

# THE ROLE OF COMMUNITY PHARMACIES/PHARMACISTS IN VACCINE DELIVERY IN THE UNITED STATES

Presentation by

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Chief Strategy Officer

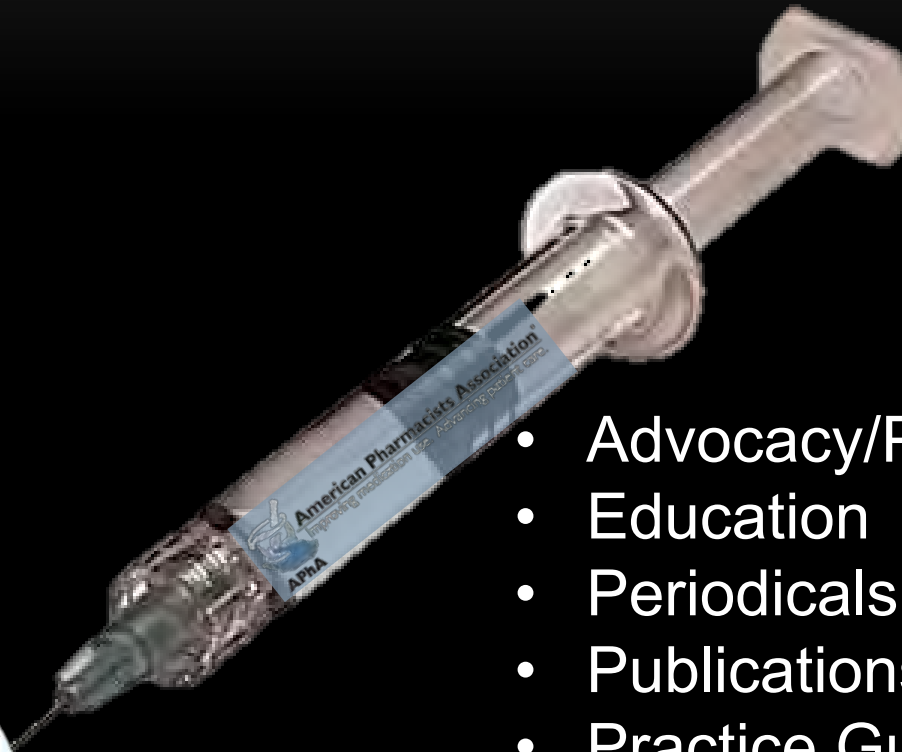


# SCOPE OF DISCUSSION

- History and focus of Pharmacy-based Immunizations
  - “Immunization Neighborhood”
  - Training of immunizing pharmacists
  - Process of care
  - Legal/regulatory considerations
  - Scope of Immunization activities
  - Documentation/Communication
  - On the Horizon
-

# AMERICAN PHARMACISTS ASSOCIATION

*IMPROVING MEDICATION USE...ADVANCING PATIENT CARE...MEETING PUBLIC HEALTH NEEDS*

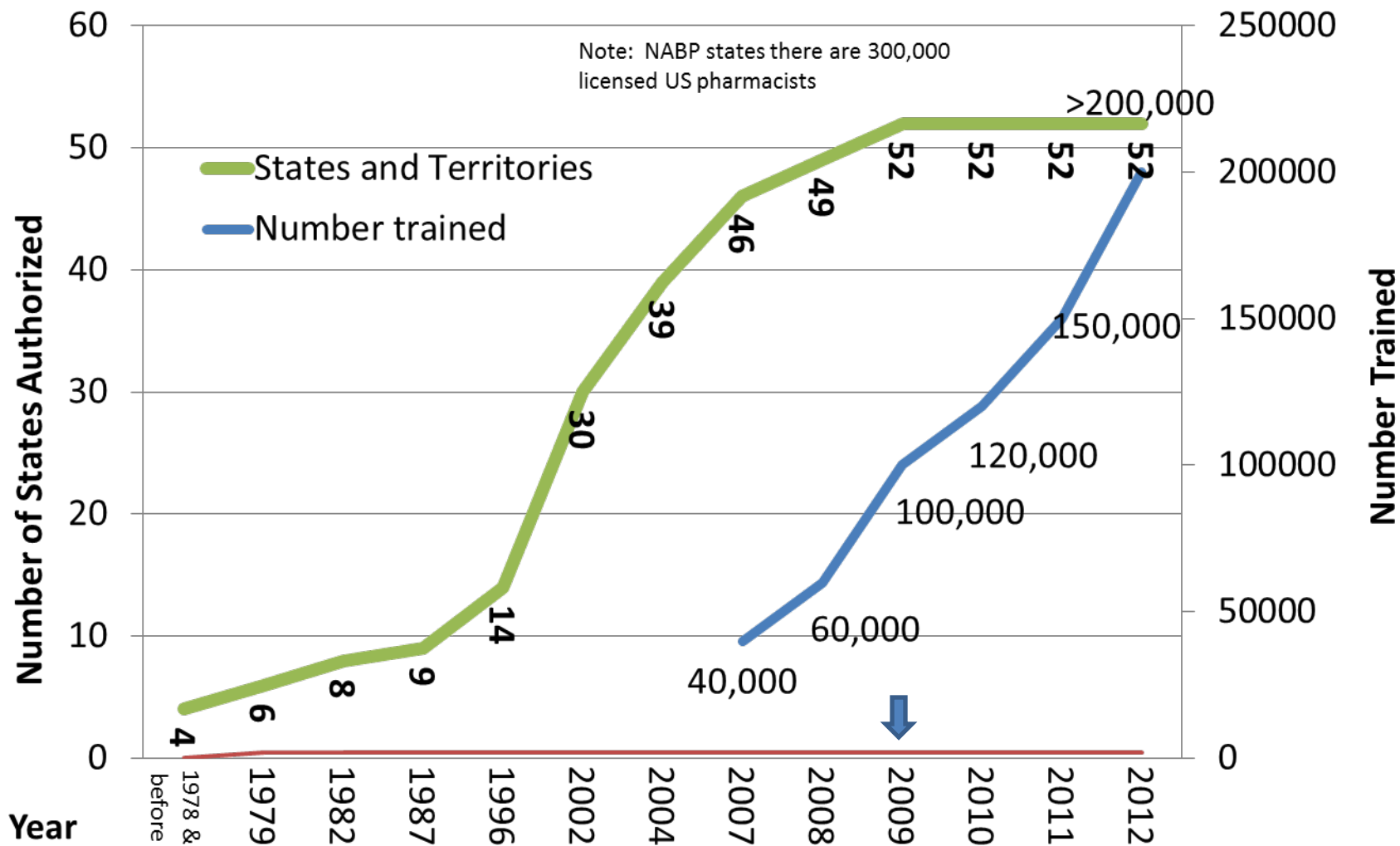


- Advocacy/Policy
- Education
- Periodicals
- Publications
- Practice Guidelines
- Research
- e-Community
- Networking

# PHARMACY-BASED IMMUNIZATIONS

- 1993
  - HHS Secretary Donna Shalala asks APhA to help define role of pharmacists in a national vaccine program for Children
- 1995
  - HCFA (now CMS) recognized pharmacists as providers
- 1996
  - APhA's First Training Program (Mississippi)
    - program has become the gold standard—recognized for its quality and content
      - 1999 began licensing program to schools of pharmacy, state associations, pharmacy corporations

# Number of States Authorizing Pharmacists to Administer Influenza Vaccine & Number of Pharmacists Trained to Administer Vaccines



Updated January 2013; Source: American Pharmacists Association



*immunization through the years*

## Roles of Pharmacists in Immunization Advocacy

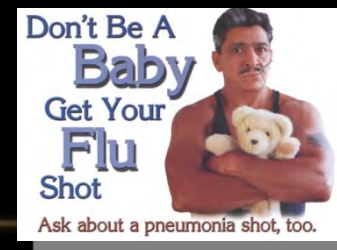
- Pharmacist as advocate
  - Educating and motivating patients
- Pharmacist as facilitator
  - Hosting others who vaccinate
- Pharmacist as immunizer
  - Administering vaccinations

Supports  
multi-  
faceted role  
of  
pharmacists  
across the  
life cycle.

# PHARMACY'S UNIQUE CONTRIBUTION

## *Improving medication use...Advancing patient care*

- **Access, proximity, extended hours**
  - especially when others are closed
  - equivalent of US population enters a pharmacy each week (1)
- **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 multi-dose vaccines (ie: HPV, etc)**
- **Knowledgeable vaccine resource**
  - - Education/training
- **Ability to handle storage issues**



# PHARMACIST IMMUNIZATION FACTOIDS

More than 200,000 pharmacists trained to administer vaccines

All 50 states, DC, and PR authorize pharmacists to administer vaccines at some level

Pharmacists are trained about vaccines across the lifespan and are helping patients complete vaccine series

Pharmacy profession estimated spend on marketing / patient communication in 2010-11 season is \$40 million

Pharmacies can target immunization messages to patients using patient data and medication markers

More than 96% of pharmacies are computerized and use computers in practice management

Pharmacists are an accessible and valued partner on the patient's health care team



[http://www.pharmacist.com/AM/Template.cfm?Section=Content\\_Folders&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=13687](http://www.pharmacist.com/AM/Template.cfm?Section=Content_Folders&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=13687)

# A PHARMACIST'S GUIDE TO PANDEMIC PREPAREDNESS



created in consultation with APhA, CDC, NASPA, NACDS, NACCHO, ASTHO, NCPA, HHS, Department of Homeland Security, and Rx Response.

Operational Framework for Partnering with  
Pharmacies for Administration of  
2009 H1N1 Vaccine

September 16, 2009

***Pharmacies are in a unique position to reach mass numbers of people.***

***BENEFITS TO PARTNERING WITH PHARMACIES: There are more than 56,000 community retail pharmacy outlets, including chain drug stores, mass merchants, supermarkets, and independent drug stores in the United States. Pharmacies offer convenience, accessibility, and extended hours of operation.***

© 2007 American Pharmacists Association, American Society of Health-System Pharmacists, and National Association of Chain Drug Stores Foundation. All rights reserved.

Operational Framework for Partnering with Pharmacies for Administration of 2009 H1N1 is available for download from the Pharmacist Immunization Center at [www.pharmacist.com](http://www.pharmacist.com).

# Ultimate Goal

## “Immunization Neighborhood”

- Purpose:
  - **C**ollaboration, **C**oordination, and **C**ommunication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine-preventable diseases.



