

# Oregon Vaccine Finance Model and Impacts to Access

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BACKGROUND | CURRENT STATE | LOOKING AHEAD

Kelly F. McDonald, MPH, OHA/Immunization Program  
Access Modernization Manager

# Topics to cover

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- Introduction
- Background
- Current state
- Data Trends
- Looking forward

# Introduction

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LEVEL SETTING

# Why focus on our vaccine finance model?

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- Impact to multiple health system sectors
  - Immunizing clinics, pharmacies, hospitals
  - Local public health
  - Health plans / payors
  - Health system
- Costs of inaction
  - Missed opportunities
  - Cost to treat, care for vaccine-preventable disease

# What is **equitable** access?

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- **Equity** (World Health Organization, abridged): the absence of avoidable or remediable differences among groups of people
- **Equitable vaccine access:** Every person is able to access vaccine, regardless of socioeconomic status, race, language, geography, insurance status, or citizenship.

# OHA's 2030 goal

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Oregon Health Authority:  
Strategic goal to **eliminate**  
**health inequities** in Oregon by  
2030.

# Background

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30-YEAR VACCINE FINANCE MODEL

# 30-year vaccine finance model

## Vaccination programs

- Vaccines for Children (VFC) program
- Section 317
- Vaccine Access Program (VAP) and “Billable” vaccine
- Other, as needed

**Vaccines for Children**  
Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2021 will:

- prevent **472 million** illnesses  
*(29.8 million hospitalizations)*
- help avoid **1,052,000** deaths
- save nearly **\$2.2 trillion** in total societal costs  
*(that includes \$479 billion in direct costs)*

more than the current population of the entire U.S.A.

greater than the population of Seattle, WA

more than \$5,000 for each American

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

[www.cdc.gov/vaccines/vfcprogram/](http://www.cdc.gov/vaccines/vfcprogram/)

Updated 2011. All other usage of health care's benefits from immunization for the Vaccines for Children Program (this financial status, FY04-2011).  
NIDDK/PHC 11020112



# ALERT Immunization Information System (IIS)

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- Critical piece of immunization infrastructure
- System consolidates immunization data from medical and pharmacy systems into one source
- Used to guide patient care, improve vaccination rates, ultimately reduce vaccine-preventable disease

# Vaccine Access Program (VAP)

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- 2002: State program, designed to improve access
- Allowed local public health clinics to:
  - Serve all clients, regardless of insurance type
  - Bill payors for well insured “Billable” clients
  - Avoid up-front costs of vaccine purchasing
  - Maintain a single stock of vaccine
- Later expanded to other provider types:
  - Federally Qualified Health Centers (FQHCs)
  - Some private clinics serving special populations

# Current State

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BARRIERS TO PARTICIPATION & ACCESS

# Challenges

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- The patchwork of vaccine supply programs
- Rising vaccine costs
- Insufficient public health funding – state/local
- ALERT IIS technology needs
- COVID commercialization and new vaccines
- Growing complexity
- Others...

# The “patchwork”

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- Vaccines for Children (VFC) program
- 317-funded vaccine
- Vaccine Access Program (VAP)
- Bridge Access Program
- Others, as needed

# Vaccine financing: Oregon



Federal

- **Vaccines for Children (VFC)**
  - Uninsured
  - Medicaid eligible
  - AI/AN
- **317**
  - Uninsured adults



State

- **Billable Vaccine**
  - Adults on OHP, Medicare
  - Children & adults w/ private insurance

## Vaccine Access Program (VAP)

- All LPHAs
- Most FQHCs
- Tribal clinics
- Some private clinics serving special populations
- = 46% (~300 clinics)

- Other 54% are private VFC only clinics



# Provider types

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- VFC only
- Vaccine Access Program (VAP)
- Specialty
- Not enrolled but vaccinate
- Refer patients out

Determines:

1. Where providers get vaccine
2. How it's paid for
3. What piece of the patchwork they can access for patients



# Vaccine Access Program no longer sustainable

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- Significant vaccine cost increases
- Direct ship vaccines
- Waitlist for enrollment
- Reduction to some vaccine orders
- No dedicated funding to support operations, yet growing complexity to manage



# Increased vaccine costs, Billable doses, Dec 2005 to Jan 2024

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| Timeframe | Total cost, 1 dose of each vaccine available | Percent increase since Dec 2005 |
|-----------|--|---------------------------------|
| Dec 2005  | \$646.51                                     | -                               |
| Dec 2010  | \$2,065.55                                   | 219%                            |
| Dec 2015  | \$2,727.35                                   | 322%                            |
| Dec 2022  | \$3,939.47                                   | 509%                            |
| Jan 2024  | \$5,282.32                                   | 717%                            |

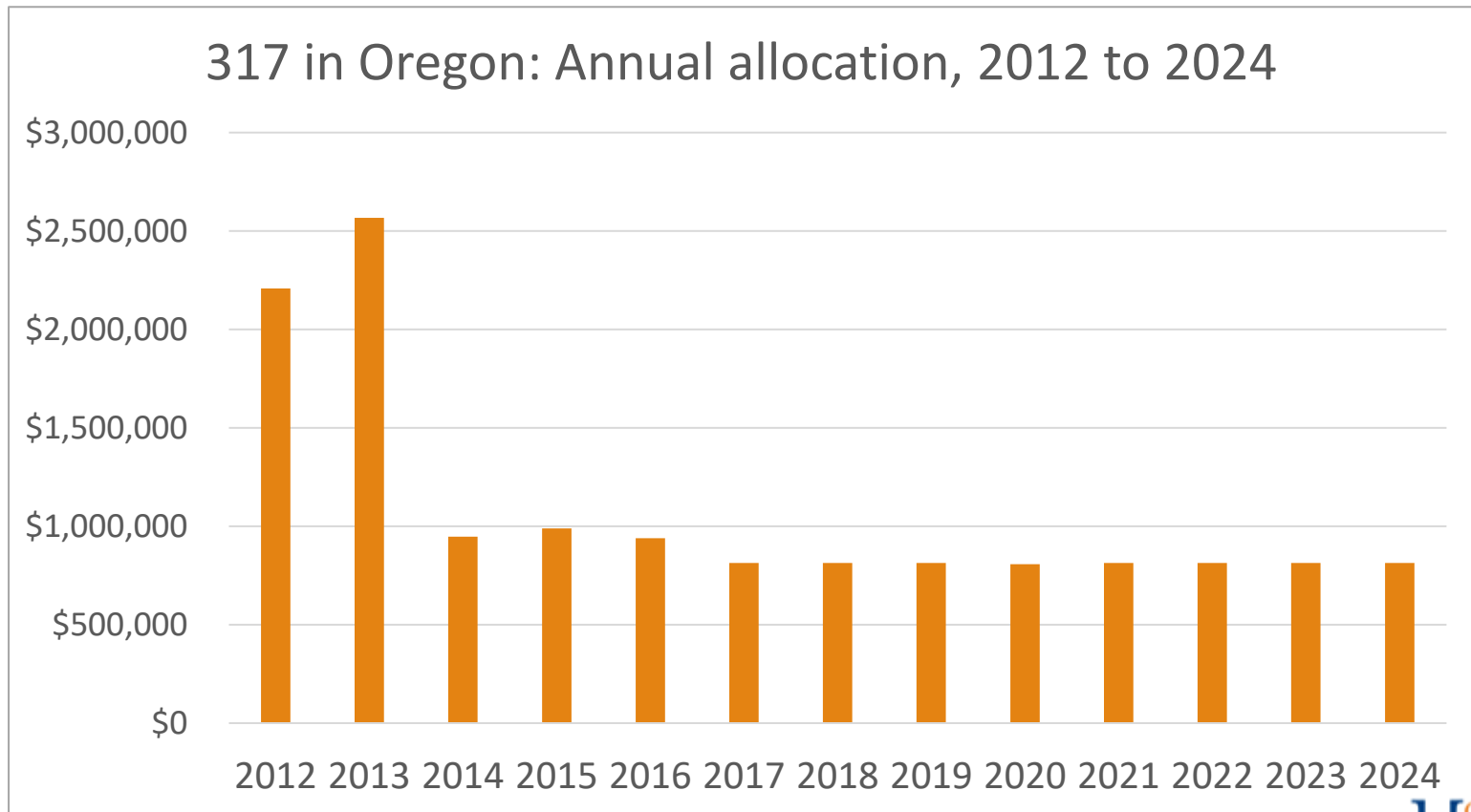
# Insufficient public health funding – state

