Pharmacy-Based Immunization: Taking Your Practice to the Next Level

Speakers

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Disclosures

• Vincent Hartzell, PharmD, and Anita Martinez, RPh, CDE, declare no conflicts of interest or financial interests in any product or service mentioned in this activity, including grants, employment, gifts, stock holdings, and honoraria.

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Development and Support

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Accreditation and CPE Information

• **Target Audience:** Pharmacists
• **ACPE Activity Type:** Knowledge-based
• **Learning Level:** Level 2

Accreditation and CPE Information

• The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education (CPE). This webinar, Pharmacy-Based Immunization: Taking Your Practice to the Next Level, ACPE #022-000-10-149-L04-P, is approved for 2 hours of CPE credit (0.2 CEUs).

• To obtain CPE credit for this webinar, participants must participate in the entire webinar and complete the online evaluation by September 12, 2010. A voucher code and further instructions will be provided during the webinar. In order to complete the online activity evaluation form, participants will need to have a valid Pharmacist.com user name and password. A Statement of Credit will be automatically generated upon achieving these requirements.

• Participants can obtain CPE credit for only one of the three offerings of this webinar.
Polling Question

• Which description best matches your role in your pharmacy’s immunization program?
  a. Immunization educator and/or advocate
  b. Immunizing pharmacist
  c. Immunization program coordinator/manager
  d. Other

Self-Assessment Question #1

• Which of the following vaccines is administered to children only?
  a. Measles, Mumps, Rubella
  b. Varicella
  c. Diphtheria, Tetanus, and Pertussis (DTaP)
  d. Hepatitis B

Self-Assessment Question #2

• Which of the following statements is true?
  a. Student pharmacists can administer immunizations in some states
  b. Certified pharmacy technicians can administer vaccines in some states
  c. Medicare Part B covers all vaccines for enrollees
  d. Travel vaccines are typically covered by private insurance providers

Self-Assessment Question #3

• When billing a third-party payer for the administration of a vaccine, pharmacists should:
  a. Include the cost of the vaccine in the administration fee.
  b. Not charge the patient if the payer does not cover the service.
  c. Provide a superbill or receipt for the patient listing the charges.
  d. Charge 80% of what Medicare pays for the service.

Polling Question

• Which description best matches your role in your pharmacy’s immunization program?
  a. Immunization educator and/or advocate
  b. Immunizing pharmacist
  c. Immunization program coordinator/manager
  d. Other

Learning Objectives

• Review recent highlights in pharmacy-based immunization practice and discuss the benefits of expanding beyond influenza and pneumococcal vaccines
• Define best practices for developing a year-round immunization practice
• Categorize common challenges and barriers facing immunizing pharmacists and provide possible solutions
• Outline targeted patient populations for year-round services
• Identify ways to build relationships and communicate with patients and other health care providers
2009 Was an Unusual Year

Who knew swine flew?

2009 Opportunities

- H1N1 changed pharmacy immunization practice
  - First pandemic pharmacists were considered vaccine providers
  - Many more insurers accepted pharmacists as vaccine providers – reimbursement was possible
  - National and local recognition of pharmacy immunization practices

Pharmacy Is a Great Place for Immunization Services

- Access, proximity, extended hours
- Ability to identify and educate elderly and high-risk patients
- Public’s trust of pharmacists
- Public’s acceptance of immunization services in pharmacies

Pharmacist Involvement

APhA’s Pharmacy-Based Immunization Delivery CTP

- Began in 1996
- >93,000 have been trained to date
  - 17,000 in 2008
  - 33,000 in 2009
- Outcomes
  - 79% of participants reported that the number of immunizations administered in their practice has increased following the CTP

Pharmacist Involvement: 2009–2010 Influenza Season

- >12 million vaccine doses administered by pharmacists
- >100,000 pharmacists trained to administer vaccines to date
- All 50 states, Washington DC, and Puerto Rico authorize pharmacists to administer influenza vaccines

Post Pandemic

- Post H1N1 considerations
  - Public has heightened awareness of pharmacy-based immunization services
  - Businesses are concerned with the health of their employees during the flu season
  - Pharmacy benefit managers have set precedent for reimbursement for vaccine administration
  - Pharmacists are now considered a partner in improving immunization rates
Why Expand Your Practice?

