Collaboration and Communication with Pharmacists Authorized to Immunize

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Declaration

No conflict of interest to declare

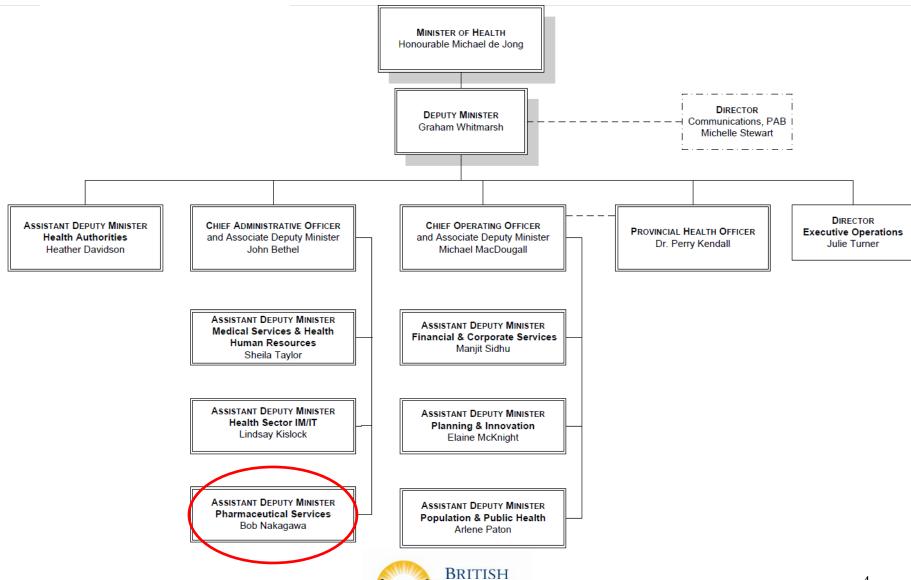


Today

- Context
 - Pharmaceutical Services Division
 - Pharmacist Authorization to Administer Immunizations
 - Pharmacists and Immunization Working Group
- History
 - H1N1 (2009)
 - □ 2010 **+**
- Collaboration and Communication
- Lessons Learned
- Going Forward

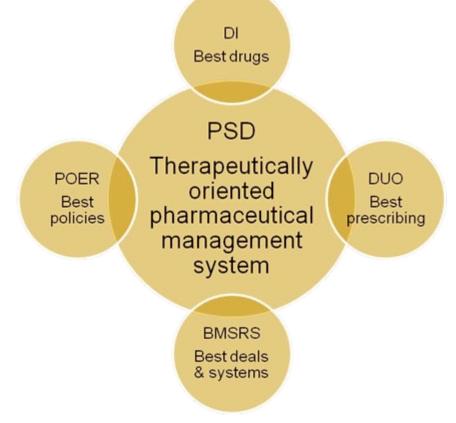


BC Ministry of Health



COLUMBIA

Pharmaceutical Services
Division





Pharmacist Authorization to Administer Immunizations



NEWS RELEASE

For Immediate Release 2009HSERV0026-000515, injections, vaccines, H1N1 October 21, 2009 Ministry of Health Services

Ministry of Health News Release - October 21, 2009 (Injections / Vaccines / H1N1)

VICTORIA – Specially-trained pharmacists in British Columbia can now provide patients with vaccine injections.

"As we are facing both regular flu season and the H1N1 flu pandemic, pharmacists can now help administer the annual flu vaccine, including vaccinations for H1N1," said Health Services Minister Kevin Falcon. "Expanding the role of pharmacists gives patients more choice for, and increased access to health care."



