This activity is a FREE service to members of the Kentucky Pharmacists Association. The fee for non-members is $30. Mail completed forms to: KPERF, 96 C Michael Davenport Blvd., Frankfort, KY 40601. Credit will be applied to your CPE Monitor Profile.

Expiration Date: July 3, 2020

Successful Completion: Score of 80% will result in 1.5 contact hours or 1.5 CEUs. Participants who score less than 80% will be notified and permitted one re-examination.

# TECHNICIAN ANSWER SHEET #

August 2017 — Polycystic Ovarian Syndrome: Approaches to Treatment(1.5 contact hour)
Universal Activity # 0143-0008-17-008-H01-T

Name ________________________________________ KY Cert. # ____________________________
Address ________________________________________ Email ________________________________

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|

Met my educational needs Yes No Figures and tables were useful Yes No
Achieved the stated objectives Yes No Posttest was appropriate Yes No
Was well written Yes No Commercial bias was present Yes No
Is relevant to my practice Yes No If yes, please explain on a separate sheet.
Unmet Objectives:

I hereby certify that I completed this self-study program independently and without assistance from any other party.

Signature ____________________________ Completion Date ________________

# PERSONAL NABP eProfile ID # __________ Birthdate (MM/DD) ________________

# PHARMACIST ANSWER SHEET #

August 2017 — Polycystic Ovarian Syndrome: Approaches to Treatment(1.5 contact hour)
Universal Activity # 0143-0008-17-008-H01-T

Name ________________________________________ KY Lic. # ____________________________
Address ________________________________________ Email ________________________________

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|

Met my educational needs Yes No Figures and tables were useful Yes No
Achieved the stated objectives Yes No Posttest was appropriate Yes No
Was well written Yes No Commercial bias was present Yes No
Is relevant to my practice Yes No If yes, please explain on a separate sheet.
Unmet Objectives:

I hereby certify that I completed this self-study program independently and without assistance from any other party.

Signature ____________________________ Completion Date ________________

# PERSONAL NABP eProfile ID # __________ Birthdate (MM/DD) ________________

The Kentucky Pharmacy Education & Research Foundation is accredited by The Accreditation Council for Pharmacy Education as a provider of continuing Pharmacy education.

Quizzes submitted without NABP eProfile ID # and Birthdate will not be accepted.
UK team members were actively involved in adapting existing educational materials and marketing the project throughout Morehead and Rowan County. The UK team printed HPV vaccine-related posters and handouts produced by the CDC for providers, parents, adolescents and young adults and delivered them to TCP and student health services at Morehead State University (MSU). Between July and September, the team explored a variety of advertising mediums, including newspapers, radio stations, direct mailings, electronic billboards and face-to-face interactions, which were used to promote the availability of HPV vaccination at TCP.

**Results: Process**

For advertising purposes, the research staff printed, stamped and delivered 300+ envelopes to TCP, which contained a Frequently Asked Questions factsheet regarding HPV vaccination from the Immunization Action Coalition (IAC), as well as information about receiving the vaccine through TCP. Pharmacy staff addressed the envelopes and mailed them to age-eligible clients. In addition, UK collaborators scheduled a series of 30-second ads to air in fall 2016 on several local radio stations (WIVY, WQHY and WMMK) for a total of 237 ads. Four bi-weekly ads, designed by Research Communication Office at the UK Markey Cancer Center, also were printed in a local newspaper, along with an ad in a local community magazine. Finally, researchers coordinated IAC and CDC poster distribution with community programs, including a back-to-school middle school event with 100+ families and student health services at MSU.