# Supporting the “Immunization Neighborhood”

- Increase **access** points
- Enhanced and consistent **communications/education**
- **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
- **Collaboration**/impact of state laws/regs
  - Address challenges in obtaining protocol agreements
  - Consensus on components and definitions
  - Integration of immunizations with other patient care activities
    - Diabetes management, Tdap, HPV
- Who is **paying** pharmacists?
  - Network inclusion
  - Standard and simplified processes

# TARGETING OPPORTUNITIES FOR PHARMACISTS

Immunization messages

General  
public

Customers

Patients  
(receive  
Rx)



LET'S NOT REPEAT  
HISTORY...

TODAY WE HAVE

- \* GOOD VACCINES
- \* ACCESS POINTS

WE NEED  
COLLABORATION  
FOCUSED ON IMPROVING  
PUBLIC HEALTH


From the 1950's....

## Why...Why Didn't We Listen?

Effective as it is, polio vaccine helps only when used.

Polio virus is still widespread.

Don't wait until it's too late. Arrange now for immunization.

Your pharmacist  works for better community health.



**American Pharmacists Association®**  
Improving medication use. Advancing patient care.

APhA

# EDUCATION AND TRAINING ACROSS THE LIFESPAN...



- Nationally recognized 20-hour certificate training program and continuing education programs ([www.pharmacist.com/education](http://www.pharmacist.com/education))
  - high percentage of learners (43% ) self-reported a change in performance following the program; 79% indicated that the number of immunizations delivered in their practice has increased following the program. (1)
- Immunization education integrated into student pharmacist curricula
- APhA provides a biweekly immunizing pharmacist listserve and an e-community for immunizing pharmacists
- APhA provides a webinar after each ACIP meeting to update pharmacists on changes in recommendations
- Website, periodicals, publications

# PHARMACY-BASED IMMUNIZATION DELIVERY CERTIFICATE TRAINING PROGRAM



## Self Study (12 hours)

- Pharmacists as Vaccine Advocates
- Immunology
- Vaccine-Preventable Diseases
- Establishing a Pharmacy-Based Immunization Program
- Administering Vaccines
- Appendices
- Self-Study Assessment

## Live Program (8 hours)

- Importance of Vaccines
- Shortfalls in Vaccine Delivery and Opportunities for Pharmacists
- How Do Vaccines Prevent Disease
- Vaccine-Preventable Diseases
- Identifying Vaccination Needs
- Establishing a Pharmacy-Based Immunization Program
- Practice Implementation
- Adverse Events Following Vaccination and Emergency Preparedness
- Vaccine Administration Technique

# 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.



# Framework

## Draft Adult Immunization Standards

under consideration by NVAC

### All Providers

- Include IZ discussion in patient encounters
- Administer needed vaccine or refer
- Stay up to date
- Educate patients
- Understand how to access registries

### Non-immunizing Providers

- Assess immunization status of patients
- Establish referral relationships
- Confirm recommended vaccine received

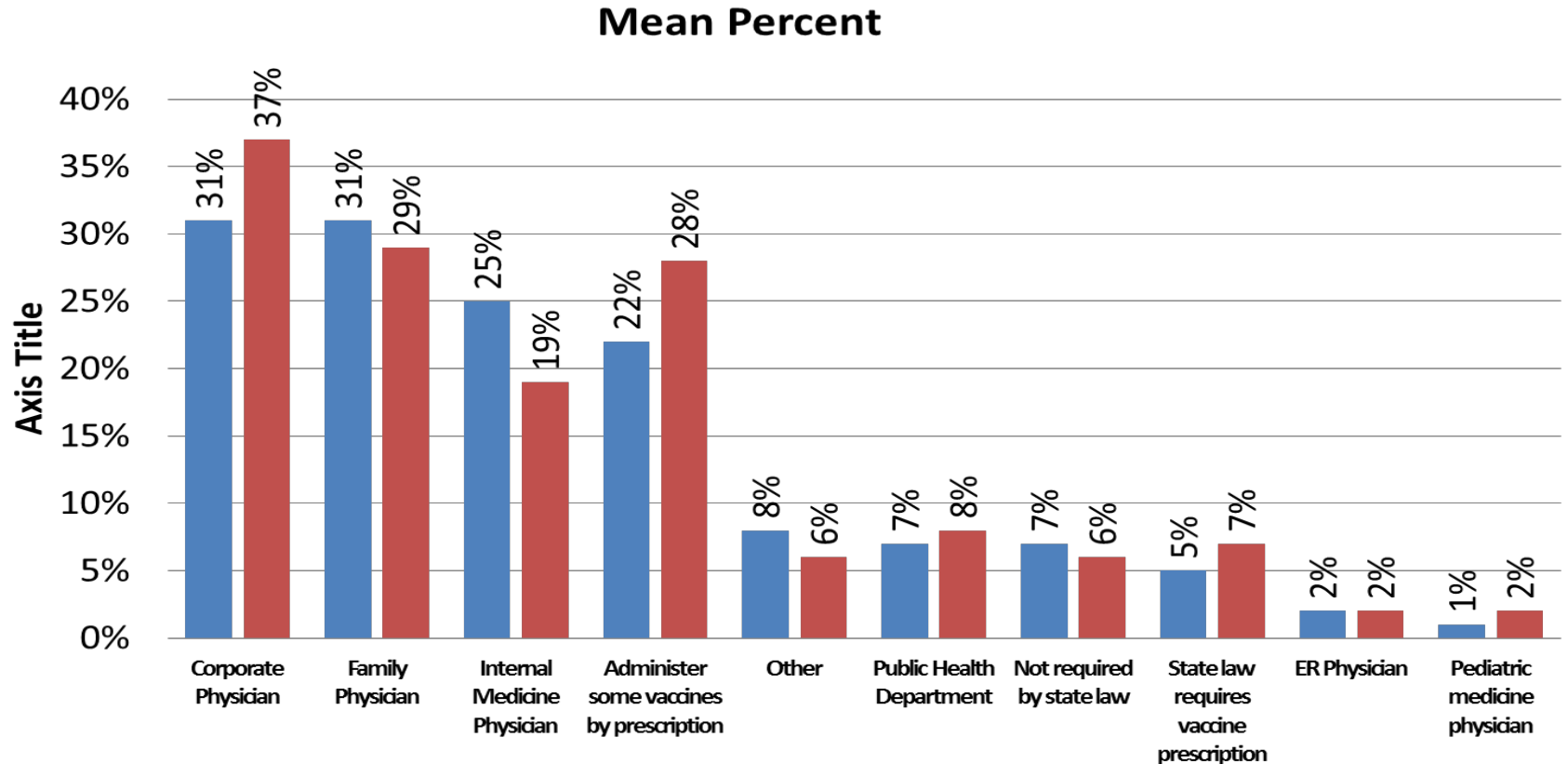
### Immunization Providers

- Ensure professional competencies regarding immunizations
- Assess immunization status and recommendations in every visit
- Document

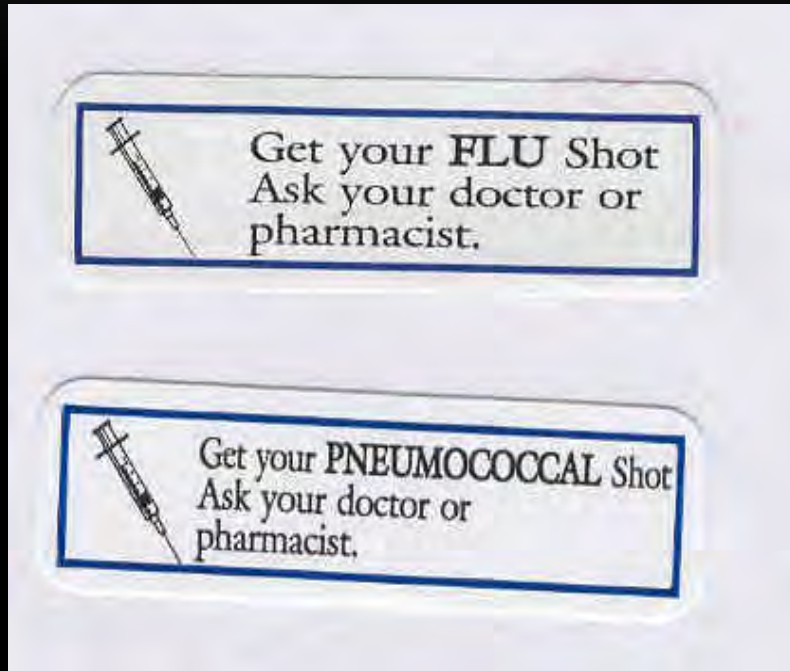
# COMPONENTS OF AN IMMUNIZATION PROTOCOL

- 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
-

**In my practice site(s), pharmacists administering vaccines have a protocol/standing order with which of the following providers?  
(2011 n=1565; 2012 n=2280)**



# TARGETING MESSAGES: PRESCRIPTION VIAL AUXILIARY LABELS



- **Need for influenza & pneumococcal vaccines:**
  - **Heart Disease** Digoxin, warfarin, nitrates
  - **Lung Disease** steroids, chronic inhaler use
  - **Diabetes** Insulin, oral hypoglycemics
  - **All ≥ 65 y/o** Any or none
- **Other vaccines?**

