Disclosure: Session A1

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Richard Hughes IV of Avalere Health wishes to disclose he serves as consultant with Avalere Health and regularly engages in paid advisory services rendered to biopharmaceutical companies, including vaccine manufacturers: Pfizer, Merck, and GSK.

Planning committee discussed conflict of interest with each presenter to ensure there is no bias.

Content will not include any discussion of the unlabeled use of a product or a product under investigational use.

CDC did not accept commercial support for this continuing education activity.
State-Level Policy Strategies Needed to Improve Adult Immunization Uptake
Richard Hughes IV, J.D., M.P.H. and Emily Sobel, B.A.
48th National Immunization Conference

Avalere Health | An Inovalon Company
May 2018
## Policy Levers to Increase Adult Vaccine Uptake

1. **Adding Facility Requirements in Acute and Long Term Care Settings**
2. **Requiring Immunization Providers to Report Adult Vaccinations into Registries**
3. **Improving Pharmacists’ Ability to Vaccinate**
4. **Recognizing Pharmacists as Providers and Improving Reimbursement**
5. **Enhancing Non-Physician Providers’ Immunization Authority**
6. **Implementing State Quality Programs**
State Facility Requirements Could Help Increase Vaccine Uptake

Opportunity: Only 16 states have requirements for hospitals around patient vaccination for influenza and/or pneumococcal vaccines\(^1\)\(^2\)

State Immunization Registry Reporting Requirements Play An Essential Role in Immunization Uptake

Opportunity: Many states do not require all immunization providers to report adult vaccinations into registries, creating a lack of adult data

Of 51 IIS programs authorized to operate for adults*:

- 53% Had laws that explicitly authorized operation of IIS for adults
- 68% Mandated all immunization providers to report
- 39% Mandated reporting for all patient age groups

Amend laws for certain providers to require registry reporting

Pass laws requiring all providers who administer vaccines to report into registries for certain patient ages

Pass laws requiring all providers to report into registries for all patient ages

IIS: Immunization Information System
*Out of 53 IIS programs in the U.S., 51 were authorized to collect immunization records for all age groups in 2012.
Improving Pharmacists’ Ability to Vaccinate Can Improve Vaccine Access

Opportunity: Currently in many states, pharmacists do not have full scope of practice authority to administer all vaccines to all patients

Key Statistics

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>States plus DC give pharmacists authority to administer <strong>any vaccine</strong></td>
</tr>
<tr>
<td>32</td>
<td>States plus DC require <strong>Rx or prescriber-issued protocols</strong> for pharmacists to vaccinate</td>
</tr>
<tr>
<td>23</td>
<td>States plus DC allow pharmacists to administer vaccines but have <strong>age limitations</strong></td>
</tr>
<tr>
<td>22</td>
<td>States have <strong>age limitations of 13 years or older</strong> for pharmacists to administer HPV vaccine</td>
</tr>
</tbody>
</table>

Range of Policy Solutions

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Laws</strong> that allow pharmacists to administer <strong>all vaccines</strong></td>
</tr>
<tr>
<td><strong>Age limits</strong> low enough to allow pharmacists to vaccinate adolescents</td>
</tr>
<tr>
<td><strong>Authority</strong> to prescribe/administer vaccines without permission from another provider</td>
</tr>
</tbody>
</table>

---

Recognizing Pharmacists as Providers and Ensuring Reimbursement Parity Could Improve Vaccine Access

**Opportunity:** Pharmacists are not reimbursed the same as physicians, which can discourage them from administering vaccines

- **Benefit Parity:** require coverage of ACIP recommended vaccines in the pharmacy
- **Provider Parity:** prohibit exclusion of pharmacies that provide covered services from insurers’ networks
- **Reimbursement Parity:** prohibit pharmacist reimbursement for preventive services at a lower level

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Note: The first two numbers are from a 2017 survey of pharmacists across 8 states (IA, CA, IN, KY, ME, TN, TX, WA). The third number is collected from a 2014 research using 2010 MarketScan Commercial Claims and Encounters and Medicare Supplemental and Coordination of Benefits databases. Average direct costs paid per adult vaccination were 16%-26% lower in pharmacies.
Enhancing Non-Physician Providers’ Immunization Authority in States

