PUTTING ADULT IMMUNIZATION STANDARDS INTO ACTION: PHARMACISTS’ ROLE IN THE IMMUNIZATION NEIGHBORHOOD

DEVELOPMENT AND SUPPORT

This activity was developed by the American Pharmacists Association and supported by a contract provided by the National Vaccine Program Office (NVPO). The opinions expressed in this program do not necessarily represent the viewpoints of NVPO.

ACCREDITATION

The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This activity, Putting Adult Immunization Standards Into Action: Pharmacists’ Role in the Immunization Neighborhood, is approved for 2 hours of continuing pharmacy education credit (0.2 CEUs). The ACPE Universal Activity Number assigned by the accredited provider is: 0202-0000-13-216-L04-P.

To obtain continuing pharmacy education credit for this activity, participants will be required to actively participate in the entire webinar and complete an online assessment and evaluation form located at www.pharmacist.com/education by November 26, 2013.

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DISCLOSURES

William Schaffner, MD, declares he is a member of the Data Safety Monitoring Board for Merck, has served as a consultant for Pfizer, a speaker for sanofi-pasteur and consultant for Dynavax and has received honoraria from each of these commercial interests.

Adam C. Welch, PharmD, MBA, BCACP, declares he has served as a consultant and received honoraria from Pfizer.

Bruce Gellin, MD, MPH and APhA’s editorial staff declares no conflicts of interest or financial interests in any product or service mentioned in this activity, including grants, employment, gifts, stock holdings, and honoraria. For complete staff disclosures visit www.pharmacist.com/apha-disclosures.

LEARNING OBJECTIVES

1. Explain the purpose of the immunization neighborhood and the role of pharmacists within the neighborhood
2. Describe the components necessary to effectively implement the immunization neighborhood
3. Discuss examples of how pharmacists can contribute to the overall goals of the immunization neighborhood, including collaboration with physicians and public health to meet adult immunization goals
4. Discuss the key elements of the Adult Immunization Standards and how pharmacists meet or exceed those expectations
5. Identify physicians’ immunization quality measurement needs and discuss how pharmacists can assist in meeting those measures
6. Describe ways pharmacists can integrate immunization screening and delivery activities with other patient care activities
7. Discuss documentation of immunizations within immunization information systems and electronic health records
SELF-ASSESSMENT QUESTION

Which of the following best describes the concept of the immunization neighborhood?

A. Have multiple access points for immunizations to enhance competition among providers to drive down health care costs.
B. Collaborate, coordinate, and communicate among stakeholders to meet the needs of the community.
C. Decentralize medical records to provide better backup options in case of natural disaster or electronic failure.
D. Provide daily calls to the physician to solicit patient histories that may lead to the identification of necessary immunizations.

SELF-ASSESSMENT QUESTION

Which of the following is a strong external influence that is motivating physician decision making for patient care?

A. Health plan quality measures that incentivize successful immunization practices
B. Patient pressures to receive more comprehensive services in the community pharmacy
C. Patient pressures to receive more comprehensive services in the physician’s office
D. Mainstream media advertising for individual vaccinations

SELF-ASSESSMENT QUESTION

How can a pharmacist identify people who are at need for immunizations?

A. Scanning medication profiles to identify vaccination needs based on drugs and diseases
B. Ask about immunization history at every patient encounter
C. Include vaccination status as part of medication therapy management services
D. All of the above
LEARNING OBJECTIVE: 1

Explain the purpose of the immunization neighborhood and the role of pharmacists within the neighborhood.

VACCINE-PREVENTABLE DISEASES IN THE 21ST CENTURY

<table>
<thead>
<tr>
<th>Disease</th>
<th>Max. Cases Year</th>
<th>Cases Year</th>
<th>Cases Year</th>
<th>Cases Year</th>
<th>Cases Year</th>
<th>Cases Year</th>
<th>Cases Year</th>
<th>Cases Year</th>
<th>Cases Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>206,939</td>
<td>1921</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hib</td>
<td>~20,000</td>
<td>1980's</td>
<td>29</td>
<td>22</td>
<td>30</td>
<td>35</td>
<td>23</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>Measles</td>
<td>894,134</td>
<td>1941</td>
<td>55</td>
<td>43</td>
<td>140</td>
<td>71</td>
<td>63</td>
<td>220</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>152,209</td>
<td>1968</td>
<td>6,584</td>
<td>800</td>
<td>454</td>
<td>1991</td>
<td>2612</td>
<td>404</td>
<td>199</td>
</tr>
<tr>
<td>Pertussis</td>
<td>265,209</td>
<td>1934</td>
<td>15,632</td>
<td>10,454</td>
<td>10,007</td>
<td>16,858</td>
<td>27,550</td>
<td>18,719</td>
<td>41,880</td>
</tr>
<tr>
<td>Paralytic Poliomyelitis</td>
<td>21,269</td>
<td>1952</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rubella (CRS)</td>
<td>~30,000</td>
<td>1964-1965</td>
<td>11</td>
<td>1</td>
<td>12</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Tetanus</td>
<td>601</td>
<td>1948</td>
<td>41</td>
<td>20</td>
<td>15</td>
<td>18</td>
<td>26</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Varicella</td>
<td>221,983</td>
<td>1984</td>
<td>32,242</td>
<td>40,146</td>
<td>30,386</td>
<td>20,480</td>
<td>15,427</td>
<td>14,513</td>
<td>11,477</td>
</tr>
</tbody>
</table>

