Birthing Hospitals and VFC:
A Learning Collaborative to Protect Infants from RSV

January 21, 2025

AIM
Association of Immunization Managers

HOUSEKEEPING

- We encourage discussion but please remain muted when not speaking
- This call is being recorded
- Please introduce yourself in the chat and tell us your role in these efforts
- All slides and resources will be sent after the call
- Use the chat box for any questions

Agenda

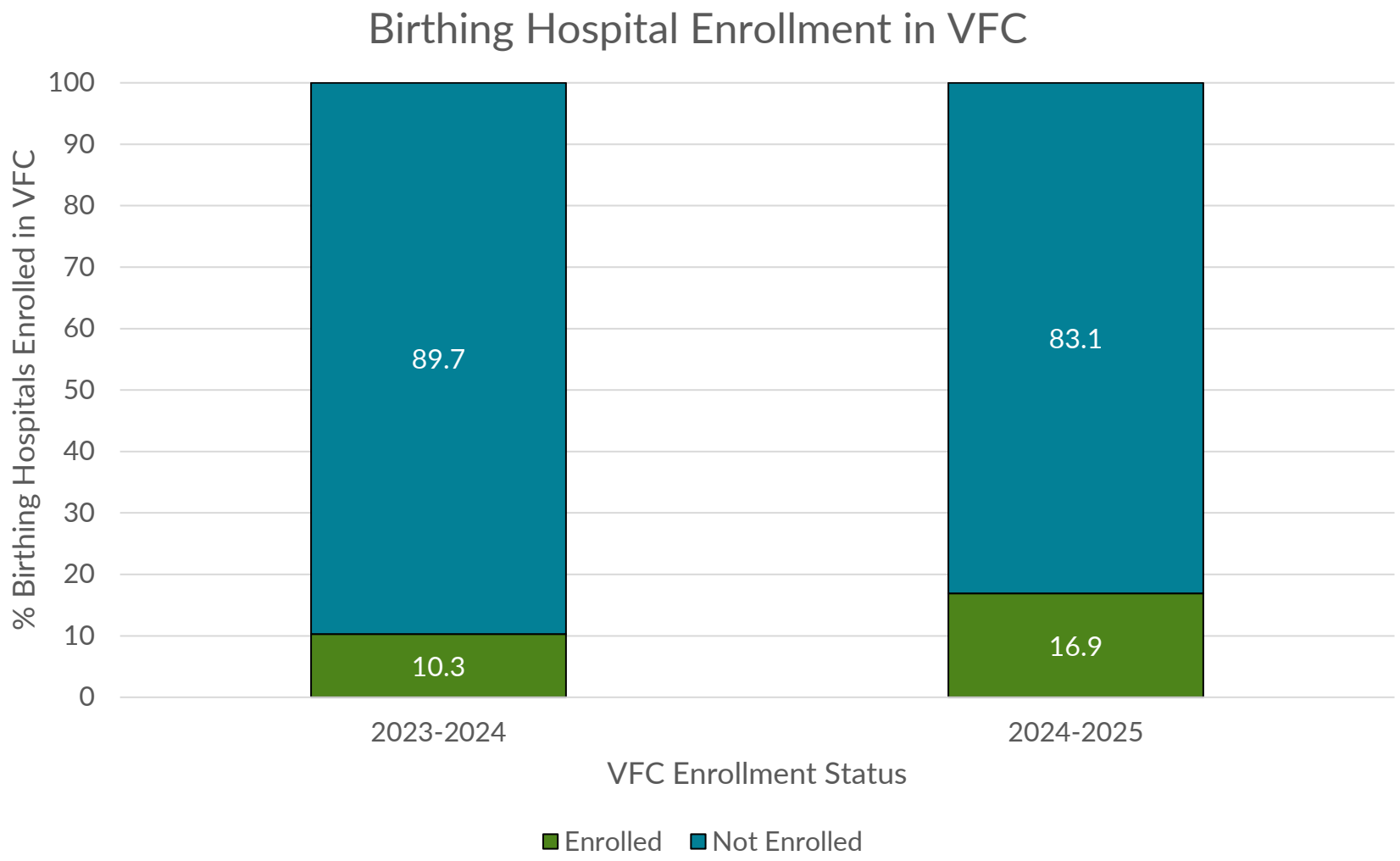
- Purpose of the Learning Collaborative
- Update on RSV Vaccination
- Camden Coalition: Strategies on Funding RSV Vaccination in your Birthing Hospital
- Discussion
- Resources

