The Value of Providing Immunization Services in Your Community Pharmacy

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Centers for Disease Control and Prevention

Disclosure

Ray Strikas does not have any actual or potential conflicts of interest in relation to this activity.
Learning Objectives

1. Discuss the impact of improvements in vaccinations to public health in the United States.
2. Outline techniques for patient identification and counseling vaccine preventable disease states.
3. Model effective outreach for a vaccine niche in a community pharmacy.

Outline

• Background
• 2011 Adult Vaccination Schedule
• Adult vaccine coverage
• Evidence-based strategies to improve vaccine uptake
• Pharmacists and vaccination
• Discussion
Adult Vaccine Preventable Diseases (VPD)

- Vaccinations needed throughout lifespan to reduce burden of VPD
- Substantial burden of VPD is among adults
  - Major success of Vaccines for Children Program, vaccine requirements for school entry, medical home model for children
  - Generally greater effectiveness of vaccines in children compared to adults
  - Vaccination of children prevents illness in children and adults

Adult Vaccine Preventable Diseases (VPD)

- Adult vaccination also prevent illness in children and vulnerable adults, e.g.
  - Influenza vaccination of pregnant women prevents influenza illness and hospitalization infants <6 months
  - Tdap vaccination of household contacts can prevent transmission of pertussis to infants
  - Influenza vaccination of healthcare personnel (HCP) can reduce mortality in nursing home residents
Adult Vaccine Preventable Diseases (VPD)

- Vaccines for adults offer substantial health benefits, e.g.
  - Influenza vaccination reduces hospitalization in older adults, and physician visits, antibiotic use, and lost work days in working age adults
  - Pneumococcal vaccine prevents invasive pneumococcal illness in older adults
  - Shingles vaccine reduces risk of shingles with even greater reduction in risk of debilitating post-herpetic neuralgia
  - HPV and hepatitis B vaccines reduce the risk of cervical and hepatic cancer, respectively

Adult Immunization Schedules

- Published at least annually since 2002
- Adult Schedule published by:
  - American College of Physicians (ACP)
  - American Academy of Family Physicians (AAFP)
  - American College of Obstetricians and Gynecologists
  - CDC in MMWR
- Publication of 2012 schedule anticipated for February 2012
Differences Between Adult and Pediatric Vaccination Program

• Large Vaccines for Children (VFC) entitlement program
  • Pays for about half of vaccines administered to US children
  • No similar program for adults
• Adult medical care more dispersed, multiple venues for patient care and vaccine need assessment
  • Large range of providers and settings: primary care adult providers, OB/GYNs, specialty providers such as cardiologists/allergists, etc., pharmacies, work sites, travel clinics, WIC clinics, STD and HIV care clinics, prisons, nursing homes, home health care, ED’s, hospitals
  • Less regular “medical home” contact

Differences Between Adult and Pediatric Vaccination Program

• Vaccine schedule
  • Based on age for children
  • Risk and age based and other complications for adult schedule
Recommended Adult Immunization Schedule

**UNITED STATES - 2011**

**Figure 1. Recommended adult immunization schedule, by vaccine and age group**

- **Influenza**
  - 1 dose annually

- **Tetanus, diphtheria, pertussis (Tdap)**
  - 1 dose

- **Human papillomavirus (HPV)**
  - 3 doses

- **Zoster**
  - 2 doses

- **Measles, mumps, rubella (MMR)**
  - 1 dose

- **Pneumococcal (polyvalent)**
  - 1 or 2 doses

- **Meningococcal**
  - 1 dose

- **Hepatitis A**
  - 2 doses

- **Hepatitis B**
  - 3 doses

**Figure 2. Vaccines that might be indicated for adults based on medical and other indications**

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>INDICATION</th>
<th>PROPHYLAXIS</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td></td>
<td>1 dose TV annually</td>
<td>1 dose TV annually</td>
</tr>
<tr>
<td>Td</td>
<td>Substitute 1dose of Tdap for Td booster, then boost with Td every 10 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varienat</td>
<td>Contindicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td>Contindicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>Contindicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (polyvalent)</td>
<td>Contindicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Disparities in U.S. Adult Vaccine Coverage
#### Pneumococcal Vaccine, NHIS 2009

