# Recommendations Highlights: Dose Level Accountability

- Dose-lot number accountability principle: Every vaccine dose should be accounted for with the associated lot number information (P702).

  According to the state/event model, the following vaccine dose states should be measured:

  available (on-hand), in-transit (transferring),

  administered, wasted (nonviable, not returnable), expired/spoiled (nonviable, returnable), unaccounted for, over-estimated, returned shipment, transferred out, repaid (previously borrowed), and borrowed out.

- IIS inventory management functionality should support accountability at the dose/lot number level.

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# Understanding MI Dose Level

- Patient eligibility doesn't equal dose level eligibility
- MI wanted to capture who was receiving our doses and why (eligibility)
- When we decided to go to dose level: CDC was encouraging dose level and we could create our accountability program at the dose level and report to CDC

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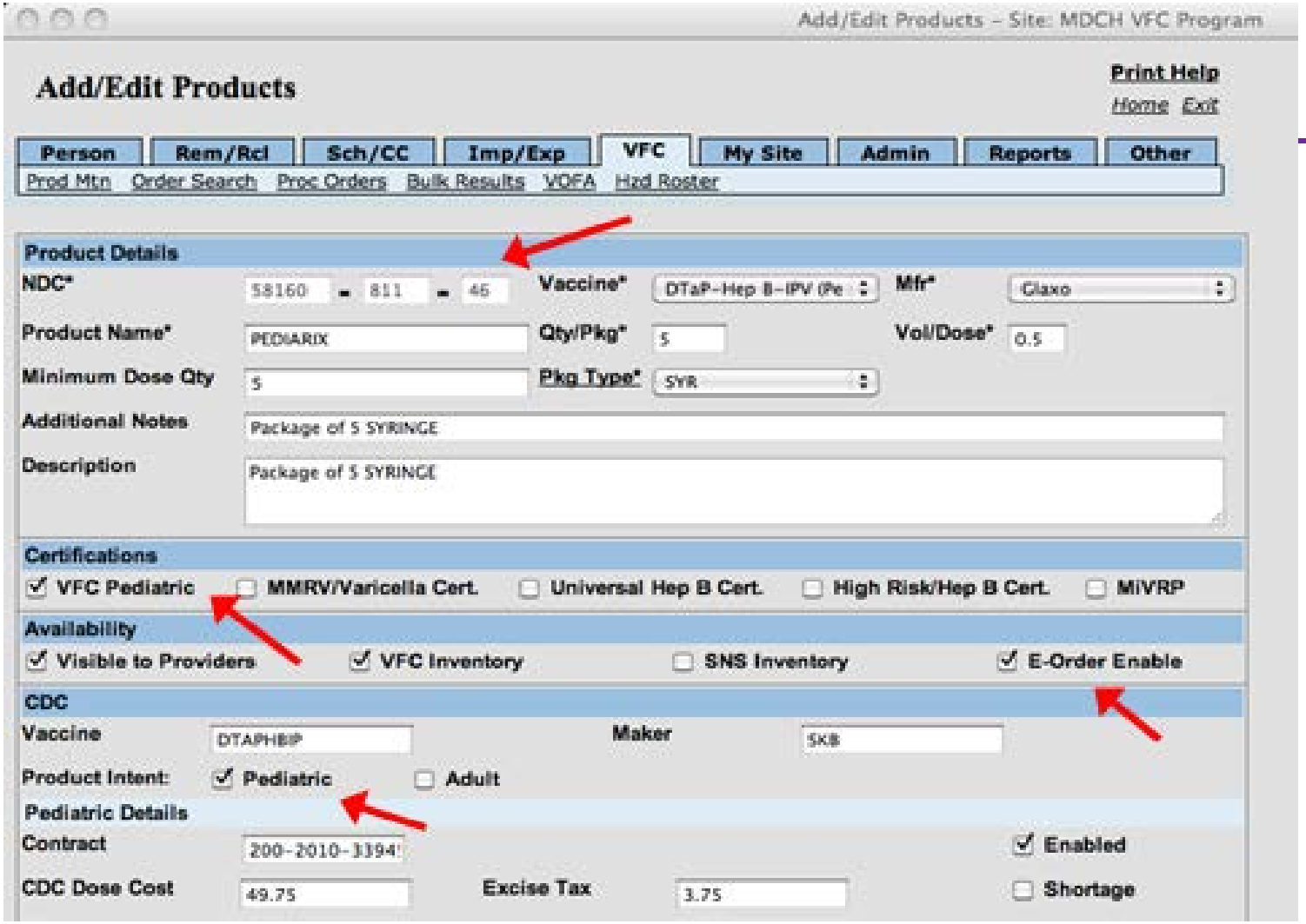


