The Pharmacists Role in Disasters

Satellite Conference and Live Webcast
Wednesday, August 15, 2007
12:00 - 1:30 p.m. (Central Time)

Produced by the South Central Center for Public Health Preparedness in partnership with the Alabama Department of Public Health

Faculty
Stuart Capper
Professor and Director
Institute for Public Health and Pharmacy
Samford University

Michael Hogue, PharmD
Assistant Professor
McWhorter School of Pharmacy
Samford University

Charlie Thomas, RPh
State Pharmacy Director
Alabama State Department of Public Health

Program Objectives
• Gain insight into the changing role of the pharmacist in public health service delivery.
• Describe the roles that must be played by pharmacists during a response to a public health emergency.

Pharmacy Division Role In Disasters
Charles Thomas, BPharm, R. Ph.
State Pharmacy Director
Alabama Department Of Public Health

Program Objectives
• Discuss lessons learned in Alabama and the Gulf about the delivery of pharmaceutical care during the aftermath of Hurricane Katrina.

Pharmacy Division
• Basic responsibility
  – Dispensing policy
  – Implementation
• Prescription drug monitoring
  – Supervise employees
• Drug information
  – Primarily nurses and physicians in ADPH
Pharmacy Division

- Maximizing federal purchasing contracts
  - 340B, MMCAP, wholesalers
- Liaison
  - Pharmacy / regulatory agencies
- Consult / collaborate with public health programs
  - Nursing, dietary, social work, TB, STD, family health

Areas of Activity in Preparedness

- Distribution of pharmaceuticals and clinic supplies
- Coordination of pharmacist and tech volunteers
- Coordinate access to prescriptions by patients/evacuees
- Provision of information in the EOC

Distribution of Pharmaceuticals and Supplies

- Facilitate drug deliveries to clinics and pharmacies
- SNS - RSS and pods
- MNS
- Field units
- Donated drugs
- Chempack

Coordination of Pharmacist and Tech Volunteers

- Approximately 1500 pharmacists trained
  - PODs, RSS, MNS, field hospital
  - Other areas of need - local or county clinics such as in birmingham
  - Coordinate from EOC

Access To Medications

- Coordinate with BOP, legal, to ADPH
  - SHO issue standing prescription orders
  - BOP and others - proclamations to suspend practice act
- Vouchers for payment to pharmacists
- Medicaid / BC –
  - Others
  - Begin 72 hours pre-event
Access To Medications

• Pharmacies open in three days
  – Notify hospitals, MNS, EMA, field units, etc.
• Donated goods - free clinics and pharmacies
• Normal or special deliveries by wholesaler and manufacturer
  – Facilitate deliveries - security and National Guard

Pharmacists in Public Health Emergency Response

Stuart Capper
Professor and Director
Institute for Public Health and Pharmacy
Samford University

The fundamental purpose of the Institute for Public Health and Pharmacy is to further the interactions between the professions of pharmacy and public health with the basic goal of increasing the effectiveness of pharmacist enabled preventive health services and thereby, improving the health status of our communities.

Characteristics of Pharmacy Practice Important to Public Health

• Community Pharmacies located within short distances of most people
• Community Pharmacies open and staffed extended hours
• Many pharmacists are already trained to give vaccinations - pharmacist participation in immunization programs has been shown to significantly increase vaccination rates

Characteristics of Pharmacy Practice Important to Public Health

• Pharmacists provide health education information such as patient counseling for risk management and interventions to improve compliance
• Pharmacists can provide follow-up in the management of chronic diseases
• Pharmacists can provide medication therapy management services critical when patients are on substantial numbers of different drugs
Public Health Activities of Pharmacists in Katrina

• Medication-Related Activities
  – Pre-event assessment of evacuees’ needs for Rx medications
  – Development and execution of collaborative practice agreements
  – Assessment of individual medication (prescription and non-prescription) needs

• Communication/Administrative Activities
  – Recruitment and scheduling of volunteer clinical pharmacists for prescription refill and triage service
  – Obtained limited supply of over-the-counter medications for use in shelters

• Triage Activities
  – Assessed immunization needs
  – Triaged patients to local physicians, hospitals, and/or pharmacies based upon specific needs

• Triage Activities
  – Assessment of evacuees’ injuries and health needs as they presented to local shelters
  – Assessment and treatment of minor illness with over-the-counter medications when available

• Triage Activities
  – Secured limited on-site supply of over-the-counter medications
  – Designed medication intake form, collected data, and issued prescriptions for special need patients
  – Designed security procedure for patient-carried controlled substances at the special needs shelter
Public Health Activities of Pharmacists in Katrina

• Communication/Administrative Activities
  – Communication with local emergency department staff regarding refill services
  – Established communication fax network with community pharmacies for continual event assessment

