

Pharmacist-provided immunization compensation and recognition: White paper summarizing APhA/AMCP stakeholder meeting

American Pharmacists Association and Academy of Managed Care Pharmacy

Abstract

Objectives: To identify the current challenges and opportunities in compensation and recognition for pharmacist-provided immunizations across the lifespan and to establish guiding principles for pharmacist-provided immunization compensation and recognition.

Data sources: 22 stakeholders gathered on June 29, 2011, at the American Pharmacists Association (APhA) headquarters in Washington, DC, for a meeting on immunization compensation that was convened by APhA and the Academy of Managed Care Pharmacy. Participants included representatives from community pharmacy practices (chain, grocery, and independent), employers, national consumer health and advocacy organizations, national pharmacy and public health organizations, health plan representatives, pharmacy benefit managers, and health information technology, standards, and safety organizations. Key immunization leaders from TRICARE Management Activity, the Centers for Medicare & Medicaid Services, the National Vaccine Program Office of the Department of Health & Human Services, and the Centers for Disease Control and Prevention (CDC) also participated in the meeting.

Summary: The increased numbers of pharmacists providing vaccination services and the availability of pharmacist-provided immunizations to populations in need of vaccines has continued to increase. This has resulted in a rise in the percentage of patients who receive vaccines at pharmacies. Pharmacists are now working to leverage their ability to identify people with key risk factors (e.g., diabetes, heart disease or previous myocardial infarction), encourage them to receive their CDC-recommended vaccinations, and administer the required vaccine. Challenges and opportunities in compensation and recognition for pharmacist-provided immunizations across the adult lifespan persist. Variability in state practice acts, reimbursement and compensation processes and systems, and mechanisms for documentation of vaccine services create substantial differences in how pharmacist-provided immunizations are delivered throughout the United States.

Conclusion: Pharmacist-provided immunizations are clinically sound, are cost effective, are readily accessible, and support our nation's public health goals. Pharmacists have demonstrated that patient vaccination rates have improved through expansion of pharmacist-provided immunizations. The profession should continue efforts to collaborate with other immunization stakeholders and expand a pharmacist scope of practice that is built around a uniform and recognized standard of immunization provision and that supports the provision of all CDC-recommended vaccines through pharmacy-provided immunizations.

Keywords: Immunizations, pharmacists, patient care, medication access, compensation, reimbursement (pharmacist), credentialing, documentation, communication, public health.

The American Pharmacists Association (APhA) and the Academy of Managed Care Pharmacy (AMCP) have prepared the background materials for the stakeholder meeting and white paper. Jann B. Skelton, BSPHarm, MBA, President, Silver Pennies Consulting, North Caldwell, NJ, prepared this white paper as a paid consultant for APhA.

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This report summarizes discussion and recommendations supported by a majority of the participants at the stakeholder meeting. It is not intended to be a consensus document and does not necessarily represent the positions and/or policies of APhA or AMCP. Although the meeting participants provided constructive comments and suggestions, they were not asked to endorse the conclusions or recommendations and they did not review the final draft of the white paper before its release.

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The guiding principles for pharmacist-provided immunization and compensation encourage improvements in systems and processes that ensure the delivery of quality patient care. Core tenets of these principles advance that pharmacists must engage with other stakeholder to gain consistent recognition as a qualified provider of immunizations and strive to become integrated into the medical home model. Patients also should be encouraged to access any needed vaccine from any qualified provider without experiencing financial penalties, plan restrictions, or other increased barriers.

The principles recognize that inconsistencies in the manner in which vaccines are paid through pharmacy systems create unnecessary barriers for patients and could be improved with a nationally recognized, standard process for adjudication of claims that includes both recognition of the product and administrative costs. Pharmacists are encouraged to continue to maintain the highest level of professional competence to deliver immunizations to patients. Current documentation systems for immunizations are fragmented; however, pharmacists must continue to document and communicate the provision of phar-

macist-provided immunization services to patients, providers, and other key stakeholders.

To expand the provision of pharmacist-provided immunizations and improve patient access to care, the profession should work to develop a uniform standard of immunization provision that supports the administration of all Centers for Disease Control and Prevention (CDC)-recommended vaccines through pharmacist-provided immunizations.