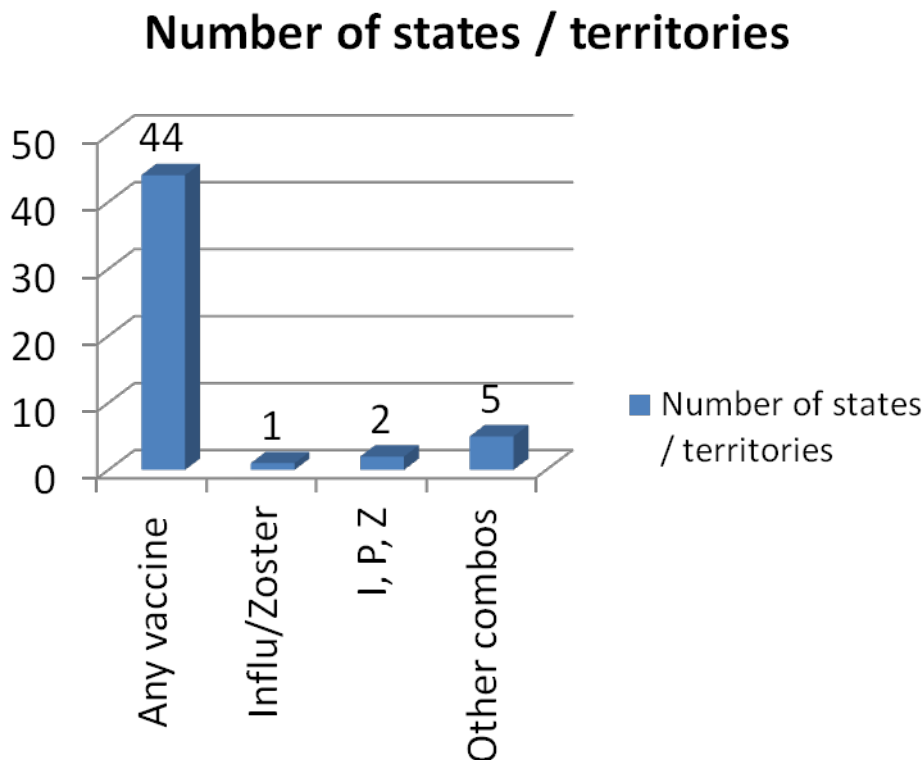
# LEGAL AUTHORITY

- 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** in regards to
      - Antigens
      - Patient Age
      - Process
  - In emergency/pandemic Governor may sign a declaration that may expand authority
-

# Pharmacist Administered Vaccines

## Types of Vaccines Authorized to Administer

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

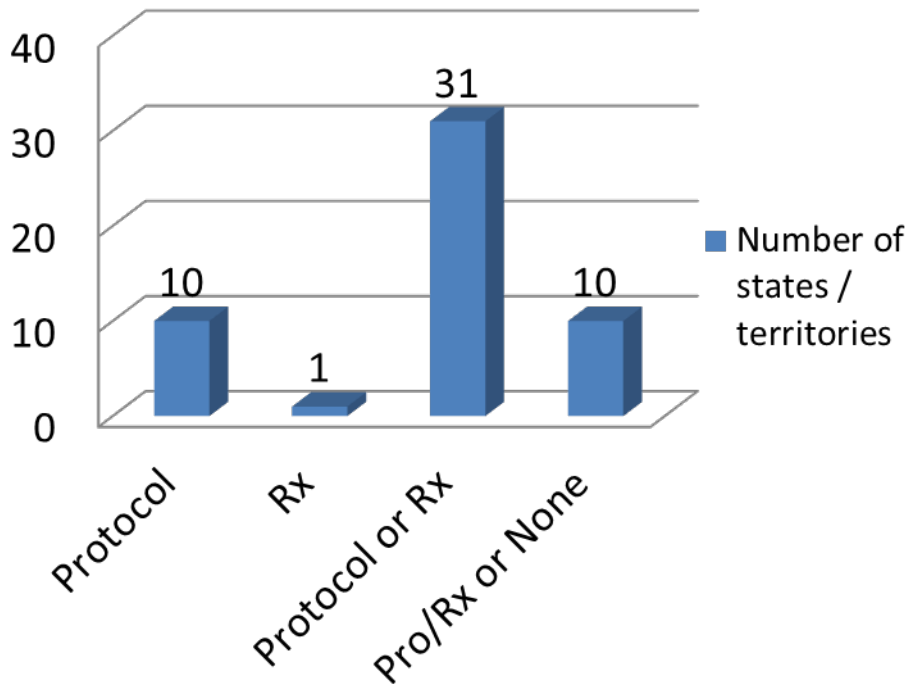


Any vaccine	AL*, AK*, AZ*, AR*, CA, CO, CT, DC*, DE*, GA*, HI*, ID, IL, IN*, IA*, KS, KY, LA*, MA, ME, MO*, MI*, MN, MS, MT, NE, NV, NJ*, NM, NC, ND, OK, OR, PA, PR* RI, SC*, TN, TX, UT*, VT, VA*, WA, WI
Influenza and Zoster	SD
Influenza, Pneumo and Zoster (I, P, Z)	NY, FL
Other combos	MD <sup>P</sup>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

# Pharmacist Administered Vaccines Prescriber issued protocols vs Rx

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

Number of states / territories

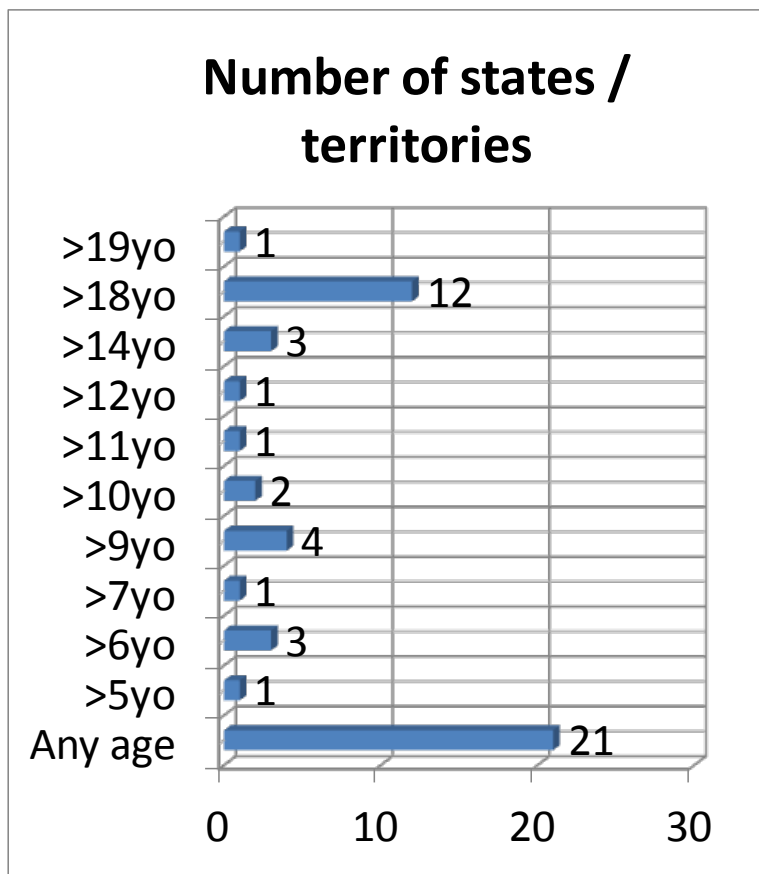


Protocol	CA, CO, CT, KS, KY, MN, MS, NV, OK, WI
Rx	AL
Protocol or Rx (depending on age and/or vaccine)	AK, AR, DC, DE, FL, GA, HI, IL, IN, IA, MD, MA, MI, MO, NE, NJ, NY, NC, ND, OH, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA
Protocol/Rx or No Prescriber/Rx Needed (depending on age and/or vaccine)	AZ, ID, LA, ME, MT <sup>P</sup> , NH, NM, OR, WV, WY

<sup>P</sup> Will change pending Regs/Effective Date

# Pharmacist Administered Vaccines Patient-Age Limitations

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



Any age	AL, AK*, CA, CO, DC*, GA*, ID*, LA*, MD*, MI, MS MO*, NE, NH, NM, NV, OK, TN, TX*, UT, VA*, WA
≥5yo	ND*
≥6yo	AZ, KS*, WI*
≥7yo	AR*
≥9yo	DE, KY*, ME*, RI*
≥10yo	IL*, MN*
≥11yo	IN, OR
≥12 yo	MT* <sup>P</sup>
≥14yo	HI*, NC*, OH*
≥18yo	CT, FL, IA <sup>P</sup> , MA, NJ, NY, PA, PR*, SC*, SD*, VT, WV
≥19yo	WY <sup>P</sup>

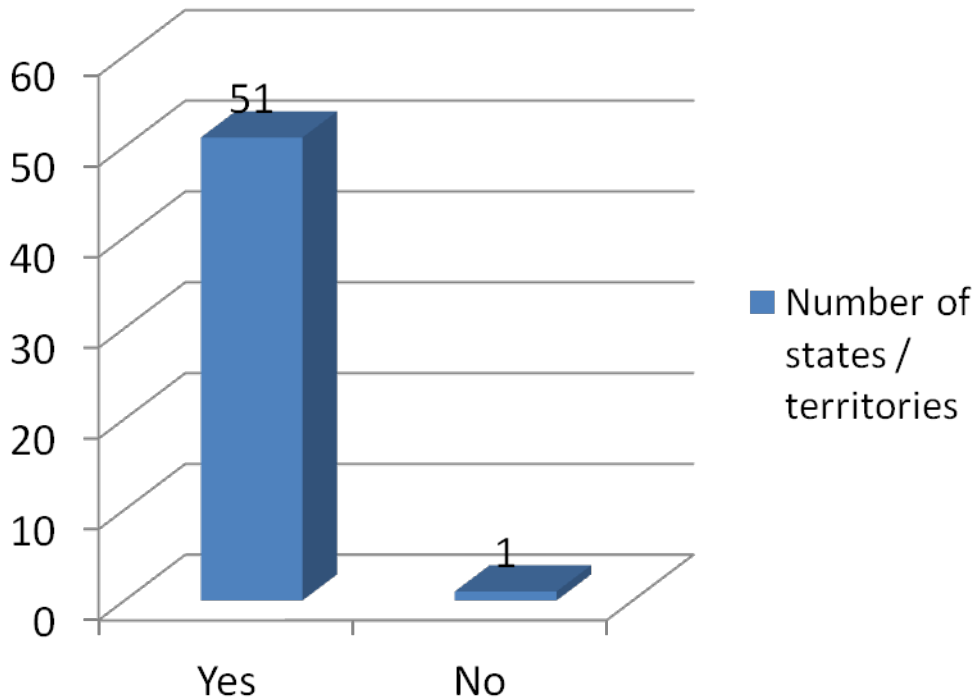


# Pharmacist Administered Vaccines

## Authority to Administer Pneumococcal Vaccine

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

Number of states / territories



States	
AL*, AK*, AZ*, AR, CA, CO, CT, DC*, DE, FL, GA*, HI, ID, IL, IN, IA, KS, KY, LA*, MA*, MD*, ME, MI, MN, MO, MS, MT, NE, NH, NV, NJ, NM, NC, ND, NY, OH, OK, OR, PA, PR, RI, SC*, TN, TX, UT, VT, VA, WA, WV, WI, WY	
No	SD

