Disclosure: Session J1

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CDC did not accept commercial support for this continuing education activity.
Implementing an Adult Immunization Program

Texas Department of State Health Services

Immunization Unit
Texas – The Lone Star State

• 261,232 square miles
• Total population: 28,304,596
• Total adult population (18-64 yrs): 16,560,325
• 8 Public Health Regions (PHR)
• 2 CDC funded projects
  • San Antonio Metro Health District
  • City of Houston Health Department
• 50 Local Health Department (LHD) immunization contract

*Source: 2015 Small Area Health Insurance Estimates Program, US Census Bureau
## Uninsured Adults 18-64 Years of Age in Texas

<table>
<thead>
<tr>
<th>HSR</th>
<th>Population</th>
<th>Uninsured</th>
<th>% Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>500,500</td>
<td>119,658</td>
<td>23.9%</td>
</tr>
<tr>
<td>2/3</td>
<td>4,893,735</td>
<td>1,065,259</td>
<td>21.8%</td>
</tr>
<tr>
<td>4/5N</td>
<td>842,047</td>
<td>199,817</td>
<td>23.7%</td>
</tr>
<tr>
<td>6/5S</td>
<td>4,450,821</td>
<td>1,041,975</td>
<td>23.4%</td>
</tr>
<tr>
<td>7</td>
<td>2,045,658</td>
<td>386,523</td>
<td>18.9%</td>
</tr>
<tr>
<td>8</td>
<td>1,700,071</td>
<td>361,859</td>
<td>21.3%</td>
</tr>
<tr>
<td>9/10</td>
<td>874,240</td>
<td>235,446</td>
<td>26.9%</td>
</tr>
<tr>
<td>11</td>
<td>1,253,253</td>
<td>451,512</td>
<td>36.0%</td>
</tr>
<tr>
<td><strong>Texas</strong></td>
<td><strong>16,560,325</strong></td>
<td><strong>3,862,049</strong></td>
<td><strong>23.3%</strong></td>
</tr>
</tbody>
</table>

*Source: 2015 Small Area Health Insurance Estimates Program, US Census Bureau*
## Adult Immunization Coverage Levels

2016 Texas BRFSS

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>2016 Coverage Level (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Flu: All Ages</td>
<td>33.1</td>
</tr>
<tr>
<td>Adult Flu: 65+</td>
<td>57.3</td>
</tr>
<tr>
<td>Tetanus, diphtheria, and pertussis (Tdap)</td>
<td>37.1</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>32.8</td>
</tr>
<tr>
<td>Pneumococcal: 65+</td>
<td>71.3</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>N/A</td>
</tr>
<tr>
<td>HPV: 1 or more doses</td>
<td>9.1</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>35.3</td>
</tr>
</tbody>
</table>
How is Texas working to increase adult immunization rates?
Texas Department of State Health Services (DSHS)

DSHS Public Health Regions

- 8 Public Health Regions (PHR)
- 9 Adolescent and Adult Immunization Coordinators (AAIC)
  - 1 Lead AAIC in DSHS Central Office
  - 8 AAIC in DSHS PHR
Adolescent and Adult Immunization Coordinator

Roles and responsibilities

• Enroll eligible sites in ASN Program
• Conduct ASN adult-only site visits
  • ASN Program Compliance Visit
• Complete site visit follow-up activities
• Continue to strengthen and create partnerships
Texas Department of State Health Services (DSHS)

DSHS Immunization Unit Central Office

• Operations Group
• Assessment, Compliance, and Evaluation (ACE) Group
• ImmTrac2 Registry Group
• Public Information, Education, and Training (PIET) Group
• Vaccine Management Group (VMG)
• Vaccine Operations Group (VOG)
Texas Adult Immunization Programs

- Adult Safety Net (ASN) Program
- CDC Adult Prevention and Public Health Fund (PPHF)
Adult Safety Net (ASN) Program

May 2003 – Present
15 Years of Service

Initial

• Hepatitis B initiative
• Provided vaccine for uninsured and underinsured adults

Present

• Supplies adult vaccines to a network of 530 sites in Texas
• Provides vaccines for uninsured adults who are ≥19 years
Adult Safety Net (ASN) Program

Goal

Increase access to vaccination services in Texas for uninsured adults.

