



Homebound Vaccination – Summary HCA Provider Roundtable March 24, 2021

A small group of members were invited to meet and discuss their efforts in providing vaccinations to home bound patients in their respective regions. The members were asked to:

- Describe how the homebound population was identified and suggest any recommendations to identify the population.
- Identify partners that were needed to develop a collaborative strategy that supported both the provider and consumer's needs.
- Identify barriers and challenges they encountered and necessary accommodations that were implemented to accomplish vaccination efforts.
- Describe successful strategies that were implemented.
- Identify realistic expectations and practical limits for providers in administering vaccines for home bound individuals.
- Discuss any need for a standardized operating procedure to vaccinate home bound individuals.

Seven members representative of upstate and downstate CHHA agencies as well as a county health department CHHA participated. Each member had administered vaccinations to their community's home bound residents or were in the process of developing plans to do so. None of the members felt a standardized operating procedure was necessary.

Homebound Patient Identification

Homebound patients were identified using several means. Most providers worked with their local health department or the Office for Aging. Homebound patients in New York City have been identified through the Central portal developed for this purpose. Providers also identified patients on their individual census who met the eligibility criteria and were unable to access vaccinations at state or county designated sites.

Partners with Home Care

- **Local health departments** have worked with home health agencies in their respective regions to partner with this effort. Several providers have become "agents of the county" through contractual arrangements. This arrangement may include vaccinating any eligible family member in the home at the time of the scheduled vaccination visit. This provision has presented difficulties due to reimbursement insurance coverage issues and the lack of billing agreements and billing codes to submit claims for payment for administration of vaccines.
- **Health systems** where home care agencies are part of the health care system have partnered with agencies to facilitate the in-home vaccination efforts. Hospital-based pharmacies and home care agencies have identified patients by zip code, then scheduled patient groups by zip code. The pharmacy prepares medication and emergency kits for agency nurses to pick up for administration. This arrangement has proven effective.
- **Managed Long Term Care Plans** have assisted in identifying home bound individuals as well as provided increased outreach activities to promote vaccination to their members.

- **Local Office for Aging programs** have identified home bound and socially isolated individuals who participate in SOFA programs such as Meals on Wheels and have also identified direct care givers who are unable to leave home bound individuals they care for and thus are unable to access vaccine sites.

Challenges and Considerations

Workforce

The increased demand on nurses for vaccination purposes has magnified an already present workforce challenge and is presenting the greatest barrier in implementing the homebound vaccination strategies. Each member despite where they are in the state indicated that workforce is the number one challenge in this effort. Nurses are pulled from their regularly “assigned” patients each day they are assigned to vaccinate. Experience shows based on using the Johnson and Johnson vaccine that one nurse can realistically be expected to administer 5 vaccinations per day. A major consideration/barrier is the vaccine **must be temperature controlled** and administered within 6 hours of the vial being opened and travel from the pharmacy to the patient’s residence must be within that window.

Inadequate Reimbursement for Vaccine administration

Although reimbursement for COVID19 vaccine administration was recently increased to approximately \$40 per dose effective March 15, 2021 by Medicare, the vaccine administration fee for Medicaid is \$13.23. This is in addition to the rate (i.e., per diem, per visit, per hour) reimbursed to the provider if the patient is already receiving CHHA services and must be billed to Medicaid separately. It should be noted that the actual cost to providers has been approximated at \$150 or more per vaccination visit. The cost implications are obvious, especially considering care schedule adjustments, use of management staff to administer vaccinations, transportation, deployment of clerical staff for record keeping in the vaccination systems, overtime considerations and other implications in providing in-home vaccinations to the homebound.

Recommendation: A rate commensurable with the efforts required to facilitate and administer in home vaccinations should be considered. The specialized rate will encourage more providers to participate in the vaccination efforts, provide more dollars for educational and marketing efforts to this population to encourage vaccination and more adequately cover the actual cost of providing this service.

Geographical Boundary Limitations

Home care providers typically serve more than a single county and their service areas cross into adjacent regions. As such, providers may serve patients in several counties and planning areas. The current allocation system for vaccine distribution limits the vaccine administration to residents in the county where the vaccine was distributed. This presents scheduling problems for agencies who are trying to schedule vaccination for individuals who reside close to each other even though they may reside in different counties. For example, an agency approved to provide services in one of the New York City counties may have patients that reside in Westchester. Unfortunately, the current policy does not permit the vaccine distributed in New York City to be used in Westchester county even though an agency may be providing vaccinations in Northern Bronx and have an eligible patient just over the border in Westchester county.

Recommendation: A more flexible vaccination administration policy should be considered. Currently, state operated mass vaccination sites vaccinate any eligible New Yorker, regardless of county of residence. Home care agencies should be provided flexibility to vaccinate any eligible New Yorker within their approved geographical region.

Planning Challenges, Volume Expectations and Time Frames

Comprehensive planning in any region is required to vaccinate the homebound effectively and efficiently. Drive times can be very long, and storage concerns become problematic. The paperwork process is burdensome and dedicated clerical assistance is necessary. This is an added cost to the vaccination administration process that is not accounted for. Many patients do not have broadband and use of computer driven technology is done outside of the home. These administrative planning challenges further compound homebound vaccination efforts.

Current volume expectations for the number of vaccinations that can be administered are unrealistic. Home care's experience is that a nurse can reasonably be expected to administer 4-5 vaccinations per-day when fully dedicated to the in-home vaccination efforts. Home care agencies must continue to provide needed services to patients in addition to their vaccination efforts. Patients' needs are often unpredictable in a homebound population and schedules are revised frequently as care needs change. As such, the current 7-day timeframe to use the vaccine should be extended.

Recommendation: Volume and time frame expectations for homebound patient vaccination must be reasonable and realistic. The state and/or NYC should increase the number of days a home care provider must use their allocation from 7 to 14 days. This increase will allow the home care provider increased flexibility for planning and scheduling vaccination administration. At the same time, the more realistic time frame will allow for a reasonable continuation of operations for home care agencies.

Vaccination of Family Members and Others in Household

Family members who reside in the home bound individual's home or home care workers who are providing services may require vaccination. This can present a problem if there is not an arrangement with the home care agency and insurer for payment for vaccine administration. Concerns were also expressed regarding potential medical liability for these other individuals. Agencies are also concerned with potential patient care issues as it relates to vaccinating home care workers in the home at the same visit the home bound patient is vaccinated. If a home care worker experiences any post-vaccine reaction after receiving vaccination and still "on-duty" caring for a patient, who will take responsibility for patient care as there might not be any other available caregiver in the home who can assume patient care responsibility?

Recommendation: Develop a mechanism, such as a uniform billing code, to pay for the administration of the vaccine if all required vaccination paperwork is completed for the eligible individuals regardless of payer. Issue guidance to direct home care agencies as to the desired protocols to be followed in these circumstances. There should be an option that allows all eligible individuals in the household to be vaccinated and guidance issued to clarify any medical liability concerns.

Administrative Requirements

There are multiple layers of administrative requirements, including registering with the New York State Immunization Information System or NYC Citywide Immunization Registry; participating in required education; entering vaccine status; reporting certain information to the CDC, etc. Our providers have found that having an electronic health record (EHR) that sends data to NYS DOH and/or NYC DOHMH saves time and money.

Recommendation: It is essential that barriers by EHR vendors to health information exchange be eliminated so that home care and other partners can exchange vaccination information as needed. Without state requirements to address these barriers, vendor systems may not permit two-way exchange and access, or may impose significant cost to providers.