Most physicians say, “I talk to all of my patients about vaccines.” But few patients agree:

- "I occasionally discuss vaccines with my HCP" (31%)
- "I don’t recall ever discussing vaccines" (21%)
- "I regularly discuss vaccines with my HCP" (18%)
- "I don’t recall ever discussing vaccines" (21%)

Results based on surveys by the National Foundation for Infectious Diseases, November 2010.
ULTIMATE GOAL
“IMMUNIZATION NEIGHBORHOOD”

• Purpose
  • Collaboration, coordination, and communication among
    immunization stakeholders dedicated to meeting the immunization
    needs of the patient and protecting the community from vaccine-
    preventable diseases

NUMBER OF STATES AUTHORIZING PHARMACISTS TO
ADMINISTER INFLUENZA VACCINE AND NUMBER OF
PHARMACISTS TRAINED TO ADMINISTER VACCINES

IMMUNIZATION NEIGHBORHOOD

The concept of the “Immunization Neighborhood” is a goal established by many
immunization stakeholders and involves collaboration, coordination and communication
among immunization stakeholders dedicated to meeting the immunization needs of the
patient and protecting the community from vaccine-preventable diseases.

On a scale of 1 to 10, where 1 is “nowhere close” and 10 is “fully implemented”; scores are
used as a nation’s implementing the “Immunization Neighborhood”

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PLACE OF VACCINATION BY AGE GROUP, MARCH 2012 NATIONAL IMMUNIZATION SURVEY AND NATIONAL FLU SURVEY*

*March 2012 National Immunization Survey (NIS) data for children 6 months through 17 years of age
March 2012 National Flu Survey (NFS) data for adults ≥18 years of age

LEARNING OBJECTIVES: 2 AND 3

Describe the components necessary to effectively implement the immunization neighborhood

Discuss examples of how pharmacists can contribute to the overall goals of the immunization neighborhood, including collaboration with physicians and public health to meet adult immunization goals
THE IMMUNIZATION NEIGHBORHOOD

SUPPORTING THE NEIGHBORHOOD
• Increase access points
• Reduce barriers to vaccine access

SUPPORTING THE NEIGHBORHOOD
• Enhanced and consistent communication/education
• Pharmacists, physicians, patients
SUPPORTING THE NEIGHBORHOOD

• Documentation/Quality Measures (outcomes)
  • Interface between primary care, public health, and pharmacists
  • Documentation processes and use of technology (SureScripts)
    • Goal: Documentation back to the medical record
    • Assist in achieving quality measures
    • Personal health records

SUPPORTING THE NEIGHBORHOOD

• Collaboration/impact of state laws/regulations
  • Address challenges in obtaining protocol agreements
  • Consensus on components and definitions
  • Integration of immunizations with other patient care activities
    Diabetes management, Tdap, HPV

STANDING ORDERS

SUPPORTING THE NEIGHBORHOOD

• Who is paying pharmacists?
  • Network inclusion
    • Is the pharmacist a recognized provider of vaccine services?
    • Standard and simplified processes

TEST YOUR KNOWLEDGE

• Mike the pharmacist is working for a busy chain pharmacy
• He provides IIV3 as part of his daily activities
• Mike also provides Tdap for people who he identifies at the drop-off counter
• Mike makes sure to give all of his patients a personal immunization record to share with their physicians
  • He also keeps a record on file at the pharmacy
• Is Mike a part of the Immunization Neighborhood?
  A. Yes, fully involved, model provider
  B. Yes, involved but not on all levels
  C. No, not involved in the neighborhood
  D. Unsure