- Supply vaccine to enrolled providers
- Eligible facilities:
  - Federally Qualified Health Centers (FQHC)
  - Rural Health Centers (RHC)
  - STD/HIV
  - Local Health Departments (LHD)
  - Public Health Regions (PHR)
ASN Provider by Type (March 2018)

- FQHC/RHC: 252
- Public Health Department: 207
- STD/HIV: 35
- Other: 15
- Community Health Center: 21
Adult Safety Net (ASN) Program Funding (2017)

- Federal 317 Funds: $3.6 million
- State Exception Item: $6.2 million
Adult Safety Net (ASN) Program Overview

Vaccines currently available

- Hepatitis A
- Hepatitis B
- Hepatitis A/B
- HPV
- MCV4
- MMR
- PCV13
- PPSV23
- Td and Tdap
- Varicella
- Zoster
## ASN Doses Administered (2017)

<table>
<thead>
<tr>
<th>PHRs</th>
<th>Number of ASN Sites</th>
<th>Adult Doses Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHR 01</td>
<td>28</td>
<td>6,171</td>
</tr>
<tr>
<td>PHR 02</td>
<td>27</td>
<td>2,424</td>
</tr>
<tr>
<td>PHR 03</td>
<td>55</td>
<td>25,840</td>
</tr>
<tr>
<td>PHR 04</td>
<td>25</td>
<td>5,070</td>
</tr>
<tr>
<td>PHR 05</td>
<td>20</td>
<td>8,722</td>
</tr>
<tr>
<td>PHR 06</td>
<td>94</td>
<td>51,461</td>
</tr>
<tr>
<td>PHR 07</td>
<td>98</td>
<td>29,482</td>
</tr>
<tr>
<td>PHR 08</td>
<td>67</td>
<td>14,878</td>
</tr>
<tr>
<td>PHR 09</td>
<td>22</td>
<td>3,878</td>
</tr>
<tr>
<td>PHR 10</td>
<td>23</td>
<td>13,307</td>
</tr>
<tr>
<td>PHR 11</td>
<td>71</td>
<td>36,336</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>197,569</strong></td>
</tr>
</tbody>
</table>
ASN Doses Administered By Vaccine Type (2017)

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DOSES</th>
<th>% TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEP A/B</td>
<td>10,500</td>
<td>5.32%</td>
</tr>
<tr>
<td>HEP A</td>
<td>8,199</td>
<td>4.14%</td>
</tr>
<tr>
<td>HEP B</td>
<td>22,338</td>
<td>11.31%</td>
</tr>
<tr>
<td>HPV</td>
<td>12,261</td>
<td>6.21%</td>
</tr>
<tr>
<td>MCV4</td>
<td>14,650</td>
<td>7.42%</td>
</tr>
<tr>
<td>MMR</td>
<td>21,124</td>
<td>10.7%</td>
</tr>
<tr>
<td>PCV13</td>
<td>9,945</td>
<td>5.03%</td>
</tr>
<tr>
<td>PPSV23</td>
<td>11,921</td>
<td>6.03%</td>
</tr>
<tr>
<td>TD</td>
<td>6,592</td>
<td>3.33%</td>
</tr>
<tr>
<td>TDAP</td>
<td>58,269</td>
<td>29.49%</td>
</tr>
<tr>
<td>VARICELLA</td>
<td>14,256</td>
<td>7.22%</td>
</tr>
<tr>
<td>ZOSTER</td>
<td>7,514</td>
<td>3.80%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>197,569</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
ASN Program Challenges

Challenges

- Enrolled sites are inactive
- Missed opportunities
- Difference in vaccines ordered vs. vaccines in inventory = expiration and waste
  - Maximum stock levels
- ImmTrac2 adult consents
- Funding challenges
Adult Prevention and Public Health Fund (PPHF)

Goal
To remove barriers to vaccines and improve vaccination coverage rates for adults in Texas.

