

Pandemic Vaccine Planning: Pharmacy and Public Health Collaboration Overview & Meeting Summary

Thursday, June 16, 2016
9:00am – 2:00pm
National Association of Chain Drug Stores (NACDS)
Arlington, Virginia



Funding for this meeting was made possible (in part) by the Association of State and Territorial Health Officials (ASTHO) through their cooperative agreement (5U38OT000161-03) with the Centers for Disease Control and Prevention (CDC). NACDS thanks ASTHO and the CDC for their support.

The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Pharmacy - Public Health Collaboration Overview

Pharmacies play an increasing role in routine vaccination delivery and are important partners in pandemic influenza vaccine planning and response. Beyond the accessibility of pharmacies, they also have vaccine management and distribution systems that can be leveraged for pandemic response. As the trade association that advances the interests of the chain community pharmacy industry, the National Association of Chain Drug Stores (NACDS) strongly supports the increased role of pharmacies in pandemic planning and response. NACDS represents traditional drug stores, supermarkets, and mass merchants with pharmacies. Chains operate more than 40,000 pharmacies, and NACDS' 125 chain member companies include regional chains, with a minimum of four (4) stores, and national companies. In 2014, chain pharmacies administered more than 28 million doses of vaccine to the US population – more than 23 million doses for influenza specifically.

Since 2009, NACDS has played a key role in the expansion of pandemic preparedness efforts at community pharmacies across the nation. NACDS was instrumental in the response to the 2009 H1N1 influenza outbreak by serving as a liaison to the Centers for Disease Control and Prevention (CDC) and facilitating close communication across chain pharmacies and government for disease surveillance and other key issues. NACDS has continued to foster a strong relationship with its public health counterparts, especially related to leveraging community pharmacy assets to prepare for pandemics.

Since 2015, NACDS has continued its work in pandemic planning and response by supporting an effort led by the Association of State and Territorial Health Officials (ASTHO) and the CDC. These activities have been supported in part by a sub-award that NACDS has under ASTHO's larger cooperative agreement with the CDC (5U38OT000161-03). While several public health and pharmacy groups have participated in these pandemic planning efforts, NACDS' role is characterized by the following activities:

(1) Develop and vet a model [Memorandum of Understanding \(MOU\)](#) – ASTHO and the CDC established a working group in January 2015 to provide feedback and finalize a model MOU that formalizes responsibilities between state public health programs and pharmacies in pandemic vaccination planning and response. NACDS, and representatives from two NACDS member companies among others, participated in this year-long working group to vet the MOU. This resulted in a model MOU that is acceptable to both public health and pharmacy stakeholders.

(2) Implement pilot projects to get the MOU signed in 3 states – Once the model MOU was developed, ASTHO and CDC led the process to pilot MOU implementation in Arkansas, Tennessee, and Georgia starting in September 2015. The purpose of these pilots was to get MOUs signed in these states and better understand the process to do so. Arkansas and Tennessee focused on chain pharmacies, while Georgia chose to focus on independent pharmacies. NACDS had an extensive role in this process to recruit pharmacies to participate in the pilots and facilitate multiple phone calls with state public health programs and individual chain pharmacies. This resulted in four (4) companies engaging with Arkansas and Tennessee in a year-long process (still ongoing). As of July 2016, the pilot participants are striving toward finalizing fully executed agreements.

(3) Share and promote this overall process to chain pharmacies – NACDS has conducted webinars, discussions, and individual outreach to chain pharmacies to encourage participation and engagement in this process. Beyond the pilots, NACDS also facilitated a meeting on June 16 with the goal of getting more chain pharmacies to sign onto the MOU with state public health programs. The contents of this report are primarily focused on the lessons learned from this June 16 meeting.

June 16, 2016 Meeting: Pandemic Vaccine Preparedness and MOUs

Meeting Purpose

The purpose of the 2016 meeting was to bring together public-private stakeholders to promote coordination of community pharmacies and state public health programs in pandemic vaccination planning and response. In particular, the target audience for this meeting was chain pharmacies with an interest to learn more about pandemic planning strategies. A measurable way to achieve that coordination is through the signature of formal agreements via [Memorandums of Understanding \(MOU\)](#) between state public health programs and pharmacies. The MOU begins as a template that outlines a standardized approach for coordinating pandemic influenza vaccination program planning and response efforts. These agreements are then negotiated between community pharmacies and their state public health program. Progress has been made in several states, and the pandemic planning goal here is to accelerate the number of signed MOUs. Once in place, these agreements lay a foundation for preparedness.

