



# Vaccine Management Business Improvement Project (VMBIP) VMBIP Ad-hoc meeting

National Immunization Conference  
Kansas City, MO  
March 6, 2007

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HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING • C  
LTH • PREVENTION RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH

# Agenda

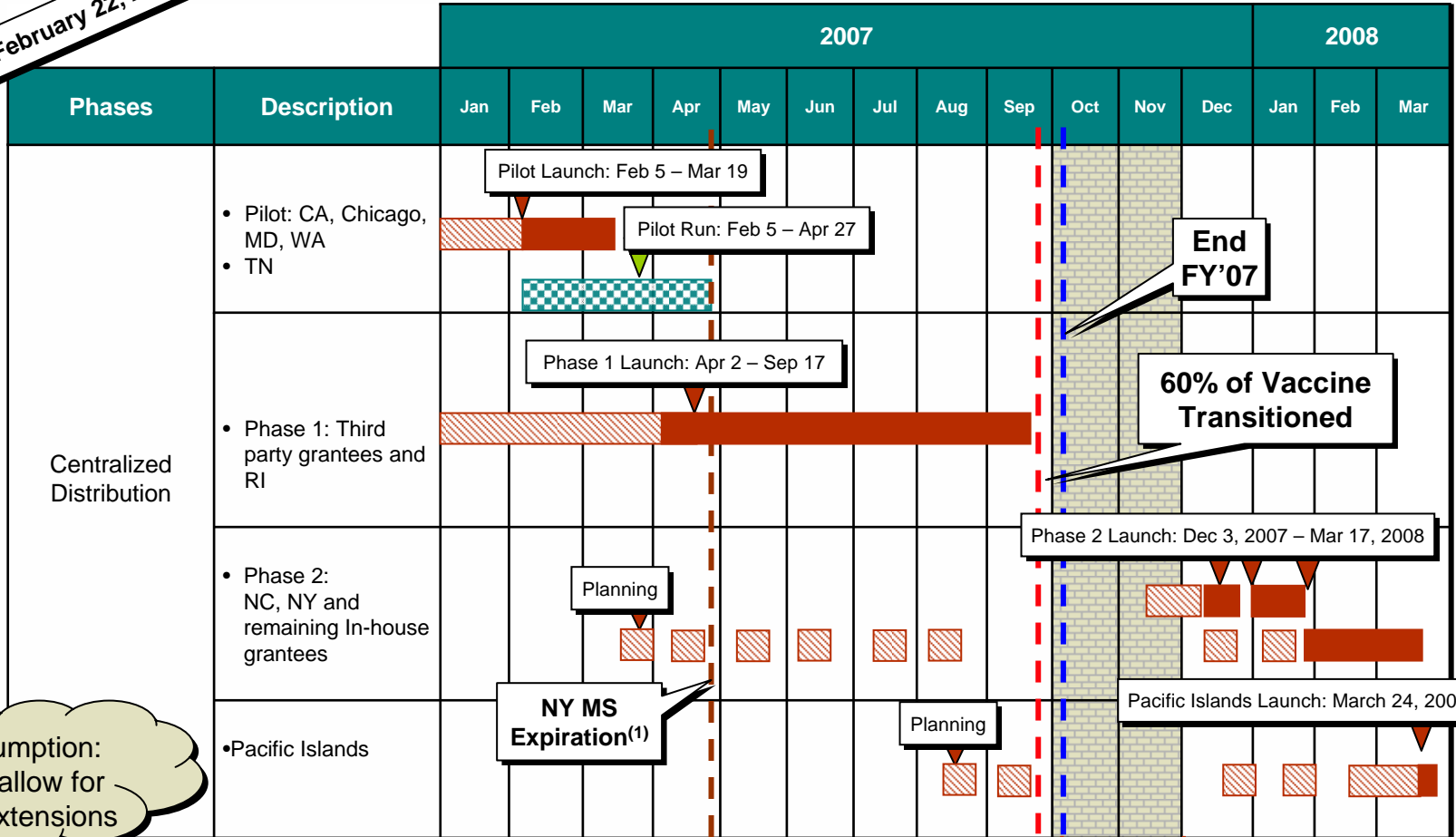
- ▶ Overview of current go-live schedule
- ▶ Overview of VMBIP planning to date
- ▶ Planning strategy for non-early planning in-house grantees
- ▶ Pilot Progress to date
- ▶ Successes and Challenges
- ▶ Lessons Learned
- ▶ Next Steps

# Roll-out will run from early Feb 2007 through Mar 2008 with a 12-week pilot period and a 24-week Phase 1 roll-out



**Effective February 22, 2007**

## VMBIP Centralized Distribution Roll-out



**Legend**

- Preparation (diagonal lines)
- Implementation (solid orange)
- Pilot Period (checkered)

**Key Assumption:**  
Vendors allow for contract extensions

(1) Assumes that the NY multi-state contract is unilaterally extended 1 month from Mar 31 until Apr 30, 2007

Peak of Flu Vaccine Shipment Period 3

# With the exception of in-house non-early planning grantees, most grantees have initiated some degree of VMBIP planning

Status of Grantee VMBIP Planning

3rd Party Early Planning		In-House Early Planning	3rd Party Non-Early Planning	In-House Non-Early Planning
Arizona	New Jersey	Alabama	Kentucky	Alaska
Colorado	New York	Arkansas	Minnesota	Florida
Connecticut	New York City	Iowa	Oklahoma	Georgia
Delaware	Nevada	Michigan	Wyoming	Illinois
DC	North Carolina	Mississippi	Montana	Louisiana
Hawaii	Oregon	New Mexico		Massachusetts
Idaho	Pennsylvania	New Hampshire		Ohio
Indiana	Philadelphia	Rhode Island		Puerto Rico
Kansas	Tennessee	South Carolina		North Dakota
Maine	Texas	Vermont		San Antonio
Missouri	Utah	West Virginia		South Dakota
Nebraska	Virginia			US Virgin Islands
				Wisconsin



