

PHARMACISTS' ROLE WITHIN THE “IMMUNIZATION NEIGHBORHOOD”

Presentation by

Mitchel C. Rothholz, RPh, MBA

Chief Strategy Officer



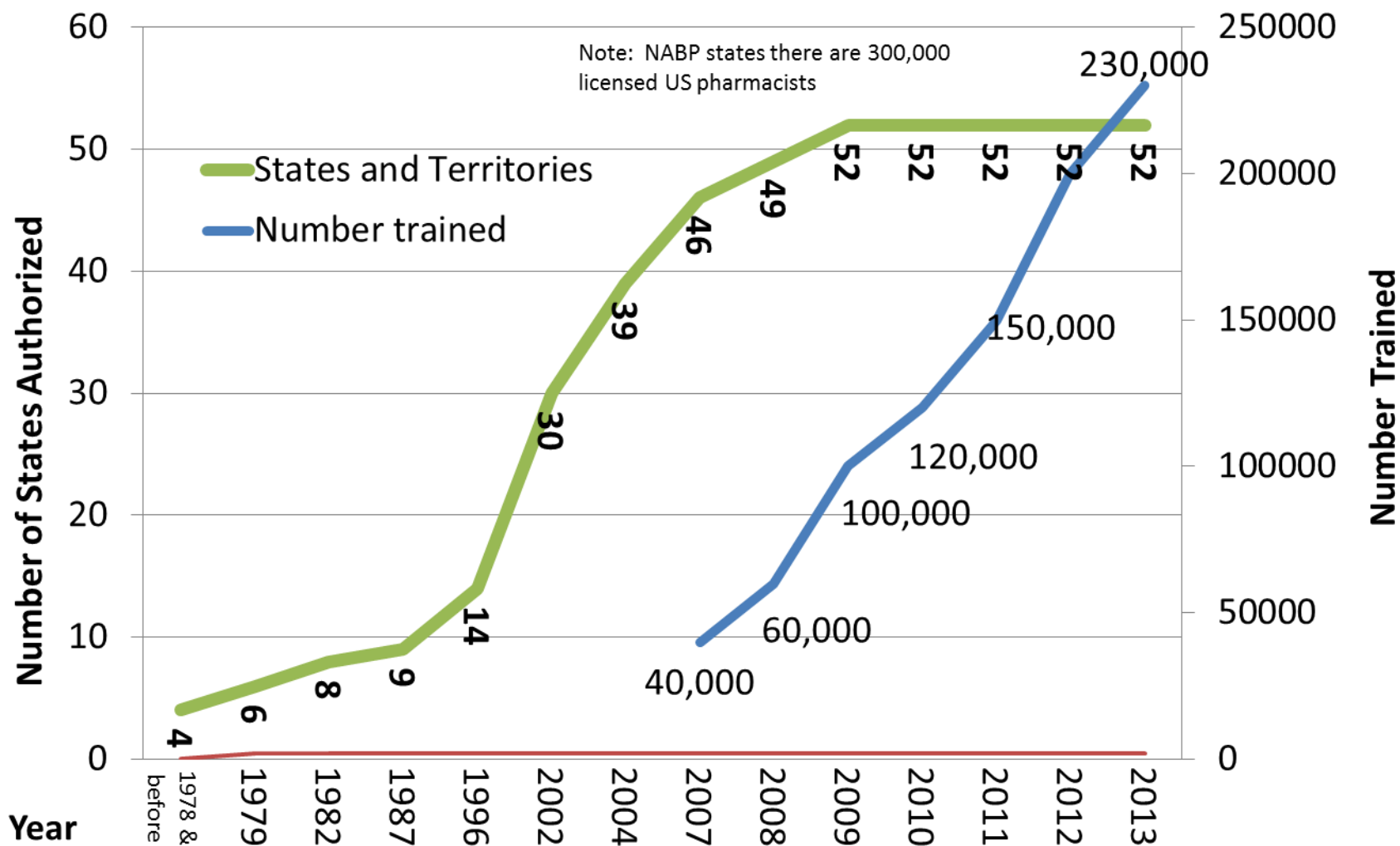


Roles of Pharmacists in Immunization Advocacy

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

Supports
multi-
faceted role
of
pharmacists
across the
life cycle.

