

“Pharmacists as Partners in Adult Vaccinations”

August 2011

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Chief Strategy Officer

APhA



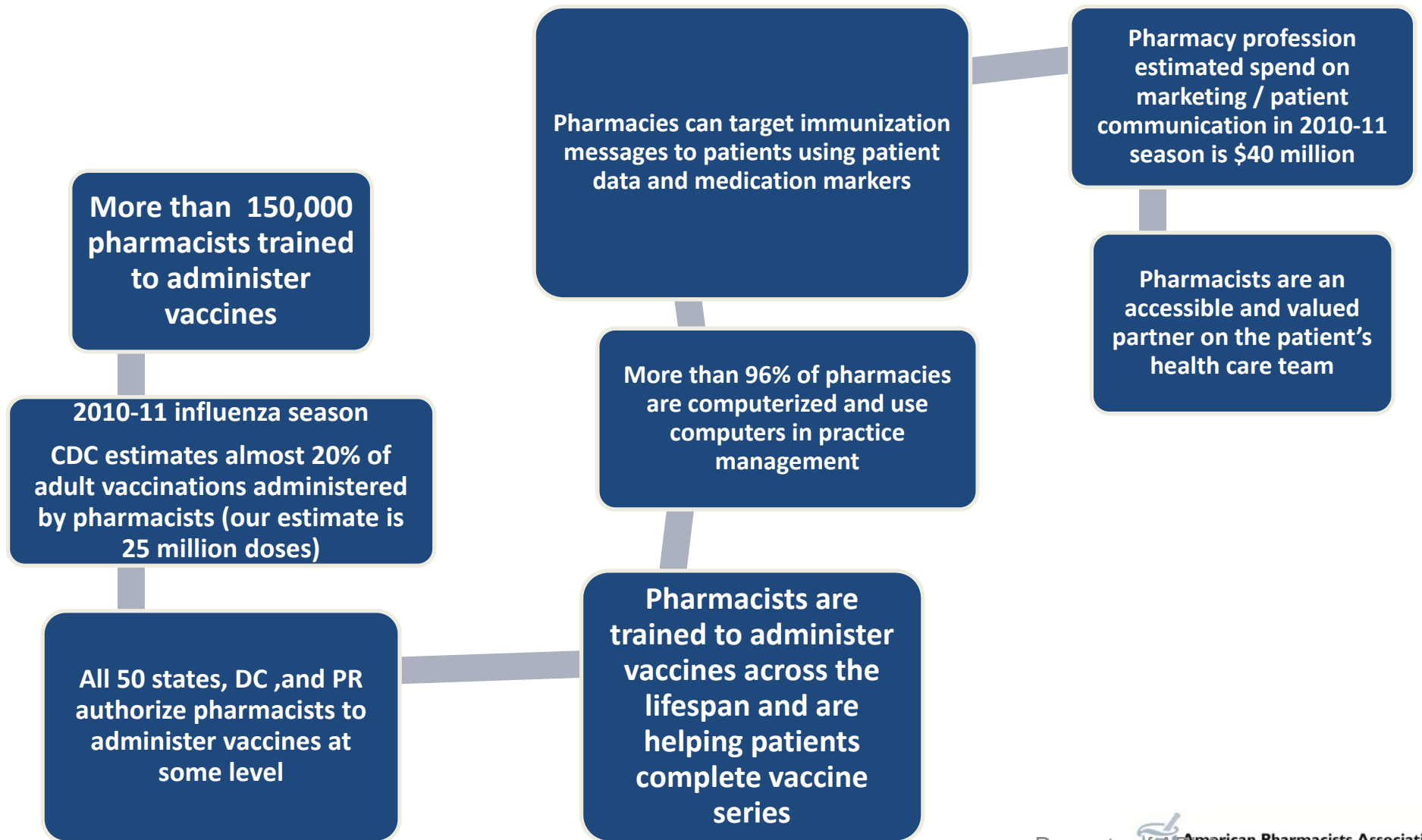
immunization through the years

Roles of Pharmacists in Immunization Advocacy

- Pharmacist as advocate
 - Educating and motivating patients
- Pharmacist as facilitator
 - Hosting others who vaccinate
- Pharmacist as immunizer
 - Giving vaccinations yourself

1996, APhA House of Delegates

Pharmacist Immunization Factoids





Pharmacists: Partners in Immunizations

- Knowledge of Providers
 - nationally recognized training program and continuing education programs
 - immunization education integrated into student pharmacist curricula
- *Access*
 - more than 56,000 community pharmacies in the United States that offer convenience, accessibility, and extended hours of operation

For more information on education program: www.pharmacist.com/education

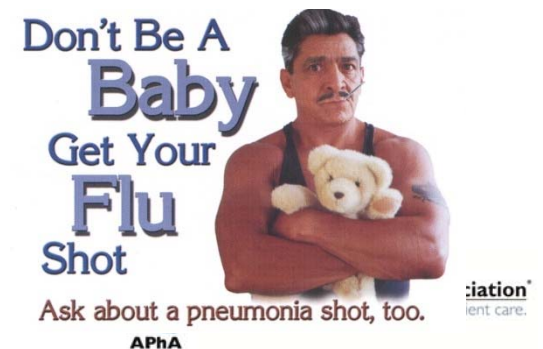
Pharmacists: Partners in Immunizations

- CDC estimates that almost 20% of the 2010-11 influenza adult vaccinations this season were administered by pharmacists
 - Our sampling and this estimate place the number of doses at about 25 million
 - 2009-10 estimates were 10-13% of the seasonal influenza vaccinations
 - Greater than 14 million doses
- Positioned to collaborate on community immunization needs across the lifespan (Tdap, zoster, pneumococcal, etc)

Pharmacy's Unique Contribution

Improving medication use...Advancing patient care

- Access, proximity, extended hours
 - especially when others are closed
 - Equivalent of US population enters a pharmacy each week
- Ability to identify high-risk patients easily based upon their medications
- Public's trust - Gallup Poll / enthusiastic acceptance
- Message dissemination vehicles
- Practice guided by nationally adopted guidelines
- Support completion of multi-dose vaccines (ie: HPV, etc)
- Knowledgeable vaccine resource
 - Education / training
- Ability to handle storage issues



GUIDELINES FOR PHARMACY-BASED IMMUNIZATION ADVOCACY

- **Guideline 1 - Prevention**

Pharmacists should protect their patients' health by being vaccine advocates.