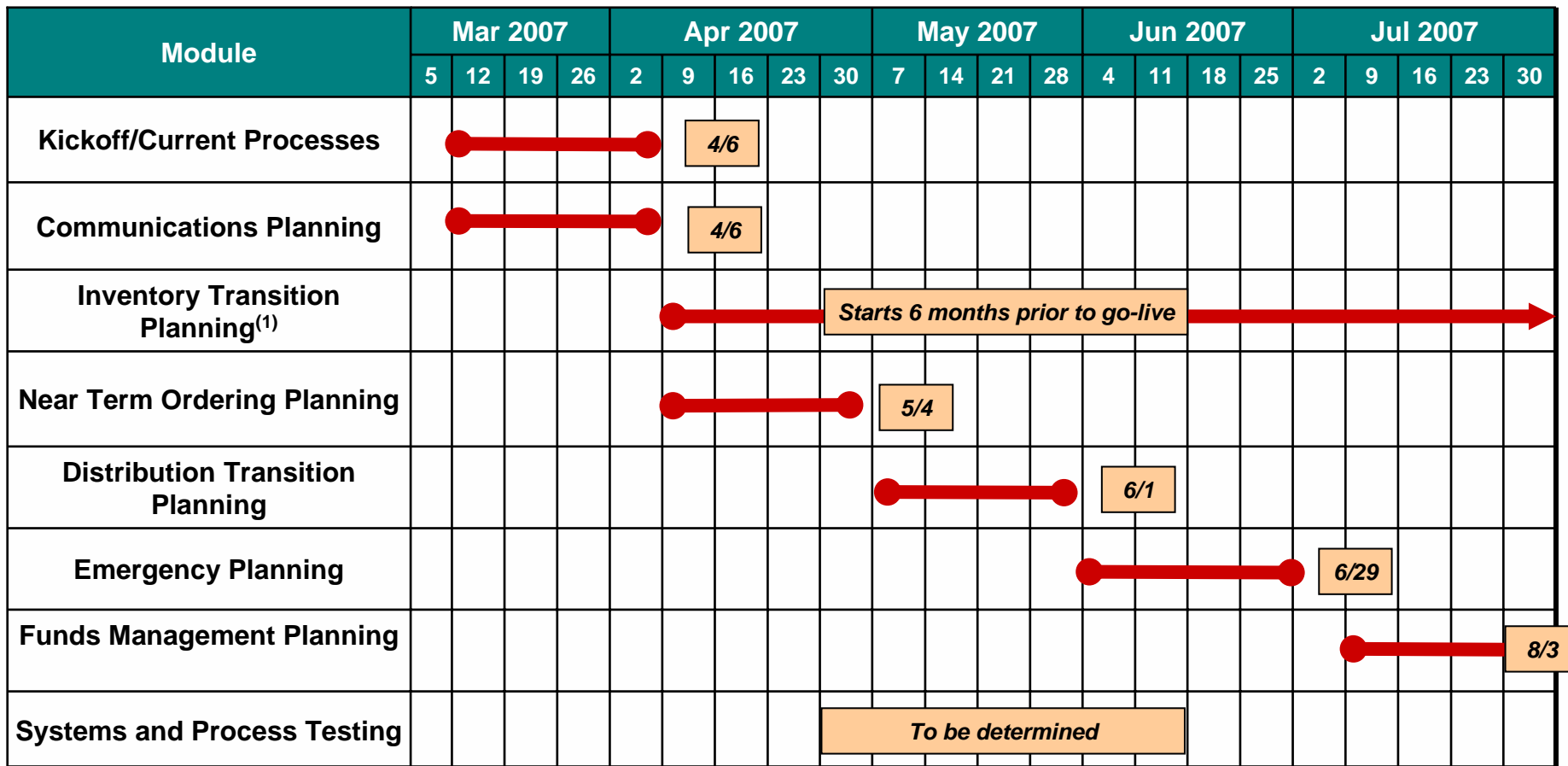
Modules Deployed



No Modules Deployed

# We anticipate planning for remaining grantees will begin mid-March 2007

## Proposed VMBIP Planning Activity Timeline (2007)



### LEGEND

Module Kick-off date ▲ Module due date □

3/12/07

4/9/07

5/7/07

6/4/07

7/9/07

(1) Typically deployed to grantees 6 months before go-live date

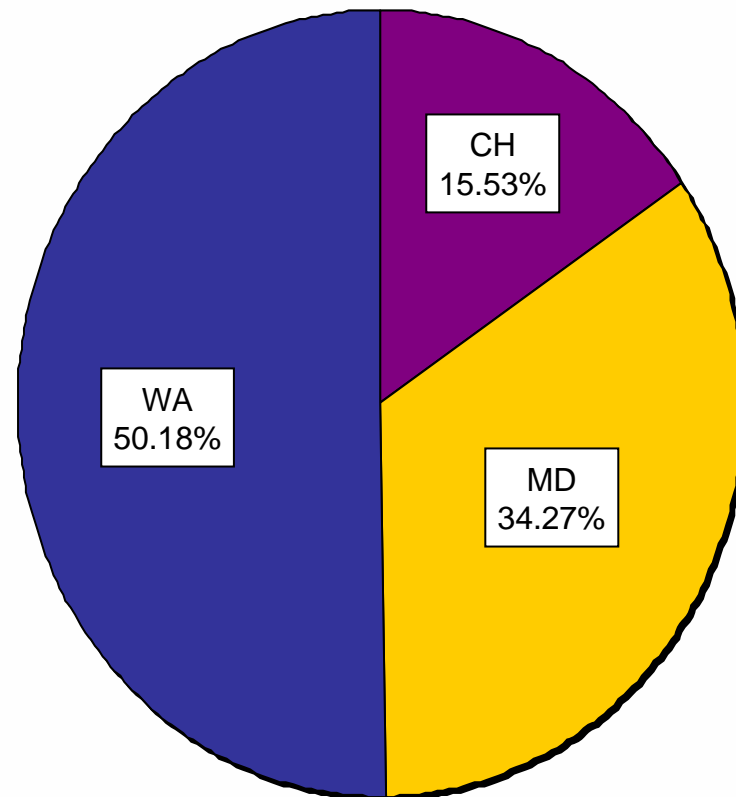


# Since February 5, three Pilot grantees have transitioned to McKesson and over 147,000 doses have been shipped

- ▶ Washington State and Maryland transitioned on February 5
- ▶ Chicago transitioned on February 13
- ▶ California is currently scheduled for March 19

Grantee	Doses	Providers Ordering
Chicago	22910	139
Maryland	50549	273
Washington	74015	295
<b>Total</b>	<b>147474</b>	<b>707</b>

Percentage of Total Doses Ordered via McKesson <sup>(1)</sup>



(1) Data is as of 2/23/07

Source: Data was compiled from NIPVAC

# The pilot period has been an exciting time, characterized by celebrated successes and rapidly addressed challenges

## Challenges and Resolutions

- ▶ A collection of ~70 WA orders was unaccounted for during one of the overnight processing sessions
  - Extensive research concluded the orders had not been processed by NIPVAC
  - A “check” is under investigation to monitor data packages as they are received from the grantee to ensure they are processed by NIPVAC
- ▶ The master list of vaccines within VACMAN did not contain the proper list of vaccines
  - The master list has been reviewed and updated to reflect more comprehensive picture of the vaccines available through McKesson
  - VSAB will continue to review and correct the vaccine master list on a regular basis to ensure its accuracy
- ▶ California has experienced delays and bugs with VACMAN 4.1.1 installation and Beta testing
  - The systems team is actively researching the issue, including facilitating multi-user testing with CDC staff to isolate the problems

## Successes

- ▶ Pilot grantees have commented on their satisfaction with McKesson
  - Orders are being delivered appropriately and in a timely manner
  - McKesson Customer Service has been very helpful
