# Vaccines for Children (VFC) Program Upcoming Policy Changes and Program Improvements

April 9th, 2024



## Welcome!



Sheila Sjolander
Deputy Director
Public Health Services



## Workgroup Member Organizations

- AHCCCS
- Arizona Chapter of the American Academy of Pediatrics
- Banner Family Medicine Alvernon
- Banner Health
- Banner Medical Group
- Canyonlands Healthcare
- Chiricahua Community Health Centers
- Chrysalis Children's Clinic
- Denova Collaborative Health
- Dignity Health
- Dignity Health-Yavapai Regional Medical Center
- · El Rio Health
- Greenlee County Health Dept
- La Paz County Health Department
- Maricopa County Public Health

- Mountain Park Health Center
- Native Health Care Center
- Navajo County Public Health Services District
- Pediatrixmd
- Phoenix Children's
- Phoenix Indian Medical Center
- Pima County Health Department
- Pinal County
- Pleasant Pediatrics
- River People Health Center
- San Carlos Apache Healthcare
- St. Vincent De Paul
- TAPI
- TMCOne Clara Vista Pediatrics
- Valleywise Health Center

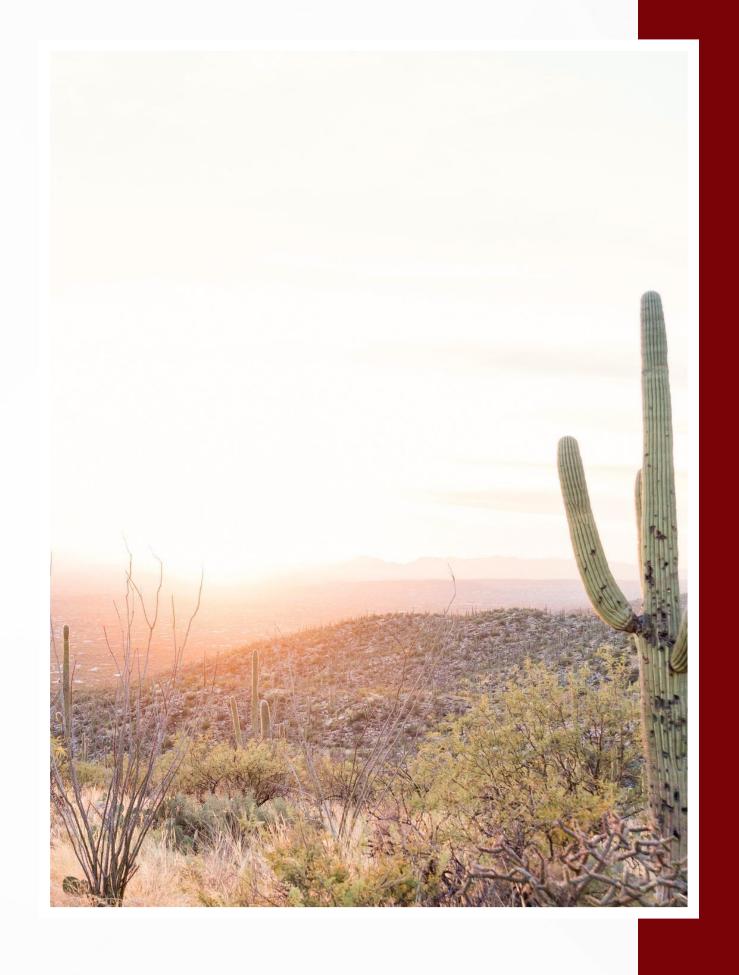
## AGENDA

9:05 Review VFC Policy Changes

9:30 Policy Change Q&A

9:35 Opportunities on the Horizon 🚀

9:50 Future Opportunities Q&A





## Bureau of Immunization Services Leadership Team



Nicole Clapeck Deputy Bureau Chief



Marcellina Lopez Immunizations Program Office Chief



## VFC Policy Changes

Policy Areas the VFC Team will be updating in VFC Operations Guide.



## Vaccine Delivery - Site Operations

#### **Provider Discussion**

Adjust current operational guidance that requires a provider to be open at least 4 days a week and 4 consecutive hours in a day to receive VFC vaccines.

#### VFC Policy Changes 📝



 Provider must be open a minimum of 4 consecutive hours on a day other than Monday to receive vaccines.



