Collaboration with pharmacists to improve immunizations

Presentation to the National Adult Immunization Summit
May 2012, Atlanta, GA
Presenter: Mitchel C. Rothholz, RPh, MBA

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.
What is the “job” we are trying to accomplish?

- 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

Supporting the Immunization “Medical Neighborhood”
Pharmacy’s Unique Contribution

- 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

Example 1: 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
**Pharmacist Administered Vaccines**

**Authority to Administer HPV**

Based upon APHA / NASPA Survey of State IZ Laws/ Rules (updated May 2012)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>No</td>
<td>CT, FL, MA, MD, MO, NC, NH, NY, PR, SD, WV</td>
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* Via protocol ; R Via Rx ; A Age limitations

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**Pharmacist Administered Vaccines**

**Patient-Age Limitations – for HPV Vaccination**

Based upon APHA / NASPA Survey of State IZ Laws/ Rules (updated April 2012)

<table>
<thead>
<tr>
<th>No Age Limit</th>
<th>AL, CA, CO, MI, MS, NE, NM, OK, TN, WA</th>
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<tbody>
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<td>AZ</td>
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<tr>
<td>Rx / no age limit</td>
<td>AK, DC, VA</td>
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<tr>
<td>&gt;7yo</td>
<td>AR</td>
</tr>
<tr>
<td>&gt;9yo</td>
<td>DE</td>
</tr>
<tr>
<td>&gt;11yo</td>
<td>OR</td>
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<td>&gt;12yo</td>
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<tr>
<td>&gt;13yo</td>
<td>GA, UT</td>
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<tr>
<td>&gt;14yo</td>
<td>IL, IN, KY, NV, TX</td>
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<tr>
<td>&gt;15yo</td>
<td>LA</td>
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<tr>
<td>&gt;16yo</td>
<td>HI, IA, KS, ME, MN, MT, NC, NJ, ND, OH, PA, RI, SC, VT, WI</td>
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<tr>
<td>&gt;18yo</td>
<td>WY</td>
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<tr>
<td>&gt;19yo</td>
<td>No age limit</td>
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**Number of states / territories**

- No age limit
- Varies
- Rx / no age limit
- >7yo
- >9yo
- >11yo
- >12yo
- >13yo
- >14yo
- >15yo
- >16yo
- >18yo
- >19yo

- Rx / no age limit
- Varies
- No age limit
Example 2: 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

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

Pharmacist Administered Vaccines

Authority to Administer Td / Tdap

Based upon APhA / NASPA Survey of State IZ Laws/ Rules (updated May 2012)

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* Via Rx / pt specific protocol for some
Example 3: 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%

ASTHO Pharmacy Taskforce

- **Focus**: Strengthen routine vaccination capabilities at pharmacies, facilitate collaboration, increase access, and at a minimum prepare for future pandemic capacity.

- **CHARGE**
  - Identify barriers that still exist
  - Formulate working groups to address the top three priority barriers related to immunizations
  - Explore opportunities for public health and pharmacies to work together
Issues identified as needing addressing...

- Communication and collaboration
- Minimum data set requirements/data exchange/registry
- Enrolling pharmacies in the Vaccine for Children (VFC) program
- Liability
- Scope of practice
- Malpractice
- Guidance on the medical protocol
- Competition between pharmacies and public health
- Capacity assessment
- Ability to pay
- Including pharmacies
- Allocating vaccine according to priorities
- Outreach to high risk/elderly providers
- Compensation

Identified top 3 priorities

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<tr>
<th>Communication/collaboration</th>
<th>Minimum data set/data exchange/registries</th>
<th>Payment/compensation - “operational issues”</th>
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| • Transparency around vaccine availability
  • Common messaging guidelines
  • Partnerships Pitching ideas
  • Protocols/authority-templates
  • Inclusion and timeliness | • Minimum data set requirements
  • Address requirements to enter data into the IIS | • Public health and pharmacy – 3rd party billing
  • Contracting and credentialing
  • Contract language
  • ACA network provider/Grandfathered plans |

Legal Analysis: Public Health Law Institute will explore a) Liability, b) Scope of practice, and c) Malpractice issues in each state.