Immunizations Month 4
GROUP 2

DOMAIN **ONE**
OCTOBER 1
Leveraging the Appointment-Based Model

DOMAIN **THREE**
Coach
CHW
Data Lead
Developing New Roles for Non-Pharmacist Support Staff

DOMAIN **FOUR**
Optimizing the Utilization of Technology and electronic Care Plans
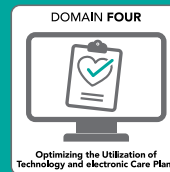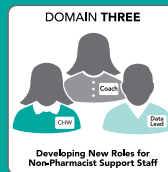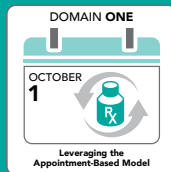
DOMAIN **FIVE**
Establishing Working Relationships with other Care Team Members

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: Click **HERE**
- Become familiar with the CDC's immunization schedules: Click **HERE**

☐ **Determine what you want to implement for the month**
- **Baseline** *(3 Workflows)*:
  - A. Identify and enroll patients in med sync. **IN PROGRESS**
  - B. Proactively assess patients for immunizations by using age, health condition, and the immunization registry. **IN PROGRESS**
    - ➡ **Refer to Immunizations Month 2 Change Package – Click HERE**
  - C. Create a process within your workflow for care coordination with other providers. **NEW**
- **Advanced** *(3 Workflows)*:
  - A. Document outcome of immunization recommendations in a care plan and the immunization registry when appropriate. **IN PROGRESS**
  - B. Follow up with the patient when necessary (i.e. determine if recommendation accepted, additional immunization(s) or dose(s) needed). **IN PROGRESS**
    - ➡ **Refer to Immunizations Month 3 Change Package – Click HERE**
  - C. Maintain the quality of patient care services during disruptions in normal operations. **NEW**

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

☐ **Milestones:** Submit 10 eCare Plans during Quarter 1.

Considerations for Implementation

As we continue through the Immunization Progression, consider which of the following groups your pharmacy might fall into:

> **Beginner:** *Just starting your immunization practice/screening workflow*
> **Intermediate:** *Active immunization practice (may or may not be adding COVID-19 vaccines)*
> **Advanced:** *Adding COVID-19 vaccines to a practice with robust clinical services including vaccines*

The change packages are meant to serve as a resource for all groups. We recognize that not all of the information will pertain to your practice at this time. FtP champions and coaches can help to assess your practice and how to best continue your "flip" throughout this progression.

One commonality for all FtP pharmacies, regardless of which group you are in, is the ***need for implementation of processes and systems***. Creating these processes and systems, in addition to a robust medication synchronization program, and staffing with the right number at the right time, will help you handle the stresses that COVID-19 is adding to your practice. Critically evaluating your workflow to ensure that technicians are "driving" the dispensing process while the pharmacists are "freed up" to focus on enhanced services is essential to practice optimization.

How have your operations been affected during the pandemic? Did your med sync program allow enough **slack resources** for you to easily implement new services like COVID-19 testing or COVID-19 vaccines? What if you were presented with a new payer opportunity tomorrow? Are your current operations sustainable? Do you have processes in place to make sure your current patient care services are maintained? This month we will focus on implementation and improvement of processes for prescriber communication and maintaining the quality of existing services.

Workflow Innovations

Baseline Workflow C: Create a process within your workflow for care coordination with other providers.

If you are just implementing immunization screening/administration services or you do not currently have a process in place for care coordination in your existing immunization workflow, follow along with Baseline Workflow C.

What is Care Coordination?

Care Coordination is defined by the National Institutes of Health as the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.

In other words, we are part of the health care team and have a professional responsibility to ensure that our patient's medications are optimized. **This requires working collaboratively with providers**, sharing our "work-ups" of mutual patients, identifying and resolving medication-related problems (MRP), and making appropriate clinical interventions.

Many community pharmacists are care coordinators throughout the day as they call provider offices, caregivers and patients to resolve a medication-related problem or other issues that affect the patient.

What is a Care Coordination Note?

The intent of a care coordination note is to document the status of coordination with providers NOT meant to go to providers. The status may include what, when and whom.