Executive summary

Although initial pharmacist-provided immunizations focused primarily on influenza and pneumococcal vaccines, pharmacists are now increasingly directing their attention to improving access to vaccinations across the lifespan. Currently, more than 150,000 pharmacists are trained to provide immunizations, primarily through the American Pharmacists Association (APhA) nationally recognized certificate training program. Pharmacists are now authorized to administer influenza vaccines in all 50 states, the District of Columbia, and Puerto Rico.¹ This increased access resulted in pharmacists administering almost 20% of the influenza vaccinations provided to adults in the United States in 2010–11.²

National experts responsible for immunization planning, delivery, and patient care convened at APhA headquarters on June 29, 2011, to discuss best practices that enhance the provision of immunizations in the United States and identify the current challenges and opportunities in compensation and recognition for pharmacist-provided immunizations across the adult lifespan. The result of these discussions was the development of guiding principles for pharmacist-provided immunization compensation and recognition. These guiding principles include:

- Principle 1: Patients, regulators, payers, and other medical providers should recognize pharmacists as qualified providers of immunizations and support their role in the medical home model.
- Principle 2: Patients should have access to trained and qualified pharmacist immunizers without barriers such as cost, location, or benefit design.
- Principle 3: Adjudication of vaccine claims should follow a nationally recognized, standard process including recognition of both product and administration costs.
- Principle 4: Pharmacists should maintain the highest level of professional competence to provide immunizations through:
 - Baseline scope of practice as evidenced by graduation from an accredited school or college of pharmacy.
 - Completion of a nationally recognized training program developed based on CDC and other expert guidelines.
 - Ongoing practice experience or continuing education activities and proficiency of immunization skills.
- Principle 5: To facilitate documentation and communication of the provision of pharmacist-provided immunization services, the profession should advocate for:
 - A core data set with standardized data elements and formats to enhance communication among and be-

At a Glance

Synopsis: The American Pharmacists Association and the Academy of Managed Care Pharmacy convened a group of 22 national experts to discuss the challenges and opportunities in compensation and recognition for pharmacist-provided immunizations across the lifespan and to establish guiding principles for pharmacist-provided immunization compensation and recognition. Stakeholders recognized the need to expand pharmacists' scope of practice through a uniform and recognized standard of immunization provision that supports the provision of all vaccines recommended by the Centers for Disease Control and Prevention. Guiding principles, including statements on recognition of pharmacists as immunization providers, access to care, payment processes, professional competence, and communication and documentation of pharmacist-provided immunization services, were developed based on the meeting.

Analysis: *The growth in provision of pharmacist-provided immunizations has improved patient access to needed vaccinations and, as a result, improved immunization rates in the United States. Pharmacist-provided immunizations are clinically sound, are cost effective, are readily accessible, and support achievement of our nation's public health goals. Challenges (e.g., variability in state practice acts, reimbursement and compensation processes and systems, and mechanisms to document vaccine services) remain to ensure that immunization services are easily accessible and widely available to patients. Developing solutions that empower and engage pharmacists will improve the effectiveness and efficiency of how patients access required immunizations.*