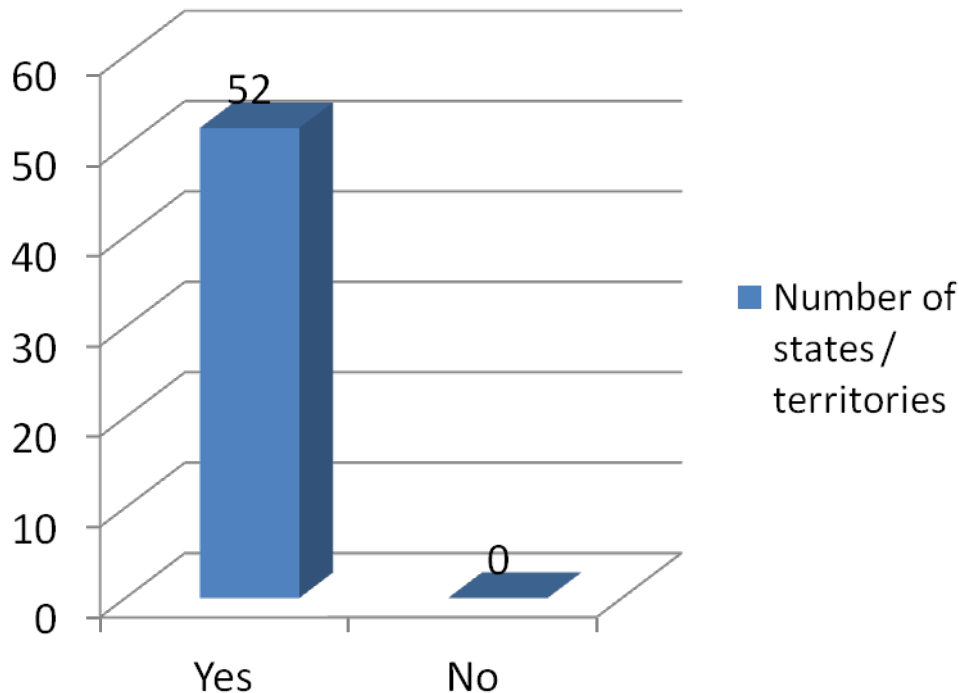
\* Via Rx / pt specific protocol for some

# Pharmacist Administered Vaccines

## Authority to Administer Zoster Vaccine

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

Number of states / territories

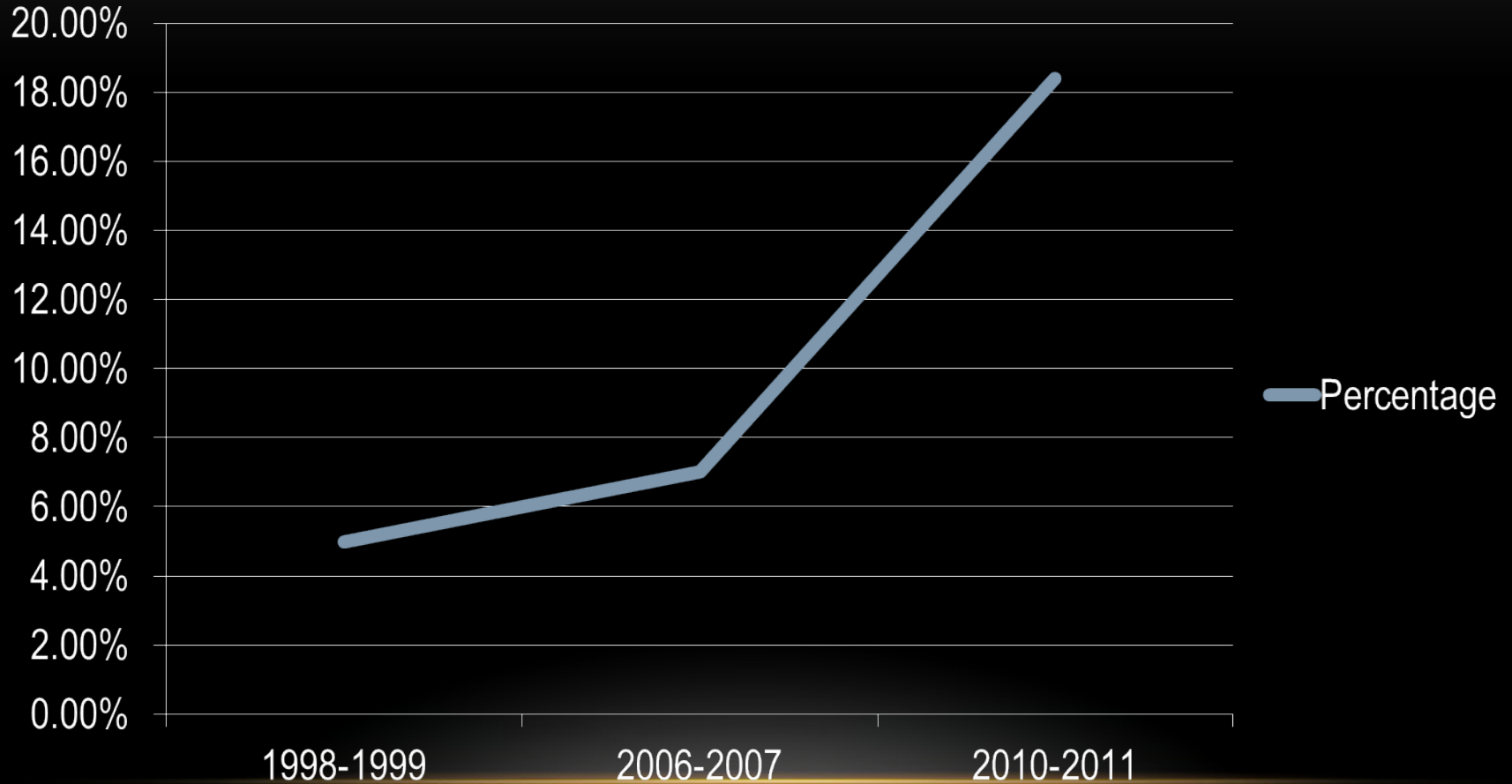


Yes	AL*, AK*, AZ, AR, CA, CO, CT, DC*, DE, FL*, GA*, HI, ID, IL, IN, IA, KS, KY, LA*, MA*, MD*, ME, MI*, MN, MO, MS, MT, NE, NH, NY*, NV, NJ, NM, NC, ND, OH*, OK, OR, PA, PR*, RI, SC*, SD*, TN, TX, UT, VT, VA, WA, WI, WV, WY
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•Via Rx / pt specific protocol for some

