Thank you for joining

The presentation will begin shortly

Rise to Immunize® Webinar

A Health System Approach to Optimizing Medicare Part D Vaccinations

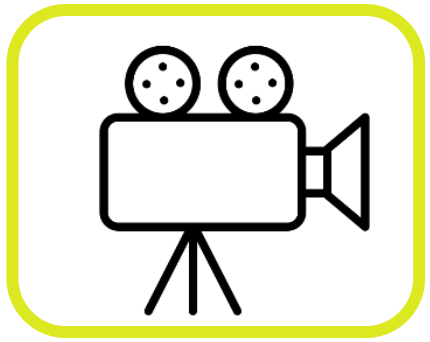
Beth Careyva, MD, Jennifer Stephens, DO, MBA, FACP, Gallus “Chip” Wukitsch IV, PharmD, MBA,, and Del Dutra, MBA, MSN, RN (Jefferson Health)

July 16th, 2026

Today's Webinar

- **Campaign Updates**
  - Pulse Survey
  - RIZE Action Month Announcement
  - Campaign Spotlight: Dynavax Joins Sanofi
- **A Health System Approach to Optimizing Medicare Part D Vaccinations**
  - Beth Careyva, MD (Jefferson Health)
  - Jennifer Stephens, DO, MBA, FACP (Jefferson Health)
  - Gallus "Chip" Wukitsch IV, PharmD, MBA (Jefferson Health)
  - Del Dutra, MBA, MSN, RN (Jefferson Health)
- **Q&A Session**

Webinar Reminders



Today's webinar recording will be available the **week of 7/20**

- Will be sent via email
- Will be available on website

(RiseToImmunize.org → "Resources" → "Webinars")

Ask questions during the webinar using the **Q&A feature**

- Questions will be answered at the end of the presentation

Please take a moment to answer a one question pulse survey.

We appreciate your feedback!