### Restitution

#### **Provider Discussion**

Remove Restitution Policy to better support providers.

#### VFC Policy Changes



Dose for dose replacement for exceeding 5% wastage is being removed from the ADHS VFC Operations Guide.



## Report Card Changes – Data Changes & Information Presented

#### **Provider Discussion**

- Alter report to see wastage over time (i.e., quarterly, yearly) to support improving operations.
- Review potential root causes for inaccurate data:
  - Incorrect doses and/or lot numbers
  - Inventory mismatch



- Improvements to the report card will include:
  - Removing restitution language
- Additional report card improvements are being explored to provide information for enhanced VFC Site operations, for ex. wastage over time.



## Mobile Vaccine Units

#### **Provider Discussion**

 Allow Temporary, Mobile, Off-Site, or Satellite Clinics.

#### VFC Policy Changes



Temporary, Mobile, Off-Site, or Satellite Clinics for VFC/VFA guidance will be added to the VFC Operations Guide as a new section.



## Records Retention - Schedule & Location

#### **Provider Discussion**

- Align CDC & VFC (ADHS) Program record retention requirements shifting record retention from 6-years to 3-years accessible
- Allow for storage of records offsite (can still be accessible offsite).



- Electronic records are now allowable.
- Offsite storage of physical records is now allowable per ARS 36-422.01 but must be made available to surveyors within 2 hours, if requested (unlikely), per AAC Title 9 Chapter 10.
- 6-Yr retention requirement remains unchanged due to a statutory requirement in AZ.



## Ordering - ASIIS Notifications

#### **Provider Discussion**

 Would like to have notifications outside of ASIIS. Providers are not always logged in to system to see time sensitive and critical requests from VFC program, ex. missing temperature logs resulting in delays for ordering or transfers



- Missing temps changed from 24 hours to 48 hours.
  - The helpdesk will also send an email to the Primary and backup coordinators. The VFC BIZS staff will still enter notes into ASIIS.



## **Provider Transfers**

#### **Provider Discussion**

- Remove 90-day requirement for transfers and 5-day wait time to establish temperature.
- Ability to see inventory across providers similar to during COVID would be helpful.



- COVID-19 & Flu vaccines may be shipped with short-dated expiration dates per CDC.
- A letter/email is no longer required for short-dated vaccines (less than 90 days).
- <u>Transfers can be made **4-6 months** prior to</u> vaccine expiration.
- COVID Transfer Matchmaker program software is no longer available. VFC program will review procurement, financial, and resource capabilities to determine what may be possible. Decision anticipated Q1 2025.



## **Excursion Events**

#### **Provider Discussion**

- Reduce wait times to receive viability acceptance from ADHS
- Develop guidelines that allow for continued vaccination in the event of a brief excursion event - define categories/specific instances (i.e. higher temps, inventory, loading vaccines)
- Reduce administrative burden (i.e. writing down lot numbers, manufacturer approval)

#### **VFC Reminder**

- Excursion events are defined by <u>CDC VFC Operations</u>
   <u>Guide</u> (pg.39) and anything outside of those ranges requires an incident report.
- BIZS has <u>Incident Reporting Instructions</u> for provider self-reporting.
- It is acceptable to download the reconciliation page for inventory and submit in lieu of writing down all lot numbers & manufacturers.

BIZS will add a How-To for downloading the Reconciliation Page to the *Incident Reporting Instructions*.



## **Excursion Events (cont.)**

#### **Provider Discussion**

- Reduce wait times to receive viability acceptance from ADHS
- Develop guidelines that allow for continued vaccination in the event of a brief excursion event

   define categories/specific instances (i.e. higher temps, inventory, loading vaccines)
- Reduce administrative burden (i.e. writing down lot numbers, manufacturer approval)

- Newly enrolled sites, brand new units, and repaired units require 5 days of good temps,
- Existing units will require 3 days of good temps.



## Temperature Logging

#### **Provider Discussion**

- Remove dual logging requirement.
- Align BIZS 2x/day policy with CDC policy for 1x/day logging.
- Allow remote monitoring for sites with advanced data logging capabilities.
- No longer require staff to go in on holidays or closed days to manually log.



- ONE (1) min/max temperature reading per day at the beginning of the workday. Previous requirement was 2x/day.
- Time and date of each reading.
- Name or initials of the person who assessed and recorded the reading.
- BIZS will modify paper log to account for adjustment to one (1) time per day temperature logging.