Number of States Authorizing Pharmacists to Administer Influenza Vaccine & Number of Pharmacists Trained to Administer Vaccines



Updated October 2013

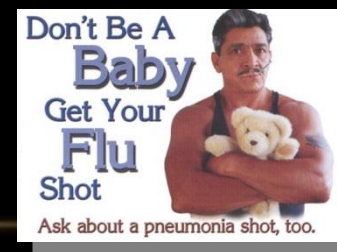


American Pharmacists Association®
Improving medication use. Advancing patient care.

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 (1)
- **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 (>230,000)
- **Ability to handle storage issues**



(1) Doucette W, McDonough R. Beyond the 4 P's: using relationship marketing to build value and demand for pharmacy services. *Journal of the American Pharmacists Association*. 2002;42:183-189.

Ultimate Goal

“Immunization Neighborhood”

- Purpose:
 - **C**ollaboration, **C**oordination, and **C**ommunication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine-preventable diseases.



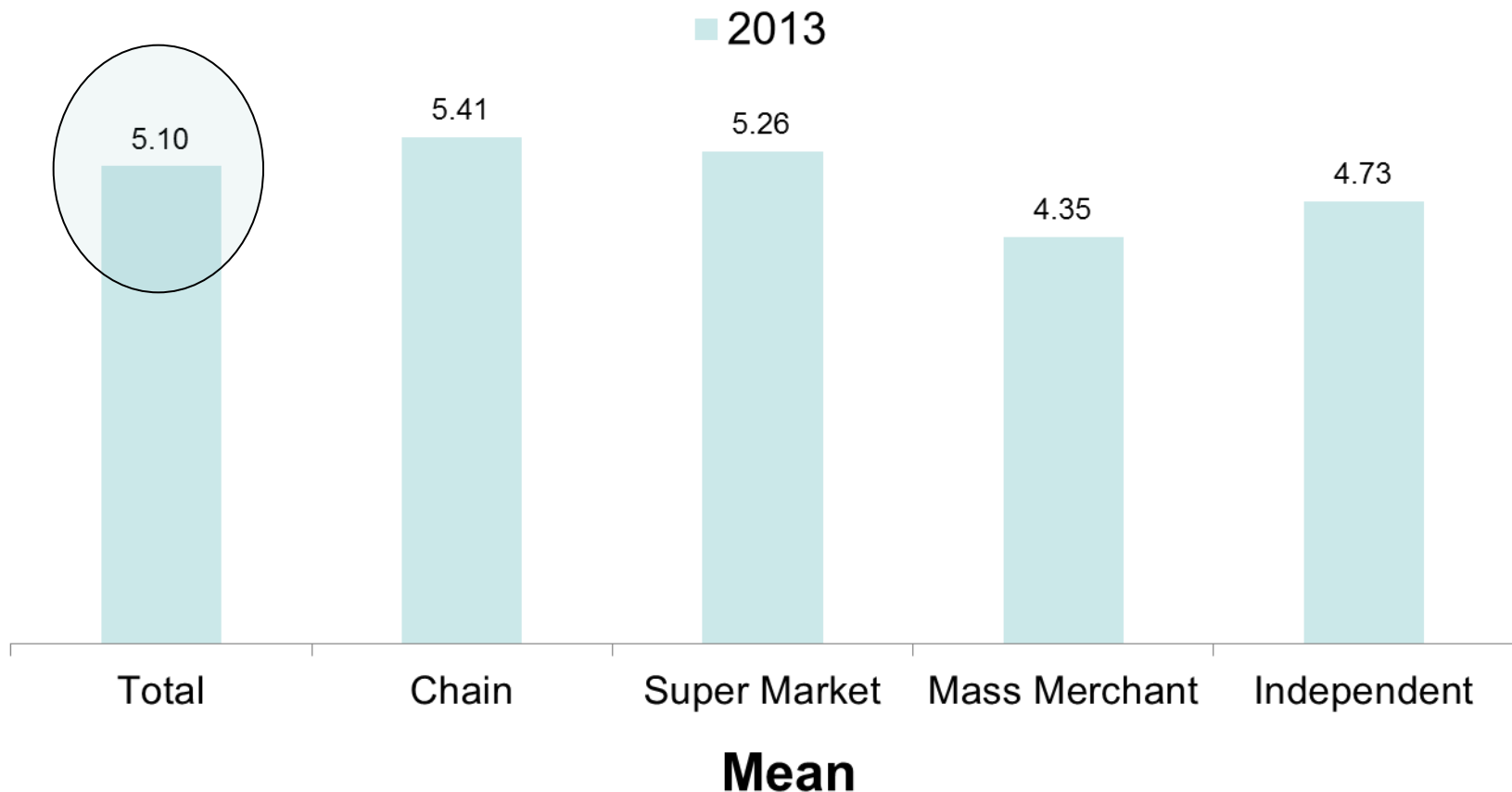
Supporting the “Immunization Neighborhood”

