

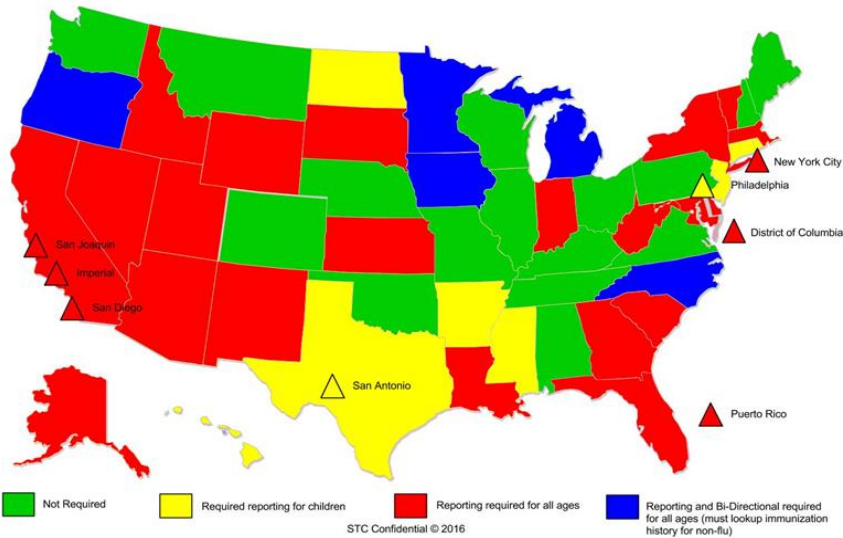
Community Pharmacy

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

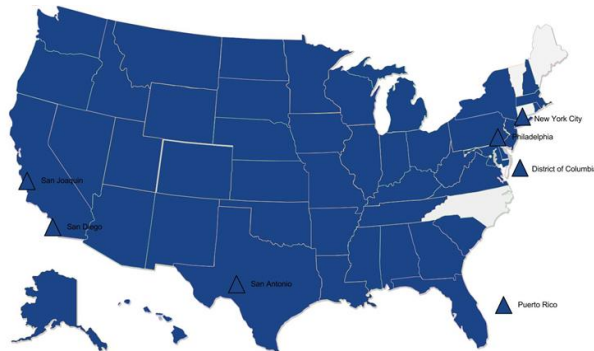


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National Pharmacies' Barriers to reporting to state registries

- 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)



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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

Competition

Delayed Data



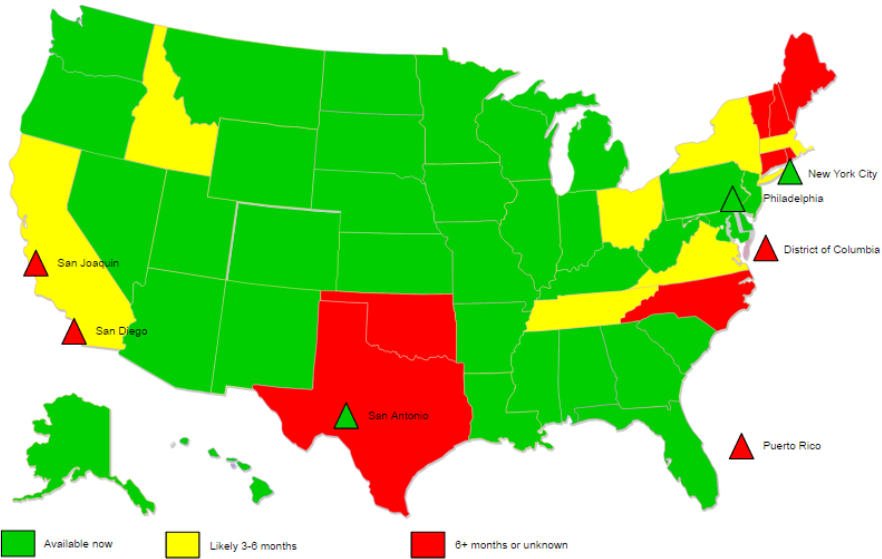
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Real-Time Data



Bi-Directional Capabilities
(37 states)

States with Bi-Directional Capabilities and Timing

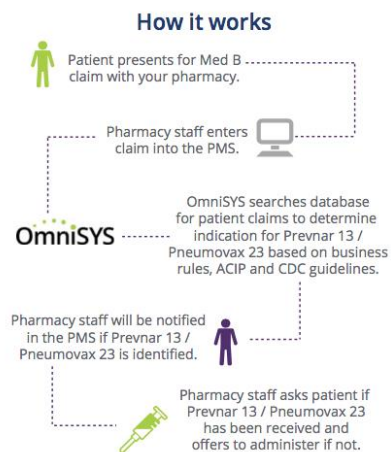


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Claims data helps to identify Immunization Gaps

- 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



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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



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Emergency Reactive Responses vs. Proactive Partnerships

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



Meningitis outbreak
kills one student



Measles outbreak in 2014

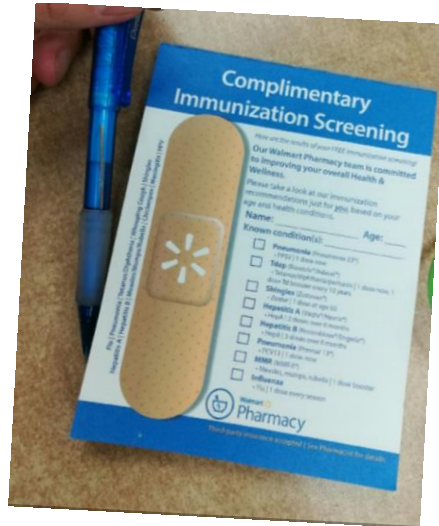
- Both states above issued an emergency order during the outbreak allowing pharmacists to immunize, then became a permanent change
- Why wait for the outbreak to occur, when it could be prevented proactively? – Pharmacists follow ACIP guidelines and inform PCPs

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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



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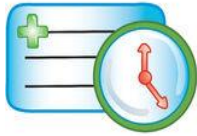
Back to School Vaccines - Barriers and Reimbursement Challenges

- 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.