Patients in need
- Low immunization rates
- Access to health care
- Increased demands on all health care providers
- Collaboration and referrals from physician practices
- Increased professional satisfaction
- Increased business (foot traffic and sales)
- Additional revenue stream

Vaccine-Preventable Diseases in the 20th Century

<table>
<thead>
<tr>
<th>Disease</th>
<th>Max. Cases</th>
<th>Year</th>
<th>Cases 2005</th>
<th>Cases 2006</th>
<th>Cases 2007</th>
<th>Cases 2008</th>
<th>% Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>30,508</td>
<td>1938</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Measles</td>
<td>763,094</td>
<td>1968</td>
<td>66</td>
<td>55</td>
<td>43</td>
<td>132</td>
<td>&gt;99%</td>
</tr>
<tr>
<td>Mumps</td>
<td>212,932</td>
<td>1964</td>
<td>314</td>
<td>6,584</td>
<td>800</td>
<td>396</td>
<td>&gt;99%</td>
</tr>
<tr>
<td>Pertussis</td>
<td>265,269</td>
<td>1934</td>
<td>25,616</td>
<td>15,632</td>
<td>10,454</td>
<td>10,007</td>
<td>&gt;96%</td>
</tr>
<tr>
<td>Paralytic poliomyelitis</td>
<td>21,269</td>
<td>1952</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Rubella</td>
<td>488,796</td>
<td>1964-1965</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>17</td>
<td>&gt;99%</td>
</tr>
<tr>
<td>CRS</td>
<td>&gt;20,000</td>
<td>1964-1965</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Tetanus</td>
<td>601</td>
<td>1948</td>
<td>27</td>
<td>41</td>
<td>20</td>
<td>15</td>
<td>&gt;96%</td>
</tr>
</tbody>
</table>

CRS = congenital rubella syndrome
Roush SW, Murphy TV. JAMA. 2007;298:2155-263.

Healthy People 2010 Selected Immunization Goals

- Flu Vaccine in Past Year
  - >90% of adults aged ≥65 years who had a flu shot within the past year
- Pneumococcal Vaccine
  - >90% of adults aged ≥65 years who have ever received a pneumococcal vaccine

Vaccination Rates in Adults

<table>
<thead>
<tr>
<th>Vaccination Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (50-64 y/o)</td>
</tr>
<tr>
<td>Influenza (≥65 y/o)</td>
</tr>
<tr>
<td>Influenza (19-64 y/o health care personnel)</td>
</tr>
<tr>
<td>Pneumococcal (≥65 y/o)</td>
</tr>
<tr>
<td>Tetanus in past 10 years (19-49 y/o)</td>
</tr>
<tr>
<td>Tetanus in past 10 years (50-64 y/o)</td>
</tr>
<tr>
<td>Tetanus in past 10 years (≥65 y/o)</td>
</tr>
<tr>
<td>Zoster vaccine (≥60 y/o)</td>
</tr>
</tbody>
</table>


Adolescent and Adult Vaccines Currently Available

- Influenza (seasonal, H1N1)
- Pneumococcal
- Diphtheria, Tetanus, and Pertussis (Td/Tdap)
- Meningococcal disease
- Hepatitis A and B
- Human Papillomavirus
- Varicella for adults without immunity
- Measles, Mumps, Rubella
- Varicella Zoster Virus
- Vaccines for international travel, including:
  - Yellow fever
  - Japanese encephalitis
  - Typhoid fever
- Others (e.g., rabies)

Polling Question

- What type of immunization services would you like to provide for the balance of 2010 and in 2011?
  a. Administer influenza vaccine only
  b. Administer influenza, pneumococcal, or other vaccines during the fall and winter only
  c. Administer vaccines during the fall and winter and at a few targeted times during the year
  d. Administer vaccines year-round
Developing a Year-Round Immunization Program

Look at your current practice setting
- Grow from your strengths
- Learn from your weaknesses
- Regulatory restrictions
- Find a niche
- Find a source for compensation
- Start small and grow
- Market your service

Build a Year-Round Immunization Program

Use a strong foundation to build your practice

Considerations When Expanding Immunization Services

Understand your state’s law allowing pharmacist immunization administration 

Maximize your potential

What Helped Build Your 2009 Immunization Business?