  - “Fast, friendly and courteous”
- ▶ VACMAN error messages have been less frequent
  - grantees have been able to, on most days, enter orders and transmit without problems
- ▶ The VMBIP team meets daily with McKesson to discuss any issues that have arisen and develop solutions to address them

## The Pilot period has provided us with lessons from which other grantees can benefit

- ▶ Ensuring grantee IT staff are available the full week prior to go-live is critical to work through any technical issues that may come up during the transition period
- ▶ Grantees need to confirm the list of vaccine presentations that will be used to ensure the seed orders are accurate and complete
- ▶ Communication is extremely important.
  - You can never underestimate the need for very open, comprehensive, and timely communication with more people than you ever initially thought.
  - Prepare daily or weekly communications to all identified stakeholders as well as all your staff and include all relevant details
- ▶ This task should not be taken lightly
  - Develop, with group input and consensus, plans to support the changes to your systems.
  - There may be issues or delays that are caused by actions outside of your control and a well constructed backup plan will be needed



## Next steps

- ▶ Monitoring of pilot progress will continue
  - Please continue to check the VMBIP web site, participate in AIM calls, and look for ISD communications to update you on how pilot projects are doing
- ▶ Project Officers and VMBIP Analysts will continue planning activities with grantees
  - Some early planning grantees need to send VMBIP planning module data to Project Officers and VMBIP Analysts
  - We have developed the VMBIP Implementation Checklist to help grantees tie up loose ends associated with planning (Appendix)
  - Grantees should contact their Project Officer and VMBIP Analysts to obtain a copy of the VMBIP Implementation Checklist
- ▶ Remaining grantees who did not participate in early planning will begin planning activities on March 12, 2007 (Current Processes and Communications module kick-off calls)
- ▶ Questions?