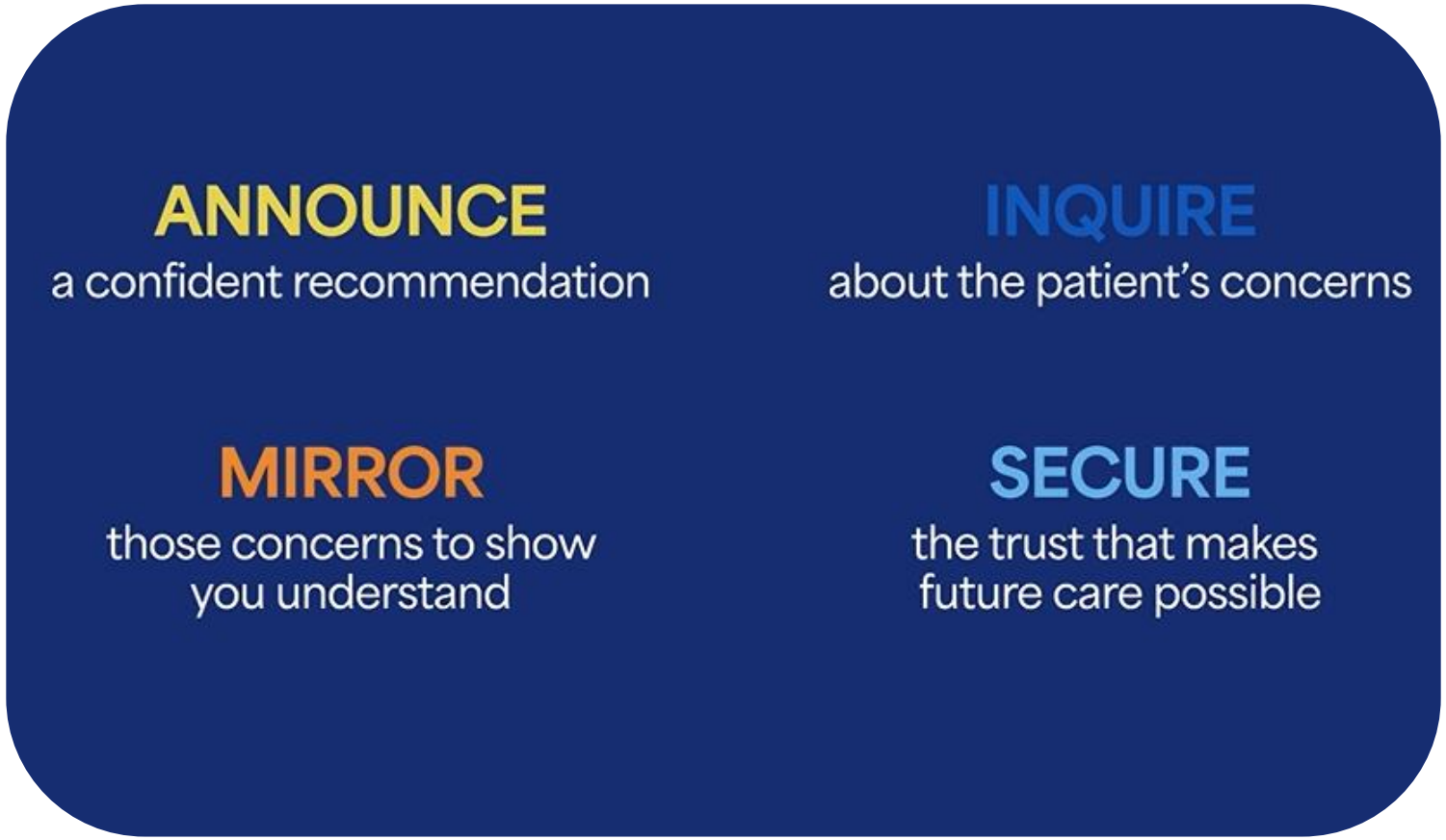
RIZE

Action Month

August 2026

Trusted Messenger Program

“The AIMS Approach to Vaccine Conversations”



RIZE Action Month Materials

RiseToImmunize.org/ActionMonth

- The AIMS Approach to Vaccine Conversations" Video
- Participation Guide
- Staff Invitation Template
- PowerPoint (includes discussion prompts)
- Recognition Template
- Reimbursement Form

RSVP here:

Campaign Spotlight: Dynavax Joins Sanofi

Today's Speakers

Beth Careyva, MD, MHSA, FAAFP, Vice Chair, Value Based Care, Family Medicine (Jefferson Health)

Jennifer Stephens, DO, MBA, FACP, Chief Medical Officer, Ambulatory Quality and Population Health (Jefferson Health)

Gallus "Chip" Wukitsch IV, PharmD, MBA, Director, Retail Pharmacy Operations (Jefferson Health)

Del Dutra, MBA, MSN, RN, CCC, Enterprise Director Clinical Education and Vaccine (Jefferson Health)

Jefferson Health

Implementing Medicare Part D Vaccine Workflows Across Ambulatory Care: A Multi-Department Pilot-to-Scale Quality Improvement Initiative

Beth Careyva, MD MHSA FAAFP; Chip Wukitsch PharmD, MBA; Del Dutra MBA, MSN, RN, CCC; & Jennifer Stephens DO, MBA, FACP

July 16, 2026

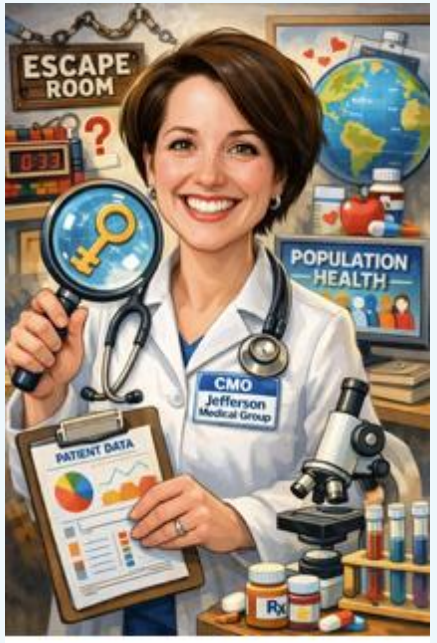
Objectives

- Describe barriers to Medicare Part D vaccines in ambulatory care
- Understand key elements of a pilot to scale implementation strategy
- Identify critical stakeholders and workflow design considerations
- Apply RE-AIM framework to evaluate implementation

Who We Are


Jefferson Health
MEDICARE PROGRAM
VACCINE


Jefferson Health
CLINICAL EDUCATION
Jefferson Health
MEDICARE
IMMUNIZATION PROGRAM