ROLES OF PHARMACISTS IN IMMUNIZATION ADVOCACY

• Pharmacist as advocate
• Educating and motivating patients
• Pharmacist as facilitator
• Hosting others who vaccinate
• Pharmacist as immunizer
• Administering vaccinations

Supports multi-faceted role of pharmacists across the life cycle

APhA House of Delegates, 1996
PHARMACIST-ADMINISTERED VACCINES

Types of Vaccines Authorized to Administer

Based upon APhA / NASPA Survey of State IZ Laws/ Rules (effective October 1, 2013)

<table>
<thead>
<tr>
<th>Any vaccine</th>
<th>AL, AK, AZ, AR, CA, CO, CT, DC, DE, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA, MD, ME, MO, MS, MT, NE, NV, NJ, NM, NC, ND, OH, OR, PA, PR, RI, SC, TN, TX, UT, VT, VA, WI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza and Zoster</td>
<td>SD</td>
</tr>
<tr>
<td>Influenza, Pneumo and Zoster (I, P, Z)</td>
<td>FL</td>
</tr>
<tr>
<td>Other combos</td>
<td>NH, WV, OH**</td>
</tr>
</tbody>
</table>

* Via Rx for some; ** broad list of vaccines, P Will change pending Regs/Effective Date

Number of states / territories

PHARMACIST-ADMINISTERED VACCINES

Prescriber Issued Protocols vs Rx

Based upon APhA / NASPA Survey of State IZ Laws/ Rules (effective October 1, 2013)

<table>
<thead>
<tr>
<th>Protocol</th>
<th>CA, CO, CT, RI, MN, NH, NV, OK, WI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx</td>
<td>AL, AK, AR, DC, DE, FL, GA, HI, IA, IL, IN, KY, MD, MA, MI, MO, ME, NJ, NY, NC, ND, OH, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA</td>
</tr>
<tr>
<td>Protocol or Rx (depending on age and/or vaccine)</td>
<td>AZ, ID, LA, ME, MT, NH, NM, OK, OR, WV, WA</td>
</tr>
</tbody>
</table>

Protocol/Rx or No Prescriber/Rx Needed (depending on age and/or vaccine)

Patient Age Limitations

Based upon APhA / NASPA Survey of State IZ Laws/ Rules (effective October 1, 2013)

<table>
<thead>
<tr>
<th>Any age</th>
<th>AL, AR, CA, CO, DC, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA, MD, ME, MO, MS, MT, NE, NV, NJ, NY, NC, ND, OH, PA, PR, RI, SC, TN, TX, UT, VT, VA, WI</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2 yo</td>
<td>ND</td>
</tr>
<tr>
<td>&gt;2-&lt;3</td>
<td>AK*</td>
</tr>
<tr>
<td>&gt;3-&lt;6</td>
<td>AZ, AR, KE, WI</td>
</tr>
<tr>
<td>&gt;6-&lt;10</td>
<td>CT, FL, MA, NJ, NY, PA, RI, SC, SD, VT, WA</td>
</tr>
<tr>
<td>&gt;10-18</td>
<td>WV (or 2 yo)</td>
</tr>
</tbody>
</table>

* Scope varies; P Will change pending Regs/Effective Date

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PHARMACY’S UNIQUE CONTRIBUTION

Improving medication use…Advancing patient care

• Access, proximity, extended hours
  - Especially when others are closed
  - Equivalent of U.S. population enters a pharmacy each week

• Ability to identify high-risk patients easily based upon their medications

• Public’s trust—Gallup Poll/enthusiastic acceptance

• Message dissemination vehicles

• Practice guided by nationally adopted guidelines

• Support completion of multidose vaccines (i.e., HPV, etc.)

• Knowledgeable vaccine resource

• Education/training

• Ability to handle storage issues


EXAMPLE: MODEL FOR COLLABORATION IN HPV VACCINATION

• HPV is a 3-dose series
  - Completion of vaccine series: Below 40% for girls and 10% for boys

• Initial evaluation/education could be done by medical provider or the pharmacist

• First dose administration could be provided by medical provider or the pharmacist

• Remaining 2 doses could be provided by the pharmacist
  - Documentation sent to the medical provider


PHARMACIST-ADMINISTERED VACCINES AUTHORITY TO ADMINISTER HPV

Based upon APhA / NASPA Survey of State (2013) Rule effective date: October 1, 2013

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NV, NY, OH, OR, PA, RI, SC, TX, UT, VT, WA, WV</td>
<td></td>
</tr>
</tbody>
</table>

*Via protocol; **Via Rx; ***Age limitations; ****Will change pending Reg/Effective Date
PHARMACIST-ADMINISTERED VACCINES
PATIENT-AGE LIMITATIONS – FOR HPV VACCINATION