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## OHA's Immunization Program

|                    | 1999      | Today         |
|--------------------|-----------|---------------|
| Staffing levels    | 33        | 40            |
| Enrolled clinics   | 150       | 650           |
| Vaccines to manage | 5         | 22            |
| Vaccine budget     | \$750,000 | \$100,000,000 |
| Oregon population  | 3,393,410 | 4,239,379     |

# Section 317 flat funding



# ALERT IIS technology needs

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- Accessibility standards
- Public access portal
- State and local support for annual school requirements
- Community engagement efforts

# Insufficient public health funding – local

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## Oregon's decentralized public health structure

- Role to assure access
- Statutorily-required activities
- Contracted activities with OHA/Immunization Program

## Downstream impact of challenges to LPH

- School exclusion and increased exemptions
- Risk of disease outbreak
- Role as safety net

# COVID-19 commercialization: then and now

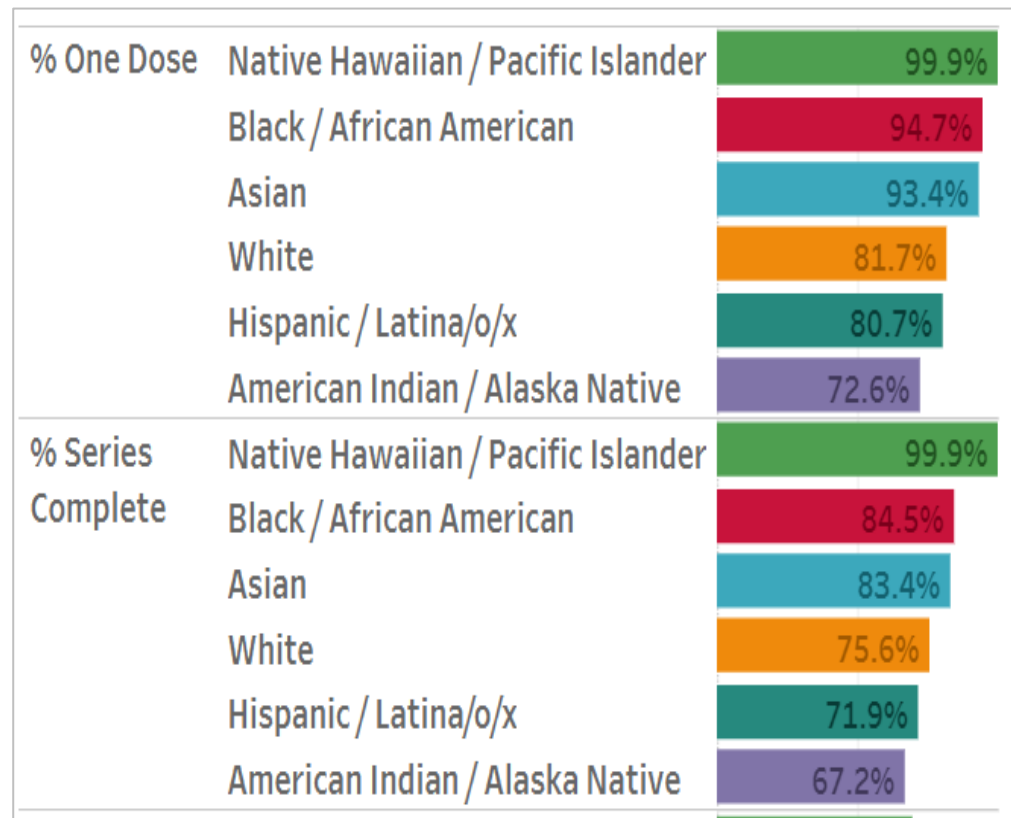
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## THEN: COVID-19 vaccine rollout—

- Removed barriers for providers: no “patchwork” to navigate; no cost for vaccines, testing, therapeutics
- Removed barriers for public: no cost, no insurance requirements; expanded vaccine access options
- Centered equity: community engagement and funding, culturally and linguistically appropriate materials and events

# COVID-19 commercialization: then and now

THEN: COVID-19  
Vaccination by  
race/ethnicity,  
September  
2022



# COVID-19 commercialization: then and now

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## NOW: COVID-19 commercialization—

- Providers: vaccine absorbed into patchwork, costs to purchase, navigating billing, Bridge Access Program
- Public: confusion, significantly reduced access, cost and insurance requirements
- Equity considerations: COVID community engagement grants ended, limited duration positions ended, infrastructure no longer supported



# COVID-19 commercialization: then and now

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## Association of Immunization Managers:

*“When this emergency funding soon expires, our immunization programs will shrink back to near pre-pandemic levels. **This is akin to building a fleet of battleships that are sent out to win one battle, and then immediately brought back to be scrapped or mothballed.**”*

-March 23, 2023, testimony to the House Appropriations Committee’s Subcommittee on Labor, Health & Human Services, Education, and Related Agencies