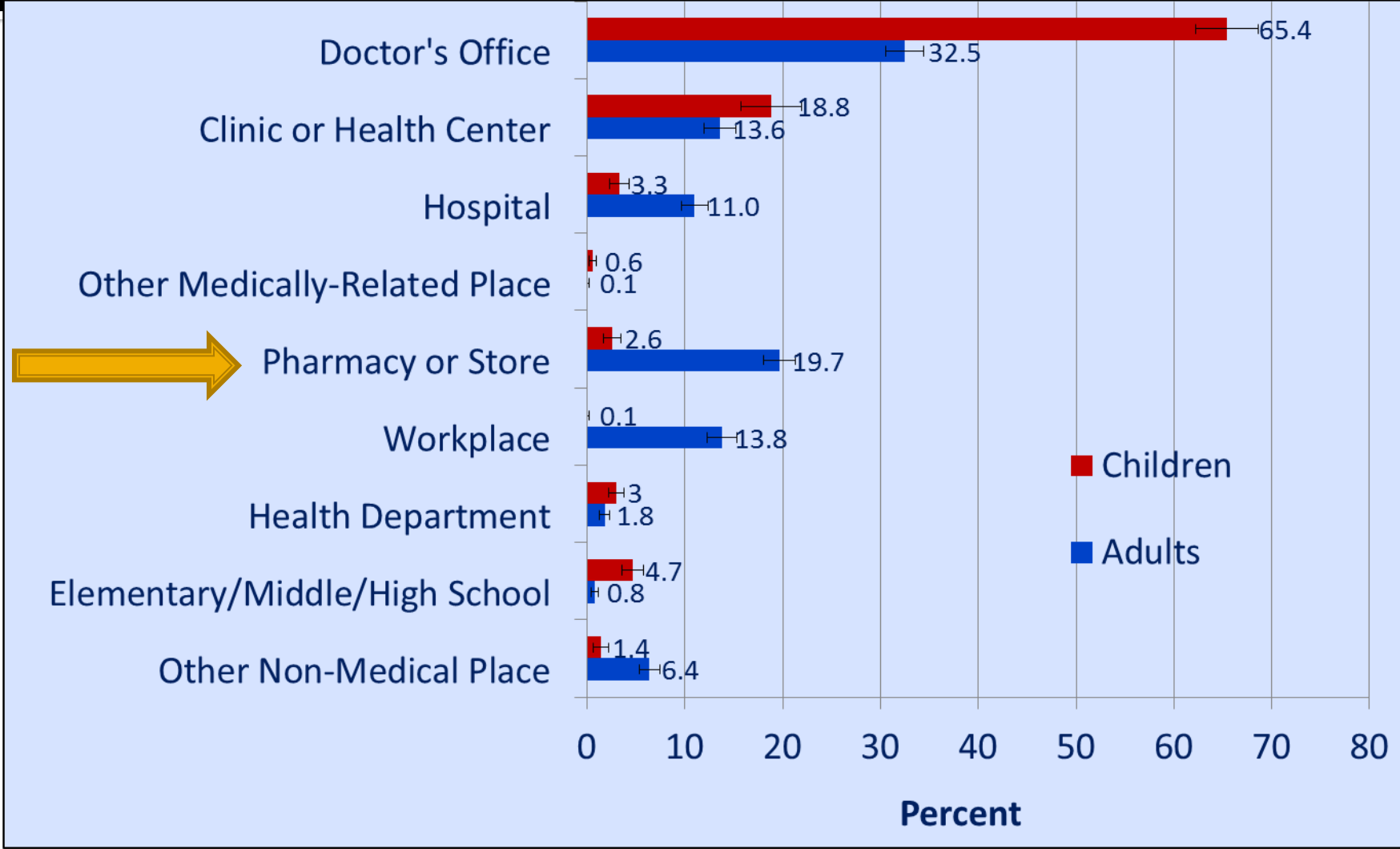
# PROPORTION OF ADULTS VACCINATED IN PHARMACIES

Percentage



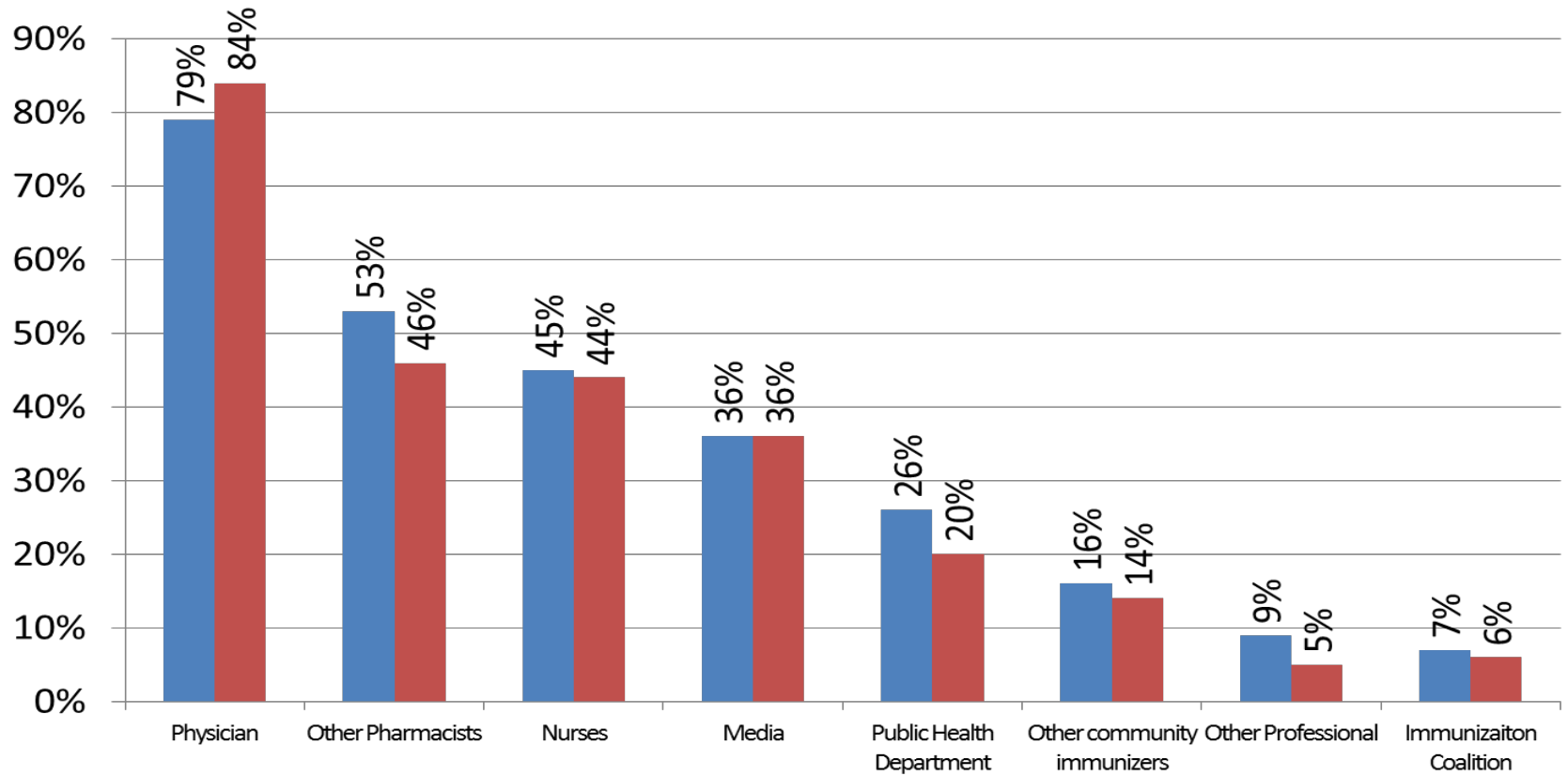
Source: National Adult & Influenza Immunization Summit, 2013

# 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

**Which of the following types of professionals have referred patients to your practice site(s) for vaccinations?  
(2011 n=1456; 2012 n=1594)**



**Mean Percent**

# HEALTH CARE PERSONNEL VACCINATION POLICY OF AMERICAN PHARMACIST 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:

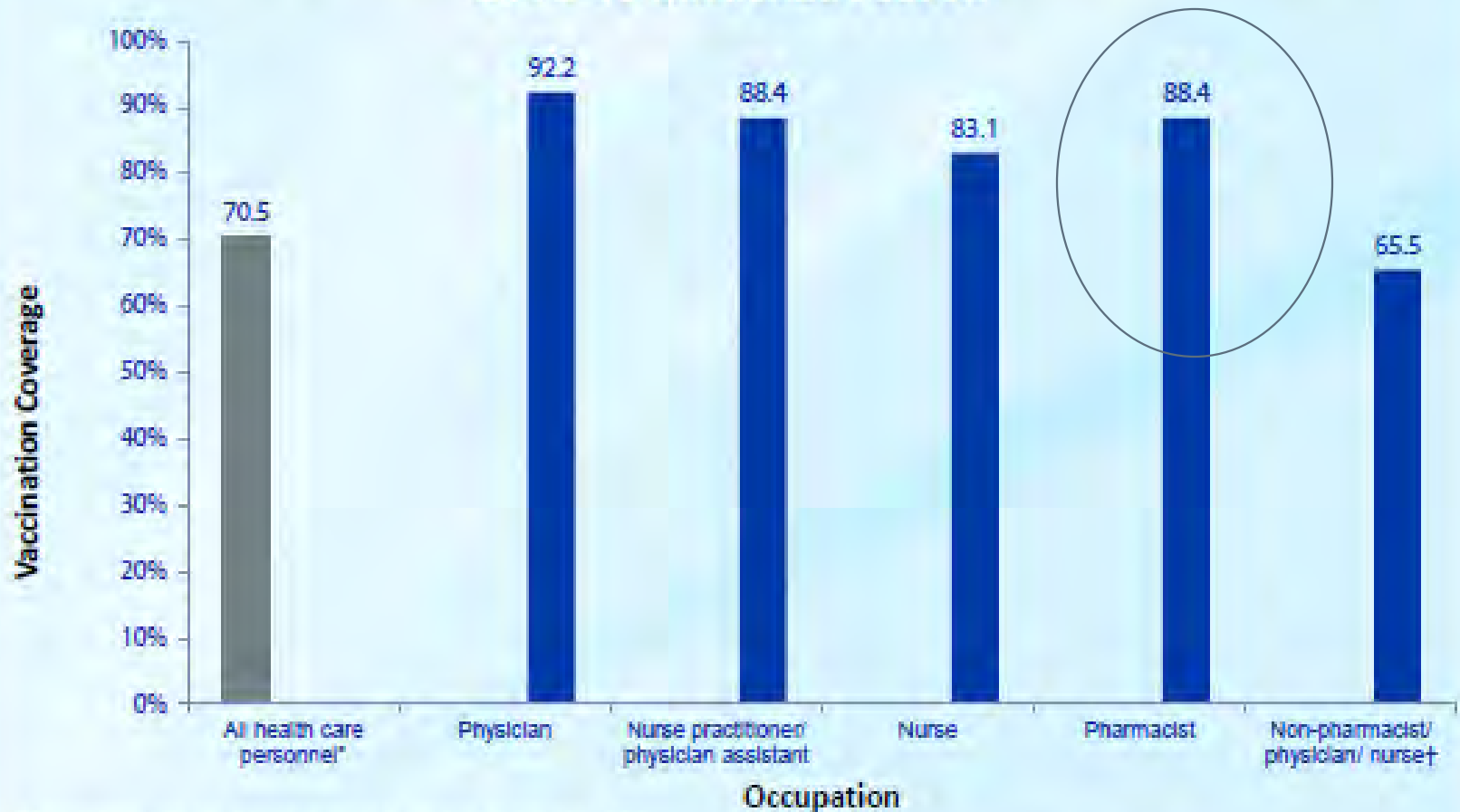
1) APhA supports efforts to increase immunization rates of healthcare professionals, for the purpose of protecting patients, and urges all pharmacy personnel to receive all immunizations recommended by the CDC for healthcare workers.

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 (like physicians, nurses, police, etc.) and prioritize pharmacists to receive medications and immunizations.



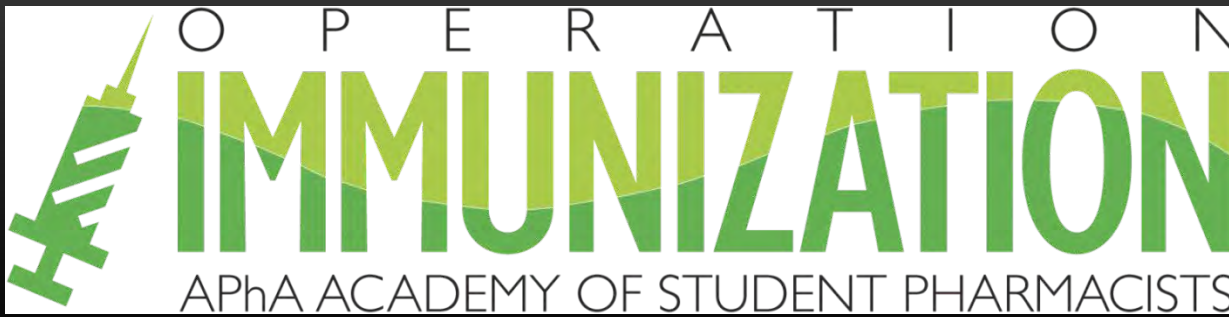
## Influenza vaccination coverage among health care personnel as of mid-April 2013, by occupation – Internet panel survey, United States, 2012-13 influenza season



\* Respondents with non-missing response to vaccination status (n = 2005).

† Allied health professionals; technicians and technologists; assistants and aides; administrative support staff and managers; non-clinical support staff; students in a medical-related field; all other professions and types of health care personnel, excluding dentists, nurse practitioners, and physician assistants.