- **Guideline 2 - Partnership**

Pharmacists who administer immunizations do so in partnership with their community.

- **Guideline 3 - Quality**

Pharmacists must achieve and maintain competence to administer immunizations.

- **Guideline 4 - Documentation**

Pharmacists should document immunizations fully and report clinically significant events appropriately.

- **Guideline 5 - Empowerment**

Pharmacists should educate patients about immunizations and respect patients' rights.

Adopted by APhA, 1996

Patient Centered Medical Home or “Healthcare Home”

- *Care is coordinated and/or integrated* across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the *patient’s community (e.g., family, public and private community-based services)*. Care is facilitated by registries, information technology, health information exchange and other means to assure that *patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.*

Source: Joint Principles of the Patient Centered Medical Home

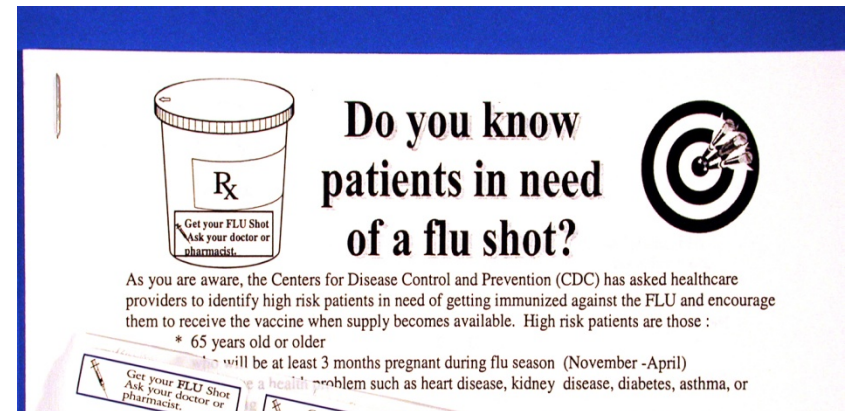
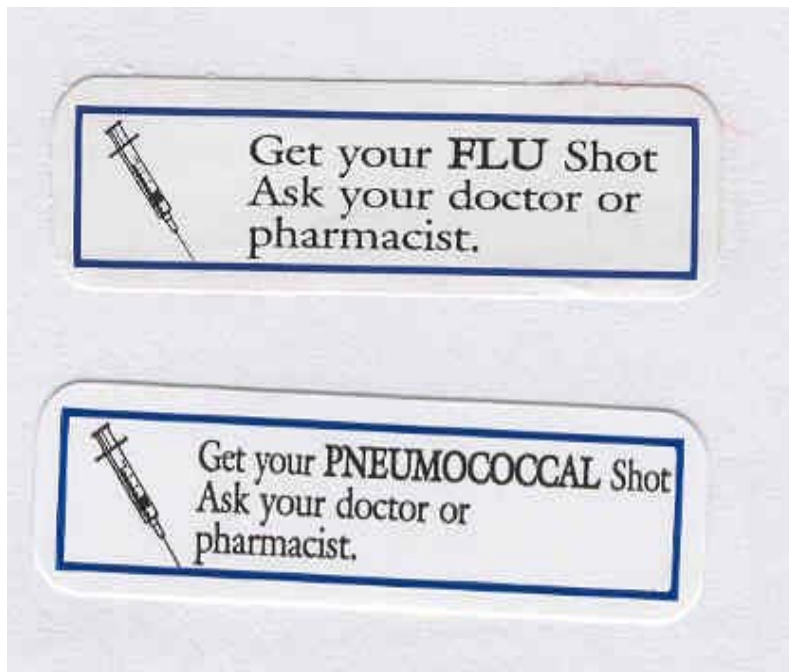
Health Care Personnel Vaccination Policy of APhA

- http://www.pharmacist.com/AM/Template.cfm?Section=House_of_Delegates&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=25910 (under New Business Item #1)
- **2011 adopted statement:**
APhA supports an annual influenza vaccination as a condition of employment, training, or volunteering, within an organization that provides pharmacy services or operates a pharmacy or pharmacy department (unless a valid medical or religious reason precludes vaccination).
- **2007 existing APhA policy stated:**
 - 1) APhA supports efforts to increase immunization rates of healthcare professionals, for the purpose of protecting patients, and urges all pharmacy personnel to receive all immunizations recommended by the CDC for healthcare workers.
 - 2). APhA encourages employers to provide necessary immunizations to all pharmacy personnel.
 - 3). APhA encourages federal, state and local public health officials to recognize pharmacists as first responders (like physicians, nurses, police, etc.) and prioritize pharmacists to receive medications and immunizations.



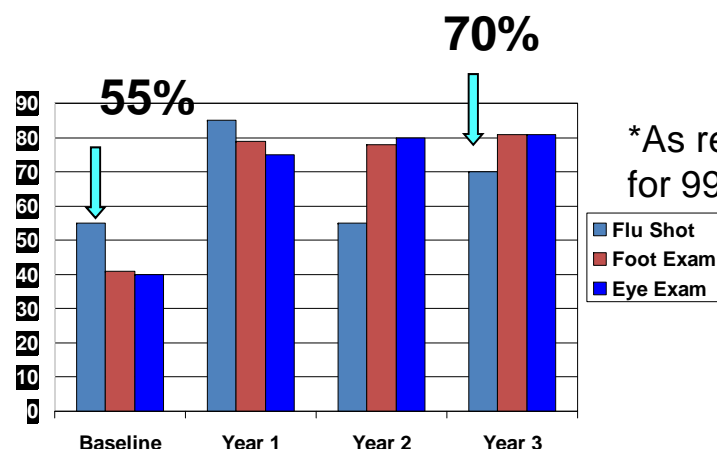
Targeting Messages:

Prescription Vial Auxiliary Labels



- **Need for influenza & pneumococcal vaccines:**
 - **Heart Disease** Digoxin, warfarin, nitrates
 - **Lung Disease** Theophylline, zafirlukast, steroids, chronic inhaler use
 - **Diabetes** Insulin, oral hypoglycemics
 - **All ≥ 65 y/o** Any or none
- **Other vaccines?**

Combined Participant Percent* Flu, Foot and Eye



*As reported in the **Patient Self-Management Program** reports each year for 99 patients with baseline, 1st, 2nd and 3rd year results

J Am Pharm Assoc. 2005;45:130-137

Pt Self-Mgt Program (N=256)

Averages thru Sept 25, 2004

Flu Vaccination Rates:

NCQA (Commercial Accredited Plans): 48%

PSMP Results: 77%

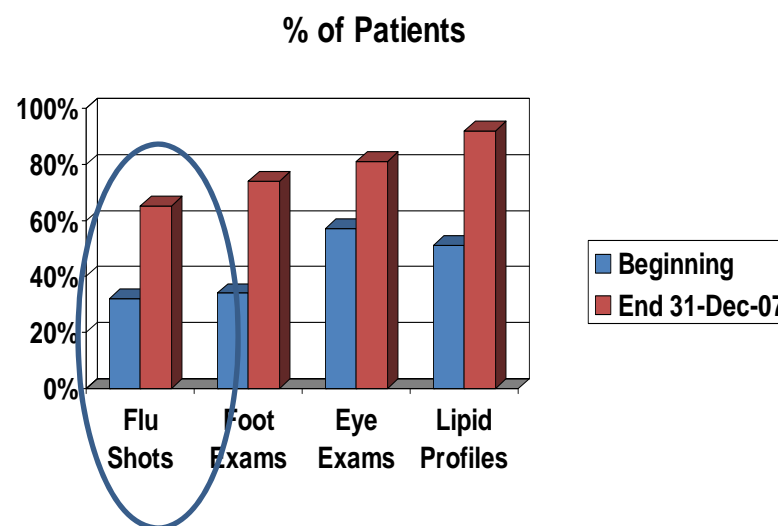
*Diabetes Ten City Challenge (N=573)

Averages thru Dec 31, 2007

Flu Vaccination Rates:

NCQA (Commercial Accredited Plans): 49%

DTCC Results: 65%



Pharmacist-Managed Vaccination Program

Increased Influenza Vaccination Rates in Cardiovascular Patients Enrolled in a
Secondary Prevention Lipid Clinic

CONCLUSION.

The pharmacist-managed program increased influenza vaccination rates in high-risk patients with cardiovascular disease in advance of the newly published secondary prevention guidelines. Age-related differences in the vaccination rates were eliminated after program implementation

LOUGHLIN S. M., Mortazavi, A., Garey, K. W., Rice, G. K., and Birtcher, K. K.

1 Department of Clinical Sciences and Administration, University of Houston College of Pharmacy,
Houston, Texas; Department of Pharmacy, Kelsey-Seybold Clinic, Houston, Texas

Pharmacotherapy 27 (5), 729-733 ,2007

- Recognizes the role and value of pharmacists
- Guides health departments in working with pharmacists



Operational Framework for Partnering with
Pharmacies for Administration of
2009 H1N1 Vaccine

September 16, 2009

Pharmacies are in a unique position to reach mass numbers of people.

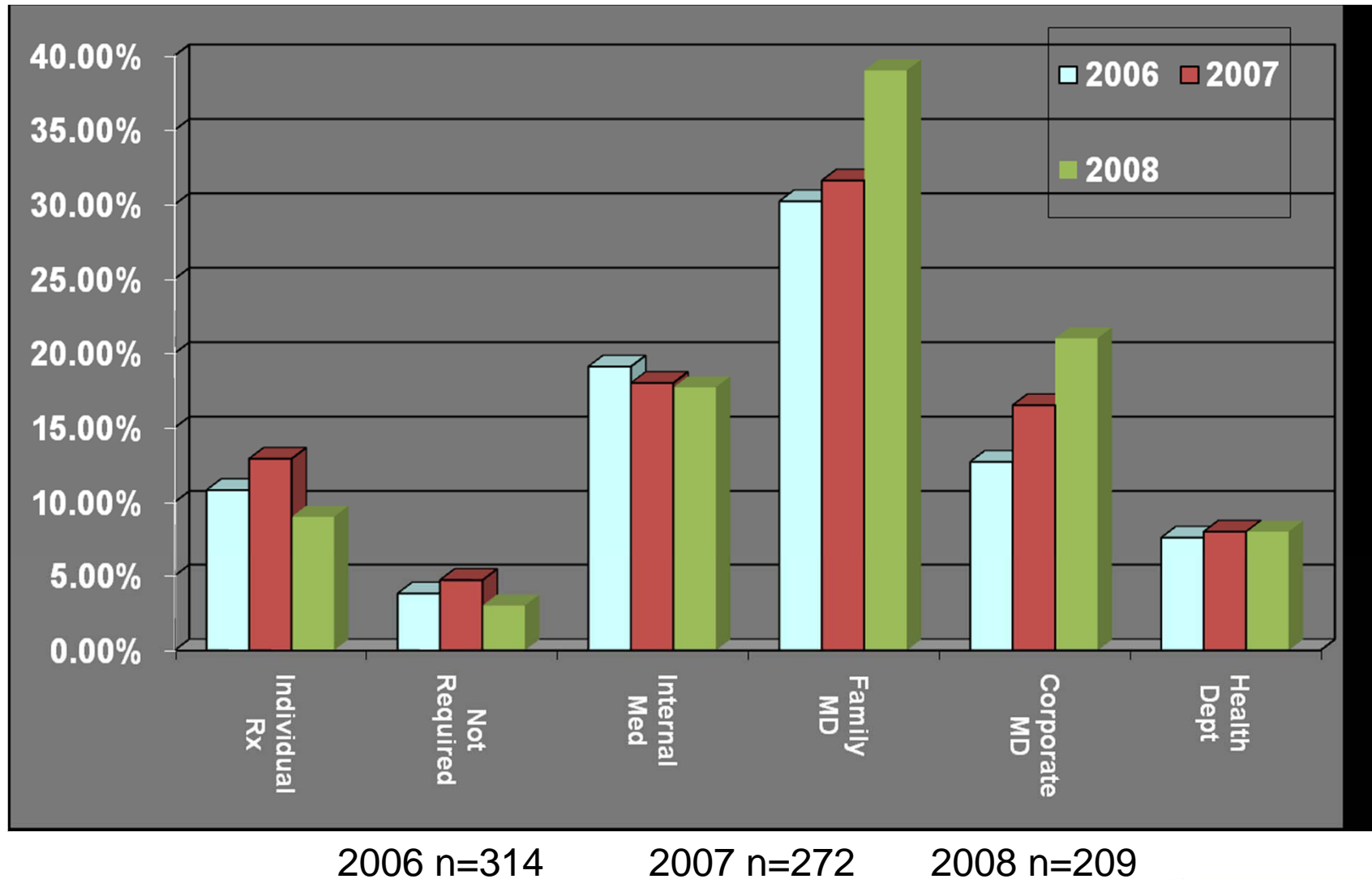
BENEFITS TO PARTNERING WITH PHARMACIES: There are more than 56,000 community retail pharmacy outlets, including chain drug stores, mass merchants, supermarkets, and independent drug stores in the United States. Pharmacies offer convenience, accessibility, and extended hours of operation

