“Pharmacists as Partners in Adult Vaccinations”

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Mitchel C. Rothholz, RPh, MBA
Chief Strategy Officer
APhA
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
More than 150,000 pharmacists trained to administer vaccines

2010-11 influenza season
CDC estimates almost 20% of adult vaccinations administered by pharmacists (our estimate is 25 million doses)

All 50 states, DC, and PR authorize pharmacists to administer vaccines at some level

Pharmacy profession estimated spend on marketing/patient communication in 2010-11 season is $40 million

Pharmacists are an accessible and valued partner on the patient’s health care team

Pharmacies can target immunization messages to patients using patient data and medication markers

More than 96% of pharmacies are computerized and use computers in practice management

Pharmacists are trained to administer vaccines across the lifespan and are helping patients complete vaccine series
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

[Image: Don’t Be A Baby Get Your Flu Shot - Ask about a pneumonia shot, too. APHA]
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


• **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*

*Diabetes Ten City Challenge (N=573)
Averages thru Dec 31, 2007
Flu Vaccination Rates:
NCQA (Commercial Accredited Plans): 49%
DTCC Results: 65%

**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%

**% of Patients**

Flu Shots  Foot Exams  Eye Exams  Lipid Profiles

0%  20%  40%  60%  80%  100%
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

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

2006 n=314
2007 n=272
2008 n=209
Pharmacist Authority to Administer Immunizations

Includes Washington, DC, and Puerto Rico
Pharmacist Administered Vaccines

Types of Vaccines Authorized to Administer

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

<table>
<thead>
<tr>
<th>Any vaccine</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza Only</td>
<td>DC, FL, MA, NH, PR</td>
</tr>
<tr>
<td>Influenza and Pneumo</td>
<td>NY, WV</td>
</tr>
<tr>
<td>Other combos</td>
<td>OH, CT, ME, MD, MO, SD, WY</td>
</tr>
</tbody>
</table>

* 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)

<table>
<thead>
<tr>
<th>States</th>
<th>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*</th>
</tr>
</thead>
</table>

* Via Rx / pt specific protocol for some
Pharmacist Administered Vaccines

Authority to Administer Td / Tdap

*Via Rx / pt specific protocol for some

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>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*</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>CT, DC, FL, MD, MA, MO, NH, NY, PR, WV</td>
</tr>
</tbody>
</table>

**Number of states / territories**

- Yes: 42
- No: 10
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)

<table>
<thead>
<tr>
<th>States</th>
<th>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*</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>DC, FL, MA, NH, PR, SD</td>
</tr>
</tbody>
</table>

* 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)

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

* Via Rx / pt specific protocol for some
**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)

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

* 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)

| 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

- Increase immunization access across the lifespan
- Expand beyond influenza
- Collaboration
- Target patients with chronic medical conditions
- Enhance documentation
- Educate the public
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