Implementing a Successful Pharmacy Immunization Program: A CE Web-based Initiative

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Faculty Disclosure

Disclosure Declaration
It is the policy of the National Community Pharmacists Association (NCPA) to ensure independence, balance, objectivity, scientific rigor, and integrity in all of their continuing education activities.

Mr. Davis has indicated that he has nothing to disclose.
Learning Objectives

After taking part in this activity, pharmacists should be able to:

- Explain the importance of immunization to the community
- Identify, evaluate, and effectively use the practical elements of a successful pharmacy-based immunization program
- Apply the practical elements to implement a successful community-based pharmacy immunization program

The Importance and Need for an Immunization Program

- Impact of influenza
- Vaccine important for community health
- Vaccine-preventable diseases
The Impact of Influenza in the United States

- Annual prevalence: 5% to 20%¹
- Hospitalizations due to complications: >200,000¹
  - Rates highest among children aged ≤1 year²
  - Risk also high for persons aged ≥65 years²
- Annual deaths attributable to influenza: ~36,000¹
  - Mortality increased steadily since 1976-1977 season²
  - 90% of influenza mortality (~32,000) in elderly²
  - Children and persons with chronic medical conditions also at risk²


The Impact of Influenza in the United States (cont)

- Influenza kills as many or more Americans than breast cancer¹
- Influenza kills 2 to 3 times more Americans than HIV/AIDS¹
- Annual impact of influenza in the United States²
  - Infection – 82 million
  - Illness – 65 million
  - Medically attended – 30 million

Healthy People 2010 Influenza Vaccination Program

- Comprehensive set of disease prevention and health promotion objectives
- Goals to achieve by 2010:
  - Increase quality and years of life
  - Eliminate health disparities
- Immunization and infectious diseases: 1 of 28 focus areas
  - Prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases
  - Increase proportion of adults vaccinated annually against influenza
    - 90% of adults aged ≥65 years and institutionalized adults
    - 60% of high-risk adults aged 18 to 64 years


US Adult Targets for Influenza Vaccination Have Not Been Achieveda

Population Group
- All Adults
  - 18-49 yr
  - 50-64 yr
  - 65+ yr
- High-risk Adults
  - 18-49 yr
  - 50-64 yr
  - 65+ yr
- Non-high-risk Adults
  - 18-49 yr
  - 50-64 yr
- Household Contacts
  - 18-49 yr
  - 50-64 yr
- Pregnant Women
- Health Care Workers

Coverage Level (%)

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<th>18-49 yr</th>
<th>50-64 yr</th>
<th>65+ yr</th>
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**Nearly Half of US Adults Are at High Risk for Influenza Complications**

- Household Contacts
  - 18-49 yr: 130.5
  - 50-64 yr: 47.8
  - 65+ yr: 130.5

- Population Group
  - 18-49 yr: 17.6 (13.5%)
  - 50-64 yr: 14.1 (29.5%)
  - 65+ yr: 4.2 (8.8%)
  - Pregnant Women: 4.0 (100%)
  - Health Care Workers: 7.0 (100%)

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**Critical Need to Educate Patients and Increase Awareness Among Fellow Health Care Professionals**

- Although annual vaccination is recommended, the vaccination coverage level is only 42% of all US health care workers

- Benefits of vaccinating health care workers
  - Reduced work absenteeism
  - Reduced transmission to patients
Vaccine-Preventable Diseases

- **Infants and Children** (≤12 years)
  - Hepatitis B
  - Rotavirus
  - Diphtheria, tetanus, pertussis
  - *Haemophilus influenzae* type B (Hib)
  - Pneumococcal
  - Inactivated poliovirus
  - Influenza (flu)
  - Measles, mumps, rubella
  - Varicella
  - Hepatitis A
  - Meningococcal

- **Adolescents** (aged 13-17 years)
  - Hepatitis B
  - Rotavirus
  - Diphtheria, tetanus, pertussis
  - *Haemophilus influenzae* type B (Hib)
  - Inactivated poliovirus
  - Measles, mumps, rubella
  - Varicella
  - Influenza (flu)\(^a\)
  - Pneumococcal\(^a\)
  - Hepatitis A\(^a\)
  - Meningococcal\(^a\)

\(^a\)High-risk groups.


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Vaccine-Preventable Diseases (cont)

- **Young Adults** (aged 18-24 years)
  - Tetanus, diphtheria – acellular pertussis (Tdap)
  - Meningococcal
  - Human papillomavirus (HPV)

- **Adults** (aged >24 years)
  - Tetanus, diphtheria, pertussis
  - Human papillomavirus (HPV)
  - Measles, mumps, rubella
  - Varicella
  - Influenza
  - Pneumococcal
  - Hepatitis A
  - Hepatitis B
  - Meningococcal

Vaccine-Preventable Diseases (cont)

- **Travelers**
  - Yellow Fever
  - Meningococcal
  - Rabies
  - Typhoid
  - Japanese encephalitis
  - Smallpox

- **Health Care Workers**
  - Hepatitis B
  - Influenza
  - Measles, mumps, rubella
  - Varicella
  - Tetanus, diphtheria, pertussis
  - Meningococcal

**States Authorized to Administer Immunizations**

*January 2006.*


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**Pharmacies Play a Growing Role in Immunization Efforts**

Influenza vaccination accounted for majority of immunizations administered, which also included hepatitis A and B, Lyme disease, tetanus, and chicken pox.