This meeting was organized by NACDS, with collaboration from the American Pharmacists Association (APhA), the Association of State and Territorial Health Officials (ASTHO), and the Centers for Disease Control and Prevention (CDC). Funding for this meeting was made possible in part by a sub-award that NACDS has under ASTHO's larger cooperative agreement with the CDC (5U38OT000161-03). NACDS thanks ASTHO and the CDC for their support.

Specific objectives of the meeting were to:

- Identify approaches for promoting an expanded role for pharmacies in state public health programs' pandemic influenza vaccination planning and response efforts.
- Promote early allocation of future pandemic influenza vaccine for pharmacies by having signed MOUs between state public health programs and pharmacies for pandemic vaccine program planning.
- Identify major barriers and solutions for implementing and signing standardized MOUs that outline roles and responsibilities of state public health programs and pharmacies for pandemic influenza vaccination.
- Develop specific next steps and opportunities for future collaboration regarding pandemic influenza vaccination across pharmacies and state public health programs with the ultimate goal of signing pandemic vaccine planning MOUs.

Main Takeaways from the Meeting

This meeting included participants with a wide range of background and expertise in pandemic planning and response, pharmacy operations, and public health. The discussions throughout the day led to key takeaway messages that could be useful for community pharmacies interested to engage in pandemic planning and response activities. For a more detailed account of the conversations and outcomes from this meeting, see Appendices A through E.

- ***Public-private partnership is a win-win.***

Collaborations between community pharmacy and public health agencies are very valuable, providing significant benefits to both parties. Public health agencies and community pharmacy have a shared goal of protecting the US public and ensuring access to care and preventive services. Mutual benefits of partnership include information sharing, assistance with the planning and coordination for continuity of operations, and cross-promotion of vaccination education materials.

Americans visit pharmacies every day to receive vaccinations, and one could expect, in a pandemic those same patients will look to community pharmacies to receive pandemic vaccinations. However, in a pandemic scenario as was the case in the 2009 H1N1 pandemic, the federal government will contract directly with vaccine manufacturers to develop safe and effective pandemic influenza vaccine for the entire US population. As in 2009 H1N1 pandemic, each state will be provided pandemic vaccine allocations based on their population size and the state public health programs would be responsible for managing all vaccine orders and allocations for pandemic vaccine providers in their jurisdictions. *In order for community pharmacies to receive an allocation of federally purchased pandemic vaccine in the scenario outlined above, pharmacies are generally required to work collaboratively with a given state's public health program. This generally requires advanced planning and partnership prior to a pandemic.*

- ***Signing a model MOU can ease and standardize a complex process.***

The model MOU was developed to create structure and standardization around pandemic planning efforts. Interested parties can use this template agreement as a starting point to initiate conversations around pandemic planning. Rather than having each state develop their own agreement, the model MOU streamlines this effort so that community pharmacies can expect a similar process across states. The MOU outlines major criteria which a state public health program would consider in determining a pharmacy's overall state allocation, including epidemiology and the existing vaccination capacity of the pharmacy, among other criteria. For additional information, review [the MOU](#).

Implementation of the MOU ensures early allocation of federal pandemic vaccine supply, reduces waste, maximizes resources and staff time, and grants pharmacies the opportunity to be a major player in early pandemic planning negotiations. The development and implementation process of this MOU is an important opportunity for community pharmacies to engage their state public health programs. The joint process to execute such an MOU may range from weeks to several months, as legal departments in state public health agencies and corporate legal teams of community pharmacies are involved. However, the collaborative process prior to an executed MOU may prove just as valuable as it builds necessary relationships.