created in consultation with APhA,, CDC, NASPA, NACDS, NACCHO, ASTHO, NCPA, HHS, Department of Homeland Security, and Rx Response.

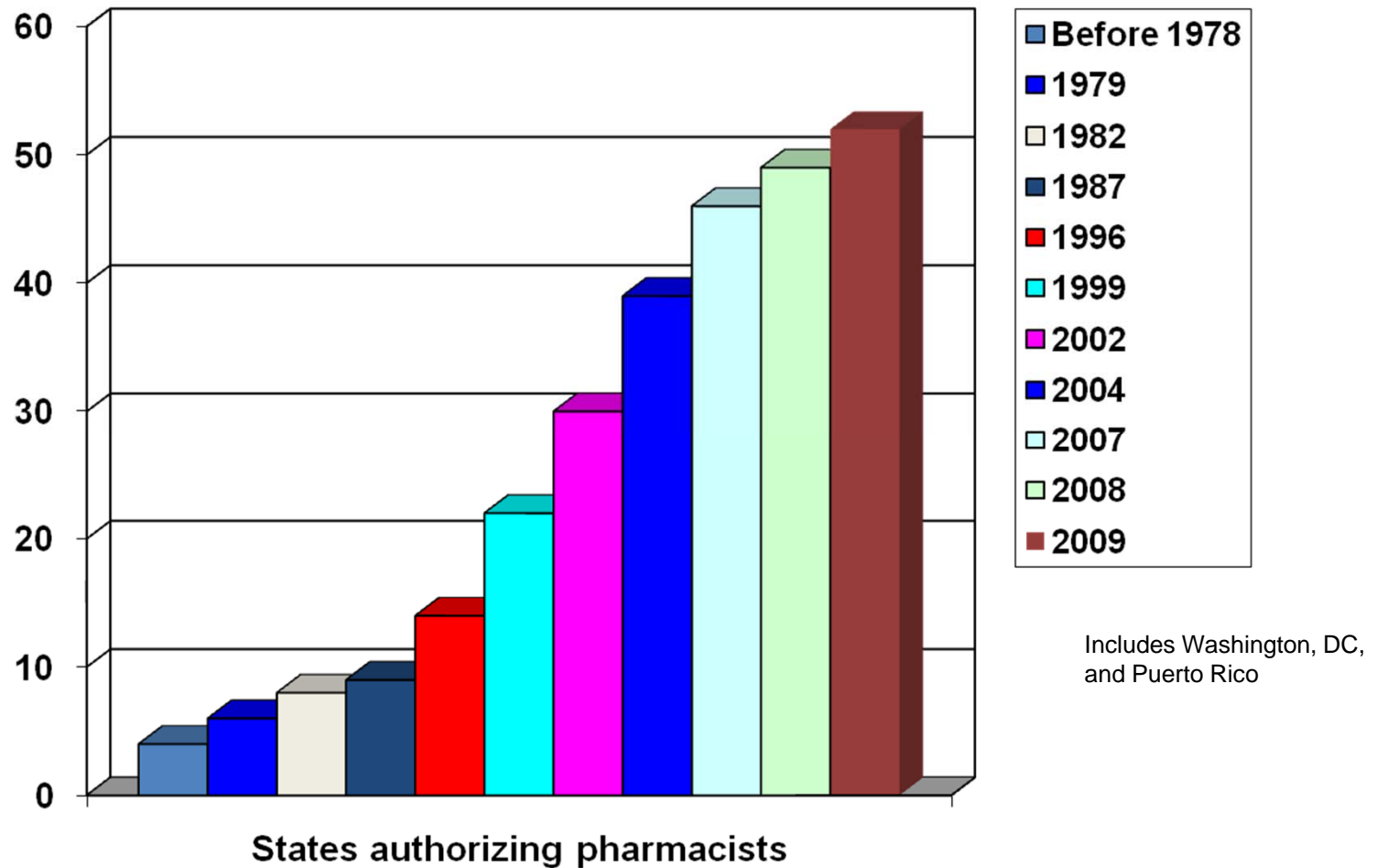
Components of an Immunization Protocol

- Identify individual who has delegated activity
- Identify pharmacist authorized to administer vaccine
- Types of vaccines pharmacist is authorized to administer
- Procedures, decision criteria or plan pharmacist should follow, including when to refer patient
- Procedure for emergency situations
- Record keeping and documentation procedures