ESCAPE ROOM
POPULATION HEALTH
CMO
Jefferson Medical Group
PATIENT DATA

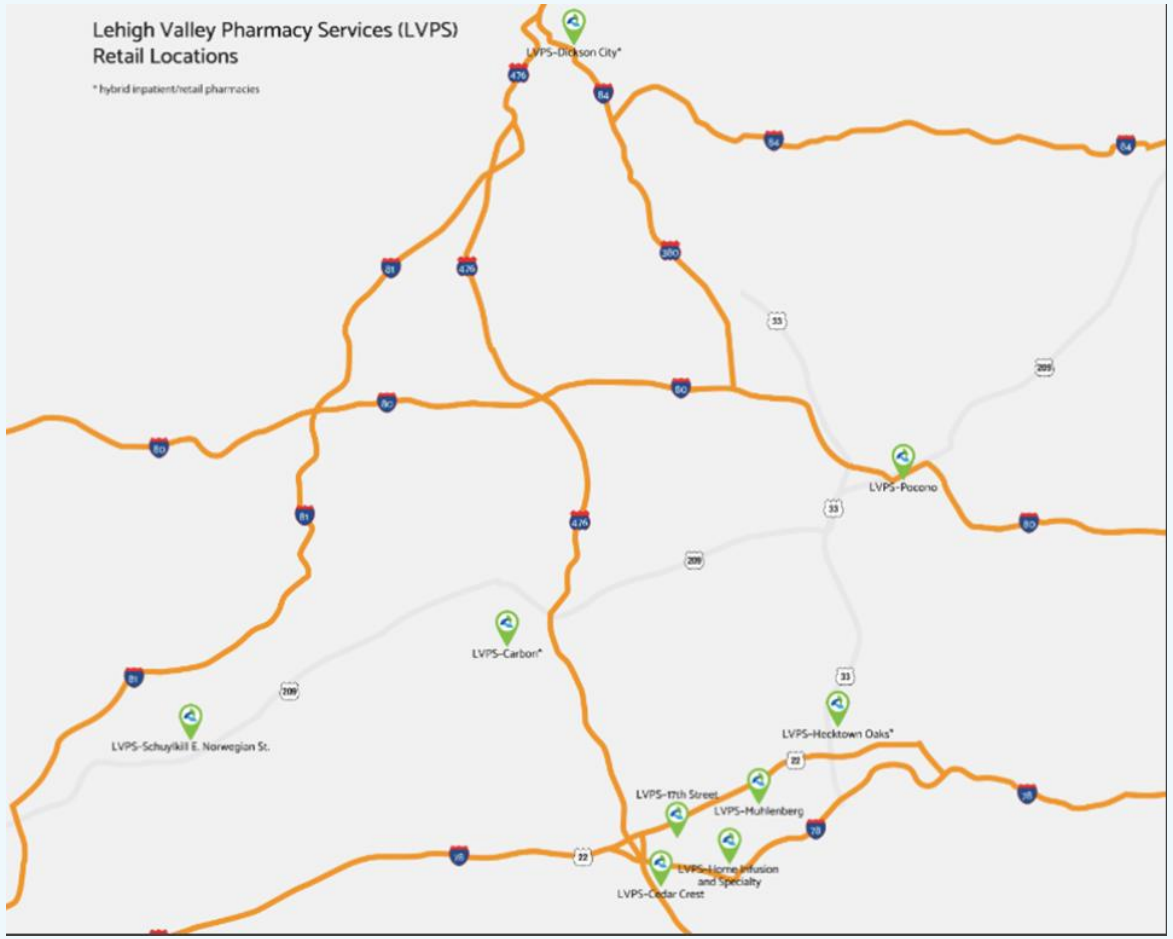
Lehigh Region

- Regional campus of Jefferson Health
- Mixed medical group in Eastern Pennsylvania encompassing ~ 3,200 clinicians

15	Hospital Campuses	**80+**	Testing and Imaging Locations
5	Health Institutes	**22,000+**	Employees
1	Children's Hospital	**2,000+**	Physicians
300+	Practice Locations	**1,200+**	Advanced Practice Clinicians
9	Community Clinics	**4,500+**	Registered Nurses
30	Health Centers	**78,700**	Acute Admissions
22	ExpressCARE Locations	**338,500**	ED Visits
2	Children's ExpressCARE Locations	**1,900+**	Licensed Inpatient Acute Care Beds
60+	Rehabilitation Locations	**6-time**	Magnet® Hospital