Purpose

- Increase the capacity to equitably protect infants from serious illness and death due to RSV infection by
  - Understanding challenges to hospital participation in the VFC program
  - Sharing promising practices to overcome these challenges
  - Increasing birthing hospital participation in the VFC program

RSV Vaccination Data Update

Progress


Birthing Hospital Enrollment in VFC
% Birthing Hospitals Enrolled in VFC
100
90
80
70
60
50
40
30
20
10
0
89.7
10.3
83.1
16.9
2023-2024
2024-2025
VFC Enrollment Status
Enrolled
Not Enrolled

Estimated Effectiveness of Nirsevimab

89%

against medically attended RSV-associated acute respiratory illness

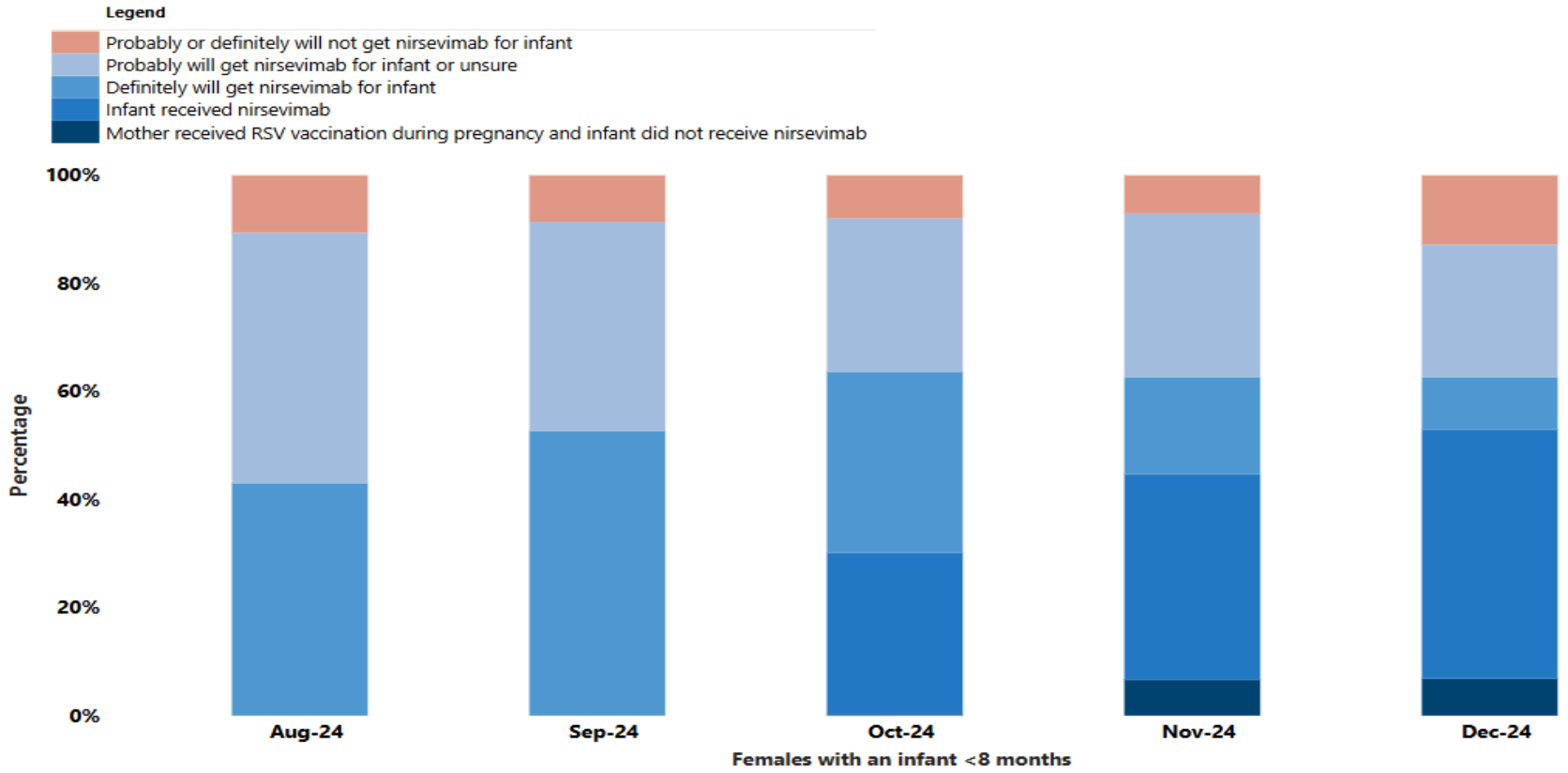
93%

Against RSV-associated hospitalization