What were some of your best practices?
- Increase the types of vaccines offered
- Increase the number of pharmacists who immunize

Analyze Your Best Practices From 2009 Influenza Immunization Season

- How did you approach the 2009 influenza season?
  - Walk-in services
  - Designated vaccine clinic in your facility
  - On-site services
- How did you utilize your technicians?
  - Administrative support
  - Clinical services support
- Who contracted services with you?
  - Businesses
  - Pharmacy Benefit Providers

Understanding the Best Practices in Your Immunization Services

- What processes or procedures brought you the most return?
  - How did you use your resources?
    - Manpower
    - Marketing budget
    - Dedicated square footage
    - Billing support
    - Inventory investment
  - These may vary by location because of various community needs

Pharmacy-Based Immunization: Taking Your Practice to the Next Level
Assess Your Current Practice

- Staffing
- Workflow
- Regulatory
- Vaccine Storage
- Record Keeping
- Supplies / Documentation
- Scheduling
- Facility Layout

Assessing Our Practice
Expanding From Influenza

- No vaccine limitations, only age
- Need expanded protocol
- Fridge storage in place
- Need adequate freezer storage
- Successfully incorporated vaccine processing into workflow for flu
- Record Keeping
- Regulatory

Developing Best Practices for Expanding Your Immunization Services

- Understand your community’s demographics
  - Recognize the age of your population
  - Identify surrounding businesses
  - Discover community social gatherings
- Define your vaccine support for your community
  - Consider your need for additional vaccine inventory
  - Identify any changes you need in your protocol
  - Recognize additional training needed for expansion

Drilling Down to What Works for You

- Community demographics
  - Focus on the vaccine needs for the mean age of your community
  - Approach businesses and assess their vaccine needs
  - Identify groups that would have an interest in the health of their members

Profile Your Patients

- Diabetes
- Heart Disease
- Asthma or COPD
- Influenza, Pneumococcal, possibly H1N1, Tetanus

Pharmacy-Based Immunization:
Taking Your Practice to the Next Level

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Examples of Vaccine Needs for Your Communities
- What is the age group of the population you want to serve?
  - Senior communities
    - Influenza vaccine
    - Pneumococcal vaccine
    - Zoster vaccine
    - All other adult vaccines
  - Communities with young families
    - Child/adolescent vaccines
    - Tdap
    - All adult vaccines

Vaccine Needs for Your Communities
- Types of businesses in your area
  - Public schools
    - Influenza vaccine
    - School-required vaccines
  - Health career educational settings
    - Hepatitis B vaccine
    - All other adult vaccines
  - Construction, remodeling, or design
    - Influenza vaccine
    - Tdap

Travel Vaccines
- Business that may need travel vaccine services include those with:
  - International offices
  - Buyers who travel for products
  - Employees who travel from other countries to the United States for work
  - Employees who travel to other parts of the world for services or training
- Community needs for travel vaccine services
  - Diverse population with family living overseas
  - Population that commonly plans exotic vacations
  - www.cdc.gov/travel

Look at Your Previous Successes
- Which groups did you offer influenza services to in 2009?
  - Insurance providers
  - Businesses
  - Special community groups
- Who provided you with support for your immunization practice?
  - Health departments
  - Physicians
  - Immunization coalitions

Examine Your Potential for Travel Immunization Services
- Did your marketing attempts bring in new patients?
  - Physician announcements or letters regarding your services
  - Media support
  - Facility flyers, banners, or brochures
  - Outreach to PBMs
  - Website for your facility or ad in other websites
Plan for Expansion

- Identify services
  - Decide what vaccine services make sense for your community
- Create timeline for execution
  - When does it make sense to launch additional services?
  - When does the support training occur?
  - When and how do you market your new services?
  - Be clear on 2009’s best practices and how they would change for your expansion

Polling Question

- What is the greatest barrier you see in expanding your immunization practice?
  a. Lack of immunizing pharmacists
  b. Lack of insurance support for pharmacy services
  c. Not enough time to dispense medications and provide immunization services
  d. No physician support for expansion of standing orders
  e. Lack of patient demand for services

Barriers to Expansion

- Prescriber acceptance
- Public acceptance
- Compensation
- Legal/regulatory compliance
- Staffing
- Adequate staff training

Potential Barriers

- Implementation
  - Additional education, certification, and licensing
  - Costs: supplies, education, facility space remodel, licensing
  - Protocol
  - Time

Addressing Barriers

- Lack of immunizing pharmacists
  - Approach your local pharmacy school
  - Provide more training sessions to support your pharmacist community
  - Student pharmacists and residents
- Approach your state pharmacy association
  - Expand their CPE offerings to include immunization certification courses
  - Identify pharmacists who excel in providing the service and maximize their potential

Polling Question

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  e. Lack of patient demand for services

Too Many Barriers to Expand Your Services?