**Opportunity:** Non-physician providers are treated differently/ambiguously, across the US with respect to prescribing and administering vaccines

**Key Statistics***

- **36** States permit PAs to *prescribe and administer vaccines* through clear, inherent authority
- **37** States permit APRNs to *prescribe and administer vaccines* through clear inherent or delegated authority
- **17** States permit RNs or LPNs to *administer vaccines* through clear inherent or delegated authority. RNs (but not LPNs) may *prescribe* vaccines in 2 states
- **8** States permit MAs to administer vaccines through clear, delegated authority. MAs may have delegated authority to *prescribe* in 1 state, but the language is unclear

---

*Source: Avalere survey of 50 states and DC

PA: Physician Assistant; APRN: Advanced Practice Registered Nurse (Nurse Practitioners fall under this category; RN: Registered Nurse; LPNs: Licensed Practical Nurse; MA: Medical Assistant
States Can Use Quality Measurement and Programs to Increase Adult Immunization Uptake

**Opportunity:** There are multiple legislative and non-legislative pathways for states to implement quality policies related to immunization services

**State Role in Quality Programs**

**Payer:** Can use purchasing power to require certain standards in healthcare programs

**Regulator:** Can release guidance or quality-based policies as regulators of insurance sold within state

**Legislator:** Can pass legislation mandating creation of quality/payment activities and/or quality requirements for plans

**Range of Policy Solutions**

1. Statewide quality payment program
2. Requirements for qualified health plans
3. Patient-centered medical homes
4. Medicaid alternative payment models
5. Medicaid managed care incentives
6. Standards and accreditation requirements for commercial and Medicaid plans
Contact us with Questions

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The presenters would like to thank colleagues Chad Brooker, Christine Liow, Claire Sun, Haile Dagne, Kevin Love and Nick Diamond for their contributions to this presentation.
Adult Vaccination Practices in New York City Federally Qualified Health Centers

Krishika A. Graham, MD, MPH
New York City Department of Health and Mental Hygiene
Bureau of Immunization

48th National Immunization Conference
May 15th 2018
Background
Burden of Vaccine-Preventable Disease in New York City (NYC)

- Influenza and pneumonia are the 3rd leading cause of death in NYC (8th nationwide)

- 2,096 deaths due to influenza/pneumonia in 2015

Recent Vaccine-Preventable Outbreaks in NYC

- 2017: Hepatitis A outbreak among men who have sex with men (MSM) – 46 cases

- 2016: Varicella outbreak in an Orthodox Jewish community – 75 cases

- 2014-2016: Pertussis outbreak in an Orthodox Jewish community – 238 cases

- 2010-2013: Meningococcal outbreak among MSM – 22 cases
### Adult Vaccine Coverage Rates

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Healthy People 2020 Goals</th>
<th>US Coverage Rate*</th>
<th>NYC Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (18+ years)</td>
<td>70%</td>
<td>43.2%</td>
<td>43.1%†</td>
</tr>
<tr>
<td>Pneumococcal (65+ years)</td>
<td>90%</td>
<td>61.3%</td>
<td>61.1%†</td>
</tr>
<tr>
<td>Zoster (60+ years)</td>
<td>30%</td>
<td>27.9%</td>
<td>21.1%ψ</td>
</tr>
<tr>
<td>Tetanus-containing (18+ years)</td>
<td>NA</td>
<td>62.2%</td>
<td>46.4%€</td>
</tr>
</tbody>
</table>

*Surveillance of Vaccination Coverage Among Adult Populations — United States, 2014. MMWR 2016;65 (ss01);1–36.
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”

Federally Qualified Health Centers (FQHCs)

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 Hispanic (46%) or Black (28%)
  • ~86% of FQHC patients in NYC live at or below 200% of the Federal Poverty Level
Objective

• Gain a better understanding of adult vaccine delivery practices across NYC FQHCs