- Increase **access** points
- Enhanced and consistent **communications/education**
- **Documentation/Quality Measures** (outcomes)
 - Interface between primary care, public health and pharmacists
 - Documentation processes and use of technology (Surescripts)
 - Goal: documentation back to the medical record
 - Assist in achieving quality measures
- **Collaboration**/impact of state laws/regs
 - Address challenges in obtaining protocol agreements
 - Consensus on components and definitions
 - Integration of immunizations with other patient care activities
 - Diabetes management, Tdap, HPV
- Who is **paying** pharmacists?
 - Network inclusion
 - Standard and simplified processes

Immunization Neighborhood

The concept of the “Immunization Neighborhood” is a goal established by many immunization stakeholders and involves collaboration, coordination and communication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine preventable diseases.

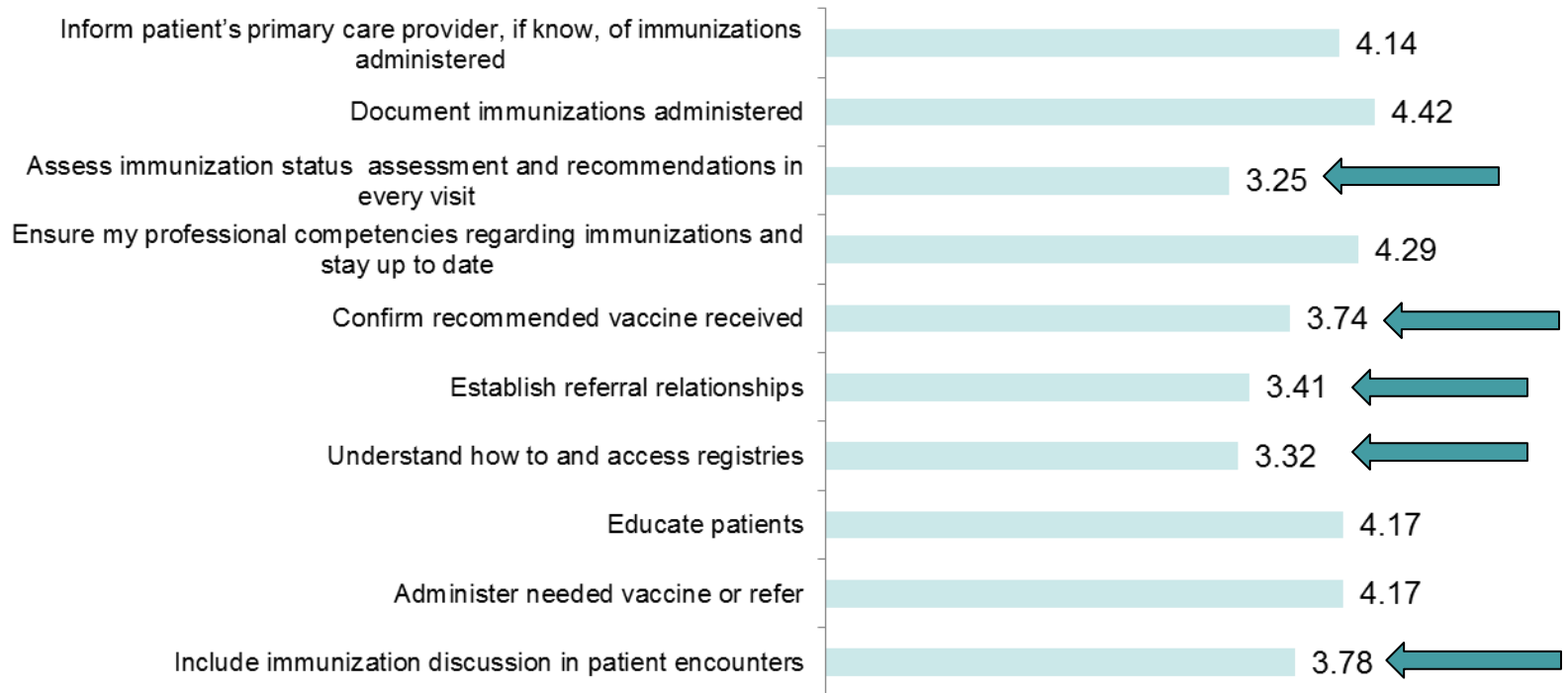
On a scale of 1 to 10, where 1 is “nowhere close” and 10 is “fully implemented”, where are we as a nation in implementing the “immunization neighborhood”?
(2013 n=1,179)



