

# Virginia VFC Replacement Model

## Simplifying the VFC Program for Hospital Systems

Virginia Department of Health

# Background

- Eligibility screening is a requirement of the VFC program for the provider to determine which vaccine stock to use, public vs private
- In the “Traditional” enrollment for the VFC program, public and private vaccine stock must be separated
- Eligibility screening prior to vaccine administration and separation of vaccine stock in the hospital setting was a barrier to hospital enrollment in the Virginia’s VFC program.
- Provider enrollment under Virginia's VFC Replacement Model allows the provider to have only one vaccine stock and eliminates the need to screen the client before a vaccine is administered.

# What is the Vaccine Ordering Replacement Model (Replacement)?

- Providers supply the initial stock of vaccines for their patient population
- Private and public vaccine stock may be co-mingled
- As VFC-eligible children receive doses, awardees replace those doses
- All VFC requirements must be met
- Providers must operate within CDC's depot policy

\*\*Refer to pages 48-50 in the 2024-25 VFC Operations Guide for full guidance\*\*

# What is needed to implement Replacement

- Provider:
  - Financial means
  - Electronic means for recording eligibility at the dose level
  - Ability to submit data to the awardee monthly
- Awardee:
  - Ability to verify eligibility
  - Oversight – Temperature Monitoring
  - Ensure doses replaced reflect the provider's VFC-eligible patients

# Proposal for Replacement

- Awardee must submit a proposal for CDC approval
- Eligibility screening at every encounter
- Awardee must have an electronic system (IIS) to capture eligibility at the dose level
- Doses must be documented within 30 days
- Awardee must include a sample report that will be used to verify doses administered data
- Data to review
  - Actual doses being replaced
  - Patient-level data
- Reports must be submitted monthly
- Doses must be shipped directly to provider locations
  - Providers with centralized pharmacies must follow CDC's Depot policy
  - Providers may not ship vaccines from a Centralized pharmacy to other sites throughout the state
- Inventory must be submitted to VTrckS based on public portion of population
- Vaccine returns must be submitted based on public portion of population

\*\*Full guidelines available on pages 48-50 of the 2024-25 VFC Operations guide\*\*

# Partnerships and Implementation

- Identified birthing hospitals in Virginia
- Partnered with the Department of Medical Assistance Services (DMAS) and Virginia Hospital & Healthcare Association (VHHA) to increase interest in Virginia's VFC Replacement Model
- Offered technical assistance to hospitals interested in seeking approval from the CDC to enroll under the VFC Replacement Model
- Provide education and training to other awardees interested in the VFC Replacement Model
- Provide sample proposal and reporting templates
- Designed a one-pager with information about Replacement to be shared with hospitals

# Virginia's past and present experience

- Birthing hospitals utilized Replacement in the early 2010s
  - Office of the Inspector General (OIG) report and changes CDC implemented in 2014
  - Reduced Birthing Hospital VFC participation
- VA currently has seven large healthcare/hospital systems utilizing Replacement
  - Kaiser Permanente (19 sites) – approved in 2019
  - University of Virginia (12 sites) – Previously enrolled 2015-2018, recently re-approved January 2024
  - Carilion (2 sites) – approved in 2024
  - Sentara Princess Anne – approved in 2024
  - Augusta Health – approved in 2024
  - Riverside Regional Memorial – approved in 2024
  - VCU Main Hospital (Nursery/NICU) and Children's Hospital – approved in 2024
  - \*\*Winchester Medical Center – pending approval

# Challenges and Barriers

- Replacement approval is a process
- Replacement is not right for every VFC provider
- The depot policy may challenge providers with Centralized pharmacies
- Purchasing/maintaining supply of vaccine when allocations are in place
- Data reporting and oversight



# Our Team



# Questions?

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