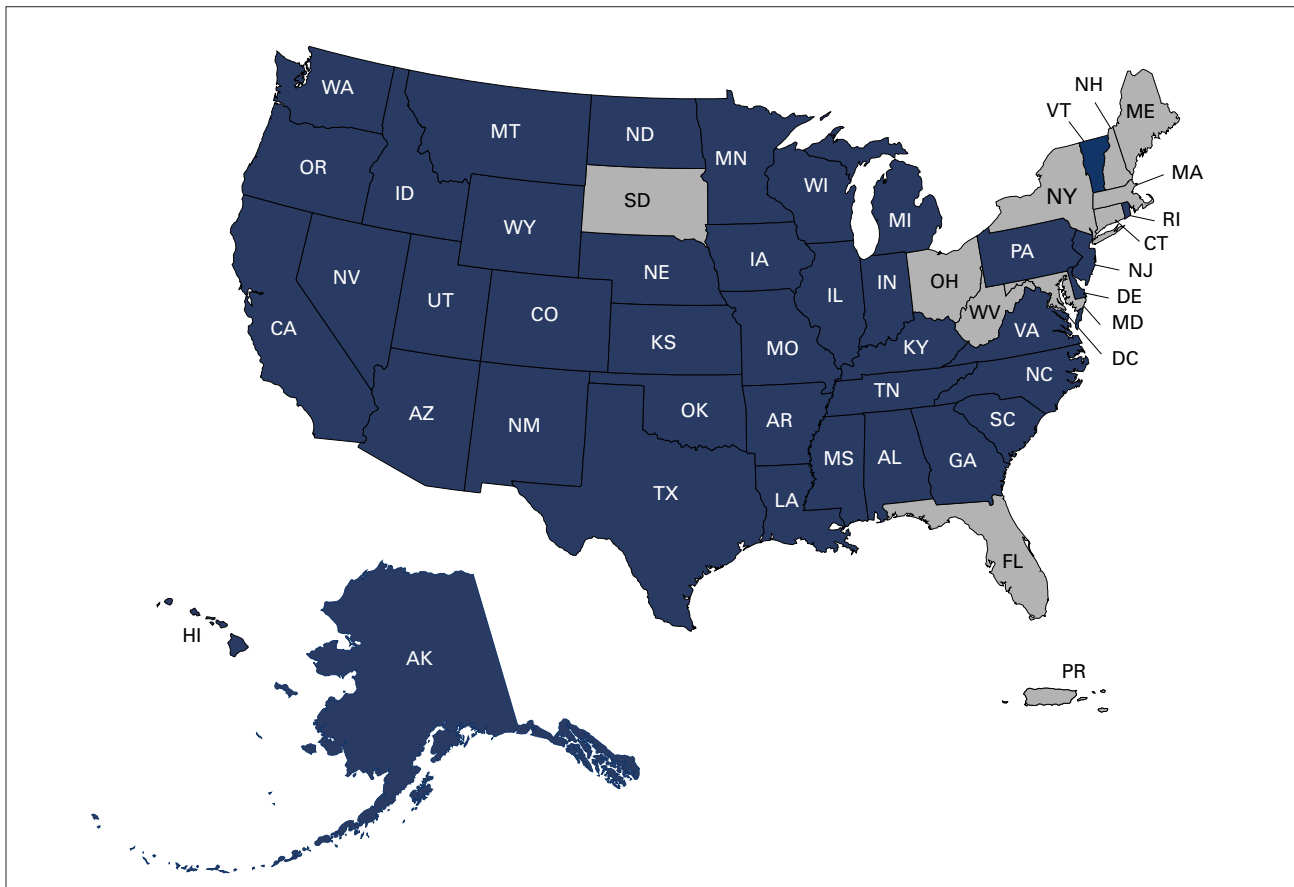


Figure 1. States that allow pharmacists to administer any adult vaccine through various processes
 The blue-shaded states are those that allow pharmacists to administer any adult vaccine through various processes. Note: Washington, DC, is not shaded blue.

tween stakeholders and payers.

- An integrated multidirectional system that communicates with vaccine registries, providers, payers and health systems, and patients.
- A central patient identifier to ensure complete and accurate patient records.
- Continual investment to maintain, enhance, and improve these systems and to ensure safety and security of data.

Challenges remain in navigating compensation processes and ensuring recognition for pharmacists as immunization providers. Variability in state practice acts, reimbursement and compensation processes and systems, and mechanisms for documentation of vaccine services create important differences in how pharmacist-provided immunizations are delivered throughout the United States.

Background: Role of the pharmacist in providing immunizations

The role of the pharmacist in immunization delivery and advocacy began in earnest in 1994, following a meeting between then Secretary of Health & Human Services Donna E. Shalala

and APhA leadership. Shalala challenged the profession to help the United States improve immunization rates. The profession responded and embraced the charge to become a critical public health resource for patients in need of basic immunizations. In 1996, the APhA House of Delegates passed a resolution calling for pharmacists to assume one of the following three roles³:

- Pharmacist as advocate—by educating and motivating patients
- Pharmacist as facilitator—by hosting others who vaccinate
- Pharmacist as immunizer—by vaccinating patients

Although initial pharmacist-provided immunizations focused primarily on influenza and pneumococcal vaccines, pharmacists are now increasingly directing their attention on improving access to vaccinations across the lifespan. Currently, more than 150,000 pharmacists in the United States have been trained to provide immunizations, primarily through APhA’s nationally recognized certificate training program. Pharmacists are now authorized to administer influenza vaccines in all 50 states, the District of Columbia, and Puerto Rico.¹

The greatest expansion of pharmacist-provided immunizations came following the 2009 H1N1 influenza pandemic and