**Preliminary Results**



- Launched in 1997. Since that time, more than 1 million individuals have an immunization through the Operation Immunization campaign.
- Awards
  - Recognizes each chapter that participates
  - One national winner and 8 regional winners



## Example 3: Integrating immunizations into diabetes management

# Combined Participant Percent\* Flu, Foot and Eye

\*Diabetes Ten City Challenge (N=573)

Averages thru Dec 31, 2007

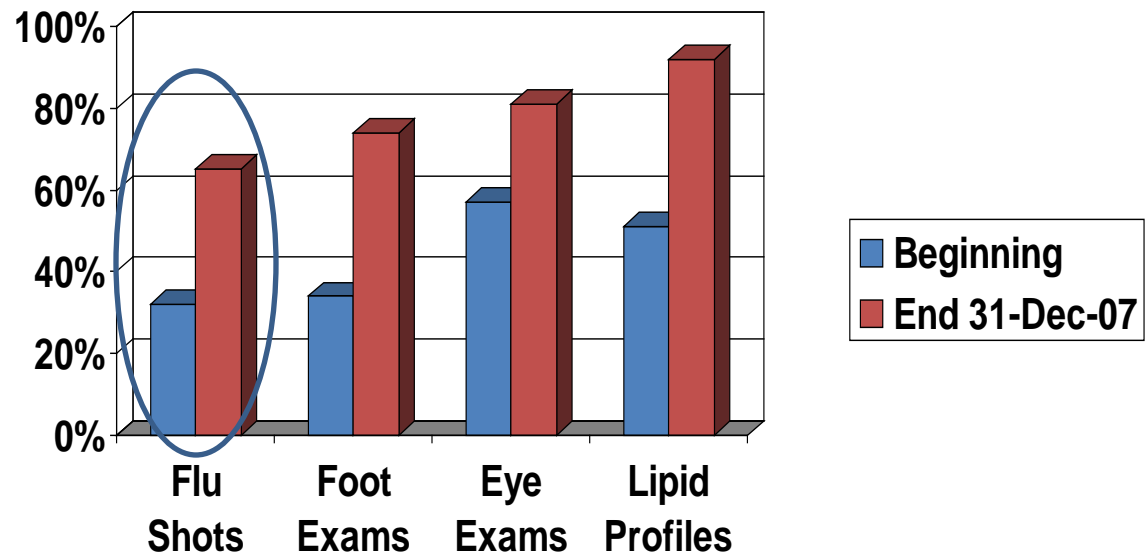
Flu Vaccination Rates:

NCQA (Commercial Accredited Plans): 49%

**DTCC Results: 65%**

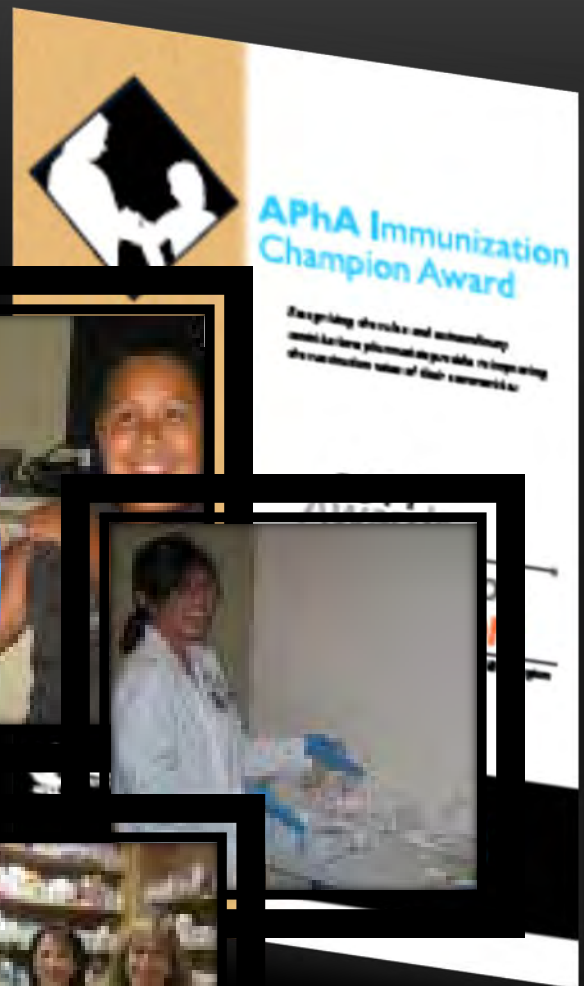


% of Patients



# EXAMPLE: TDAP PRACTICE

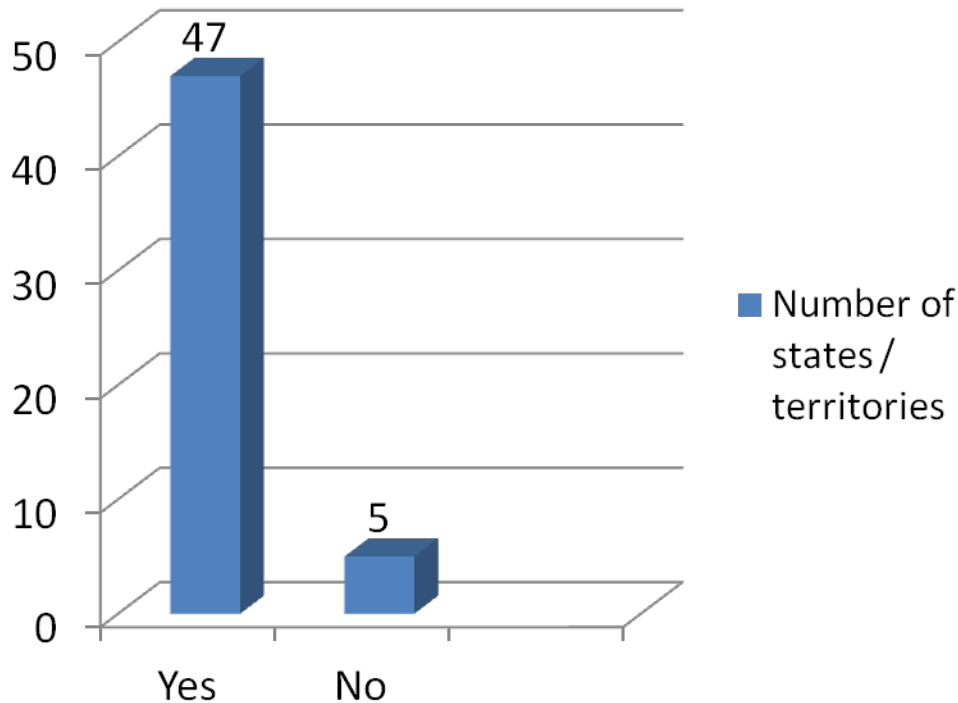
- **University of California San Diego (UCSD) Health System Tdap Cocooning Clinic**
- Staffed by pharmacists and student pharmacists with Dr. Elizabeth Rosenblum serving as supervising physician
- Vaccinated household contacts and other close contacts of newborns
- Vaccines provided at no cost
- Provided >1,250 Tdap vaccinations
  - nearly 15% were hispanic
- Was only cocooning clinic in San Diego County and only clinic to use pharmacists as sole provider
- Challenges included: space, administrative support, and information systems
- Received local media coverage



# Pharmacist Administered Vaccines Authority to Administer Td / Tdap

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

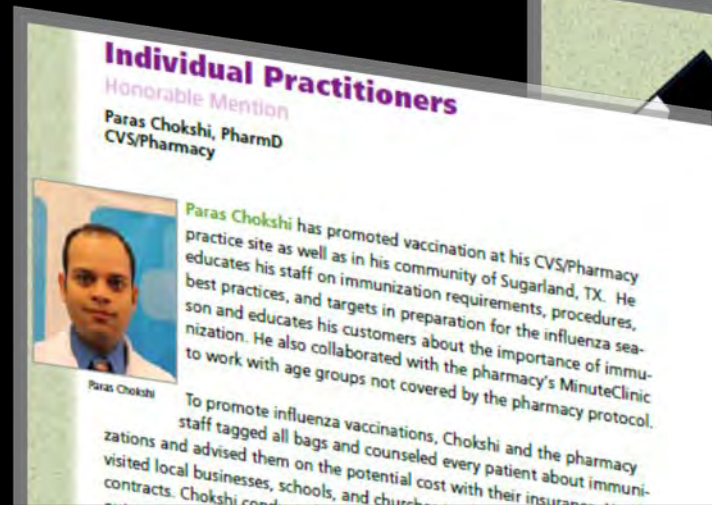
Number of states / territories



Yes	AL*, AK*, AZ*, AR*, CA, CO, CT, DC*, DE*, GA*, HI*, ID, IL, IN, IA, KS, KY, LA*, MA*, ME, MI*, MN, MO*MS, MT, NE, NV, NJ*, NM, NC*, ND, OH*, OK, OR, PA, PR, RI, SC*, TN, TX, UT, VA,VT, WA, WI, WV, WY
No	FL, MD <sup>P</sup> , NH, NY, SD

\* Via Rx / pt specific protocol for some,  
<sup>P</sup> Will change pending Regs/Effective Date

# 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.

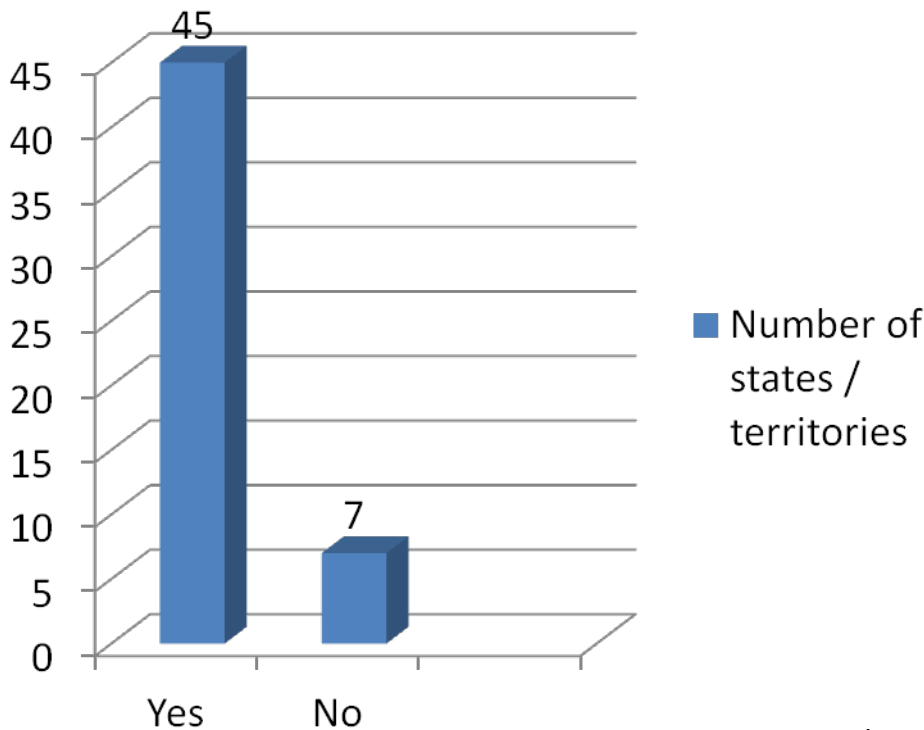
# EXAMPLE: MODEL FOR COLLABORATION IN HPV VACCINATION

- HPV is a 3-dose series
  - Completion of vaccine series: below 40% for girls and 10% for boys (1)
- 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 IZ Laws/ Rules (effective July 1, 2013)