Lehigh Valley Pharmacy Services

- Compromised of:
  - 9 retail pharmacies
  - 1 specialty pharmacy
  - 1 home infusion pharmacy
- In FY25, filled a total of 570,000 scripts
- Encompasses 96 FTEs within LVPS



Why Behind Medicare Part D Vaccine Programming

Problem Statement

- Vaccines covered under Medicare Part D require administration in partnership with pharmacy, resulting in risk of:
  - care fragmentation
  - decreased patient experience
  - decreased vaccination rates

Patient Care Journey (prior state):

1. Vaccine discussed during appointment
2. Patient instructed to go to external retail pharmacy for administration
3. Vaccine administered with billing per the retail pharmacy
4. Records transmitted to the Primary Care team

Population Health Opportunity

- Limited studies describing ambulatory integration of Part D vaccines outside of payvider systems
  - Others have included embedded pharmacists which is not feasible at scale within large integrated health systems

- Shingles, RSV, and Tdap all have the capacity to decrease preventable disease and associated morbidity, in addition to decreasing costs of care via decreased ED and hospital utilization
  - Older adults are particularly susceptible to more severe complications related to shingles, RSV, and pertussis

1. Sun Y, et al. Effectiveness of the recombinant zoster vaccine in adults aged 50 and older in the United States: A claims-based cohort study. Clin Infect Dis. 2021;73(6):949-956.
2. Melgar M, et al. US Department of Health and Human Services. Centers for Disease Control and Prevention. Use of respiratory syncytial virus vaccines in older adults: recommendations of the Advisory Committee on Immunization Practices.
3. Ahmed N, et al. A budget impact analysis of adult immunizations with tetanus, diphtheria, and pertussis vaccination for the prevention of pertussis in a—risk populations in Colombia. Hum Vaccin Immunother. 2025;21(1):2507885.

Baseline Assessment

- Limited ability to administer Part D vaccines in ambulatory practices
- Variable clinician knowledge of related billing requirements
- Inconsistent patient experience
- Revenue cycle uncertainty
- Low vaccination completion rates

Vaccine	National Peer Average	2025 Q3	2025 Q4
Td/Tdap	59%	60%	61%
Zoster	42%	37%	38%
RSV	33%	24%	30%

Starting with a Pilot

July 2024

Project Aim & Logistics

Increase access to Medicare Part D vaccines in ambulatory practices through implementation of an integrated vaccine workflow

Logistics

Decision to include RSV, Tdap, and Zoster Vaccines	3 Practices- 1 Family Medicine, 1 Internal Medicine, 1 Infectious Disease	Success Measures- #Vaccines administered, %Vaccines with claims paid, Patient experience, Staff feedback

Stakeholders

Primary Care

Infectious Disease

Pharmacy

Revenue Cycle

Practice Operations

IS&T

Workflow Design

- Vaccine identification
- Eligibility verification
- Ordering process
- Administration
- Benefit adjudication
- Billing

Anticipated Risks & Mitigation

- Claims denials
- Inventory concerns
- Staff confusion
- Workflow burden
- Financial uncertainty

Risk Mitigation Plan

- Small scale pilot
- Core team meetings every other week
- Daily ordering and administration report monitoring for billing accuracy
- Frequent check ins with revenue cycle

Pilot Education: Training, Communication, and Continuous Improvement

1

Preparing Clinical Teams for Go-Live

Built workflows, defined roles, and prepared teams.

- Increased Medicare immunization opportunities and closed care gaps
- Identified eligible patients and reviewed vaccine criteria
- Standardized EPIC tip sheets and workflows for Tdap, Zoster, and RSV
- Enabled RNs, LPNs, MAs, and clinical support staff to order vaccines under protocol
- Defined roles for ordering, administration, and documentation

2

Education and Training

Equipped teams with knowledge and hands-on support.

- Delivered virtual training on workflows, ordering, and documentation
- Developed e-learning on the Medicare Immunization Program, eligibility, and clinical workflows
- Provided on-site support on Day 1 to reinforce workflows and address questions

3

Communication and Engagement

Built awareness, readiness, and confidence.

- Met with pilot leaders to align on goals, workflows, and expectations
- Shared key resources and escalation pathways
- Delivered targeted messaging on program benefits and workflow integration
- Conducted post-go-live follow up to address barriers and reinforce education

4

Continuous Improvement

Used data and feedback to optimize and expand.