Standards for Adult Immunization Practice
1. **Assess** immunization status for all patients at every encounter
2. Strongly **recommend** vaccines patients need
3. **Administer** needed vaccines or **refer** patients to a provider who vaccinates
4. **Document** vaccinations that patients receive

Adult Prevention and Public Health Fund (PPHF)

Target population
- Large Provider Health Groups
- Community Health Centers
- Pharmacies

Objectives
- Offer education to clinic staff
- Encourage reporting the number of vaccine doses administered to adults to ImmTrac2 (Texas immunization registry)
- Assess and increase adult immunization coverage rates
- Increase partnerships
Adult Immunization Program
Quality Assurance

ASN Program and Adult PPHF site visits

Partnerships

- DSHS Public Health Regions
- Adult and Adolescent Immunization Coordinators (AAIC)
- Quality Assurance Contractor
- Texas Pharmacy Association (TPA)

Targeted programs for site visits

- Adult Safety Net (ASN) Program
- Sites not currently enrolled in the ASN Program (i.e. Pharmacies)
Adult Immunization Program
Quality Assurance

2017 Site Visits

• Target Program:
  • ASN-only enrolled sites
  • TVFC/ASN dually-enrolled sites
  • Pharmacy (independent)

• Adult site visit:
  • Standards for Adult Immunization Practice
  • ASN Program compliance review (ASN-enrolled sites only)
  • Patient record review (ASN-enrolled sites only)
  • Storage and handling
  • Provide immunization educational resources and trainings
Adult Immunization Program
Quality Assurance

2018 Site Visits

ASN-only enrolled sites
• Standards for Adult Immunization Practice
• ASN Program compliance review
• Storage and handling

TVFC/ASN dually-enrolled sites
• Standards for Adult Immunization Practice

Pharmacy
• Standards for Adult Immunization Practice
• Provide immunization educational resources and trainings
2017: ASN Program site visits
- June - December 2017
- 528 site visits completed
  - Initial site visit
  - Second/follow-up site visit

2018: Pharmacy site visits
- 1,200 pharmacy sites
- May-August 2018
- Independent pharmacy
- Large network pharmacy
Emergency Response Preparedness

ASN Program

- Provides a large supply of adult vaccines available for and emergency response.
  - Hurricanes
  - Tornados
  - Outbreaks
  - Floods
Partnerships and Collaborations

- Texas Immunization Stakeholder Working Group (TISWG)
- Texas Medical Association
- Texas Pediatric Society
- Texas Quality Improvement Organization (TMF)
- Other State Agencies – HHSC, DADS, DFPS, DSHS Programs
- Texas Immunization Coalitions
- Adult Immunization Providers (including Pharmacies)
- Hospitals, Home Health Agencies, Nursing Homes, Senior Centers, etc.
- Vaccine Manufacturers
Adult Immunization Resources

DSHS Websites:

www.immunizetexas.com
www.immtrac.com
www.dshs.texas.gov/immunize/ASN/
Thank You!

Denise Starkey, MPH, MA
Denise.Starkey@dshs.texas.gov
WISCONSIN DEPARTMENT of HEALTH SERVICES

Assessment Feedback Incentives eXchange (AFIX) and Adults

Stephanie Borchardt, PhD, MPH
Wisconsin Immunization Program
Division of Public Health
Wisconsin Department of Health Services

To protect and promote the health and safety of the people of Wisconsin.
What is AFIX?