Other Jurisdictions (as of 11/11)

Canada

- Trained pharmacists can administer vaccinations in British Columbia, Alberta, New Brunswick
- Pharmacists in Manitoba, Ontario, Nova Scotia are expected to have authority to administer vaccinations once regulations are finalized

USA

All 50 states allow vaccination by pharmacists



Pharmacist Qualification Requirements

- Registration on the College's Full Pharmacist register
- Have successfully completed training from a College approved accredited training program
- Possess current certification in CPR and first aid from a recognized provider



Pharmacist Training

- Accredited Administration of Injections Program (prepared by the BC Pharmacy Association in collaboration with the College of Pharmacists of BC, BC Ministry of Health and BC Centre for Disease Control)
 - Immunization Competency Program for BC Health Professionals – on-line pre-study
 - Practical Administration of Injections for BC
 Pharmacists in-person workshop



Pharmacists Authorized to Administer Immunizations in BC

Date	Number of Pharmacists
November 2009	~400
November 2010	~800
November 2011	>1400



Registered Student Training

- BCPhA Accredited Administration of Injections Program for registered students in Spring 2012
- Plans underway to incorporate training in to undergraduate curriculum for all students at UBC

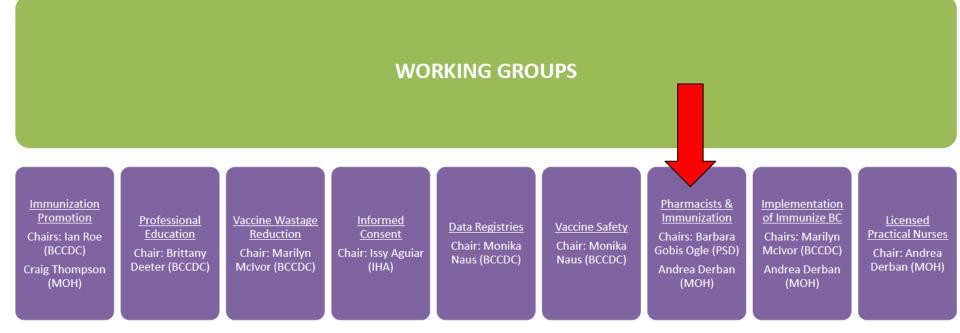


BC IMMUNIZATION COMMITTEE (BCIC)

Co-Chair: Elizabeth Brodkin (FHA)

Co-Chair: Craig Thompson (MOH)

Manager: Andrea Derban (MOH)





ImmunizeBC Strategic Framework (2007) Goals

- Investigate opportunities to expand the range of health care professionals providing immunization,
- Strengthen BC's public health infrastructure, and
- Widen patient choice by increasing access to injection services.



Pharmacists and Immunization Working Group Mandate

Strategic

- Ensure adequate supply of pharmacist service providers
- Support full implementation of pharmacists' scope of practice to administer immunizations
- Ensure stakeholder coordination and collaboration
- Enhance pharmacists' capacity to promote the benefits of immunization



Pharmacists and Immunization Working Group Mandate

Operational

- Make recommendations to BCIC about ways to utilize pharmacists to further public health goals
- Support regional health authorities and pharmacists in delivering PFV to BC citizens
- Share information on best practices about privately funded vaccine
- Promote consistent delivery of immunizations by pharmacists
- Provide support so pharmacists can effectively promote immunization programs



PIWG Membership

- BCCDC
 - Pharmacy Services
 - Vaccine Educator
- MoH
 - Pharmaceutical Services
 - Population & Public Health
- College of Pharmacists of BC
- BCPhA

- UBC-CPPD
- Vancouver Coastal HA
- Northern HA
- Fraser HA
- Vancouver Island HA
- Interior HA
- First Nations Inuit Health
- Manager, BCIC



History

- **2009**
 - H1N1
 - Payment for PFV administration
- **2010**
 - Influenza and Pneumococcal 23 valent
 - Payment continued
- **2011**
 - Same as 2010