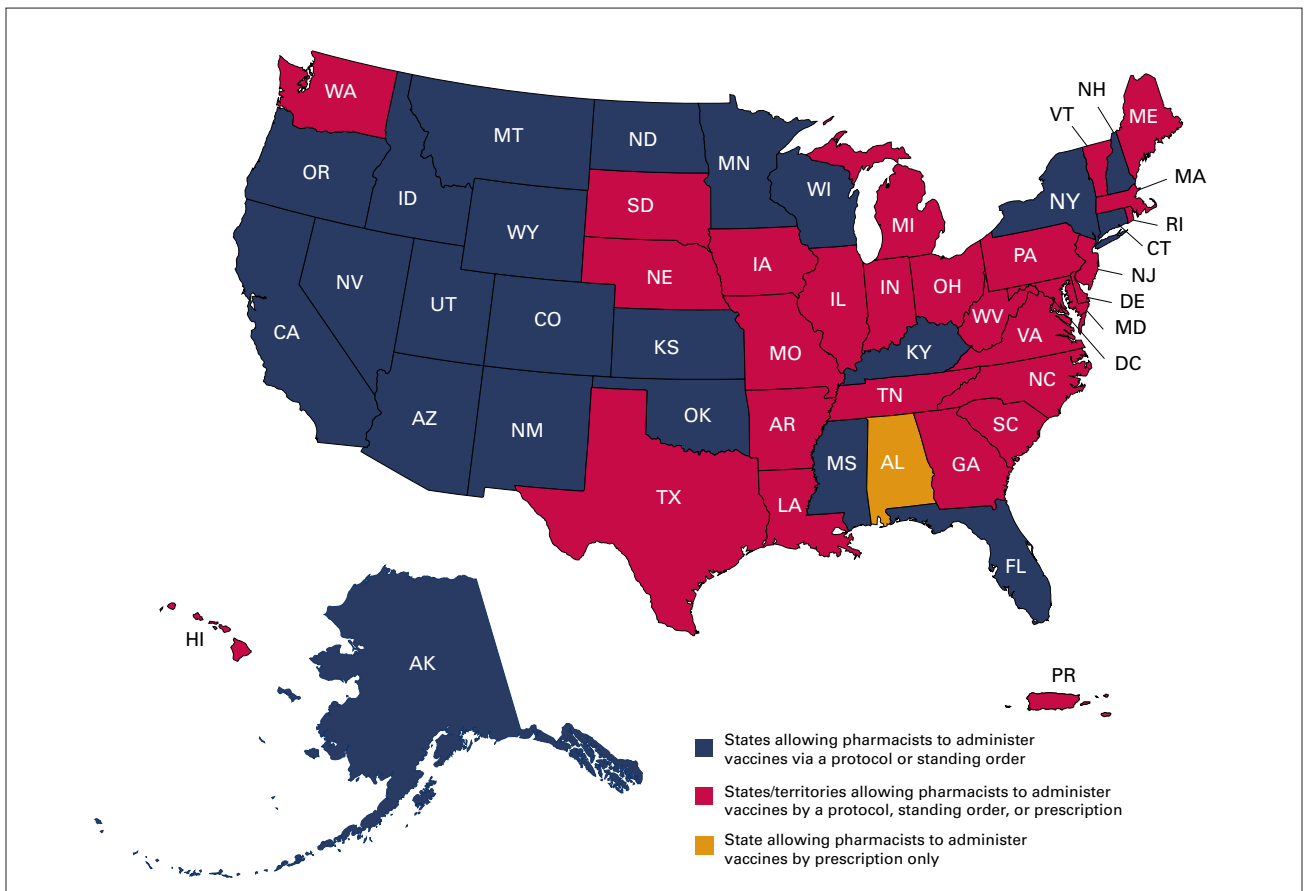


Figure 2. Process for pharmacists to administering vaccines: Variation by state/territory

Washington, DC, is in the “states allowing pharmacists to administer vaccines via a protocol or standing order” category.

seasonal influenza outbreak. This public health crisis highlighted the roles that pharmacists can play and positioned the profession to continue to advance immunization opportunities that improve public health and reach populations of patients in need or at risk.

Pharmacist-provided immunization practice is guided by CDC and other nationally recognized immunization standards and guidelines, including the APhA Guidelines for Pharmacy-Based Immunization Advocacy.⁴ Pharmacists provide immunizations in similar ways to nurses, nurse practitioners, and physician assistants and typically operate under protocol. The protocol ensures that key components of care are provided and include information such as:

- Identity of the individual who has delegated activity.
- Identity of the pharmacist authorized to administer vaccine.
- Types of vaccines the pharmacist is authorized to administer.
- Procedures, decision criteria, or plan the pharmacist should follow, including when to refer the patient.
- Procedures for emergency situations.
- Record keeping and documentation procedures.