Consumers Cite Several Factors that Give Pharmacy-based Influenza Vaccination Programs an Advantage

- Accessibility
- Trust
- Convenience


Benefits of a Community Pharmacy Immunization Program

- Pharmacists are a trusted source of health information
- Preventative health initiative for community members
- Financial incentives for the community pharmacy
- Providing value-added services to patients
Implementing a Successful Immunization Program: Important Considerations

Store Operations

- Accessibility and commitment
  - Prior to immunization day
    - Send waiver forms and vaccine information to facility
    - Obtain copies of Medicare cards if applicable
  - Set aside appropriate times for large numbers of immunizations
    - Flu Clinic: Monday – Friday, 9-1 PM and 3-6 PM
- Adequate facilities
  - Clinic or private area for administration
  - Storage of vaccine
Inventory Management

- Start early
  - Order vaccines 3 months before
    - For example, order flu vaccines in June/July for October administration
  - Leading manufacturers include Novartis Vaccines, Sanofi pasteur, and GlaxoSmithKline
- Do not over-estimate or under-estimate
  - Assess patient population
Key Elements for Successful Implementation

- Consider the overall program
- Most popular immunizations
  - Which available immunizations would be administered most often?
- Instill enthusiasm among employees for the new program
- Begin preparation early
- Establish goals and milestones to measure the success of the program

Ideal Staffing and Training

- Staffing
  - Pharmacists, clinical resident, student pharmacy interns, pharmacy rotation students, registered nurse
  - Adjust staffing based upon number of immunizations administered
  - Need for bilingual skills
- Training
  - Completion of APhA Certified Immunization Program
  - CPR certified
- Billing
  - Bill prior to immunization day
  - Medicare
  - Third-party payers
  - Fee for service
Maximize Efficient Workflow With Defined Responsibilities

- Designated tasks
  - Vaccine waiver assistance
  - Data entry
  - Cashier
  - Vaccine preparation
  - Vaccine administration

Ideal Facility Elements

- Adequate space
  - Counseling rooms (patient friendly)
- Comfortable seating
  - Available seating needed for proper administration of immunizations
- Efficient client-flow management
  - Smooth transition from entering clinic to final processing
Marketing/Promotional Tactical Elements

- Fliers
- Store posters
- Store banners
- Bag stuffers
- Local newspapers, newsletters, radio, and television advertisements
Extending the Program
Reach Beyond the Pharmacy

- Long-term care facilities
- Retirement communities
- Department of Health referrals
- Schools/colleges/universities
- Private companies
- Other pharmacies
- Prisons
- Other health care providers
Summary

- Given the impact of influenza in the United States, a community-based immunization program is vital.
- Pharmacists can play a major role in implementing a successful immunization program.
- Proper planning and an early start can help ensure a successful program.
- Plan to have adequate staff to maintain a smooth flow during the program.
- Market the program with promotional materials and expand the program beyond your pharmacy to include surrounding institutions.
- Financial rewards can be achieved with a successful program.

Questions & Answers

The following questions have been archived from the September 11, 2007 webcast.
Questions and Answers

• Beyond CPR what other training do you consider necessary to deal with in emergency situations, do you have staff protocol, how do you handle liability risks?

Questions and Answers

• How did you learn how to appropriately counsel patients, have you modified your counseling based on real life experiences?
Questions and Answers

• How does your pharmacy handle vaccinations that require special storage?

Questions and Answers

• What words of advice would give a pharmacist that was considering getting into this practice niche?
Questions and Answers

• Can you give more information about the second Medicare number that is required for billing the administration under the roster program?

Questions and Answers

• Do you have a prescription with every flu shot?
Questions and Answers

• Why can’t pharmacists immunize in New York?

Questions and Answers

• What do you need to be complaint with OSHA Guidelines?
Questions and Answers

• Should any vaccines be avoided if a patient is already experiencing an infection?

Questions and Answers

• Are there any risks to administration of pneumococcal and influenza immunizations at the same time?
Questions and Answers

• What are some of the significant obstacles in implementing a successful program?

Questions and Answers

• By having an immunization program in your store, what increased store sales can be expected?
Questions and Answers

• What is the return rate of patients from year to year that you have seen during your vaccinations?

Questions and Answers

• Does having an immunization program in your store attract new customers?
Questions and Answers

• Do you feel enough is being done to educate the public on the importance of getting a flu vaccine?

Questions and Answers

• Some pharmacists may feel their store is not adequate in size to conduct a flu clinic – is there a way to overcome such a situation?
Questions and Answers

- Have you encountered any difficulties in the billing process, what in your opinion can we do to avoid those?

Questions and Answers

- What are some examples of marketing tools that you have used?
Questions and Answers

- Where do you order your influenza vaccines from and why?

Questions and Answers

- Do you bill private company insurances or charge a service fee?
Questions and Answers

• How much do you get reimbursed for each shot?

Questions and Answers

• Have you used any outside company to come in and hold a clinic?
Questions and Answers

• Have you found that employers are willing to pay the Medicare fee for flu vaccine and administration?

• How about Zostavax?
You have successfully completed the educational portion of our program.

To receive credit for your participation in this educational activity, please proceed to the Post-Test.

Upon successful completion of the Post-Test you will be granted immediate access to print your own CE certificate.

Thank you for your participation!