<table>
<thead>
<tr>
<th>Age and risk group</th>
<th>Race/ethnicity</th>
<th>Coverage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-64 high risk</td>
<td>All</td>
<td>17.5</td>
</tr>
<tr>
<td></td>
<td>White, non-Hispanic</td>
<td>18.3</td>
</tr>
<tr>
<td></td>
<td>Black, non-Hispanic</td>
<td>17.9</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>12.1</td>
</tr>
<tr>
<td>65 and older</td>
<td>All</td>
<td>60.6</td>
</tr>
<tr>
<td></td>
<td>White, non-Hispanic</td>
<td>64.9</td>
</tr>
<tr>
<td></td>
<td>Black, non-Hispanic</td>
<td>44.8</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>40.1</td>
</tr>
</tbody>
</table>

### Disparities in U.S. Adult Vaccine Coverage
#### Hepatitis B Vaccine, NHIS 2009

<table>
<thead>
<tr>
<th>Age and risk group</th>
<th>Race/ethnicity</th>
<th>Coverage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-64 high risk</td>
<td>All</td>
<td>41.8</td>
</tr>
<tr>
<td></td>
<td>White, non-Hispanic</td>
<td>43.2</td>
</tr>
<tr>
<td></td>
<td>Black, non-Hispanic</td>
<td>43.6</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>36.7</td>
</tr>
<tr>
<td>Healthcare personnel</td>
<td>All</td>
<td>64.7</td>
</tr>
</tbody>
</table>
### Disparities in U.S. Adult Vaccine Coverage

**Herpes Zoster Vaccine, NHIS 2009**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Race/ethnicity</th>
<th>Coverage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 and older</td>
<td>All</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td>White, non-Hispanic</td>
<td>11.2</td>
</tr>
<tr>
<td></td>
<td><strong>Black, non-Hispanic</strong></td>
<td>4.3</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>4.8</td>
</tr>
</tbody>
</table>

### Disparities in U.S. Adult Vaccine Coverage

**Tdap Vaccine, NHIS 2009**

<table>
<thead>
<tr>
<th>Age and risk group</th>
<th>Race/ethnicity</th>
<th>Coverage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-64 years old</td>
<td>All</td>
<td>6.6</td>
</tr>
<tr>
<td></td>
<td>White, non-Hispanic</td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td>Black, non-Hispanic</td>
<td>5.8</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>5.3</td>
</tr>
<tr>
<td>Healthcare personnel</td>
<td>All</td>
<td>17.0</td>
</tr>
<tr>
<td>Household contacts of children &lt;1 year old</td>
<td>All</td>
<td>10.2</td>
</tr>
</tbody>
</table>
### Disparities in HPV Vaccine Coverage Among U.S. Female Adults/Adolescents, NHIS 2009

<table>
<thead>
<tr>
<th>Age and risk group</th>
<th>Race/ethnicity</th>
<th>Coverage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-17 yo, ≥1 dose</td>
<td>All</td>
<td>44.3</td>
</tr>
<tr>
<td></td>
<td>White, non-Hispanic</td>
<td>43.9</td>
</tr>
<tr>
<td></td>
<td>Black, non-Hispanic</td>
<td>44.6</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>45.5</td>
</tr>
<tr>
<td>13-17 yo, ≥3 doses older</td>
<td>All</td>
<td>26.7</td>
</tr>
<tr>
<td>18-26 yo, ≥1 dose</td>
<td>All</td>
<td>17.1</td>
</tr>
<tr>
<td></td>
<td>White, non-Hispanic</td>
<td>19.8</td>
</tr>
<tr>
<td></td>
<td>Black, non-Hispanic</td>
<td>13.3</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>12.6</td>
</tr>
</tbody>
</table>

### Seasonal (Trivalent) Influenza Vaccination Trends by Age Group, BRFSS and NHFS (2009-10)

<table>
<thead>
<tr>
<th>Influenza Season</th>
<th>≥65 yrs</th>
<th>50–64 yrs</th>
<th>18–49 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Estimate</td>
<td>CI</td>
</tr>
<tr>
<td>2007-08</td>
<td>59,991</td>
<td>71.8 ± 0.8</td>
<td>64,981</td>
</tr>
<tr>
<td>2008-09</td>
<td>108,224</td>
<td>73.6 ± 0.6</td>
<td>114,624</td>
</tr>
<tr>
<td>2009-10</td>
<td>115,018</td>
<td>69.6 ± 0.6</td>
<td>119,754</td>
</tr>
<tr>
<td>2010-11</td>
<td>132,636</td>
<td>66.6 ± 0.6</td>
<td>128,820</td>
</tr>
</tbody>
</table>
Seasonal (Trivalent) Influenza Vaccination Trends by Age Group, BRFSS and NHFS (2009-10)