Quality improvement program that consists of four components:

1. Assessment
2. Feedback
3. Incentives
4. eXchange
Types of AFIX Site Visits

• Childhood AFIX
• Adolescent AFIX
• HPV AFIX
• Adult AFIX
Adult AFIX Site Selection

• Approximately 800 clinics invited, by email, to receive an adult AFIX visit
• Clinic contact information obtained from the Wisconsin Immunization Registry (WIR)
• 124 clinics elected to receive a visit
• In-person visits conducted from November 2016 to September 2017
Follow-Up Visits

• Conducted, by email, at three- and six-month intervals
• Included sharing of coverage rates from WIR
• Opportunity to offer support and encouragement to initiate or continue to fully implement quality improvement strategies selected
Control Clinic Selection

- There were 124 control clinics selected that did not receive an AFIX visit.
- These were matched to clinics that received an AFIX visit on practice type, geographic location and clinic size.
- Many represented clinics that declined a visit or did not respond to invitation to receive a site visit.
Clinic Types Visited

- **78** general practice
- **25** family medicine
- **6** federally qualified health centers (FQHC’s)
- **25** internal medicine
- **7** adult care
- **4** obstetrics and gynecology
- **1** tribal health clinic
Assessment

Percent vaccinated

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age Group</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Tdap</td>
<td>&gt;=19 yrs</td>
<td>79%</td>
</tr>
<tr>
<td>1 Flu</td>
<td>&gt;=19 yrs</td>
<td>43%</td>
</tr>
<tr>
<td>1 HPV</td>
<td>19-26 yrs</td>
<td>63%</td>
</tr>
<tr>
<td>3 HPV</td>
<td>19-26 yrs</td>
<td>37%</td>
</tr>
<tr>
<td>1 zoster</td>
<td>&gt;=60 yrs</td>
<td>19%</td>
</tr>
<tr>
<td>1 PCV13 + 1 PPSV23</td>
<td>&gt;=67 yrs</td>
<td>53%</td>
</tr>
</tbody>
</table>

*Healthy People 2020 goal*
Quality Improvement Strategies

- Clinics were encouraged to select two to three strategies to improve quality of immunization services, decrease missed opportunities to immunize or improve completeness and accuracy of immunization information in WIR.
### Improve Quality of Immunization Services

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Implemented % (N)</th>
<th>New Implementation % (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk-in or immunization-only visits</td>
<td>94 (116)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Documentation of refusals</td>
<td>92 (114)</td>
<td>23 (28)</td>
</tr>
<tr>
<td>Clinic immunization champion</td>
<td>67 (83)</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Schedule next vaccination visit</td>
<td>62 (77)</td>
<td>25 (31)</td>
</tr>
<tr>
<td>Reminder and recall intervention</td>
<td>58 (72)</td>
<td>49 (61)</td>
</tr>
<tr>
<td>Reschedule immunization-only visits when patient no-shows</td>
<td>49 (61)</td>
<td>15 (19)</td>
</tr>
<tr>
<td>Routinely measure adult immunization coverage levels</td>
<td>45 (56)</td>
<td>23 (28)</td>
</tr>
<tr>
<td>Schedule wellness visits for adults</td>
<td>37 (46)</td>
<td>2 (3)</td>
</tr>
</tbody>
</table>
## Decrease Missed Opportunities

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Implemented % (N)</th>
<th>New Implementation % (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult immunization resources available to address patient questions</td>
<td>100 (124)</td>
<td>70 (87)</td>
</tr>
<tr>
<td>Staff proficient with administering vaccines</td>
<td>98 (122)</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Staff knowledgeable of ACIP recommendations</td>
<td>98 (121)</td>
<td>31 (38)</td>
</tr>
<tr>
<td>Patient education on vaccine preventable diseases provided</td>
<td>93 (115)</td>
<td>10 (12)</td>
</tr>
<tr>
<td>Use of standing orders to administer adult vaccines</td>
<td>73 (91)</td>
<td>6 (7)</td>
</tr>
<tr>
<td>Staff trained on scheduling for subsequent vaccine doses</td>
<td>19 (24)</td>
<td>12 (15)</td>
</tr>
</tbody>
</table>
### Improve Completeness and Accuracy

