

# **Pharmacist Immunizers: Implementing the Adult Immunization Standard**

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# Pharmacists are Health Care Providers in CA!



4050(c): pharmacists are health care providers who have the authority to provide health care services

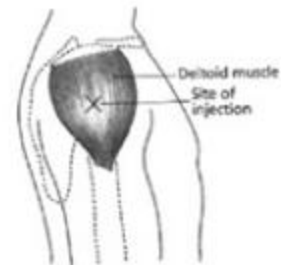
# New Pharmacy Immunization Law

- Independent (B&P4052.8)
- Initiate and/or administer
  - 3 years and older
  - Routine vaccines
  - ACIP recommended, published by CDC



Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis <sup>1</sup>			Tdap	Tdap
Human Papillomavirus <sup>2</sup>	see footnote 2		HPV (3 doses)	HPV series
Meningococcal <sup>3</sup>		MCV	MCV	MCV
Influenza <sup>4</sup>		Influenza (Yearly)		
Pneumococcal <sup>5</sup>		PPSV		
Hepatitis A <sup>6</sup>		HepA Series		
Hepatitis B <sup>7</sup>		Hep B Series		
Inactivated Poliovirus <sup>8</sup>			IPV Series	
Measles, Mumps, Rubella <sup>9</sup>		MMR Series		
Varicella <sup>10</sup>		Varicella Series		

Range of recommended ages for all children except certain high-risk groups  
 Range of recommended ages for catch-up immunization  
 Range of recommended ages for certain high-risk groups



# What Vaccines are Not Routinely Recommended by ACIP?

- Typhoid
- Yellow Fever
- Japanese Encephalitis
- Rabies
- BCG



Travel Vaccines

Can still do under  
protocol



# Pharmacy Immunization Law (new and old)

- **Initiate and/or administer**
- **Training**
  - **An approved immunization training program**
    - **Endorsed by CDC or ACPE**
    - **Injection technique, indications/CIs, emergency mgmt.**
  - **Maintain IZ training – 1 hr of CE q2 yrs**
  - **BLS - maintain**
- **May initiate/admin Epi or diphenhydramine**

# IZ Law Documentation

- **Vaccine administration record**
  - Pharmacy – readily retrievable
  - Patient record (“yellow card”)
- **Notification of vaccination**
  - PCP and/or Pre-natal provider
  - Immunization registry (IIS)
  - All within 14 days of administration

**IMMUNIZATION RECORD**  
*Comprobante de Inmunización*



Name  
nombre

Birthdate  
fecha de nacimiento

Allergies  
alergias

Vaccine Reactions  
reacciones a cualquier vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO



# Documentation

- Screening
- VAR
- Consent

**Pharmacy Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

## VACCINE ADMINISTRATION RECORD, SCREENING and PATIENT CONSENT

		YES	NO
1.	Have you ever had a severe reaction to any vaccine that required medical care? If yes, describe: _____	_____	_____
2.	Do you have any allergies to food, medications, or vaccines?	_____	_____
3.	Are you sick today?	_____	_____
4.	Have you had Guillain-Barre Syndrome, seizure, brain, or nerve problems?	_____	_____
5.	Are you pregnant or planning to become pregnant in the next 3 months?	_____	_____
6.	Are you or anyone in your household being treated with chemotherapy or radiation for cancer, have HIV/AIDS or any immune deficiency disorder?	_____	_____
7.	Do you or anyone in your household take oral prednisone (>20mg/day) or other oral steroids, or anticancer drugs?	_____	_____
8.	Do you have a bleeding disorder or take "blood thinners" like coumadin or heparin?	_____	_____

The following questions will help determine any other indications or contraindications

- What adult vaccinations has this patient received (vaccine and date)?  
\_\_\_\_\_
- List all Rx and OTC medications this patient is currently taking  
\_\_\_\_\_
- List all current medical conditions  
\_\_\_\_\_

### INFORMATION ABOUT PERSON TO RECEIVE VACCINE (please print)

NAME last	first	middle initial	SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE/ZIP	PHONE#
BIRTHDATE	SEX	PHYSICIAN	PHYSICIAN PHONE OR FAX

Yes  No I request to have this information sent to the physician's office specified above

VACCINE	LOT #	EXP DATE	MANUFACTURER	DOSE (mL)	ADMINISTRATOR	VIS DATE
_____	_____	_____	_____	_____	_____	_____

### Please read the following statements and sign below on the signature line.

I have read or have had explained the information provided about the vaccine I am to receive. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of vaccination and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request.

