

neumococcal Vaccination Rates after a Pharmacist Conducted Medication Therapy Review (MTR)



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BACKGROUND METHODS Pneumococcal disease, which includes pneumonia, bacteremia, and meningitis, causes more deaths in the Design United States than all other vaccine preventable diseases Patient presents for MTR & vaccination status assessed ·Populations at greatest risk for pneumococcal disease Prospective, multi-site study include those ≥65 years, smokers, and people with at two rural community certain medical conditions such as asthma or chronic pharmacies and one private obstructive pulmonary disease (COPD) physician practice Unsure of vaccination status Current with CDC ·Pharmacists can identify patients at high-risk for recommendation pneumococcal disease during medication therapy reviews (MTRs) Population Follow up with PCP via fax North Carolina law allows pharmacists to provide ·Patients ≥65 years at the pneumococcal vaccination to patients ≥18 years with a community pharmacies or prescription referred by the physician Not current with CDC recommendation Current with CDC recommendation **OBJECTIVE** Study Dates •To identify the need for pneumococcal vaccination in July 1, 2010-February 4, 2011

CDC = Centers for Disease Control and Prevention; MTR = medication therapy review; PCP = primary care provider

Administer vaccine at PCP office or

pharmacy if authorized

RESULTS

•104 MTRs were conducted during the study dates

patients who received a pharmacist-conducted

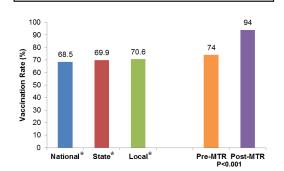
medication therapy review (MTR) and determine post-

·Before MTR.

MTR vaccination rates

- •77 patients (74%, 77/104) were up-to-date with pneumococcal vaccination
- •27 patients (26%, 27/104) were eligible for vaccination
- Of the 27 patients eligible for vaccination, upon followup with the primary care provider (PCP),
- •21 patients (77%, 21/27) received vaccination
- ·6 patients (23%, 6/27) refused vaccination
- ·Following MTR,
- •98 patients (94%, 98/104) were up-to-date with pneumococcal vaccination

Pneumococcal Vaccination Rates



* Data obtained from the CDC's 2009 Behavioral Risk Factor Surveillance System

CONCLUSIONS

Patient declined vaccine

- Pharmacist-led MTRs are an avenue for improving pneumococcal vaccination rates through patient education regarding CDC recommendations, enhanced access to vaccine, and, when authorized, vaccine administration
- Pneumococcal vaccination rates during MTR increased vaccination rates by 20%, which was statistically significant in our patient population (P<0.001)
- Following MTR, our patient population achieved a vaccination rate that was higher than reported national, state, and local vaccination rates
- We strongly encourage pharmacists to review vaccination status during MTR and communicate with PCPs in an effort to improve patient care