Based upon APhA / NASPA Survey of State Immune Laws/Rules (effective October 1, 2013)

<table>
<thead>
<tr>
<th>No Age Limit</th>
<th>AL*, CA, CO, DC*, GA, MD, MI, MS, MO, NE, NM, NV, OK, TN, UT, WA*</th>
</tr>
</thead>
<tbody>
<tr>
<td>No age limit</td>
<td>WA</td>
</tr>
<tr>
<td>&gt;7yo</td>
<td>AZ</td>
</tr>
<tr>
<td>&gt;9yo</td>
<td>AR, DE</td>
</tr>
<tr>
<td>&gt;11yo</td>
<td>IN, OR</td>
</tr>
<tr>
<td>&gt;12yo</td>
<td>ID</td>
</tr>
<tr>
<td>&gt;14yo</td>
<td>WI, IL, NY, TX</td>
</tr>
<tr>
<td>&gt;16yo</td>
<td>CT, LA, KS, MA, ME, MN, MS, NC, NJ, NH, PA, PR, RI, SC, VT, WI</td>
</tr>
<tr>
<td>&gt;19yo</td>
<td>WY</td>
</tr>
</tbody>
</table>

*Via protocol; *Via Rx; *Age limitations
Will change pending Reg/Effective Date

TARGETING OPPORTUNITIES FOR PHARMACISTS

TARGETING MESSAGES: PRESCRIPTION VIAL AUXILIARY LABELS
SELECTED INVENTORY

- Maintain an inventory of vaccines that supports the needs of the patients in the neighborhood
  - Example: HZV
  - More stringent storage
  - Billable to Medicare Part D
  - Expensive inventory
  - Pharmacy may be the *only* provider of HZV in the area

LEARNING OBJECTIVE: 4

Discuss the key elements of the Adult Immunization Standards and how pharmacists meet or exceed those expectations

RECOMMENDED ADULT IMMUNIZATIONS, 2013
CURRENT ADULT IMMUNIZATION ENVIRONMENT

• Adults access medical care at multiple entry points

• There are many types of immunization providers and sites including, but not limited to: physicians (generalists and specialists), pharmacists, nurses, physician assistants, nurse practitioners, retail stores and clinics, community immunizers, worksites, public health departments, hospitals, travel clinics

• Many more adults have become aware of annual influenza vaccination, but fewer are aware of other recommended adult vaccines

CURRENT ADULT IMMUNIZATION ENVIRONMENT

• Many missed opportunities occur to assess patient vaccination needs
  • Patients open to vaccination when recommended by their provider.
  • Differences in vaccines covered by Medicare Part B versus Part D creates challenges for some providers but not others
  • Vaccine providers are paid different rates by different payers; not all providers vaccinate. Pay can differ based on in-network status
  • There are opportunities in the Affordable Care Act to reduce the number of uninsured adults
    • BUT, it does not address all barriers

CURRENT ADULT IMMUNIZATION ENVIRONMENT

• There is no federal “Vaccines for Adults” program
• Manufacturers offer Patient Assistance Programs
• Challenges remain with adult immunization documentation among providers
  • Immunization registries and electronic health records vary across states and provider networks, respectively
  • Meaningful Use may provide opportunities to improve documentation and communication about vaccination among different providers
• All this is happening in the context of, and in support of, the NVAC recommendations to improve adult immunization
UPDATING THE NVAC ADULT IMMUNIZATION STANDARDS OF PRACTICE

• Summit Access and Collaboration WG established a writing subcommittee
• Subcommittee reviewed existing standards of adult immunization practices (e.g., IDSA-2007, NVAC-2003) and developed and refined multiple drafts
• NVAC agreed to review draft in June 2013, and potentially approve at September 2013 NVAC meeting
• NVAC Adult Standards Subcommittee established to review and finalized final NVAC report
  • Subcommittee met three times via conference call
  • Final call was after Federal Register public comment period was closed to consider all the public comments
  • Standards approved at September 2013 NVAC meeting
• Ultimate Goal: Adult standards should be applied to all adult providers, those who do and do not vaccinate

ADULT IMMUNIZATION STANDARDS

• Standards calling for non-immunizing providers to assess, counsel, and recommend vaccine is important—not an "out"
• Reflects the changing landscape for adult immunizations
• Current language strongly says that all adult care providers should immunize, but...
• Standards recognize the essential role of ACIP recommendations