Example Care Coordination Note:
> **2/1/21:** Sent note to Dr. Wellness to notify him that DKA received her first shingles vaccine.

The act of coordinating care can include various types of care plans, including **prescriber communication**. As you are beginning to implement care coordination and documentation of that care through notes, pay attention to the following considerations for documentation of care plan coordination.

- Each pharmacy has different practices in place, so use what you have that works well for your pharmacy team in your current capacity. This may evolve over time and that is both ok and expected!
- Consider how to send communication to prescribers.
- Leverage the variety of technology partners you work with to use tools you already have in place.

How do you currently communicate with providers?

Do you make phone calls and send faxes as needed or do you have a process in place that your entire staff follows consistently? Care coordination and communication with providers should happen in a systematic fashion for ease and consistency. Communication to providers regarding immunization recommendations and administration is likely the easiest place to start if you do not currently have a system in place because pharmacy is typically notifying a provider that an intervention took place, rather than asking for feedback.

What are the various ways you might communicate immunization information to a provider *(i.e., care coordination)*?

- ■ **Immunization registry**
  - ● Depending on the utilization of the immunization registry in your state, this might be sufficient notification to the provider. (In some states, reporting is not mandatory for all entities and is therefore not universally referenced.)
  - ● Refer to Immunizations Month 2 Change Package – Click **HERE** for more information about utilizing your state's immunization registry.

- ■ **Notification to provider**
  - ● Even if immunization registry reporting is required in your state, you may want to send additional notification to the provider as a professional courtesy and to help provide information that the provider may not have seen otherwise. Providers are busy individuals too and may not have the "whole" picture of the patient.

  SME TIP **Consider using a template (ideally available within your pharmacy management system or eCare Plan vendor's platform) to send notifications via fax or other electronic platform.**
  - ● Click **HERE** to download a template provided by Tyson Drug Co., a CPESN MS Pharmacy *(See Appendix A)*.

- ■ **Shared Electronic Health Record (EHR)**
  - ● If you have the ability, document interventions directly into the patient's EHR!

How do you document that prescriber communication has occurred as part of your care coordination processes?

- ■ Manually document (i.e. "Faxed date" field on Vaccine Administration Record form)
- ■ Scan prescriber note into patient's profile
- ■ Document in a care coordination note (i.e., eCare Plan)

CPESN BEST PRACTICES **Consider documenting any prescriber communication (including immunization recommendations and administration) in a care coordination note so that you develop a uniform process for your staff to share this information.**

When should you communicate immunization information with the provider?

In some states, provider notification of immunization administration is mandatory. Even if this is not the case in your state, consider notifying the provider all immunizations administered.

Depending on your practice, this may not be feasible for immunizations given in high volumes such as influenza or COVID-19 vaccines. However, if you have a good system in place with automated notifications, you might be able to notify the provider of those immunizations as well. You might also consider reaching out to your local providers to ask their preference regarding notifications and use that information to inform your processes.

Vaccine Adverse Event Reporting System (VAERS)

VAERS is a passive reporting system, meaning it relies on individuals to send in reports of their experiences. Anyone can submit a report to VAERS, including parents and patients.

Healthcare providers are **required by law** to report to VAERS **HERE**:

- Any adverse event listed in the **VAERS Table of Reportable Events Following Vaccination** that occurs within the specified time period after vaccinations
- An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine

And are strongly **encouraged** to report to VAERS:

- Any adverse event that occurs after the administration of a vaccine licensed in the United States, whether it is or is not clear that a vaccine caused the adverse event
- Vaccine administration errors

In some instances, the patient's provider might be the first to become aware of an adverse event that should be reported to VAERS. However, it is important to communicate adverse event information to the provider and VAERS.

What technology solutions are available to you?

- Some pharmacy management systems or eCare Plan vendors have a template or report available to create patient specific immunization administration notifications that can be sent directly to the provider through that system. Check to see if your technology vendor has this capability to ease staff burden.
- Immunization Registry integration with your pharmacy management system is a great way to utilize technology to free up staff time. Check the COVID Best Practices website **HERE** and refer to the "integrations available" column for more information specific to your state and/or vendor.