https://jamanetwork.com/journals/jamapediatrics/fullarticle/2827176?guestAccessKey=c8c52317-1d0c-4ed7-8c77-83f33f2e1782&utm_source=for_the_media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=120924

RSV Vaccination: Maternal and Infant

Figure 6. Infant Protection Against RSV by Maternal RSV Vaccination* or Receipt of Nirsevimab,† and Intent for Nirservimab Receipt,‡ Reported By Females Aged 18–49 Years Who Have an Infant <8 Months During the RSV season (born since April 1, 2024), by Month of Interview, United States§,±
Data Source: National Immunization Survey–Adult COVID Module



https://www.cdc.gov/rsvvaxview/dashboard/nirsevimab-coverage-infants.html

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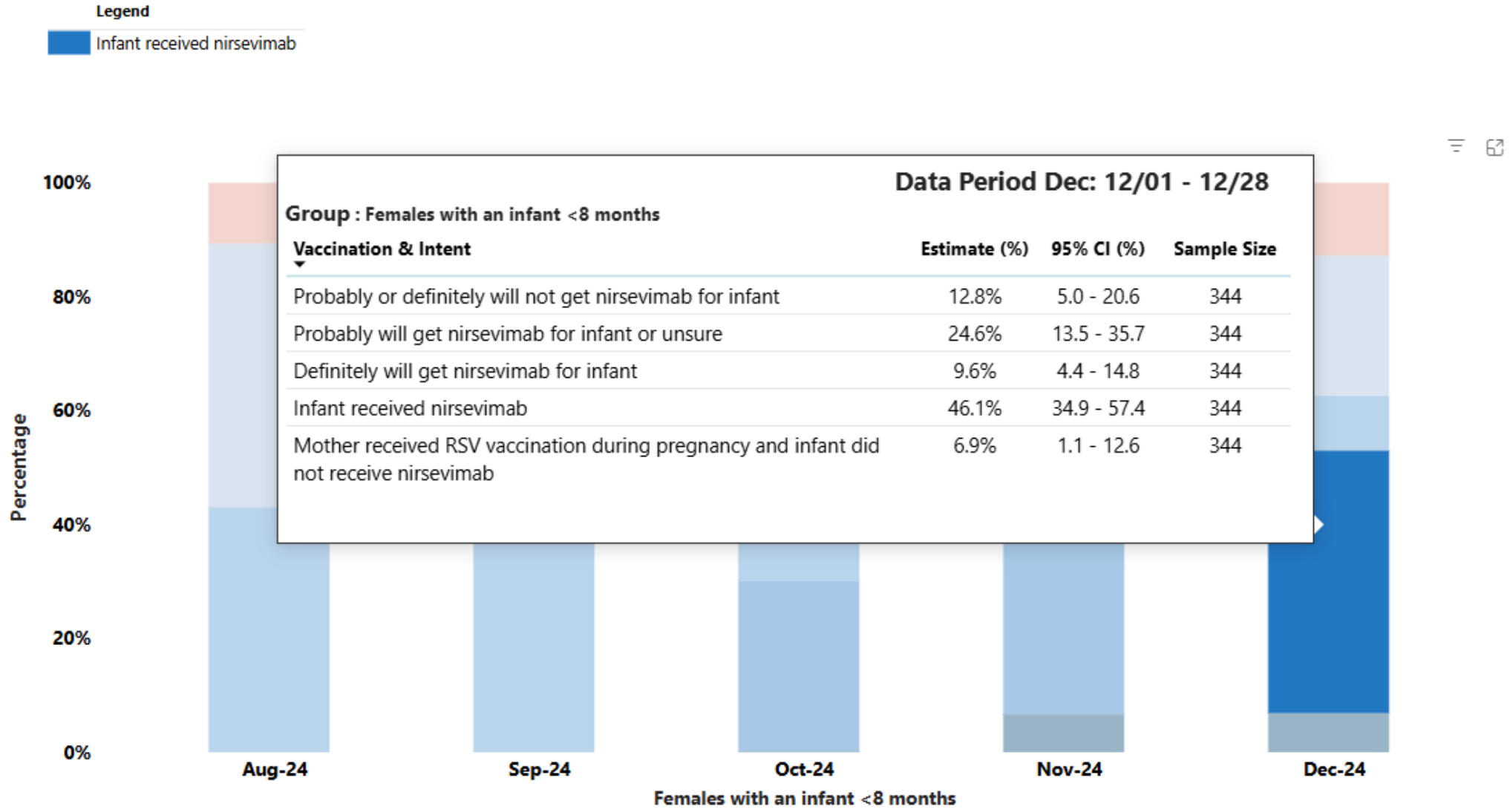