# A critical step in the planning process is completing the VMBIP Implementation Checklist

## VMBIP IMPLEMENTATION CHECKLIST

(GRANTEE NAME)SS

Go-Live Date: [go-live date]

## Key Elements of VMBIP Checklist

- ▶ Use of the VMBIP Implementation Checklist ensures all transition activities are completed prior to go-live
- ▶ Grantees undergoing planning have already addressed most of the items on the checklist
- ▶ Grantees can use the checklist as a guide to address any outstanding planning items one to two months before go-live
- ▶ This checklist would be delivered approximately two months prior to your transition date
  - Content may be enhanced based on lessons learned from other grantees

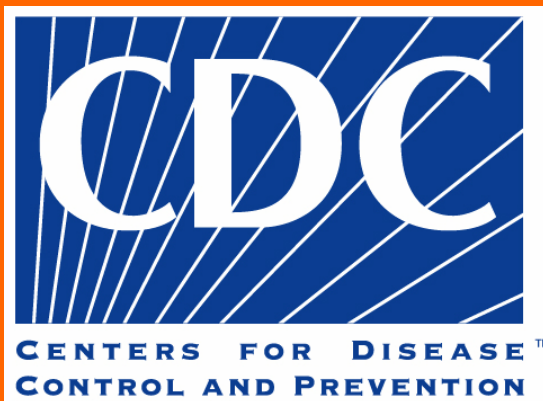
Implementation Activity (To be completed by grantee with assistance from Project Officer and VMBIP Analyst)	Due Date	Completed Date
<b>Current Processes</b>		
Identify changes in operations (not previously captured in grantee's Current Processes response) that may impact transition to controlled distribution		
<b>Long-Term Issues</b>		
Document, address, and resolve grantee labor issues (if any)		
Document, address, and resolve grantee legal/regulatory issues (if any)		
<b>Communications</b>		
Distribute VMBIP background one-page flyer to providers three months prior to go-live		
Distribute other VMBIP communications to providers and other external stakeholders (as needed)		
Review the "Guidelines for Interactions between Project Points of Contacts and McKesson Specialty Distribution" document and communicate applicable standard operating procedures to providers		
Participate in a detailed check-in call with grantee one month prior to go-live to address all outstanding VMBIP issues		
<b>Inventory Transition</b>		
Send providers an announcement about the last provider order day (roughly two Mondays prior to roll-out date) two months prior to go-live		
Reconcile numbers in Inventory Transition Tool with actual on-hand inventory at the distributor/depot two full months prior to go-live		
Determine the vaccine bulk purchases that are backorders (if any) and take necessary steps to expedite/cancel these orders from the manufacturer two months prior to go-live		
Ensure "estimated vaccine shipped to providers" for remaining two full months and go-live month are still accurate Row 8 of the Tool		
Obtain an inventory projection analysis that identifies and flags any vaccine types that may be significantly low or in excess at go-live		
Identify and work with select (large) providers that may be able to take on additional vaccine		
Document the types, amounts, expiration dates, and cold chain pedigree of any vaccine remaining at the distributor/depot one week prior to go-live		
Ensure details on how to transfer remaining vaccine from current distributor/depot to McKesson have been finalized		
Ensure grantee's distributor/depot has adequate packaging (including insulation, temperature tags and monitors, proper labeling, etc.) essential to transfer any excess vaccine to McKesson		
<b>Near-Term Ordering</b>		
Review TOP Provider Breakdown report that categorizes grantee's providers into their respective group		
Review storage capacity issues with providers (if applicable)		

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# McKesson Specialty Overview

## March 6, 2007



**MCKESSON**



# Pilot Learnings, so far....

- **Delivery Instructions: Accuracy is Important!**
- **Receipt Process**
  - Check contents and Temperature Monitor Immediately upon receipt
- **Weather issues**
  - Communicate if Provider hours change
- **Proactive Communication is Helpful**
  - Help us serve the Providers and the Children, eliminate waste



# Pilot Shipment Results to Date

- Orders Processed: 872
- Doses Shipped: 160,890
- Order Cycle Time: 24-48 hours
- Average Lines per Order: 5
- **Delivery Issues:**
  - 2 instances of Wrong Address
  - 2 instances of Open Hours Incorrect
  - 1 Order Refused
  - 1 Temperature Monitor issue