Seasonal (Trivalent) Influenza Vaccination Trends for Persons 18-49 yrs, BRFSS and NHFS (2009-10)

<table>
<thead>
<tr>
<th>Influenza Season</th>
<th>18–49 yrs At High Risk*</th>
<th>18–49 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Estimate</td>
</tr>
<tr>
<td>2007-08</td>
<td>10,938</td>
<td>35.7</td>
</tr>
<tr>
<td>2008-09</td>
<td>17,712</td>
<td>38.7</td>
</tr>
<tr>
<td>2009-10</td>
<td>22,233</td>
<td>38.2</td>
</tr>
<tr>
<td>2010-11</td>
<td>14,711</td>
<td>39.0</td>
</tr>
</tbody>
</table>

*Selected high-risk conditions are limited to people with asthma, diabetes or heart disease.
Seasonal (Trivalent) Influenza Vaccination Trends for Persons 18-49 yrs, BRFSS and NHFS (2009-10)

In the year 2007-08, the coverage estimate for persons 18-49 yrs at high risk was approximately 10%, with a slight increase to 15% in 2008-09. However, there was a decline in 2009-10 and 2010-11.

*Selected high-risk conditions limited to people with asthma, diabetes or heart disease.

Seasonal Influenza Vaccination Coverage by Race/Ethnicity: 2008-09 – 2010-11 Seasons

<table>
<thead>
<tr>
<th>Group</th>
<th>2008-09 (%)</th>
<th>2009-10 (%)</th>
<th>2010-11 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/ethnicity (adults)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>39.7</td>
<td>43.8</td>
<td>43.2</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>26.8</td>
<td>31.3</td>
<td>34.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>25.6</td>
<td>30.6</td>
<td>32.3</td>
</tr>
<tr>
<td><strong>Race/ethnicity (children)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>24.9</td>
<td>42.5</td>
<td>48.5</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>20.0</td>
<td>35.5</td>
<td>50.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.4</td>
<td>43.9</td>
<td>55.1</td>
</tr>
</tbody>
</table>

1. BRFSS estimates (19 states for children; 43 states plus DC for adults) online at: http://www.cdc.gov/mmwr/PDF/wk/mm5839.pdf and CDC, unpublished
2. BRFSS and NHFS estimates, 2009-10; BRFSS and NIS estimates, 2010-11, both years for 50 states plus DC for children, 43 states plus DC for adults. Available at http://www.cdc.gov/flu/professionals/vaccination/vaccinecoverage.htm
Seasonal Influenza Vaccination Coverage by Race/Ethnicity and Age Group: 2010-11 Season

BRFSS and NIS, September 2010 – March 2011 (see methods in MMWR 2011;60(22):737-743)

Seasonal and H1N1 Influenza Vaccination Coverage, Pregnant Women, 2009-2010

BRFSS Harvard Poll

NHFS

TIV H1N1 TIV H1N1 H1N1
n=163 n=161 n=260 n=255 n=514

47.6% 44.5% 42.9% 42.7% 42.0%
State Variations in Influenza Vaccination Levels

- Children 6 mos-17 yrs:
  - 33.2% (Montana) to 85.4% (Hawaii)
- Adults ≥18 yrs:
  - 31.6% (Alaska) to 50.5% (Iowa)
- Adults ≥65 yrs:
  - 54.0% (Idaho) to 79.5% (North Carolina)
- Adults 18-64 yrs with high-risk conditions:
  - 28.2% (Alaska) to 71.9% (North Dakota)
Barriers for Adult Vaccination

- Patient factors
  - Concerns, misconceptions
  - Lack of awareness
  - Mistrust
  - Cultural/ethnic issues
- Provider factors
  - Competing demands
  - Missed opportunities
- Systems factors
  - Fewer contacts with medical system and requirements for vaccination
  - Practices may have limited resources available
  - Availability of vaccine in physician practices
- Environmental factors
  - Inconvenient access
  - No regular health care provider
  - Lack of health insurance
Selected Adult Immunization Program Opportunities and Challenges