Medicare, I do hereby authorize the \_\_\_\_\_ <Pharmacy> to release information and request payment. I certify that the information given by me in applying for payment under Medicare is correct. I authorize release of all records to act on this request. I request that payment of authorized benefits be made on my behalf.

X \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of person to receive vaccine or person authorized to make the request (parent or guardian)

SCHOO





Applying the Pharmacists' Patient Care Process to

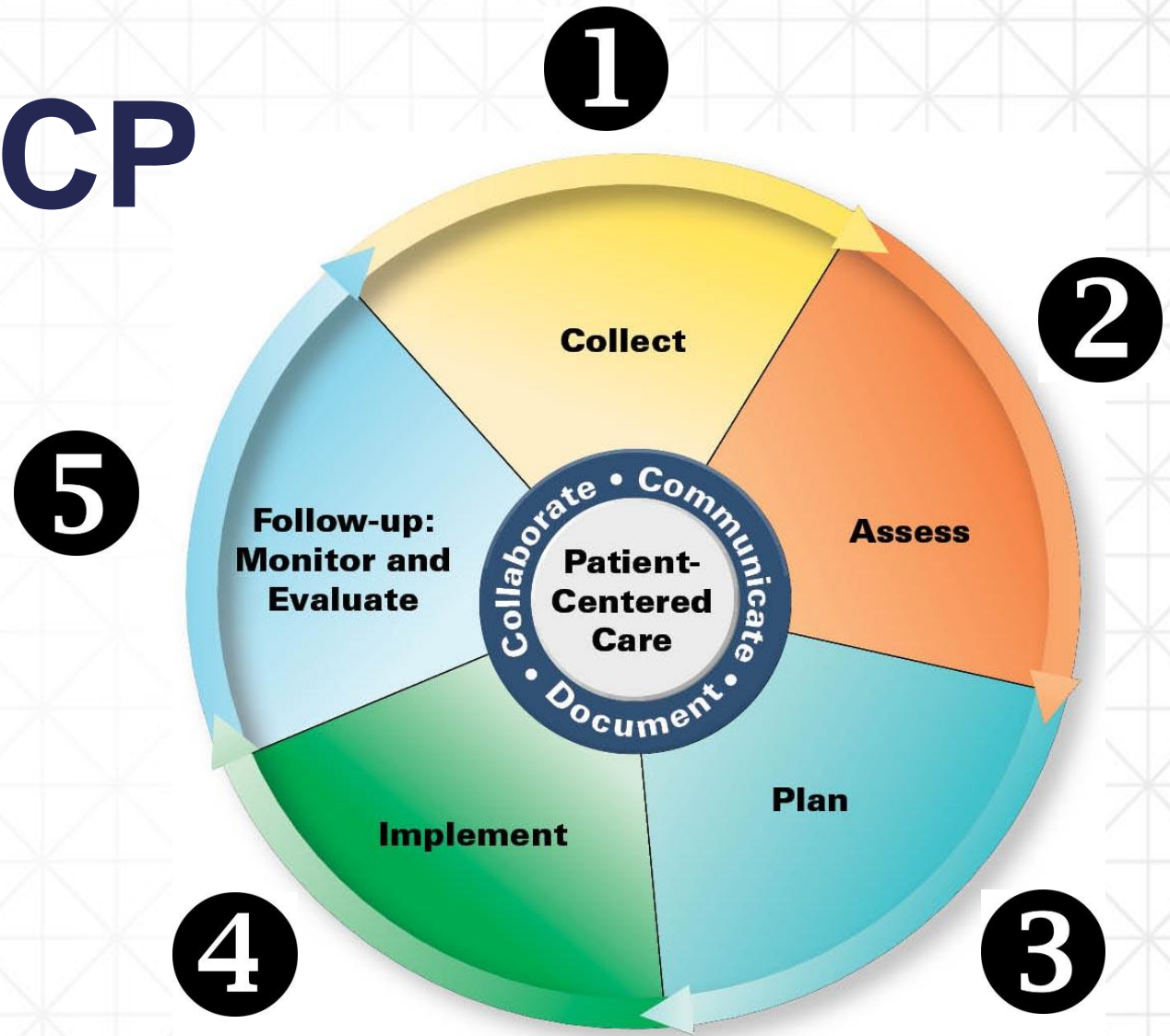
# Immunization Services

A Resource Guide for California Pharmacists

- **PPCP created by the Joint Commission of Pharmacy Practitioners in 2014**
- **Developed to promote consistency in how patient care is taught and practiced**
- **Adapted for immunization practice in 2016 at Chapman University**
- **Consistent with NVAC and CDC Standards for Adult Immunization Practice**
  - **Assess**
  - **Recommend**
  - **Administer**
  - **Document**



# The PPCP



Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. May 29, 2014.

