



COMPLETED GRANT SYNOPSIS

Pilot Implementation of an HPV Vaccine Administration Initiative Targeting Young Adults in the RxSelect Community Pharmacy Enhanced Services Network (RxSelect CPESN)

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Objectives

- Increase HPV immunization among young adults via community pharmacies within the RxSelect Community Pharmacy Enhanced Services Network (CPESN)
- Establish a model pathway by which community pharmacies can bill for immunization services as a provider service with a statewide payer

Methods

Design

- Baseline and intervention comparison of vaccine administration by pharmacies within the RxSelect Community Pharmacy Enhanced Services Network (CPESN) located in proximity to an Oklahoma college or university
 - Phase 1 – Pharmacist and University Engagement consisted of connecting local pharmacists with key university contacts to initiate campus outreach
 - Phase 2 – Student Engagement consisted of direct messaging to students via events both on and off campus
 - Phase 3 – Vaccine Administration consisted of the actual administration of HPV vaccine either on campus or at the pharmacy
- Creation of a provider service billing process with a statewide payer for immunizations via a centralized claims processing and payment disbursement system

Study endpoints

- The number of HPV vaccinations provided by pharmacies in the project
- The number of vaccines in Oklahoma billed through the provider services process of a statewide payer

Results

- Two focus groups of pharmacist project participants indicated strongly positive feelings toward offering HPV vaccine, yet also expressed concern about having the time to conduct vaccination clinics and managing vaccine inventory. These concerns were realized through the course of the project as logistical barriers to vaccine administration overcame the initial momentum toward the project on the part of project participants.
- 106 HPV vaccinations were provided by RxSelect CPESN pharmacies.
- A medical side billing channel through the HealthChoice state and education employees group insurance program was successfully created for the PPOk RxSelect pharmacy network with a total number of 1,416 vaccines billed via this new process to date. The billing and payment process is conducted by Pharmacy Providers of Oklahoma on behalf of the pharmacies, reducing the level of effort that would otherwise be required at the pharmacy level.

Conclusion

This project succeeded very well in the creation of a provider services billing process with the HealthChoice state and education employees group insurance program but struggled with the on-site vaccination process with universities. The creation of this centralized billing and payment process opens the door to additional such services with other payers and for additional services. The primary factors limiting success on the college campus involve the high cost of the HPV vaccine itself, logistical factors involved in setting up a mobile vaccination effort without technology connections to the pharmacy system to verify insurance coverage, and overall pharmacist comfort level with approaching universities. One significant success was faculty engagement with HPV vaccination to the point of incorporating the creation of immunization messaging as an academic course requirement – a level of buy-in and commitment that needs to be cultivated over time and captured as a case study when engaging employers and plan sponsors for CPESN enhanced pharmacy services. This level of coursework integration is analogous to the integration of enhanced pharmacy services

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with the business success of employers. As universities measure success by student retention and graduation rates, businesses measure success by profitability. In both cases, the enhanced services of community pharmacy play a significant role in a student's (or employee's) attendance and productivity while also reducing costs associated with unmanaged chronic diseases.