

Barriers and Successes to Enrolling Birthing Institutions in the VFC Program

National Immunization Conference, August 2024



Association of
Immunization
Managers

About AIM

- The Association of Immunization Managers (AIM) is a nonprofit membership association comprised of the directors of the 64 federally funded state, territorial, and local public health immunization programs.
- Our members represent 50 states, 6 major cities, and 8 territories/freely associated states
- **Mission:** Through national leadership, advocacy, collaboration, and a collective voice, AIM represents and supports immunization programs in the development and implementation of effective immunization policies, programs, and practices.

Overview

- Nirsevimab timeline
- Project background
- Enrolling birthing institutions in VFC
 - Lessons learned from before and after the ACIP recommendation of nirsevimab
- Opportunities for AIM and partners to improve implementation of birth dose products

Definitions

Vaccines for Children (VFC) Program

- Federally funded, state-administered program that provides free or lower-cost vaccines to children 18 and younger whose guardians may not be able to afford them

Birthing Institutions

- Private or public hospitals with an obstetric unit
- Birthing centers or standalone birthing hospitals

VFC-Enrolled Birthing Institution

- If a birthing unit is not using VFC-funded nirsevimab and hepatitis b vaccine we do not consider them to be enrolled in the VFC program, regardless of the VFC status of their parent organization

Nirsevimab Timeline

October 2022

- AIM white paper on opportunities for RSV mAb in VFC



March 2023

- AIM starts new project on birthing institution participation in VFC



July 2023

- FDA approves nirsevimab
- AIM releases project findings to members



August 2023

- ACIP recommends nirsevimab
- 10% of birthing institutions enrolled in VFC



October 2023

- First season begins
- CDC publishes nirsevimab addendum to VFC guide
- HAN alert on supply limitations



AIM Project

March to July 2023

PURPOSE

Identify barriers and best practices to birthing institution participation in VFC

Number of Participants

15

Immunization Program Roundtable

9

Partner Roundtable

46

Perinatal Hepatitis B Coordinator Discussion

3

Partner Key-Informant Interviews

Enrolling Birthing Institutions in VFC

Biggest Challenges

- Administrative hurdles
 - Staffing to oversee requirements
 - Eligibility screening
 - Storage and handling
 - Inventory management and reconciliation
 - Training and turnover
 - IIS matching
- CDC requirement to carry separate stocks
- Bundled insurance payments for private-pay births
- Financially advantageous to administer nirsevimab in outpatient setting
- Product shortage during 2023-2024
- Perceived lack of clarity around VFC rules and enrollment across jurisdictions

Financial incentives and bundled payments are a significant barrier

Enrolling Birthing Institutions in VFC

Successes

- CDC nirsevimab addendum clarifies VFC rules for birthing institutions
- VFC replacement model programs
- Some hospitals are solving logistical and administrative barriers
- Some jurisdictions deputizing birthing institutions to serve the underinsured
- Increasing VFC enrollment rates in some jurisdictions (decreases in others)
- Incentives: Immunization-Friendly Birth Hospital Honor Roll (California)
- EHR support resources for eligibility, screening and reporting

Opportunities to Improve Birth Dose Product Implementation

Education

- Use storytelling messaging
- Address potential malpractice risk of failing to provide product
- Campaign to midwives and obstetrical providers on discussing birth and childhood vaccinations
- "We have lactation specialists, we need vaccination specialists"

Policy and Systems

- Modification/easing of VFC requirements for birthing institutions by CDC (e.g., explore if joint commission 'deeming' model for lab accreditation could be adopted for hospital VFC participation)
- Push for payers to carve immunization products out of bundled payments
- Re-examination of vaccine effectiveness data to determine the best time for nirsevimab administration
- Overcome provider resistance to implementation through EHR and/or state requirements
- Hospital accrediting bodies or malpractice insurers promote products as best practice