Adult Immunization Standards

Proposed revisions to the Adult Immunization Standards are under consideration by the National Vaccine Advisory Committee (NVAC). On a scale of 1-5, where 1 is “very difficult to meet” and 5 is “can fully meet”, please indicate the level of your ability to meet each of the following areas.

■ 2013



Mean

TARGETING OPPORTUNITIES FOR PHARMACISTS

Immunization messages

General
public

Customers

Patients
(receive
Rx)

**LET'S NOT REPEAT
HISTORY...**

TODAY WE HAVE
*** GOOD VACCINES**
*** ACCESS POINTS**

**WE NEED
COLLABORATION
FOCUSED ON IMPROVING
PUBLIC HEALTH**

From the 1950's....

Why...Why Didn't We Listen?

Effective as it is, polio vaccine helps only when used.

Polio virus is still widespread.

Don't wait until it's too late. Arrange now for immunization.

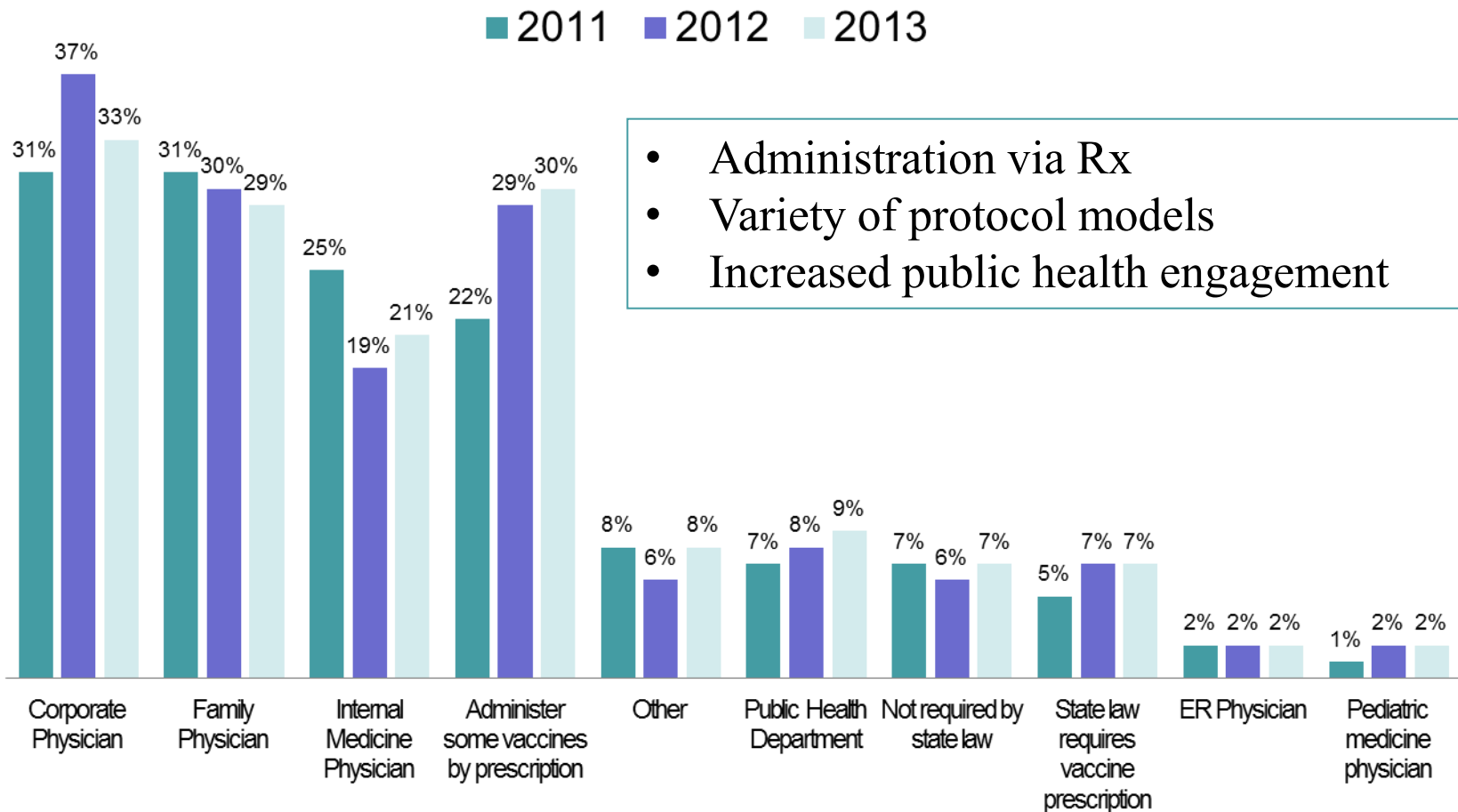
Your pharmacist  works for better community health.