# Picking the “First Order”



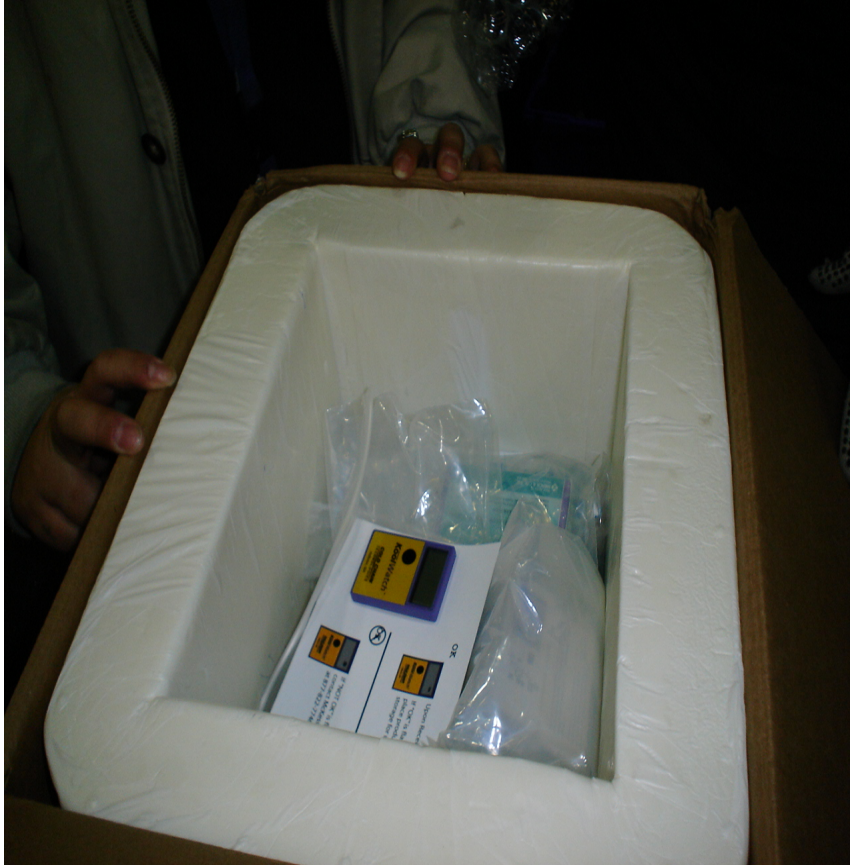


# System Double Check “First Order”





# Pack Out “First Order”





# Memphis Team with the “First Order”





# McKesson Specialty Open House

- **Memphis, TN April 18, 2007**
- **View McKesson Specialty Operations**
- **Meet CDC VFC Team**
- **Tour of Facility**
  - Security
  - Emergency Generator
- **Details on Hotels and Logistics will be Distributed Soon**
- **Questions? Contact Eric Doss or Brock Lamont**

- **Questions?**



# Vaccine Management Business Improvement Project (VMBIP) Systems Project Update

National Immunization Conference  
Kansas City, MO  
March, 2007

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# Systems Workstream Update

## VACMAN 4.x support for VMBIP's Centralized Distribution Implementation

# VACMAN 4.x to support Centralized Distribution

- Grantees / Projects familiar w/ VACMAN
- Accelerated timeline
- CDC support infrastructure in place
- Fills gap between Centralized Distribution and VODS
- Modified to support centralized distribution only
- Only minor enhancements
  - New Import / Export functionality for distributor provider orders



# VACMAN Modifications to support Centralized Distribution

- New and modified capabilities
  - *Entry of non direct-ship **Provider Orders**\** has been added
  - Entry of **Provider Receipts** has been added
  - Entry of *Federal-funded **Bulk Orders*** has been disabled; the Projects will only be able to enter *State-funded Bulk Orders* in VACMAN 4.x
  - Entry and saving of **Non Frozen Flu Orders** with capabilities to edit and browse the orders prior to transmitting to the distributor
  - Entry and editing of **Distributions and Adjustments** has been disabled; the Projects will only have this screen to view historical data
  - Reporting capabilities will include historical information from the data migrated from VACMAN 3.0.11

\* Provider Orders refers to **CDC contracted** vaccines as well as **non CDC contracted** vaccines – all provider orders, regardless of contract should flow through VACMAN

# There have been a variety of modifications to the Data Tab

## Data Tab Updates in VACMAN 4.x vs. VACMAN 3.0.11

	Current – VACMAN 3.0.11	Future – VACMAN 4.x
<b>New Provider Orders Screen</b>	<ul style="list-style-type: none"> <li>Does not exist in 3.0.11</li> </ul>	<ul style="list-style-type: none"> <li>New screen used to enter and distribute non direct-ship &amp; non flu provider orders</li> <li>Radio buttons enable the user to select whether the order is a CDC contracted vaccine or a non CDC contracted vaccine</li> </ul>
<b>Provider Receipts</b>	<ul style="list-style-type: none"> <li>Does not exist in 3.0.11 for non direct-ship provider orders</li> </ul>	<ul style="list-style-type: none"> <li>New screen used to enter provider order receipts, including non-frozen flu and non-CDC orders</li> <li>Carrier, Tracking, and Depot fields are populated by the System; the depot field will be populated with McKesson</li> </ul>
<b>Non-Frozen Flu Orders</b>	<ul style="list-style-type: none"> <li>Does not exist in 3.0.11</li> </ul>	<ul style="list-style-type: none"> <li>New Influenza Orders screen used to enter and save non-frozen flu orders with capabilities to browse and edit until the user is ready to transmit the orders</li> </ul>
<b>Transactions</b>	<ul style="list-style-type: none"> <li>Two different screens, one to access provider transactions and one to access direct-ship transactions</li> </ul>	<ul style="list-style-type: none"> <li>One screen to access both provider transactions and direct-ship transactions</li> </ul>
<b>Adjustments and Distribution</b>	<ul style="list-style-type: none"> <li>Screen used to enter, edit, save and view adjustments and distributions, and to view adjustments and distributions</li> </ul>	<ul style="list-style-type: none"> <li>Screen used to access historical information about project vaccine inventory. It represents adjustment and distribution data prior to the installation of VACMAN 4.x; <i>it is view only</i></li> </ul>
<b>Enroll Providers</b>	<ul style="list-style-type: none"> <li>Does not exist in 3.0.11; Enrollment screen used to access enroll demographics</li> </ul>	<ul style="list-style-type: none"> <li>Screen used to enroll demographics for a provider</li> </ul>

## Some additional changes to VACMAN v4.x are included in the list below

- Import and Export options have been modified to include the ability to import and export New Provider Orders
- Provider Order Entry Screen allows the input of multiple vaccine orders per provider per screen instead of one at a time
- Transaction code 2 has been removed as a possible transaction; there is no longer the ability to ship viable vaccine to the distributor or to the manufacturer
- There have been a few reporting changes:
  - Reports Tab 1 no longer includes Distribution and Project Inventory Reports
  - Reports Tab 2 no longer includes Depots, Suppliers (Manufacturers), Funding Source Transactions, and Funding Codes and Balances reports
  - All references to *Varicella* orders in the System have been changed to Direct-ship