Pharmacist Access to PFV

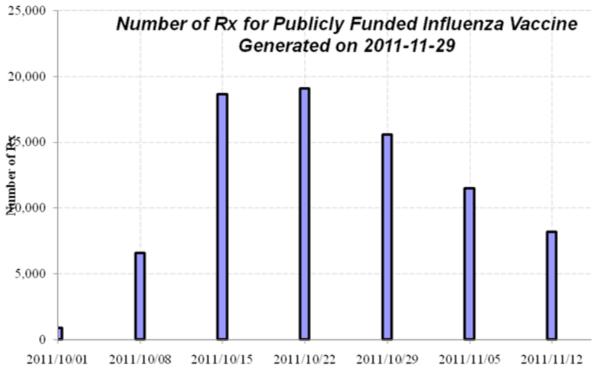
Year / Quarter / Months	Influenza	Pneumococcus
2009 / Quarter 4 / Oct – Dec	26,547	62
2010 / Quarter 1 / Jan – Mar	5,179	15
2010 / Quarter 2 / Apr – Jun	25	5
2010 / Quarter 3 / Jul – Sep	15	5
2010 / Quarter 4 / Oct – Dec	44,046	1,191
2011 / Quarter 1 / Jan – Mar	4,456	224

Total 80,268 1,502

Source: Policy, Outcomes Evaluation and Research; Pharmaceutical Services Division; Ministry of Health Services. Retrieved July 11, 2011; HealthIdeas. Data for the period Oct-01-2009 to Mar-31-2011.



Influenza Administration Fee Claims Fall 2011 (PharmaNet)



Week Starting (note last week likely has partial data)

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved Nov 15, 2011 HealthIdeas. Date Range Oct 1/11 – Nov 12/11



Collaboration

Collaboration

- Monthly PIWG meetings tele or in-person
- Joint input and joint responsibility
- Learning across organizations
- Issues management

Materials

- Guideline document
- Health Authority procedures summary
- Vaccine product summary
- FAQs



Pharmacists' Resource Guide for Publicly-Funded Vaccines

October 2011

Pharmacist and Immunization Working Group (PIWG):

College of Pharmacists of British Columbia (CPBC)

BC Centre for Disease Control (BCCDC)

BC Pharmacy Association

Vancouver Coastal Health Authority

Fraser Health Authority

Vancouver Island Health Authority

Interior Health Authority

Northern Health Authority

BC Ministry of Health



http://www.health.gov.bc.ca/pharmacare/pdf/PFVGuide.pdf



VACCINE ^a	FLUVIRAL®	FLUAD®	AGRIFLU®	
Type of Virus	Trivalent, Inactivated, Split Virion	Trivalent, surface antigen, inactivated	Trivalent, surface antigen, inactivated	
Virus Strains	A/California/7/2009 (H1N1)-like strain A/Perth/16/2009 (H3N2)-like strain B/Brisbane/60/2008-like strain	A/California/7/2009 (H1N1)-like strain A/Perth/16/2009 (H3N2)-like strain B/Brisbane/60/2008 – like strain	A/California/7/2009 (H1N1)-like strain A/Perth/16/2009 (H3N2) – like strain B/Brisbane/60/2008 – like strain	
Approved indication	Approved for use in individuals ≥ 6 months and seniors	Approved for use in individuals ≥ 65 years of age	Approved for use in individuals ≥ 6 months	
Adjuvant	No	Yes	No	
Thimersol	Yes	No	No	
Adverse Drug Reactions	Transient injection site reactions	Local reactions	Transient: pain at injection site, headaches	
Supplied As	Multi-dose Vial (10 doses/vial)	Prefilled glass syringe ^b NEEDLES NEED TO BE PURCHASED ^c	Prefilled glass syringe ^b NEEDLES NEED TO BE PURCHASED ^c	
Storage	DO NOT FREEZE 2-8°C	DO NOT FREEZE 2-8°C	DO NOT FREEZE 2 – 8 ° C	
Expiry	Do not use vaccine after expiration date Once entered, discard vial after 28 days	Do not use vaccine after expiration date	Do not use vaccine after expiration date Recommended shelf life = 1 year	
BCCDC Monograph	2011-2012 monograph	2011-2012 monograph	2011-2012 monograph	
Use in B.C.	Supplied to all regions [Residential care ^d facilities in Vancouver Island Health Authority (VIHA) & Northern Health Authority (NHA) to use Fluviral ⁹]	Supplied to residents of Residential Care ^d facilities in Vancouver Coastal Health (VCH) and Fraser Health (FH) Authorities. Supplied to residents of LTC ^d facilities in VIHA (affiliates only). Supplied to community dwelling seniors age ≥ 75 in VCH & FH.	FH ^e and VCH ^e – will be available for only those with hypersensitivity to the other publicly-funded influenza vaccines.	
PIN Number	66124765	66124872	66124873	
Manufacturer	GlaxoSmithKline	Novartis	Novartis	

^a Note: only publicly-funded influenza vaccines are listed here.