• Identify FQHC capacity to improve adult vaccine delivery in NYC
Methods
Finding all eligible NYC FQHCs

• 41 umbrella organization (“entities”) identified by the Community Health Care Association of New York State (CHCANYS)

• Inclusion criteria
  • FQHC status
  • Located within 5 NYC boroughs
  • Serve general population

• 34 FQHC entities
• 135 corresponding FQHC sites that met the inclusion criteria
Survey

• Content
  • Patient population
  • Vaccines offered
  • Practices to improve access to adult vaccinations
  • Knowledge and implementation of evidence-based strategies (“The Standards”)

• Delivery
  • Web-based surveys sent to medical directors at FQHC entities and sites in late 2016 – early 2017

• Data Analysis
  • Descriptive statistics
  • Analysis conducted using R i386 3.3.2
Results
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
Adult Vaccines Offered at NYC FQHCs (n=79)
Practices to Improve Access to Adult Vaccinations at NYC FQHCs (n=79)

- Allow immunization-only appointments – 87%
- Accept walk-ins for sole purpose of vaccination – 75%
Practices to Improve Access to Adult Vaccinations at NYC FQHCs (n=79)

- **Visit Fee**
  - Sliding scale: 84%
  - No fee: 14%
  - Flat fee: 1%
  - Other: 1%

- **Administration Fee**
  - Sliding scale: 47%
  - No fee: 39%
  - Flat fee: 4%
  - Other: 10%

- **Vaccine Fee**
  - Sliding scale: 56%
  - No fee: 23%
  - Flat fee: 5%
  - Discounted manufacturer fee: 13%
  - Don’t know: 2%
  - Other: 1%
Knowledge and Implementation of “The Standards” at NYC FQHCs (n=79)

Familiar with the Standards for Adult Immunization Practice 92%

Assess
Administer
or Refer
Document
Knowledge and Implementation of “The Standards” at NYC FQHCs (n=79)

- Familiar with the Standards for Adult Immunization Practice: 92%
- Always/almost always assesses adult vaccination history: 53%
Knowledge and Implementation of “The Standards” at NYC FQHCs (n=79)

<table>
<thead>
<tr>
<th>Assess</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familiar with the Standards for Adult Immunization Practice</td>
<td>92%</td>
</tr>
<tr>
<td>Always/almost always assesses adult vaccination history</td>
<td>53%</td>
</tr>
<tr>
<td>Uses standing orders to administer adult vaccinations</td>
<td>72%</td>
</tr>
<tr>
<td>Uses reminder/recall system for vaccinations due</td>
<td>57%</td>
</tr>
<tr>
<td>Refers adult patients for vaccines not stocked</td>
<td>87%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administer or Refer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always/almost always reports adult vaccinations to the NYC CIR</td>
</tr>
<tr>
<td>Refers adult patients for vaccines not stocked</td>
</tr>
<tr>
<td>Uses reminder/recall system for vaccinations due</td>
</tr>
</tbody>
</table>

0% 20% 40% 60% 80% 100%
Knowledge and Implementation of “The Standards” at NYC FQHCs (n=79)

<table>
<thead>
<tr>
<th>Action</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familiar with</td>
<td>92%</td>
</tr>
<tr>
<td>Assess</td>
<td></td>
</tr>
<tr>
<td>Always/always assesses adult vaccination history</td>
<td>53%</td>
</tr>
<tr>
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<td>57%</td>
</tr>
<tr>
<td>Refers adult patients for vaccines not stocked</td>
<td>87%</td>
</tr>
<tr>
<td>Document</td>
<td></td>
</tr>
<tr>
<td>Always/always reports adult vaccinations to the NYC CIR</td>
<td>34%</td>
</tr>
</tbody>
</table>
Summary

- FQHCs offer a majority of vaccines for adults
  - All FQHCs offered flu, hepatitis A, hepatitis B, Tdap and varicella vaccine
  - Zoster vaccine was the least frequently offered, 42 sites (53%)
  - All other recommended adult vaccines available in ≥ 65 sites (≥ 82%)