## Temperature Logging (cont.)

#### **VFC Update**

- BIZS is looking at opportunities for digital logging.
  - AccuVax example would be acceptable to replace manual logging.
- BIZS will collaborate with a small test group of providers who have the VFC 400 data loggers in their unit. They will test using the notes function to determine if the output can be used in a similar fashion to the AccuVax system.

DAY	TIME	VERIFIER			
1	7:31 am	Hanson, B.			
1	6:00 pm	Yazzie, R.			
2	11:59 am	AUTO			
2	11:59 pm				
3	11:59 am	AUTO AUTO Clark, A. Hanson, B. Clark, A. Begay, D. Begay, D.			
3	12:24 pm	Clark, A.			
4	7:52 am	Hanson, B.			
4	5:10 pm	Clark, A.			
5	7:23 am	Begay, D.			
5	4:28 pm	Begay, D.			
6	7:32 am	Hanson, B.			
6	4:15 pm	Begay, D.			
7	7:41 am	Holiday, T.			
7	3:26 pm	Yazzie, R.			
8	7:49 am	Yazzie, R.			
8	3:00 pm	Clark, A.			
9	11:59 am	AUTO			
9	11:59 pm	AUTO	1		
10	11:59 am	AUTO	1		
10	11:59 pm	ALITO			
11	7:47 am	Holiday, T.			
11	3:21 pm	Hanson, B.	]		
12	7:21 am	Begay, D.	1		
12	2:43 pm	Avila, A.			
13	7:41 am	Yazzie, R.			
13	3:14 pm	Charley, T.	1		
14	7:04 am	Fowler, C.			
14	3:55 pm	Support, A.			
15	7:37 am	Yazzie, R.			
15	5:56 pm	Yazzie, R.			
16	11:59 am	ALITO			
16	11:59 pm	AUTO			
17	11:59 am	OTUA			
17	11:59 pm	OTUA			
18	7:56 am	Clark, A.			
18	4:13 pm	Begay, D.			
19	6:50 am	Begay, D.			
19	3:05 pm	Yazzie, R.			
20	7:44 am	Hanson, B.			
20	5:05 pm	Hanson, B.			
21	7:28 am	Yazzie, R.			
21	2:54 pm	Hanson, B.			
22	7:33 am	Yazzie, R.			
22	2:24 pm	Hanson, B.			
23	11:59 am	AUTO			
23	11:59 pm	OTUA			
24	11:59 am	AUTO			
24	11:59 pm	OTUA			
25	7:45 am	Hanson, B.			
25	12:59 pm	AUTO	1		
26	-				
26	-	*			
27	-				
27	-				
28					

CURRENT	MIN	MAX	
42.4	42.1	42.7	
41.8	41.6	42.3	
41.8	41.5	42.3	
41.8	41.5	42.0	
42.0	41.7	42.3	
42.0	42.0	42.0	
42.0	41.3	42.3	
41.6	41.5	42.1	
42.0	41.6	42.2	
41.6	41.5	42.0	
41.9	41.6	42.1	Т
41.8	41.7	41.9	
42.2	41.7	42.5	
42.1	42.0	42.2	
42.2	42.1	42.6	
42.1	42.0	42.1	
42.1	42.0	42.7	
41.9	41.9	42.4	
41.7	41.6	42.1	
41.8	41.7	42.1	
41.8	41.6	42.0	
42.0	41.8	42.1	
42.3	42.1	42.5	
41.7	41.6	42.3	
42.3	42.1	42.6	
42.2	42.2	42.3	
42.5	42.2	42.7	
40.5	40.4	42.5	
42.3	42.1	42.6	
41.9	41.9	42.3	
42.2	42.1	42.5	
42.2	42.1	42.6	
42.2	42.1	42.5	
42.1	41.6	42.3	
42.2	42.0	42.4	
41.7	41.6	42.2	
42.4	42.1	42.5	
41.6	41.6	42.4	
42.2	42.0	42.5	
42.3	42.1	42.3	
42.4	42.2	42.7	
42.3	42.2	42.4	
42.4	42.2	42.7	
42.2 41.3	42.2	42.4	
41.3	41.2	41.5	
41.3	41.3		
		41.6	
41.3	41.3	41.6	
41.3	41.3	41.6 41.6	
	41.3		
		-	
	-		
-		-	
-		-	