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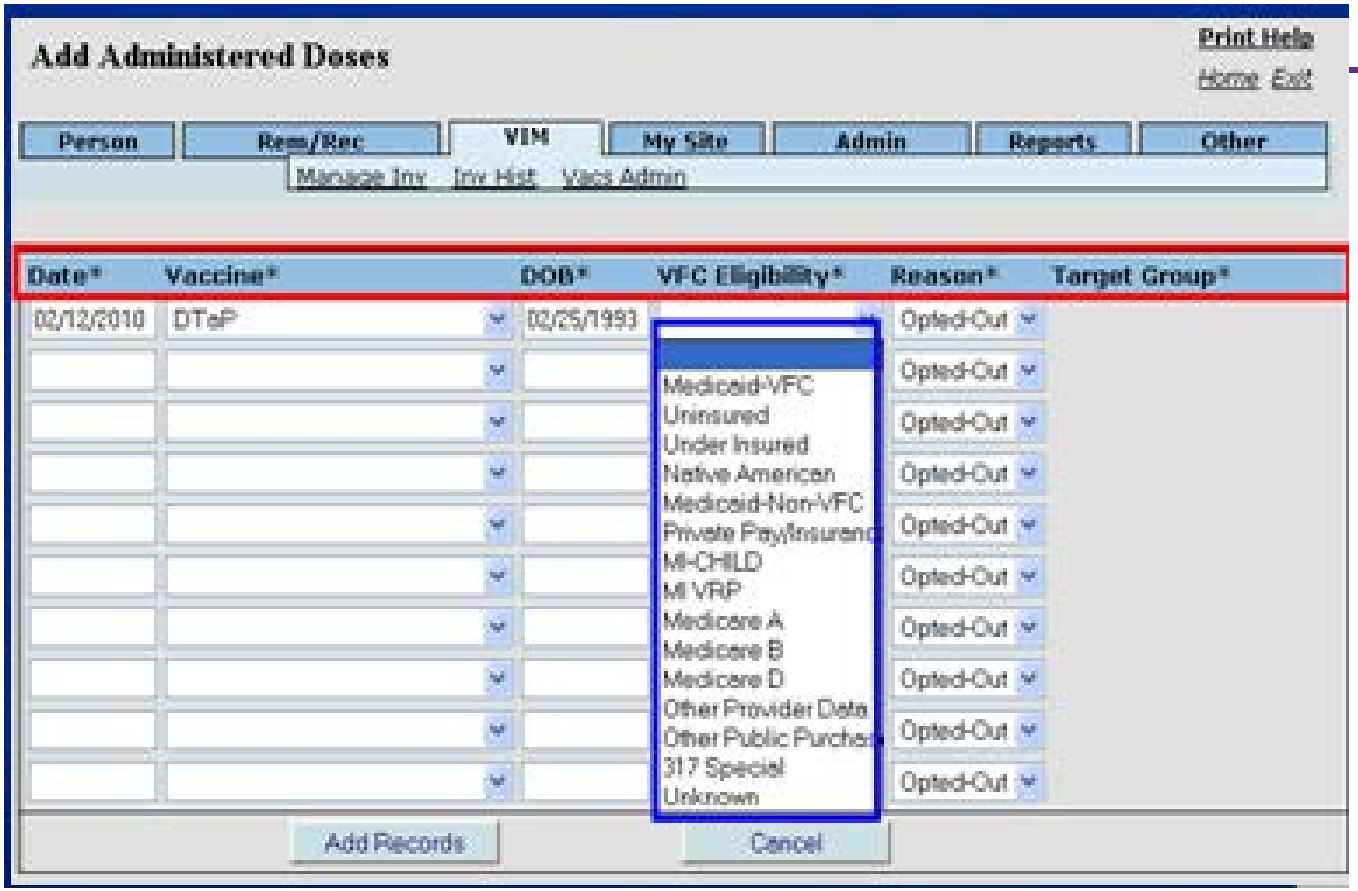


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# Benefits to Dose Level IIS Data for MI

- Data pulled from MCIR from prior year showed a dramatic reduction in the number of underinsured children served using 317 and therefore we did not need to cut our program.  CAT was completed using MCIR dose level data.
- Able to track vaccine doses with dollars spent for 317 and state funding
- Enhanced monitoring of provider accountability with possible fraud and abuse
  - Ability to run Business Objects reports to determine each public vaccine administered and eligibility recorded at time of service
  - Provides dose level data if needed for reimbursement

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# Recommendations Highlights: Borrowing

- Borrowing between private and public vaccine stocks at a Provider Organization should be done according with the VFC program guidelines and Grantee Vaccine Program policies.
- IIS should have functionality in place to assist
  - The Grantee Vaccine Program with monitoring of Vaccine borrowing between the public and private stocks, and
  - Provider Organizations to meet reporting and accountability requirements for Vaccine borrowing and replacement.