Sources for Protocols



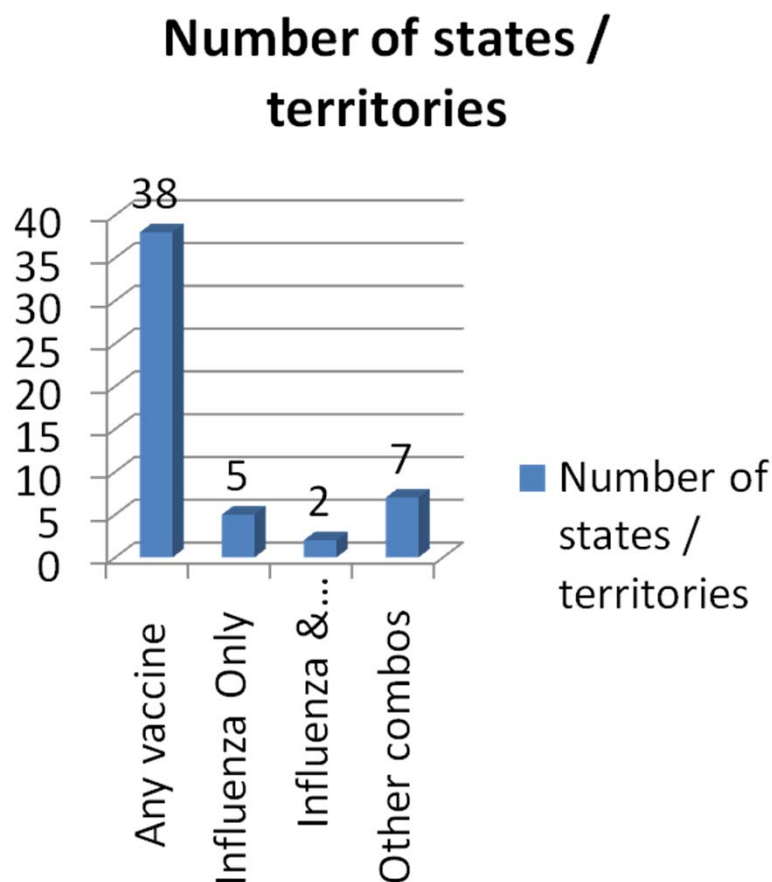
Pharmacist Authority to Administer Immunizations



Pharmacist Administered Vaccines

Types of Vaccines Authorized to Administer

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)



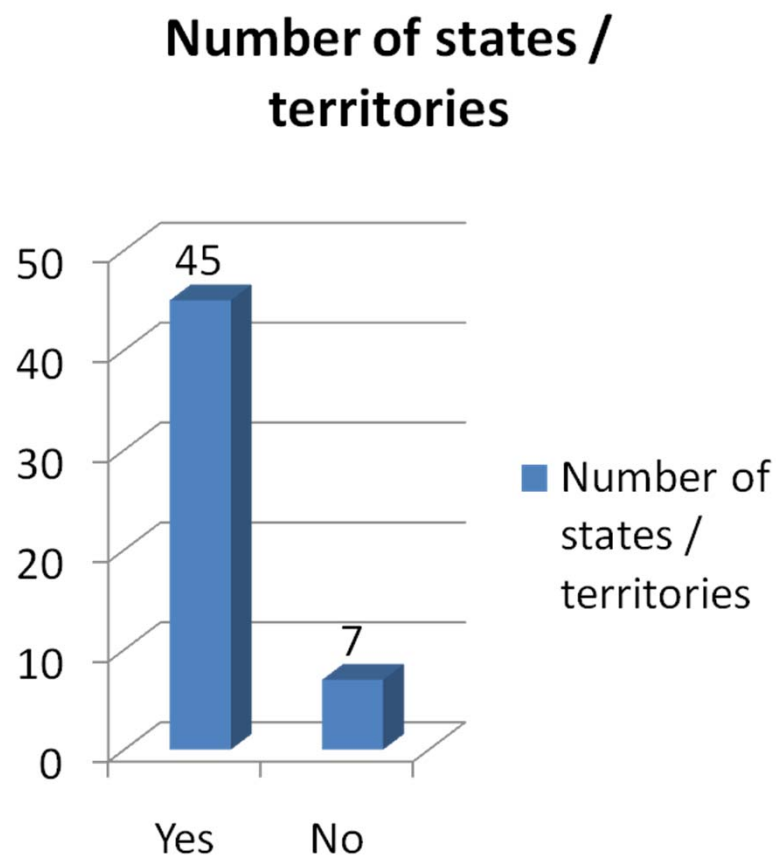
Any vaccine	AL, AK, AZ*, AR*, CA, CO, DE, GA*, HI, ID, IL, IN*, IA, KS, KY, LA, MI, MN, MS, MT, NE, NV, NJ, NM, NC*, ND, OK, OR**, PA, RI, SC*, TN, TX, UT**, VT, VA*, WA, WI
Influenza Only	DC, FL, MA, NH, PR
Influenza and Pneumo	NY, WV
Other combos	OH, CT, ME, MD, MO, SD, WY

* Via Rx for some; ** broad list of vaccines

Pharmacist Administered Vaccines

Authority to Administer Zoster Vaccine

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)



