Immunizations Month 3
GROUP 2

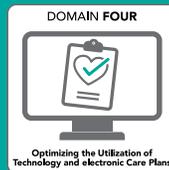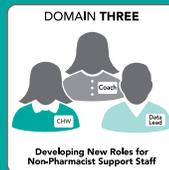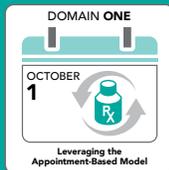| DOMAIN **ONE**	DOMAIN **TWO**	DOMAIN **THREE**	DOMAIN **FOUR**	DOMAIN **SIX**
Leveraging the Appointment-Based Model	Improving Patient Follow Up and Monitoring	Developing New Roles for Non-Pharmacist Support Staff	Optimizing the Utilization of Technology and electronic Care Plans	Developing the Business Model and Expressing Value

Flip the Pharmacy: Champion Checklist

☐ **Understand the importance of leveraging the appointment-based model**

☐ **Consider what additional resources you need to help you feel more comfortable screening for and providing immunizations**

- Review NCPA Innovation Center's "No Excuses" Immunization Program over the course of this progression
- Become familiar with the CDC's immunization schedules: Click **HERE**

☐ **Determine what you want to implement for the month**

- **Baseline** *(2 Workflows)***:**
  - A. Identify and enroll patients in med sync.
  - B. Proactively assess patients for immunizations by using age, health condition, and the immunization registry.
    - ➡ **Refer to IZ Month 2 Change Package – Click HERE**
- **Advanced** *(2 Workflows)***:**
  - A. Document outcome of immunization recommendations in a care plan and the immunization registry when appropriate.
  - B. Follow up with the patient when necessary (i.e. determine if recommendation accepted, additional immunization(s) or dose(s) needed).

☐ **As the pharmacy champion, decide on how you want to proceed and share specific information that will be valuable to your pharmacy staff**

☐ **Continue documenting eCare Plans as shown throughout the change package.**

NCPA Innovation Center is offering the FREE "No Excuses" Immunization Program to help pharmacies implement or expand immunization services in the pharmacy. With the possibility of a COVID-19 vaccine soon to be approved combined with the influenza season, community pharmacies have an opportunity to play a critical role in public health.

Guest speakers, many CPESN Pharmacy staff members, review a variety of topics: regulations, inventory management, workflow considerations, billing and reimbursement, and marketing strategies.

Click **HERE** to view bullet points about each topic, quickly sign up to receive the past webinars, and register for the remaining webinars in the series, or see *Appendix A*.

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Considerations for Implementing Group 2 Workflows

Consider the progress you and your pharmacy team have made over the last 2 months. Continue laying the foundation for practice transformation and build upon it a little bit each month. This month we are introducing 2 "advanced" workflows. They can be implemented now or provide a resource for you to reference in the future as you are growing your immunization services.

Workflow Innovations

Advanced Workflow A: Document outcome of immunization recommendations in a care plan and the immunization registry when appropriate.

Documenting in the eCare Plan

In case you are unsure or struggling with eCare plan documentation, **review the sample/test case for immunization progression and submit a test eCare Plan** if you haven't already. Each one gets easier! If you know how to submit a care plan for immunizations – no need to re-watch the videos!

As a reminder, this is the Care Planning Example for the Immunization Progression:

Your pharmacy staff called DKA 5 days before she was due to come in to pick up her prescriptions to see if she has had any medication changes. When your technician was screening her for additional immunizations needed it was determined that she was due for her shingles vaccine 2-dose series. DKA confirmed she had not previously received and agreed to get it her first dose when she came in to pick up her prescriptions. She receives her first dose and the pharmacy staff documents in both a care plan and the immunization registry.

- ◼ **Encounter Type:** Follow-up
- ◼ **Encounter Reason(s):** Administration of substance to produce immunity, either active or passive [specific SNOMED code: 127785005]
- ◼ **Medication Related Problem(s):** Not up to date with immunizations (finding) [specific SNOMED code: 171259000]
- ◼ **Intervention(s):** Administration of substance to produce immunity, either active or passive [specific SNOMED code: 127785005]

Here are the steps the pharmacy took to screen, document, and follow up:

1. The technician (or other staff member) used the **Patient Form** during the med sync process to screen the patient. Click **HERE** or see Appendix B.
2. The technician checked "Shingles vaccine" based on age and then confirmed immunization status with DKA during her med sync call.
3. The **Patient Form** and Immunization Consent Form were placed with DKA's prescriptions.
4. The pharmacist/technician* provided the immunization when DKA came into pick up her prescriptions, wrote the immunization information on the Consent Form, and documented the immunization in the **Patient Form** (Immunizations Provided Column).
5. An eCare Plan was documented using the **Patient Form**, and the information was documented in the immunization registry.

If you would like other ideas for how to document an eCare plan based on various other immunization SNOMED CT Codes, review the options in the table below and the Patient Form.

