Partnering with Pharmacists

CHAPTER 6
Introduction

Pharmacists are an important provider group to include in activities and initiatives that increase adult immunization rates and expand the existing infrastructure to respond to pandemics. Approximately 18% of adults were vaccinated against influenza at a pharmacy during the 2011-12 influenza season.5 Fifty-two states and territories allow pharmacists to provide at least one vaccine to adults. In comparison to traditional physician offices, pharmacies offer wider business hours such as evenings and weekends, and are better integrated into the community with multiple locations closer to where adults live and work. The conveniences provided by pharmacy vaccinations can reduce barriers to vaccinations, such as the need for time off from work, and transportation to and from a provider office.

Immunization Programs can strengthen pharmacy engagement in providing adult vaccines by partnering with local pharmacy associations, schools of pharmacy, and state/local pharmacy boards, as well as medical societies. The collaborative network among pharmacies, the community, and the immunization program can be used to address policy barriers and strengthen communication. The highlighted activities related to partnering with pharmacists are:

- **Getting Started:** Expanding pharmacists’ authority to vaccinate and requiring pharmacists to report to the state immunization information system (IIS)
- **Moving Forward:** Determining pharmacist-specific barriers to IIS reporting and using this knowledge to tailor education and training materials, with the help of a pharmacist immunization champion
- **Taking It to the Next Level:** Determining the immunization-related educational needs of pharmacists and developing a multi-pronged education plan

Immunization Resources for Pharmacists

The American Pharmacists Association (APhA) maintains a website of immunization-related resources for pharmacists, including:

- APhA immunization guidelines;
- State Immunization Authority for pharmacists;
- “Ask the Expert” and links to Immunizing Pharmacist Resources (e-community, e-newsletters, etc);
- Videos on vaccine administration technique;
- APhA Immunization Champion Awards;
- The current edition of APhA’s Immunization Handbook;
- A three-component interactive training program on pharmacy-based immunization delivery, which includes five self-study modules, a live seminar, and a hands-on assessment of injection techniques; and
- Online home study activities that address immunization protocols, laws, and best practices, including one that addresses immunization registries

**APhA Immunization Center:** [www.pharmacist.com/immunization-center](http://www.pharmacist.com/immunization-center)
IMMUNIZATION PROGRAM’S LEVEL OF ENGAGEMENT IN increasing adult vaccination rates by partnering with pharmacist (2014)³

2015 AIM Annual Survey, 63 of 64 Immunization Programs responded to survey

17% Did not engage/not a priority (11)
17% Did not engage but would like to if resources were available (11)
31% Had some engagement in activity but could not expand because of limited resources (20)
11% Had some engagement which was all that was needed (7)
17% High level of engagement because this is part of our program’s core activities (11)
3% Immunization program does not have the infrastructure and/or policy to support this activity (11)
3% No answer (2)
OVERVIEW OF ACTIVITY
Louisiana has revised its Board of Pharmacy Practice Act to include the requirement for pharmacists to report administered vaccines to the state immunization information system (IIS), and to expand their authority to administer vaccines without a prescription.

BACKGROUND/IMPETUS FOR THE ACTIVITY
State officials involved in planning and implementing the 2009-2010 influenza/H1N1 vaccination campaign raised concerns about the potential insufficient availability of vaccination services across the state. Including trained and certified pharmacists as vaccinators was viewed as important for increasing access for adults, especially in rural areas, but was limited by the requirement to have a physician prescription and by the lack of reporting of vaccines administered at pharmacies.

DESCRIPTION OF ACTIVITY
In September 2009, Louisiana’s State Health Officer issued an executive order allowing pharmacists certified as vaccinators by the Louisiana Board of Pharmacy to administer influenza vaccine without a physician prescription. Pharmacists were required to report doses administered using the mass immunization module in the state IIS. Based on the success of this effort, further incremental expansions and enhancements related to pharmacists’ role in vaccinating were pursued, so that pharmacists trained and certified as vaccinators by the Louisiana Board of Pharmacy could administer influenza vaccine to any person aged ≥7 years and any other Advisory Committee on Immunization Practices (ACIP) recommended vaccine to persons aged ≥17 years without a prescription.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
The Louisiana Office of Public Health (OPH) Immunization Program worked with a variety of partners, including the state Board of Pharmacy, Association of Retail Chain Pharmacies, Board of Medical Examiners, Association of Independent Pharmacies, Louisiana State Medical Society, Louisiana State Board of Nursing, and medical professional associations. The Board of Pharmacy held a vote to change the Pharmacy Practice Act to include these provisions and was responsible for certifying immunization-related training materials.