- Affordable Care Act which emphasizes preventive services and coverage for ACIP recommended vaccines
- Increasing access and opportunities to vaccinate adults
  - E.g., pharmacies, other retail locations, work site clinics
- Opportunities to expand communications/outreach to adults and adult providers
  - Existing mechanisms and new ones such as social media and expanded awareness through pharmacy vaccine promotion
  - More effective partnering

Selected Adult Immunization Program Opportunities and Challenges

- Potential for Section 317 grant program to include more adult vaccination activities
- Bundling medical/preventive services to improve integration of vaccination with other patient care
- Many interventions known to increase vaccination rates
Evidence-Based Strategies

- Guide to Community Preventive Services: www.thecommunityguide.org
- Original systematic review in 2000
- Ten-year updated review recently completed by the Guide Task Force in collaboration with CDC subject matter experts
List of Interventions Reviewed by the Community Guide

### Enhancing Access to Vaccination Services

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded access in healthcare settings when used alone</td>
<td>Insufficient Evidence</td>
</tr>
<tr>
<td>Home visits to increase vaccination rates</td>
<td>Recommended</td>
</tr>
<tr>
<td>Reducing client out-of-pocket costs</td>
<td>Recommended</td>
</tr>
<tr>
<td>Vaccination programs in schools and organized child care centers</td>
<td>Recommended</td>
</tr>
<tr>
<td>Vaccination programs in WIC settings</td>
<td>Recommended</td>
</tr>
</tbody>
</table>

### Increasing Community Demand for Vaccinations (continued)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client or family incentives</td>
<td>Insufficient Evidence</td>
</tr>
<tr>
<td><strong>Client reminder and recall systems</strong></td>
<td>Recommended</td>
</tr>
<tr>
<td>Client-held paper immunization records</td>
<td>Insufficient Evidence</td>
</tr>
<tr>
<td>Clinic-based education when used alone</td>
<td>Insufficient Evidence</td>
</tr>
<tr>
<td>Community-wide education when used alone</td>
<td>Insufficient Evidence</td>
</tr>
<tr>
<td>Vaccination requirements for child care, school, and college attendance</td>
<td>Recommended</td>
</tr>
</tbody>
</table>
List of Interventions Reviewed by the Community Guide (continued)

<table>
<thead>
<tr>
<th>Provider- or Systems-Based Interventions</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care system-based interventions implemented in combination</td>
<td>Recommended</td>
</tr>
<tr>
<td>Immunization information systems</td>
<td>Recommended</td>
</tr>
<tr>
<td>Provider assessment and feedback</td>
<td>Recommended</td>
</tr>
<tr>
<td>Provider education when used alone</td>
<td>Insufficient Evidence</td>
</tr>
<tr>
<td>Provider reminders</td>
<td>Recommended</td>
</tr>
<tr>
<td>Standing orders when used alone</td>
<td>Recommended</td>
</tr>
<tr>
<td>Community-based interventions implemented in combination</td>
<td>Recommended</td>
</tr>
</tbody>
</table>

Main Reasons for Not Being Vaccinated: NIS—Adult 2007

<table>
<thead>
<tr>
<th>Main Reason</th>
<th>Flu (n=3624) (%)</th>
<th>PPV (n=1812) (%)</th>
<th>Tetanus (n=2181) (%)</th>
<th>Tdap (n=539) (%)</th>
<th>Zoster (n=843) (%)</th>
<th>HPV (n=221) (%)</th>
<th>Summary Score‡</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine cost</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Not needed</td>
<td>28</td>
<td>19</td>
<td>41</td>
<td>42</td>
<td>48</td>
<td>29</td>
<td>207</td>
</tr>
<tr>
<td>Did not know*</td>
<td>4</td>
<td>25</td>
<td>10</td>
<td>22</td>
<td>13</td>
<td>17</td>
<td>91</td>
</tr>
<tr>
<td>Doctor did not recommend</td>
<td>7</td>
<td>30</td>
<td>17</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>62</td>
</tr>
<tr>
<td>Side effects†</td>
<td>21</td>
<td>5</td>
<td>1</td>
<td>9</td>
<td>8</td>
<td>3</td>
<td>47</td>
</tr>
</tbody>
</table>

