Building and Sustaining Strong Partnerships between Pharmacies and Health Departments at State and Local Levels

Background
The health of a community relies on the actions and contributions of both public- and private-sector entities. Strong relationships between pharmacies and state and local health departments can be mutually beneficial and build upon the inherent strengths of each sector. In particular, pharmacies can be a valuable partner with health departments for distributing and dispensing critical medications or vaccines during a public health emergency. Pharmacies offer accessibility to healthcare services, convenient hours, familiarity, and the benefit of daily experience with distribution chains, dispensing, tracking, monitoring, and inventory management. Health departments are cornerstones of the public health system and should consider building and sustaining partnerships with pharmacies and pharmacists, especially in preparation for public health emergencies.

In the last decade, significant progress has been made to build and implement public-private partnerships for public health preparedness. Given the demonstrated benefits of such partnerships, health departments and pharmacies should proactively develop and strengthen relationships. While many examples of successful public-private partnerships exist, a recent study showed that 68 percent of pharmacists working in community settings said they had no contact with health department staff in the past year. This finding underscores the need for increased engagement among pharmacy and public health professionals to enhance the U.S. public health system.

Innovative partnerships can be tailored to meet the specific needs of a population—big cities, small rural towns, and communities in between can all benefit from building and sustaining relationships with pharmacies that strengthen their health and medical surge capacity during public health emergencies. As demonstrated during the 2009 H1N1 pandemic influenza response, pharmacies and pharmaceutical distributors are valuable partners during a public health emergency response.

This report encourages building public-private partnerships and offers actionable steps for pharmacists and public health professionals to begin laying the foundation of long-lasting, mutually beneficial partnerships.
Building the Case for Partnership

Shared Public Health Mission and Responsibilities

The public health system, once thought to consist mainly of government public health departments, is now widely understood to include public- and private-sector organizations whose actions can have significant consequences for the health of the public. This broader understanding of the entities involved in the public health system is especially critical during emergencies of great magnitude, such as pandemic outbreaks, which require a surge of health and medical capacity beyond everyday levels. In these situations, health departments, pharmacies, pharmaceutical distributors, hospitals, and other healthcare entities face increased demand, scarce resources, and short timeframes for response. By establishing partnerships, health departments and pharmacies can better leverage their resources to meet challenges and improve overall response efforts and community resiliency.

As healthcare professionals, pharmacists can play a critical role in providing services that promote wellness, helping patients manage their chronic diseases, offering health screenings, and providing health education. In recent years, pharmacists have become known as a “first line” resource for health because they are trained professionals with continual access to the public at numerous convenient locations. Expanding pharmacists’ scope of practice is also currently discussed in light of national healthcare reform. A recent report from the Office of the Chief Pharmacist, U.S. Public Health Service, to the U.S. Surgeon General stated that pharmacists are “remarkably underutilized in the U.S. healthcare delivery system given their level of education, training, and access to the community.”

Over the past decade, pharmacists’ roles have been expanding to include prevention activities such as immunizations, laboratory testing, chronic disease medication management, and selected primary care services under protocols and supervision from physicians. Pharmacists can augment response efforts as part of the public health system by also identifying high-risk persons who may be targeted for countermeasures and participating in community emergency response planning and preparation. The public will seek out retail pharmacists in the event of an emergency because of familiarity and accessibility.

Additionally, pharmacists are an essential component of the nation’s healthcare and public health critical infrastructure. An efficiently functioning medical supply chain and pharmaceutical distribution system are essential components of overall community preparedness. Likewise, pharmacies now play an increased role in prevention of seasonal influenza. As of 2009, all 50 states allow pharmacists to administer influenza vaccine to adults, up from 22 states in 1999. During the 2010–2011 flu season, 18.4 percent of adult influenza vaccines were administered in community pharmacies, a large increase from seven percent in 2006–2009 and five percent in 1998–1999. Pharmacists, who are largely perceived as trusted health professionals in their communities, readily embraced this new role to administer vaccinations. Approximately 55 percent of pharmacists are trained and experienced to do so.

The saying “all disasters begin locally” reinforces the role of the local health department workforce as the center of the public health emergency preparedness system. State and local health departments are in tune with the public in their communities because they routinely provide health services such as vaccination administration and disseminate health education materials. However, large responses cannot be successful in isolation and require strategically leveraging existing systems and public health resources in a community.

