

PROtect ND Kids
Quality Improvement Initiative
Report to North Dakota Health and Human Services Committee
June 16, 2010

- I. Introduction of William Riley, Ph.D., and Jerry Nye of Riley & Associates by Laura Olson, Business Manager, PROtect ND Kids, North Dakota Department of Health
- II. Overview of presentation
 - a. Status Report on Local Public Health Unit Operations Review
 - b. Report on Findings from two Focus Groups held on April 22, 2010 with North Dakota Pharmacists to assess their interest in providing childhood immunizations
- III. Attached materials include:
 - a. Part 1 - Summary comments for this testimony
 - b. Part 2 - Document shared with participants of Pharmacist Focus Groups - Childhood Immunizations- Duties and Requirements
 - c. Part 3 - Complete Report from the Pharmacist Focus Group Sessions

Part 1

Summary Comments

I. Status Report on Local Public Health Unit Operations Review

a. Goals

- i. Identify opportunities to enhance business processes for procuring and managing vaccines used in the PROtect ND Kids Program
- ii. Identify opportunities to enhance business processes used for billing and collecting for services provided by the local public health units under the PROtect ND Kids Program
- iii. Determine opportunities for collaboration between local public health units to enhance the delivery and management of childhood immunizations

b. Pilot Sites

- i. Walsh County Health District, Grafton
- ii. City-County Health District, Valley City
- iii. Central Valley Health District, Jamestown
- iv. First District Health Unit, Minot

c. Partner Sites

- i. University of North Dakota, Grand Forks
- ii. Blue Cross Blue Shield ND, Fargo

d. Status Report

- i. Site visits completed
- ii. Initial report of findings is being shared with pilot sites
- iii. Interviewing three other sites who have expressed interest in participating – Grand Forks, Bismarck and Hillsboro

e. Projected Timeline

- i. June/July – complete preparation of report – share with leadership
- ii. August/September – presentation to pilot sites/meeting to pursue opportunities for collaboration between public health units

II. Pharmacists Focus Groups held on April 22, 2010 – Minot, North Dakota

a. Background / Purpose of Focus Group

- i. To identify level of experience North Dakota pharmacists have in providing Adult Immunizations
- ii. To provide basic understanding of duties and requirements of providing Childhood Immunizations
- iii. To explore interest of pharmacists in providing Childhood Immunizations

b. Participants

Currently practicing in a community pharmacy	6
Retired or no longer in active practice	2
Corporate position with pharmacy chain	1
Hospital based	1
Educator	1

Total	<hr/> 11
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Rural experience	3
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Urban experience	8
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Years of service	Range 3 to 34 years
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	Average 24.9 years
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c. Format

- i. Two 45 minute sessions
- ii. Reviewed brief description of requirements to provide childhood immunizations to provide more informed discussion
- iii. Organized with the assistance and support of the North Dakota Board of Pharmacy and North Dakota Pharmacists Association

d. Limitations of Focus Group

- i. Small percentage of all pharmacists participated in focus group (<10%)
- ii. Even smaller percentage of pharmacists practicing in community setting

e. Summary of Discussion

- i. Pharmacists involvement in Adult Immunizations
 - a. Four of six practicing pharmacists provide Adult Immunizations (3 Urban/1 Rural)
 - b. The one pharmacy chain represented offers immunizations throughout their 29 locations
 - c. Adult immunizations are typically flu shots
- ii. Reasons Pharmacists provide Adult Immunizations
Valued and convenient service to community and customers
 - a. Leverage current systems and facilities
 - b. Source of revenue
 - c. Opportunity to increase immunization rates
 - d. Supplement other providers (clinics, public health units)
- iii. Reasons Pharmacists do not provide Adult Immunizations
 - a. Creates competitive relationship with other providers
 - b. Can be disruptive to pharmacy operations
 - c. Liability and risk associated with adverse reaction to immunization
 - d. Challenge to maintain skills
- iv. Pharmacists interest in providing Childhood Immunizations **after** learning general duties and requirements – (Refer to Attachment A for list.)
 - a. Participants had greater appreciation for complexity of providing and managing a childhood immunization program
 - b. Participants had varying degrees of concerns related to the time and resources it would take to add this service to their operations including:
 - Staff
 - Facilities
 - Disruption to operations
 - Administrative systems and procedures