The source of the protocols can vary from family physi-

cians, internists, and emergency department physicians to local and state health departments.

Variability in state laws governing vaccine administration

Authority for pharmacists to conduct vaccinations and the scope of that practice is defined by each state, creating considerable differences in how pharmacist-provided immunizations are delivered at the state level.⁵

The process for pharmacists administering vaccines also varies by state, with⁵:

- 23 states/territories allowing pharmacists to administer vaccines via a protocol or standing order.
- 28 states/territories allowing pharmacists to administer vaccines by a protocol, standing order, or prescription.
- 1 state/territory allows pharmacists to administer vaccines by prescription only.

The type of vaccine permitted to be administered also is determined at the state level. In addition to influenza vaccines, the current national snapshot indicates that⁵:

- 37 states allow pharmacists to administer any vaccine through various processes.
- 47 states allow pharmacists to administer pneumococcal

vaccine.

- 46 states allow pharmacists to administer zoster vaccine.
- 41 states allow pharmacists to administer tetanus–diphtheria/tetanus–diphtheria–pertussis vaccine.
- 40 states allow pharmacists to administer human papillomavirus vaccine.

The allowable age of the patient that pharmacists are authorized to vaccinate often is outlined within the state statute or regulations. Currently⁵:

- 13 states allow vaccinations for patients of any age.
- 16 states allow vaccinations for patients 18 years or older.
- 1 state defines the age parameter as “adult.”
- 22 states allow vaccinations at differing age levels from age 3 years to 14 years.

Improving access to care

Currently, more than 62,000 community pharmacies in the United States offer convenience, accessibility, and extended hours of operation for the delivery of clinical services when other providers may not be available.^{6,7} These pharmacies are geographically located in places where care is needed, including inner cities and rural communities. In particular, CDC recognized the value of pharmacist convenience in December 2009 when it instituted a pilot program during the H1N1 pandemic to take advantage of the hours of operation provided by community pharmacies during a time when other health care providers and public health departments were closing for the holidays. This substantial access is one reason why the equivalent of the population of the United States enters a pharmacy each week.⁸

During the H1N1 pandemic in 2009, partnerships between public health agencies and providers in medical and nonmedical vaccination settings were formed, thereby increasing the number of vaccination providers. These partnerships have continued and expanded through the 2011–12 influenza season.

CDC analyzed information from 46 states and the District of Columbia on influenza vaccination of adults 18 years or older for the 2010–11 season (collected during January to March 2011 by the Behavioral Risk Factor Surveillance System). The survey showed that for adults overall, a physician’s office was the most common place (39.8%) for receipt of the 2010–11 influenza vaccine, with stores (e.g., supermarkets, pharmacies) (18.4%) and workplaces (17.4%) the next most common. For adults aged 18–49 years and 50–64 years, a workplace was the second most common place of vaccination (25.7% and 21.1%, respectively). In nonmedical settings, patients 65 years or older were most likely to receive their influenza vaccine in a pharmacy (24.3%).²

In the 2010–11 influenza season, CDC estimated that pharmacists administered almost 20% of the influenza vaccinations provided to adults in the United States.² Through sampling surveys conducted by CDC, APhA, and other sources, the estimates for vaccines administered by pharmacists were between 17 and 25 million doses in 2010–11 (American Pharmacists Association, unpublished data, 2011).² According to CDC, these increases likely resulted in part from changes in

state laws allowing pharmacists to administer influenza vaccinations to adults and, subsequently, more pharmacies offering influenza vaccinations.²

This increase in access to the influenza vaccine resulted in improved immunization rates among individuals who did not have a regular physician or regular medical care. Non-Hispanic white race/ethnicity and higher education have been associated previously with vaccination in nonmedical settings.^{9,10}

The reality is that pharmacies tend to be community-based destinations rather than health care system based. Adults frequently patronize pharmacies when they are healthy compared with the limited times they visit a physician’s office when sick. Patients may be more likely to obtain the education about immunizations and access their vaccines because of the convenience of the service available at pharmacies. To make immunizations as accessible as possible within their communities, many pharmacists also are stepping outside their pharmacy practice to provide services directly in workplaces, at health fairs, in churches, and through community groups.

Delivering the message of prevention

Pharmacists and pharmacies serve as key vehicles for communicating and disseminating messages about the importance of immunizations to the general population.