Such functionality also would be helpful for monitoring and analyzing Provider Organization's borrowing practices.

- Borrowing and replacement of borrowed vaccine doses between public and private stocks should be tracked at the dose level(BR707). When a multi-dose vial is involved, borrowing should be done at the single-dose level (BR725).

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# How MI Tracks Borrowing in IIS

Michigan Vaccines For Children (MI-VFC) providers maintain two inventories:

1. Private pay patients, MI-CHILD, private insurance and the other private purchases
2. VFC-eligible (Uninsured, Underinsured, Medicaid, and Native American/Alaskan native) patients under 19 years of age.

In the rare event it becomes necessary to borrow doses from the VFC inventory to immunize a private pay child, (only reasons accepted are: private stock has been ordered but delayed and they normally stock the vaccine) and doses are borrowed from VFC/Public inventory, it is necessary to replace them with equivalent doses.

MI Vaccines For Children (VFC) Program requires product to product replacement. For example:

- Replace HPV4 with HPV4


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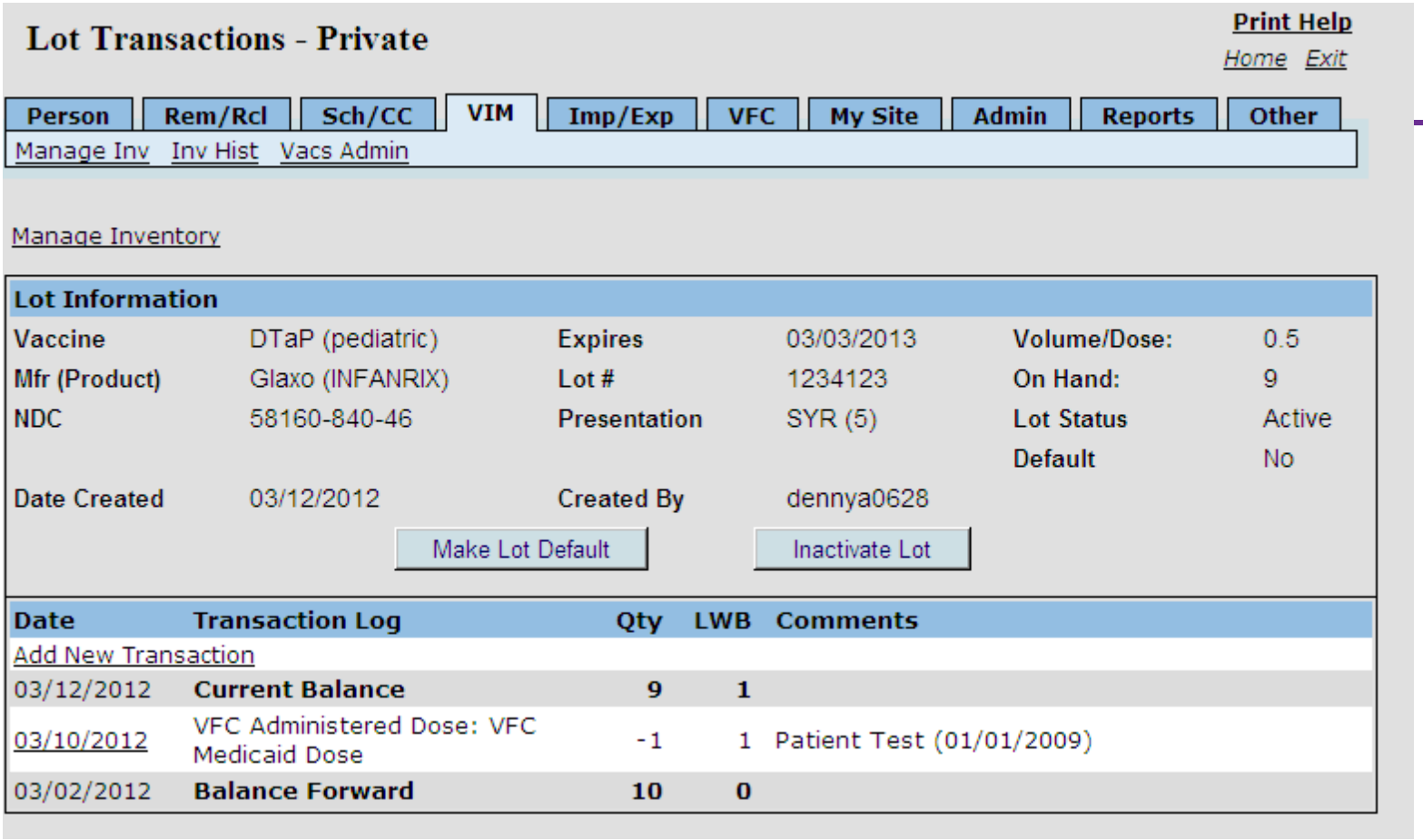