- c. Participants questioned the ability to offer this service in a financially viable manner given expected cost and reimbursement (\$13.90 Vaccines for Children and \$21.85 private pay/commercial)
- e. Participants expressed concerns about maintaining proficient skills to provide this service to small children
- f. Participants were open to the idea of collaboration with other providers, particularly in underserved communities

f. Findings

i. Pharmacists

- a. Have a strong sense of service and commitment to their communities
- b. See themselves as integral providers in the health of their communities
- c. Are sensitive to the potential conflict that can occur with other providers of immunizations and potential impact on business

ii. Based on those in attendance, there is not an apparent strong interest for pharmacists to offer childhood immunizations

iii. A practicing pharmacist, evaluating the business case for offering Childhood Immunizations, would consider:

- a. Community need
- b. Capacity to provide quality service
- c. Time and resources required
- d. Impact on other service lines
- e. Revenue/Expense
- f. Alternative use for same time and resources

PART 2

Attachment A

Childhood Immunizations Duties and Requirements

Childhood immunizations are divided into 3 funding categories: VFC, 317 funded and privately purchased. VFC is Vaccines for Children which is a federally mandated program- those eligible are Medicaid, Native American, No insurance or child who is underinsured (insurance does not cover vaccine cost.) 317 funding is from the state and eligibility criteria and vaccines change. Privately purchased vaccine is for children whose health insurance covers the cost of vaccination.

Basic Duties and Requirements as a provider of Childhood Immunizations include:

- Knowledgeable about immunization schedules, catch-up schedules, reactions, contraindications, intervals for each immunization, required versus recommended immunizations for school and daycare, live vaccines versus inactive vaccines
- Screen each client - Medicaid, Native American, No insurance and underinsured to determine eligibility for VFC, 317, commercial insurance or private pay
- Assess an immunization record to determine vaccines needed; may need to obtain records from private providers and/or other sources
- Establish process to recall children who are behind on their immunizations
- Use medical judgment to comply with immunization schedule, dosage and contraindications as established by the Advisory Committee on Immunization Practices (ACIP)
- Provide clients current Vaccine Information Statements (VIS)
- Provide private area to give immunizations; may have uncooperative children
- Maintain emergency kits available and staff trained in how to respond for anaphylactic reactions, allergic reactions and syncope
- Report adverse events to State Health Department
- Collect data and enter all immunizations into NDIIS- statewide data entry
- Maintain separate inventories for private and VFC vaccines
- Ensure proper vaccine storage and handling- cold chain, monitor fridge temps

Attachment A (continued)

Childhood Immunizations Duties and Requirements

- Proper inventory management of outdates, recalls and vaccine shortages
- Provide monthly reports to State on VFC temperature logs, inventory, and doses administered
- Follow protocols for ordering VFC and 317 vaccines from State and private vaccines from manufacturer
- Provide vaccines according to ability to pay for VFC clients, administration fee is currently set at \$13.90 and \$21.85 for private pay
- Invoice commercial and government payers using HCFA 1500 form

Part 3

COMPLETE REPORT North Dakota Pharmacists Focus Group Assess Interest in Pharmacists Providing Childhood Immunizations April 22, 2010

Background

On Thursday, April 22, a focus group of North Dakota pharmacists was held in Minot, North Dakota to discuss the topic of childhood immunizations and the potential involvement of pharmacists in offering such services in their communities. The focus group was led by Jerry Nye, of Riley & Associates, LLC from Minneapolis, Minnesota. The meeting was arranged in conjunction with the annual meeting of the North Dakota Pharmacists Association which began on Friday, April 23rd. The meeting was made possible through the efforts of Mr. Howard Anderson, Executive Director of the North Dakota Board of Pharmacy and Mr. Michael Schwab, Executive Vice President of the North Dakota Pharmacists Association, who helped recruit the pharmacists to serve on the panels.

The format of the meeting was designed to first learn about each participant's role in providing adult immunizations. Presumably, if a pharmacist offered adult immunizations, there would be a higher probability that they would be interested in offering childhood immunizations.

The second round of discussion focused on the participants understanding of the general duties and requirements associated with providing childhood immunizations. The requirements are significantly different, particularly in reporting and follow up. Since pharmacists cannot currently provide childhood immunizations, it was likely they would not be as aware of the requirements and, as such, would not be able to make an informed decision on whether or not offering childhood immunizations would appeal to them.