Medication Related **Problem**	SNOMED CT Code	Medication Related **Intervention**	SNOMED CT Code
Not up to date with immunizations (finding) – Problem observation	171259000	Administration of substance to produce immunity, either active or passive	127785005
		Influenza vaccination	86198006
		Pneumococcal vaccination	12866006
		Vaccine refused by parent	921000119109
		Vaccine refused by patient	591000119102
		Immunization status screening	268558004
		Immunization education	171044003

CPESN BEST PRACTICES **For consistency and ease of staff training, we recommend you choose how you want to document in the eCare plan and train everyone at the pharmacy to do the same.** For example, you could use the general SNOMED CT Code of "Administration of substance to produce immunity, either active or passive" [specific SNOMED code: 127785005] to document any immunization administered. Depending on your care plan vendor, you could then either document the specific immunization administered in the notes field or change the title of the care plan to reflect the immunization administered.

Documenting in the Immunization Registry

Are you connected to your state immunization registry? This is a great place to start as a screening tool and an important public health tool for pharmacies to contribute to patient records.

SME TIP **Print out the patient's immunization registry information and keep this with the Patient Form. Showing this to the patient, along with having the prescription processed, will increase the likelihood of the patient getting the immunization(s).**

How do you get connected to your state Immunization Registry?

1. Individual state contacts for registries can be found **HERE**
2. Check out this **CHART** compiled by CPESN network facilitators for more state specific information.
   a. Does your state have a registry?
   b. Where do you enroll?
   c. Who can have access?
   d. Is integration with pharmacy management systems available?
      - If all vaccines must be reported to the registry in your state or you plan to administer COVID vaccines, you'll want to consider the potential volume of immunizations administered at your site and if it is feasible for you to manually report. If not, reference the following information about integration with your pharmacy management system.
3. Follow your state's enrollment process and begin reporting as well as utilizing the registry as a screening tool.
4. Give your support staff access to the registry if allowed in your state. They can take a lead role in screening and reporting!

Immunization Registry Integration with Pharmacy Management System

As you are getting started with Immunization Registry reporting, manual entry of immunizations administered may be the simplest way to begin. However, as your immunization program grows and/or you begin administering COVID vaccines, Immunization Registry integration with your pharmacy management system is a great way to utilize technology to free up staff time. Check the COVID-19 Best Practices website **HERE** and refer to the "integrations available" column for more information specific to your state and/or vendor.

Advanced Workflow B: Follow up with the patient when necessary (i.e. determine if recommendation accepted, additional immunization(s) or dose(s) needed).

Care Planning Example *continued*:

DKA received her first dose of the shingles vaccine and the pharmacy staff documented it in both a care plan and the immunization registry. DKA will need her second dose in 2-6 months. **What are workflow solutions the pharmacy could utilize to ensure DKA receives her second dose in the appropriate time frame?**

Below are several ideas of how you can document to ensure follow up, including manual and automated options:

Manual
- Document when subsequent dose(s)/follow up is due on a calendar
  - **SME TIP** **We use a paper calendar to track things like high cost inventory reorders and could add immunizations follow up tasks to the calendar.**
- Document in a HIPAA compliant electronic calendar that can be shared with staff
- Use your pharmacy management system to generate monthly reports of vaccines administered
  - **Example:** Staff can run a report for the month of any shingles vaccines given and then determine which were first doses. Use that list to call and schedule second doses for those patients in 2-6 months.
- Schedule a "future fill" of the vaccine as a reminder to call the patient
  (Note: You must be really careful with this and pharmacy audits. If the immunization prescription is actually processed and then not input on the same date as it was administered, it is recommended you re-process the prescription for the day the immunization is provided to the patient.)

Automated
- If the patient is enrolled in med sync, document as part of their med sync follow up/care plan so staff will be prompted to discuss with the patient during a routine med sync call
  - This is another great reason to enroll patients in med sync! Documentation and follow up are already part of your workflow and make routine care seamless.
- Use existing pharmacy management system tools as reminders
  - Some care plan vendors/pharmacy management systems allow you to create a follow up action in a queue or set a task as a reminder to follow up with the patient.
  - **SME TIP** **We use "tasks" in our pharmacy management system to remind us when a patient is due for their 2nd dose. We have a running "Shingles Vaccine" task to alert us when 2nd doses are due. The tasks can also be assigned to specific staff members – a great opportunity to engage your support staff in the process.**
- Use a scheduling tool and schedule second dose appointments at the time the first dose is administered (could also be done manually)
  - **The Month 1 Immunization Change Package gave a great example** of utilizing an online scheduling tool as well as creating an online Immunization Consent Form. Here is a review of the steps to set up online appointment scheduling and Immunization Consent Forms through JotForm:

  STEP ONE: Choose a HIPAA Compliant platform to use for scheduling and/or to schedule appointments.
  - Two options are Acuity and JotForm.
  - For this example, we will use JotForm (this is what is used at Duvall Family Drugs).