- The majority of FQHCs have implemented practices to improve access to adult vaccinations
  - 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
Limitations

• Response rate below 100% → Non-response error?
  • Follow-up calls and emails to encourage survey completion
  • Small incentive provided on survey completion

• Self-reported data → Response bias?
  • Over- or under-estimates of certain practices or providers may want to give the “right” answer
  • Multiple choice response options included ‘Other’ with room for free text
Implications and Next Steps

• The NYC Department of Health and Mental Hygiene will promote full adoption of “The Standards” and evidence-based interventions to improve vaccine delivery at FQHCs and increase coverage among NYC adults

• 317-funded Vaccines-For-Adults (VFA) pilot program
  • Recruit FQHC sites to provide free vaccines to uninsured and underinsured adults throughout NYC

• Public Health Detailing Campaign
  • Targeting FQHCs, conduct 100 site visits providing education on “The Standards” and tools to improve vaccine coverage
Acknowledgements

• Funding was provided by the CDC Prevention and Public Health Fund Cooperative Agreement Award #1H23IP000991-01

• NYC Department of Health and Mental Hygiene, Bureau of Immunization
  • Lindsay Steele MScPH
  • Vivian Huang MD, MPH
  • Edward Wake
  • Yanoh Jalloh MPH
  • Kathleen Blaney MPH
  • Hyman Renshowitz
  • Bindy Crouch MD, MPH
  • Jane R. Zucker MD, MSc
Supplemental Slides
Recent Vaccine-Preventable Outbreaks in NYC

• 2017: Hepatitis A outbreak
  • Increase in non-travel hepatitis A cases in men who have sex with men (MSM) in NYC – 46 cases

• Summer 2016: Varicella outbreak
  • Orthodox Jewish community – 75 cases
  • 88% of cases occurred in children <5
  • 72% of cases with known vaccine history were not vaccinated

• 2015: Tetanus case
  • 84 year-old female, diabetes mellitus, hypertension, stepped on a nail, declined Tdap twice

• 2014-2016: Pertussis outbreak
  • Orthodox Jewish communities in Brooklyn, NY – 238 cases, 61 infants
  • 43% of infant mothers were never recommended Tdap
  • 33% of infant mothers were recommended Tdap but never received it

• 2010-2013: serogroup C meningococcal disease
  • Serogroup C meningococcal disease among MSM – 22 cases, 7 deaths
# FQHC Survey Questions – Entity vs. Site