DISSEMINATION
The Board of Pharmacy communicated with their pharmacist network regarding the updated provisions and encouraged pharmacists to participate in the state’s immunization training. The training was based on the Louisiana OPH Immunization Policies and Procedures Manual, which reflects Centers for Disease Control and Prevention (CDC)/ACIP guidance.
INTERSECTION WITH OTHER PROGRAM ACTIVITIES
Immunization Program staff provided input on immunization training resources and IIS staff provided in-person registration, certification, and training on the immunization registry as part of their regular training duties. Pharmacists can also attend regular IIS training sessions.

FUNDING
There was no special funding stream for this project. Prior to this effort, federal preparedness funding was used to develop the mass immunization module included in the state’s IIS that pharmacists used during the H1N1 pandemic. Assistance with immunization-related and IIS training was funded as part of regular duties of the Immunization Program, which are supported by federal Vaccines for Children (VFC) and 317 grants.

STAFFING
Immunization Program and IIS staff were involved with immunization-related training, as part of their regular training duties. Pharmacists were included in training that was already ongoing for physician offices, Vaccines for Children providers and Parish Health Units, making the transition easier.

IMPLEMENTATION STATUS
This activity is completed. Further expansions of pharmacists’ authority to vaccinate may be considered in the future.

SUCCESSES
- Pharmacists are well equipped to be vaccinators and have done very well with immunization and IIS training. In addition, pharmacy involvement in immunization has increased the visibility of immunizations in the community (e.g., through pharmacy vaccine advertising campaigns).
- Expanding pharmacists’ authority incrementally and providing data along the way (e.g., safety track record) helped with buy-in from health care providers. For example, to expand beyond influenza vaccine for adults, the Immunization Program used the challenge of shingles vaccine to illustrate that pharmacists not only could handle vaccine administration, storage, and handling, but also billing, which was a barrier for physicians. It was often challenging for seniors to get shingles vaccine prior to pharmacist involvement. The success with shingles vaccine led to further expansion to all vaccines for seniors and then to all ACIP-recommended vaccines for adults (≥17 years).
CHALLENGES

- Because the immunization-related requirements for pharmacists fall under the Board of Pharmacy rules, the Immunization Program has no authority to enforce them (e.g., IIS reporting requirement). Also, differences in interpretation of terms (e.g., report to IIS in “reasonable time”) can be harder to resolve; currently, they are trying to come to agreement on how specific to make this timeframe.
- IIS reporting works well for pharmacies submitting data electronically through their billing system, but many are not. This is mainly an issue for mid-level pharmacies; the big chain pharmacies are already reporting electronically, and the very small pharmacies are entering their data via the web. This challenge is slowly being overcome by working with the pharmacies and billing systems.

OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS

- To adopt a similar expansion, a program would need to have an IIS with no age restrictions (i.e., allows adult data) that is capable of linking with pharmacists, and has the capacity to bring on and train pharmacists to report.
- The partnership with the Board of Pharmacy was facilitated by a longstanding working relationship between the Medical Director for Immunization and the state’s Director of Pharmacy.

RELEVANT RESOURCES


FOR MORE INFORMATION

Contact the Louisiana Immunization Program at (504) 838-5300.
One of our successful partnerships involving adult immunization has been working with Medicaid which will now allow pharmacies to be reimbursed from Medicaid for the administration of adult vaccines to Medicaid clients including influenza."

— Bob Swanson, Michigan Immunization Program Manager
OVERVIEW OF ACTIVITY
The Washington State Office of Immunization and Child Profile (OICP) worked with the Washington State Pharmacy Association (WSPA) to increase pharmacists’ use of the Washington State Immunization Information System (IIS).

BACKGROUND/IMPETUS FOR THE ACTIVITY
Community pharmacies offer a convenient location for adults to receive vaccines. Having pharmacies use an IIS promotes continuity of care with other health care providers. However, prior research had shown that the majority of pharmacists in Washington were not aware of Washington’s IIS. At the time this project was initiated, there was no requirement for pharmacists to report doses to the IIS, and thus reporting was limited.

