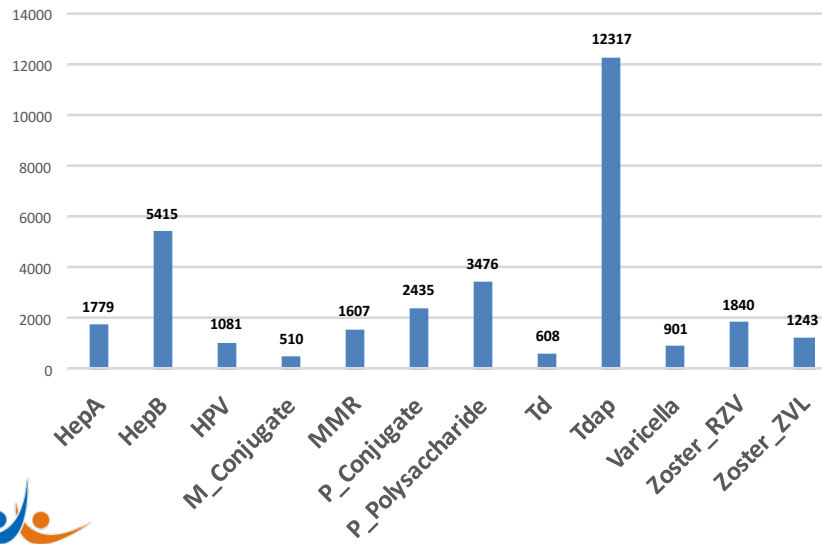
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VFA vaccines doses ordered, reported quarterly, CA, 2017 vs. 2018



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VFA Doses Administered, Quarter 4, 2018



■ Doses administered

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

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

*estimated

[†] includes confirmed and probable pertussis cases



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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



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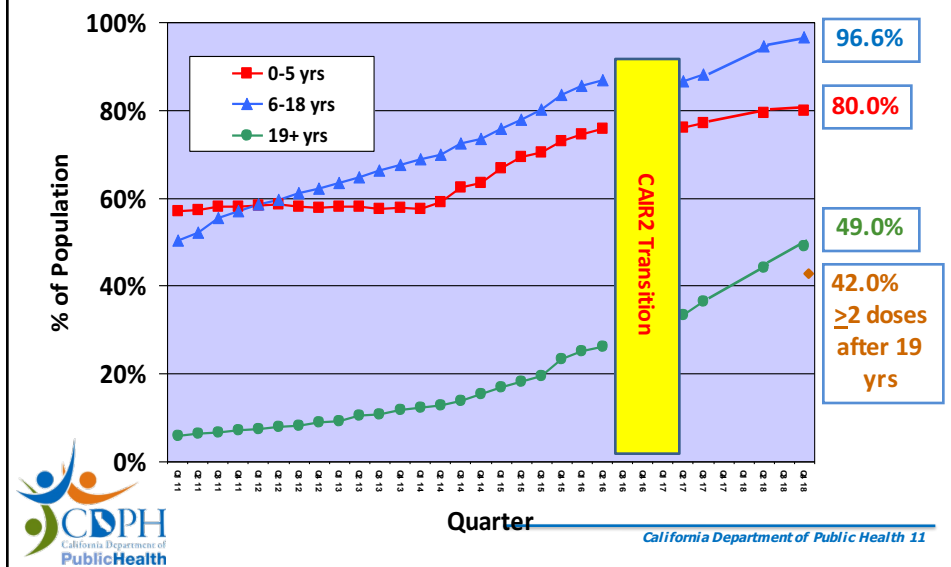
California Immunization Registry (CAIR)

- 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/hedis/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



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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* (although pharmacies mandated to report to Registry)



*Medi-Cal covers adult vaccines in pharmacies http://files.medi-cal.ca.gov/pubdoco/dur/articles/dure_d_25796.pdf

\$ 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



Free Vaccines for Adults

Ask us about getting these vaccines for free* if:

- You are uninsured or
- Your insurance doesn't cover these vaccines

* No charge for getting the vaccine or for the cost of the vaccine.

VFA
California Vaccine Access Program

California Department of Public Health, Immunization Branch

Hepatitis A
 Hepatitis B
 Human Papillomavirus
 Meningitis
 Measles, Mumps, Rubella
 Pneumonia
 Tetanus, Diphtheria, Whooping Cough
 Chickenpox
 Shingles

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<http://eziz.org/assets/docs/IMM-1258.pdf>
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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



Pneumococcal Disease

nōō-muh-kōk'-əl

Pronouncing it is **hard**;
getting vaccinated for
it is **easy**



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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 \gg 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>

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)



*<https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2015&state=CA>

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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)

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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/services/Documents/MMCD/Innovation_Award_book_et_2018.pdf



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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



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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



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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



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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=d>
- 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



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