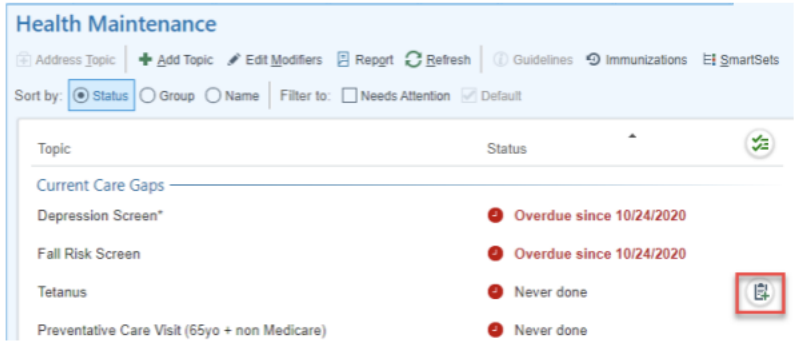
- Monitored ordering vs. administration daily
- Clarified Tdap preventive vs. treatment administration
- Updated EPIC tip sheets and smartsets, including auto-inclusion of retail pharmacy
- Ongoing follow up with pilot sites and Medicare work group to refine and guide future expansion

Outcome: Prepared clinical teams, improved workflows, and strengthened readiness for successful Medicare immunization adoption and future expansion.

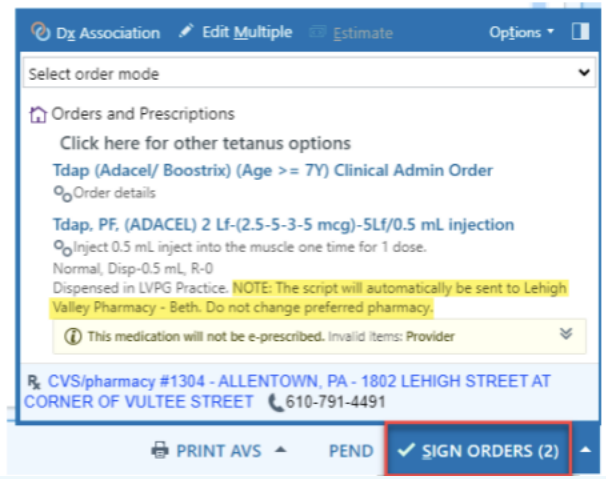
Iterative Clinical Decision Support to Filter to Single Retail Pharmacy

Try It Out… Place Medicare Immunization Orders with Single Click Ordering in Health Maintenance or Storyboard

1. From **Health Maintenance** or **Storyboard**, click on the **clipboard** next to the appropriate Immunization Order.
   Note* You must be inside an encounter to use single click ordering.



2. This will **automatically select both orders** for the **Clinic Admin AND** the **Script to send to the Pharmacy**.
   Note* **DO NOT CHANGE THE PREFERRED PHARMACY**, these orders are set to automatically go to Lehigh Valley Pharmacy- Bethlehem.
3. **Sign** the orders.



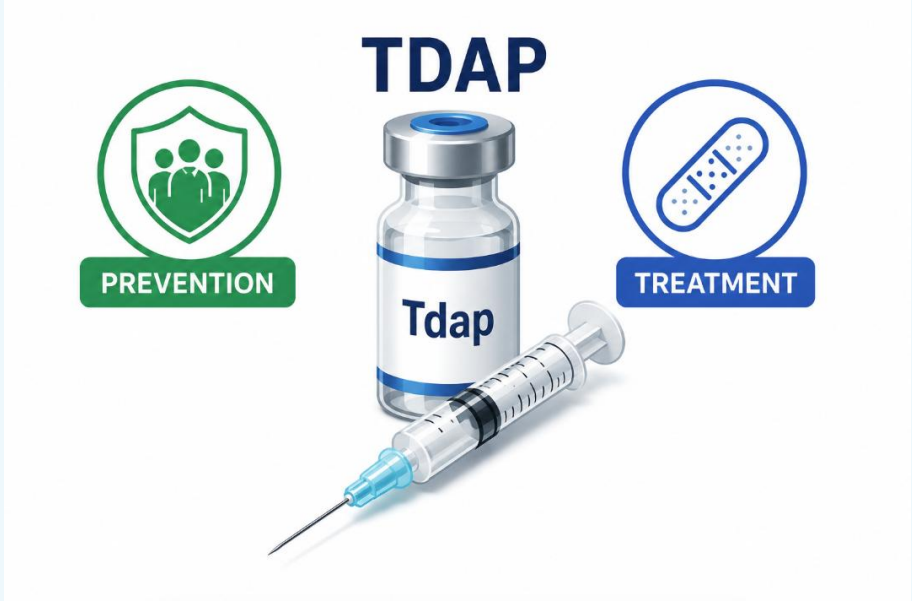
Understanding Tdap Coverage: Prevention vs Treatment