Number of states / territories



Yes	AL <sup>R</sup> , AK <sup>*,R</sup> , AZ <sup>*</sup> , AR <sup>A,*,R</sup> , CA <sup>*,R</sup> , CO <sup>*</sup> , CT <sup>A,*,R</sup> , DC <sup>A,*,R</sup> , DE <sup>A,*,R</sup> , GA <sup>A,*,R</sup> , HI <sup>A,R</sup> , ID <sup>A</sup> , IL <sup>A,*,R</sup> , IN <sup>A,*,R</sup> , IA <sup>A</sup> , KS <sup>A,*</sup> , KY <sup>A,*</sup> , LA <sup>A,R</sup> , MA <sup>A,*,R</sup> , ME <sup>A,*,R</sup> , MI <sup>*,R</sup> , MN <sup>A,*</sup> , MO <sup>R</sup> , MS <sup>*</sup> , MT <sup>A,*,P</sup> , NC <sup>*</sup> , ND <sup>A,*</sup> , NE <sup>*</sup> , NJ <sup>A,*,R</sup> , NM, NV <sup>*</sup> , OK <sup>*</sup> , OR <sup>A,*</sup> , PA <sup>A,*</sup> , PR <sup>R</sup> , RI <sup>A,*</sup> , SC <sup>A,R</sup> , TN <sup>*,R</sup> , TX <sup>A,*,R</sup> , UT <sup>*,A</sup> , VT <sup>*,A,R</sup> , VA <sup>*,R</sup> , WA <sup>*</sup> , WI <sup>A,*</sup> , WY <sup>A,P</sup>
No	FL, MD <sup>P</sup> , NH, NY, OH, SD, WV

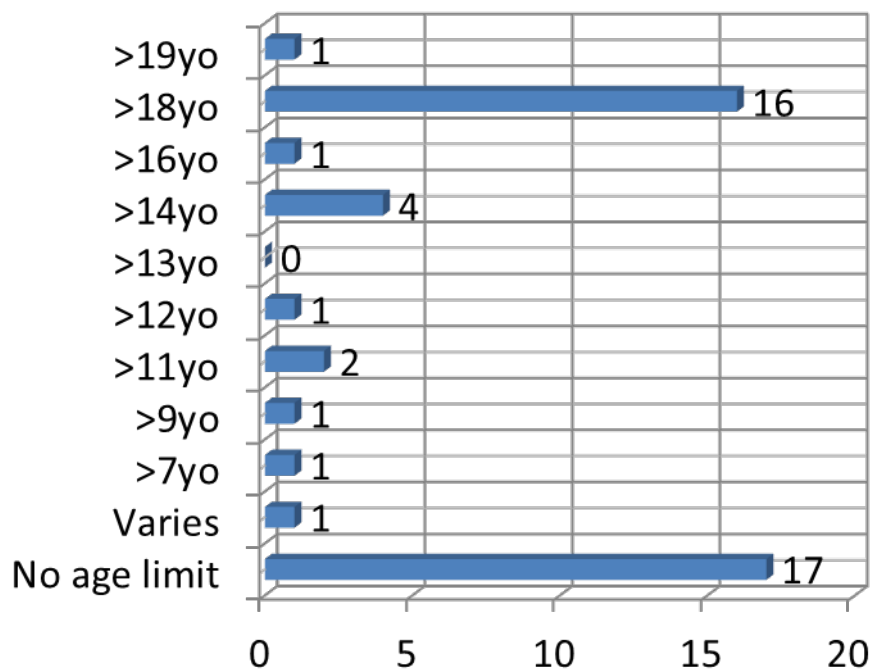
\*Via protocol ; <sup>R</sup> Via Rx ; <sup>A</sup> Age limitations  
<sup>P</sup> Will change pending Regs/Effective Date

# Pharmacist Administered Vaccines

## Patient-Age Limitations – for HPV Vaccination

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

Number of states / territories



No Age Limit	AL*, AK, CA, CO, DC*, GA, MI, MS, MO, NE, NM, NV, OK, TN, UT, VA*, WA
Varies	AZ
>7yo	AR
>9yo	DE
>11yo	IN, OR
>12yo	ID
>13yo	
>14yo	HI, IL, KY, TX
>16yo	LA
>18yo	CT, IA, KS, MA, ME, MN, MT <sup>P</sup> , NC, NJ, ND, PA, PR, RI, SC, VT, WI
>19yo	WY <sup>P</sup>

\*Via protocol ; <sup>R</sup> Via Rx ; <sup>A</sup> Age limitations  
<sup>P</sup> Will change pending Regs/Effective Date

# 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 (1)
- Pharmacist-run pre-travel health clinic can provide consistent evidence-based care and improve patient compliance - requires time, resources, and knowledge. (1)
- ISTM (the 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, 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

(1) “A Comparison of Pharmacist Travel-Health Specialists’ versus Primary Care Providers’ Recommendations for Travel-Related Medications, Vaccinations, and Patient Compliance in a College Health Setting”, Journal of Travel Medicine 2010



# ASTHO Pharmacy Taskforce

## Identified top 3 priorities

### Communication/ collaboration

- Transparency around vaccine availability
- Common messaging guidelines
- Partnerships pitching ideas
- Protocols/authority-templates
- Inclusion and timeliness

### Minimum data set/data exchange/registries

- Minimum data set requirements
- Address requirements to enter data into the IIS

### Payment/compensation - “operational issues”

- Public health and pharmacy – 3<sup>rd</sup> party billing
- Contracting and credentialing
- Contract language
- ACA network provider/grandfathered plans

# Example of Integrating Immunization Activities

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



**Walgreens**  
Thank you for getting your flu shot today. Let's make sure you're also protected from other diseases based on your individual needs. You never outgrow your need for vaccines, and we'll help you find the CDC-recommended ones that are right for you.

**Adult Immunization Assessment**

**Shingles/Zoster**  
Are you over 60?  
Yes \_\_\_ No \_\_\_  
Have you had a shingles shot in the past?  
Yes, date: \_\_\_ No \_\_\_ Don't Know \_\_\_

**Pneumonia**  
Do you have asthma, diabetes, heart, liver, lung or kidney disease?  
Yes \_\_\_ No \_\_\_  
Do you smoke?  
Yes \_\_\_ No \_\_\_  
Are you over 65?  
Yes \_\_\_ No \_\_\_  
Have you had a pneumonia shot in the past?  
Yes, date: \_\_\_ No \_\_\_ Don't Know \_\_\_

**Tetanus, diphtheria, acellular pertussis (whooping cough)**  
Have you had a tetanus shot in the last 10 years?  
Yes \_\_\_ No \_\_\_ Don't Know \_\_\_  
Do you or will you come in contact with small children?  
Yes \_\_\_ No \_\_\_  
Have you ever had a whooping cough shot?  
Yes, date: \_\_\_ No \_\_\_ Don't Know \_\_\_

**Hepatitis A and B**  
Are you a healthcare, daycare or food worker?  
Yes \_\_\_ No \_\_\_  
Are you a diabetic patient?  
Yes \_\_\_ No \_\_\_  
Have you had the Hepatitis A vaccine series in the past?  
Yes, date(s): \_\_\_ No \_\_\_ Don't Know \_\_\_  
Have you had the Hepatitis B vaccine series in the past?  
Yes, date(s): \_\_\_ No \_\_\_ Don't Know \_\_\_

**Based on your responses, the CDC recommends the following vaccines:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Of those recommended by the CDC, you can get these at Walgreens:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you like to set up an appointment to get your vaccines at Walgreens?**  
Yes: Appointment date/time: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. Location: \_\_\_\_\_  
**Not at this time:** Visit Walgreens.com to schedule an appointment at a later date.

Patients 60 years and older

**Walgreens**  
Thank you for getting your flu shot today. Let's make sure you're also protected from other diseases based on your individual needs. You never outgrow your need for vaccines, and we'll help you find the CDC-recommended ones that are right for you.

**Adult Immunization Assessment**

**Pneumonia**  
Are you over 65?  
Yes \_\_\_ No \_\_\_  
Do you have asthma, diabetes, heart, liver, lung or kidney disease?  
Yes \_\_\_ No \_\_\_  
Do you smoke?  
Yes \_\_\_ No \_\_\_  
Have you had a pneumonia shot in the past?  
Yes, date: \_\_\_ No \_\_\_ Don't Know \_\_\_

**Tetanus, diphtheria, acellular pertussis (whooping cough)**  
Have you had a tetanus shot in the last 10 years?  
Yes \_\_\_ No \_\_\_ Don't Know \_\_\_  
Do you or will you come in contact with small children?  
Yes \_\_\_ No \_\_\_  
Have you ever had a whooping cough shot?  
Yes, date: \_\_\_ No \_\_\_ Don't Know \_\_\_

**Hepatitis A and B**  
Are you a healthcare, daycare or food worker?  
Yes \_\_\_ No \_\_\_  
Are you a diabetic patient?  
Yes \_\_\_ No \_\_\_  
Have you had the Hepatitis A vaccine series in the past?  
Yes, date(s): \_\_\_ No \_\_\_ Don't Know \_\_\_  
Have you had the Hepatitis B vaccine series in the past?  
Yes, date(s): \_\_\_ No \_\_\_ Don't Know \_\_\_

**Based on your responses, the CDC recommends the following vaccines:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Of those recommended by the CDC, you can get these at Walgreens:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you like to set up an appointment to get your vaccines at Walgreens?**  
Yes: Appointment date/time: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. Location: \_\_\_\_\_  
**Not at this time:** Visit Walgreens.com to schedule an appointment at a later date.

Patients 27-59 years and older

**Walgreens**  
Thank you for getting your flu shot today. Let's make sure you're also protected from other diseases based on your individual needs. You never outgrow your need for vaccines, and we'll help you find the CDC-recommended ones that are right for you.

