Community Pharmacy
Collaboration and coordination of complementary access points for adult vaccinations

Agenda
• Reporting to the state registries is challenging
• Leverage technology through STC
• Utilize other pharmacy workflow tools to identify immunization gaps
• Barriers to immunize
• Utilize events to engage and educate customers about immunizations
• Benefits of community pharmacy to support immunization awareness
Pharmacy Reporting Challenges

National Pharmacies’ Barriers to reporting to state registries

- Variations in state requirements
  - Differences in required data elements
  - Opt-in and Opt-out procedures and requirements
- Inability to connect directly to all registries
  - Automated reporting = 100% compliance
  - Some states (NC) forced to report data manually (very burdensome to large volume providers)
How Walmart Simplified the Complexities of Reporting
• Built one “pipe” to STC and let them manage the constant change and complexities at the state level
• As changes occur it’s seamless to our operations
• Reporting automatically occurs with no work required from our pharmacy team – because it’s automated we report to all states we are connected to regardless of requirements
• Systematically faxing PCP with each immunization real time when patient has a PCP.

Walmart has a Competitive Advantage in Immunizations
• STC supports Walmart in Advancing Population Health outcomes through Information Technology:
  – Only National Pharmacy with “Real time” reporting
  – Only National Pharmacy with Bi-directional data exchange with all 37 immunization registries that have the capability

Reporting to the State Registries

<table>
<thead>
<tr>
<th>Competition</th>
<th>Walmart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed Data</td>
<td>Real-Time Data</td>
</tr>
<tr>
<td>Bi-Directional Capabilities (37 states)</td>
<td>Bi-Directional Capabilities (37 states)</td>
</tr>
</tbody>
</table>
States with Bi-Directional Capabilities and Timing

Claims data helps to identify Immunization Gaps

- Alerts targeted to a Medicare beneficiary's immunization history
  - Alerts only occur if the Medicare patient has no record for that particular vaccine

- The next eligibility date of vaccine indicated – as you run the program, we know from CMS when a patient is eligible for the next vaccine

- Enhanced insights into vaccination habits – breakdown of key alerts and conversion metrics by additional patient demographics, historical and prospective eligibility
Regulatory burden at community pharmacy

- State to state variations add challenges:
  - What immunizations can be administered
  - What ages can they be administered to
  - Universal Purchase programs / VFC programs
  - How they can be administered
    - Standing orders, CPA’s, NPI authority
    - Several states utilize health districts or miles to dictate coverage of the physician to support a standing order
    - Some states require rosters of pharmacists or affidavits signed by pharmacist administering

- Unnecessary Costs:
  - Standing orders and CPA’s are costly and essentially follow ACIP guidelines with limited to no interaction with physician
  - When laws/regulations change, it requires new orders to be issued

- Reporting to the Patient’s Primary Care Provider
  - Reporting to the state IIS could/should be reporting to the PCP

Emergency Reactive Responses vs. Proactive Partnerships

- During an outbreak “Emergency” orders are issued allowing pharmacists to administer immunizations

- Both states above issued an emergency order during the outbreak allowing pharmacists to immunize, then became a permanent change

- Why wait for the outbreak to occur, when it could be prevented proactively? – Pharmacists follow ACIP guidelines and inform PCPs
Walmart Wellness Day – Bringing Patients INTO Healthcare

• Leveraging tools to engage and educate the customers

• Pharmacists talking to customers as they are screened for blood pressure, blood glucose and BMI, to teach them about the importance of immunizations

Back to School Vaccines - Barriers and Reimbursement Challenges

• June 17th will be the next WWD event – 29 states allow for pharmacists to provide vaccines like HPV, Meningococcal or whooping cough to support middle school required vaccines. Why?
  – There is a need to improve immunization rates in the adolescent population.
  • Regulations and structure make the VFC program difficult to execute in community pharmacy.
Benefits of Engaging Community Pharmacies

- 7 Day Access
- No Appointment Needed
- No office visit fees
- Immediate access to Medications & Immunizations
- 93% of Americans live within 5 miles of a Pharmacy

300 Million
Customer visits to a pharmacy every week

What is the Impact of Pharmacy Immunizations?
Pharmacy growth significant

2010-2011
- Doctor's Office: 39.8%
- Workplace: 17.4%
- Pharmacy: 18.4%
- Health Dept: 4.4%
- Senior Community center: 1.4%
- School: 1.2%
- Other: 2.9%
- Clinic: 7.1%
- Hospital/ER: 7.2%

Source: CDC Flu Vax View, November 2016

2016 Season
- Doctor's Office: 37.4%
- Workplace: 17.6%
- Pharmacy: 24.3%
- Clinic: 7.8%
- Hospital/ER: 6.7%
- Senior Community center: 0.6%
- School: 1.0%
- Other: 3.5%
- Health Dept: 1.0%
Immunizations Pharmacies are Providing

Flu Season

Off Season

Pneumo: 3 times as many doses given during flu season vs the rest of the year

Other Vaccines: Roughly 1.5 times more during flu season
3 Pearls

• Pharmacies Provide Convenient access to patients/customers especially in Medically Underserved Areas and can bring people into healthcare.
  – Leverage connecting to customers that aren’t in healthcare through events to drive awareness

• High Risk patient populations see a Pharmacist 35 times per year!
  – How can we leverage the Pharmacist more to assist in their care?

• Complexities at the State level increase the cost of care to patients
  – Opt-in/Opt-out variances
  – Standing Orders and Collaborative Practice Agreements
  – VFC programs