# New vaccines: 2022-2023

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- Pneumococcal vaccines – PCV15, PCV20
- COVID-19 – commercialization
- Respiratory Syncytial Virus (RSV)
  - 2 adult vaccines
  - New RSV MaB (nirsevimab)
- Coverage requirements

# Growing complexity

## 1995 Immunization Schedule

| Vaccine                              | Birth | 2 Months | 4 Months | 6 Months | 12 Months                       | 15 Months | 18 Months | 4-6 Years   | 11-12 Years | 14-16 Years |
|--------------------------------------|-------|----------|----------|----------|---------------------------------|-----------|-----------|-------------|-------------|-------------|
| Hepatitis B                          | HB-1  | HB-2     | HB-3     |          |                                 |           |           |             |             |             |
| Diphtheria-Tetanus-Pertussis (DTP)   |       | DTP      | DTP      | DTP      | DTP or DTaP $\geq$ at 15 months |           |           | DTP or DTaP | Td          |             |
| <i>Haemophilus influenzae</i> type b |       | Hib      | Hib      | Hib      | Hib                             |           |           |             |             |             |
| Poliovirus                           |       | OPV      | OPV      | OPV      |                                 |           |           | OPV         |             |             |
| Measles-Mumps-Rubella                |       |          |          |          | MMR                             |           |           | MMR         | or          | MMR         |

# Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

| Vaccine and other immunizing agents                      | Birth  | 1 mo                     | 2 mos                | 4 mos                    | 6 mos                    | 9 mos                                   | 12 mos                   | 15 mos | 18 mos   | 19–23 mos | 2–3 yrs                         | 4–6 yrs              | 7–10 yrs | 11–12 yrs   | 13–15 yrs            | 16 yrs               | 17–18 yrs |  |
|--|--|--------------------------|----------------------|--------------------------|--------------------------|---|--------------------------|--------|--|-----------|---------------------------------|----------------------|----------|---|----------------------|----------------------|-----------|--|
| Respiratory syncytial virus (RSV-mAb [Nirsevimab])       | 1 dose depending on maternal RSV vaccination status, See Notes     |                          |                      |                          |                          | 1 dose (8 through 19 months), See Notes |                          |        |  |           |                                 |                      |          |   |                      |                      |           |  |
| Hepatitis B (HepB)                                       | 1 <sup>st</sup> dose   | ← 2 <sup>nd</sup> dose → |                      | ← 3 <sup>rd</sup> dose → |                          |   |                          |        |  |           |                                 |                      |          |   |                      |                      |           |  |
| Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series) |  |                          | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose     | See Notes                |   |                          |        |  |           |                                 |                      |          |   |                      |                      |           |  |
| Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)   |  |                          | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose     | 3 <sup>rd</sup> dose     |   |                          |        | ← 4 <sup>th</sup> dose →                               |           |                                 | 5 <sup>th</sup> dose |          |   |                      |                      |           |  |
| Haemophilus influenzae type b (Hib)                      |  |                          | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose     | See Notes                |   |                          |        | ← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes → |           |                                 |                      |          |   |                      |                      |           |  |
| Pneumococcal conjugate (PCV15, PCV20)                    |  |                          | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose     | 3 <sup>rd</sup> dose     |   |                          |        | ← 4 <sup>th</sup> dose →                               |           |                                 |                      |          |   |                      |                      |           |  |
| Inactivated poliovirus (IPV <18 yrs)                     |  |                          | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose     | ← 3 <sup>rd</sup> dose → |   |                          |        |  |           |                                 | 4 <sup>th</sup> dose |          |   |                      | See Notes            |           |  |
| COVID-19 (1vCOV-mRNA, 1vCOV-aPS)                         | 1 or more doses of updated (2023–2024 Formula) vaccine (See Notes) |                          |                      |                          |                          |   |                          |        |  |           |                                 |                      |          |   |                      |                      |           |  |
| Influenza (IIV4)   |  |                          |                      |                          |                          |   |                          |        |  |           | Annual vaccination 1 or 2 doses |                      |          | Annual vaccination 1 dose only                      |                      |                      |           |  |
| <b>OR</b>  |  |                          |                      |                          |                          |   |                          |        |  |           | Annual vaccination 1 or 2 doses |                      |          | <b>OR</b> Annual vaccination 1 dose only            |                      |                      |           |  |
| Influenza (LAIV4)  |  |                          |                      |                          |                          |   |                          |        |  |           | Annual vaccination 1 or 2 doses |                      |          | Annual vaccination 1 dose only                      |                      |                      |           |  |
| Measles, mumps, rubella (MMR)                            |  |                          |                      |                          | See Notes                |   | ← 1 <sup>st</sup> dose → |        |  |           |                                 | 2 <sup>nd</sup> dose |          |   |                      |                      |           |  |
| Varicella (VAR)  |  |                          |                      |                          |                          |   | ← 1 <sup>st</sup> dose → |        |  |           |                                 | 2 <sup>nd</sup> dose |          |   |                      |                      |           |  |
| Hepatitis A (HepA)                                       |  |                          |                      |                          | See Notes                |   | 2-dose series, See Notes |        |  |           |                                 |                      |          |   |                      |                      |           |  |
| Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)   |  |                          |                      |                          |                          |   |                          |        |  |           |                                 |                      |          | 1 dose  |                      |                      |           |  |
| Human papillomavirus (HPV)                               |  |                          |                      |                          |                          |   |                          |        |  |           |                                 |                      |          | See Notes   |                      |                      |           |  |
| Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)   |  |                          |                      |                          |                          |   |                          |        |  |           |                                 |                      |          |   | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose |           |  |
| Meningococcal B (MenB-4C, MenB-FHbp)                     |  |                          |                      |                          |                          |   |                          |        |  |           |                                 |                      |          |   |                      | See Notes            |           |  |
| Respiratory syncytial virus vaccine (RSV [Abrysvo])      |  |                          |                      |                          |                          |   |                          |        |  |           |                                 |                      |          | Seasonal administration during pregnancy, See Notes |                      |                      |           |  |
| Dengue (DEN4CYD; 9-16 yrs)                               |  |                          |                      |                          |                          |   |                          |        |  |           |                                 |                      |          | Seropositive in endemic dengue areas (See Notes)    |                      |                      |           |  |
| Mpox   |  |                          |                      |                          |                          |   |                          |        |  |           |                                 |                      |          |   |                      |                      |           |  |

Range of recommended ages for all children
  Range of recommended ages for catch-up vaccination
  Range of recommended ages for certain high-risk groups
  Recommended vaccination can begin in this age group
  Recommended vaccination based on shared clinical decision-making
  No recommendation/ not applicable