*Included “Did not know about vaccine” and “Did not know should get vaccinated”;
†Included getting sick from vaccine, allergic reaction, etc;
‡Sum of row of percents; used to rank and then select the more commonly reported “main reasons” shown in this table.
Euler GL. Results of CDC’s National Immunization Survey. Presented at: National Immunization Conference; March 20, 2008; Atlanta, GA.
Background – Pharmacists and Vaccination

- 90% of the population is within 5 miles of a pharmacy
  - Reach virtually every community
  - Offers increased access and extended hours when other places for vaccination typically not available
- Over 150,000 pharmacists certified as immunization providers
  - 20 hours required for certification
  - Training on immunizations now required for schools of pharmacy to maintain accreditation
  - American Pharmacists Association (APhA) provides biweekly update on immunization issues
- All 50 states, DC and Puerto Rico allow pharmacists to administer influenza vaccine
  - 38 states allow vaccination with any vaccine
  - Authority varies by age of patient pharmacists can vaccinate

Background – Pharmacists and Vaccination

- Capacity to identify high risk persons based on medications filled and encourage vaccination
  - Medication therapy management (MTM) services increasingly available for management of chronic conditions like diabetes and asthma
- Committed to expanding beyond influenza vaccination
  - Theme of recent APhA meeting
  - Where allowed by law, actively expanding efforts to include other vaccines such as Tdap, pneumococcal, shingles and HPV vaccines
- APhA supports annual influenza vaccination as a condition of employment, training or volunteering within an organization that provides pharmacy services or operates a pharmacy or pharmacy department
Potential for Pharmacies to Target

- Presence in every community
  - Can reach all racial and ethnic groups, all of which are included in their customer base
  - Provide extensive advertising/awareness of influenza vaccine
  - Make vaccines available for patients without a medical home
- Existing outreach efforts
  - Many pharmacies already have programs working in their communities
    - APhA Immunization Champions awards with 150 nominations in 2011
    - Many examples of community efforts
- Contact with medically high risk
  - May serve as means for patients to receive another recommendation for influenza vaccine from a healthcare provider

HHS Pharmacists Work Group

- Representation from NVPO, CDC, FDA, CMS, AHRQ and HHS Office of Minority Health
- Goal: Support existing efforts and expand number of pharmacists that administer influenza vaccine
- Work to date focused on
  - Working with pharmacist groups to identify barriers to pharmacist vaccination and possible solutions
  - Identify opportunities for collaboration with public health and strategies to reduce disparities and target high risk persons
HHS Pharmacists Work Group

• Two in-person meetings with American Pharmacists Association (APhA) at APhA – June 30 and July 28
• One conference call with APhA and other pharmacy organizations

Summary of Barriers Identified by Pharmacists/Pharmacies - 1

• Compensation/Recognition Challenges
  • Public and private insurance plans/payers
  • Real-time adjudication of claims
• State by state differences
  • Laws and requirements for pharmacist vaccination
  • Medicaid rules allowing pharmacist recognition as vaccine providers
  • Immunization Information System (i.e. Vaccine Registry) requirements and systems
Summary of Barriers Identified by Pharmacists/Pharmacies - 2

- Medicaid vs Medicare:
  - Levels of compensation differ with some Medicaid program levels, a disincentive to providers wanting to participate
  - Recognition of pharmacists as immunization providers by Medicaid Programs and reimbursement for vaccine administration

- Medicare Part B and Medicare Advantage Programs
  - Confusion by patients whether they have traditional Part B coverage or Medicare Advantage
  - Medicare Advantage Programs vary in the recognition of pharmacists as in-network immunization providers
  - Variable rates of compensation by Medicare Advantage Programs
  - Delays in expected real-time adjudication of claims

- Medicare Part D
  - Variability in the level of compensation by plans
Summary of Barriers Identified by Pharmacists/Pharmacies - 3

- Affordable Care Act
  - First Dollar Coverage of Immunizations – clarification and guidance needed
    - Pharmacists recognition as “in network” providers needed to ensure compensation for vaccine and vaccine administration
- Access to and Use of Registries
  - Requirements for pharmacists to access immunization registries onerous in some states
    - E.g., Michigan require a physician to sign a pharmacy application to access immunization registries
  - State variability to the types of information required which is especially difficult for providers serving multiple jurisdictions