<table>
<thead>
<tr>
<th>Question</th>
<th>Survey Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>General structure e.g. # of sites that vaccinate adults</td>
<td>x</td>
</tr>
<tr>
<td>General characteristics, e.g. annual # of adult patients seen, % of adult patients that are uninsured</td>
<td>x</td>
</tr>
<tr>
<td>Adult vaccination practice and capacity, e.g. walk-in and immunization-only visits</td>
<td>x</td>
</tr>
<tr>
<td>Adult vaccines offered</td>
<td>x</td>
</tr>
<tr>
<td>Fees for adult vaccination</td>
<td>x</td>
</tr>
<tr>
<td>Evidence-based strategies, e.g. standing orders for adult vaccination</td>
<td>x</td>
</tr>
<tr>
<td>Standards for Adult Immunization Practice Implementation</td>
<td>x</td>
</tr>
<tr>
<td>Documentation details of adult vaccines administered, e.g. electronic health record, reporting to the NYC Immunization Information System</td>
<td>x</td>
</tr>
</tbody>
</table>
General characteristics of FQHC entities (n=25)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Min</th>
<th>Median</th>
<th>Max</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of sites run by FQHC entity</td>
<td>1</td>
<td>6</td>
<td>39</td>
<td>224</td>
</tr>
<tr>
<td>Number of sites run by FQHC entity that provide care to adults</td>
<td>1</td>
<td>3</td>
<td>20</td>
<td>140</td>
</tr>
<tr>
<td>Number of sites run by FQHC entity that administer vaccines to adults</td>
<td>1</td>
<td>3</td>
<td>13</td>
<td>119</td>
</tr>
<tr>
<td>Number of patients served in a typical year across all sites run by FQHC entity</td>
<td>2,000</td>
<td>17,000</td>
<td>550,000</td>
<td>1,213,313</td>
</tr>
<tr>
<td>Number of adult patient-visits in a typical year across all sites run by FQHC entity</td>
<td>3,500</td>
<td>27,000</td>
<td>360,000</td>
<td>1,627,031</td>
</tr>
<tr>
<td>Average percent of adult patients with no health insurance across all sites run by FQHC entity</td>
<td>2%</td>
<td>20%</td>
<td>90%</td>
<td>NA</td>
</tr>
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</table>
## Vaccines Offered at NYC FQHCs (n=79)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>79</td>
<td>100%</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>79</td>
<td>100%</td>
</tr>
<tr>
<td>Tdap</td>
<td>79</td>
<td>100%</td>
</tr>
<tr>
<td>Varicella</td>
<td>79</td>
<td>100%</td>
</tr>
<tr>
<td>Influenza</td>
<td>78</td>
<td>99%</td>
</tr>
<tr>
<td>MMR</td>
<td>78</td>
<td>99%</td>
</tr>
<tr>
<td>HPV</td>
<td>73</td>
<td>92%</td>
</tr>
<tr>
<td>PCV13</td>
<td>73</td>
<td>92%</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>70</td>
<td>89%</td>
</tr>
<tr>
<td>Td</td>
<td>68</td>
<td>86%</td>
</tr>
<tr>
<td>PPSV23</td>
<td>65</td>
<td>82%</td>
</tr>
<tr>
<td>Zoster</td>
<td>42</td>
<td>53%</td>
</tr>
</tbody>
</table>
# FQHC Practices to Improve Access to Adult Vaccinations (n=79)

<table>
<thead>
<tr>
<th>Practices</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepts walk-ins for sole purpose of vaccination</td>
<td>59</td>
<td>75%</td>
</tr>
<tr>
<td>Allows immunization-only appointments</td>
<td>69</td>
<td>87%</td>
</tr>
<tr>
<td>Method to charge visit fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No fee</td>
<td>11</td>
<td>14%</td>
</tr>
<tr>
<td>Sliding Scale</td>
<td>66</td>
<td>84%</td>
</tr>
<tr>
<td>Method to charge administration fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No fee</td>
<td>31</td>
<td>39%</td>
</tr>
<tr>
<td>Sliding Scale</td>
<td>37</td>
<td>47%</td>
</tr>
<tr>
<td>Flat fee</td>
<td>8</td>
<td>10%</td>
</tr>
<tr>
<td>Method to charge vaccine fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No fee</td>
<td>18</td>
<td>23%</td>
</tr>
<tr>
<td>Sliding Scale</td>
<td>44</td>
<td>56%</td>
</tr>
<tr>
<td>Discount manufacturer fee</td>
<td>10</td>
<td>13%</td>
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</table>
Knowledge and Implementation of “The Standards” at NYC FQHCs (n=79)

<table>
<thead>
<tr>
<th>Knowledge of “The Standards”</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familiar with the Standards for Adult Immunization Practice</td>
<td>73</td>
<td>92%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation of “The Standards”</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assess</strong></td>
<td></td>
</tr>
<tr>
<td>Always/almost always assesses adult vaccination history</td>
<td>42</td>
</tr>
<tr>
<td><strong>Administer or Refer</strong></td>
<td></td>
</tr>
<tr>
<td>Uses standing orders to administer adult vaccinations</td>
<td>57</td>
</tr>
<tr>
<td>Uses reminder/recall system for vaccinations due</td>
<td>45</td>
</tr>
<tr>
<td>Refers adult patients for vaccines not stocked</td>
<td>69</td>
</tr>
<tr>
<td><strong>Document</strong></td>
<td></td>
</tr>
<tr>
<td>Always/almost always reports adult vaccinations to the NYC Citywide Immunization Registry (CIR)</td>
<td>27</td>
</tr>
</tbody>
</table>
317-Funded VFA Program

