

# NDHHS Immunization Program Update

LIVE Coalition Immunization Update

April 2015

# NDHHS Immunization Program

- Who We Are
  - Division of Public Health
  - Team consists of 5 nurses, support staff, surveillance/epi, IT support, and a CDC field assignee
- What We Do
  - Ensure access to vaccines
  - Safeguard vaccine resource

# NDHHS Immunization Program

## Who We Serve

- Participating providers – both private and public

Enrolled clinics include: LHD, CAP, FQHC, RHC, hospital-based, correctional facilities, etc.

- Eligible populations

VFC – children up to 19 years of age

uninsured and underinsured

Medicaid-eligible

American Indian/Alaskan Native

Adult – 19 and older

uninsured

underinsured

# NDHHS Immunization Program

Underinsured status means the patient has health insurance, but it won't cover the vaccine(s) because:

- It doesn't cover any vaccines
- It doesn't cover certain vaccines

Patients with high-deductible plans – those with a large cost to the patient before a benefit begins – are not considered underinsured

Underinsured patients can only be seen in Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), or Deputized clinics

## VFC /Adult

- Vaccines for Children (VFC)
  - 289 clinics enrolled in 2015
  - Follow ACIP recommendations for vaccine
- Adult Vaccine Program
  - Program began in June 2014
  - 40 clinics enrolled in 2015
  - Follow ACIP recommendations for vaccine – as funding allows
- \$17,250,737 worth of vaccine distributed in state FY14

# Who Can Enroll?

- VFC Program
  - Private clinics
    - May or may not take “new patients”
    - Keep patients in their medical home
  - Public clinics
    - serve all clients (walk-ins), though may require an appointment
    - sponsoring physician may be offsite, “standing orders”
    - fill gaps in healthcare coverage, a communities “safety net”
- Adult Immunization Program
  - Public Clinics only
  - Current VFC providers

# How Does a Clinic Enroll?

Contact NDHHS Immunization Program VFC Coordinator

- Discuss requirements
- Enrollment forms – detail population served (age ranges, insurance status, etc)
- Site visit prior to ordering, monitor temperatures in unit

# Benefits of Participation

Vaccine at no charge to clinic for use in eligible patients

- Enrollment forms impact ordering
- Vaccine ordered using the Nebraska State Immunization Information System (NESIIS)
- Vaccine delivered directly to the clinic (usually via Fed Ex)
  - Based on delivery dates/times listed in enrollment forms
  - Often within a week

# Benefits of Participation

## AFIX assessment

- Assessment, Feedback, Incentive and eXchange
- Quality Improvement process
  - Determine coverage rates
    - Identify number of children considered “up to date”
    - Identify children who received invalid doses or are delayed in schedule
  - Identify problem areas
  - Discuss processes to improve (i.e. reminder/recall) rates

**\*\*Goal is to make sure every child is appropriately vaccinated\*\***

# Benefits of Participation

## Donations/Billing

- Clinic can charge a vaccine administration fee, or ask for a donation
  - Cannot turn a patient away for inability to pay
  - Cannot refer a patient to collections
- If billing Medicaid, can get reimbursed for the administration fee

# Requirements of Program

## Vaccine Storage and Handling

- Type of unit used to store vaccine, i.e. no dorm-style
- Thermometer used and placement in unit
  - Probe cannot be on side of unit
  - Vaccine placement in unit
- Regular temperature monitoring
  - check temperatures 2x each day
  - Log information on sheet
- Do not draw up vaccine too early

\*\*Goal is to prevent spoiling or wastage\*\*

# Requirements of Program

## Annual Site Visit

- Five nurses cover the state
- Site visit ensures compliance with program requirements
  - Work through questionnaire
  - Look at items such as checking patient eligibility, vaccine storage and handling, documentation of vaccine administration and giving Vaccine Information Statements
- Offers technical assistance

# Requirements of Program

## Trained staff

- Requirement to have a primary VFC Coordinator and a backup
- Annual training required for staff

## Regular reporting – often through NESIIS

- Monthly reports (transaction summary)
- Reports as needed (i.e. wastage, returns, etc)
- Ordering capability can be suspended if reporting is not current

Public clinics must use NESIIS for ordering, reports, and tracking vaccine usage

# Looking Back

## Sub Awards

- Competitive process
- Issued 26 sub awards to public clinics across the state

## Media Questions – exemptions

- State law requires vaccination for school entry
- Medical and Religious exemptions allowed
- Measles in the media

## Outbreak Response

- Partner with local organizations for response
- Distribute vaccine as needed, i.e. pertussis outbreak late 2014