American Pharmacists Association®
Improving medication use. Advancing patient care.

Vaccine Protocols / Standing Orders

In my practice site(s), pharmacists administering vaccines have a protocol/standing order with the following providers:
(2011 n=1,565 / 2012 n=1,665 / 2013 n=1,604)



HEALTH CARE PERSONNEL VACCINATION POLICY OF AMERICAN PHARMACIST ASSOCIATION “WALKING THE WALK”

- **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.

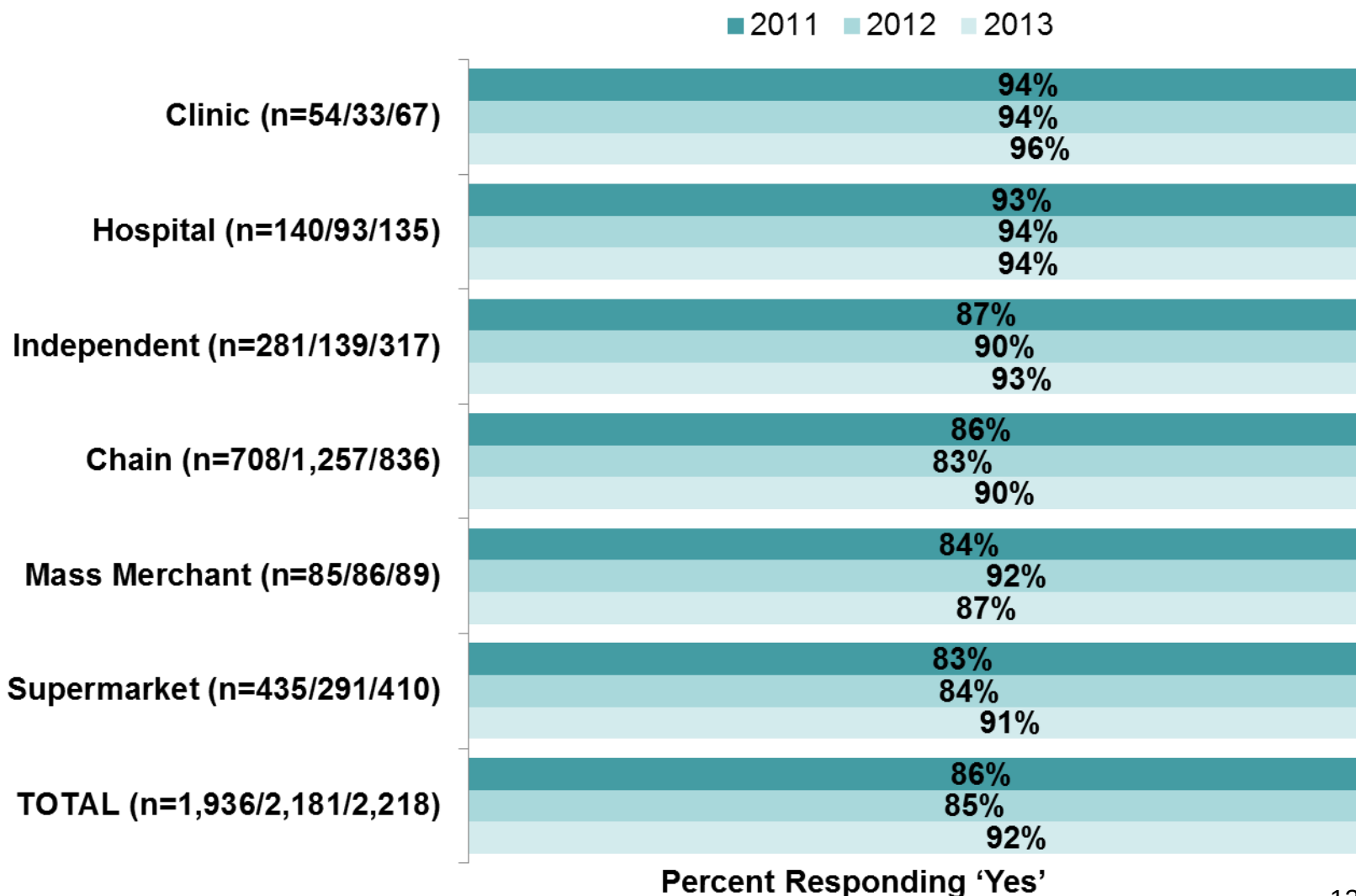
2). APhA encourages employers to provide necessary immunizations to all pharmacy personnel.