There is no such thing as a barrier – just jump one hurdle at a time and you will get where you want to go.
Become a Preceptor

- Become a preceptor – student pharmacists on rotation can support services or may be able to provide immunizations themselves depending on training and state
  - 27 states allow student pharmacists to administer immunizations with various restrictions
- Pharmacy residents can help augment immunization services

Allow Your Superstars to Shine

- Leader, knowledgeable, trainer
- Motivates
- Spokesperson
- Coordinates events

Vaccine Compensation

- Out-of-pocket or self-pay
- Patient reimbursement through employer plans
  - Applied to deductibles, health savings accounts, or flexible spending accounts
- Private employers
- Medicare (Part B, Part D)
- Medicaid
- Third-party insurance payers

Compensation Pearls

- Tell patients what the charge will be for the vaccine and your service before you prepare the dose
  - You cannot charge Medicare or other third-party payers more than your usual and customary fee
- Give all cash paying patients a receipt so they can seek reimbursement from insurance

Billing Third-Party Payers

- Pharmacist should bill the payer for the vaccine product and administration
- Administrative fee third-party billing
  - Reason for Service Code (NCPDP Field 439–E4)
    - PH = Preventive Health Care
  - Professional Service Code (NCPDP Field 440–E5)
    - MA = Medication Administration
  - Result of Service Code (NCPDP Field 441–E6)
    - 3N = Medication Administration
- Even if payer does not cover administration, pharmacists should have a mechanism in place for receiving compensation from the patient for administration

Medicare Parts B and D Cover Vaccines for Enrollees

<table>
<thead>
<tr>
<th>Part B Coverage Categories</th>
<th>Part B Coverage Description</th>
<th>Retail and Home Infusion Pharmacy Setting B/D Coverage</th>
<th>LTC Pharmacy Setting B/D Coverage</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylactic Vaccines</td>
<td>Influenza, Pneumococcal, and Hepatitis B (for intermediate- to high-risk beneficiaries)</td>
<td>Part B for Influenza, Pneumococcal, and Hepatitis B (for intermediate- to high-risk beneficiaries)</td>
<td>Part B for all others</td>
<td>Vaccines given directly related to the treatment of an injury or direct exposure to a disease or condition are always covered under Part B</td>
</tr>
</tbody>
</table>

For more information visit:

Medicare Parts B and D Cover Vaccines for Enrollees:

- Preventive Health Care
- Medication Administration
- Prevalent Health Care

Adapted from www.cms.gov/pharmacy/downloads/partsbdcoverageissues.pdf
Self-Pay Options

• Examine your market to assess whether this will be a viable business model
  – Travel health services
  – Meningococcal vaccine for students going to college
  – Employer-contracted wellness
    • Hepatitis B for employees with exposure risk
    • Typhoid / Hepatitis A for municipal sewer workers

Third-Party Payer Support

• A potential barrier: lack of insurance support for pharmacy immunization services
  – Examine current Medicare contracts
  – Maximize potential offerings
  – List those providers you contracted for H1N1 administration in 2009
    • Renegotiate – request extension into the 2010–2011 season
    • Request for additional vaccine coverage
    • Review contract language – you may be able to expand without renegotiation
    • If denied, be persistent – ask again with a different approach

2010 Affordable Care Act and Immunization Opportunities

• For 2014
  – Expanded health care coverage and focus on disease prevention is expected to boost coverage for adult vaccines
  – Law calls for private plans to cover preventive health services recommended by USPSTF with no cost sharing

• For 2010
  – Adult children can stay on parents’ plans until age 26 years
  – State high-risk insurance pools

Strategies for Employer Contacts

• Do your homework
  – Employer
    • Self-insured or fully insured
    • Perform an immunization assessment of employees
    • Who is their PBM?
      – Can the PBM process immunization claims?
    • Have billing options ready
      – Roster bill
      – Invoice
      – Claims processing

Making Time for Immunization Services

• Understand your business model
  – Financial compensation for vaccine service warrants changing duties, providing support, and realignment of your services

• Identify times when dispensing is not so demanding
  – Weekends
  – Staff overlap in schedule
  – Adding to the dispensing schedule with more help

• Delegate whenever possible
  – Identify tasks that can be accomplished by student pharmacists, technicians, clerks

Creating Physician Support

• Approach physician for protocol changes
  – Create a document to show past successes
  – Create an assessment for patients to identify physician referrals
  – Communicate in the spirit of improving access and improving immunization rates to benefit patient health

• Approach to physicians for potential referrals
  – Personal visit to high-volume physician practices
  – Regular communication: fax, letters, and flyers throughout the year
Pharmacist Immunization Administration Protocol / Standing Order vs. Rx

According to two nonscientific Pulse on Pharmacy Surveys conducted by APhA on October 24, 2009, and December 19, 2009.