More than 96% of pharmacies are computerized, providing the opportunity to target messages to individual patients based on medication history, clinical diagnosis, and age. Based on medication profiles, pharmacists also have the ability to easily identify high-risk patients with important risk factors (e.g., diabetes, heart disease, previous myocardial infarction) and encourage them to receive their CDC-recommended vaccinations.

In addition, in 2010–11, it was estimated that the pharmacy community contributed more than \$40 million dollars in consumer and public education and marketing concerning the importance of receiving immunizations. The impact of these messages not only increased the number of patients seeking immunization services at pharmacies but also increased the number of patients requesting immunizations from their physicians, as reported in several national meetings by representatives of the medical profession.

Pharmacist Prescription to Our Nation’s Immunization Initiative

The profession has made remarkable progress in expanding the base for pharmacist-provided immunizations. The focus is now shifting to providing immunization services in other areas in which a critical need exists. APhA, in collaboration with CDC and other stakeholders, will be launching a new focus area of education and programming called the Pharmacist Prescription to Our Nation’s Immunization Initiative. The initiative seeks to increase immunization access across the lifespan and expand beyond influenza through collaboration with key stakeholders and partners. It will improve the ability of pharmacists to target patients with chronic medical conditions, enhance documentation for vaccine services, and educate the public on the need to receive all CDC-recommended vaccines.

Introduction: APhA/AMCP stakeholder meeting

The APhA/AMCP Pharmacist-Provided Immunization Compensation and Recognition Stakeholder Meeting was held on June 29, 2011, at APhA headquarters in Washington, DC. A total of 22 leaders in immunization planning and preparedness from key stakeholder groups engaged in substantive discussion on the success of pharmacist-provided immunization, the challenges that remain to recognition of pharmacists' ability to immunize across the lifespan, and issues that hinder processing of claims for immunization services and documentation of immunization provision.

Participants included representatives from community pharmacy practices (chain, grocery, and independent), employers, national consumer health and advocacy organizations, national pharmacy and public health organizations, health plan representatives, pharmacy benefit managers, and health information technology, standards, and safety organizations (Appendix 1). Key immunization leaders from TRICARE Management Activity, the Centers for Medicare & Medicaid Services, the National Vaccine Program Office of the Department of Health & Human Services, and CDC also participated in the meeting. The goals of the meeting were to:

- Identify the current challenges and opportunities in reimbursement/compensation and recognition for pharmacist-provided immunizations across the adult lifespan.
- Discuss best practices and success stories from the H1N1 pandemic and other immunization experiences that enhanced the provision of pharmacist-provided immunizations.
- Establish guiding principles for pharmacist-provided immunization reimbursement/compensation and recognition.

Specifically, participants discussed key issues associated with pharmacist-provided immunizations and developed guiding principles on:

- Recognizing pharmacists as providers of immunizations and supporting their role in the new health care reform model.
- Ensuring patient access to pharmacist-provided immunizations and equity among providers of immunizations.
- Improving compensation systems and processes for pharmacist-provided immunizations.
- Maintaining the highest level of professional competence through immunization credentialing and training programs.
- Facilitating documentation and communication of the provision of pharmacist-provided immunization services to providers, patients, and others as required.

According to meeting participants, a number of strategies and tactics have been successful in improving utilization of pharmacists as providers of immunization services. These tactics include:

- Required immunization training for all pharmacists within the community pharmacy organization; this setup creates a consistent expectation for patients that immunizations are readily accessible at any store location.

- Improved public outreach regarding convenience and professionalism and improved communication that pharmacist-provided immunizations result in improved patient outcomes, expanded care access, and greater cost efficiency.
- Enhanced relationships with other immunization stakeholders.
- Enhanced activities to expand immunization services to the full scope of practice within each state.
- Highlighting the professional pride of accomplishment and meeting public health needs.
- Increased focus on documentation by entering immunization data into state immunization information systems, which expands the evidence for the value of pharmacist-provided immunizations and provides more complete vaccination records for practitioners and patients.
- Increased patient accessibility, which results in an increase in immunization rates and improves quality indicators for health plans.
- Expanded outreach to businesses and commercial carriers to provide coverage for immunization services provided by a pharmacist.