  STEP TWO: Obtain access to the survey/appointment scheduling tool (i.e., JotForm).
  - JotForm is offering their platform for free to healthcare providers from now through March 31, 2021.
  - Click **HERE** to apply (takes ~2 hours to receive approval).

  STEP THREE: Create your personalized Immunization Consent Form and/or Appointment Availability.
  - Duvall Family Drugs has offered their Immunization Consent Form within JotForm.
  - Click **HERE** to view the template that you can edit and customize for your pharmacy (or search for CPESN within JotForm Templates).

CPESN USA has provided a comparison chart of scheduling platforms. This chart was created using survey responses from NCPA | CPESN Fellows, CPESN Pharmacy Staff Members who have been involved with COVID-19 Test Scheduling, and Technology Partners.

The comparison can be viewed on the Best Practices website HERE and will be updated as CPESN USA receives more results.

Why is improving follow up so important for immunization services?

One of the community-based pharmacists' responsibilities is to help patients optimize their medications. A frequent medication therapy problem is the need for additional medication. Assessing patients for their immunization status to determine which vaccines they are eligible to receive and, either providing it or referring the patients, should be a regular intervention that pharmacists provide in their practice. There are several instances where follow up is needed to ensure appropriate medication optimization.

1. Ensuring patients receiving immunizations dosed in a series complete the series *(extremely important if you are planning to administer COVID vaccines)*
2. Following up about vaccine status at a later date if the patient declined initial recommendation (i.e. revisit the recommendation at a future date)
3. Scheduling patients for additional immunizations if they didn't want to receive multiple immunizations on the same day (i.e. they are due to receive both their flu and shingles vaccine but patient preference is to separate doses)
4. Confirming pharmacy recommended immunizations were received if not administered in the pharmacy (especially important for screening only pharmacies)

Payer Example

Follow up processes are also crucial for payer programs. In Ohio, there is an opportunity for pharmacies to be paid when a patient needs an immunization. The patients are flagged and the pharmacy is able to be reimbursed for recommending the immunization, whether they administered it or not. The pharmacy must follow up with the patient after the recommendation and document that the immunization was either received in the pharmacy or elsewhere. Without follow up processes in place, it would be very difficult to take advantage of this payer program.

Appendices

NCPA Innovation Center "No Excuses" Immunization Program

NCPA developed a new program designed to help pharmacies implement or expand vaccine services in their pharmacy. With the possibility of a COVID-19 vaccine soon to be approved combined with the upcoming influenza season, community pharmacies have an opportunity to play a critical role in public health.

During the webinars, attendees can expect to start up or expand their immunization program. This hands-on approach with guest speakers will involve recommendations for practice change as well as time to ask tough questions. Pharmacists now have "No Excuse" for not offering vaccine services in their pharmacy.

If you would like to participate in NCPA's "No Excuses" Immunization Program, please follow these steps:

1. **Click here to access previous webinars by completing a quick sign-up form (< 1 min to complete)**
   a. Once you complete the form, you will receive the recorded webinar links.
2. **Register here to sign-up for the upcoming webinars.**
3. Browse through the "No Excuses" immunization toolkit, to find additional resources for your immunization program.
   a. This resource center houses useful links from APhA, CDC, and the Immunization Action Coalition (IAC) along with several other organizations to help you tackle your toughest immunization challenges, whether it be clinical or business related.

Updated 10.26.2020

Patient Encounter Documentation Form

Patient Name: _____**DOB:** _____**Age:** _____

Screening for Immunization(s)[1] Immunization(s)[1] *Based on Age, Condition & Immunization Registry*	Immunizations Provided	eCare Plan Documentation	
Any adult patient ☐ Annual influenza vaccine		List medication(s) [if needed for med sync]:	
Patient 50 years or older ☐ Shingles vaccine (Shingrix)		**Medication Related Problem or Problem Observation** Date Identified:_____	**Intervention** Date Resolved:_____
Patient 65 years or older ☐ Pneumovax® 23 (PPSV23) ☐ Prevnar 13® (PCV13) if appropriate		☐ Noncompliance with therapeutic regimen ☐ Polypharmacy	☐ Medication synchronization *(synchronization of repeat medication)*
Patient with Diabetes (Type 1 or 2) ☐ Hepatitis B vaccine series ☐ Pneumovax® 23 (PPSV23)		☐ Not up to date with immunizations	☐ Administration of substance to produce immunity, either active or passive ☐ Influenza vaccination ☐ Pneumococcal vaccination ☐ Vaccine refused by patient ☐ Immunization status screening ☐ Immunization education

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Patient Name: _____**DOB:** _____**Age:** _____

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Patient with Diabetes (Type 1 or 2) ☐ Hepatitis B vaccine series ☐ Pneumovax® 23 (PPSV23)		☐ Not up to date with immunizations	☐ Administration of substance to produce immunity, either active or passive ☐ Influenza vaccination ☐ Pneumococcal vaccination ☐ Vaccine refused by patient ☐ Immunization status screening ☐ Immunization education