Camden Coalition

Natasha Dravid, MBA and Erica LaRocca, MPH

Navigating implementation barriers to RSV immunization

How health systems can expand access to infant protection against RSV

The National Center
for Complex Health & Social Needs
An initiative of the Camden Coalition

Background

Background

- The FDA approved nirsevimab in July 2023 after clinical trials showed resounding results
- It was included in the federal Vaccines for Children (VFC) program
- The CDC recommends nirsevimab be administered with 7 days of birth, **ideally at birth in the hospital setting to reduce access barriers**

However, as of August 2024, only a quarter of birthing hospitals across the country were enrolled in the VFC program, **creating a financial impasse for integrating birth dose nirsevimab as the standard of care.**

What is preventing health systems from implementing nirsevimab on birthing floors?

Financial barriers	• Misconception that nirsevimab is only covered in outpatient pediatric settings • Bundled payment for labor and delivery will prevent reimbursement for hospital dose nirsevimab
Operational barriers	• Concerns about the workflow implications of operating VFC on the floor • Avoiding duplication with the prenatal RSV vaccine
Relying on outpatient infant well visits	• Many health systems we spoke with were comfortable only offering nirsevimab through pediatric offices

Myths and untested assumptions about patient behavior

"Patients prefer and are more likely to accept immunizations from their pediatrician"

91% of families accept the Hep B vaccine at birth in the hospital

"Mom is getting vaccinated so most infants won't need it at birth"

Not all OB/GYN offices are stocking the prenatal RSV vax; multiple access barriers exist

"Almost all babies make it to the pediatrician within the recommended 7 days of birth."

Data shows more than a quarter of Medicaid-covered infants do not see their pediatrician within 5 days of birth

There is a financially and operationally sustainable path forward to offering nirsevimab to all eligible babies at birth

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The Path Forward

4 steps to offering nirsevimab on birthing floors without sacrificing financial or operational sustainability

Decide	Initiate	Align	Implement
Decide to offer nirsevimab on birthing floors	Initiate the Vaccines for Children enrollment process	Align on reimbursement arrangements with private and commercial insurers	Design and implement a hospital-based workflow

Step 1. Decide to implement

The case for universal access to nirsevimab through the inpatient birth dose

- **The clinical case:**
  - RSV is the leading cause of hospitalization for infants (CDC, 2024)
  - Nirsevimab has the potential to reduce infant ER visits and hospital admissions by up to 90% (Moline et al, 2024)
  - It is difficult to predict which infants are at highest risk for RSV-related hospitalization
- **The financial case:**
  - reduction in utilization represents a clear return on investment for insurers and for society
  - VFC program covers the inventory costs for ~50% of babies
- **The equity case:**
  - Offering nirsevimab to all eligible babies before they leave the hospital eliminates access barriers associated with attending the first pediatric visit (up to 25% of Medicaid-covered babies do not see their pediatrician with 5 days of birth)
  - Protection against RSV hospitalization may prevent further health and social complexities

Step 2.
Initiate the Vaccines for Children Program

INITIATE

Vaccines for Children Program Basics

Provides free vaccines to Medicaid-eligible, un- and underinsured children, AI/AN at no cost to providers or health systems

Protects against 19 different diseases -- including nirsevimab for RSV

Promotes health equity by reducing disparities in vaccination rates

Prevents families needing to navigate multiple care settings for vaccinations

Approximately 38,000 health care provider sites are enrolled nationwide! Scan the QR code to learn more about VFC.