The group was provided a brief description of the general duties and requirements associated with providing childhood immunizations (see attachment A) and were then questioned regarding continued interest in offering such a program.

Eleven pharmacists participated in the two focus groups. The breakdown of participants is as follows:

a.	Currently practicing in a community pharmacy	6
b.	Retired or no longer in active practice	2
c.	Corporate position with pharmacy chain	1
d.	Hospital based	1
e.	Educator	1
Total		11
f.	Rural experience	3
g.	Urban experience	8
h.	Years of service	Range 3 to 34 years Average 24.9 years

Each focus group session was completed in approximately 45 minutes.

1. Purpose of Focus Group

- iv. To identify level of experience North Dakota pharmacists have in providing adult immunizations
- v. To explore interest of pharmacists in providing childhood immunizations
- vi. To provide basic understanding of duties and requirements of providing childhood immunizations
- vii. To determine if level of interest in providing childhood immunizations changes after general understanding of duties and requirements are understood

2. Executive Summary

- i. Pharmacists involvement in Adult Immunizations
 - a. Four of six practicing pharmacists provide immunizations (3 Urban/1 Rural)
 - b. The one pharmacy chain represented offers immunizations throughout their 29 locations
 - c. Adult immunizations are typically seasonal flu shots
 - d. Two of the six practicing pharmacists do not offer immunizations
 - e. The one hospital based pharmacist does not provide immunizations
- ii. Reasons Pharmacists provide Adult Immunizations
 - a. Valued and convenient service to community and customers
 - b. Leverage current systems and facilities
 - c. Source of revenue
 - d. Opportunity to increase immunization rates
 - e. Supplement other providers
- iii. Reasons Pharmacists do not provide Adult Immunizations
 - a. Creates competitive relationship with other providers
 - b. Can be disruptive to pharmacy operations
 - c. Liability and risk associated with adverse reaction to immunization
 - d. Challenge to maintain skills
- iv. Pharmacists understanding of providing Childhood Immunizations **prior** to review of general description of duties and requirements (see Attachment A)
 - a. Limited understanding of unique requirements in providing childhood immunizations
 - b. Open to the idea of adding childhood immunizations to service line
 - c. Group believed pharmacists could develop skills and processes to provide childhood immunizations
- v. Pharmacists interest in providing Childhood Immunizations **after** learning general duties and requirements.
 - a. Participants had greater appreciation for complexity of providing childhood immunizations
 - b. Participants had varying degrees of concerns related to the time and resources it would take to add this service to their operations including:
 - Staff
 - Facilities
 - Disruption to operations

- c. Participants questioned the ability to offer this service in a financially viable manner given expected cost and reimbursement
- d. Participants expressed concerns about maintaining proficient skills to provide this service to small children. Failure to be very good at this could make this sometime challenging experience even more difficult
- e. While participants had reservations, they were still open to the idea particularly in those communities that are considered to be underserved and where the possibility for collaboration with other providers could be established

3. Limitations of Focus Groups and Study

- i. Small group of pharmacists participated in focus group (less than 10% of total number of pharmacists in North Dakota)
- ii. Even smaller number of practicing pharmacists participated in group (less than 5%)

4. Findings

- i. The pharmacists who participated in the focus group have a strong sense of service and commitment to the communities they serve. If there is a need, they are prepared to collaborate with other providers to fill that need
- ii. The pharmacists who participated in the focus group see themselves as integral providers in the health of their communities
- iii. The pharmacists who participated in the focus group are sensitive to the potential conflict that can occur with other providers of immunizations. As such, they do not wish to initiate efforts that would exacerbate that conflict
- iv. The pharmacists have found adult immunizations is an appreciated service and a reasonable offering to include in their business
- v. The duties and requirements associated with providing childhood immunizations is not widely known by practicing pharmacists
- vi. In considering the business case for offering childhood immunizations, factors such as time and resource allocation, revenue potential, fulfilling the requirements associated with patient and program management, disruption to pharmacy operations and dealing with distressed children and parents were felt to be strong reasons why it may not be a viable service unless there is a significant shortage of other resources in the community
- vii. Based on those in attendance, there is not a strong interest in creating legislation to allow pharmacists to offer childhood immunizations