Tdap for Prevention

- Medicare Part D covers routine and preventive Tdap vaccination, including the one-time adult booster, 10-year boosters, and vaccination during pregnancy
- Traditional physician practices typically bill medical benefits (Part B) and do not process pharmacy (Part D) claims
- As a result, routine Tdap vaccines covered under Part D are generally administered and billed through retail or specialty pharmacies rather than during physician practice visits.
- In this case, the Tdap order smartset would be utilized to support facilitate appropriate billing through LVPS

Tdap for Treatment

- Medicare Part B covers Tdap when:
  - The vaccine is given because of an injury or direct exposure to disease, such as:
    - A puncture wound where tetanus prophylaxis is needed
    - Exposure to diphtheria or pertussis requiring post-exposure vaccination
- In this case, the Medicare Part D smartset would NOT be used for this vaccine, as coverage is provided through Medicare Part B



Leverage Pharmacy

Professional Services Agreement

Collaborative agreement between pharmacy and medical group

Simplify billing

One source for billing removes otherwise complex billing requirements

Medicare Part D benefit investigation

Decreases administrative burden on the practice

Optimize reimbursement

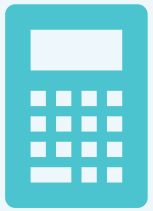
Ability for pharmacy to bill for both the administration and dispensing fee

- Pharmacy = dispensing fee
- Provider practice = administration fee

Leverage Pharmacy

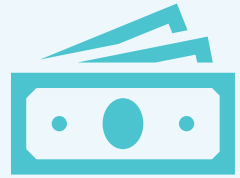
Audits

Capable of providing pertinent documentation to auditors



Revenue

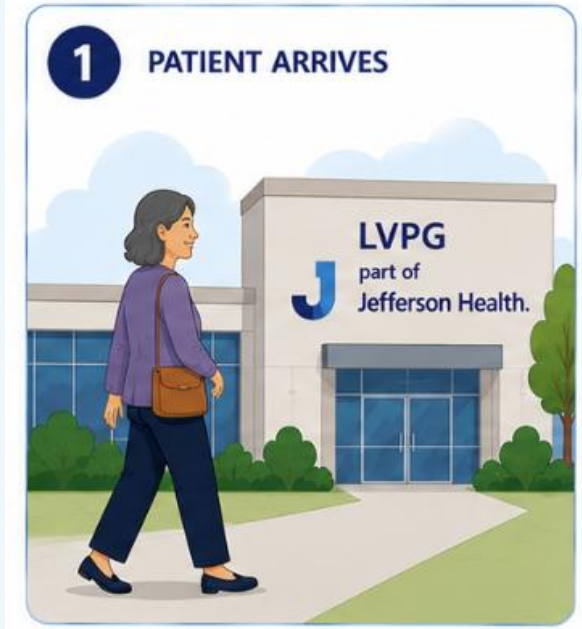
Calculate monthly margin made based on dispensing and administration fee