Summary of Barriers Identified by Pharmacists/Pharmacies - 4

- Recognition by Private/Commercial Plans of Pharmacists as Immunization Providers
  - Currently a plan by plan effort needed to request having pharmacists included as immunization providers
- Variability in State Authority by Vaccine/Patient Age
  - APhA: Statements by HHS and CDC recognizing pharmacist contributions to public health would help efforts to change policy in states and allow vaccination of all ACIP recommended vaccines
    - All 50 states, DC, and Puerto Rico allow pharmacists to administer influenza vaccine
    - 38 states allow pharmacists to administer any vaccine (process varies)
    - 46 states allow pharmacists to administer pneumococcal vaccine
    - 45 states allow pharmacists to administer zoster vaccine
    - 42 states allow pharmacists to administer TD/Tdap vaccine
    - 38 states allow pharmacists to administer HPV vaccine
Steps to Reduce Barriers

• Increase recognition of pharmacists as immunization providers
  • Include pharmacy groups in vaccine billing discussions with state and local departments and payers given similar barriers to being recognized providers for reimbursement
  • Clarify Vaccines for Children (VFC) language that pharmacists are eligible VFC providers consistent with state law
  • Develop new communications materials acknowledging the wide range of places for vaccination, poster for use in pharmacies and other non-medical settings
  • Could consider other communications, such as including mention of pharmacists and other places for vaccination in messages to Medicare beneficiaries

Steps to Reduce Barriers

• Immunization Information Systems (IIS)
  • CDC actively engaging pharmacists to participate in IIS working groups
Steps to Identify Areas for Collaboration

- July 27 meeting at APhA included development of “call to action”
  - Focus of meeting was moving beyond flu to other vaccines
  - First meeting draft summary expected August 8th
  - Suggested actions included targeting of high risk persons and working with communities to increase vaccination of underserved
- CDC reiterated offer to help link public health and community partners with interested pharmacists
- APhA to poll pharmacy groups regarding
  - Their plans for community outreach/targeting of racial/ethnic groups to reduce disparities
  - Ways in which pharmacists would like HHS/CDC assistance in partnering with community organizations/public health
  - Plans to develop voucher or coupon for vaccination this year
- APhA to have representative attend August 29 meeting in Houston on partnerships to reduce disparities

Plans for Measuring Pharmacist Vaccination

- 2012-2013 data from BRFSS and National Influenza Surveys on Place of Vaccination
- Immunization Information Systems Annual Report
  - Can obtain number of pharmacies reporting to a vaccine registry
- Information from VFC grantees on pharmacies participating in VFC program
Strategies to Improve Adult Vaccination Uptake

- *Strong recommendation from patients trusted healthcare provider* remains key for patient vaccination
  - Ensure that providers for high risk patients:
    - Know the importance of their recommendation;
    - Have tools for establishing vaccination programs in their clinics; or
    - Know where to refer patients if they do not offer vaccine

Strategies to Improve Adult Vaccination Uptake

- *Convenient access* to vaccines also critical for adult vaccination (e.g., clinician offices, pharmacies, schools, workplaces)
  - Reduce barriers for billing and receiving reimbursement for all vaccine providers
  - Enhance partnerships with community groups and coalitions to vaccinate hard to reach populations
    - Continue efforts to reduce disparities in adult vaccination
Conclusions

• Burden of VPD remains high in adults
• Vaccines are underutilized
• Several strategies that are known to increase vaccine uptake in adults
  • Strong recommendations from healthcare providers
  • Convenient access to vaccination

Conclusions

• Discussion
  • How can public health, vaccine providers and other organizations work best together to improve vaccination and decrease disease burden from VPD?
    • Promoting vaccination across the lifespan
    • Reaching underserved populations
    • Increasing vaccination of highest risk persons
    • Increasing access to vaccination and ensuring good communication among providers
For More Information

- Provider toolkit
  http://www.cdc.gov/VACCINES/spec-grps/hcp/conversations.htm
- www.cdc.gov/vaccines

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The Value of Providing Immunization Services in Your Community Pharmacy

Starting and Expanding Your Practice

Robert Frankil, RPh
Skippack Pharmacy, Sellersville Pharmacy
Disclosure

Robert Frankil does not have any actual or potential conflicts of interest in relation to this program.