• Communication/Administrative Activities
  – Participated in county public health emergency response team meetings
  – Participated in state-level emergency response conference calls
  – Coordinated pharmacy response with state department of health

• Communication/Administrative Activities
  – Served as media resource for medication-related issues
  – Assisted health officer in assessing general health situation at evacuee shelters
  – Served as an additional communication link between Red Cross and department of health

• Communication/Administrative Activities
  – Coordinated local monetary donations for pharmaceutical assistance for evacuees
  – Providing “hands-on” education and training to doctor or pharmacy candidates on disaster response

Lessons Learned from Hurricane Katrina

• Healthcare practitioners cannot abandon their practice to serve at shelters/mass dispensing sites
• The Red Cross is not in the business of healthcare
• Pharmacists can do more than dispensing drugs

• Pharmacists need to participate in preparedness training on a continuing basis
• Pharmacists need to engage in pre-event planning
An Analysis of Planning for Pharmacists in State Pandemic Flu Plans

• Among the 51 state pandemic flu plans, there were 101 mentions of the term “pharmacist”
• Of this number, 22 mentions of pharmacist were in one state plan (Mississippi)
• Forty-five percent of all state plans had no mention of the term “pharmacist”

An Analysis of Planning for Pharmacists in State Pandemic Flu Plans

• Of the 101 mentions of pharmacists in state plans, 67 mentions were evaluated as substantive
• Sixty percent of state plans had no substantive mention of pharmacists relative to response efforts for pandemic flu

Analysis of Sentinel Terms Representing Potential Pharmacist Functions in Pandemic Response

<table>
<thead>
<tr>
<th>Function</th>
<th>Pharmacy</th>
<th>Pharmaceutical</th>
<th>Prescription</th>
<th>Dispensing</th>
<th>Planning</th>
<th>Antiviral Stocking</th>
<th>Isolation/TRANsmission</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning Efforts</td>
<td>219</td>
<td>247</td>
<td>83</td>
<td>625</td>
<td>6</td>
<td>1014</td>
<td>0</td>
<td>273</td>
</tr>
<tr>
<td>Substantive Mention</td>
<td>37%</td>
<td>22%</td>
<td>42%</td>
<td>27%</td>
<td>8%</td>
<td>4%</td>
<td>100%</td>
<td>101</td>
</tr>
<tr>
<td>Number of State Plans</td>
<td>75</td>
<td>17</td>
<td>19</td>
<td>12</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>101</td>
</tr>
<tr>
<td>Percent State Plans with</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantive Mention</td>
<td>55%</td>
<td>86%</td>
<td>68%</td>
<td>66%</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

It appears that less than half the states have included pharmacists in any substantive way in their preparations for pandemic flu response. Given that in addition to social isolation techniques, pharmaceutically based interventions, including vaccinations and prophylactic antiviral drugs, are likely to be the most prevalent modes of response, this is difficult to understand. It is likely that pharmacists represent the best trained and most accessible medical professionals for managing and administering pharmaceutical responses during a pandemic event.

These results also suggest that in those instances where the pharmacists are being considered in pandemic flu response planning, little consideration has been given to the full range of competencies and capabilities these professionals represent. Most surprisingly, very few states mentioned pharmacists in their plans for the administrations of vaccinations. While there may be some explanation for this, such as restrictions within state medical practice legislation, this should not prohibit states from planning for the use of pharmacists in this and other roles during a declared pandemic event.
Sandra Leal, a clinical pharmacist at El Rio Santa Cruz Neighborhood Health Center in Tucson, assists a hurricane evacuee at a makeshift pharmacy at the city’s convention center.

Future Programs

Conflict Management: Lessons from the Field
Thursday, August 16, 2007
12:00 - 1:30 p.m. (Central Time)

Consequences of a Foreign Animal Disease on the Rural Community
Wednesday, September 12, 2007
12:00-1:30 p.m. (Central Time)

For complete listing of upcoming programs visit: www.adph.org/alphtn

Future Programs

Infection Control Update 2007
Home Health Aides and Attendants
Wednesday, September 19, 2007
2:00-4:00 p.m.

Working Towards Independence: Employment of Persons with Disabilities
Thursday, September 20, 2007
2:00-4:00 p.m. (Central Time)

For complete listing of upcoming programs visit: www.adph.org/alphtn

Future Programs

Short-Term Birth Interval: Counseling Family Planning Patients
Thursday, October 4, 2007
2:00-4:00 p.m. (Central Time)

Vector Control After Hurricanes
Thursday, October 11, 2007
12:00-1:30 p.m. (Central Time)

For complete listing of upcoming programs visit: www.adph.org/alphtn

Future Programs

Collaboration: The Key to Public Health System Improvement
Wednesday, October 24, 2007
12:00-1:30 p.m. (Central Time)

For complete listing of upcoming programs visit: www.adph.org/alphtn