A Collaborative Program Using Student Pharmacists to Increase Adult Vaccination Rates for a High-Risk Patient Population Receiving Care at Urgent Care Clinics

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Background: The Centers for Disease Control (CDC) recommend that high-risk patients between the ages of 19-64 receive pneumococcal vaccination, but documented rates of vaccination in this patient population remain low. We found similar low rates of vaccination in our metro health system. Thus, we implemented an inter-professional collaboration utilizing student pharmacists to increase pneumococcal vaccination rates in at-risk patients receiving medical care within urgent care clinics. The study then sought to better identify the number of patients previously vaccinated for pneumococcal disease in this health-system.

Methods: Two urgent-care intervention clinics were staffed 10-15 hours weekly with pharmacy students completing Introductory Pharmacy Practice Experiences (IPPE) and compared to two matched control clinics. These students assessed patients using the urgent care clinic for eligibility for the pneumococcal vaccine based on CDC criteria as well as for prior vaccination status. If eligible, students discussed the importance of the vaccination, answered questions, and offered to have the vaccine administered during the current visit. The number of administered and declined vaccinations, and the reason for refusal were recorded.

Results: A total of 1178 patients were eligible for pneumococcal vaccination. Through patient interview or review of medical records, 287 patients (24.4%) were determined to have been previously vaccinated for pneumococcal disease. Of the remaining 891 patients, pneumococcal vaccination was provided at the time of the urgent care visit to 96 patients (10.7%) in the intervention clinics compared with 6 patients in the control clinics (p<0.0001). Patients cited cost or lack of health insurance as the reason for refusal in 287 (24.4%) cases. Students were present during all operating hours of the urgent care intervention clinics.

Limitations: We lacked a method to efficiently verify third party coverage and patient cost of vaccine.

Conclusion: Student pharmacist intervention in an urgent care setting provided an introductory clinical experience for the pharmacy student and increased pneumococcal vaccination rates in eligible patients.

Future Opportunities

Key Points or Lessons Learned

- Many patients with high-risk medical conditions reporting to urgent care clinics are eligible for pneumococcal vaccine. Utilizing healthcare students in these settings can serve as a platform for education and increasing vaccination rates.
- Documentation of pneumococcal vaccination in a patient’s electronic medical record is inconsistent.
- In patients not previously vaccinated, cost and lack of health insurance are barriers to patients receiving pneumococcal vaccines.

References