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Implemented % (N)</th>
<th>New Implementation % (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doses administered entered in WIR</td>
<td>100 (124)</td>
<td>6 (8)</td>
</tr>
<tr>
<td>Use of WIR forecasting to determine adult immunization needs</td>
<td>98 (122)</td>
<td>12 (15)</td>
</tr>
<tr>
<td>Historical doses entered in WIR</td>
<td>92 (114)</td>
<td>0.8 (1)</td>
</tr>
<tr>
<td>Inactivate patients no longer associated with clinic</td>
<td>14 (17)</td>
<td>58 (72)</td>
</tr>
</tbody>
</table>
## Top Three Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Implemented % (N)</th>
<th>New Implementation % (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult immunization resources available to address patient questions</td>
<td>100 (124)</td>
<td>70 (87)</td>
</tr>
<tr>
<td>Inactivate patients no longer associated with clinic</td>
<td>14 (17)</td>
<td>58 (72)</td>
</tr>
<tr>
<td>Reminder and recall intervention</td>
<td>58 (72)</td>
<td>49 (61)</td>
</tr>
</tbody>
</table>
Challenges with Strategy Implementation

• Clinic staff not scheduling out subsequent dose appointments
• Coverage for zoster varies
• FQHCs unable to stock all adult vaccines
• Gaps in entry of doses administered into WIR
## Mean Increase in Coverage

<table>
<thead>
<tr>
<th>Vaccine*</th>
<th>Age Group</th>
<th>Received AFIX</th>
<th>Control Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap</td>
<td>≥19 years</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>HPV series completion</td>
<td>19-26 years</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Zoster</td>
<td>≥60 years</td>
<td>0.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>PCV13/PPSV23</td>
<td>≥67 years</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

*Influenza not included
Summary

• Most commonly selected strategies to increase coverage rates included:
  o Having resources available to address patient questions.
  o Inactivating patients no longer associated with the clinic.
  o Using reminder and recall intervention.
• AFIX and control sites demonstrated an increase in adult immunization coverage.
Conclusions

• Providers who immunize adults are at a different starting place compared to pediatric care providers.
• AFIX process may need customization to become a more useful tool.
Acknowledgements

• Kailynn Mitchell
• Taylor Larson
• Fallon Mercier
• Ellen Ehlers
• Stephanie Schauer

Stephanie.Borchardt@wisconsin.gov
Rhode Island’s Adult Immunization Program

National Immunization Conference
May 16, 2018
Atlanta, Georgia
Rhode Island established a universal childhood program in the mid-1990’s through legislation.

In 2006, partnership formed to reduce barriers to adult immunization and improve vaccination coverage rates through establishment of an adult influenza immunization program.

Key stakeholders:
- Insurers
- CMS
- Ocean State Adult Immunization Coalition
- Primary Care Physician Advisory Committee
Establishing a Universal Adult Program

• In 2007, legislation passed requiring insurers to contribute to an adult vaccine program and the Department of Health to manage the purchase and distribution to RI providers at no cost.

• Started with flu vaccine only and in 2010, added Tdap and Pneumococcal vaccines.

• In 2013, the program fully expanded, with the exception of shingles vaccine, to include all routinely-recommended adult vaccines.

• At this time, only fully-insured plans were assessed.
Program Benefits

Benefits to Providers:
• Stabilizes supply and eliminates financial risk/burden of vaccine purchase for providers, making it easier for all providers (including the smaller and less affluent practices) to offer vaccines.

Benefit to Insurers:
• Provides cost savings of up to $2/dose to insurers because the state purchases the vaccine from CDC’s contracts at a reduced price.