	CURRENT	MIN	MAX
	-4.1	-4.9	0.4
	-6.0	-6.1	-5.0
	-5.7	-6.0	-1.0
	-5.5	-6.0	-1.2
æ	-6.0	-6.1	-1.5
EZER	-6.0	-6.0	-5.9
	-5.3	-6.1	-1.8
Ë	-5.3	-5.9	-5.0
	-5.8	-6.1	-0.9
	-5.6	-6.1	-5.3
	-5.8	-6.0	-1.6
	-6.0	-6.0	-5.7
	-4.8	-6.1	-0.0
	-5.0	-5.0	-4.8
	-4.6	-5.0	1.0
	-4.8	-5.1	-4.6
	-4.7	-4.8	0.7
	-5.8	-5.9	-0.5
	-5.7	-5.9	-0.7
	-5.8	-5.9	-1.3
	-5.8	-5.8	-1.6
	-5.7	-5.9	-5.4
	-4.6	-4.8	0.4
	-5.6	-5.8	-4.5
	-4.6	-4.8	0.7
	-4.7	-4.7	-4.5
	-3.5	-4.6	1.0
	-5.5	-5.7	-3.5
	-4.5	-4.7	0.5
	-5.7	-5.8	-4.4
	-4.7	-4.8	0.3
	-4.6	-4.8	1.1
	-4.7	-4.8	0.5
	-4.8	-5.9	-1.3
	-4.7	-4.8	0.1
	-5.7	-5.9	-4.6
	-3.8	-4.8	0.1
	-5.5	-5.8	-3.8
	-4.5	-5.1	0.0
	-4.2	-4.6	-4.2
	-3.7	-4.5	1.1
	-4.5	-4.5	-3.7
	-3.6	-4.6	1.1
	-4.5	-4.6	-3.6
	-5.1	-5.6	-2.0
	-4.3	-5.6	-1.8
	-4.5	-5.6	-1.9
	-4.4	-5.6	-2.2
	-5.0	-5.6	-1.7
	-5.4	-6.0	-4.5
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AccuVax Example





# Questions



## VFC Opportunities

Areas the VFC Team is still working to address.



## ASIIS Data Improvement - Record Issues

#### **Provider Discussion**

- Automerges are often incorrect and result in a lot of additional work on providers to determine root cause of errors and identify corrections. Look at merges to see if there are better data elements to merge the records on.
- Providers would prefer to drive the merges and let the program know who needs to be merged.
- Look at Group Homes as records involving patients in this setting may be a root cause for some report issues.
- When a patient moves a new account has to be created (one individual can end up with multiple accounts) - requires a merge.

#### **VFC Opportunities**

- BIZS is checking with STC to see if they are able to modify approach for merging patient records that have a first name of "BABY BOY" "BABY GIRL" or "UNKNOWN BABY" or exploring alternatives to adjusting the merge parameters, such as rejecting BABY records (as other states do).
- The program is aware of the Group Home issue and is actively working to identify potential improvements.



## Ordering - Negative Doses

#### **Provider Discussion**

- Maintain ability to place an order when provider is in the negative. Providers must call monthly to override.
- Providers would like a way to clear on a 200-dose lot - "we can't just go in and delete a dose from a patient record when we don't know where the error is coming from."

#### **VFC Reminder**

 Provider inventory reconciliation should be occurring, Finding Missing/Overused Doses.



BIZS is checking with STC to see if they can remove or bypass the negative dose to allow for continued ordering.



## VFC Required Documentation Improvements

#### **Provider Discussion**

 Program documentation (i.e., enrollment docs, VAMP Forms, etc.) needs improvements - digitize forms, digital submission of docs, signature requirement adjustments, etc.

#### **VFC Reminder**

- Vaccine Management Plans <u>must be updated</u> annually or more frequently as needed, and verified as current with the vaccine coordinator's signature and date of review. (CDC Ops Guide)
- BIZS requires that the Signatory Physician signs the 1st page. However, the Modules may be initialed by the signing physician, the primary or backup coordinator, or the office manager.

BIZS is working to explore options for digitizing the VAMP Form to complete and submit the document. If BIZS is able to do this, it would be a 2025 rollout.