FRAMEWORK: ADULT IMMUNIZATION STANDARDS

All Providers
- Emphasize IZ in all patient encounters; incorporate IZ needs assessment into every clinical encounter
- Assess, provide needed vaccine or refer to a provider who can immunize
- Implement systems to incorporate vaccine assessment into routine care
- Understand how to access registries

Non-immunizing Providers
- Routinely assess immunization status of patients, recommend needed vaccines, and refer patients to an immunizing provider
- Establish referral relationship with immunizing providers
- Follow up to confirm patient receipt of recommended vaccine(s)

Immunization Providers
- Observe and adhere to professional competencies regarding immunizations
- Assesses immunization status in every patient care and counseling encounter and strongly recommend needed vaccines
- Ensure receipt of vaccinations is documented

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FRAMEWORK: ADULT IMMUNIZATION STANDARDS

Professional health care-related organizations / associations / health care systems

- Education and training of members, including trainees
- Resources and assistance to implement protocols, immunization practices, immunization assessment, etc.
- Encourage members to be up-to-date on their immunizations
- Assist members in staying up-to-date on IZ info and recommendations
- Partner with others immunization stakeholders to educate the public
- Seek out collaboration opportunities with other immunization stakeholders
- Collect and share best practices
- Advocate policies that support adult immunization standards
- Address network adequacy

Public Health Departments

- Determine community need and capacity and community barriers to adult IZ
- Support activities and patients to increase vaccinations and reduce barriers
- Ensure professional competency
- Collect, analyze, and disseminate data
- Outreach and education to public and providers
- Increase registry access and use
- Develop billing capacities
- Develop partnerships, communicate vaccine information to providers and to the public
- Promote adherence to laws and regulations pertaining to immunizations

EVERY HEALTH CARE PROVIDER, IN ALL SETTINGS, HAS A FUNDAMENTAL RESPONSIBILITY IN ENSURING THAT ALL PATIENTS ARE UP-TO-DATE WITH RESPECT TO RECOMMENDED IMMUNIZATIONS

National Vaccine Advisory Committee

ADULT IMMUNIZATION STANDARDS

Proposed revisions to the Adult Immunization Standards are under consideration by the National Vaccine Advisory Committee (NVAC). On a scale of 1-5, where 1 is “very difficult to meet” and 5 is “fully meet”, please indicate the level of your ability to meet each of the following areas.

2013

<table>
<thead>
<tr>
<th>Area</th>
<th>2013 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform patient/physician care provider (e.g., vaccinations and illnesses)</td>
<td>4.14</td>
</tr>
<tr>
<td>Communicate immunization assessment</td>
<td>4.16</td>
</tr>
<tr>
<td>Assess immunization status, assess and recommendations in order of priority</td>
<td>3.29</td>
</tr>
<tr>
<td>Ensure all professionals are up-to-date on IZ</td>
<td>4.29</td>
</tr>
<tr>
<td>Confirm recommended IZ received</td>
<td>3.28</td>
</tr>
<tr>
<td>Establish referral relationships</td>
<td>3.41</td>
</tr>
<tr>
<td>Understand how to access registries</td>
<td>3.32</td>
</tr>
<tr>
<td>Educate patients</td>
<td>4.17</td>
</tr>
<tr>
<td>Administer residual vaccine if needed</td>
<td>4.17</td>
</tr>
<tr>
<td>Include immunization discussion in patient encounters</td>
<td>3.78</td>
</tr>
</tbody>
</table>
BRINGING THE STANDARDS TO LIFE...

• Where will your challenges be?
• What assistance / tools will you need?

GUIDELINES FOR PHARMACY-BASED IMMUNIZATION ADVOCACY
• Guideline 1 - Prevention
  Pharmacists should protect their patients' health by being vaccine advocates.
• Guideline 2 - Partnership
  Pharmacists who administer immunizations do so in partnership with their community.
• Guideline 3 - Quality
  Pharmacists must achieve and maintain competence to administer immunizations.
• Guideline 4 - Documentation
  Pharmacists should document immunizations fully and report clinically significant events appropriately.
• Guideline 5 - Empowerment
  Pharmacists should educate patients about immunizations and respect patients' rights.

Adopted by APhA 1996; reviewed 2012

COMPONENTS OF AN IMMUNIZATION PROTOCOL
• Identify individual who has delegated activity
• Identify pharmacist authorized to administer vaccine
• State types of vaccines pharmacist is authorized to administer
• Define procedures, decision criteria, or plan pharmacist should follow (including when to refer patient)
• Identify procedure for emergency situations
• State record keeping and documentation procedures
SAMPLE PROTOCOLS

Standing Orders for Administering Tdap/Td to Adults

Purpose: To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), when allowed by state law, may vaccinate adults who meet the criteria below.

