

# What Works

## To Improve Adult Immunization 2016

### What They Did

There is a considerable need to provide adult patients with a full range of immunizations beyond influenza, and there is great potential for pharmacists to meet that need.

In Wisconsin, pharmacists can now use the Wisconsin Immunization Registry (WIR) as a tool to assess the vaccination needs of their adult patients and document the vaccinations given.

In this project, a community pharmacy in Madison, Wisconsin, sought new approaches to assess, recommend, give, and document immunizations of their adult patients.

A 45-day feasibility trial was conducted in a community chain pharmacy to determine if an efficient standardized protocol could be put in place to increase adult immunization rates.

In a 2015 article in the Journal of the Pharmacy Society of Wisconsin, the authors describe their efforts to implement a protocol that:

- 1) identified patients eligible for vaccines;
- 2) raised patients' awareness regarding their vaccination needs;
- 3) increased the number of vaccine administrations in a community pharmacy; and
- 4) enhanced the use of the state's immunization registry.

In the 45-day trial from April to June 2015, here's what they did:

The pharmacist team identified Medicare Part D patients who were coming to pick up a prescription within the next week. Those patients were then cross-referenced in the WIR to determine eligibility for zoster vaccine. If the patient was eligible, an immunization history handout was printed directly from the WIR website (see Figure 1).

Wisconsin Immunization Registry							
Client Information				School Release on File: No			
1							
Client Name (First - MI - Last)		DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #	
Address							
Comments							
History							
Vaccine Group	Date Administered	Series	Trade Name (Vaccine)	Dose	Owned?	Reaction	Hist?
Influenza	01/14/2015	Booster		Full	No		
Pertussis/Tdap	08/25/2015	1 of 1	Boostrix®	Full	No		
Pneumo-Poly	01/14/2015	1 of 3	(Pneumococcal 23)	Full	No		
Td	08/25/2015	1 of 1	Boostrix®	Full	No		
Current Age: 59 years, 7 months							
Vaccines Recommended by Selected Tracking Schedule							
Vaccine Group	Vaccine	Earliest Date	Recommended Date	Overdue Date	Latest Date		
Influenza		08/01/2015	08/01/2015	04/14/2016			
Pertussis/Tdap		Complete					
Pneumo-Poly	Pneumo-Conjugate 13	12/03/2020	12/03/2020	12/03/2022			
Td		06/25/2020	06/25/2025	08/25/2025			
Varicella		12/03/1968	12/03/1968	12/03/1968			

This handout contained the full range of possible needs, including Tdap and pneumococcal vaccinations. A test claim was then run to provide a copay amount to the patient. The pharmacist presented and explained the handout to the patient, answered any questions, and asked if they would like to receive their immunizations at the pharmacy.

The feasibility study demonstrated the uses of the WIR as a tool for pharmacists to better assess immunization status.

They were able to continue these new immunization protocols beyond the 45-day pilot, leading to increased numbers of immunization for their patients.

### Beyond Influenza: One Wisconsin Pharmacy Tests New Protocols to Increase Immunization Rates Among Adult Patients

*"It really tells that all of us in health care should be advocating for the regular utilization of the state immunization registry. I would like it to be used nationally"* – Pharmacist in Madison, Wisconsin



### Boosting Vaccine Awareness, Administration, and WIR Use

From the Journal of the Pharmacy Society of Wisconsin, September/October 2015

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This "What Works" vignette is one in a series of examples collected by the Provider Workgroup of the National Adult and Influenza Immunization Summit. For more information or to nominate an example of "what works" to improve adult immunization, go to <http://www.izsummitpartners.org/>. This vignette does not constitute an endorsement from any of the organizations that participate in the Provider Workgroup or the NAIIIS.

### Results They Got

Implementation of the protocol increased the number of pharmacy-administered adult immunizations during the 45-day intervention period (April 20–June 3, 2015).

Compared with the same 45-day period in the previous year, the total number of vaccinations among adults increased from 2 to 21. The number of vaccinations increased from 3 to 21 compared with the 45-day period leading up to the intervention.

**Table 1: What the 45-Day Feasibility Trial Demonstrated**

Vaccination Rates	April 30–June 3, 2014	March 6–April 19, 2015	April 30–June 3, 2015
Pneumococcal	0	2	11
Tdap	2	1	4
Zoster	0	0	6
Total	2	3	21

Staff reported that the protocol was quickly implemented without significantly increasing the workload and led to increased vaccine awareness, administration, and WIR use.

"People really do respond to seeing the vaccination recommendations on paper, and they like to get vaccinated without having to make a special appointment, pay an appointment co-pay, etc." — Pharmacist in Madison, Wisconsin

With time as the staff increased their use of the WIR, the process became smoother and more efficient.

Equally important, WIR is a vehicle for pharmacists to document and communicate a patient's ongoing and updated vaccination history to that patient's other providers.

This protocol, built upon the WIR's existing systems and resources, is an adaptable intervention that was easy to integrate into work flow.

Due to the success, the pharmacy continues to use these new immunization protocols. The more recent data shown in the table below were provided by the authors and show the results beyond the 45-day feasibility trial period.

**Table 2: Longer-term Results Beyond The Feasibility Trial**

Vaccination Rates	April 20–Dec 31, 2014	April 20–Dec 31, 2015	Percent Increase
Pneumococcal	6	55	917%
Tdap	4	17	425%
Zoster	8	17	213%
Influenza	108	181	168%
Total	126	270	214%

This table shows results from April 20, 2015—when the intervention was implemented—through December 31, 2015. It also provides data for the same time period one year prior.

Following implementation of the intervention, immunization rates increased by 214% overall, pneumococcal vaccinations increased by 917%, Tdap increased by 425%, zoster by 213%, and influenza by 168%.

Wider implementation of this systematic approach, in collaboration with the WIR, has the potential to reduce a major gap in public health needs in Wisconsin and raise patients' awareness of the pharmacist's expanding role in health care.