**Inclusion Criteria:**
- Vaccines For Children (VFC) program participation
- Serve large number of un/underinsured patients ages 18+ yo

**Exclusion Criteria:**
- NYC Health + Hospitals affiliation
- Unable/unwilling to use 317-funded vaccine efficiently

**Program Requirements:**
- Provide care in neighborhoods with low adult vaccination rates
  - 2014-2016 flu vaccine coverage for adults
  - 2016 pneumococcal coverage for adults 65 years and older
- Accessible by public transportation
Public Health Detailing Campaign

• Targeting FQHCs, invited adult vaccination providers to participate in detailing campaign
• Public health detailing nurse visited health care facilities
  • Education provided based on “The Standards”
  • Recommended best practices for adult vaccine delivery and provided tailored guidance to improve adult vaccination coverage rates

• Completed 103 initial visits and 100 follow-up visits
317 funds for vaccine purchase – an update: the transition to adult vaccination

Jeanne Tropper, MS, MPH
Lead Public Health Analyst, CDC NCIRD/ISD/VSAB

2018 National Immunization Conference, Atlanta, Georgia

May 15, 2018
Topics

- 317 vaccine purchase background
- The transition to adult vaccine purchase
- FY 2016 – FY 2017 update
- Outbreaks, redistribution
- Q&A
317 background

Topic 1
317 background

  - Impetus was incomplete, unequal coverage for children
  - Section 317 was added to Part B of Title III of Public Health Service Act
  - Focus was intensive community vaccination programs against poliomyelitis, diphtheria, whooping cough, tetanus in children under age 5
  - Funding for vaccine purchase; planning, organizational, promotional activities only ($14M in 1963; $11M in each of 1964, 1965)
  - Reauthorized continuously since 1962
317 background

- In response to the resurgence of measles during the 1989 – 1991 epidemic:
  - Vaccine for Children (VFC) was implemented in 1994
  - 317 was expanded to include provision of immunization services in 1992
- Funding for vaccine has fluctuated significantly since ($220M – $70M)
- Through FY 2012, 317 vaccine purchase was largely focused on pediatric program
317 background

- Beginning in FY 2013, 317 vaccine purchase policy was revised to prioritize adults – due to confluence of factors
  - decreased funds
  - program integrity initiative risks
  - passage of Affordable Healthcare Act
317 background

<table>
<thead>
<tr>
<th>317 policy then</th>
<th>317 policy now</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Highly flexible</td>
<td>- Priority is to provide adult vaccines</td>
</tr>
<tr>
<td>- Awardees could choose however they wanted to use the funds</td>
<td>- Other supported</td>
</tr>
<tr>
<td>- Focus was on pediatric populations – usually to fill in gaps not covered</td>
<td>- HEP B birth dose</td>
</tr>
<tr>
<td>by VFC or state funds</td>
<td>- Outbreaks</td>
</tr>
<tr>
<td></td>
<td>- Preparedness exercises</td>
</tr>
<tr>
<td></td>
<td>- must have supporting documentation</td>
</tr>
<tr>
<td></td>
<td>- Underinsured children when not seen in a FQHC or RHC</td>
</tr>
</tbody>
</table>
Transition to adult vaccination

Topic 2
Approach

- Adjusted approach to use orders, not what awardees projected/planned
- By fiscal year, reviewed all final vaccine orders
- By ordering intention, identified adult versus pediatric vaccine
- Limitations
  - Orders do not reflect doses administered
  - Orders do not distinguish between pediatric vaccines used within priority 317 policy guidelines and routine pediatric vaccines, i.e., for HEP B birth dose; outbreaks; preparedness
  - Influenza vaccines not included
Transition to Adult

<table>
<thead>
<tr>
<th>FY</th>
<th>Awardees with 317 Adult only</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>9</td>
</tr>
<tr>
<td>2015</td>
<td>16</td>
</tr>
<tr>
<td>2017</td>
<td>14</td>
</tr>
</tbody>
</table>
Percent of 317 Vaccine Funds used - Pediatric vs. Adult

