Reporting to State Immunization Information Systems:

Community Pharmacy Perspective

Sara E. Roszak, MPH, MA
Director of Research
National Association of Chain Drug Stores (NACDS)
About NACDS

Mission:
• Central to the NACDS mission is advancing the chain community pharmacy industry by promoting its role as a provider of healthcare

Chain Pharmacy Membership:
• Traditional Drug Store
• Mass Merchant
• Grocery Store
Pharmacists as Immunizers

• Community pharmacists are one of the most readily accessible health care professionals in America
  ▫ 86% of Americans live within 5 miles of a community pharmacy

• In 2013, 86% of community pharmacies in the US provided adult immunizations
  ▫ Increased number of immunization providers and the number of sites where patients can receive immunizations
  ▫ Pharmacists report an increase in patient referral from physicians
Role of the Immunizing Pharmacist

**Educator**
- Educate and recommend the importance of and need for receiving vaccines

**Facilitator**
- Use pharmacy to host an immunization event for others to immunize

**Immunizer**
- Administer vaccinations consistent with state law, after assessing for indications and contraindications
Community Pharmacy-Based Immunization Delivery Process

1. Walk-in versus appointments
2. Screening for contraindications (list of pt. questions)
3. Processing and Billing/Payment
4. Report receipt of vaccine to: PCP’s office and IIS/state registry
5. Administration of vaccine by pharmacist or intern
6. Patient observation
General Perspective on Pharmacy/IIS Collaboration

1. Pharmacies want to work with their state jurisdictions
2. Pharmacies comply with state laws, and in some cases, report when not required.
3. Vaccination sites with multiple locations require a more standardized approach.
4. Pharmacies vaccinate millions of patients each year – opportunity to capture more data!

Of state/project areas responding to survey (n=45)

- Pharmacies allowed to provide vaccinations in 93%
- Pharmacies report doses administered to the IIS in 80%
- Pharmacies required to report in 49%
Pharmacies – Successes with IIS Reporting (AIRA 2014)

1. Increases in reported adult immunizations
2. Improved quality of data
3. Improved patient care
4. Systems improvements
Challenges with Pharmacy/IIS Reporting (AIRA 2014)

IIS Perspective
- Data quality
- Variation in patient’s name
- Lack of patient’s address
- Inability to collect required data elements
- Inability to generate file format supported by IIS

Pharmacy Perspective
- Limited IIS staffing resources & infrastructure
- State variations in IIS specifications
- Restrictions on type of files IIS are willing to accept
- IIS consent requirements mandated through state/local law
Fast forward to 2016 – the Challenges Remain the Same

Pharmacy Perspective
- Limited IIS staffing resources & infrastructure
- State variations in IIS specifications
- Restrictions on type of files IIS are willing to accept
- IIS consent requirements mandated through state/local law
Top Challenges –
Limited IIS staffing resources & infrastructure

- Unidirectional reporting
- Some registries cannot accommodate massive data from chain pharmacies
- Limited staffing resources at IIS
- When connection is intermittent/fails, pharmacies are not notified in a timely manner and need to resubmit records
Top Challenges –
State Variations in IIS Specifications

- Some states create their own requirements and mandates on top of federal guidance
- For companies that operate in multiple states, or all 50 states, this is particularly challenging
- Standardization makes compliance and expansion of reporting easier
Top Challenges – Restrictions on file types the IIS are willing to accept

- Certain state registries do not conform to CDC HL7 guidelines and require additional fields
  - Ex: Trade name of particular vaccine
- Lack of uniformity discourages pharmacies from reporting to these states due to the unnecessary hurdles associated
Top Challenges –
IIS consent requirements mandated through state/local law

• Most states are opt-out
• Some states (e.g. NJ and MT) are opt-in
  ▫ This requires a state sanctioned form in addition to the pharmacy issued consent form
  ▫ Difficult to ensure that patients fill out both forms
Anecdotal Successes

- Some states have been proactive to work with pharmacies
- States with proactive, robust registries have the bandwidth to accommodate reporting from chain pharmacies
- Registry is responsive when issues with receiving immunization data arises
- Less than 2 weeks to establish a connection, unlike other examples of 18+ months
Future Priorities

- Bi-directionality
- Better engage patients by tying in front end of store/pharmacy
- Change in procedural infrastructure to accommodate reporting from multiple location providers like pharmacies
  - Some processes only work for one provider, one location entity
Sustainability: Reimbursement for Services

- Limited number of health plans offer patients coverage for vaccinations from a pharmacy
- High out-of-pocket fees prevent patients from receiving high cost vaccinations at pharmacies
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NACDS contributed an additional $300,000 to execute the demonstration projects. Given this contribution, each sub-awardee will receive approximately 67 percent ($200,000) of its funding from the CDC and approximately 33 percent ($100,000) from NACDS to implement its demonstration project.

A total of $1.1 million will be used to complete CDC project work, with 73 percent from the CDC and 27 percent from NACDS.
NACDS/CDC Demonstration Projects

1. Identify Target Population
2. Vaccinate Patients
3. Send Immunization Record to State Registry
4. Develop and Implement Value-Based Payment Model
5. Increase Patient Access to Immunization Records
Demonstration Projects States

- WA
- NE
- IA
- PA
Demo Project Collaboration

- **WA**: 72 participating pharmacies
  - Half already connected to registry; half getting connected with bi-directional reporting

- **IA/NE**: 161 participating pharmacies
  - New connection to registry this month

- **PA**: 90+ participating pharmacies
  - New connection to registry this month
Parting Thoughts

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2. Pharmacies comply with state laws, and in some cases, report when not required.
3. Vaccination sites with multiple locations require a more standardized approach.
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Questions?

Sara E. Roszak, MPH, MA
Director of Research
sroszak@nacds.org

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