Typically, the parties meet in person or over the phone to review the MOU and become familiar with the proposed roles and responsibilities. Based on previous pandemic planning successes, state public health programs that engage state pharmacy associations and/or have a staff public health pharmacist often have greater success when engaging community pharmacies. Additionally, building relationships with key individuals including state colleges of pharmacy and pharmacy advocates creates a greater interest in pandemic planning and ensures that the appropriate parties can help move the dial forward in MOU discussions and implementation.

The parties are encouraged to proactively engage one another in pandemic planning partnership and MOU implementation.

- ***Partnership is a critical element of preparedness.***

Despite the major role pharmacies play in routine seasonal influenza vaccination efforts, there may not always be sufficient coordination between public health programs and community pharmacies to ensure that pharmacies are fully utilized early in a pandemic. An internal CDC survey of public health programs suggests that most public health programs reported that pharmacists would be important immunizers during the next pandemic, yet few programs reported having any type of formal agreement, such as an MOU, with pharmacies for pandemic vaccine response coordination. Additionally, few public health programs reported that they would allocate more than a minimal portion (10 percent) of their overall state supply of pandemic vaccine to pharmacies. As such, public health entities should take affirmative steps to increase allocation of vaccines to community pharmacies immediately before and during pandemics. This data suggests that there is a need to increase coordination between the parties to ensure pharmacy expertise and capacity are fully realized during a pandemic.

State public health programs and pharmacies that have not interacted prior to a pandemic will likely have a difficult time identifying appropriate contacts and partnering during as an event unfolds. As such, advanced planning and communication is strongly recommended.

- ***Prioritization of preparedness is difficult, but needed.***

Preparation for pandemics is key to success. However, this planning stage may difficult to accomplish in a world of competing priorities. Yet it has been established that foundational work for pandemics, including established partnerships, does indeed result in improved and accelerated pandemic responses. As organizations, there is a need to continue to engage in these conversations and prioritize preparedness, even when the next pandemic seems distant.

The Road Ahead and Next Steps

The ultimate goal of this effort is to increase the number of signed MOUs between community pharmacies and state public health programs, thus putting in place the best mechanism for achieving readiness to deliver vaccines in case of a public health emergency. To date, we have done much of the work ramping up toward state public health programs and pharmacies signing MOUs together. Next steps include finalizing those MOUs that have been in process through the pilots, and then looking to additional opportunities in other regions for MOUs to be signed.

As the recipient of an \$800,000 grant from the CDC (IH23IP000985) – separate from this preparedness work with CDC and ASTHO – NACDS has selected three (3) sub-awardees to implement demonstration projects designed to increase pharmacy-based immunization rates (influenza, pneumococcal, herpes zoster, and pertussis) and improve state-based immunization registry reporting through the

development of an innovative value-based payment model. Additionally, NACDS' sub-awardees will address pandemic preparedness within community pharmacy as part of their respective demonstration projects.

The sub-awardees will conduct their demonstration projects and related pandemic preparedness activities in: (1) Washington; (2) Iowa and Nebraska; and (3) Pennsylvania. More information on the selected sub-awards is available [here](#), and specifics on their pandemic preparedness proposed work is outlined below:

Washington:

- Primary deliverable: NACDS' sub-awardee in Washington will conduct two (2) pandemic preparedness exercises in partnership with the state public health program and two (2) partnering community pharmacies.
 - *Linkage to Model MOU*: Washington has an all hazards MOU in place with hundreds of pharmacies signed on. The state public health preparedness program may explore incorporating pandemic vaccine planning into existing MOU agreements, which would be synergistic with this project.

Iowa and Nebraska:

- Primary deliverable: NACDS' sub-awardee in Iowa and Nebraska will develop a state pandemic plan that includes community pharmacy collaboration as a central element in coordination with the state public health programs.
 - *Linkage to Model MOU*: During two (2) meetings with state public health programs, NACDS sub-awardees will foster dialogue around model MOU implementation, among other key pandemic preparedness issues. The goal is to have the participating community pharmacy work with Iowa and Nebraska state public health programs to sign the MOU.

Pennsylvania:

- Primary deliverable: NACDS' sub-awardee in Pennsylvania will host a two (2) day pandemic preparedness vaccine symposium to engage stakeholders.
 - *Linkage to Model MOU*: This symposium is an opportunity to foster discussion around the model MOU with the state/local public health program and partnering community pharmacy, among other key pandemic planning issues. The goal is to have the participating community pharmacy work with the Pennsylvania state public health program to sign the MOU.