Procedure:
1. Identify adults in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
   a. Lack of documentation of receiving a dose of tetanus-containing vaccine (e.g., Tdap) as an adolescent or adult
   b. Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices
   c. No need for vaccination at least 3 years after last tetanus-containing dose
   d. Complications from a prior primary series of tetanus and diphtheria-containing vaccines
   e. Efficacy of Tdap vaccine

2. Ensure all patients for concomitant use of tetanus and diphtheria toxoids (Td) and, if applicable, pertussis vaccine (Tdap)

   a. Administration via Rx

   b. State law requires vaccine prescription

   c. ER Physician Pediatric medicine physician

   d. State law requires vaccine prescription

   e. State law requires vaccine prescription

   f. For Tdap only, a history of unreactivity within 3 days following 2010 EUL: Tdap not administered to another identifiable cause

LEGAL AUTHORITY

- State law governs health care practice
- State-specific regulation
  - Written or verbal prescriptions
  - Protocols (similar to nurses and physician assistants)
    - Statute, health department, or individual physician
  - Authority varies with regards to
    - Antigens
    - Patient age
    - Process
- In emergency/pandemic, Governor may sign a declaration that may expand authority

VACCINE PROTOCOLS / STANDING ORDERS

In many practice sites, pharmacists administering vaccines have a protocol/standing order with the following providers:
(2011 n=1,565 / 2012 n=1,695 / 2013 n=1,604)

- Administration via Rx
- Variety of protocol models
- Increased public health engagement

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VACCINATION REFERRALS

Which of the following types of professionals have referred patients to your practice site(s) for vaccinations?
(2011 n=1,456 / 2012 n=1,540 / 2013 n=1,250)

Increased referrals from physicians, nurses, public health and others to pharmacists for immunizations

Mean Percent

- Physician
- Other Pharmacists
- Nurses
- Public Health Department
- Immunization Coalition
- Other Community Immunizers
- Total

LEARNING OBJECTIVE: 5

Identify physicians' immunization quality measurement needs and discuss how pharmacists can assist in meeting those measures.

SELECTED HEALTHY PEOPLE 2020 OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>Title</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>ID-1</td>
<td>Vaccine-preventable diseases</td>
<td>0 disease</td>
</tr>
<tr>
<td>ID-8</td>
<td>Complete vaccination coverage among young children</td>
<td>80% of 18-35 months receiving DTaP, IPV, MMR, Hib, HepB, VAR, PCV</td>
</tr>
<tr>
<td>ID-10</td>
<td>Vaccination coverage among kindergartners</td>
<td>95% of children receiving recommended vaccines</td>
</tr>
<tr>
<td>ID-11</td>
<td>Vaccination coverage among adolescents</td>
<td>80% Tdap, 90% VAR, 80% MCV, 80% HPV</td>
</tr>
<tr>
<td>ID-12</td>
<td>Seasonal influenza vaccination coverage</td>
<td>50% &lt;18 years, 80% ≥18 years</td>
</tr>
<tr>
<td>ID-13</td>
<td>Pneumococcal vaccination coverage</td>
<td>50% ≥ 65 years, 80% high 18-64 years</td>
</tr>
<tr>
<td>ID-14</td>
<td>Shingles vaccinations coverage</td>
<td>30%</td>
</tr>
<tr>
<td>ID-15</td>
<td>Hepatitis B vaccination coverage among high-risk population</td>
<td>90% health care workers</td>
</tr>
<tr>
<td>ID-18</td>
<td>Immunization Information Systems (IIS)</td>
<td>95% &lt;6 years in an IIS</td>
</tr>
</tbody>
</table>
**HEDIS 2014 Measures**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Applicable to Which Health Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu vaccinations for adults ages 18-64</td>
<td>Commercial, Medicaid</td>
</tr>
<tr>
<td>Childhood immunization</td>
<td>Commercial, Medicaid</td>
</tr>
<tr>
<td>Immunizations for adolescents</td>
<td>Commercial, Medicaid</td>
</tr>
<tr>
<td>Human papillomavirus vaccine for female adolescents</td>
<td>Commercial, Medicaid</td>
</tr>
<tr>
<td>Flu vaccinations for adults ages 18-64</td>
<td>Commercial</td>
</tr>
<tr>
<td>Flu vaccinations for adults ages 65 and older</td>
<td>Medicare</td>
</tr>
</tbody>
</table>

**LEARNING OBJECTIVE: 6**

Describe ways pharmacists can integrate immunization screening and delivery activities with other patient care activities.