The CDC has relaxed application requirements to encourage more hospitals to participate

- Birthing hospitals offering only nirsevimab and hepatitis B vaccination birth dose may enroll as Specialty Providers
  - Birthing hospitals are not required to carry all ACIP-recommended vaccines to participate in VFC
- Many birthing hospitals elect to cover the cost of the hepatitis B vaccine out of pocket – enrolling in VFC allows them to offset the cost of hep B as well
- Nationally, **almost half** of babies born qualify for the VFC program

Scan the QR code to view the CDC's VFC Program Benefits for Hospitals, including special considerations for RSV

Common VFC Considerations

- **Staffing**
  - Pharmacy leads
  - NICU/L&D leads
  - Workgroups
- **Application components**
  - workflows and policies
  - estimating demand

Eligibility Criteria	Estimating demand
Infant must be born during **RSV season** (October 1 – March 31)	Either review your birth numbers for this timeframe in years past, or divide your birthing hospital's annual number of births by 2
Infant must be uninsured, eligible for Medicaid and/or AI/AN	Apply your birthing site's payer mix to the above total to determine the number of VFC-eligible births* **a conservative estimate based on national data would be between 40-50%*
Mom does **not** report receiving Abrysvo, the **prenatal RSV vaccine**, within 32-36 weeks of pregnancy	Consider the % of Medicaid-covered or uninsured pregnancies that received prenatal RSV vaccine and exclude these babies from your estimate

Step 3. Align with commercial/private payers

Align

Align reimbursement arrangements with private payers

Nirsevimab is not currently included in the maternity bundle

Because of the high ROI, payers are incentivized to work with health systems to establish pathways to hospital-based reimbursement

Reimbursement arrangements can be made with each payer independently

Align with private payors

Pathways for private insurer coverage

Line Item Billing:

Accept CPT codes for inpatient immunization

Preferred pathway

Renegotiating the DRG:

Increase bundle payments to include the cost of nirsevimab

Contractual Update:

Modify contract to allow for inpatient billing for nirsevimab (essentially equivalent to line item billing but codified within your contract)

Best done if/when you are already in a contract negotiation year

Step 4. Implement the workflow

Implementation best practices

Be prepared to hit bumps in the road – especially technical ones related to implementing VFC in the hospital setting
Look for analogues in how Hep B is deployed; lessons learned from COVID and colleagues running VFC program outpatient within your system
First iteration of the workflow may involve some manual steps that improve as documentation and EMR solutions fall into place
Stay informed about other health systems in your state that are working toward birth dose nirsevimab implementation
Keep pressing forward for solutions – as health systems across the country figure out strategies more guidance will follow

Health systems can viably offer hospital doses of nirsevimab to all eligible infants

There is clinical, financial and equity case for inpatient administration of nirsevimab
Recent updates to the VFC regulations allow for a simpler process for hospitals (and will not feel unfamiliar to COVID requirements)
Commercial payers across the country are open to exploring reimbursement for inpatient administration
Workflow implementation will present challenges, some of which will be unique. We can tackle these and be ready for the 2025-26 RSV season.

Resources

- Decide (Making the Case)
  - FDA Approves New Drug to Prevent RSV in Babies and Toddlers | FDA
  - FDA accepts nirsevimab application as first protective option against RSV disease for all infants
  - Frequently Asked Questions About Beyfortus |Beyfortus®
  - AAP Recommendations for the Prevention of RSV Disease in Infants and Children | Red Book Online | American Academy of Pediatrics
  - Early Estimate of Nirsevimab Effectiveness for Prevention of Respiratory Syncytial Virus–Associated Hospitalization Among Infants Entering Their First Respiratory Syncytial Virus Season — New Vaccine Surveillance Network, October 2023–February 2024 | MMWR
- Initiate VFC
  - About the Vaccines for Children (VFC) Program | VFC Program | CDC
  - VFC Program Benefits for Hospitals – RSV specific
- Align with Commercial payers
  - Example policy language from North Dakota: Inpatient Immunizations | BCBSND

