

14-03

STATEMENT OF POLICY

Pharmacy Partnerships for Emergency Response

Policy

To achieve more efficient, coordinated, and reliable public health emergency response, the National Association of County and City Health Officials (NACCHO) encourages local health departments and pharmacy partners to engage and coordinate in emergency planning, preparedness, response and recovery efforts. NACCHO recommends the following as key components for building and sustaining partnerships with the pharmacy community:

1. *Local health departments should determine if there are existing partnerships between their state health department and community pharmacies, and then work to enhance or begin the development process of such relationships.* Local health departments should work with state health departments to jointly coordinate outreach among state boards of pharmacy and state pharmacy associations that can facilitate relationships with both independent pharmacies and chain pharmacy divisional leaders. Local health departments' subsequent planning with community pharmacies and pharmacy partners should leverage pharmacies' existing strengths and resources, while sustaining their continuity of operations.
2. *During planning, local health departments should consider a diverse range of pharmacy partners.* Partnerships can include independent, ethnic minority, and chain pharmacies, as the prevalence and reach of each type may vary from community to community. Local health departments should determine, based on the needs and landscape of their own communities, which pharmacy partners to prioritize in their engagement and preparedness planning efforts. Mutual benefits include information sharing, assistance with the planning and coordination of continuity of operations, the cross-promotion of public health educational materials, and engagement in other public health initiatives.
3. *Local health departments should recruit those individuals and community entities (e.g., schools of pharmacy) that possess pharmacy expertise to serve in preparedness planning.* Students and faculty from schools of pharmacy should be invited to participate in local health department preparedness and response and recovery activities that leverage their pharmacy knowledge, skills, and resources. Additionally, local health departments should consider the Medical Reserve Corps (MRC) as a volunteer resource; a NACCHO survey showed that the MRC currently enrolls an estimated 2,396 pharmacists and 530 pharmacy technicians.¹



4. *Local health departments should work with pharmacy leaders (e.g., state pharmacy associations, divisional leaders of chain pharmacies, independent pharmacy managers, etc.) to develop policies that identify pre-established roles, responsibilities, and expectations in a public health emergency.* Resulting memoranda of understanding or similar agreements should then be shared with community pharmacies.
5. *Local health departments, state health departments, state boards of pharmacy, and state pharmacy associations should take action to implement or expand their existing state and local legal frameworks that would allow pharmacists to participate in public health initiatives and emergency response to the full extent of their education and training.* Where feasible, local and state health departments and pharmacies are advised to forge Collaborative Practice Agreements, which authorize pharmacists to administer vaccines, provide medical countermeasures, or provide patient care services under established protocols for certain patients and populations.
6. *Local and state health departments should take action to familiarize themselves with federal resources and legal frameworks that would allow pharmacies to participate in public health initiatives and emergency response to the full extent of their education and training.* The Emergency Prescription Assistance Program (EPAP), a section of the Stafford Act, is one crucial legal framework that can be used in federally declared disasters to provide prescription medication and durable medical equipment for uninsured individuals within affected areas. Local health departments, in coordination with their state health department, should explore the benefits and processes required to partake in this federal program that was built to leverage the resources of the pharmacies for efficient medication distribution in emergencies.²
7. *Local health departments, pharmacy partners, and other key stakeholders should set long-term goals and sustain continuous collaboration.* Partners should schedule regular meetings to maintain engagement in times of non-emergency, and in some communities, this could mean inviting pharmacy stakeholders to participate in existing healthcare coalitions. Public health and pharmacy stakeholders should hold joint exercises and trainings to prepare pharmacy partners for a public health emergency response. In addition, local health departments should seek other ways to utilize pharmacists and pharmacies in meeting local public health needs that support the connection of public health with pharmacy and the sustainability of local providers.
8. *Local health departments should involve pharmacies in public health surveillance efforts by encouraging the state Immunization Information System (IIS) to accept data from pharmacies and advocating for pharmacies to have rights to check IIS records prior to administering each dose of vaccine.* Local health departments, in coordination with their state health department, state pharmacy association, state board of pharmacy, and community pharmacies, should develop protocols for sharing immunization data and other relevant surveillance data. Protocols should account for the diversity in the electronic prescribing and data storage systems used by pharmacies. The goal of such

partnerships should be to collaboratively develop interoperable information sharing systems that benefit the public and private sectors.

Justification

Strong relationships between local health departments and pharmacy partners increase the safe, fast, effective, and equitable distribution of medical countermeasures during a public health emergency. Pharmacists have often been underutilized in public health emergency response, yet they provide the services and possess the knowledge and training that can enhance distribution of medical countermeasures. Additionally, their widespread accessibility can broaden access to critical vaccines and countermeasures. To this end, partnerships between local health departments and pharmacies are crucial to effective public health emergency response.