Benefit to Public:
• Improves access to vaccine in a range of settings, especially "medical homes”, other medical sites, workplaces, and community sites where people have not previously had access to vaccination.
• Facilitates expansion of vaccine delivery infrastructure allowing public health to establish sustainable adult vaccination programs targeting at-risk populations.
Bumps in the Road

• First couple years were relatively easy but funding policies changed.
• 317 vaccine for uninsured adults was drastically reduced.
• Utilization of pharmaceutical Patient Assistance Programs - did not last.
• CMS decided to no longer pay into the program.
• Practices had to begin reimbursing RIDOH.
• Collection of payment from practices no longer allowed for vaccines purchased through CDC contract.
Solutions

• 317 utilized for purchase of flu vaccine for all uninsured and non-flu vaccine for organizations that provide services to a large portion of the uninsured population.

• In 2016, legislation passed changing the methodology for the insurer assessment.
Current Vaccine Assessment Program

• The assessment is viewed as the methodology for how the universal program is supported, but does not guide who can/cannot receive vaccine.

• Insurers in the state are members of an advisory subcommittee that reviews assessment policy and makes recommendations to the Director of Health.

• Insurers paying in still bear the burden for the insurers and/or contribution enrollees who are currently exempt.
Adult Program Structure and Operations

• Assessment includes 15% for operations.
• Operations modeled after the childhood program.
• Program Coordinator manages adult-related program activities.
• One Quality Assurance Specialist dedicated to adult-only enrolled sites.
• Staff above and other staff within the office conduct storage and handling site visits at adult-only sites.
• Among both the child and adult programs, each enrolled site has a designated Immunization Representative.
New Activities on the Horizon

• Expanding childhood registry to include adults. Includes additional staff. Legislation pending.

• Once fully implemented, begin preparing for adult AFIX visits.

• Working with insurance/payer community to further broaden the assessment to include CMS, cities and towns, and TRICARE.
Influenza Vaccination Rate for All Adults (18+ years)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Rhode Island</th>
<th>United States^</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>47.1</td>
<td>40.5</td>
</tr>
<tr>
<td>2011-12</td>
<td>43.3</td>
<td>38.8</td>
</tr>
<tr>
<td>2012-13</td>
<td>50.2</td>
<td>41.5</td>
</tr>
<tr>
<td>2013-14</td>
<td>52.5</td>
<td>42.2</td>
</tr>
<tr>
<td>2014-15</td>
<td>53.7</td>
<td>43.6</td>
</tr>
<tr>
<td>2015-16</td>
<td>50.7</td>
<td>41.7</td>
</tr>
<tr>
<td>2016-17</td>
<td>50.9</td>
<td>43.3</td>
</tr>
</tbody>
</table>


HP 2020 Goal = 70%

Source: CDC, Behavioral Risk Factor Surveillance System (BRFSS); FluVaxView.
* All adults who reported being vaccinated July through May.
^ All states and DC
Pneumonia Vaccination Rate for Adults (18-64 years)* at High Risk

Source: CDC, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2016; AdultVaxView.

* Adults aged 18-64 years at high risk who have ever had a pneumonia vaccination.

^ All states and DC

HP 2020 Goal = 60%

<table>
<thead>
<tr>
<th>Year</th>
<th>Rhode Island</th>
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Pneumonia Vaccination Rate for Adults Aged 65+*

Source: CDC, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2016; AdultVaxView.

* Adults aged 65+ who have ever had a pneumonia vaccination.

^ All states and DC

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Thank you!
Vermont Vaccines for Adults Program
Past, Present and Future

Amanda J. LaScala, CDC Public Health Advisor
Vermont Department of Health
Objectives

- Describe the history of the Vermont Vaccines for Adults program, “The Past”.
- Identify how lessons learned have shaped, “The Present”.
- Acknowledge and discuss that there is still work to be done, “The Future”.