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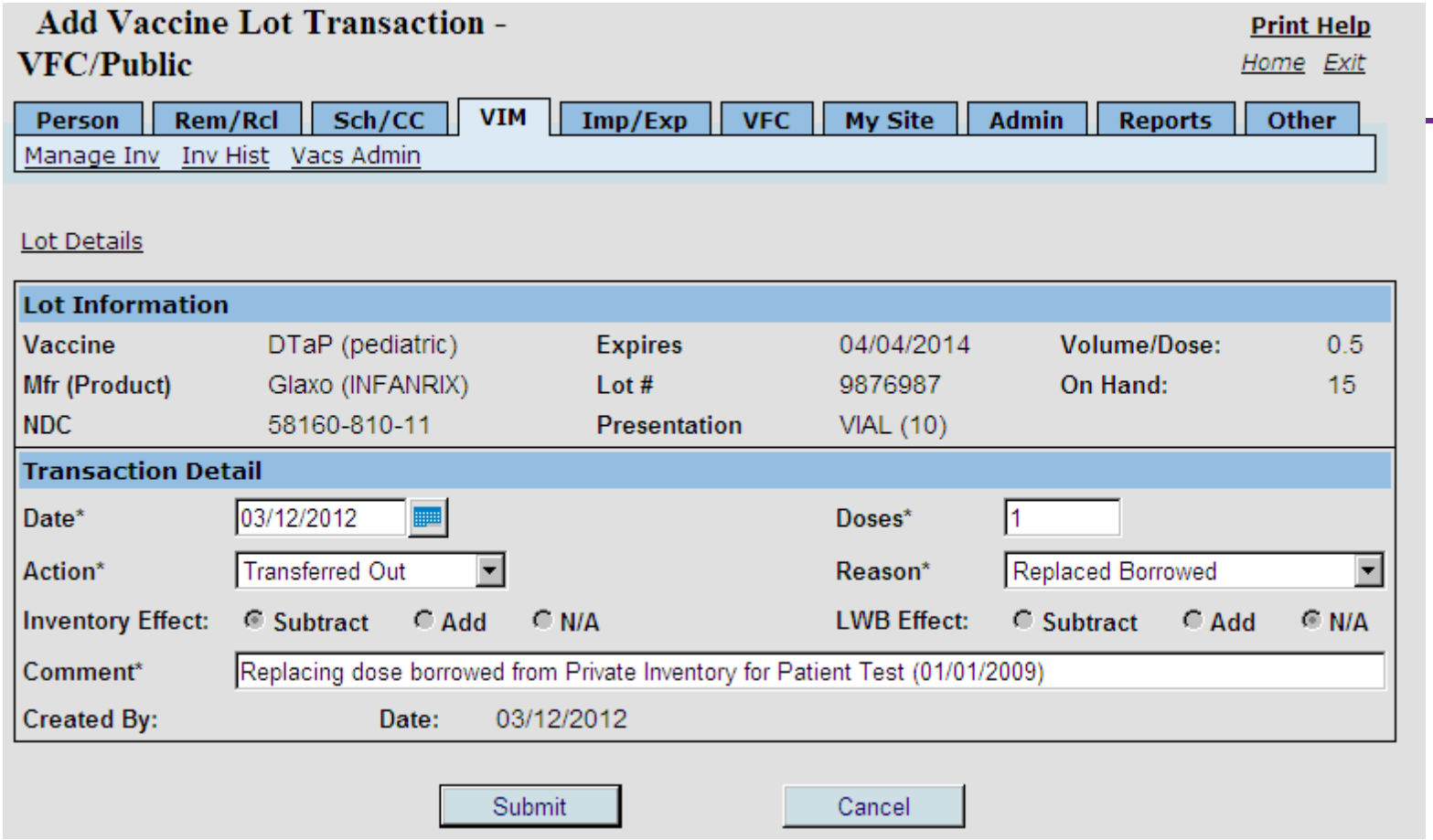