**Adult Immunization Assessment**

**Meningitis & HPV**  
Are you over the age of 18?  
Yes \_\_\_ No \_\_\_  
Are you currently enrolled at a university?  
Yes \_\_\_ No \_\_\_  
Do you live on campus?  
Yes \_\_\_ No \_\_\_  
Have you had the meningitis shot?  
Yes, date: \_\_\_ No \_\_\_ Don't Know \_\_\_  
Have you received the HPV vaccine series yet?  
Yes, date(s): \_\_\_ No \_\_\_ Don't Know \_\_\_

**Pneumonia**  
Do you have asthma, diabetes, heart, liver, lung or kidney disease?  
Yes \_\_\_ No \_\_\_  
Do you smoke?  
Yes \_\_\_ No \_\_\_  
Have you had a pneumonia shot in the past?  
Yes, date: \_\_\_ No \_\_\_ Don't Know \_\_\_

**Tetanus, diphtheria, acellular pertussis (whooping cough)**  
Have you had a tetanus shot in the last 10 years?  
Yes \_\_\_ No \_\_\_ Don't Know \_\_\_  
Do you or will you come in contact with small children?  
Yes \_\_\_ No \_\_\_  
Have you ever had a whooping cough shot?  
Yes, date: \_\_\_ No \_\_\_ Don't Know \_\_\_

**Hepatitis A and B**  
Are you a healthcare, daycare or food worker?  
Yes \_\_\_ No \_\_\_  
Are you a diabetic patient?  
Yes \_\_\_ No \_\_\_  
Have you had the Hepatitis A vaccine series in the past?  
Yes, date(s): \_\_\_ No \_\_\_ Don't Know \_\_\_  
Have you had the Hepatitis B vaccine series in the past?  
Yes, date(s): \_\_\_ No \_\_\_ Don't Know \_\_\_

**Based on your responses, the CDC recommends the following vaccines:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

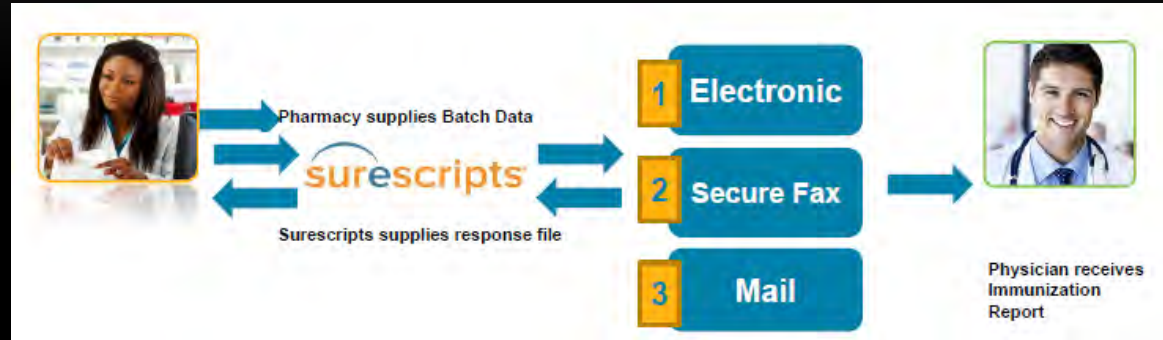
**Of those recommended by the CDC, you can get these at Walgreens:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you like to set up an appointment to get your vaccines at Walgreens?**  
Yes: Appointment date/time: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. Location: \_\_\_\_\_  
**Not at this time:** Visit Walgreens.com to schedule an appointment at a later date.

Patients 18-26 years and older



# 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, etc)
- ❑ Patient consent requirements vary
- ❑ Surescripts:
  - actively working with 45 of 61 immunization registries
    - Of 36 current registry partners: 1/3 have yet to move to the current HL7 2.5.1 CDC/Meaningful Use-compliant data exchange standard
  - Nearly a quarter of registry partners don't provide automated notice of errors, resulting in a need for Support intervention

Source: Surescript presentation at 2013 NAIIS 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 Hepatitis B vaccinations to patients with diabetes
  - Compensation
    - Variability in Part D plans
-

# Rx to our nation's immunization initiative

For \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

**R•**

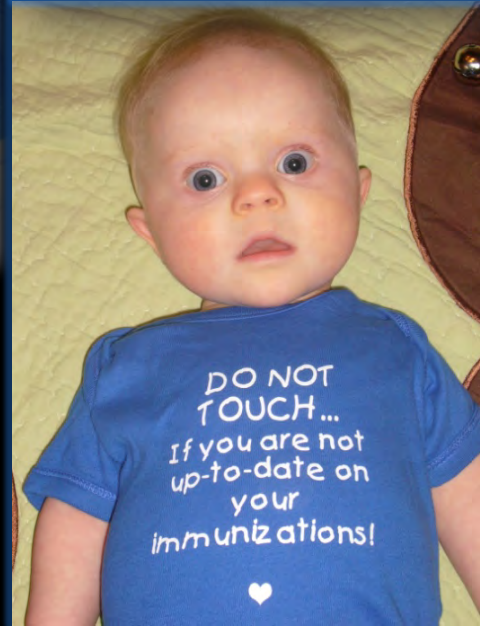
Every patient encounter provides an opportunity to educate and advance immunization status...

REFILL \_\_\_\_\_ SUBSTITUTION PERMITTED \_\_\_\_\_ TIMES \_\_\_\_\_

DISPENSE AS WRITTEN \_\_\_\_\_  
DEA No. \_\_\_\_\_ MO \_\_\_\_\_



# Why we do what we do...

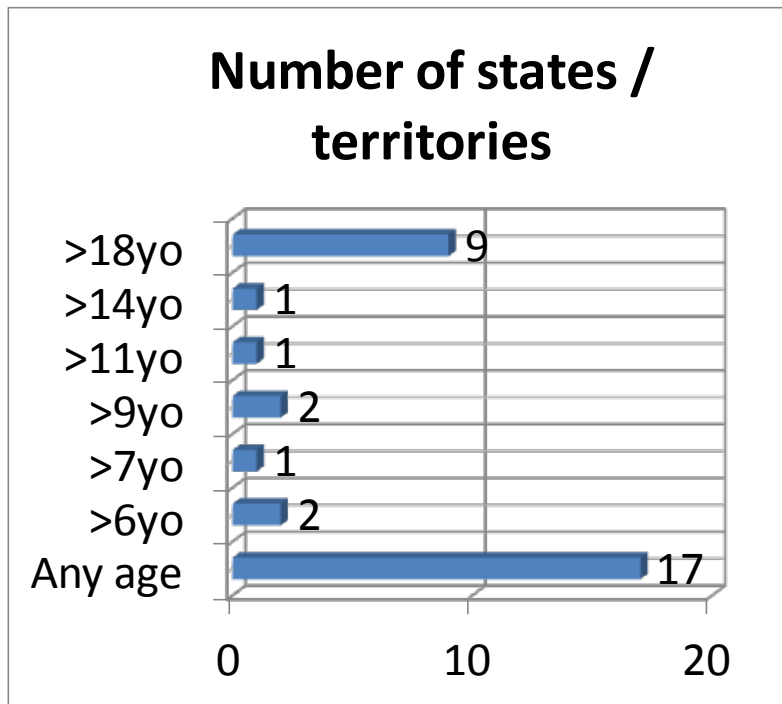


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# Pharmacist Administered Vaccines Patient-Age Limitations **via RX**

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



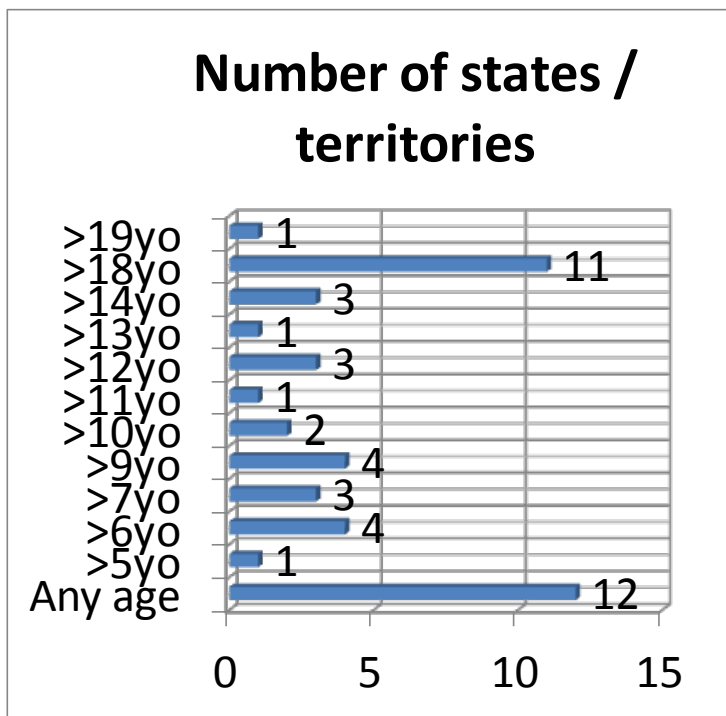
Any age	AL, AK*, DC, GA, ID*, LA, MI, MS MO*, NE, NV, OK, TN, TX, UT, VA*, WA,
≥6yo	AZ*, WI*
≥7yo	AR*,
≥9yo	MD, RI*
≥11yo	IN,
≥14yo	HI*,
≥18yo	IA*, <sup>P</sup> MA, NJ, PA, PR, SC, SD, VT, WV

\* Scope varies

<sup>P</sup> Will change pending Regs/Effective Date

# Pharmacist Administered Vaccines Patient-Age Limitations **via prescriber protocol**

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



Any age	AK*, CA, CO, MI, MS, NE, NM, NV, OK, TN, UT,, WA
≥5yo	ND*
≥6yo	IA*, <sup>P</sup> , KS*, WI*, VA*
≥7yo	AR*, LA*, TX*
≥9yo	DE, KY*, ME*, RI*
≥10yo	IL*, MN*
≥11yo	IN
≥12yo	DC, MO*, MT*, <sup>P</sup>
≥13yo	GA
≥14yo	HI*, NC*, OH*
≥18yo	CT, FL, MA, MD <sup>P</sup> , NJ, NY, PA,PR*, SC*, SD*, VT
≥19yo	WY <sup>P</sup>

\* Scope varies

<sup>P</sup> Will change pending Regs/Effective Date