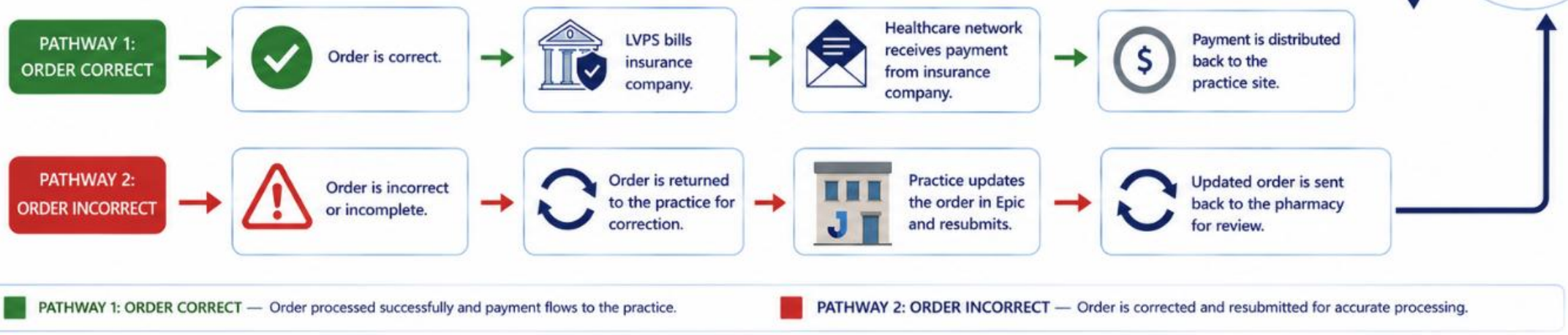


Communication with Finance

Provider's office receives compensation for the cost of the vaccine PLUS $20 administration fee/vaccine

Pharmacy receives compensation for the dispensing fee= ~ $19/ vaccine





PATHWAY 1: ORDER CORRECT — Order processed successfully and payment flows to the practice.

PATHWAY 2: ORDER INCORRECT — Order is corrected and resubmitted for accurate processing.

Pilot Outcomes – 14 months

- Vaccines administered -2,801
- Positive feedback from patients, clinicians, and staff
- Financial performance mixed- 3 payers accounting for 30% of vaccines administered not covering claims resulting in revenue cycle delays
- About 5% of members were not enrolled in a Medicare Part D plan

Medicare Part D Vaccines in Practices: Frequently Asked Questions

1. What are some key talking points for discussing vaccines with patients?

- We've made it easier for you to get certain vaccines covered by Medicare Part D. Instead of going to a pharmacy, you can now get these vaccines right at our office. We've teamed up with pharmacy services to make this happen.
- We started this program at three locations, and in the past year, over 2,000 patients have gotten their vaccines this way. This means you can get your shots covered by Medicare without an extra trip to the pharmacy.

Key Takeaways

Revenue cycle partnership was critical in early identification of issues

Aligned retail pharmacy is a necessary component

Iterative clinical decision support was needed to support workflow for clinical staff and clinicians

Novel contracting with pharmacy was needed to satisfy claims for 3 payers accounting for ~ 30% of immunizations

Scaling

September 2025

Scaling a Successful Pilot across Ambulatory Practices

Expanded from 3 pilot sites to 62 Primary Care and Infectious Disease practices

Leveraged pilot findings to refine workflows and mitigate barriers, particularly via pharmacy contracting

Established standardized toolkit to support future departmental adoption

Implementation Toolkit

1 Clinical Resources

- Standardized SmartSets and tip sheets
- Ordering, reimbursement, and scope guidance
- Staff standard work for vaccine ordering and administration

2 Education & Competency Support

- Program e-learning curriculum
- Virtual instructor-led training
- Skills validation and targeted reinforcement

3 Communication & Change Management

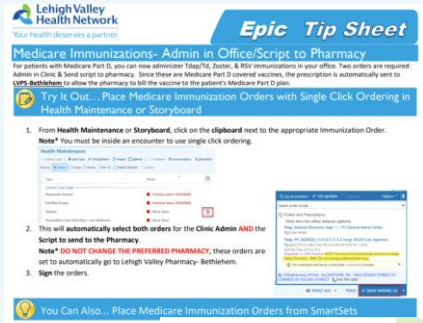
- Role-based communication and go-live readiness
- Regular updates and resource distribution
- Ongoing follow-up and leadership engagement by auditing dispense reports

4 Operational Oversight

- Quality dashboards and utilization monitoring
- SmartSet, documentation, and billing review
- Vaccine vendor selection and supply oversight

Built for Scale. Designed for Consistency. Focused on Patient Outcomes.

Enabling consistent, high-quality vaccine delivery across all practices.