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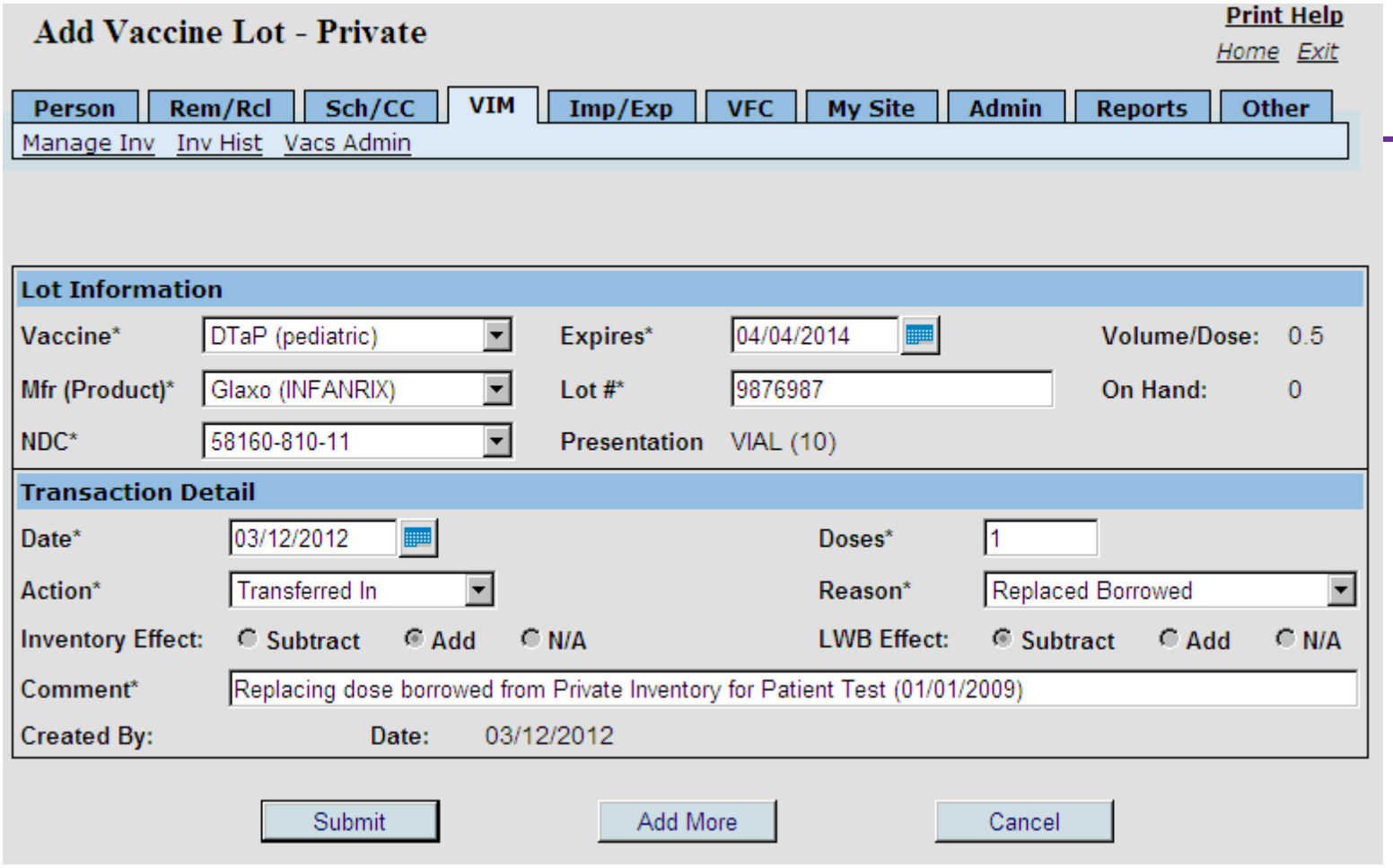



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# Recommendations Highlights: IIS Reports