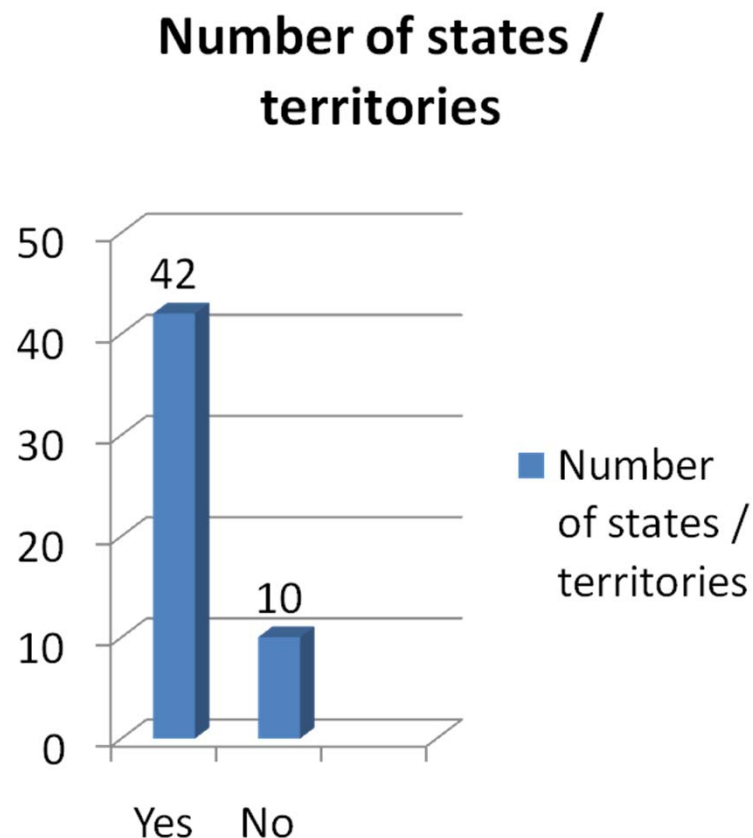
States

AL, AK, AZ, AR, CA, CO, CT, DE, GA*, HI, ID, IL, IN*, IA, KS, KY, LA, MD*, ME, MI, MN, MO, MS, MT, NE, NV, NJ, NM, NC*, ND, OH*, OK, OR, PA, RI, SC*, SD*, TN, TX, UT*, VT, VA*, WA, WI, WY*

Pharmacist Administered Vaccines

Authority to Administer Td / Tdap

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)

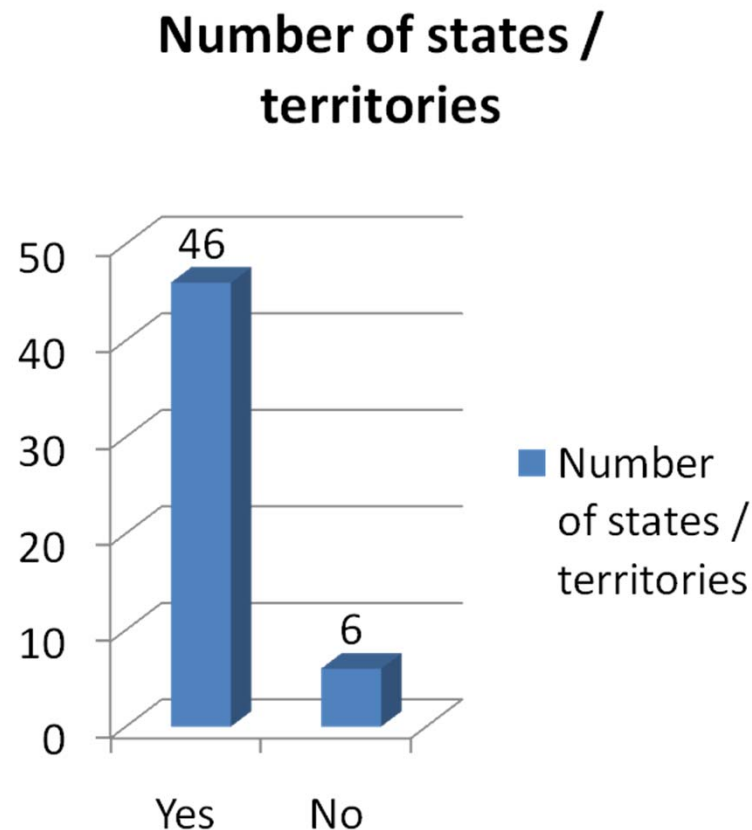


Yes	AL, AK, AZ*, AR, CA, CO, DE, GA*, HI, ID, IL, IN*, IA*, KS, KY, LA, ME, MI, MN, MS, MT, NE, NV, NJ, NM, NC*, ND, OH*, OK, OR, PA, RI*, SC*, SD*, TN, TX, UT, VA*, VT, WA, WI, WY*
No	CT, DC, FL, MD, MA, MO, NH, NY, PR, WV

Pharmacist Administered Vaccines

Authority to Administer Pneumococcal Vaccine

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)



States	AL, AK, AZ*, AR, CA, CO, CT, DE, GA*, HI, ID, IL, IN*, IA, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NE, NV, NJ, NM, NC, ND, NY, OH, OK, OR, PA, RI, SC*, TN, TX, UT, VT, VA, WA, WV, WI, WY*
No	DC, FL, MA, NH, PR, SD

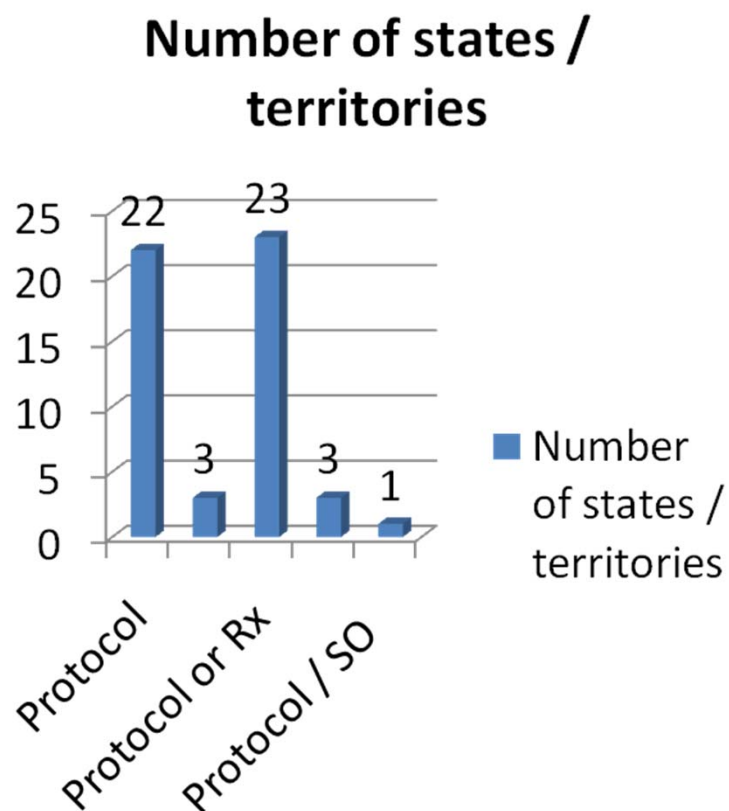


* Via Rx / pt specific protocol for some

Pharmacist Administered Vaccines

Protocols vs Rx

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)