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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

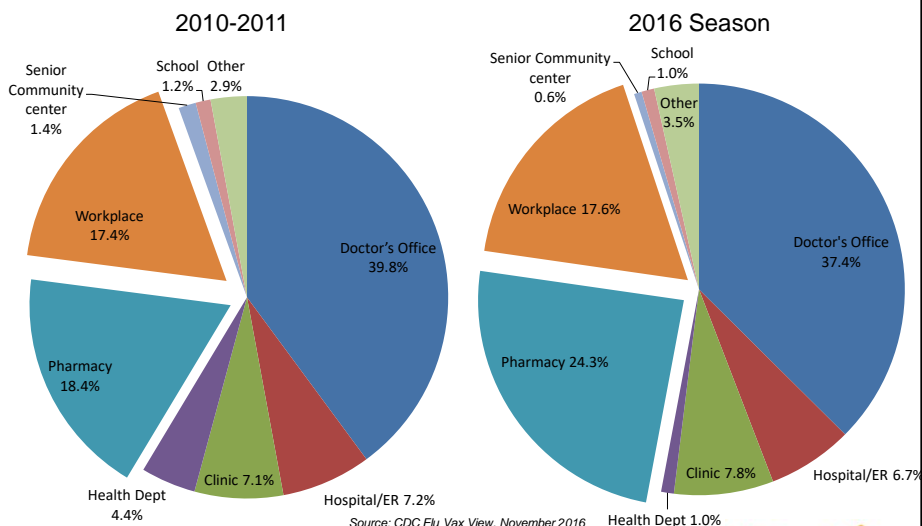


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What is the Impact of Pharmacy Immunizations?

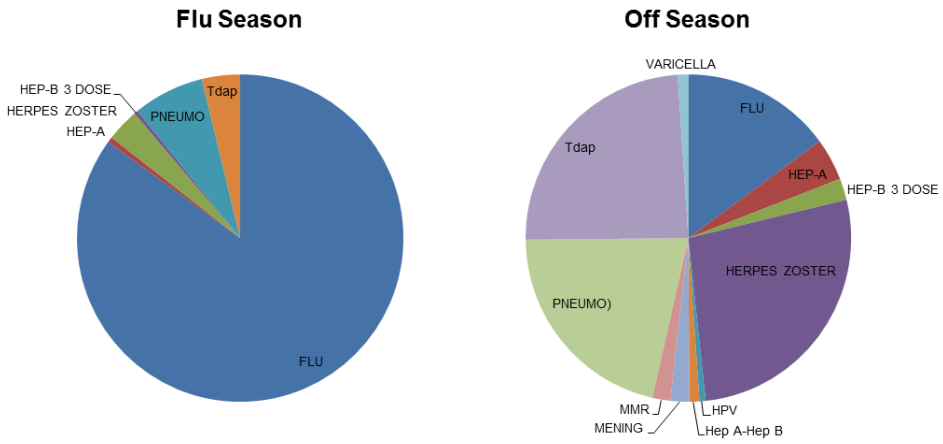
Pharmacy growth significant



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Immunizations Pharmacies are Providing



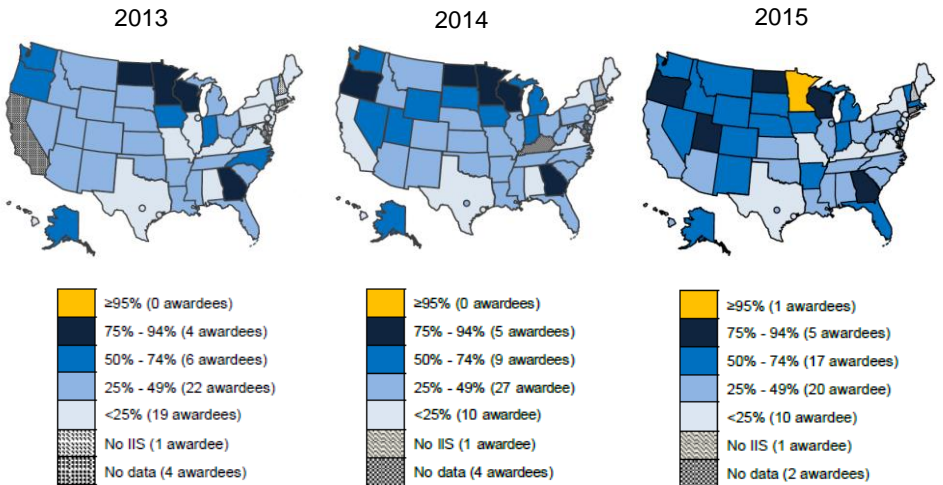
Pneumo: 3 times as many doses given during flu season vs the rest of the year
Other Vaccines: Roughly 1.5 times more during flu season

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Pharmacies are Helping to Drive Adult Immunization Registry Data

Percentage of adults aged ≥19 years participating in an immunization information system -- United States, five cities[§], and D.C., 2015



National Participation: 32% (excluding Territories)
 Source: CY2013 IISAR

National Participation: 33% (excluding Territories)
 Source: CY2014 IISAR

National Participation: 39% (excluding Territories)
 Source: CY2015 IISAR

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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