**SAMPLE MEDICATION PROFILE**

<table>
<thead>
<tr>
<th>Pharmacy Dispensing Software</th>
<th>Profile: Andrew Johnson</th>
<th>DOB: 03-16-1969</th>
<th>NKA</th>
<th>INS: Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-01-2013 lisinopril 10 mg</td>
<td>30</td>
<td>1 tablet daily</td>
<td>2 ref remaining</td>
<td>Smith</td>
</tr>
<tr>
<td>10-16-2013 azithromycin 500 mg</td>
<td>6</td>
<td>Use as directed</td>
<td>NR</td>
<td>Smith</td>
</tr>
<tr>
<td>10-03-2013 fluticasone 250 mcg salmeterol 50 mcg</td>
<td>60</td>
<td>1 inhalation twice daily</td>
<td>3 ref remaining</td>
<td>Jones</td>
</tr>
</tbody>
</table>

Which vaccines should be discussed with the patient based on this current medication profile?
HEALTH CARE PERSONNEL VACCINATION POLICY OF AMERICAN PHARMACISTS ASSOCIATION “WALKING THE WALK”

• 2011 Adopted Statement:
  APhA supports an 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 (unless a valid medical or religious reason precludes vaccination).

2007 Existing APhA Policy Stated:
1. APhA supports efforts to increase immunization rates of health care professionals, for the purpose of protecting patients, and urges all pharmacy personnel to receive all immunizations recommended by the CDC for health care workers.
2. APhA encourages employers to provide necessary immunizations to all pharmacy personnel.
3. APhA encourages federal, state, and local public health officials to recognize pharmacists as first responders (i.e., physicians, nurses, police, etc.) and prioritize pharmacists to receive medications and immunizations.

AMERICAN DIABETES ASSOCIATION GUIDELINES

• Recommended vaccines for patients with a diabetes diagnosis

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Recommended Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual influenza</td>
<td>≥6 months</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide</td>
<td>≥2 years</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>19-59 years Consider ≥80 years</td>
</tr>
</tbody>
</table>

ADA. Diabetes Care 2013; 36 (suppl): S11-S66
EXAMPLE: INTEGRATING IMMUNIZATIONS INTO DIABETES MANAGEMENT

*Diabetes Ten City Challenge (N=573)
Averages through Dec 31, 2007
Flu Vaccination Rates:
NCQA (Commercial Accredited Plans): 49%
DTCC Results: 65%

EXAMPLE: Tdap PRACTICE

University of California San Diego (UCSD) Health System Tdap Cocooning Clinic:
- Staffed by pharmacists and student pharmacists
  - E. Rosenblum, MD, physician
  - Vaccinated household contacts and other close contacts of newborns
  - Vaccines provided at no cost
  - Provided >1,250 Tdap vaccinations
  - Nearly 15% were Hispanic
- Was only cocooning clinic in San Diego County and only clinic with sole pharmacist provider
- Challenges included: Space, administrative support, and information systems
- Received local media coverage


http://www.pharmacist.com/AM/Template.cfm?Section=Pharmacist_Immunization_Center1&CONTENTID=25537&TEMPLATE=/CM/ContentDisplay.cfm
PHARMACIST-ADMINISTERED VACCINES
AUTHORITY TO ADMINISTER Td / Tdap

Based upon APhA / NASPA Survey of State ZI Laws/Rules (effective October 1, 2013)

<table>
<thead>
<tr>
<th>Number of states / territories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>


* Via Rx / pt specific protocol for some

CONNECTING OPPORTUNITIES

Conducted a successful Tamiflu (oseltamivir—Genentech) outreach program, calling every patient who had received a prescription for the drug last year and advising them to avoid influenza this year by getting vaccinated. The program had a 75% success rate.

TRAVEL HEALTH – ROLE OF THE PHARMACIST

- International tourists 1990 (457 million)...2009 (880 million)...estimated to reach 1.6 billion by 2020, with an increasing proportion to developing countries
- Pharmacist-run pre-travel health clinic can provide consistent evidence-based care and improve patient compliance—requires time, resources, and knowledge
- International Society of Travel Medicine officially recognizes pharmacists
- Established the Pharmacists Professional Group
- Patient completes Travel Health Assessment – depending upon state,
  - Pharmacist operates under protocol with physician and could (a) administer vaccines or (b) dispense medication
  - Risk assessment of travelers (use various tools):
    - Personal risk for travel-related illnesses
    - Recommendation of nonprescription products and travel-related equipment
    - Counseling on behavioral measures (food/water and insect precautions)
    - Prescription medications
    - Vaccine administration
    - Provision of written educational materials, and
    - Counseling on personal safety and security
- Pharmacists receive additional training


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LEARNING OBJECTIVE: 7

Discuss documentation of immunizations within IIS and electronic health records.