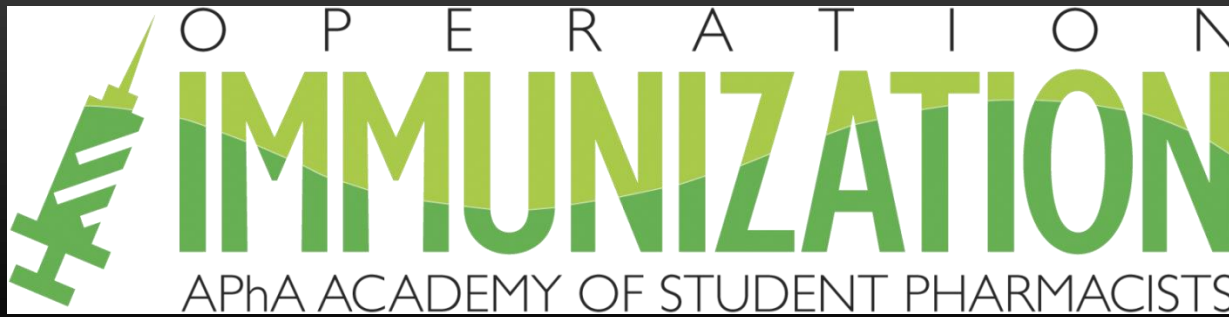
3). APhA encourages federal, state and local public health officials to recognize pharmacists as first responders (like physicians, nurses, police, etc.) and prioritize pharmacists to receive medications and immunizations.



Practitioner's Influenza Vaccine Status

As an individual pharmacist, have or will you receive(d) each of the following vaccinations? "Annual Influenza" (By Practice Setting)





- Launched in 1997. Since that time, more than 1 million individuals have an immunization through the Operation Immunization campaign.
- Awards
 - Recognizes each chapter that participates
 - One national winner and 8 regional winners

Example: Integrating immunizations into diabetes management

*Diabetes Ten City Challenge (N=573)

Averages thru Dec 31, 2007

Flu Vaccination Rates:

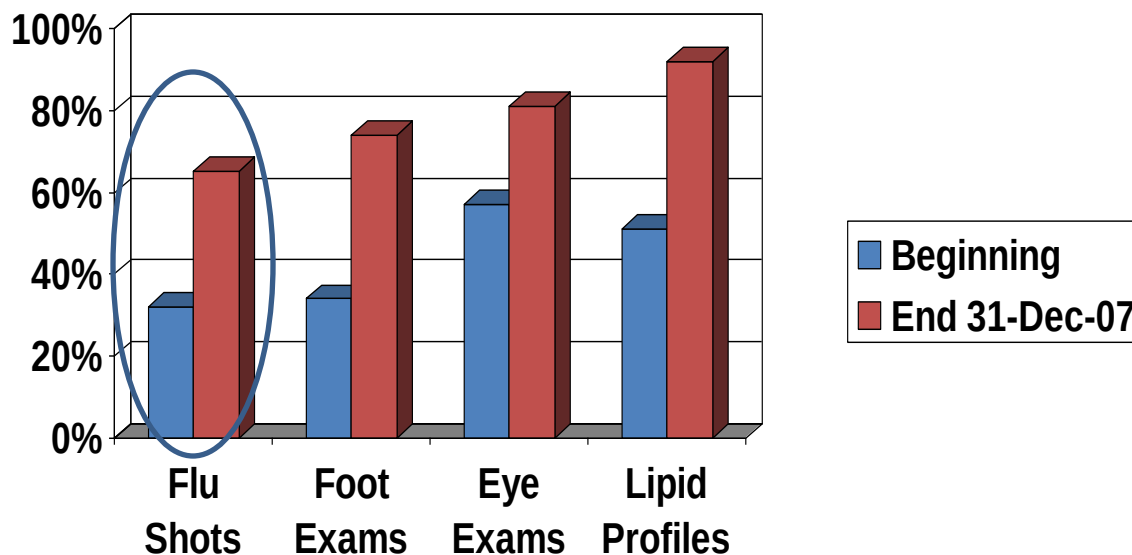
NCQA (Commercial Accredited Plans): 49%

DTCC Results: 65%



Combined Participant Percent* Flu, Foot and Eye

% of Patients



EXAMPLE: TDAP PRACTICE

- **University of California San Diego (UCSD) Health System Tdap Cocooning Clinic**
- Staffed by pharmacists and student pharmacists with Dr. Elizabeth Rosenblum serving as supervising physician
- Vaccinated household contacts and other close contacts of newborns
- Vaccines provided at no cost
- Provided >1,250 Tdap vaccinations
 - nearly 15% were hispanic
- Was only cocooning clinic in San Diego County and only clinic to use pharmacists as sole provider
- Challenges included: space, administrative support, and information systems
- Received local media coverage



EXAMPLE: MODEL FOR COLLABORATION IN HPV VACCINATION

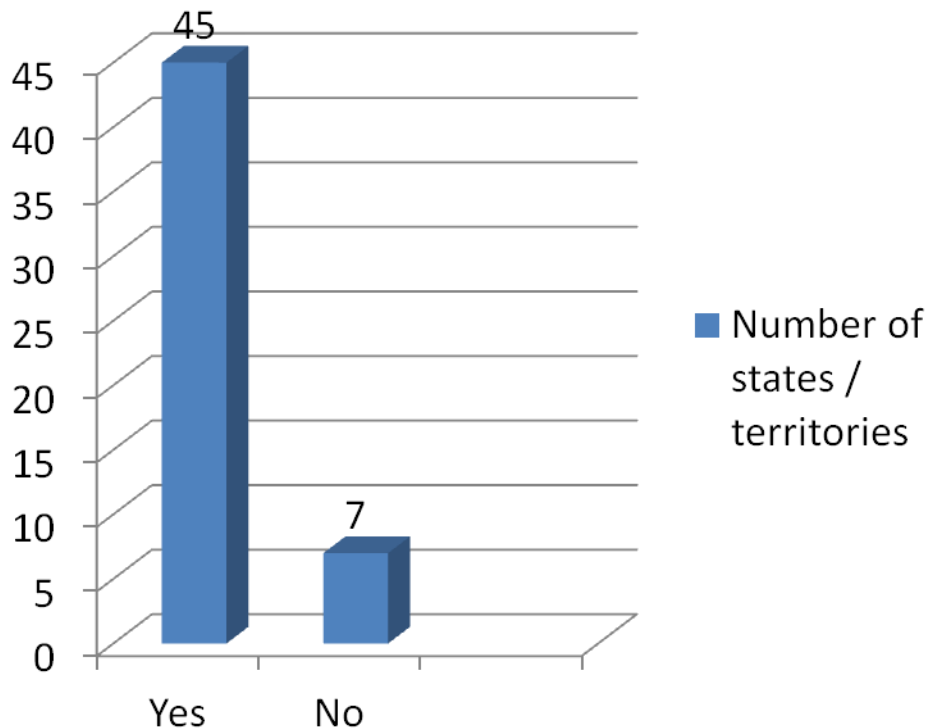
- HPV is a 3-dose series
 - Completion of vaccine series: below 40% for girls and 10% for boys (1)
- Initial evaluation/education could be done by medical provider or the pharmacist
- First dose administration could be provided by medical provider or the pharmacist
- Remaining 2 doses could be provided by the pharmacist
 - Documentation sent to the medical provider