- IIS application should have reports available to support detailed analysis by the grantee program of a provider organization practices (GR719). For example (Chapter 6):
  - No inventory vaccine report (1.1).
  - Pending inventory/transfers (1.2).
  - Vaccine loss (1.5) - specifically for review of waste.
  - Borrowed/replaced report (2.1).
- The Guide (chapter 6) contains recommendations for reports in the following areas:
  - Accountability reports to support inventory management (for purposes other than ordering and reconciliation, reports 1.1 – 1.6).
  - Reconciliation reports (reports 2.1 – 2.4).
  - Accountability reports that support the ordering process (3.1 – 3.6).
  - Allocation reports (i.e., to allocate vaccines during shortages and to issue a recall based on lot numbers, reports 4.1 – 4.4).

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Manage Inventory

**Lot Information**

| | | | | | |
|---|---|---|---|---|---|
| **Vaccine** | DTaP (pediatric) | **Expires** | 03/03/2013 | **Volume/Dose:** | 0.5 |
| **Mfr (Product)** | Glaxo (INFANRIX) | **Lot #** | AC14B126AA | **On Hand:** | 5 |
| **NDC** | 58160-810-52 | **Presentation** | SYR (10) | **Lot Status** | Active |
| | | | | **Default** | No |
| **Date Created** | 03/10/2011 | **Created By** | | | |

Make Lot Default  Inactivate Lot

| Date | Transaction Log | Qty | LWB | Comments |
|---|---|---|---|---|
| Add New Transaction | | | | |
| 11/07/2011 | **Current Balance** | **5** | **0** | |
| 11/01/2011 | VFC Administered Dose: VFC Medicaid Dose | -1 | 0 | Little Michigander (01/01/2008) |
| 11/01/2011 | VFC Administered Dose: VFC Medicaid Dose | -1 | 0 | Ima Michigander (01/31/2001) |
| 11/01/2011 | VFC Administered Dose: VFC Medicaid Dose | 1 | 0 | Ima Michigander (01/31/2001) Delete transaction recorded due to dose administered on 11/01/2011 was altered by on 11/07/2011. Inventory open. Adjustment made. |
| 11/01/2011 | VFC Administered Dose: VFC Medicaid Dose | -1 | 0 | Ima Michigander (01/31/2001) |
| 10/31/2011 | **Balance Forward** | **7** | **0** | |

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**Inventory Details** — **Last Balanced: 11/30/2009**

**Name** Private

☐ **Default** ☑ **Active** **Active Date** 04/25/2008

| Vaccine | Manufacturer | Lot # | Expires | On Hand | Active | Default |
|---|---|---|---|---|---|---|
| Add New Lot | | | | | | Lot Detail View |
| DTaP | Glaxo (INFANRIX) | AC14B087AA | 02/11/2011 | 1 doses | √ | |
| DTaP | Glaxo (INFANRIX) | AC14B102CA | 12/08/2011 | 5 doses | √ | |
| Hep A (adult) | Glaxo (HAVRIX) | AHAVB309DA | 06/24/2011 | 6 doses | √ | |
| Hep A (ped) | Glaxo (HAVRIX) | AHAVB336AA | 10/13/2011 | 4 doses | √ | |
| Hep A-Hep B | Glaxo (TWINRIX) | AHABB096AA | 12/05/2009 | 0 doses | √ | |
| Hep A-Hep B | Glaxo (TWINRIX) | AHABB167BA | 06/04/2011 | 3 doses | √ | |
| Hep B (adult) | Merck (RECOMBIVAX) | 0727X | 04/10/2010 | 0 doses | √ | |
| Hep B (adult) | Glaxo (ENGERIX) | AHBVB765AA | 03/03/2012 | 8 doses | √ | |
| Hep B (ped/adol) | Glaxo (ENGERIX) | AHBVB737AA | 01/06/2012 | 5 doses | √ | |
| Hib (Hiberix/ActHIB) | sanofi (ACTHIB) | UF605AB | 07/31/2010 | 3 doses | √ | |

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# Conclusions

- Workgroup developed guidelines and recommendations to use IIS as a base for handling inventory management activities
- Recommendations are at the business/operational level, independent from specific implementations and technology solutions
- Consistent use and implementation of these recommendations will help to improve IIS practices. Developed guidelines will assist IIS in aligning practices through adherence to a set of common recommendations and guidelines.
- Guidelines address NVAC recommendations to develop a guidebook and best practices for IISs to promote IIS data quality

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