

# Standing Orders for Vaccines



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Harm Reduction ECHO: Hepatitis and Liver Health  
3/19/21





# Outline

- Purpose of Standing Orders for Vaccines
- Structure of a Standing Order
- Practical Application
- Best Practices
- Quality Assurance



# Purpose of Standing Orders for Vaccines

- Also known as Collaborative Practice Agreements (CPAs)
- Provide guidelines for the collaboration between a pharmacist and physician to increase vaccination rates to prevent various viruses or diseases
  - Highly important during outbreaks such as the Hepatitis A or MMR outbreaks
- Expand the scope of practice for a pharmacist to practice at the highest capacity of their license
  - Pharmacists can use their professional expertise to evaluate vaccine appropriateness for a patient through a CPA



# Structure of a Standing Order

- Preamble
- Collaborating Pharmacist Description
- Collaborating Practitioner Description
- Patient Description
- Services Provided
- Communication Between Collaborators
- Special Considerations
- Liability
- Expiration of CPA
- Signatures of Collaborators



# Preamble

- Purpose of the collaboration between the physician and pharmacist
- Patient focused on their goals and desired outcomes/ benefits



# Collaborating Pharmacist Description

- Broad description: Name of business and minimum required duties of pharmacists
- Specific description: Listing of pharmacists covered by the CPA
  - Updated upon the hiring of new pharmacists
- Considerations:
  - Coverage of pharmacy intern duties
  - Pharmacy locations under which CPA is effective (different sites within company, off-site locations, etc.)
  - Requirement of continued pharmacist licensure in good standing



# Collaborating Practitioner Description

- Physician collaborating with a single pharmacy group is a commonly seen model
- Collaboration on the group level include CPAs between clinics, groups of physicians, medical directors, and pharmacists
- Requirement of the collaborating practitioner's license to be in good standing



# Patient Description

- Reinforcement of the desired outcomes/ benefits for the patient
- Inclusion and exclusion criteria of patients covered by the CPA
- Considerations:
  - Age, gender, pregnancy, immunosuppression (and definition of immunosuppression), other factors/ health conditions, targeted patient group, physical assessments to determine therapy, CLIA-waived tests





# Services to be Provided

- Most challenging portion of CPA
- Define scope of practice, parameters of services, evidence-based treatment algorithms
- Factors to Consider:
  - Time of service delivery (physician does/ doesn't need to be present), permission to conduct testing, dispensing of drug therapy, referral to physician
- Examples of Services:
  - Vaccinations
  - Point of Care Testing
  - Dispensing of Naloxone



# Communication Between Collaborators

- Sharing of patient information, timing, frequency, hours of communication, and format of communication
- Notification of primary provider – especially important for vaccinations
- Notification of public health department – immunization registry
- Presence of collaborating physician
- Emergency protocols – anaphylaxis or fainting during vaccination
- Providing patient with results of service delivered (vaccination record card)



# Special Considerations or Limitations

- Limitations on advertising services
- Collaborating practitioner referring patients to pharmacist for services
- Permission to list physician's name on paperwork (such as prescription pads for vaccinations approved through CPA)
- Providing written documents such as vaccination information statements to patients



# Liability

- Independent liability for the scope of practices for each individual
- Practitioner and pharmacists not liable for:
  - Inaccurate information provided by patient
  - Provision of care by pharmacist outside of CPA (practitioner)
  - Refusal to care for a patient/ accept a patient referral (practitioner/ pharmacist)
  - Inappropriate documentation
  - Inability to maintain required records
  - Inability to meet communication guidelines
  - Unavailability of product (vaccine)



# Expiration Date and Signatures

- Recommended for expiration in one year to keep it current – should be periodically reviewed
- Signature of collaborating physician and pharmacist, which can allow for legal billing of services



# Practical Applications

- Collaborative practice agreements can create stronger relationships between physicians and pharmacists, creating pathways for other types of professional interactions
- Pharmacists face barriers to financial compensation for their services – partnerships between physicians can allow for billing incident-to-physician
- CPAs create a variety of vaccination services that are accessible to patient and more opportunities for vaccinations



# Best Practices

- Pharmacists should collaborate with physicians that are open to new professional services and supportive of pharmacists expanding their scope of practice through the physician
- Having trust between the physician and pharmacist will allow the CPA to thrive
- Define everything thoroughly in the CPA, even delineating what will be done in various scenarios – the CPA can be amended as different situations come up to provide a comprehensive detailing of best practices
- Measure the outcomes of the CPA to determine its success (number of vaccinations given through a CPA vs. vaccination prescriptions from prescribers) – reevaluate and revise when needed



# Quality Assurance

- Having access to the same EMR will greatly help with a collaborative practice agreement so that the physician can oversee the activities of the pharmacist within the patient profile – open avenues of communication
- Physician could choose to audit certain vaccinations given under the CPA at sporadic intervals to ensure appropriateness of vaccinations
- Computer system can have built-in screening questions as a pre-verification or verification step that the pharmacist must answer prior to giving the vaccine – pharmacists should also scan the barcode of the vaccine box before administration
- Vaccination consent form should have screening questions specific to each vaccine so that a vaccine isn't given to someone without contraindications
- Physicians could allow pharmacists to work in their office through a pilot program and give vaccinations as a quality assurance method of the CPA – then expand to allowing them to give vaccinations on their own in the pharmacy under the CPA with less supervision and weekly check-ups





# References

- Allison Dering-Anderson, Paul Kilgore, Ronald Hospodka, Tolu Akinwale. Creating a Collaborative Practice Agreement. NCPA Point of Care Testing Program.
- [https://www.cdc.gov/dhdsp/pubs/docs/Translational\\_Tools\\_Pharmacists.pdf](https://www.cdc.gov/dhdsp/pubs/docs/Translational_Tools_Pharmacists.pdf)