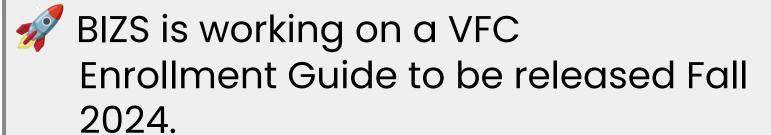


## VFC Provider - New Enrollment

#### **Provider Discussion**

- More assistance with enrollment is needed due to the many requirements. Seems like it would reduce errors, support building connection to the program and program staff while helping to get it right the first time, thus reducing the back and forth.
- Meet providers where they are regarding support for enrollment. Providers would like to have the option to have a VFC Staff Member come on site to support enrollment for those who would like it. Providers self select the approach.

#### **VFC Update**



 After the enrollment application is approved, a provider will receive a new provider in-service.



## **Provider Site Visits**

#### **Provider Discussion**

- Providers waste time on inconsistencies. (i.e. water bottles for units, address on a patient record)
- Instruments used for testing have expired, but calibration is still good and not past the expiration date.
- The Data Logger serial # does not match the unit.

#### **VFC Update**

- IPS staff received additional training to ensure consistency during site visits.
- The Site Visit Survey will be reinstituted by August 2024.
- Program is working to develop a visual guide for serial #s to streamline the enrollment/re-enrollment process for providers.



## Training - Specific Needs

#### **Provider Discussion**

- Additional training on Reconciliation would be helpful.
- Create a list of all ASIIS reports and their purpose.
- New staff onboarding takes a lot of work and time. There is a lot of information to absorb for staff and it would be helpful to break the information down (e.g., supportive tools, training roadmap, what we need to know at the first day, 1st week, etc.)

#### **VFC Reminder**

- AIPO Train
  - VOMS 2.0 Training (ASIIS Upgrade)
  - ASIIS Inventory Reconciliation
  - <u>Dose Accountability Webinar Registration</u> live training (next training 05/29) Additional training dates found on AIPO Train
- Job Aids
  - How to Reconcile Inventory in ASIIS (VOMS 2.0)
  - Are You a New Primary/Backup VFC Vaccine Coordinator?
- BIZs will create an ASIIS Reports Job Aid detailing the use of each report.
- Data Quality page is in development



## Replenishment of Private Stock with VFC Stock

#### **Provider Discussion**

Replenishment of Private Stock with VFC Stock. VFC Stock can be replenished with Private we'd like it to work both ways.

#### Examples for root cause:

- 60-day period (shows as active) ACA (payment window)
- COBRA (employer termination)
- One parent responsible for health insurance

#### **TAPI Update**

- In process of creating a Vaccine Finance Council
  - Cost of obtaining and managing vaccines
  - Include: physicians, health plans, public health & Medicaid to explore payment processes and support
  - Exploring partnership with medical association



#### Other Areas

#### **Provider Discussion**

- Desire for a Peer Network & Mentorship Opportunity across VFC Providers.
- Vaccine Inventory Mgmt models/best-practices.

#### TAPI Update

- TAPI has established a Community of Practice
  - Focus will be on issues identified in the VFC Policy workgroup
    - Training, onboarding, and inventory management/oversight
  - Initial meeting to be held in May
  - Office Managers and Supervisors to be invited