Appendix Table

The following appendices provide additional detail regarding aspects of the pandemic planning meeting NACDS hosted with its partners on June 16, 2016.

Appendix A: Meeting Agenda

Appendix B: Summary of Success Stories & Best Practices

Appendix C: Summary of Proposed MOU Toolkit

Appendix D: Meeting Participant Contact List

Appendix A: Meeting Agenda

- 8:30 – 9:00 a.m. NACDS Welcome Breakfast**
- 9:00 – 9:15 a.m. Welcome & Introductions**
- 9:15 – 10:00 a.m. Background, Vision & Purpose for Meeting**
- 10:00 – 11:00a.m. Success Stories & Best Practices**
- Michael Loehr, Washington State Department of Health
 - Dianne Malburg, Michigan Pharmacists Association
 - Robert McFalls, Kentucky Pharmacists Association
- 11:00 – 11:15a.m. Break**
- 11:15a.m. – 12:30p.m. Case Study**
- Assessing current pandemic preparedness
 - Response to pandemic
 - Barriers and concerns to implementing vaccination response efforts
 - How to get a MOU signed
- 12:30 – 1:15p.m. Lunch**
- MOU Pilot Project Presentation by Eleanor Twigg, *Fred's*
- 1:15 – 1:45p.m. Toolkit Discussion**
- 1:45 – 2:00p.m. Next Steps: After the paperwork is signed sealed committed. Now what?**
- 2:00p.m. Concluding Remarks**

Appendix B: Summary of Success Stories & Best Practices

During this forum, panelists described key strategies used by their state health department or state pharmacy association to formalize pandemic preparedness agreements between pharmacy and public health. Additionally, panelists were prompted to discuss how they addressed the challenges and opportunities related to the engagement of pharmacies in pandemic planning and response. Panelists shared best practices that pharmacies could adopt during MOU implementation or other pandemic preparedness activities.

Michael Loehr, *Washington State Department of Health*

The Washington State Department of Health commenced their program following an unfortunate ice storm in Washington where several people died from carbon monoxide poisoning. As a result, the health department recognized the potential opportunity for state and local health departments to coordinate with community pharmacies and state pharmacy associations to address public need during emergency situations.

Washington adopted an all-hazards approach, which constitutes a single set of procedures in place to prepare for various disaster situations. This approach included measures related to pharmacy and pandemic vaccine. Washington State's collaborative practice laws allow for pharmacists to expand their role in neighborhood healthcare, thereby elevating the role that pharmacies can play in pandemics and other public health emergencies.

The state agency stressed that fostering a strong working relationship with the state pharmacy association is critical to robust pandemic planning. The Washington State Pharmacists Association identified key stakeholders in the community and gave the state health department enhanced credibility when working and negotiating with these pharmacy stakeholders. The partnership formed between the state pharmacy association and the Washington State Department of Health provided a foundation for leveraging other relationships in the state to improve emergency preparedness.

The need for local health departments to partner with state health departments via MOUs also was highlighted. That said, regional and national pharmacies may be reluctant, or completely unwilling to enter into arrangements with local health departments because of the lack of standardization and the protracted nature of legal negotiations. Local health departments are encouraged to prioritize working with state health departments when entering MOU agreements.

Lastly, pharmacies must be equipped with the necessary resources to fulfill population needs due to community pharmacy's vital role in neighborhood healthcare recognizing that provider education was critical to the success of these initiatives. The state health department joined by the CDC held two summits to present the proposed plan and field questions from community healthcare providers.

Key Take Away Points:

- In decentralized states where local health departments may typically operate more autonomously, leadership of the state health department is key to ensuring uniformity across local health jurisdiction.
- Collaboration with the state pharmacy association is the essential first step to building relationships with all community pharmacies throughout the state.

- Signing of pandemic planning MOUs need not occur separately for each pharmacy but can be achieved simultaneously for many pharmacies at once by bringing together all pharmacy partners and public health program collectively at one time for discussion and finalizing the MOU process.