# Into the weeds we go...


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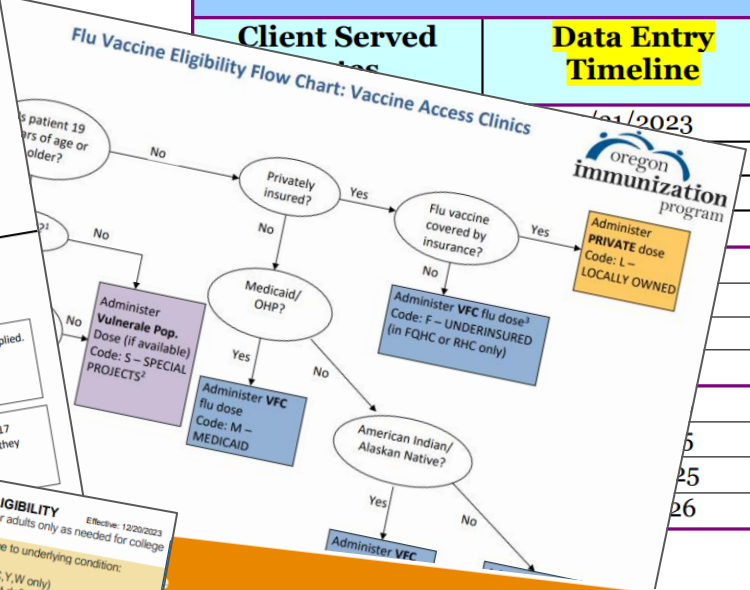
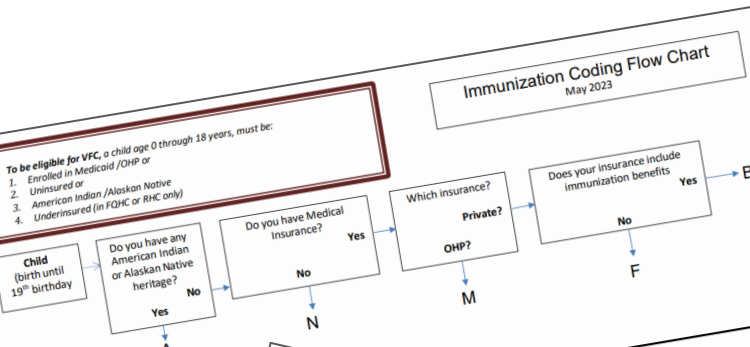


## Clinic considerations

- Clinic workflow
- Eligibility coding
- Billing
- Ordering / purchasing
- Documentation
- Hesitancy / questions

# State of Oregon: Billable Vaccine Project Invoicing Timeline 2023-2025

| Client Served | Data Entry Timeline   | Bill Issued   |
|---------------|---|---------------|
|               | 1st/2023  | July, 2023    |
|               |  | October, 2023 |
|               |   | January, 2024 |
|               |   | April, 2024   |
|               |   | July, 2024    |
|               |   | October, 2024 |
|               |   | January, 2025 |
|               |   | April, 2025   |
|               |   | July, 2025    |
|               |   | October, 2025 |
|               |   | January, 2026 |
|               |   | April, 2026   |



**ADULT Vaccine Eligibility in Public Vaccine 317 chart is where you look when:**

- Adults with insurance are eligible

**317-FUNDED VACCINE ELIGIBILITY**

Vaccines listed below are covered:  
 • Only for ages 19+ with no insurance or vaccine coverage and COVID vaccine (for Bridge Project Providers only)  
 • If clinically indicated, unless noted in eligibility details.

Effective: 12/20/2023

| 317 ELIGIBLE VACCINES    | ELIGIBILITY DETAILS   |
|--------------------------|---|
| Hepatitis A, & A/B combo | As indicated in <a href="#">standing orders</a><br>Persons at increased risk:<br>• Men who have sex with men<br>• Persons who use illegal drugs<br>• Persons in group settings for persons with developmental disabilities<br>• Persons experiencing homelessness<br>• Persons who are HIV+<br>• Adults with Hep. C infection<br>Persons at increased risk:<br>• Sexual partners and household contacts of Hep. B+ persons<br>• People seeking evaluation or treatment for a STI<br>• Men who have sex with men<br>• Persons who use illegal drugs<br>• Persons who are HIV+<br>• Persons in group settings for persons with developmental disabilities<br>• Healthcare and public-safety personnel with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids<br>• Persons with Hep. C infection<br>• Chronic liver disease<br>• Persons <60 years with diabetes<br>• Adults in carceral settings<br>Persons at increased risk:<br>• Asplenic persons or patients ≥18 years undergoing splenectomy<br>• Persons with a cochlear implant. |
| Hepatitis B, & A/B combo | As indicated in <a href="#">standing orders</a><br>Persons at increased risk:<br>• Men who have sex with men<br>• Persons who use illegal drugs<br>• Persons in group settings for persons with developmental disabilities<br>• Healthcare and public-safety personnel with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids<br>• Persons with Hep. C infection<br>• Chronic liver disease<br>• Persons <60 years with diabetes<br>• Adults in carceral settings<br>Persons at increased risk:<br>• Asplenic persons or patients ≥18 years undergoing splenectomy<br>• Persons with a cochlear implant.  |
| Hib series               | As indicated in <a href="#">standing orders</a><br>Persons at increased risk:<br>• Splenic persons or patients ≥18 years undergoing splenectomy<br>• Persons with a cochlear implant.   |

| Patient Population  |  | Eligibility Code | Vaccine Stock |
|---|--|------------------|---------------|
| No Insurance  |  | N                | State         |
| OHP/Medicaid (children only)  |  | M                |               |
| American Indian/Alaskan Native  |  | A                |               |
| Underinsured (in FQHC/RHC only)   |  | F                |               |
| Other State-supplied, 317 (uninsured, under-insured, and special exceptions*) |  | O                |               |
| Billable (Privately insured patients and adults on OHP/Medicaid)              |  | B                |               |
| Special Projects  |  | S                | Private       |
| Locally Owned (privately purchased vaccine)                                   |  | L                |               |

| Patient Age  | No Insurance   |
|--------------|--|
| 0 through 18 | OHP/Medicaid (children only)                                     |
|              | American Indian/Alaskan Native                                   |
|              | Underinsured (in FQHC/RHC only)                                  |
|              | Billable (Privately insured patients and adults on OHP/Medicaid) |
| All Ages     | Special Projects (rarely used, only when funds are available)    |



# Other barriers creating access gaps

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- VFC enrollment barriers
  - Clinics
  - Pharmacies
  - Hospitals
- Long-term care facility gaps
- Pharmacy closures
- Medicare contracting for local public health
- And more...