Communicating with the Public and Reaching Vulnerable Populations

Health departments routinely develop and implement health promotion and disease prevention campaigns to improve the health of the public. As a result of these efforts and other ongoing work, health departments know their populations and have existing mechanisms to reach their communities, including individuals who are uninsured, underinsured, and traditionally part of underserved populations. Health departments can increase the reach of their health education and promotion materials by collaborating with pharmacies to provide those materials to the public.

Consumers shop at food/drug retailers an average of 1.9 times each week, and about 93 percent of those consumers live within five miles of a community pharmacy. Given the availability and accessibility of community pharmacies, they are an ideal location to offer public health messages. The integration of pharmacies into communications planning with health departments will
ensure the public receives more consistent and coordinated public health messaging during emergencies. In some cases, pharmacists can reach their patients via automated voice calls or text messages. For example, when New York declared a state of emergency for flu during the 2012–2013 flu season, the Pharmacists Society of the State of New York informed its members that, if they had vaccine supplies remaining, then they should use the PrescribeWellness notification system to instantly alert patients via voice calling. Thousands of members participated within 24 hours.

Surveillance and Information Sharing
Health departments routinely conduct surveillance activities to monitor any increases of disease within a community. Pharmacies also have useful insight into the supply chain of vaccine, antiviral medication, antibiotics, and other essential medications, including changing demand for medications. Pharmacies may be able to inform public health authorities about a surge in over-the-counter medication purchases to augment public health surveillance. As pharmacies become a more common site for influenza vaccination, among other types of vaccination, pharmacies should be strongly encouraged to report all vaccinations to their state registry. This will ensure a patient’s vaccination registry is complete, even if not received in a traditional office setting.

Some studies have shown that patients with flu-like illness present symptoms first to community pharmacies; monitoring over-the-counter sales for cold and cough products can help to detect spot outbreaks. Similarly, given recent developments with respect to rapid diagnostic tests for flu and strep, some pharmacies are piloting the use of these tests and are working to report positive cases and identify outbreaks to public health officials.  

Combining public- and private-sector surveillance data creates enhanced real-time “situational awareness” of the health within a community, especially during times of public health emergencies. Further, these data may be an early indicator of an outbreak or emerging public health threat within a community. By leveraging data streams, health departments and pharmacies can work together to project demands, conduct disease surveillance, decrease the likelihood of medication shortages, and plan for supply chain disruptions.
Benefits of Partnership

» Coordinated Public Health Response to Emergencies
   Partnerships among health departments and pharmacies benefit not only each organization but also the community. A coordinated approach to public health emergency planning and response allows for fast, organized medication dispensing and vaccine administration during a pandemic or other public health emergency.

» Improved Disease Surveillance and Communication
   While both health departments and pharmacies conduct surveillance, coordinating both systems can lead to broader situational awareness on the status of disease in individual communities and the nation. Additionally, stronger data-sharing with pharmacies can provide health departments greater visibility into the vaccine inventory, the ability to report accurately on an uptake in vaccinations, and, possibly, information that might inform syndromic surveillance efforts.

» Use of Existing Systems for Emergency Response
   Emergency plans are easily and smoothly implemented when they employ familiar processes. Health departments should include pharmacies in ongoing community pandemic and other emergency planning efforts. Partners should develop flexible plans for resource delivery based on expanding the use of everyday systems. Effective use of established, existing systems reduces costs and the need for just-in-time-training associated with a public health emergency response.

» Incorporating a Broad Array of Locally Available Infrastructure during Disaster Response (“Whole Community” Approach)
   Rather than relying exclusively on government infrastructure during disaster response, health departments can partner with pharmacies for a Whole Community approach to protecting the public. Not only does this approach greatly expand available resources and expertise when facing a public health crisis, but it also underscores the message that public, private, and non-profit organizations have a role in preparing for and responding to disasters.

» Enhanced Reach into Communities
   Given the accessibility of pharmacies and their reach into diverse communities, pharmacies can improve vaccination rates and compliance with screenings recommended by the U.S. Preventive Services Task Force. As healthcare providers, pharmacists offer an important contribution to preventive health services and the broader public health system. Health departments traditionally have a strong reach into diverse populations, so coordinated efforts with pharmacies can ensure improved preventive services within communities.

» Public Communication Plan
   Health departments and pharmacies can work together to develop clear and consistent public communications during supply chain shortages, outbreaks, or emergencies. Working together increases the likelihood that the messaging will reach the targeted population and will reduce contradictory information.