Legal Impact:
State Impact on Expansion

<table>
<thead>
<tr>
<th>Vaccine Limits</th>
<th>Age Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza only</td>
<td>Any</td>
</tr>
<tr>
<td>8%</td>
<td>44%</td>
</tr>
<tr>
<td>Influenza + Pneumococcal</td>
<td>≥19 yo</td>
</tr>
<tr>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Influenza + Zoster</td>
<td>≥18 yo</td>
</tr>
<tr>
<td>2%</td>
<td>46%</td>
</tr>
<tr>
<td>&gt;3 Vaccines</td>
<td>≥14 yo</td>
</tr>
<tr>
<td>86%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>≥13 yo</td>
</tr>
<tr>
<td></td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>≥11 yo</td>
</tr>
<tr>
<td></td>
<td>2%</td>
</tr>
</tbody>
</table>

Information provided courtesy of APhA, September 16, 2009

State Law Limits Our Practice

- State Association PAC support
  - Continue to educate legislators on the benefits of lifting restrictions (e.g., age, type of immunization)
- Create alliances
  - Immunization Coalitions
  - Public Health Affiliations
  - Insurers
  - Employers

“Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has.”

Margaret Mead

Increasing Patient Interest

- In-store marketing (signage, register tapes, flyers)
- Referrals (prescribers and word of mouth)
- Review patient records – patients with chronic illness can be educated about the benefits of immunizations when refilling prescriptions
- During other patient care services – ensure that immunization status is reviewed
  - Especially when providing influenza vaccine!

Find a Niche

- What type of patients do you serve and what are their immunization needs?
  - Pediatrics
  - Adolescents
  - Adults (<65 years old)
  - >65 years old
  - Special populations
    - Organ transplants
    - Travel health
    - Diabetes
    - HIV/AIDS
Find a Niche

What type of patients do you serve and what are their immunization needs?

- >65 years old
  - Influenza, PCV23, Td, Zoster
- Adults (<65 years old)
  - Influenza, Td/Tdap, catch-up or other indicated vaccines
- Adolescents
  - HPV, MCV4, Influenza, Tdap, catch-up or other indicated vaccines
- Pediatrics
  - Numerous

Adolescent Vaccines

Special Populations

Finding Our Patient Population

State Regulations (Pennsylvania)

- 18 years and 1 day old
- No limitation on vaccines
- Protocol or prescription allowed

Focused Services

- Adults (specifically >65 years old)
- Travel Health

Rationale

- Legal implications
- Source of compensation identified (Medicare Part B / Part D)
- Easy to identify

Vaccines Administered
Corporate Initiatives for Targeting Populations

- Benefits announcement letter to members who contract vaccine services with you
- Separate vaccine information space on your corporate website listing services and general vaccine information
- Advertising on specialized websites
  - Senior discount sites
  - Pediatric or new mom sites
- Advertising in specialty publications
  - Diabetes-related magazines
  - Teacher association newsletters
  - College newsletters

Building Relationships

- Join Immunization Coalitions
  - Exposure to other health care professionals
  - Become a part of an overall community initiative
  - Receive recognition from immunization community
- Visit with local Public Health Department
  - Reach as high as state level if you provide immunizations in multiple counties
  - Join in their goal
  - Report to the local registries

Public Health Department

- Established relationship with Public Health Department grows your business
  - Learn their best practices
  - Become a part of their in-service network and learn new vaccine practices
  - Refer business to your practice
  - Create a reciprocal relationship when you need additional help

Relationships With Other Health Care Professionals

- Establish a relationship with physicians
  - Visit with local medical associations for support
  - Visit with urgent care clinics so they support those vaccines or age limits for which you cannot provide services
  - Create a standing order relationship with large local medical practice
    - Report immunization services to build confidence
    - Assure inventory of vaccines for their patients

Non-Health Care Professionals

- Contact local senior groups
  - Provide services other than vaccine
    - Screenings
    - Speaker for meetings or gatherings
- Identify local home owners associations
  - Provide immunization clinics for their members
  - Provide newsletter information for your overall services