# The maze

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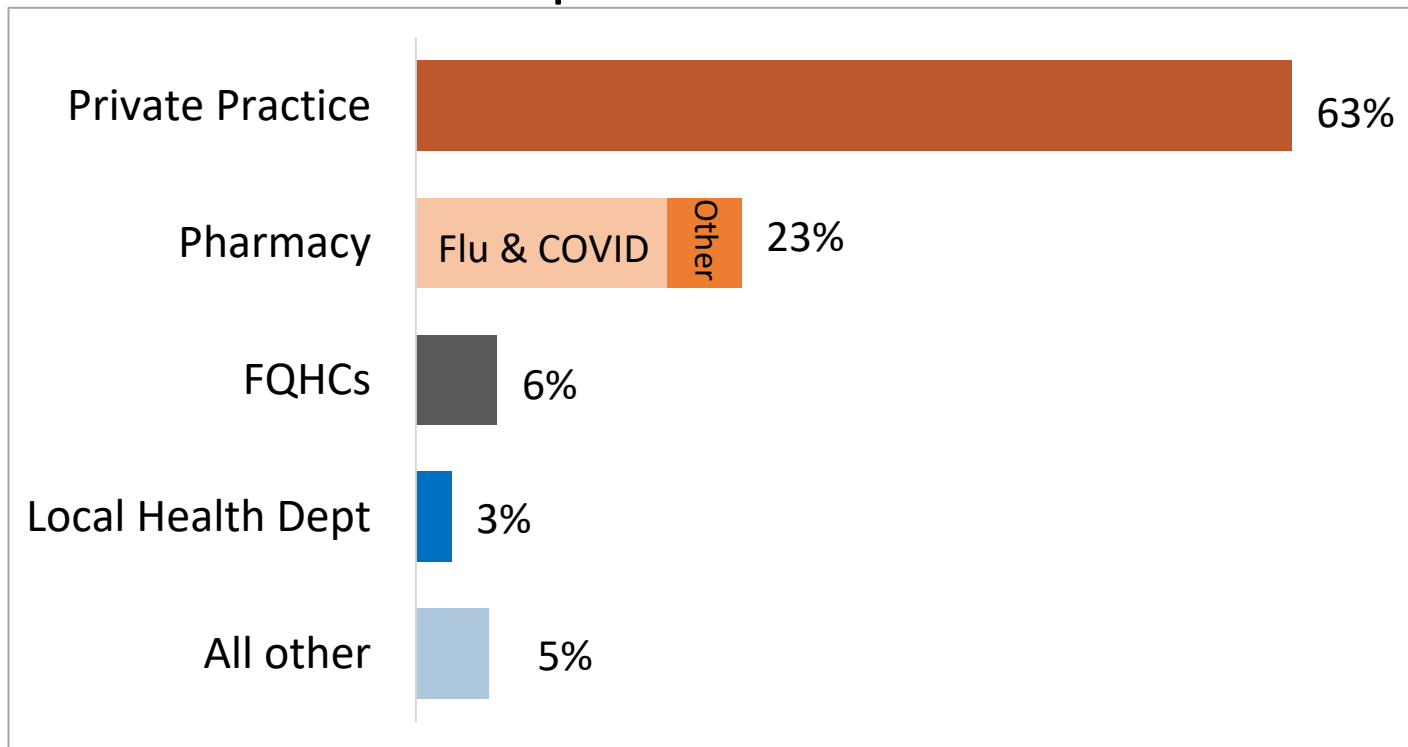
# Data Trends

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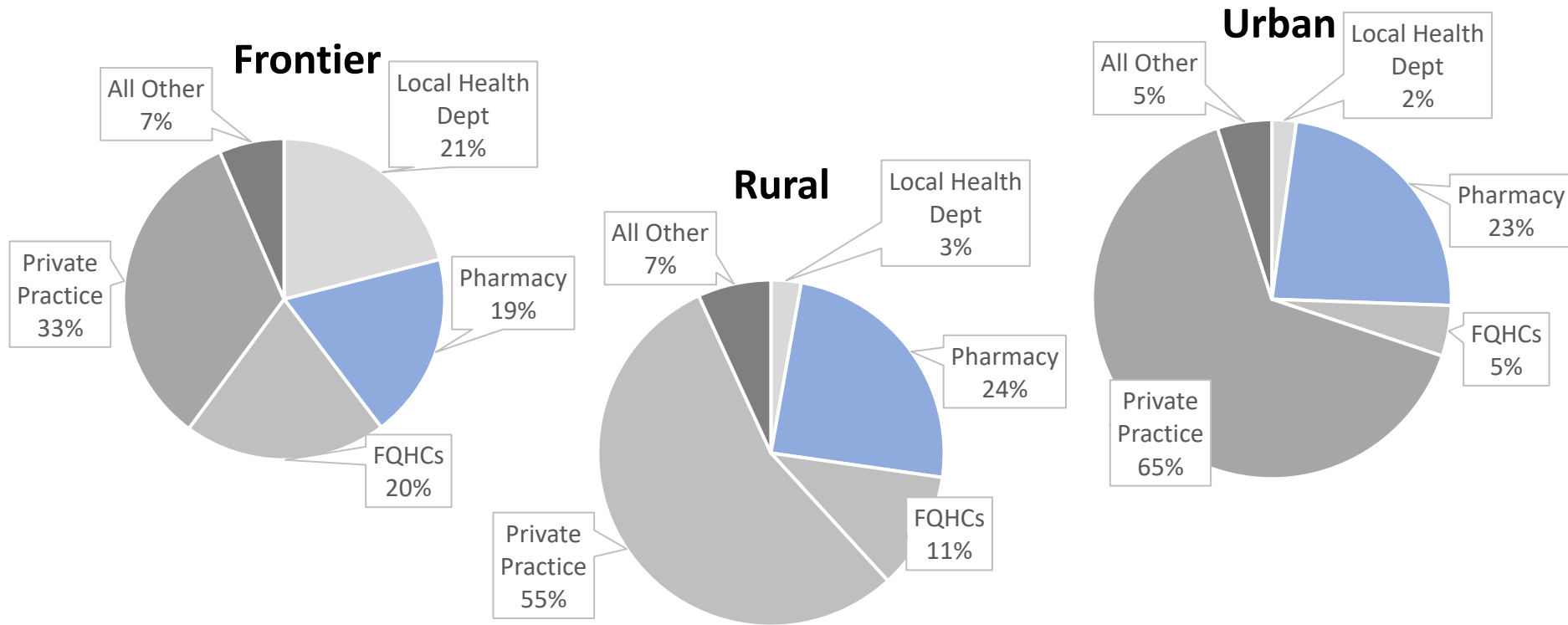
2-YEAR-OLD | ADOLESCENT | FLU | EXEMPTIONS