» Joint Community Engagement
   Health departments should proactively partner and engage with pharmacies in their communities. Leveraging public-private partnership allows for strengthening relationships with communities, including providing information on chronic conditions, raising awareness about expired medication disposal options, and educating the public on personal pharmaceutical preparedness.

» Annual Exercises, Trainings, and Stakeholder Meetings
   Partnerships are strengthened by opportunities to work together and build relationships among personnel. Health departments should include pharmacies and pharmaceutical distributors in training opportunities. In addition to providing a unique perspective, these opportunities can strengthen relationships and engage key individuals in the partnership.
Get to Know Potential Partners

Health departments and pharmacies share a public health mission and provide many of the same healthcare services, including antiviral medication dispensing and vaccination. Building partnerships around these shared goals and objectives can ensure a strong, coordinated public health response, especially in emergency situations when resources may be scarce. One of the first relationships to be built at the state level would be among the state health department, state board of pharmacy, and state pharmacy association. A strong relationship with the board of pharmacy would enhance the response during a public health emergency. Additionally, state pharmacy associations can help facilitate relationships and build awareness around the full range of public health services at community pharmacies.

Relationships must be built upon trust and strengthened ahead of time for partnerships to operate quickly and efficiently during public health emergencies. Partners must understand each other’s strategic objectives as healthcare providers to develop a partnership that meets the needs of all participants. Health departments should view pharmacies as an asset in the healthcare community and proactively reach out to pharmacy managers. Where possible, state and local health departments should work together in engaging pharmacies for a coordinated, broader partnership. Where possible, a pharmacist should serve as an administrator on the state Emergency System for Advance Registration of Volunteer Health Professionals. For example, in Michigan, the Emergency Preparedness Coordinator from the Michigan Pharmacists Association fills that role and can ensure pharmacists are prepared and educated about their expected role in public health emergencies.

Pharmacies should be incorporated into community response and disaster plans. In some communities, pharmacy representation is included in the local emergency operations center. For example, pharmacies are represented in the Public Health – Seattle & King County Area Command Center during incidents that warrant pharmacy involvement. Additionally, presentations on the value and importance of community-wide preparedness to state boards of pharmacy can be effective tools for rallying interest and support.
Understand Available Resources

Effective partnerships must be structured around a mutual understanding and appreciation of each partner’s resources. Health departments and pharmacies should communicate their baseline capacity to one another to best estimate and plan for projected surge capacity.\(^\text{18}\) Partnerships can achieve greater efficiency by building on familiar and existing everyday processes, rather than developing new processes only for emergencies. For instance, during the 2009–2010 H1N1 response, several large pharmacy retailers partnered with the Centers for Disease Control and Prevention (CDC) to provide data on flu vaccines administered and antiviral medication dispensed in various states. That information was shared with state health department leadership and disseminated to local health departments.

Health departments and pharmacies should familiarize themselves with each other’s technological and communication systems to learn how they can collectively leverage those systems. Health departments should also share preparedness resources with pharmacies, including local and regional emergency plans and educational information.

Establish Roles and Responsibilities

Successful partnerships require clearly defined roles and responsibilities for each partner. Establishing expectations in advance sets the stage for coordinated action and mitigates potential conflicts.\(^\text{16}\) Partners should hold each other accountable for the responsibilities they have been assigned.\(^\text{19}\) Health departments and pharmacies must also develop ground rules for decision-making within the partnership. Creating formalized bodies such as voluntary advisory groups, planning committees, and joint policy boards can provide a forum for shared decision-making.

Take Action

Once health departments and pharmacies have established the groundwork for a successful partnership, the next step is to act. Partners should attend regularly scheduled planning meetings. A schedule of joint exercises and trainings should also be established to give partners experience working together and to highlight opportunities to improve coordination. Partnership activities should advance the strategic objectives of all partners.\(^\text{16}\) Systems and plans for activities conducted by pharmacies and health departments should be integrated, including those related to data collection, continuity of operations, and surge capacity. Partners should have established protocols for maintaining continuous communications during an emergency response to promptly address any unanticipated issues that arise.\(^\text{20}\)

Plan for Long-Term Goals and Continuous Involvement

Partnerships must be maintained over time to remain fruitful and relevant to partners’ needs. Partners must continue to prioritize regular meetings to keep lines of communication consistent and open. Evaluations of joint efforts such as exercises, responses, and planned events must be conducted in a timely manner, and partners must act upon any recommendations for improvement. Pharmacies and health departments should consider whether any additional opportunities to work together exist within their scopes of work and whether to grow the partnership to include other organizations.