**Results: Outcome**

Ultimately, three patients received a vaccine dose, and eight others scheduled appointments during the course of this project. Unfortunately, three interested patients were turned away because their insurers did not cover the vaccine in a pharmacy setting. However, the project had an impact on the community in terms of education about the HPV vaccine. In March 2016, four staff members attended the CE training session at TCP; when completing evaluation forms, staff members rated the session’s speakers, learning objectives and content with the highest scores ("excellent"). This CE was used to springboard an HPV vaccination-specific presentation at the 2016 Kentucky Pharmacists Association meeting attended by 25 pharmacists and 11 Doctor of Pharmacy students from UK. A similar CE presentation also was delivered to approximately 75 people who attended Northeast Kentucky Area Health Education Center’s Immunizations Conference in September 2016.16

**Discussion**

Despite few administrations of the HPV vaccine in the pharmacy site, the team learned valuable lessons from this pilot project, which inform and guide future implementation of similar initiatives. Challenges included vaccine payment at pharmacies. For example, more work is needed to help pharma-
Lessons Learned from a Pilot Project

Prevention Control Research Network (PCRN) to apply for funding from the American Cancer Society (ACS) to implement a pilot pharmacy-located HPV vaccination project. The project was conducted in conjunction with the University of North Carolina College of Pharmacy and Total Care Pharmacy (TCP) in Morehead City. This academic-community partnership allowed researchers to better meet the needs of the community, while also pooling resources and expanding collaboration. Collabo-

tors were able to offer program evaluation and technical assistance, while TCP leaders provided extensive insight into the target community and administration of the HPV vaccine.

Methods

In January 2016, UK researchers and TCP leadership met to discuss the project, including the HPV vaccination protocol, data collection, clarifying roles and responsibilities and iden-
tifying areas where investigators could offer assistance such as offering continuing education (CE) programming for phar-
macy staff, advising on a reminder system and a tracking database and promoting HPV vaccination in the community by branding existing CDC educational materials with TCP information. Discussion also included the possibility of enor-
ing in the Kentucky Department for Public Health’s Vaccines for Children (VFC) program.15 Typically, TCP leadership decided not to pursue the VFC program, due to staff time constraints and facility limitations; however, the remainder of activities were implemented and are described herein.

TCP collaborators offered a CE session for TCP pharmacists, which focused specifically on HPV vaccination, in March 2016. The session included best practices, current guidelines and strategies to increase HPV vaccine uptake. In addi-
tion to CE credit, this training helped to ensure TCP pro-
jects were up-to-date regarding current practices and recom-

dendations related to HPV vaccination.

With assistance from UK team members, TCP developed a reminder system for HPV vaccine doses 2 and 3. TCP docu-
mented patients’ receipt of HPV vaccine and provided record of the immunization to the patient’s healthcare provid-
er or fax of their electronic medical record upon request. TCP also main-
tained a patient log using REDCap, a software system, which was de-
signed by UK to track each vaccination. Data entry included the following: date, name, sex, age, race/ethnicity, county of residence, insurance status, HPV dose number, patient reaction (if any) and pharmacist initials.

In June 2016, TCP partnered with Gateway District Health Department to develop and implement a HPV vaccination protocol and process for administering the vaccines under the protocol. The process involved TCP staff identifying age-eligible pa-

tients, contacting patients with reminders for subsequent doses, administering HPV vaccinations under the approved protocol and tracking and recording each vaccination in the data log. Be-
fore administering the vaccination, patients or their legal guardians completed a screening questionnaire and signed an authorization form.

UK team members were actively involved in adapting exist-
ing educational materials and marketing the project through-

to Morehead and Rowan County. The UK team printed HPV vaccination programs and brochures produced by the CDC for providers, parents, adolescents and young adults and delivered them to TCP and student health services at Morehead State University (MSU). Between July and Sep-

tember, the team explored a variety of advertising mediums, including newspapers, radio stations, direct mailings, elec-
tronic billboards and face-to-face interactions, which were used to promote the availability of HPV vaccination at TCP.