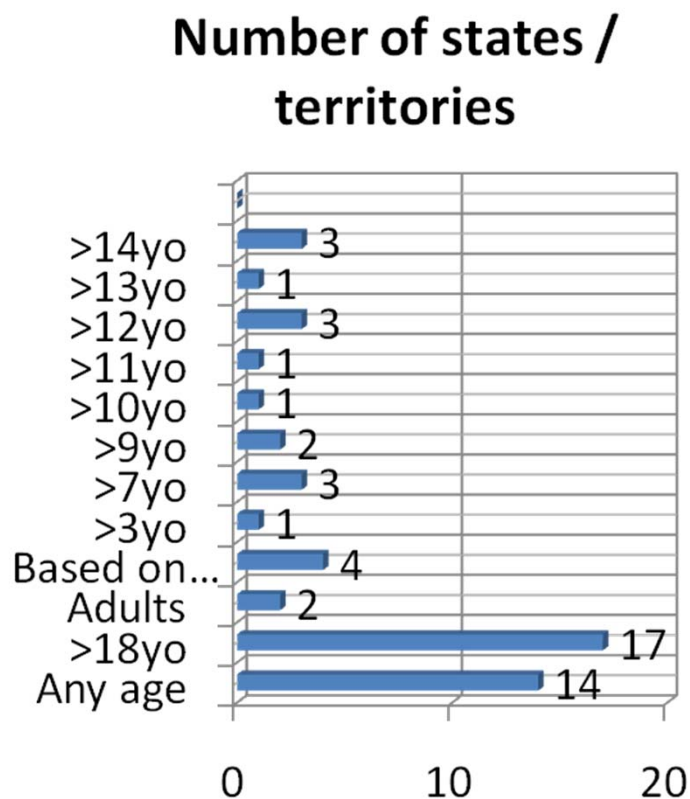


Protocol	AK, CO, DC, FL, HI, ID, KS, KY, MN, MS, MT, NV, NH, NM, ND, OH, OK, OR*, UT, WA, WV, WI
Rx	AL, LA, RI
Protocol or Rx	AZ*, CA, DE, GA, IL, IN, IA, ME, MD, MA, MO, NE, NJ, NC, NY, PA, PR, SC, SD, TX, VT, VA, WY
Protocol / SO / Rx	AR, MI, TN
Protocol / SO	CT

Pharmacist Administered Vaccines

Patient-Age Limitations

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated April 2011)



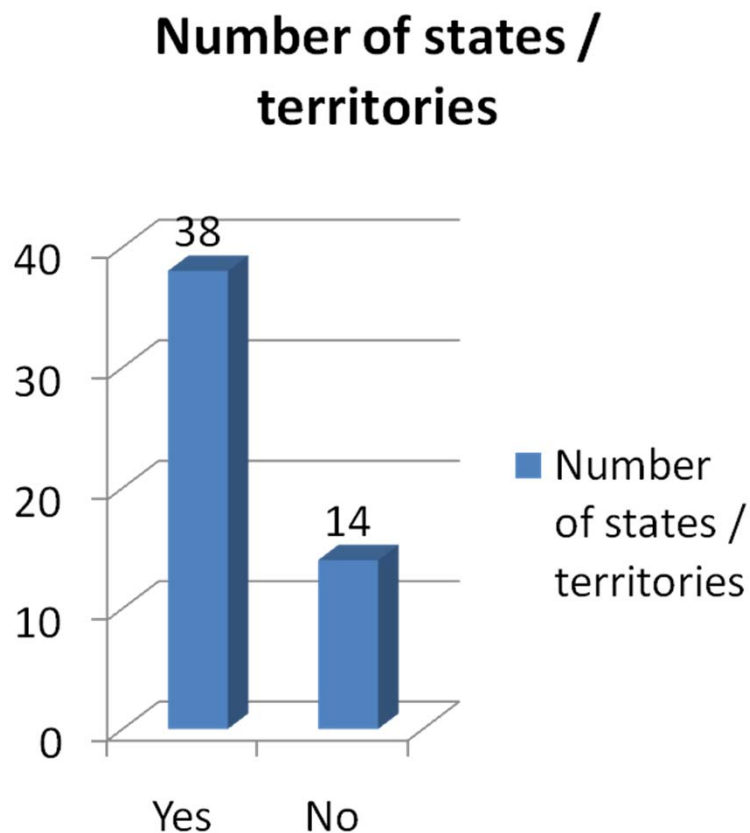
Any age	AL, AK*, AZ*, CA, KY*, MI, MS, NE, NV, NM, OK, TN, VA*, WA
≥18yo	CT, DC, HI, IA, KS, MD, MA, NJ, NY, NC, ND, PA, PR, RI, SD, WV, WI
Adults	FL, WY
Based on Protocol	CO, SC, UT, VT
≥3yo	NH
≥7yo	AR*, LA, TX
≥9yo	DE, ME*
≥10yo	MN*
≥11yo	OR
≥12 yo	ID, MO, MT
≥13yo	GA
≥14yo	IL, IN, OH*

* Scope varies

Pharmacist Administered Vaccines

Authority to Administer HPV

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated April 2011)