Although tremendous progress has been made in expanding pharmacist-provided immunization services, barriers remain to allowing pharmacists to fully engage in these services. These barriers include:

- Differing state regulations regarding which vaccines can be prescribed/administered by pharmacists and which patient populations can access the service.
- Pharmacists who are reluctant to immunize or publicize that they immunize.
- Inadequate access to vaccine registries and immunization information systems, particularly for adult patients, to facilitate communication with providers and public health officials.
- Significant process differences in how vaccine services are covered and paid for by commercial and government payers, which creates a barrier to access for patients who are eligible to receive the vaccine under current their medical benefits package.
- Recognition of pharmacists as health care providers under state Medicare, Medicaid, and Medicare Part B managed care plans and through commercial insurance carriers.
- Lack of real-time transactions for vaccine services and verifying eligibility, which is a hindrance to patient access when requesting billing through health plans.

The outcome of these discussions was the development of five guiding principles for pharmacist-provided immunization compensation and recognition.

Guiding principles for pharmacist-provided immunization compensation and recognition

Principle 1

Patients, regulators, payers, and other medical providers should recognize pharmacists as qualified providers of immunizations and support their role in the medical home model.

Explanation. As an integral and accessible member of the health care team, pharmacists conveniently and safely administer immunizations to patients of all ages. Recognition of this fact by regulators, other providers, and payers will increase the rate of vaccination and improve public health. Further, pharmacists will be widely recognized as a critical element of the health care reform model and therefore deserving of appropriate compensation.

Variability across state practice acts creates an imbalance in the ability of pharmacists to contribute to the improvement of immunization rates. The types of vaccines that can be administered, the ages of the population that a pharmacist can service, and the licensing process are not consistent and limit the impact that pharmacists can have on the population.

Health plan recognition of pharmacists as immunization providers is not uniform. When pharmacists are not recognized as immunization providers and unable to receive reimbursement from health plans, their ability to care for patients is diminished.

Principle 2

Patients should have access to trained and qualified pharmacist immunizers without barriers such as cost, location, or benefit design.

Explanation. The overall immunization rates in the United States for common vaccines are not high. For example, in 2007, only 37.3% and 42.2% of individuals aged 18–49 years and 50–64 years, respectively, received their recommended influenza vaccine. For patients 65 years or older, only 68.8% received the vaccine. For pneumococcal vaccine, the rates were 32.8% for individuals aged 18–39 years and 65.6% for those 65 years or older. For herpes zoster vaccine, the immunization rates were even more disappointing, with only 0.8% of patients aged 50–59 years and 1.9% of patients 60 years or older receiving the recommended vaccine.¹¹ One mechanism to improve these rates is to ensure access to pharmacist-provided immunizations.

In the world of managed health care, more than 90% of all beneficiaries (both Medicare and commercial plans) use their pharmacy benefit and visit their community pharmacy to access medication.¹² More than 62,000 pharmacies exist in the United States and are staffed with licensed pharmacists, many of whom are highly trained regarding safely administering vaccines and have direct access to vaccine products.^{6,7} Often, a patient makes the decision to get an immunization and expects access to that service immediately. Many times, this access occurs during hours that physicians' offices may not be available or open.

Patient cost share for the vaccine and administration and the vaccine benefit design should be consistent across provider types. Patients should be encouraged to access any needed vaccine from any qualified immunizer without experiencing financial penalties, plan restrictions, or increased barriers to receiving CDC-recommended vaccinations.

Principle 3

Adjudication of vaccine claims should follow a nationally recognized, standard process including recognition of both product and administration costs.

Explanation. Presently, tens of thousands of different entities pay for health care in the United States, with each entity having different rules for processing claims. To streamline the process for delivery of pharmacist-provided immunizations and decrease the barriers to patient access to needed immunizations, all immunization stakeholders should follow interoperable standards for point-of-care adjudication. Billing systems must ensure that pharmacists can verify patient eligibility, understand member cost shares, and identify coverage limits for both product costs and administration fees at the point of service.

To minimize adjudication switch fees for multiple claim attempts, payers should implement clear, straightforward claim adjudication processes and messaging that allow the immunization provider to be aware of the total reimbursement picture at the time of claim adjudication. As a service to their beneficiaries, health plans should work to promote uniformity in cost-sharing and benefit design and provide reimbursement for product cost and administration across all provider types. If possible, all CDC-recommended vaccines should be able to be processed under both the pharmacy benefit and the medical benefit to prevent covered benefits from being denied to patients.

Important coverage inconsistencies complicate the way vaccines are covered through pharmacies. These coverage gaps create unnecessary hassles for patients and often a substantial up-front cash payment to receive covered benefits at pharmacies. More than 98% of all people who go to a pharmacy to get a prescription filled have insurance coverage for that medication purchase. In contrast, according to a representative from a major community pharmacy corporation, historically 40% of patients who have gotten a influenza shot in the community setting pay cash and may submit for reimbursement from their insurance provider.