# Collect



The pharmacist assures the collection of necessary subjective and objective information about the patient in order to understand the relevant **medical history and clinical status** of the patient.

**Information may be gathered** and verified from **multiple sources**, including existing patient records, the patient, and other healthcare professionals. This process includes collecting:

- Demographics
- Immunization records
- A current medication list
- Relevant health data
- Patient lifestyle habits, preferences, beliefs, health and functional goals, and socioeconomic factors

# Sources of Information

- **Immunization Information Systems (IIS)**
- **Personal Immunization Record**
- **Pharmacy Dispensing System**
- **Primary Care Providers (PCP)**
- **Patient-Provided History**



# Assess

The pharmacist assesses the information collected and analyzes the need for vaccines according to the FDA and ACIP.

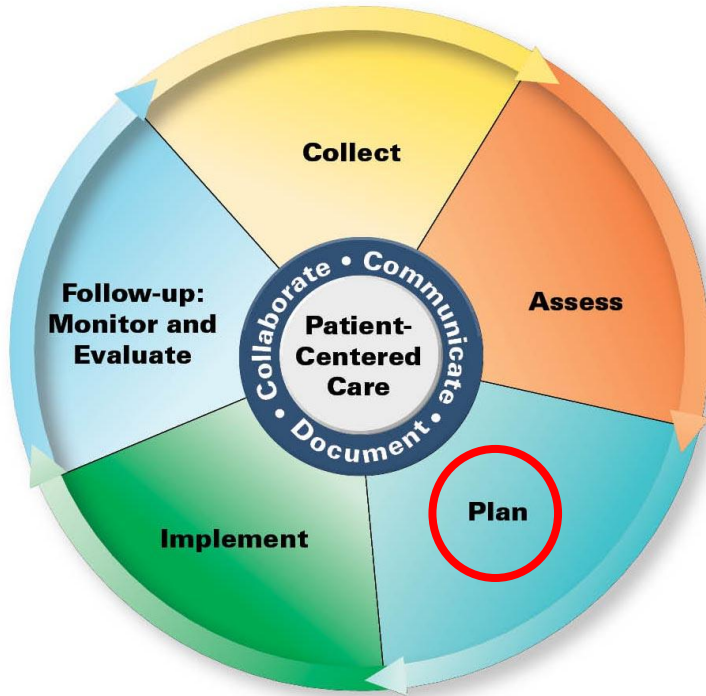
This process includes assessing:



- Age
- Current and past health conditions, medications
  - e.g. level of immunocompetence
- Pregnancy status
- Lifestyle
- Occupation
- Travel
- Current health status
- Allergies
- Vaccination history

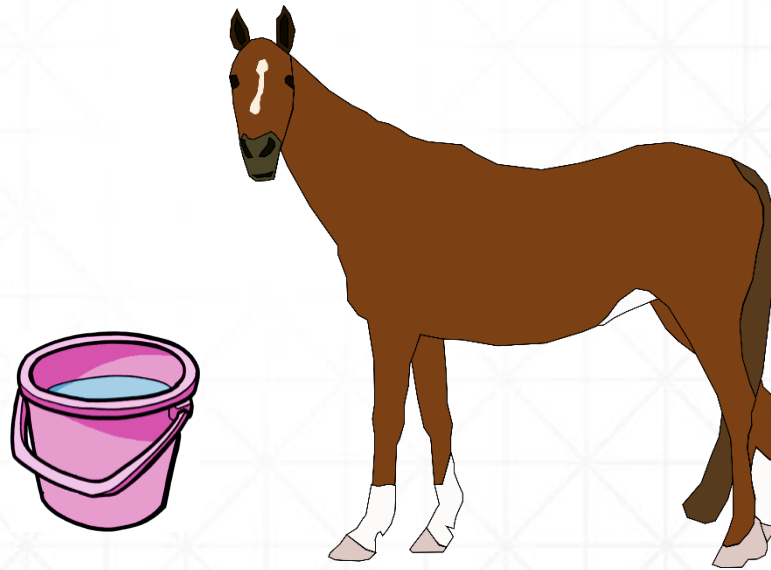


# Plan



- Patient specific
- PCP collaboration
- Determine education needs
- Dispel myths
- Minimize financial barriers
- State scope of practice
- Make strong vaccine recommendations
- Integrate motivational interviewing