# Where do people in Oregon get vaccinated?

Vaccinations reported to ALERT IIS in 2023

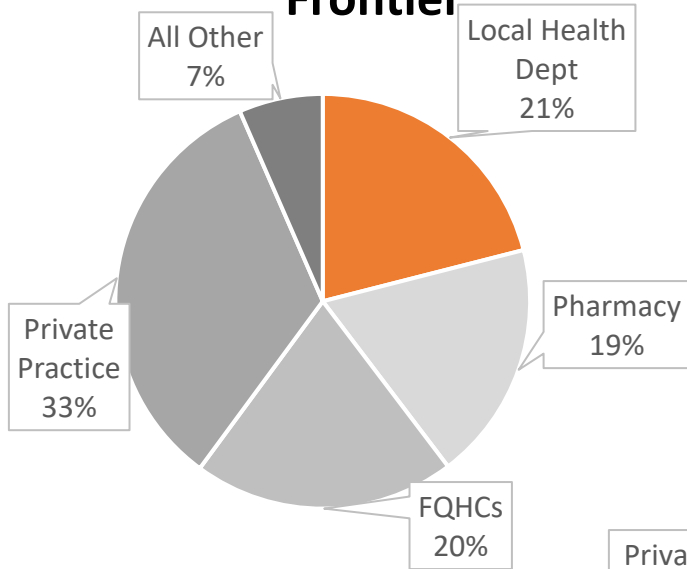


# Pharmacy access in frontier vs. rural and urban counties

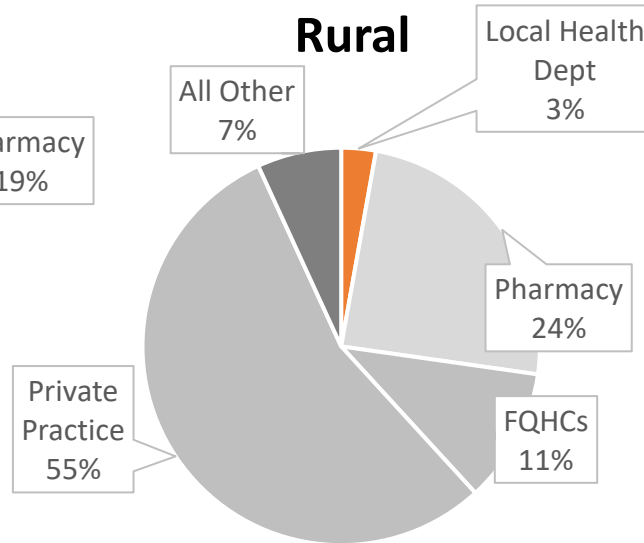


# Access in frontier vs. rural and urban counties

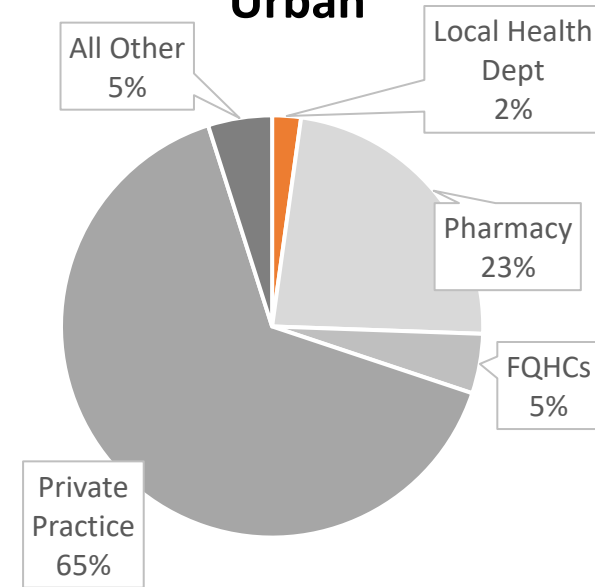
### Frontier



### Rural



### Urban



# Oregon two-year-old up-to-date rate, 2014-2022

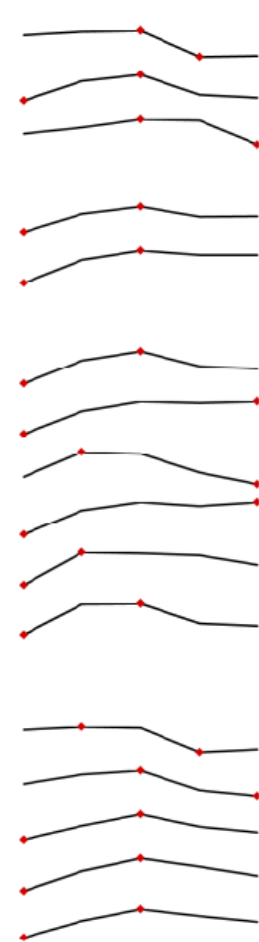
|  | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | Trend 2018-2022 |
|--|------|------|------|------|------|------|------|------|------|-----------------|
| <b>Two-Year-Olds<sup>a</sup> Up-to-Date Rate<sup>b</sup></b> |      |      |      |      |      |      |      |      |      |                 |
| 4:3:1:3:3:1:4 <sup>c</sup>                                   | 60%  | 64%  | 66%  | 68%  | 69%  | 71%  | 71%  | 71%  | 69%  |                 |
| 4 doses DTaP   | 76%  | 77%  | 78%  | 80%  | 80%  | 81%  | 81%  | 80%  | 78%  |                 |
| 3 doses IPV  | 87%  | 88%  | 89%  | 89%  | 89%  | 90%  | 90%  | 89%  | 89%  |                 |
| 1 dose MMR   | 87%  | 89%  | 88%  | 88%  | 88%  | 91%  | 90%  | 88%  | 87%  |                 |
| 3 doses Hib  | 87%  | 87%  | 88%  | 88%  | 88%  | 89%  | 89%  | 88%  | 87%  |                 |
| 3 doses HepB   | 82%  | 83%  | 85%  | 85%  | 85%  | 87%  | 87%  | 87%  | 86%  |                 |
| 1 dose Varicella   | 85%  | 86%  | 86%  | 87%  | 86%  | 88%  | 88%  | 87%  | 86%  |                 |
| 4 doses PCV  | 72%  | 75%  | 76%  | 77%  | 77%  | 78%  | 79%  | 78%  | 76%  |                 |
| 1 dose HepA  | 86%  | 87%  | 87%  | 87%  | 87%  | 88%  | 88%  | 87%  | 86%  |                 |
| 2-3 doses Rotavirus  | 65%  | 67%  | 68%  | 70%  | 71%  | 72%  | 74%  | 75%  | 74%  |                 |
| 1 dose Flu (in most recent season)                           | 55%  | 52%  | 54%  | 55%  | 57%  | 61%  | 64%  | 58%  | 51%  |                 |

|   |     |     |     |     |     |     |     |     |     |  |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| Hispanic <sup>d,f</sup>                           | 63% | 68% | 70% | 69% | 72% | 74% | 72% | 72% | 72% |  |
| White <sup>d,f</sup>                              | 60% | 64% | 67% | 69% | 70% | 72% | 72% | 72% | 70% |  |
| African American <sup>d,f</sup>                   | 55% | 59% | 60% | 62% | 61% | 61% | 63% | 63% | 60% |  |
| Asian <sup>d,f</sup>                              | 64% | 68% | 69% | 73% | 73% | 76% | 77% | 77% | 72% |  |
| American Indian and Alaskan Native <sup>d,f</sup> | 60% | 63% | 65% | 66% | 66% | 69% | 67% | 66% | 64% |  |
| Hawaiian/Pacific Islander <sup>d,f</sup>          | 54% | 59% | 61% | 62% | 61% | 65% | 64% | 64% | 61% |  |