2005: Health care reform legislation; seeking “recommendations” to increase adult immunizations

2007: State funding

2009: Immunization pilot program passed, Health Department to develop framework for reimbursement

2012: Pilot extended

2014: Program formally written into law; Immunization Funding Advisory Committee was formed
Initial design of Vermont Vaccines for Adults

Pilot: Vaccines For Vermonters

VDH
- Purchase and Distribute Vaccine
- Report Vaccine Use
- Pay for vaccines
- Reimburse Administration claim

Insurer
- Bill for vaccine costs

Provider
- Submit Claims: (1) administration (2) 1¢ for Vaccine

Vermont Department of Health
Vaccine Pilot Program: 2011-2012

- **2011**: The Health Department develops and sends out the first invoice to health insurers

- **2012**: Pilot is extended for 2 years and Vermont Program for Quality Health Care conducts an evaluation of the Pilot program
Evaluation of the Pilot Program

Strengths
- Insurer participation
- Increased access to adult vaccines at primary care practices
- Leadership support

Weaknesses
- Billing insurers on “old data”
- Included all adults ≥ 19 years old
- Limited Immunization Registry data on adults
The Pilot becomes Law

- **2013**: Immunization Pilot Advisory committee input was sought for the legislative plan to transition the pilot program to a permanent program.
  - The Committee determines that KidsVax.org® can offer the best response to billing challenges and commences administrative services agreement with State of Vermont.

- **2014**: Legislation passes; program formally written into Law.

Vermont Department of Health
Welcome to the Vermont Vaccine Purchasing Program

VVPP facilitates the universal purchase of vaccines in Vermont. It provides funding for all vaccines federally recommended for children and for certain adult vaccines selected by the Vermont Department of Health. By collecting payments from health plans insurers, and other payers and remitting the funds to the state, we make it possible for:

- Health care providers to receive state-supplied vaccines at no charge.
- All children to have easy access to critical vaccines.
- Adults can receive covered vaccines at no charge.
- All payers to participate in one of the most efficient, cost-effective systems in the country for purchasing and distributing childhood vaccines.

2018 Assessment Rate: Child-$8.16 - Adult-$0.72 for filings due beginning May 15, 2018

2018 Assessment Rate Change Notice and Letter from the Commissioner
New ACIP recommendation challenges policy

- **2014:** ACIP recommends PCV13 65+
  - Cost of vaccine
  - Covered by Medicare Part B

- **January 2016:** Policy change limits state supplied vaccine eligibility to adults 19-64 years old
The Present: Vaccines for Adults

- Modeled after the VFC program
- Annual enrollment is required
  - Requires actual data on the patient population 19-64 years
- Efficient ordering system
  - Providers order adult vaccines through the same mechanism as pediatric vaccines
Vaccines Offered through the Vaccines for Adults Program

- MMR
- Hep A
- Hep B
- HZV & RZV
- 9vHPV
- Tdap
- MenACWY
- MenB

- TD
- PCV13
- PPSV23
- Varicella

Adult flu vaccine is currently not available
The Present — Vaccines for ≥ 65 years?

- Providers must privately purchase vaccine, maintain a separate stock and bill health insurers for reimbursement
- Verified at site visits

*STOP*

Is your patient 65 years of age or older?
If YES, use PRIVATE SUPPLY vaccine

Vermont Department of Health
PCV13 in adults 65+

Data Source: VT Immunization Registry 2017
Vermont Adult Immunization Rates

- Tdap (> 18 years) – 74.5%
- Pneumococcal (18-64 years, at risk) – 38.4%
- Pneumococcal (≥65 years) – 76.8%

Data Source: VT BRFSS
Zoster Vaccination in Vermont

Data Source: VT BRFSS
Areas of Opportunity

- Medicare
- Adult Flu
- Pharmacies
- Workplaces
- Immunization Registry
- Adult AFIX

Vermont Department of Health
Acknowledgements

- Special thanks to Christine Finley, Vermont Immunization Program Manager