## Early Pilot Grantee results from VACMAN 4.x implementations suggest we're headed in right direction

- Successful launches of Washington, Maryland, and Chicago in February
- In process of launching California
  - Additional beta testing required to address complexity of running VACMAN 4.x on California's network environment
- Next group of grantees implementing include Tennessee (3/19), Rhode Island (4/2), Nebraska & Oklahoma (4/23), and Hawaii & Arizona (4/30)

# Centralized Distribution implementation is contingent on readiness of VACMAN 4.x

- Grantees and Providers can expect the following from VACMAN 4.X
  - Grantees place provider vaccine orders on behalf of the provider and also Grantee-funded bulk vaccine orders
  - Order receipt data sent from Distributor to NIPVAC and accessed via VACMAN Provider receipt screen
  - Spend Plan Monitoring Reports will be generated from the Allocation database and are available via request from your POB Project Officer
  - CDC Project Officers will have access to the data warehouse and can generate the following reports:
    - Shipment Status, Inventory Threshold, Bulk Shipment Receipt, Backorder, Adjustments, Transaction, Physical Inventory, Physical Inventory Reconciliation, Grantee-Specific Virtual Inventory Reconciliation, Distribution Summary, Nonviable Vaccine, Stockpile/Short-Dated Vaccine & Distributor to Provider Shipment Invoicing



# Systems Workstream Update

## Vaccine Order Distribution System (VODS)

# Commercial-off-the-Shelf Software (COTS)

- COTS – a "system which 'is' manufactured commercially, and then may be tailored for specific uses."
- Office of Management and Budget (OMB)
  - Advocates COTS solutions
  - Reviews all VODS contracts and proposals
- SAP
  - Enterprise Resource Planning (ERP)
  - Industry standard best practice
  - Used in 80% of distributors and vaccine manufactures in the US

# Gaps from VODS requirements and SAP

- **Requirements gaps can force “customizations” vs. “configurations”**
  - **Conflicting example** – Reqt allows Grantees to control the viewable formulary by the Provider vs Reqt limits the number of formularies to the number of groups that have been created...need to determine way to limit the number of formularies
  - **Contradicting example** – Reqt allows Provider to maintain an individual provider account for each provider vs reqt restricts Provider from making changes without an approval
  - **Disconnecting example** – Reqt allows Grantees to determine frequency for submitting support documentation vs reqt alerts Grantees if all the required supporting documentation hasn't been submitted by Providers...associating the vaccine request to its supporting documentation needs more definition.

## VODS Plan of action

- Requirements solidification to fill “Gaps”
- VODS SME Team resources identified and secured
  - SME for requirements
  - SME for external information system connections
    - To be completed once gaps are filled
- Finalize VODS rollout timeline based on additional FMO requirements
- VODS Pilot Site selections to be completed
- Begin VODS user testing

*We are committed to working with you closely as the VODS deployment plan and schedule is solidified!*

# Questions?

# **Vaccine Management Business Improvement Project (VMBIP) Funds Management Update**

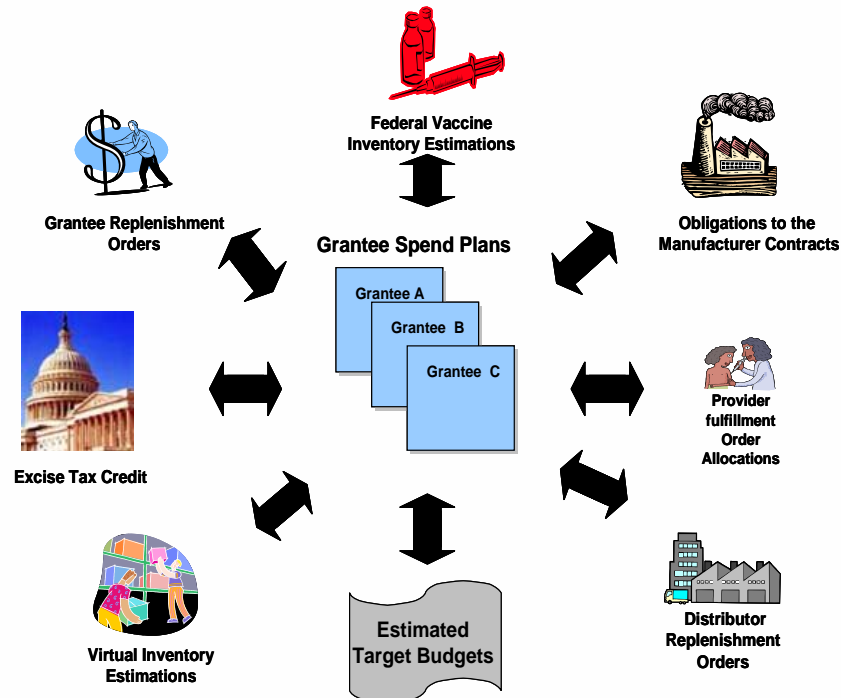
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# CDC has developed the “Spend Plan Development, Monitoring and Updating Guide” to assist grantees in proper spend planning

## Goals of the Guide:

- ▶ Communicate the Purpose and Importance of the Spend Plan
  - Spend plans provide critical information to a number of planning processes and activities
  - As we transition to centralized distribution, CDC will be relying even more heavily on the spend plans for effective planning and management of inventory and funds
- ▶ Clarify expectations for the Spend Plan
  - Pre-transition spend plans should reflect bulk purchases, while post-transition spend plans should reflect provider orders
  - Spend plans are CDC’s best **estimate** for future purchases – they must be monitored closely and updated to reflect current information
- ▶ Provide “Best Practices” Suggestions and Tools to Aid Grantees in Spend Plan Development
  - Historical distribution data and future program plans should form the basis for the spend plan
  - VOFA is a **transmit** tool only - it does not accommodate the data gathering and analysis work necessary for a good spend plan