# Access is not always enough...



# Proactive Vaccination

- **Reactive vaccination: patients ask for a vaccine**
- **Proactive vaccination: pharmacist identifies patients in need of a vaccine**
  - **Use *Collect* and *Assess* steps to identify patients**
  - **Use *Strong Recommendations* and *Motivational Interviewing* to persuade people to get vaccinated**

# What vaccine providers say really does matter...

## Provider communication and HPV vaccination: The impact of recommendation quality

### Shingles vaccine receipt in 60+ pharmacy population

Variable		Unadjusted OR (95% CI)	p- Value	Adjusted OR (95% CI)	p- Value
Recommended to receive vaccine by health care provider	No	1.00			
	Yes	6.93 (4.74– 10.13)	>0.001	5.15 (3.42– 7.75)	>0.001

Teeter BS et al. *Vaccine*. 2014; 32(43):5749–54

	Parents reporting HPV vaccine initiation for child/Total parents in category (%)		Multivariable  (95% CI) <sup>a</sup>	Parents reporting HPV vaccine follow through for child/Total parents in category (%)		Multivariable  (95% CI) <sup>b</sup>	
Overall quality			OR			OR	
No recommendation	163/714	(23)	1		27/163	(17)	1
Low-quality	126/237	(53)	4.13	(2.99– 5.70)**	33/126	(26)	1.78 (0.99– 3.20)
High-quality	400/544	(74)	9.31	(7.10– 12.22)**	174/400	(44)	3.82 (2.39– 6.11)**

Gilkey MB et al. *Vaccine*. 2016. 34(9):1187–92

Strong endorsement

+

Prevention message

+

Urgency

=

High-  
Quality  
Rec



# Which statement sounds the most persuasive?

- **Pneumococcal vaccine is recommended at age 65; do you want it?**
- **You might want to consider getting the pneumococcal vaccine**
- **I'm giving you the pneumococcal vaccine today because it is recommended at age 65**
- **I strongly recommend that you receive the pneumococcal vaccine today because it can protect you from diseases caused by pneumococcal bacteria, including pneumonia. These diseases could be very serious for you now that you are older**

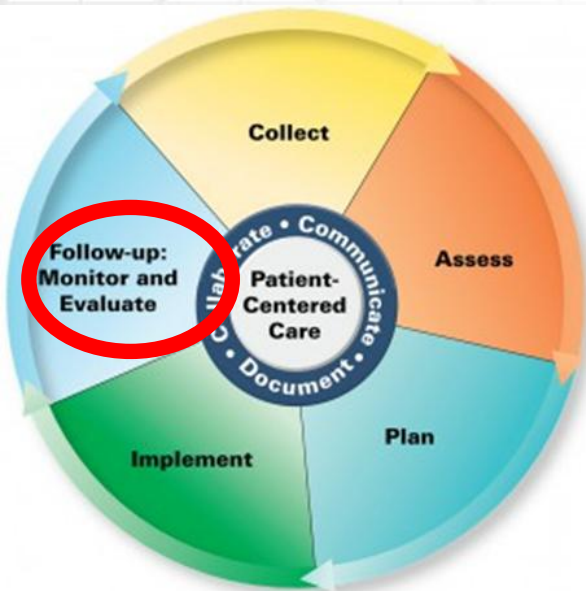
# Implement



The pharmacist implements the care plan in collaboration with other health care professionals, as needed, and the patient or caregiver. During the process of implementing the care plan, the pharmacist:

- Consider state law
- Administer vaccines
- Consider workflow and space
- Supplies and storage
- Documentation
  - VAR, screening form, consent, IZ record, PMS record, provider communication
- Coordination of care
  - Referrals
  - Communication with other providers

# Follow-Up: Monitor and Evaluate



The pharmacist should have systems in place and training for appropriate monitoring and management of possible adverse reactions.

This process includes the continuous monitoring and evaluation of:

- Having a written emergency plan
- Stocking epinephrine and diphenhydramine
- Report to VAERS and VERP
- Establish a system for boosters and completion of series