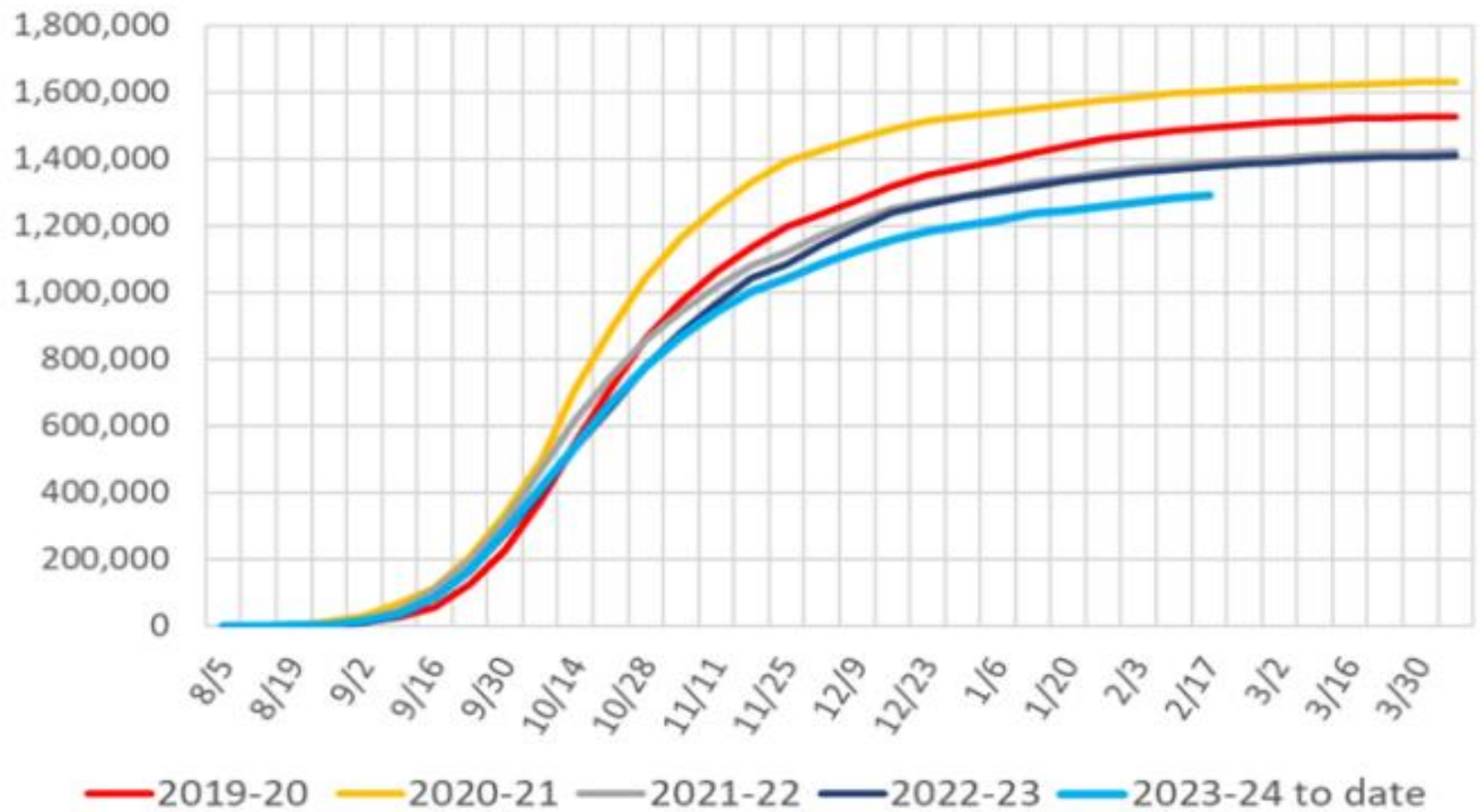
# Oregon adolescent up-to-date rate, 2018-2022

|  | 2018 | 2019 | 2020 | 2021 | 2022 |
|--|------|------|------|------|------|
| <b>Thirteen- to Seventeen-Year-Old<sup>a,b</sup> Vaccination Rates</b> |      |      |      |      |      |
| Tdap (1 dose)  | 93%  | 94%  | 94%  | 91%  | 91%  |
| Meningococcal A,C,W,Y (1 dose)   | 79%  | 81%  | 82%  | 80%  | 80%  |
| Flu (1 dose in most recent complete season)                            | 29%  | 31%  | 34%  | 34%  | 25%  |
| COVID (1+ dose)  | NA   | NA   | NA   | 58%  | 60%  |
| HPV initiation (1+ dose)   | 71%  | 73%  | 74%  | 73%  | 73%  |
| HPV completion (2-3 doses) <sup>c</sup>                                | 51%  | 55%  | 56%  | 55%  | 55%  |
| <b>HPV completion<sup>c</sup> by race/ethnicity<sup>d</sup></b>        |      |      |      |      |      |
| Hispanic <sup>d</sup>  | 61%  | 64%  | 65%  | 63%  | 63%  |
| White <sup>d</sup>   | 52%  | 55%  | 57%  | 57%  | 57%  |
| Black/African American <sup>d</sup>                                    | 57%  | 59%  | 59%  | 58%  | 57%  |
| Asian <sup>d</sup>   | 58%  | 62%  | 63%  | 62%  | 63%  |
| American Indian and Alaskan Native <sup>d</sup>                        | 63%  | 66%  | 66%  | 66%  | 65%  |
| Native Hawaiian/Pacific Islander <sup>d</sup>                          | 56%  | 60%  | 60%  | 58%  | 57%  |
| <b>Thirteen-Year-Old<sup>e,f</sup> Vaccination Rates<sup>g</sup></b>   |      |      |      |      |      |
| Tdap (1 dose)  | 87%  | 88%  | 88%  | 82%  | 83%  |
| Meningococcal A,C,W,Y (1 dose)   | 72%  | 74%  | 75%  | 71%  | 70%  |
| HPV initiation (1+ dose)   | 62%  | 64%  | 66%  | 64%  | 63%  |
| HPV <sup>c</sup> completion (2 doses)                                  | 33%  | 35%  | 37%  | 36%  | 35%  |
| Teen series <sup>h</sup>   | 30%  | 32%  | 34%  | 33%  | 32%  |