Dianne Malburg, Michigan Pharmacists Association

The Michigan Pharmacists Association's (MPA) plays a unique role in the state's emergency preparedness activities. Michigan has contracted with MPA since 2003 to engage in emergency preparedness initiatives. MPA has the ability to develop protocols and contract with the state in the hiring of a consultant who serves as the primary liaison between public health entities and pharmacies. The consultant, a practicing pharmacist, is responsible for maintaining a list of key contacts for pharmacies and public health partners in case of emergency and serving as a point person for the preparedness procedures.

Key Take Away Points:

- State pharmacy associations can provide key leadership in coordinating pharmacies in pandemic planning efforts throughout a state.
- Contracts between state public health programs and pharmacy associations can help provide needed resources and staff, such as consultants, for the pharmacy association to lead pandemic planning efforts among pharmacies and ease some of the burden of the state in this effort.
- Ensuring one person is responsible for maintaining up to date points of contact prior to and during a public health emergency ensure efficiency in rapid communication and coordinating during and planning for public health emergencies.

Robert McFalls, Kentucky Pharmacists Association

The Kentucky Pharmacists Association (KPhA) has enjoyed a long-standing relationship and partnership with the Kentucky Department for Public Health (KDPH) dating back to 2005 in responding to medication needs of evacuees from Hurricane Katrina. KDPH subsequently contracted with KPhA to assist with pandemic planning, initially for H1N1, and with the scope of work now expanded. In 2012, Kentucky expanded this contractual relationship with KPhA being able to hire a pharmacist to coordinate emergency preparedness work for pharmaceuticals and pharmacy-related planning needs. Among those, KPhA has instituted a formal volunteer recruitment program. Volunteerism plays a vital role in emergency preparedness and response as volunteers are instrumental in putting the emergency preparedness plans into action. However, KPhA acknowledges that volunteerism requires time, personnel, and resources to be developed and to run successfully.

During a particularly bad snow storm with a statewide impact, KPhA worked with KDPH and the governor to obtain a waiver that allowed pharmacies to grant prescription refills in situations where many prescribers were closed, but pharmacies were fully operating. Kentucky has routinely supported the expansion of pharmacy scope of practice and innovative initiatives that allow pharmacy to play a larger role in pandemic planning.

Kentucky is also one of two states with a mobile pharmacy trailer that can be leveraged to benefit a local community in times of need. To fully plan for the mobilization of the pharmacy, KPhA and KDPH now have a critical resource in the form of a designated director of pharmacy emergency preparedness to oversee the mobile pharmacy's operations.

The state agency stated that the standardized template MOU was an important tool which could help ensure that the public is fully protected during a pandemic and which could ensure that pharmacies are fully leveraged in providing pandemic vaccinations. The Kentucky Pharmacists Association will be advocating for adoption of the standardized template MOU to continue building upon the strong relationship it has with the Kentucky Department for Public Health for pandemic vaccine program planning in Kentucky.

Key Take Away Points:

- State pharmacy associations play an important role in collaborating with the local and state health departments and other emergency preparedness planners, representing pharmacy stakeholders, and maintaining relationships with the pharmacy community.
- Pharmacists and pharmacy technicians represent a much-needed resource in responding to a potential pandemic.
- Recruiting volunteers during the pandemic situations is critical, but it is important to remember that volunteers are not free. A successful volunteer program requires staff time, resources, and organization.
-

Appendix C: Summary of Proposed MOU Toolkit

Toolkit Discussion

ASTHO, with input from key stakeholders and Cole Communications, LLC, developed a draft toolkit to facilitate the implementation and signing of the standardized pandemic vaccine program planning MOU between pharmacies and state public health programs. Nicole Lezin of ASTHO presented an outline of

the toolkit during the meeting. Stakeholders received a draft version of the toolkit in their meeting packet. Discussion of the toolkit emphasized the need to form multiple partner perspectives with community pharmacies, local and state health departments, and associations.

Toolkit Outline:

I. Introduction

- a. What is an MOU?
- b. Why should public health agencies and pharmacies have an MOU?
- c. How can a health agency establish an MOU with pharmacies?