# The “Grantee Spend Planning Workbook” is an optional tool grantees can use to profile monthly ordering, do scenario planning, and calculate their VOFA inputs

Microsoft Excel - Grantee Spend Planning Workbook v8.xls

File Edit View Insert Format Tools Data Window Help

Type a question for help

J24    fx =I24\*\$D24

VFC						Q1 FY2007						
Total Dollars						Total Dollars						
\$ 24,500						\$ 24,500						
# of Antigens over allocation						Planned Order Quantities						
Vaccine	Brandname/ Tradename	Packaging	Cost/ Dose	Contract End Date	Manufacturer	October		November		December		Q1 Total
Pediatric/VFC Vaccines						Doses	Dollars	Doses	Dollars	Doses	Dollars	Doses
DTaP/	Tripedia® DAPTACEL®	10 pack - 1 dose vials	\$12.25	3/31/2007	sanofi pasteur	800	\$ 9,800	700	\$ 8,575	500	\$ 6,125	2,000
DTaP/	Infanrix®	10 pack - 1 dose vials	\$12.75									
DTaP/	Infanrix®	5 pack - 1 dose T-L syringes, No Needle	\$13.25	3/31/2007	GlaxoSmithKline							
DTaP-Hep B-IPV*	Pediarix®	10 pack - 1 dose vials	\$43.75									
DTaP-Hep B-IPV*	Pediarix®	5 pack - 1 dose T-L syringes, No Needle	\$43.75	3/31/2007	GlaxoSmithKline							
DTaP-Hib #	TriHIBit®	5 pack - 1 dose vials	\$24.94	3/31/2007	sanofi pasteur							
e-IPV*	IPOL®	10 dose vials	\$10.82									
e-IPV*	IPOL®	10-pack - 1 dose syringes, No Needle	\$10.82	3/31/2007	sanofi pasteur							
Hepatitis B-Hib*	COMVAX®	10 pack - 1 dose vials	\$26.25	3/31/2007	Merck							
Hepatitis A Pediatric	VAQTA®	10 pack - 1 dose vials	\$12.10	3/31/2007	Merck							
Hepatitis A Pediatric	Havrix®	10 pack - 1 dose vials	\$12.25									
Hepatitis A Pediatric	Havrix®	5 pack - 1 dose T-L syringes, No Needle	\$12.25	3/31/2007	GlaxoSmithKline							
Hepatitis A-Hepatitis B 18 only*	Twinrix®	10 pack - 1 dose vials	\$38.57									
Hepatitis A-Hepatitis B 18 only*	Twinrix®	5 pack - 1 dose T-L syringes, No Needle	\$38.57	3/31/2007	GlaxoSmithKline							
Hepatitis B- Pediatric/Adolescent	ENGERIX B®	10 pack - 1 dose vials	\$9.10									
Hepatitis B- Pediatric/Adolescent	ENGERIX B®	5 pack - 1 dose T-L syringes, No Needle	\$9.10	3/31/2007	GlaxoSmithKline							
Hepatitis B- Pediatric/Adolescent	RECOMBIVAX HB®	10 pack - 1 dose vials	\$9.00	3/31/2007	Merck							
Hepatitis B 2 dose* Adolescent (11-15)	RECOMBIVAX HB®	10 pack - 1 dose vials	\$24.25	3/31/2007	Merck							
Hib*	PedvaxHIB®	10 pack - 1 dose vials	\$10.62	3/31/2007	Merck							
Hib*	ActHIB®	5 pack - 1 dose vials	\$7.92	3/31/2007	sanofi pasteur							
HPV - Quadrivalent Human Papillomavirus Types 6,11,16 and 18 Recombinant	Gardasil®	10 pack - 1 dose vials	\$96.00	3/31/2007	Merck							
Measles, Mumps, Rubella and Varicella (MMRV) #	ProQuad®	10 pack - 1 dose vials	\$74.85	3/31/2007	Merck							
Meningococcal		1 dose vials	\$68.00									

Instructions    Spend Planning VFC    Spend Planning 317    Spend Planning State & Local    Summary Doses

# Detailed instructions for using the workbook are contained in the left-most Worksheet/Tab

The screenshot displays the Microsoft Excel interface for the 'Grantee Spend Planning Workbook v8.xls'. The 'Instructions' worksheet is active, showing a list of seven numbered instructions for users. The spreadsheet grid is visible with columns A through N and rows 1 through 12. The bottom of the window shows the worksheet tab bar with 'Instructions' selected.