Principle 4

Pharmacists should maintain the highest level of professional competence to provide immunizations through:

- Baseline scope of practice as evidenced by graduation from an accredited school or college of pharmacy.
- Completion of a nationally recognized training program developed based on CDC and other expert guidelines.
- Ongoing practice experience or continuing education activities and proficiency of immunization skills.

The ability to administer immunizations is a standard of practice for those currently graduating from the nation's schools and colleges of pharmacy and those who have been in practice for many years. The Accreditation Council for Pharmacy Education states in its Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree that students must be prepared for "administering medications where practical and consistent with the practice environment and where legally permitted."¹³

For pharmacists currently in practice, training is available through participation in APhA's 20-hour continuing pharmacy education certificate training program Pharmacy-Based Immunization Delivery. The program, which began in 1996, educates pharmacists about all vaccines currently available for patients across the lifespan to prepare pharmacists to assume pivotal roles that assist in meeting the public health needs of their communities. The training framework encompasses guidelines for pharmacist-provided immunizations adopted by APhA (developed to meet or exceed existing guidelines of other health care professions), CDC recommendations, and guidelines adopted by other health care and government organizations. The APhA certificate training program has been recognized by CDC for its quality and content, and its advisory and review panel consists of nationally recognized immunization experts within and outside the practice of pharmacy. Approximately 150 state pharmacy associations, schools and colleges of pharmacy, and pharmacy corporations have licensed the training program to educate their pharmacists and student pharmacists. Currently, more than 150,000 pharmacists have been trained through this program to provide immunizations. The majority (79%) of participants indicated that the number of immunizations delivered in their practice increased following the program.¹⁴

A recent article on outcomes measurement in continuing health care education demonstrated that satisfaction with the Pharmacy-Based Immunization Delivery certificate training program was high. Importantly, a high percentage of learners (43%) self-reported a change in performance following the program. APhA has been able to enact behavior and performance change among learners who completed the program and increased learner knowledge and commitment to change performance; further, APhA has identified education trends and developed a registry of learners for future educational initiatives.¹⁴

Principle 5

To facilitate documentation and communication of the provision of pharmacist-provided immunization services, the profession should advocate for:

- A core data set with standardized data elements and formats to enhance communication among and between stakeholders and payers.
- An integrated multidirectional system that communicates with vaccine registries, providers, payers and health systems, and patients.
- A central patient identifier to ensure complete and accurate patient records.
- Continual investment to maintain, enhance, and improve these systems and to ensure safety and security of data.

Health care in the United States presently lacks a coordinated system across the different states (and some difficulties even within states) to ensure quality patient care and verify that patients are up to date with recommended vaccinations. Current documentation systems are fragmented and incomplete, making it difficult for patients or health care providers to obtain and manage their immunization records. Within existing systems, barriers may exist to identifying accurate immuniza-

tion records and ensuring that data entries are not duplicated. The development and implementation of a more sophisticated immunization information system would improve quality and performance measures across a number of different entities from state health departments to health systems, payers, and even employers.

Appendix 1. Participants in the APhA/AMCP Pharmacist-Provided Immunization Compensation and Recognition Stakeholder Meeting, June 29, 2011

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Recommendations and conclusion

The pharmacist is an integral and accessible member of the health care team with the ability to conveniently, knowledgeably, and safely deliver immunizations to patients of all ages. The profession should strive to expand the scope of practice to include a uniform standard of immunization provision that supports the administration of all CDC-recommended vaccines through pharmacist-provided immunizations.

Challenges remain in navigating compensation processes and ensuring recognition for pharmacists as immunization providers. Variability in state practice acts, reimbursement and compensation processes and systems, and mechanisms for documentation of vaccine services creates key differences in how pharmacist-provided immunizations are delivered throughout the United States. Regardless of these challenges, pharmacists should pursue delivering immunizations to the full scope of practice allowed by their state. Patients should be encouraged to access any needed vaccine from any qualified immunizer without experiencing financial penalties, plan restrictions, or increased barriers to receiving CDC-recommended vaccinations. Pharmacists have demonstrated that through the expansion of pharmacist-provided immunizations, patient vaccination rates have improved. Pharmacist-provided immunizations are clinically sound, cost effective, readily accessible, and support achievement of our nation's public health goals.

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