Yes	AL ^R , AK, AZ ^{A,*,R} , AR ^{A,*,R} , CA, CO, DE ^{A,*,R} , GA ^{A,*,R} , HI ^A , ID, IL ^{A,*,R} , IN ^{A,*,R} , IA ^R , KS ^A , KY ^{A,*} , LA ^{A,*,R} , MI ^{*,R} , MN ^{A,*} , MS [*] , MT ^{A,*} , NE ^{*,R} , NV ^{*,R} , NJ ^{A,*,R} , NM [*] , ND ^{A,*} , OK [*] , OR ^{A,*} , PA ^{A,*,R} , RI ^{A,R} , SC ^{A,*,R} , TN ^{*,R} , TX ^{A,*,R} , UT [*] , VT ^{*,R} , VA ^{*,R} , WA [*] , WI ^{A,*,R} , WY ^{A,*,R}
No	CT, DC, FL, ME, MD, MA, MO, NH, NY, NC, OH, PR, SD, WV

* Via protocol ; ^R Via Rx ; ^A Age limitations

Model for Collaboration in HPV Vaccination

- HPV is a 3-dose series
- Initial evaluation/education could be done by medical provider or the pharmacist
- First dose administration could be provided by medical provider or the pharmacist
- Remaining 2 doses could be provided by the pharmacist
 - Documentation sent to the medical provider

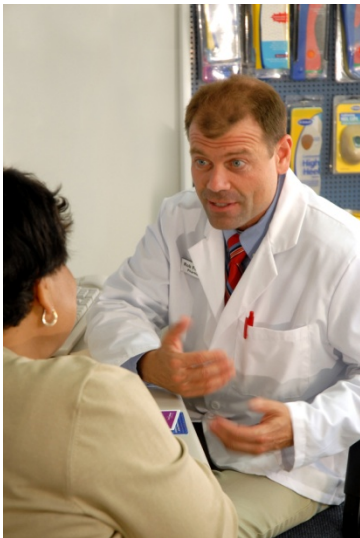
Continuing Challenges

- Payers
 - Compensation levels
 - Recognition as providers
 - Administrative processes
 - Medical billing (not real time)
 - Differential co-pays (secondary provider)
 - Plan design
 - Opt-in vs Opt Out philosophy
- Documentation
 - Registries
 - Variability
 - Requirements
- Authority

Pharmacists can step up to:



- Offer solutions
- Provide broader services
- Coach patients
- Create demand
- Increase immunization rates



Pharmacists' Rx to our nation's immunization initiative

For _____ Date _____
Address _____

R• Increase immunization access across the lifespan

- Expand beyond influenza
- Collaboration
- Target patients with chronic medical conditions
- Enhance documentation
- Educate the public

SUBSTITUTION PERMITTED
REFILL _____ TIMES

DISPENSE AS WRITTEN
DEA No. _____ MO _____

Practice Examples

http://www.pharmacist.com/AM/Template.cfm?Section=Pharmacist_Immunization_Center1&CONTENTID=25537&TEMPLATE=/CM/ContentDisplay.cfm



- Screen prescriptions for targeted messaging
- Overcame some payment barriers
- Provided info to physicians in timely manner
- MOU with public health
- Use of pharmacy residents, interns and students
- Ask patient about immunizations at each visit
- Collaboration with immunization coalitions
- “Don’t talk about it...Be About It...”



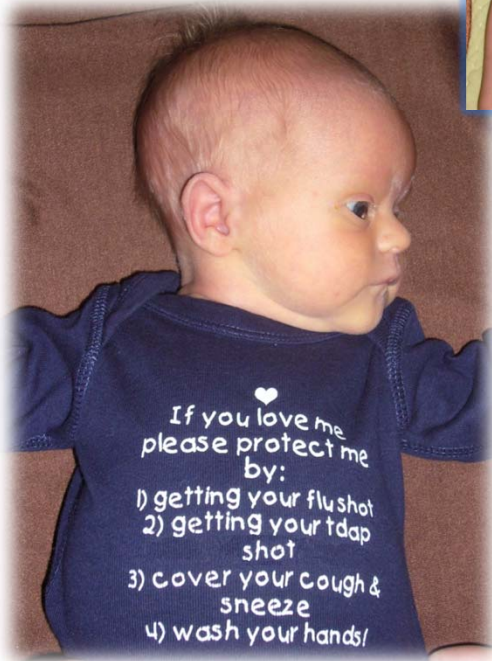
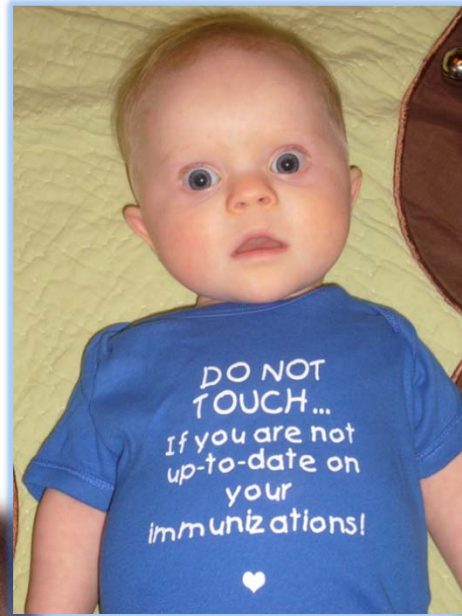
This says it for all of us...

Goal: getting patients vaccinated

“ An 82 yo female with CHF has been hospitalized for 6 months earlier in the year and had seen her physician multiple times over the last several months. She was never offered an influenza vaccination during any of her visits nor was she directed to get one. The pharmacist identified that she was a high-risk patient and educated her about the pros and cons of getting a seasonal flu shot. The patient elected to get vaccinated and was very grateful that our pharmacist cared enough and took the time to ensure she would remain as healthy as possible during the flu season.”

How can pharmacists help you?

Why we do what we do...



Source: Evan Marcus Rothholz, Born November 8, 2010

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