Results: Process

For advertising purposes, the research staff printed, stapled and delivered 430+ envelopes to TCP, which contained a Frequently Asked Questions fact sheet regarding HPV vac-

cination from the Immunization Action Coalition (IAC), as well as information about receiving the vaccine through TCP. Pharmacy staff addressed the envelopes and mailed them to age-eligible clients. In addition, UK collaborators scheduled a series of 30-second ads to air in fall 2016 on several local radio stations (WIVY, WQHY and WMYK) for a total of 237 ads. Four bi-weekly ads, designed by Research Communication Office at the UK Markey Cancer Center, also were print-
ed in a local newspaper, along with an ad in a local commu-

nity magazine. Finally, researchers coordinated IAC flyer and CDC posters were incorporated into clinic materials, includ-
ing a back-to-school middle school event with 100+ families and student health services at MSU.

Results: Outcome

Ultimately, three patients received a vaccine dose, and eight others scheduled appointments during the course of this pro-
ject. Unfortunately, three interested patients were turned away because their insurers did not cover the vaccine in a pharmacy setting. However, the project had an impact on the community in terms of education about the HPV vaccine. In March 2016, four staff members attended the CE training session at TCP; when completing evaluation forms, staff members rated the session’s speakers, learning objectives and content with the highest scores ("excellent"). This CE was used to springboard an HPV vaccination-specific presentation at the 2016 Kentucky Pharmacists Association meeting attended by 25 pharmacists and 11 Doctor of Phar-

cacy students from UK. A CE presentation was also delivered to approximately 75 people who attended North-

east Kentucky Area Health Education Center’s Immuniza-

tions Conference in September 2016.

Discussion

Despite few admistations of the HPV vaccine in the phar-

macy site, the team learned valuable lessons from this pilot project, which inform and guide future development of sim-

ilar initiatives. Challenges included vaccine inventory at phar-

macy sites. For example, more work is needed to help pharma-

community pharmacies enroll in the VFC program and manage the related re-

requirements. It should be noted, however, that even if the

pharmacy had participated in the VFC program, additional

Medicaid policy changes are needed to ensure payment of the

contract price for fee. Future conversations with payers about reimbursing pharmacies for delivering

HPV vaccination and subsequent changes in policy

would be useful. Similarly, understanding pharmacies’ capac-

ity to participate in quality improvement projects and new

vaccination initiatives is needed to maximize their involve-

ment and buy-in. Since the end of this project, new legislation

was passed in Kentucky allowing pharmacists to administer

all age-appropriate vaccines via prescriber protocol to all

patients. This policy may remove barriers to pharmacies providing HPV vaccination given that the recom-

mended age for completion of the HPV vaccine series is 11-12

years.

In the process of developing a protocol and gathering promo-

tional materials for recruitment, investigators easily found

highly advantageous materials about HPV vaccination for a

range of target populations, including practitioners, parents, young adults and adolescents. The team used posters and

flyers available on the CDC website for commercial printing for display throughout the community. One improvement that

could be made to these materials focused on HPV vaccination would be an increased availability of versions in different

languages or the ability to tailor the materials to include

pictures of local youth and community providers.

Through this academic-community collaboration, new

partnerships were formed between UK Colleges of Public

Health and Pharmacy, TCP and Gateway District Health De-

partment, which could be beneficial for future "scaled-up" inter-

ventions in eastern Kentucky pharmacies. The program also

provided CE for TCP staff members, as well as pharmacists

and students across Kentucky regarding best practices and

ways to incorporate HPV vaccination into their practice. Finally, through advertising efforts and community engagement, this program raised awareness regarding the benefits and current recom-

mendations for vaccinating adolescents against HPV.

Conclusion

Delivery of the HPV vaccine using pharmacy-public health

partnerships is a promising model for the improvement of

immunization rates through the use of alternative settings.

Pharmacists are well recognized for their role in providing

the convenience experienced by longer business hours and the

walk-in availability of HPV vaccination in pharmacies. Phar-

macists were eager and competent vaccine providers, with the

largest barrier encountered during the payment process.

Lessons learned will be used to inform future collaborative

opportunities to increase HPV vaccination rates. Additionally,

we would pursue possible expansion of the pilot project,

for instance to the five additional TCP pharmacy sites, or other

community pharmacies located throughout Kentucky.

Funding: American Cancer Society National HPV Vaccina-

tion Roundtable

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