Other Types of Helpful Relationships

- Associate with advocates for healthy communities
  - Health department
  - Chambers of commerce
  - Day care facilities
  - Senior community events
  - Gyms
  - Any business for which you provide Rx services
  - EVERYONE wants healthier employees or members
  - Patient associations: AARP, American Diabetes Association, American Lung Association, etc.
Communicate Your Expanded Immunization Services

Communicating Services

- Patient focused
  - Flyers
  - Banners, posters, and facility brochures
  - Letters or postcards
  - Recall postcards
- Potential business
  - Letters
  - Cold calls
  - Personal visits

Communicating Services

- Physicians
  - Fax
    - General announcement
    - Specific patient chart information
    - Coordinating care and communicating immunizations
- Vaccine Registries
  - Coordinating care and communicating immunizations
- Letters
  - Sharing the desire to help raise immunization rates and how you can help
  - Offering your assistance for physician’s specific patients
  - Personal visit

Marketing Your Services

Other Resources for Marketing Your Services

- Marketing your immunization services
  - CDC influenza marketing kit
  - Immunization manufacturers marketing materials
  - Flu locator sites
  - Public health support
  - Notify and join coalitions
  - APhA immunization support
  - Traditional media campaigns

Marketing Your Services

- Marketing (Self-Referrals)
  - In-store signage
  - Print/radio ads
  - Bag stuffers and prescription auxiliary labels
- Point-of-Sale Recommendation
- Physician Referrals
  - Doctor detailing
- Pharmacy Computer System
  - Disease states
  - Medications

CDC Free Resources

- CDC provides free brochure, poster, and flyer templates for marketing your influenza services
  - Address ethnic groups
  - Patients and caregivers
  - People with high-risk conditions
  - Travelers
- CDC provides latest information on all immunization schedules and services
CDC Web Sites

www.cdc.gov/flu
www.cdc.gov/vaccines

Corporate Efforts for Communication

- Media services
  - Television ads
  - Radio ads
  - Newspaper ads
  - Websites
    - Company website
    - Client websites
    - Social websites
    - Community websites

Start Small and Grow

- Set realistic and attainable goals
- Follow an attainable timeline
- Track your progress
- Assess your progress
- Adapt to needed changes
- Succeed

Keys to an Accomplished Year-Round Immunization Program

- Make the commitment to success
  - Train pharmacists and supportive staff
  - Create a team to support purchasing, marketing, billing, and contracting
  - Assign the responsibility of regulatory oversight to a team member
  - Develop standard procedures for all immunization models; in-store and off-site clinics

What Outcomes Do You Measure?

- Number of vaccines provided, by vaccine type
  - Impact on clinical outcomes?
- Percent of patients with chronic conditions who receive recommended vaccines
- Revenue
- New patients to the pharmacy
- Referrals to other pharmacy services

Who Knows What’s Next?
Polling Question

• After this presentation, what are your plans for your immunization services for the remainder of 2010 and in 2011?
  a. Administer influenza vaccine only
  b. Administer influenza, pneumococcal, or other vaccines during the fall and winter only
  c. Administer vaccines during the fall and winter and at a few targeted times during the year
  d. Administer vaccines year-round

Self-Assessment Question #1

• Which of the following vaccines is administered to children only?
  a. Measles, Mumps, Rubella
  b. Varicella
  c. Diphtheria, Tetanus, and Pertussis (DTaP)
  d. Hepatitis B

Self-Assessment Question #2

• Which of the following statements is true?
  a. Student pharmacists can administer immunizations in some states
  b. Certified pharmacy technicians can administer vaccines in some states
  c. Medicare Part B covers all vaccines for enrollees
  d. Travel vaccines are typically covered by private insurance providers

Self-Assessment Question #3

• When billing a third-party payer for the administration of a vaccine, pharmacists should:
  a. Include the cost of the vaccine in the administration fee.
  b. Not charge the patient if the payer does not cover the service.
  c. Provide a superbill or receipt for the patient listing the charges.
  d. Charge 80% of what Medicare pays for the service.

How to Obtain CPE Credit

• Note the voucher code: TBA
• Go to www.pharmacist.com/education
• Go to Online CPE Quick List and click on “Pharmacy-Based Immunization: Taking Your Practice to the Next Level”
• Log in using your Pharmacist.com user name and password (different from the KRM user name and password used to access this activity)
• Complete the evaluation to gain immediate access to your Statement of Credit

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Pharmacy-Based Immunization:
Taking Your Practice to the Next Level
Conclusion

“Prevent All the Disease You Can...  

. . . Then Treat the Rest.”

John D. Grabenstein, RPh, PhD