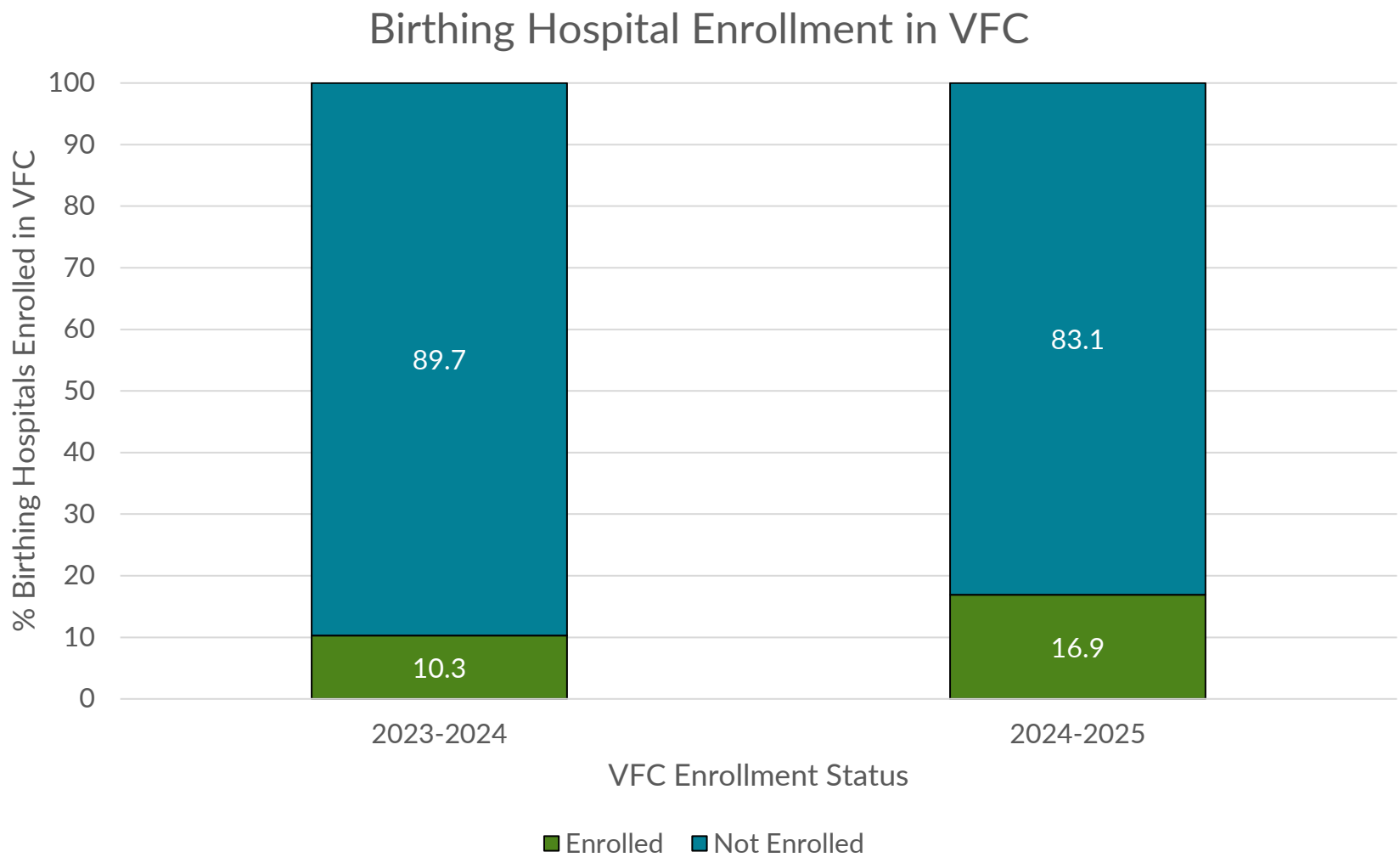
Questions?

Natasha Dravid (ndravid@camdenhealth.org)
Erica LaRocca (elarocca@camdenhealth.org)

Camden Coalition

Speaker Q&A
&
Discussion

Progress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Resources:

- Birthing hospitals and immunization programs can work together to troubleshoot challenges and process VFC program enrollment
- CDC and AIM can assist with challenges

- Previous Call Resources
  - November 13 and October 25: https://www.immunizationmanagers.org/resources/learning-collaborative/

Thank you!

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