II. Five Steps to Implement the MOU

a. Step 1: Internal State Health Department Alignment (Month 1)

1. Identify internal partners: includes partners such as state health officials, legal counsel, local health departments, etc.
2. Establish timelines: timeline includes internal review and vetting, outreach to state pharmacy associations, and local public health/pharmacy partners

b. Step 2: Identify Community Pharmacy Partners (Months 2-3)

1. Start with the state pharmacy association
2. Host a meeting to promote the MOU: Prepare to explain and detail the MOU rationale, components, and process
3. Form a steering committee: The committee should bring together public health and community pharmacy stakeholders

c. Step 3: Complete a Community Pharmacy Review/Revision Process (Months 4-5)

1. Identify potential issues, concerns, and red flags
2. Respond to issues/concerns: These can be picked up from feedback/comments raised by community pharmacy representatives
3. Revise MOU: Work closely with the state health department's legal counsel
4. Tools available: Sample MOU review questions, FAQs, message map
 - i. Message Map: A way to anticipate and answer likely questions and an opportunity to focus on key points: "What do you want your audience to know?", "What does your audience want you to know?", correct any misunderstandings
 - ii. Message Map template and example provided

d. Step 4: Publicize and Celebrate the Achievement of A Signed MOU (Month 6)

1. Schedule a signing event
2. Acknowledge interim accomplishments

e. Step 5: Keep Up the Momentum (Months 7+)

1. Continue recruiting community pharmacy partners
2. Coordinate state and local efforts
3. Keep building the partnership (exercises, training, etc.)

III. Additional Resources and Tools

Appendix D: Meeting Participant Contact List

Pat Achoe, R.Ph., MBA

Clinical Pharmacy Operations Manager
The Kroger Co.
pat.achoe@kroger.com

Darrell Adams, PharmD

Manager, Pharmacy Operations
Albertsons Companies
Darrell.adams@albertsons.com

Stephanie Bennett

Pharmacy Care Associate
NACDS
SBennett@NACDS.org

Matthew Churns, PharmD

Pharmacy Operations
Albertsons Companies
Matthew.Churns@safeway.com

Nicole Duehlmeyer, PharmD, MBA

Pharmacy Supervisor West Central/ South West
Regions
Hy-Vee Inc.
nduehlmeyer@hy-vee.com

Alyssa Farmer, MPH

Analyst, Immunization and Infectious Disease
ASTHO
afarmer@astho.org

Chiara Gessler, PharmD

Clinical Coordinator
Giant Eagle, Inc.
Chiara.Gessler@GiantEagle.com

Sam Graitcer, MD

CDR U.S. Public Health Service
Pandemic Influenza Vaccine Response Program
Deputy
CDC, NCIRD, ISD
igc6@cdc.gov

Loren Kirk, PharmD

Executive Fellow
NACDS Foundation
LKirk@NACDS.org

Denise Kunkel, R.Ph.

Member Pharmacy Operations
Associated Food Stores
DDKunkel@afstores.com

Nicole Lezin

Public Health Consultant
Cole Communications, LLC
lezin@mindspring.com

Michael Loehr

Chief
Office of Emergency Preparedness and
Response
Washington State Health Department
Michael.Loehr@DOH.WA.GOV

Dianne Malburg, CPIA

Chief Operations Officer
Michigan Pharmacists Association
dianne@michiganpharmacists.org

Kim Martin

Director, Immunizations
ASTHO
kmartin@astho.org

Robert McFalls

Executive Director/CEO
Kentucky Pharmacists Association
(also, Executive Committee Member, NASPA)
rmcfalls@kphanet.org

Geetika Nadkarni

Senior Analyst, Preparedness
ASTHO
gnadkarni@astho.org

Sara Roszak, MPH, MA

Director, Research

NACDS

Sroszak@nacds.org

Mitchel C. Rothholz, RPh, MBA

Chief Strategy Officer

APhA

mrothholz@aphanet.org

Eleanor Twigg, PharmD

Clinical Field Coordinator

Fred's Pharmacy

etwigg@fredsinc.com

Brian Wall, PharmD

Senior Manager, Governance

APhA

bwall@aphanet.org