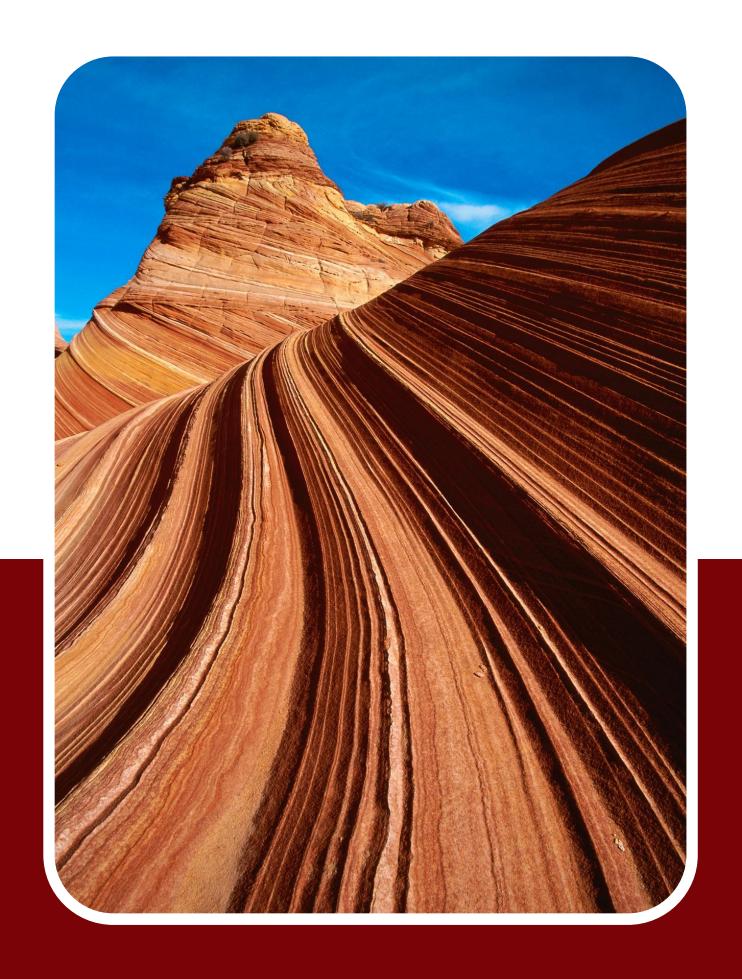


#### What's Next?

- BIZS VFC Operations Guide Update late May
- TAPI Community of Practice May
- VFC Workgroup meeting June
- TAPI Vaccine Finance Council to follow in summer



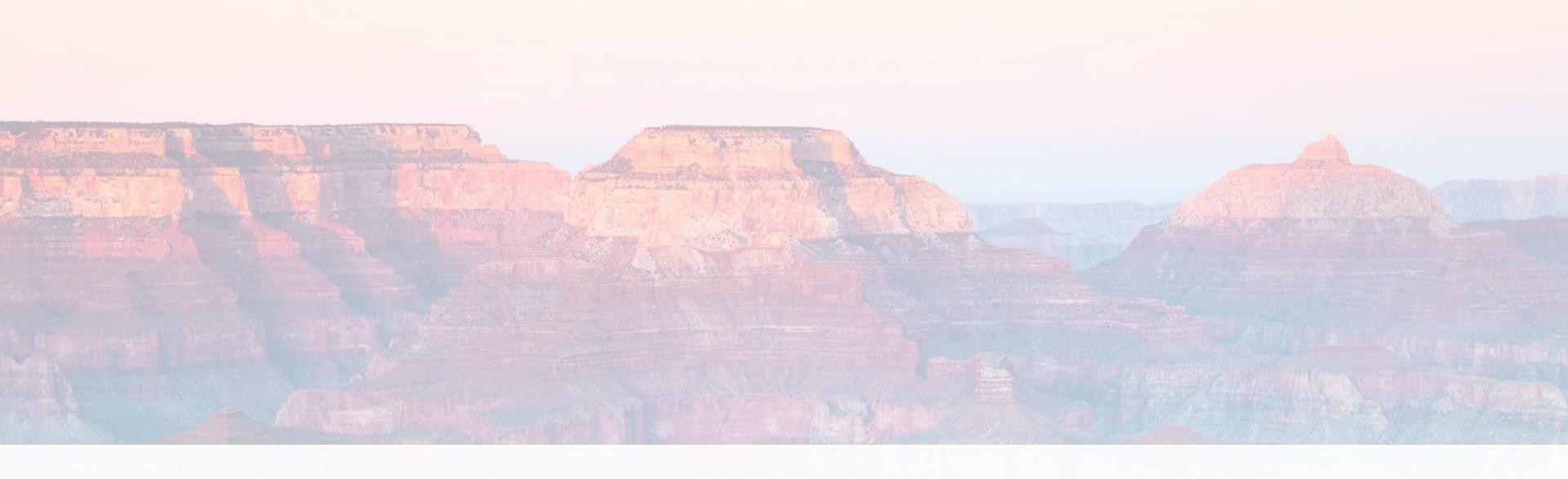






# Questions





## THANK YOU

Bureau of Immunization Services (BIZS) / VFC Program

**Submit Additional Ideas or Questions to the VFC Team** 