**Instructions:**

- 1. For State & Local and 317 worksheets only:** Your Quarterly "Spend Target" for each Quarter is highlighted in Blue at the top of each Quarter's section. For the State & Local worksheet, you will need to enter in your "Spend Target" for each quarter based on the expected amount of your State & Local funding. For the 317 worksheet, this information will already be populated by CDC.
- 2. For the VFC worksheet only:** Populate the "Doses per eligible Child" and "Total Doses w/ wastage" columns for each antigen from VOFA at the bottom of the worksheet.
3. On each sheet, for the respective funding source, enter the total number of doses you anticipate that providers will order per vaccine and package type into "Doses" Column under each Month.
4. The total cost by vaccine and package type will be automatically calculated in the "Dollars" Column for each Month and will be subtracted from the "Spend Target" (for 317 and State) amount to show the "Remaining Target" or the budgeted amount that you have not yet allocated to specific vaccine. The "Remaining Target" will be highlighted in red if it is negative, indicating that you have gone over your "Spend Target" amount. If you anticipate that you will need to go over your "Spend Target" amount based on the provider orders that you anticipate, please work with your project officer to update your spend plan.
5. **On the VFC worksheet only:** There is a section to the right of the "Annual Totals" that checks the total doses for each antigen against the total allowable doses you entered from VOFA at the bottom of the sheet. This section alerts you with an "Over - xxx" message in the applicable vaccine rows if you have exceeded your allowable doses for any particular antigen. If you anticipate that you will need to go over the total allowable doses w/ wastage from VOFA, you will need to enter an "Over-Order Justification" in VOFA. The section at the bottom of the worksheet provides a summary view by antigen of the total doses you have populated per funding source, the total doses available considering the VFC allocations, and calculates the number of doses you are over (red) or under your VFC allocation. The over/under calculation allows you to go over your VFC allocated doses by 0.5% to account for rounding of the percentage distributions across the months.
6. The percentage distribution by vaccine, by month and the percentage distribution by brand for each vaccine will be calculated out to the right of the annual totals for entry into the "Brand Allocation" and "Purchasing Plans" sections of VOFA. You can easily print each worksheet for your reference by clicking the Printer icon in your toolbar or selecting "File: Print". The worksheets are already formatted for printing.
7. The 'Summary Doses' Tab totals the doses and dollars by NDC and month across all funding sources and provides an aggregate breakdown of % by month and brand.

# Chicago's Implementation of TOF



**Marcia Levin, MPH**

Chicago VFC Manager

NIC - March 6, 2007





GOFF

"FIRST, THE POOP WILL HIT THE  
FAN, THEN IT WILL TRAVEL  
DOWN THIS CHUTE TO YOUR DESK."





# Tiered Ordering Frequency (TOF)

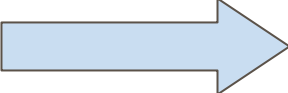
- Based on annual vaccine usage & provider storage capacity
- Providers “scheduled” to place orders
  - Once a month (Monthly)
  - Once every other month (Bi-Monthly)
  - Every three months (Quarterly)
- Intended to increase order size, reduce the frequency of orders, and reduce order processing workload



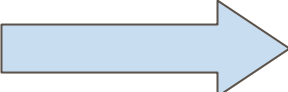
# Preparations for Implementation

- Evaluated each provider's annual distribution volume
- Created a spreadsheet with above data
- Collected provider storage capacity info
  - Sent a blast fax to all providers with request for info
  - VFC staff followed up on those who did not respond

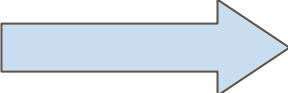
## TOF-based categories were determined by annual usage

- Order less than 500 doses/year  ■ Order vaccine every 3 months (quarterly)

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- Order 500-2000 doses/year  ■ Order vaccine every 2 months (bi-monthly)

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- Order more than 2000 doses/year  ■ Order vaccine every month

# Storage capacity also factored into TOF-based categories

Storage Capacity	Frequency
2-6 cubic feet of total storage in refrigerator	MONTHLY (only small amounts allowed)
7-14 cubic feet of total storage in refrigerator	MONTHLY OR BI-MONTHLY (depends on annual usage)
15+ cubic feet of storage in refrigerator	MONTHLY, BI-MONTHLY OR QUARTERLY (depends on annual usage)
Freezer capacity for varicella, Pro-Quad, FluMist	Separate, insulated door <b>MANDATORY!!</b>

# Chicago's 678 VFC Provider Segmentation

- Monthly Ordering Frequency
  - 202 providers
- Bi-monthly Ordering Frequency
  - 113 B-1 Providers (Order in Odd numbered months)
  - 100 B-2 (Order in Even numbered months)
- Quarterly Ordering Frequency
  - 105 Q-1 (Order in Months 1, 4, 7, 10)
  - 88 Q-2 (Order in Months 2, 5, 8, 11)
  - 70 Q-3 (Order in Months 3, 6, 9, 12)



# Providers follow staggered starts for TOF-based orders

Category	Frequency	Order Every	Begin TOF (2006)
M	Monthly	Month	July
B1	Bi-Monthly	Odd Months	July
B2	Bi-Monthly	Even Months	August
Q1	Quarterly	Jan, Apr, July, Oct	July
Q2	Quarterly	Feb, May, Aug, Nov	August
Q3	Quarterly	Mar, June, Sep, Dec	September



## 2006 VFC Provider Meeting(s)

- Hosted annual VFC provider meetings
- As providers entered, each was given:
  - Their assigned order frequency and set of detailed instructions
  - Chicago Pediatric Vaccine Order and Accountability Form
- Extensive Q&A session



# TOF VFC Provider Guidelines

- Order according to assigned schedule
- Order ALL vaccines needed for ordering cycle
- Contact VFC Program if there are changes to practice volume or if appliance is replaced



# Monitoring TOF

- Utilized VACMAN custom category to identify provider's TOF segment and track ordering activity via reports
- Providers given time to adjust to ordering changes  
- some months will be better than others
- Field staff and order processing unit remind providers of the their TOF ordering schedule
- Allow for exceptions should providers misjudge their order volume or experience an emergency





# Future of TOF

- Further order monitoring and guidance of providers
- Continued TOF communications through field staff visits, blast faxes, order follow-up, and general provider communications