FY2013

FY2015

FY2017

% for Ped
% for Adult
Percent of 317 Funds Used for Adult Vaccine (includes 100% adult awardees)

FY 2013
Average: 52.51%
(33 awardees above this line, 29 awardees below)

FY 2015
Average: 77.56%
(42 awardees above this line, 20 awardees below)

FY 2017
Average: 75.68%
(42 awardees above this line, 20 awardees below)
317 Top 5 Vaccines Ordered by Component 2013 - 2017

FY13 Top 5

- HPV-PED, 9.08%
- TDAP-ADU, 10.11%
- PCV13-PED, 12.29%
- HPV-ADU, 7.07%
- VAR-PED, 9.41%

FY15 Top 5

- ZOSTER, 14.25%
- PCV13-ADU, 8.46%
- HPV-ADU, 9.54%
- PCV13-ADU, 6.94%
- MMR-ADU, 6.28%

FY17 Top 5

- ZOSTER, 7.96%
- HEP A-ADU, 11.75%
- TDAP-ADU, 10.64%
- MMR-ADU, 6.99%
- HPV-ADU, 7.32%
Funding

Topic 3
Uninsured adult population (19-64) – projected by FY
Awardee annual targets

- Annually, awardees are provided their relative proportion of 317 vaccine direct assistance funds in the form of $ targets (also referred to as annual budget, limit)
  - Approach has varied since the program started with CDC moving to targets based on awardee’s relative population size – initially total population
  - Beginning with FY 2014 with policy change to adults, awardees receive targets based on their relative proportion of uninsured adults
Redistribution

- Awardees range in their ability to use 317 funds
- Borrowing from the redistribution approach used for the infusion of 317 ARRA funds in 2009 – 2010, CDC conducts an annual redistribution effort to move funds from awardees who cannot use them to awardees who can
- Effort begins in May with awardees submitting requests; if approved, targets are updated in June; process is repeated through the end of the year
- Awardees are not penalized for not using funds; next fiscal year target is not adjusted to take redistribution into account
317 Awardee Budgets vs 317 Provider Orders

The chart illustrates the comparison between awardee budgets and provider orders from FY13 to FY17. The vertical axis represents the budget amounts ranging from $20,000,000.00 to $160,000,000.00, with increments of $20,000,000.00. Each bar is color-coded to indicate different categories: Vaccine $ Spent (Blue), Unspent (Red), and Financial Assist (Yellow). The percentages for each category are shown as annotations on the bars.

- FY13: 90.6% $ Spent, 0.6% Unspent, 8.9% Financial Assist
- FY14: 94% $ Spent, 5.3% Unspent, 0.7% Financial Assist
- FY15: 94% $ Spent, 5.4% Unspent, 0.6% Financial Assist
- FY16: 87.3% $ Spent, 12.1% Unspent, 0.6% Financial Assist
- FY17: 90.4% $ Spent, 8.8% Unspent, 0.8% Financial Assist
Outbreak set aside

Topic 4
Outbreak set aside

- Outbreaks have been a focus for using 317 funds; funds may be redirected away from the priority to increase adult vaccination coverage
- Beginning in FY 2015, CDC has set aside additional 317 funds to support outbreaks
  - Funds are first come first serve
  - Used in combination with redistribution, other awardee resources and approaches
Outbreak set aside

- For FY 2018, outbreaks continue to increase nationwide with a number of very large outbreaks
- With 317 fund limitations, to ensure a broader number of awardees can participate, CDC approach was adjusted
  - Still first come first serve
  - Provide a maximum amount each awardee can request
  - To be used in combination with annual redistribution effort until (if) funds exhausted
- Awardees need to consider other resources to support outbreaks – state funds, mass vaccinators, etc.
Observations
Observations

- 317 Policy and funding has evolved toward supporting adult programs
- Results indicate plateau and/or some backsliding
- Uninsured and underinsured likely to increase
- Anecdotal feedback remains the same
  - Inconsistent funding stream
  - Possible loss of funding
  - Challenge in identifying and reaching uninsured adults
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- Nathan Crawford
- Norma Allred
- Lance Rodewald
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1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.