

AIM Discussion Issues and Questions
VFC Business Enhancement Initiative
6-18-2004

Potential Show-Stoppers:

- Big problem for states to outsource state purchase of vaccine to the federal government. If a state legislature is going to invest large sums of state money into vaccine purchase, that legislature is going to hold its own state employees accountable for managing this purchase. There could be problems with state legislatures allowing oversight of the purchase and distribution of vaccine to shift from the state government to the federal government.
- Trust factor – states have been managing vaccine purchase and distribution to providers for about 10 years now. They have developed expertise and have succeeded in building the trust of their providers. What experience does CDC have? Will CDC be able to handle this with current staff levels? Can the federal government, with all its bureaucracy, handle single providers with the same quality customer service that grantees can?
- Need to justify the reasons for such a dramatic change in the distribution system. Program managers are ultimately going to have to sell this back home in order for it to work. They need a better understanding of why the status quo is no longer viable. In many states, the system is not broken, and the new system will not necessarily bring cost savings or other big benefits – so understanding the overall need for change is critical. A clear statement outlining the needs, goals and potential challenges would be helpful.
- Potential damage to the public health/private provider relationship. Grantees have built successful immunization programs around relationships with providers, partly through customer service in providing vaccines. This relationship **MUST** be preserved through any changes in the distribution system – providers need to continue to trust and communicate with the state immunization program.

Concerns/questions:

- How will VACMAN and registries work with the new system? It is critical that registries be a part of this process as grantees have or are developing links between registries and ordering systems.
- How will specific needs of states/grantees be addressed? For example, cold weather, hurricanes, isolated providers in Alaska and other areas, clinics with part time hours and days in rural areas, etc.?
- Accountability with the distributor – how will the contract with the distributor be written and enforced? Will states/providers who have problems call CDC? How quickly and what is the process for resolution of problems?
- Will states still have the ability to make special/last minute/emergency orders to keep providers and others happy in their state?
- Does centrally locating vaccines put us at risk if one company or location has problems? Does this put us more at risk for terrorist activity involving vaccines?

- How will adult vaccines be handled? Will states still be able to purchase and distribute flu vaccine?
- How will this system work with distribution infrastructure that is linked to preparedness? In some states, the strategic national stockpile (SNS) plans and public health preparedness and delivery plans for biologics have been rolled into the immunization program and/or included in contracts with vaccine distributors.
- Will states be able to tailor vaccine distribution during shortages or other situations? For example, sending more doses to certain populations or certain areas of the state? How will this distribution system change or not change in an emergency situation such as pandemic flu?
- If a state can show that it can perform delivery service more cheaply or more efficiently than the federal government, can the state continue its current practice?
- What kind of reporting requirements will be required from providers re: vaccine usage and wastage, temperature logs, etc? Will this be part of the business rules developed separately by each state? Will states truly have the ability to directly oversee and monitor providers?
- Will there be an emergency backup system since this seems to be a single distribution system?
- How will cost savings be realized by the states? States will need to maintain quality assurance and relationships with providers so there may not be direct savings on the state level. How will federal cost savings be reinvested?

Questions related to the plan for moving forward

- Can there be consideration of other options, for example allowing states to make orders from the more centrally located distributors?
- Will AIM have input on the pilot? Some states are willing to volunteer. AIM also wants to make sure that success is defined before the pilot so that the pilot can be evaluated. For example, if VFC providers drop out but there is overall savings, is this success? Finally, AIM would like input on the timing and implementation of the pilot.