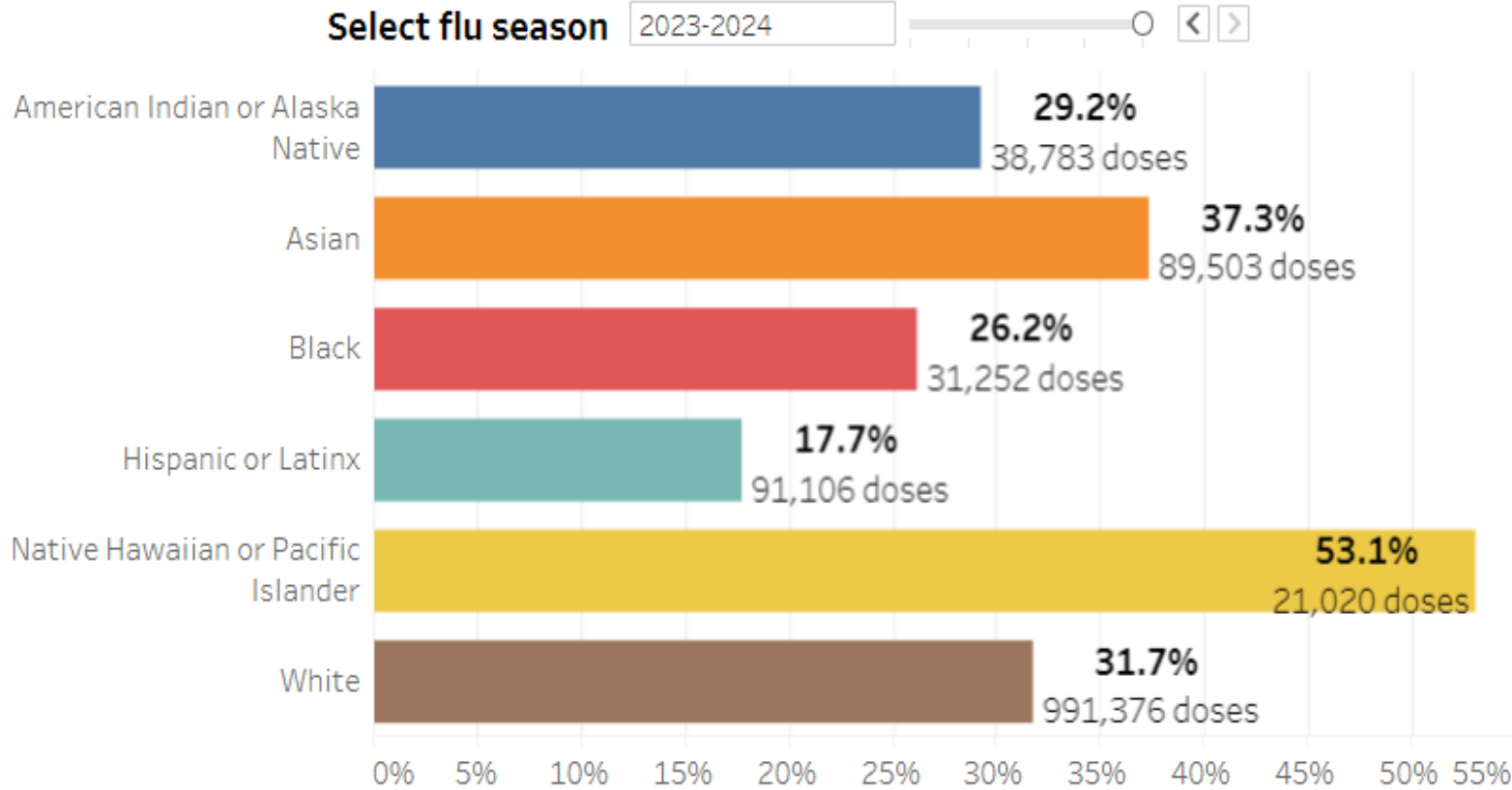
Trend 2018-2022



# Cumulative OR ALERT IIS-reported flu immunizations per season, 2019-2020 to 2023-2024



# Statewide flu vaccine uptake by rarest race and ethnicity, Jan 24, 2024





# School Immunizations

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# Looking forward

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STRATEGIES | NEXT STEPS



**“What if we don’t change at all ...  
and something magical just happens?”**

# Vaccine Finance Summit

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## January 25, 2024

- DoubleTree Hilton Hotel  
Portland
- In person event
- Presentations and panel discussions to support the modernization of Oregon's vaccine finance and delivery model

## Attendees – 160+

- Local public health
- Public and private clinics
- Provider associations
- Health systems
- Health plans- pub/pvt
- Government relations
- Child health advocates
- OHA leadership
- Industry/private sector

# Vaccine Finance Summit

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## Jan 15<sup>th</sup> Agenda-

- Opening presentation – background, current state, challenges
- 3 panel discussions
  - Providers – LPH, FQHC, large peds, clinical pharmacist
  - Other state models – payor-sponsored vaccine funding
  - Payors – CCO, FFS, commercial
- Breakout discussions – 5 rooms, followed by debrief

# Surveys

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- Day-of survey – clear enthusiasm, support for strategies
  - 56% response rate
  - Excellent/good rating by 99% of respondents
  - Very clear: status quo is not an option
- 2-week follow up survey –
  - 50% response rate
  - Awaiting final results / analysis
  - Preliminary data shows high level of desired engagement, priority strategies

# Survey says...

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- Support for strategies, ranked highest to lowest—
  - Continue and expand support to the VAP and Billable vaccine as a short-term strategy
  - Develop payor-sponsored finance model for Oregon
  - Remove in-network provider restrictions
  - Standardize health plan payments to cover actual costs of vaccine administration and serum
  - Standardize/create vaccine billing guidelines for all providers
  - Include pharmacy support for vaccine services
- 33 steering committee volunteers + 5 suggested others

# Next steps

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- Summit survey analysis and reporting
- Follow up with attendees who offered continued engagement
- Looking for ways to shore up the Vaccine Access Program in the short term
- Form multi-disciplinary Vaccine Finance steering committee to develop framework for new model
  - Survey outreach



# Thank you!

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[Kelly.F.McDonald@oha.oregon.gov](mailto:Kelly.F.McDonald@oha.oregon.gov)