DESCRIPTION OF ACTIVITY
OICP and WSPA conducted a survey of 400 pharmacists to identify barriers to awareness and use of the IIS. The results were used to target the messages and efforts for increasing pharmacists’ participation in the IIS, and develop tailored trainings (e.g., 3-5 minute videos, onsite trainings).

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
OICP staff managed the project, helped develop the survey and IIS training materials, and processed new information-sharing agreements (which allow use of the IIS) from interested pharmacists. Key partners in this effort were an immunization champion within WSPA, who was able to get pharmacists on board and contributed to the training materials, and the IIS software vendor, who trained pharmacists on using the IIS and integrating it into their workflow.

DISSEMINATION
WPSA staff communicated with pharmacies (e.g., using email, fax) throughout the project, sending educational materials and invitations to participate in the IIS.

INTERSECTION WITH OTHER PROGRAM ACTIVITIES
This activity overlaps with IIS efforts to educate all providers and increase reporting.

FUNDING
This activity was funded through the immunization program’s federal Prevention and Public Health Funds (PPHF) grant.

STAFFING
OICP staff provided technical assistance and consultation to WSPA.

IMPLEMENTATION STATUS
This activity is completed. Training opportunities for pharmacists continue to be offered through the WSPA and OICP.
SUCCESSES
• There was a substantial increase in the number of pharmacy entities with information-sharing agreements, the number of pharmacies routinely reporting doses to the IIS, and the number of doses reported by pharmacies to the IIS.

CHALLENGES
• Once pharmacists’ awareness was improved, it was still a challenge to get them to use the system. To address this challenge, OICP and WSPA focused on educating pharmacists about the full range of IIS features (e.g., patient profiles, vaccine recommendations) and the benefits to community of IIS reporting by pharmacists (e.g., better communication across providers).
• One large pharmacy chain was concerned that non-mandatory reporting conflicted with patient privacy policies. The current solution is to allow their pharmacists to have individual logins for accessing the IIS, viewing patient histories, and vaccine recommendations.
• IIS staff were initially overburdened by the sudden increase in data being submitted to the IIS. These staff developed mechanisms to handle the quality assurance, de-duplication and other internal processes necessary for the increased number of users/doses.

OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS
• Working with a state pharmacy association was critical for communicating directly with pharmacists. Also, having a pharmacist deliver the message was important for soliciting pharmacy participation.
• Surveying pharmacists at the beginning was important for understanding the barriers to awareness and use of the IIS, and allowed tailoring of education and training materials to the target audience.
• The Immunization Program found it helpful to focus on the range of benefits of IIS participation for the target audience.

RELEVANT RESOURCES
• WSPA immunization training: http://www.wsparx.org/?65

FOR MORE INFORMATION
Contact Ann Butler, Immunization Health Promotion Supervisor, at (360) 236-3731 or ann.butler@doh.wa.gov.
OVERVIEW OF ACTIVITY
The Minnesota Immunization Program in the Minnesota Department of Health (MDH) created pharmacy-specific educational resources to promote immunization best practices.

BACKGROUND/IMPETUS FOR THE ACTIVITY
At the time that this activity was initiated, pharmacists in Minnesota could administer all recommended vaccines to adults and influenza vaccine to children aged 10-17 years. The Immunization Program identified pharmacists as a provider group on which to focus efforts to expand access to adult immunizations and to assure that best practices were being followed.

DESCRIPTION OF ACTIVITY
To assist the program in identifying the educational needs of pharmacists, the program established a Pharmacy Advisory Group of key stakeholders, such as the Minnesota Board of Pharmacy, the University of Minnesota College of Pharmacy, and pharmacists from various settings. The program then conducted a needs assessment, through an online survey of a sample of pharmacies and key informant interviews. Based on the data collection results and feedback from the Pharmacy Advisory Group, the program developed an Immunization Educational Resource Plan for Minnesota Pharmacies and Pharmacists. Specific activities conducted in implementing this plan included:

- Providing feedback on the University of Minnesota College of Pharmacy’s Immunization Delivery Training curriculum to reflect current best practices and promote the use of Minnesota’s immunization information system (IIS), Minnesota Immunization Information Connection (MIIC).
- Partnering with pharmacist professional organizations to present or exhibit immunization-related information at their annual conferences or other meetings.
- Creating and continually updating an MDH Immunization Delivery in Pharmacy Settings Web page and two corresponding fact sheets that provide immunization resources for pharmacists and clarification on Minnesota pharmacy immunization practice. The Pharmacy Immunization Practice in Minnesota fact sheet is a frequently asked questions (FAQs) document maintained by the Minnesota Board of Pharmacy, and the Immunization Delivery in Pharmacy Setting fact sheet is maintained by the MDH Immunization Program.
- Promoting use of MIIC to pharmacists and communicating how MIIC can enhance pharmacy immunization practice through the creation of: 1) an MDH MIIC and Pharmacies Web page and corresponding fact sheet and 2) an educational video that illustrates how MIIC is an easy tool that can be used in current pharmacy practice to better coordinate patient immunization care.
ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
The Immunization Program initiated and led this activity in collaboration with the Pharmacy Advisory Group and other pharmacy partners, such as the Minnesota Board of Pharmacy, Minnesota Pharmacists Association, and the Minnesota Society of Health-System Pharmacists.

DISSEMINATION
Throughout the project, information was disseminated to pharmacists and pharmacies through the Pharmacy Advisory Group and other pharmacy partners.

INTERSECTION WITH OTHER PROGRAM ACTIVITIES
Concurrent activities focused on increased pharmacy reporting to MIIC, as well as using MIIC as a clinical decision report tool to assess patients’ immunization histories. Additionally, members of the Pharmacy Advisory Group collaborate with MDH to amend the pharmacy practice statute to expand pharmacists’ scope of immunization practice and incorporate best practice standards.

FUNDING
This activity was funded through the program’s CDC Immunization Program cooperative agreement, as well as a cooperative agreement focused on adult immunization funded through PPHF.

STAFFING
Several Immunization Program staff members were involved in these efforts, particularly the Adult Immunization Coordinator, Immunization Program nurses, communications staff, MIIC staff, and MIIC Regional Coordinators.

IMPLEMENTATION STATUS
The activity is complete, but the program plans to maintain and update the web pages and corresponding fact sheets, and continue to pursue opportunities to participate in pharmacy professional organization meetings.

SUCCESSES
• The partnerships developed through the Pharmacy Advisory Group were key to the success of the project and MDH continues to connect with these stakeholders in its current work, such as:
  — MDH continues to engage Pharmacy Advisory Group stakeholders in legislative conversations, which has resulted in another expansion of pharmacists’ scope of immunization practice, as well as requirements to use MIIC to assess patients’ immunization histories prior to vaccination and document vaccines administered.
— MDH established a pharmacy pandemic preparedness workgroup comprised of members from the Pharmacy Advisory Group, in addition to national, state, and local public health professionals engaged in pandemic preparedness planning.

- The web pages and corresponding fact sheets, and the MIIC in Pharmacy Settings video were successfully created and disseminated. The input of the Pharmacy Advisory Group helped ensure that materials were relevant to practicing pharmacists.

**CHALLENGES**
- The Pharmacy Advisory Group members were a diverse array of stakeholders representing a variety of pharmacy immunization practice settings. At times, it was challenging to make sure all pharmacy perspectives were represented in the outreach activities and resources that were developed.

**OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS**
- The partnerships and collaborations established with and through the Pharmacy Advisory Group were critical for guiding the development and dissemination of education materials for pharmacists, especially since the Immunization Program had not previously prioritized work with these providers.
- Immunization practice differs across pharmacy settings (e.g., retail, hospital), so it is important to include representatives of different pharmacy settings in planning and implementation efforts.
- It is important to communicate how the IIS can enhance pharmacy immunization practice, stressing that the tool is easy to use and supports clinical decision-making for providing appropriate vaccines at the correct time.

**RELEVANT RESOURCES**
- Minnesota Pharmacy Practice Act, with current statute and statute history over the duration of this grant: https://www.revisor.mn.gov/statutes/?id=151.01#stat.151.01.27
FOR MORE INFORMATION
Contact Annie Fedorowicz, Adult Immunization Coordinator, at 651-201-3525 or anna.fedorowicz@state.mn.us.

REFERENCES
3 2015 AIM Annual Survey, 63 of 64 state/city/territorial Immunization Programs completed the survey that was administered online April - June 2015.
Check out the many adult immunization resources available on the IAC website at www.immunize.org/handouts/adult-vaccination.asp. Adult-specific materials are available in English and Spanish covering topics related to:

- Administering Vaccines
- Documenting Vaccination
- Patient-Friendly Schedules
- Standing Orders
- Vaccine Summaries
- Vaccine Recommendations