Learning Objectives

1. Discuss the impact of improvements in vaccinations to public health in the United States.
2. Outline techniques for patient identification and counseling vaccine preventable disease states.
3. Model effective outreach for a vaccine niche in a community pharmacy.
Getting Started

- A pharmacist must be certified to immunize
- New/recent graduates
  - --versus--
  - Training/certification for older pharmacists
- C.P.R. Certification is required

Designate Space

Private/semi-private
Physician Involvement

- Physician must sign protocol to be kept on file
- Standing orders for each vaccine to be used
  - (Zostavax, Flu, Pneumonia, etc.)
- For all standing orders and forms go to: www.immunize.org

Promote Your Service!

- Inform local doctors
- Include service on fax forms
- Incorporate message in your phone greeting
Advertise!

Manufacturers will help with store signage

Print Advertising

• Include information on pharmacy material (receipts, fax forms, bags, coupons, etc.)

• Flyers in Pharmacy

• Direct Mail
Television Advertising

Engage Your Staff

To talk with customers about immunization:

- Pharmacists
- Techs
- Counter help
Engage Your Staff

- Techs can help with paperwork and scheduling
- Consider staff incentives

Workflow

- Appointment-based
- Walk-in
Billing

- Zostavax gets billed to drug plan
- Medicare - mass immunizer license?
- Cash sales

Reporting

- Report to primary care physician
- Statewide Immunization Information System (SIIS)
The Value of Providing Immunization Services in Your Community Pharmacy

Beverly Schaefer, RPh
Katterman’s Pharmacy

Disclosure

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Learning Objectives

1. Discuss the impact of improvements in vaccinations to public health in the United States.
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Katterman’s Pharmacy: An Immunization Destination
Increased Access to Healthcare

- Provides increased access to healthcare
- Provides for increased collaboration with other healthcare providers
- Role expansion for pharmacists
- Increases pharmacy revenues and profits

Capture Your Own Customers First

- Window sign
- Counter sign
Pharmacy Conversation Starter

- Are you up-to-date on Adult Immunizations?
  - Tetanus with pertussis (whooping cough)
  - Shingles (adults 50 years and older)
  - Pneumonia

Street Advertising
Social Media Helps People Find You

- Immunization page on your website
- Use searchable words and phrases
- Use Twitter for seasonal vaccine availability
- Use Facebook to educate people about immunizations

Fax Notice of Immunization to M.D.

This fax contains confidential personal health information. Do not route this message unless the named recipient is on your patient’s list. If in doubt, return the message or call your primary provider.

Katterman’s Sand Point Pharmacy 5460 Sand Point Way NE Seattle, WA - 98109-2941 Fax: 206-524-4179 · Tel: 206-524-2211

V.I.P. – Vaccinations in Pharmacies

Dear Dr.

Date:

FOR YOUR RECORDS

NAME:

DOB:

Your patient received the following vaccinations at our pharmacy:

- Yellow Fever
- HPV
- Meningococcal
- Tetanus
- Pneumonia
- Chicken Pox
- Tdap
- MMR
- Polio
- Typhoid (oral)
- Hepatitis A: Dose 1
- Hepatitis A: Dose 2
- Hepatitis B: Dose 1
- Hepatitis B: Dose 2
- Hepatitis B: Dose 3

Thank you for your referral.

Beverly Schaefer
Pharmacist
Next Steps to Becoming an Immunization Destination

- Know your state legislation
- Review protocols
- Get forms ready
  - Patient form
  - VIS forms
  - Doctor fax form
- Get immunization area ready
- Review administration technique
- Decide appointment vs. drop-in

Immunization Documentation

- Each immunization is a new prescription
- Payment
  - Setting a price
  - Billing 3rd party
    - Third plan options=incentive amount
    - DUR interventions=intervention (2nd option)=MA
  - Medicare B vs. Medicare D
Final Steps

- Order vaccine

- Enjoy the rewards and benefits of providing immunizations

Resources

- IAC=immunization action coalition
  - www.immunize.org/subscribe

- American Pharmacists Association
  - http://www.pharmacist.com/Content/NavigationMenu3/PharmacyPractice/PharmacistImmunizationCenter/Listsserve_Subscibe_f.htm

- Beverly Schaefer, Katterman’s Pharmacy
  - pharmacy@kattermans.com
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Questions & Answers