To sustain communications, partners must be able to reach one another; maintaining an established contact list can ease that process. Contact lists can be stored in an emergency notification system, which allows a group of pharmacies to be notified simultaneously of events in a community. State boards of pharmacy could be useful partners for maintaining information databases and developing pharmacy responder contact lists to be shared with health departments.
Partnership Best Practices

Scripted Surge Antiviral Dispensing Drills

The CDC, National Association of County and City Health Officials, and Association of State and Territorial Health Officials have spent nearly two years exploring alternative antiviral distribution and dispensing strategies that could be used during a future influenza pandemic. The primary goal of the project is to understand more efficient and scalable ways to distribute and dispense antiviral medications during an influenza pandemic, including ways to leverage existing private-sector systems such as the commercial pharmaceutical distribution network and community pharmacies.

As part of this project, two Scripted Surge Antiviral Dispensing Exercises were held to establish a learning environment where participating pharmacies could exercise emergency response plans, policies, and procedures pertaining to antiviral dispensing in response to an influenza pandemic. The two drills occurred in diverse locations—one at Matt’s Medicine Store, an independent pharmacy in Independence, MO, and the other at a Walgreens pharmacy in downtown Chicago—to compare and contrast findings from varied environments. Both drills demonstrated that pharmacies could effectively operate in surge situations and dispense prescriptions for antiviral drugs and routine prescriptions. The simulations highlighted that, if additional prescription demand exceeds twice the normal demand, then additional staff or efficiencies to improve throughput would be needed to ensure that prescriptions were dispensed in a timely manner, without compromising the level of patient care.

Vaccinate Chicago Week: A Public-Private Partnership

Walgreens and the Chicago Department of Public Health (CDPH) coordinated influenza vaccine communication and vaccination services during the first annual Vaccinate Chicago Week (local observance of National Influenza Vaccination Week, Dec. 2–8, 2012). In collaboration with community partners, including Blue Cross Blue Shield of Illinois (BCBSIL), University of Chicago, Chicago Area Immunization Campaign, and the Illinois Chapter of the American Academy of Pediatrics (AAP), CDPH and Walgreens created a marketing identity for use in traditional media (e.g., press release, radio, newspaper), social media (e.g., Facebook, Twitter), and healthcare provider communication (e.g., Illinois AAP, BCBSIL). All partners disseminated the key message “It’s Not Too Late to Get a Flu Shot” throughout the city. In addition, CDPH and Walgreens coordinated nearly 30 community-based clinics where free influenza vaccines were made available to vulnerable populations. Chicago-area Walgreens pharmacies experienced a four-fold increase in the number of vaccines administered that week. Plans are underway for Vaccinate Illinois Week, which will extend the activities to the rest of Illinois in 2013.

Checklist for Building Partnerships

- Identify appropriate contacts in health departments or pharmacies. For example, health departments should reach out to their state boards of pharmacy, visit their community pharmacy, or contact the corporate headquarters of large pharmacy chains. To obtain contact information for large chains, they may contact local store managers or engage national pharmacy associations. Pharmacies should reach out to state health departments and set up an initial meeting with potential partners.

- Develop a contact list to maintain communication among partner organizations.

- Meet to learn about each organization.

- Clearly communicate throughout all steps of the partnership. Health departments and pharmacies will benefit from partnership, but the benefits of implementation must be presented in an easy to understand format.

- Discuss operational plans, such as plans to deal with continuity of operations, surges, or supply chain interruptions.

- Develop a partnership strategic action plan and set expectations for the role of partners.

- Schedule and convene regular meetings and include pharmacies in community emergency planning.

- Plan and host joint activities and exercises and incorporate partnership members into existing activities.

- Evaluate the partnership and collectively suggest strategies to improve progress and future planning.

- Continue to maintain and grow relationships, even while a public health emergency is not ongoing. Relationships and trust must be built prior to an emergency.
Palm Beach: H1N1 Response

During H1N1, Palm Beach County Health Department (PBCHD) collaborated with hospitals, community pharmacies, and pharmacy-based community health clinics on an informational “Flu Ready” card distribution campaign. One side of the card contained information on prevention, including health, wellness, and food supplies to purchase in advance; the other side contained information on caring for those ill with the flu. The partnership began with Publix Super Markets but soon expanded to include Winn Dixie Super Markets, Walgreens, CVS pharmacies, and Wal-Mart. More than 200,000 “Flu Ready” cards were distributed at 250 pharmacies between September 2009 and March 2010.