EXAMPLE OF INTEGRATING IMMUNIZATION ACTIVITIES

• Adult immunization program
• Immunization Assessment provided to every patient receiving a flu shot

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Patients 60 years and older
Patients 27-59 years and older
Patients 18-26 years and older

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TODAY

FUTURE

• Seamless two-way access, including to registries
• One-entry
IMMUNIZATION REGISTRIES – CHALLENGES FOR PHARMACY

- Agreements must be signed between the Pharmacy and Registry
- Each agreement is different
- Each pharmacy location vs global corporate agreement
- Why not use NPI?
- Mandatory reporting vs voluntary reporting
- Variability in data required (e.g., mother’s maiden name)
- Patient consent requirements vary

Surescripts:
- Actively working with 45 of 61 immunization registries
  - Of 36 current registry partners, one third have yet to move to the current HL7 2.5.1 CDC/Measuring Use-compliant data exchange standard
  - Nearly one quarter of registry partners do not provide automated notice of errors, resulting in a need for support intervention

Source: Surescripts presentation at 2013 NABIS Summit

PROVIDER RECOGNITION AND COMPENSATION CHALLENGES – PUBLIC AND PRIVATE SECTOR

- “In-Network” Provider Restriction
  - Caution – first dollar / ACIP-recommended vaccine coverage depends on provider
  - Need to look at network adequacy / expectation

- Provider Recognition
  - Provision of Hep B vaccinations to patients with diabetes

- Compensation
  - Variability in Part D plans

Pilot Vaccine and Information Flow


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REVIEW OF OBJECTIVES
1. Explain the purpose of the immunization neighborhood and the role of pharmacists within the neighborhood
2. Describe the components necessary to effectively implement the immunization neighborhood
3. Discuss examples of how pharmacists can contribute to the overall goals of the immunization neighborhood, including collaboration with physicians and public health to meet adult immunization goals
4. Discuss the key elements of the Adult Immunization Standards and how pharmacists meet or exceed those expectations
5. Identify physicians’ immunization quality measurement needs and discuss how pharmacists can assist in meeting those measures
6. Describe ways pharmacists can integrate immunization screening and delivery activities with other patient care activities
7. Discuss documentation of immunizations within immunization information systems and electronic health records

SELF-ASSESSMENT QUESTION
Which of the following best describes the concept of the immunization neighborhood?
A. Have multiple access points for immunizations to enhance competition among providers to drive down health care costs.
B. Collaborate, coordinate, and communicate among stakeholders to meet the needs of the community.
C. Decentralize medical records to provide better backup options in case of natural disaster or electronic failure.
D. Provide daily calls to the physician to solicit patient histories that may lead to the identification of necessary immunizations.

SELF-ASSESSMENT QUESTION
Which of the following is a strong external influence that is motivating physician decision making for patient care?
A. Health plan quality measures that incentivize successful immunization practices
B. Patient pressures to receive more comprehensive services in the community pharmacy
C. Patient pressures to receive more comprehensive services in the physician’s office
D. Mainstream media advertising for individual vaccinations
SELF-ASSESSMENT QUESTION

How can a pharmacist identify people who are at need for immunizations?

A. Scanning medication profiles to identify vaccination needs based on drugs and diseases
B. Ask about immunization history at every patient encounter
C. Include vaccination status as part of medication therapy management services
D. All of the above

TAKE-AWAY POINTS

• Communication, collaboration, coordination
  • Work together for the benefit of our mutual patients
• Goal is to reduce disease by improving vaccination rates
• Leverage technology to enhance patient care
• Be active in assessing vaccine status
  • Capitalize on accessibility
• Be part of the solution
  • You have a vital role
  • Share your experiences with APhA and others

Rx TO OUR NATION’S IMMUNIZATION INITIATIVE
QUESTIONS

HOW TO OBTAIN CPE CREDIT

• Record Attendance Code: Provided During Webinar
• Please visit: http://www.pharmacist.com/live-activities and select the Claim Credit link for this activity
• You will need a pharmacist.com username and password
• Select Enroll Now or Add to Cart from the left navigation and successfully complete the Assessment (select correct attendance code) and Evaluation for access to your statement of credit. You will need to provide your NABP e-profile ID number to access your statement of credit.
• You must claim credit by November 26, 2013. No credit will be awarded after that date.