Pharmacist Administered Vaccines

Authority to Administer HPV

Based upon APhA / NASPA Survey of State IZ Laws/ Rules (effective October 1, 2013)

Number of states / territories



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

*Via protocol ; ^R Via Rx ; ^A Age limitations
^P Will change pending Regs/Effective Date

TRAVEL HEALTH – ROLE OF THE PHARMACIST

- International tourists 1990 (457 million)...2009 (880 million)...estimated to reach 1.6 billion by 2020, with an increasing proportion to developing countries (1)
- Pharmacist-run pre-travel health clinic can provide consistent evidence-based care and improve patient compliance - requires time, resources, and knowledge. (1)
- ISTM (the International Society of Travel Medicine) officially recognizes pharmacists
 - established the Pharmacists Professional Group
- Patient completes Travel Health Assessment – Depending upon state,
 - Pharmacist operates under protocol with physician and could a) Administer vaccines, b) Dispense medication
 - Risk assessment of travelers (use various tools):
 - personal risk for travel-related illnesses;
 - recommendation of nonprescription products, and travel-related equipment;
 - counseling on behavioral measures (food/water and insect precautions);
 - prescription medications;
 - vaccine administration
 - provision of written educational materials, and
 - counseling on personal safety and security
- Pharmacists receive additional training

(1) “A Comparison of Pharmacist Travel-Health Specialists’ versus Primary Care Providers’ Recommendations for Travel-Related Medications, Vaccinations, and Patient Compliance in a College Health Setting”, Journal of Travel Medicine 2010

Immunization Registries – Challenges for Pharmacy

- ❑ Agreements must be signed between the Pharmacy and Registry
 - Each agreement is different
 - Each pharmacy location vs global corporate agreement
 - Why not use NPI?
- ❑ Mandatory reporting vs voluntary reporting
- ❑ Variability in data required (e.g.: mother's maiden name, etc)
- ❑ Patient consent requirements vary
- ❑ Surescripts:
 - actively working with 45 of 61 immunization registries
 - Of 36 current registry partners: 1/3 have yet to move to the current HL7 2.5.1 CDC/Meaningful Use-compliant data exchange standard
 - Nearly a quarter of registry partners don't provide automated notice of errors, resulting in a need for Support intervention

Source: Surescript presentation at 2013 NAIIS Summit

PROVIDER RECOGNITION AND COMPENSATION CHALLENGES – PUBLIC AND PRIVATE SECTOR

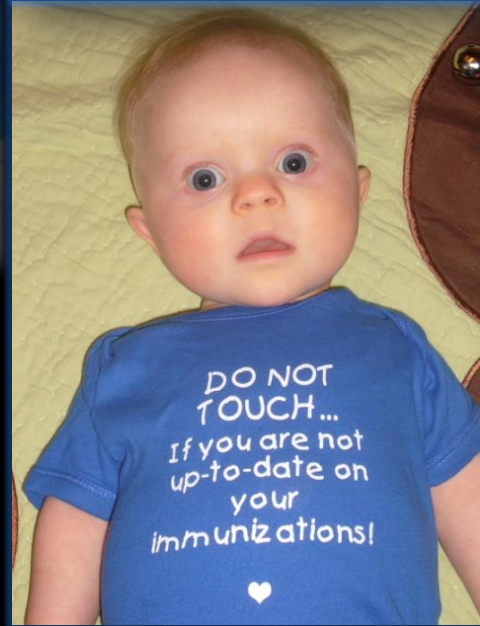
- “In Network” Provider Restriction
 - Caution – first dollar / ACIP recommended vaccine coverage depends on provider
 - Need to look at network adequacy / expectation
 - Provider Recognition
 - Provision of Hepatitis B vaccinations to patients with diabetes
 - Compensation
 - Variability in Part D plans
-

Rx to our nation's immunization initiative

For _____ Date _____
Address _____
R• Every patient encounter provides an opportunity to educate and advance immunization status...

SUBSTITUTION PERMITTED
REFILL _____ TIMES
DISPENSE AS WRITTEN
DEA No. _____ MO _____

Why we do what we do...



Mitchel C. Rothholz, RPh, MBA
Chief Strategy Officer
American Pharmacists Association
2215 Constitution Ave, NW
Washington, DC 20037
(w) 202-429-7549
(FAX) 202-429-6300
(cell) 202-497-5350
email: mrothholz@aphanet.org