Outcomes & Evaluation

Current State Stats

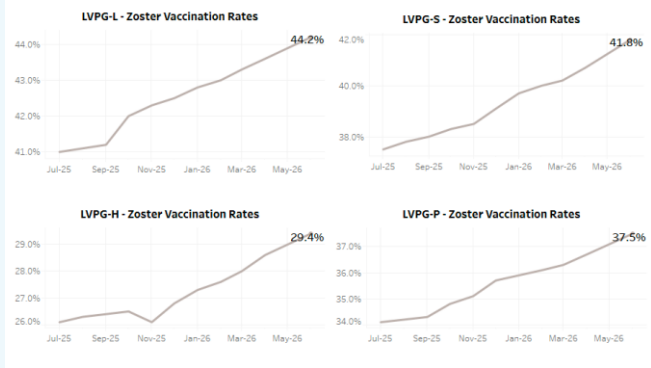
- **67 Practices actively participating**
  - 393 individual clinicians have participated via placed orders
- **19,000+ vaccines administered**
  - 15,000+ unique patients
  - RSV: 7729
  - Shingles: 5941
  - Tdap: 6015
- **Average patient age = 73**
  - 56% female/44% male
- **Positive gross margin**
  - PG reimbursed for administration fee.
  - Pharmacy reimbursed dispensing fee.
  - $900,000 + annually
- **1 FTE added**
  - Pharmacy technician - responsible for supporting Med D vaccine pharmacy operation

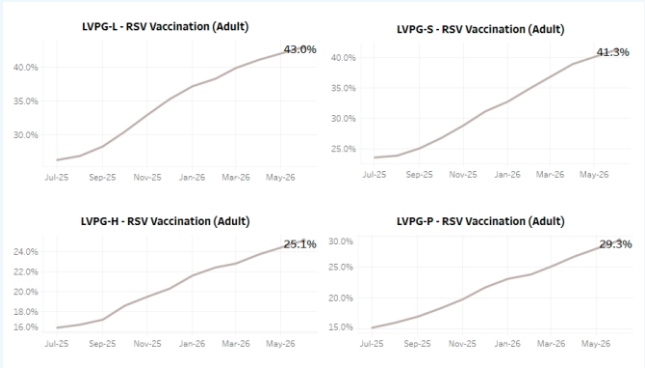
Evaluation Framework: RE-AIM

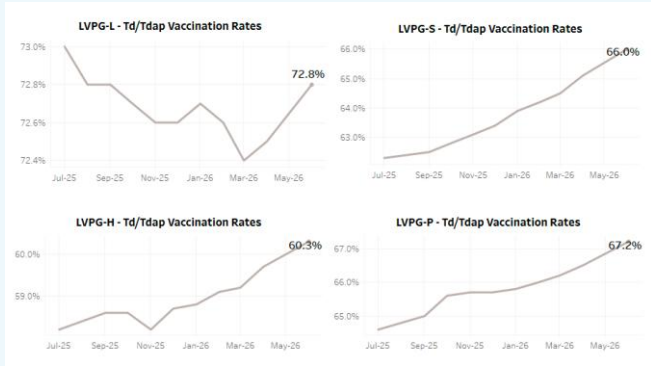
DOMAIN	MEASURE
Reach	• Medicare beneficiaries seen within applicable practices within study timeframe
Effectiveness	• Vaccination complete rate pre- and post-program implementation
Adoption	• Participating practices/clinicians
Implementation	• Workflow fidelity and revenue cycle/ billing success
Maintenance	• Program sustainability

RE-AIM

- **Reach-** 49,020 Medicare beneficiaries within Primary Care seen post implementation
- **Effectiveness-** Vaccine performance improved per figures
- **Adoption-** 67 practices and 393 clinicians
- **Implementation-** 95% of vaccines successfully billed (5% without Medicare Part D)
- **Maintenance-** Revenue is supporting incremental 1.0 FTE pharmacy tech to support ongoing implementation and expansion







Next Steps

Sustainability & Future Opportunities

- Incremental departmental expansion beyond FM & IM
  - Specialty practices: Pulmonology, Urology, Endocrinology, etc.
- Discussion of expansion to Jefferson North, East, and Central regions
  - Compromising of 87 FM & IM practices
- Monitor Medicare Part B and D for changes in vaccine coverage

Applicability to Other Systems

- Payment barriers can be overcome via multidisciplinary collaboration
- Pilot to scale methodology reduces implementation risk
- Retail pharmacy partnership alignment is foundational
- Vaccination programs improve quality and value

Q&A

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Questions?

Submit your questions using the **Q&A feature** at the bottom of the screen