What are other considerations when communicating with prescribers?

- Keep patient focused
- Provide the physician with any meaningful background information
- Clearly and concisely outline the problem the patient is experience with drug therapy (i.e. needs drug therapy = immunization)
- Propose a solution (i.e. pharmacist's intervention = immunization administered)

Workflow Innovations

Advanced Workflow C: Maintain the quality of patient care services during disruptions in normal operations.

Which patient care services are you currently offering?

☐ Medication synchronization	☐ Immunizations
☐ Adherence packaging	☐ Delivery
☐ Point of care testing	☐ Long acting injectables

Additionally, you are managing your dispensing process as well as monitoring patients and identifying medication related problems. Even though disruptions may make it difficult to complete all of your usual duties, don't let it deter you from providing exceptional care to all of your patients.

The pandemic has highlighted the need for processes related to patient care activities so that they may continue during "disruptions" in daily operations. We are hearing from the field that some pharmacists have put other patient care activities "on-hold" while focusing on COVID-19 vaccinations. Patients experiencing medication-related problems are just as frequent now (and perhaps more) than before the pandemic, so putting practice transformation and the provision of enhanced services on the back burner is not constructive. Now is the time to focus on transforming practice and figuring out how to increase your practice's capacity to provide enhanced services in addition to COVID-19 vaccines. It takes action, it takes planning, it takes problem-solving, and more importantly it takes commitment.

How are you maintaining the quality of your patient care services and balancing all of your responsibilities?

Here are some tips:

- Rely on the infrastructure you have in place to make sure daily operations continue
  - Utilize your med sync process to the fullest extent
  - Consider shifting call or fill dates based on need for staff capacity
  - In times of extreme disruption, the filling process could be moved to hours outside of normal operations
  - Delegate responsibilities to ensure the pharmacy is operating smoothly

  SME TIP **Divide and conquer on oversight of pharmacy operations. For example, one staff pharmacist manages normal pharmacy operations including patient care services, while another staff pharmacist oversees the COVID-19 vaccine operations and planning.**

- Leverage your support staff and slack resources
  - Consider training your technician(s) to administer immunizations
    - Check the **COVID Best Practices website HERE** for training resources
  - Reach out to local schools/colleges of pharmacy for assistance from student pharmacists
  - Share resources with a neighboring pharmacy if possible
  - Utilize volunteer staff as appropriate (this could be other providers such as nurses or retired practitioners as allowed by your state)
- Utilize the time you have with patients efficiently
  - Use the appointment-based model to allow for multiple services to occur during one patient interaction
  - Monitor and follow up on other chronic conditions when immunizing

Appendices

Tyson DRUG CO.

[Address]
[Address]
Phone: 123-456-7890 Fax: 123-456-7890

Provider's Notice of Patient Vaccination

Patient's Name: _____   **Patient's DOB:** _____

Provider Name: _____   **Provider Fax Number:** _____

Patient received the following vaccinations at the pharmacy:

Vaccine	Brand	Manufacturer	Lot #	Expiration	Site	Date Adm.
Hepatitis A	Havrix	GSK				
	Vaqta	Merck				
Hepatitis B	Engerix-B	GSK				
Hepatitis A and B	Twinrix	GSK				
Herpes Zoster	Shingrix	GSK				
Meningococcal (MenACWY)	Menactra	Sanofi				
	Menveo	GSK				
Meningococcal (MenB)	Trumenba	Pfizer				
	Bexsero	GSK				
Measles-Mumps-Rubella	M-M-R®ᵢᵢ	Merck				
Pneumococcal (PCV13)	Prevnar	Merck				
Pneumococcal (PPSV23)	Pneumovax	Pfizer				
Tetanus-Diptheria (Td)	Tenivac	Sanofi				
Tetanus-Diptheria-Acellular Pertussis (Tdap)	Boostrix	GSK				
	Adacel	Sanofi				
COVID-19		Moderna				
		Pfizer				

Pharmacist Signature: _____

This notice is one part of a multi-step approach that Tyson Drug Company is implementing to improve the quality of patient care that we provide, together with our physician partners, particularly those items that are being monitored by Centers for Medicare and Medicaid Services (CMS)