



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

TO: Chairs and Ranking Members of the Public Health Committee

**FROM: Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health**

DATE: June 22, 2012

RE: Public Act 11-242 Vaccine Choice Pilot Program

In accordance with Public Act 11-242, §81, the Department of Public Health hereby submits its final report on the vaccine choice pilot program implemented on October 1, 2011 for a select group of health care providers located in Hartford, New Haven and Bridgeport who administer childhood vaccines to children under the federal Vaccines for Children (VFC) program that is operated by the Department of Public Health Immunization Program. The Department is required to report to the Public Health Committee by June 1, 2012 on the pilot program's results and provide recommendations for future program expansion. If the pilot program does not show (1) a significant reduction in child immunization rates or (2) an increased risk to children's health and safety, it will expand to all VFC providers starting October 1, 2012.

BACKGROUND: CONNECTICUT’S CHILDHOOD IMMUNIZATION PROGRAM

The Department of Public Health (DPH) operates a federal “Vaccines for Children” (VFC) entitlement program and its own state immunization program funded by an insurance assessment. The VFC program provides all 16 routine childhood vaccinations recommended by the CDC’s Advisory Committee on Immunization Practices (ACIP) free of charge to children who are Medicaid-eligible, uninsured, underinsured, Native Alaskan, or American Indian. By law, DPH must also administer a state childhood vaccination program that provides certain vaccines, including combination vaccines, at no cost to healthcare providers within available appropriations. Vaccines must be made available to all children who are ineligible for the VFC program regardless of insurance status. Connecticut’s program is a “universal-select” vaccine purchase program, meaning that it provides most (11) but not all of the 16 ACIP-recommended vaccines to children through age 18. The VFC program pays for any brand of vaccine recommended by the ACIP, but DPH chooses the brand for each vaccine provided by both the VFC and state programs; providers have no choice. DPH makes its decisions based on the recommendations of its Vaccine Purchase Advisory Committee (VPAC), which considers the following criteria: (a) vaccine cost for a “full series” of shots, (b) ease of use (e.g., vaccines with the least number of required injections or provider visits), and (c) safety and efficacy recommendations by the CDC and other national advisory bodies.

DPH chooses a single vaccine when more than one manufacturer offers a product with similar efficacy, safety, and cost. If two vaccines have the same efficacy and safety, the department will provide the less expensive vaccine so it is able to immunize more children. It does not switch vaccine manufacturers without a significant reason in order to maintain product consistency and prevent the mixing and matching of vaccines.

PA 11-242 Vaccine Choice Pilot Program

Section 81 of Public Act 11-242 required the DPH Immunization Program to implement a vaccine choice pilot program starting October 1, 2011 for health care providers who administer vaccines to children under the federal Vaccines for Children Program (VFC).

“(b) (1) Commencing October 1, 2011, one group health care provider located in Bridgeport and one group health care provider located in New Haven, as identified by the Commissioner of Public Health, and any health care provider located in Hartford who administers vaccines to children under the federal Vaccines For Children immunization program that is operated by the Department of Public Health under authority of 42 USC 1396s may select under said federal program, and the department shall provide, any vaccine licensed by the federal Food and Drug Administration, including any combination vaccine and dosage form, that is (A) recommended by the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, and

(B) made available to the department by the National Centers for Disease Control and Prevention.

(2) Not later than June 1, 2012, the Commissioner of Public Health shall provide an evaluation of the vaccine program established in subdivision (1) of this subsection to the joint standing committee of the General Assembly having cognizance of matters relating to public health. Such evaluation shall include, but not be limited to, an assessment of the program's impact on child immunization rates, an assessment of any health or safety risks posed by the program, and recommendations regarding future expansion of the program.

(3) Provided the evaluation submitted pursuant to subdivision (2) of this subsection does not indicate a significant reduction in child immunization rates or an increased risk to the health and safety of children, commencing July 1, 2012, any health care provider who administers vaccines to children under the federal Vaccines For Children immunization program that is operated by the Department of Public Health under authority of 42 USC 1396s may select, and the department shall provide, any vaccine licensed by the federal Food and Drug Administration, including any combination vaccine and dosage form, that is (A) recommended by the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, and (B) made available to the department by the National Centers for Disease Control and Prevention.”¹

Target Area

The target area for the pilot was any health care provider in Hartford, one group health care provider located in New Haven, and one group health care provider located in Bridgeport. Providers may select any vaccine licensed by the federal Food and Drug Administration that is recommended by the National Center of Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) made available to DPH under the federal VFC entitlement program.

Recruitment Process

In August, 2011, the DPH Immunization Program sent out a communication to eight (8) health care providers from the City of Hartford and four (4) health care providers in New Haven and Bridgeport to solicit their participation in the Vaccine Choice Pilot program. Program staff from the Immunization Program contacted provider offices to discuss their interest in participating in the pilot program and respond to any questions they may have. For providers who decided to enroll in the pilot program, staff was available to schedule in-office training session for their staff to review their vaccine ordering and reporting process.

¹The July 1, 2012 date was changed to October 1, 2012, pursuant to Section 213 of Emergency Certified House Bill 6001, June 2012 Special Session.

After three months of recruitment efforts, only one of the eight provider sites in Hartford and none of the provider sites selected in New Haven and Bridgeport elected to participate in the vaccine pilot program.

Reasons for Non-participation in Vaccine Choice Pilot Program

When asked by DPH, some of the health care providers who declined to participate in the pilot program offered one or more of the following reasons for non-participation: (1) providers participating in the pilot program would have to maintain a two tiered vaccine ordering process for their practice. This would increase the administrative burden on office staff to maintain separate vaccine order and accountability forms to track vaccine inventory and administration; (2) provider offices would be required to maintain separate stock of vaccines for “choice pilot program” which increases administrative and storage burden within an already complex process of vaccine administration; (3) there would be a period of several months when children in different age cohorts would be receiving different vaccine products with different immunization schedules and added complexity would increase the possibility of errors in administration; (4) the inconsistent nature of some children’s insurance coverage and would be moving in and out of eligibility for certain vaccines. This would add additional complexities and increase the possibility of error or suboptimal immunization; (5) changing from one vaccine combination product to another may have unintended consequences of decreasing the percentage of children who are up-to-date at 6 months of age. Combination products are composed of different vaccine components that have different immunization schedules and timeframes for completing an immunization series; (6) the vaccines currently available through the VFC program are the best choices for immunizing their patients.

Program Assessment

Only one provider participated in the pilot program. That provider elected to use a different combination vaccine product and continued to use the remainder of the vaccine products the state program currently provides. As a result of the extremely limited participation in the Vaccine Choice Pilot Program, DPH was unable to evaluate the program’s impact on child immunization rates or assess any health or safety risks posed by the program.

Recommendation

DPH Immunization Program completed a “Vaccine Choice Feasibility Study” on November 25, 2011. The study concluded that if Connecticut implements a full choice vaccine supply policy within funding limitations, that vaccine brand choice should also be applied to the vaccines available to non-VFC children that are from state funds through legislation in General Statutes Section 19a-7j. This “across the board approach” would eliminate the two tiered ordering process and reduce the administrative burden to office staff for maintaining separate vaccine orders and accountability forms to track vaccine inventory and administration. Providers will be able to select vaccines that best fit their clinical practices and patient needs. The full choice supply policy would eliminate potential scenario where the provider only wants to use a single brand but is “forced” into ordering and managing multiple brands because they immunize both VFC eligible and non-VFC children.