Opportunities to Improve Birth Dose Product Implementation

Partnerships

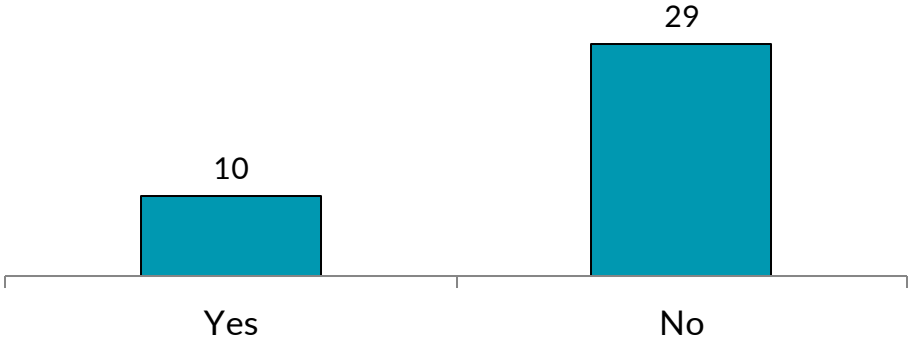
- Hospital association partnerships: obtain buy-in to work with member hospitals on VFC implementation
- Distribute materials to hospital associations sharing VFC success stories from other hospitals and jurisdictions
- State Perinatal Quality Collaboratives
- Promotion from American College of Obstetricians and Gynecologists (ACOG) and pediatric associations
- Involving Centers for Medicaid & Medicare Services (CMS) and health plans in enrollment challenges

AIM Member Survey on VFC

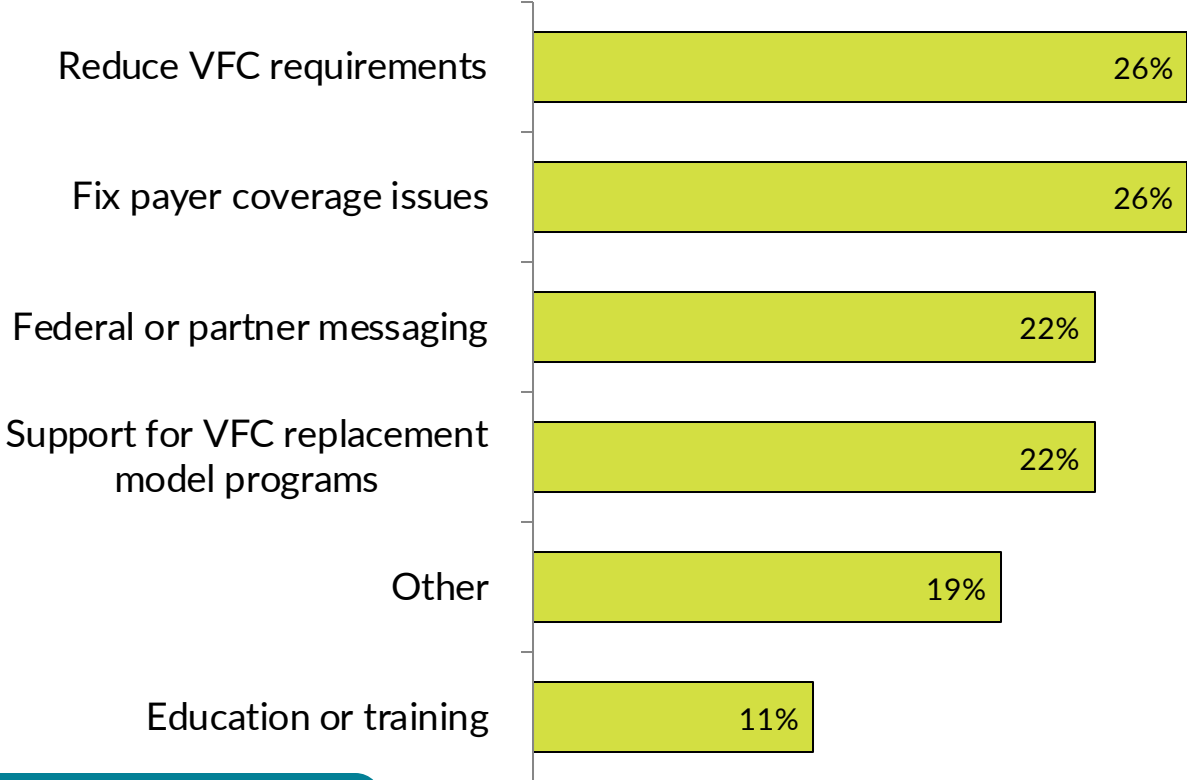
Fielded July 2-25, 2024

63% of jurisdictions participated (40 of 64).

Do you have a policy or mechanism to support a replacement model in VFC? (n=39)



What solutions do you suggest to increase the number of birthing hospitals/institutions enrolled in VFC? (comment themes, n=27)



Among survey participants (n=38), 34% of their birthing institutions are enrolled in VFC.

AIM Member Support

August 2023 to July 2024

Number of Activities

PURPOSE

Support jurisdictions in increasing birthing institution enrollment in VFC

3

RSV Peer Support Webinars

25+

Member meetup discussions

17

Jurisdiction resources posted

2

Handouts published

Thank you!



Michelle Fiscus, MD, FAAP

AIM Chief Medical Officer

mfiscus@immunizationmanagers.org



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