# Looking ahead

- Coming soon – digital data logger project
  - Researching models, possible pilot
  - Will purchase for use in enrolled clinics – slow roll-out
- Increasing HPV Rates
  - Currently HPV coverage lags behind Tdap and Meningococcal coverage
  - Cancer prevention
  - Physician hesitancy
- Gardasil 9

# Nebraska State Immunization Information System (NESIIS) Update

# What is NESIIS?

- Secure, statewide, web-based system that's been developed to connect and share immunization information across the state of Nebraska
- Current system launched in March, 2008
- Currently contains over 12,822,959 immunizations on over 1,647,442 clients
- Is capable of uni-directional and bi-directional data exchange
- Currently accepting data from over 620 facilities/clinics (429 electronically)
- Interfaces with NeHII to accept immunization records (not required)

## What does NESIIS do?

- Records immunizations, contraindications, and reactions
- Validates immunization history and provides immunization recommendations
- Produces reminder/recall notices
- Produces vaccine usage and client reports
- Produces Clinic Assessment Software Application (CASA) extracts
- Manages Vaccine Inventory
- Produces reports (Assessment Report & Benchmark) to assess immunization rates (based off of ACIP), missed opportunities, and specific age benchmarks

# Why do we use NESIIS?

- #1 purpose is to capture complete immunization records in order to:
  - Reduce staff time needed to obtain scattered records
  - Reduce expenses and risk incurred by administering duplicate imms
  - Reduce missed vaccination opportunities
  - Reduce staff time needed to forecast doses
  - Prevent vaccine waste

# How does the Imm Program use NESIIS?

- for all VFC vaccine orders (started in December, 2013)
- track all VFC doses administered
- for CoCASA/Immunization assessments
- Monthly VFC reporting
- Vaccine projections
- Public Imm Clinic attendance
- Inventory Management

# DHHS Uses NESIIS to:

- Verify/calculate:
  - immunization rates in NE
  - immunization rates in outbreak areas
  - uptake on new vaccines
  - compliance to statutory vaccination requirements

## Who can access NESIIS?

- Healthcare providers across the state
- School nurses/representatives (look-up)
- HMO's (look-up)
- Universities and Secondary Educational facilities
- Pharmacies
- Correctional facilities
- Etc.

# How can you report to NESIIS?

- You can manually use NESIIS in your facility via direct data entry (not MU compliant)
- You can work with NDHHS to electronically send information to NESIIS, or
- If your facility is participating in NeHII we can work to get your information through them via electronic data exchange
- No charges or fees to use or send data to NESIIS
- Register your intent at:  
<http://dhhs.ne.gov/publichealth/epi/pages/MeaningfulUSe.aspx>

# Meaningful Use

And the Nebraska State Immunization Information System  
(NESIIS)

## DHHS MU Readiness:

- Immunization, ELR, and Syndromic: currently enrolling Hospitals and providers and accepting DX data
- Cancer: currently installing and upgrading software to testing Pathology and physician reporting
- Other specialized registries: still determining what those may be for NE

# NDHHS/MU Registration Process:

To begin Meaningful Use (MU) attestation with the three NDHHS registries, the following steps must be followed.

- **1)** Visit the NDHHS MU website:
  - <http://dhhs.ne.gov/publichealth/epi/pages/MeaningfulUse.aspx>
- **2)** Complete the NDHHS MU registration survey online:
  - [https://www.surveymonkey.com/s/Meaningful\\_Use\\_Testing\\_Registration\\_Form](https://www.surveymonkey.com/s/Meaningful_Use_Testing_Registration_Form)
  - You can also view a .pdf of the survey prior to filling it out.
    - [http://dhhs.ne.gov/publichealth/EPI/Documents/Meaningful\\_Use\\_Testing\\_Registration\\_Form\\_2014.pdf](http://dhhs.ne.gov/publichealth/EPI/Documents/Meaningful_Use_Testing_Registration_Form_2014.pdf)

# Registration Process (cont'd):

- 3) Registration form is reviewed for completeness/accuracy
  - Provider will be contacted with questions/additional information
- 4) Acknowledgement is emailed to registration contacts
- 5) Registration information sent to NDHHS registry contacts for onboarding of provider
- 6) NDHHS registry contacts will contact provider to begin onboarding shortly after receiving registration information

## Additional Info on MU registration:

- Additional information on exchanging Immunization, ELR, and Syndromic Data with NDHHS can be found at:  
<http://dhhs.ne.gov/publichealth/epi/pages/MeaningfulUse.aspx>