During a public health emergency, including influenza pandemics, the safe, fast, effective, and equitable distribution and dispensing of medical countermeasures is vital to the public health. By leveraging existing community resources, including pharmacy assets, local health departments can broaden public access to critical vaccines and medicines and lead a more robust emergency response. Strong partnerships between local health departments and pharmacy partners are critical to a comprehensive and coordinated public health emergency response. The involvement of pharmacy partners in public health emergency response increases healthcare system capacity in several aspects.³

First, public health emergencies, such as influenza outbreaks, can trigger a surge of individuals seeking care from hospitals and urgent care sites, while other individuals rely solely on self-care. Pharmacists can mitigate these effects by administering vaccines, identifying high-risk patients, counseling and providing information to patients, dispensing antiviral medications, and more. All of these services are compatible with existing pharmacy processes.

In an influenza pandemic, time-to-response is a major concern. The Centers for Disease Control and Prevention (CDC) recommends patients take antiviral medications within 48 hours of symptom onset; the faster antivirals are administered to a patient, the better the outcome. Pharmacies have a significant presence in almost all communities; 93% of people in the United States live within five miles of a community pharmacy,⁴ putting pharmacies in the unique position to provide widespread countermeasures coverage. Independent, chain, and ethnic pharmacies often target hard-to-reach and vulnerable populations. Additionally, many pharmacies are open evenings, weekends, and holidays, times that clinics and physicians' offices are often closed; their inclusion in emergency response can shorten the time to patient treatment. Furthermore, local health departments are uniquely situated to partner with local, independent, and chain pharmacies because they are often a trusted source of information and services for their communities.

Currently, all 50 states, the District of Columbia, and Puerto Rico authorize pharmacists to administer vaccines in some capacity.⁵ According to a recent survey conducted by the American Pharmacists Association, of those pharmacies that provide vaccine, 88% administered influenza, 77% administered pneumococcal, 75% administered herpes zoster, and 57% administered tetanus vaccines.⁶ Pharmacies that conduct immunizations also contribute to the statewide collection of immunization data. An American Immunization Registry Association survey showed that 80% of pharmacists that administer vaccines also report vaccine doses to their state IIS.⁷ Local health departments can use these data to guide actions for improving vaccination rates. Expanding on this, pharmacies' widespread accessibility and diverse consumer base means pharmacies have access to information that can enhance public health surveillance efforts. Local health departments routinely conduct surveillance activities to monitor health trends within their communities; pharmacies can inform health departments about over-the-counter medication purchases as a supplemental surveillance indicator (e.g., wholesaler and pharmacy sales of antidiarrheal medications can help local health departments detect disease outbreaks).

In 2012, the Institute of Medicine held public workshops to explore alternative strategies for facilitating access to antiviral medications during an influenza pandemic.⁸ Focus groups reported high rates of acceptance for a model in which community pharmacists would initiate and dispense antiviral medications under Collaborative Practice Agreements (CPAs).⁹ A group of pharmacies is currently testing this model paired with rapid diagnostic testing for seasonal influenza in rural communities;¹⁰ researchers have reported high rates of patient satisfaction and experience with care under a pharmacy-based CPA model.¹¹

Despite the evident utility of including pharmacists in public health preparedness, they have been underutilized. A 2012 Harvard School of Public Health poll revealed that 68% of pharmacists reported having no contact with a local or state health department in the past year.¹² However, to achieve the benefits of partnership outlined above, contact and relationship-building needs to take place before an emergency. Waiting until an emergency to engage pharmacies will result in a harried and unorganized process, hampering the effectiveness of the pharmacy safety net.

State pharmacy associations serve as key points of contact for the development and dissemination of disaster response protocols and information to pharmacies. They are also instrumental in raising awareness of the full range of public health services that pharmacists can provide. State boards of pharmacy can further help identify the legal opportunities and barriers to crafting emergency protocols as they relate to pharmacists.

A response to public health emergencies is more efficient and robust if it utilizes processes and workflows that already exist within communities. Forging partnerships during seasonal influenza, for example, may further enable preparedness for future pandemics.

By reaching out to universities and colleges with pharmacy programs, local health departments can orient students to the role that pharmacists play in an emergency response and to instill in future pharmacists a sense of the importance of emergency preparedness. These student pharmacists have completed certificate training programs in immunizations and participated in community outreach and patient care projects as part of their academic curricula. Likewise, MRC volunteers offer a wealth of knowledge and expertise, with a strong base of pharmacists who can also be utilized during planning and response.

State boards of pharmacy can help local health departments and pharmacies to assess legal barriers and opportunities for improving access to critical vaccines and countermeasures while staying within pharmacists' scope of practice. Local health departments may also seek collaborative discussions with other local health departments and their state health department to facilitate consistency across jurisdictions as some pharmacies may serve multiple cities/counties. By leveraging existing resources and capacity, such as pharmacists and pharmacies, local health departments can strengthen their community resilience and improve response to public health emergencies.

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NACCHO appreciates the assistance of Simon Bae, Nchinda Ngeche, University of Maryland, School of Pharmacy on this policy statement.

Record of Action

*Proposed by NACCHO Medical Countermeasures Workgroup
Approved by NACCHO Board of Directors July 8, 2014*