^b Packaged as either one or 10 single dose prefilled syringes

^c Recommended needle sizes for intramuscular injections: 7/8" to 1 ½ " needle (depending on age), 22 to 25 gauge. Refer to the <u>BCCDC Immunization Manual</u> for more information.

d Residential Care

^eSmall quantities

Pharmacist and Immunization Frequently Asked Questions (FAQ)

Updated October 1, 2011

Product	Immunogen	Product Type	Manufacturer	DIN — For claims for patients not eligible for publicly- funded vaccine	PIN – For claims for publicly-funded vaccine administered by a pharmacist
AGRIFLU	Influenza	Inactivated (surface antigen), trivalent	Novartis	02346850	66124873
FLUAD	Influenza	Inactivated (surface antigen), trivalent	Novartis	02362384	66124872
FLUVIRAL S/F	Influenza	Inactivated (killed virus)	GlaxoSmithKline	2015986	66124765
PNEUMO 23	Pneumococcus	Subunit (polysaccharide)	Sanofi Pasteur	2231259	66124784
PNEUMOVAX 23 VACCINE	Pneumococcus	Subunit (polysaccharide)	Merck Frosst	431648	66124785



Influenza Vaccines 2011 - 2012 Season

Professional Q and A October 2011



Communication

- To pharmacists
 - College e-mail, web-posting
 - Association e-updates
 - Ministry newsletter, web-posting
 - UBC-CPPD web-posting
- To Health Authority team members
 - Via PIWG member
- On-going team communication via telephone and e-mail
- BCIC co-Chair updates



Lessons Learned

- Seek first to understand
 - Terminology
 - Schedule
 - Roles
 - Legislation
 - Responsibilities
 - Common ground
 - Access to care
 - What culture do you come from?



Pharmacists in Community Settings

- Licensed and accountable to regulatory body
- Customer focused
- Market forces and pressures
- Automation and technology
- Inventory management systems
- Accessible
 - Most BC communities
 - Evenings and weekends



Professionals in Public Health Settings

- Ministry + BCCDC + HA + Public Health Units
- Detailed processes
- Intricate and time-sensitive connections
- Inventory management requirements and pressures
- Documentation and record-keeping requirements and pressures
- Variability across health authorities



Going Forward

- Evaluation survey
 - Health Authority personnel
 - Pharmacists
- Streamlining processes
 - Across health authorities
- Availability of other vaccines
 - Extensive consultation process completed
 - Approval in principle
 - Work plan in development



Planning for the Future

- Desire is to make PFV available to <u>eligible</u> recipients from pharmacists under <u>specific</u> conditions and with <u>specific</u> procedures in place:
 - When recipients present to the pharmacy
 - Td, MMR, Hep A, Hep B adult
 - To supplement school-based programs
 - Tdap, Varicella, Hep B, HPV, Men C Conj
 - During an outbreak
 - MMR, Hep A, Pertussis, Pneumo-23, Men C Conj



Planning for the Future (continued)

- Desire is to make PFV available to <u>eligible</u> recipients from pharmacists under <u>specific</u> conditions and with <u>specific</u> procedures in place:
 - Post-exposure immunoprophylaxis of household contacts
 - Men C Conj, Hep A, Men Quad Conj
 - On a case-by-case basis
 - Varicella (adults/others), Tdap (previously unimmunized adults), Td/IPV, IPV (travel indications)



In Summary

- Collaboration is key
- Relationships, trust and respectful communication are the building blocks
- All stakeholders have benefitted



Thank You

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