The partnership expanded to include vaccine dispensation. By identifying one contact at each pharmacy retailer, PBCHD was able to ship approximately 40,000 doses of the H1N1 vaccine, about 12 percent of the county’s allocation, to hundreds of in-store health clinics and community pharmacies. These efforts succeeded in educating the public, engaging additional qualified healthcare professionals in the public health response, increasing vaccine administration, and increasing vaccine access to vulnerable populations without medical homes.

Spokane County: Building Partnerships through Training and Exercises

The Washington State College of Pharmacy (COP) began working with the Spokane Regional Health District (SRHD) in 1998 to integrate pharmacists into local emergency response. The two organizations first developed a memorandum of understanding (MOU) that addressed how they would recruit pharmacy students as responders for major events and stated that they would assist with activities such as prophylactic medication dispensing, vaccination, adverse event monitoring, patient counseling, and public education. The MOU covered additional issues including the suspension of pharmacy program requirements during the response, credentialing, training, liability coverage, and informed consent. To better prepare students for their volunteer roles, the COP included emergency preparedness training in its pharmacy curriculum and required students to participate in a community-wide activity.

Since 2005, COP faculty and local emergency preparedness groups have partnered on formal training activities, including sessions on managing disasters and improvised explosive device injuries. COP faculty and students have also participated with SRHD staff on several full-scale exercises since 2005, practicing mass influenza vaccination and bioterrorism response. The relationships developed during these trainings and exercises allowed COP and SRHD to work together efficiently during actual responses, including a 40-inch snowfall that stranded patients without vital medications and the H1N1 pandemic requiring mass vaccination. A collaborative practice agreement between COP and SRHD facilitated the delivery of more than 3,500 H1N1 vaccinations at clinics held in numerous community locations.

New York: Enhanced Use of Pharmacists as Immunizers

The 2012–2013 flu season was marked by widespread flu activity and significant media attention. In January 2013, there was an increasingly shrinking vaccine inventory nationwide. While many pharmacies still had inventory, some states imposed age restrictions on the patient populations that pharmacists could immunize. As a result, some pharmacies were unable to maximally contribute to prevention efforts. To address this challenge in the state of New York, Governor Andrew Cuomo issued an emergency order waiving age restrictions imposed on pharmacies. While altering the age restrictions is a very important first step to allow for more immunizations, rapidly implementing this type of waiver during an actual event is difficult because pharmacies may have to revise standing orders, ensure they have sufficient vaccines and syringes, and take other steps that would require significant lead time.
Conclusion

Building strong partnerships between state and local health departments and pharmacies is a critical aspect of public health preparedness and response. Because of the unique resources offered by the public and private sectors, increased coordination will result in more successful outcomes. Pharmacies and health departments have much to gain from partnership and should proactively build and sustain relationships prior to a public health emergency.

FOR MORE INFORMATION, PLEASE CONTACT:

Sara Rubin, MPH, MA  
Program Analyst  
202-507-4193  
srubin@naccho.org  

Andrew Roszak, JD, MPA, EMT-P  
Director, Pandemic and Catastrophic Preparedness  
202-471-1205  
aroszak@naccho.org  

Jack Herrmann, MSEd, NCC, LMHC  
Senior Advisor & Chief, Public Health Preparedness  
202-507-4228  
jherrmann@naccho.org
Acknowledgments

This report was supported by Award Number 5U38HM000449-04 from the Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Influenza Coordinating Unit (ICU). NACCHO is grateful for this support and would like to thank Lisa M. Koonin, DrPH, MN, senior advisor at the CDC ICU, who has been a leader in partnership building and contributed to this report. Special thanks to NACCHO staff Rachel Schulman, MPH, for her contribution to this report. NACCHO is grateful for the contributions, support, and enthusiasm of several key stakeholders who helped shape this report.
References


22. Association of State and Territorial Health Officials, National Association of County and City Health Officials, & Centers for Disease Control and Prevention. (2012). *After-action report: Scripted surge antiviral dispensing exercise in Chicago, IL.* (This document is for official use only.)