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RESULTS

BACKGROUND

- Inflammatory bowel disease (IBD) is a chronic condition involving inflammation and ulcers within the gastrointestinal tract; moderate to severe IBD typically requires biologic therapy for treatment, resulting in immunosuppression.¹
- The Centers for Disease Control and Prevention (CDC) recommends pneumococcal (PNA) vaccination for adults 19-64 years old who have certain chronic medical conditions and are immunocompromised, as well as all adults 65 years or older. 1,2
- The CDC vaccination timeline is shown below for immunocompromised patients aged 19-64 years²:



 The CDC vaccination timeline is shown below for immunocompromised patients greater than 65 years of age if no prior PNA vaccine²:

PPSV23 PCV13 *8 weeks later*

- According to the CDC, rate of vaccination was 23.3% in adults aged 19-64 years at increased risk of PNA and 69% among adults > 65 years in 2018.3
- Although recommended for immunosuppressed patients, PNA vaccination rates in IBD patients are less than the general at-risk population. 1,3
- Evidence shows specialty pharmacy services improve medication adherence, appropriate medication use, and patient engagement; pharmacists at Parkview Health assist with disease state management with self-injectable biologic therapies. This comprehensive medication education includes recommending appropriate vaccines for all patients opted into pharmacy services.4,5

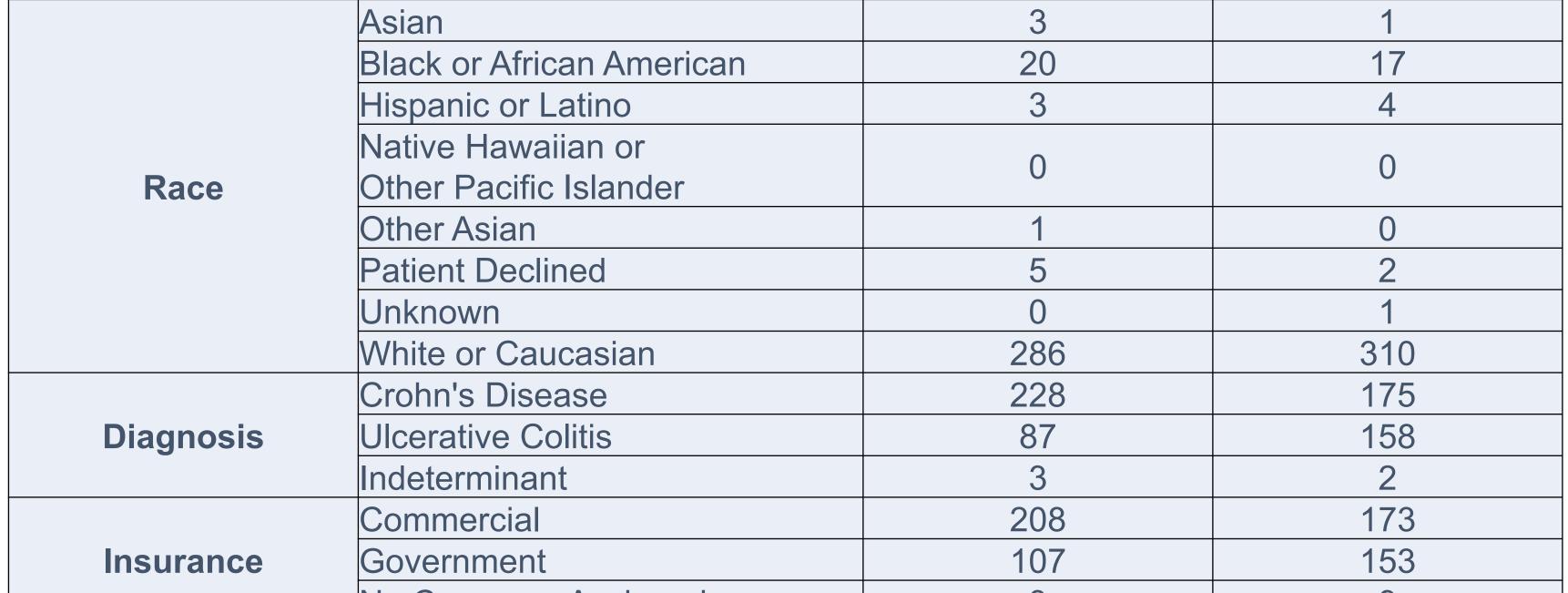
OBJECTIVE

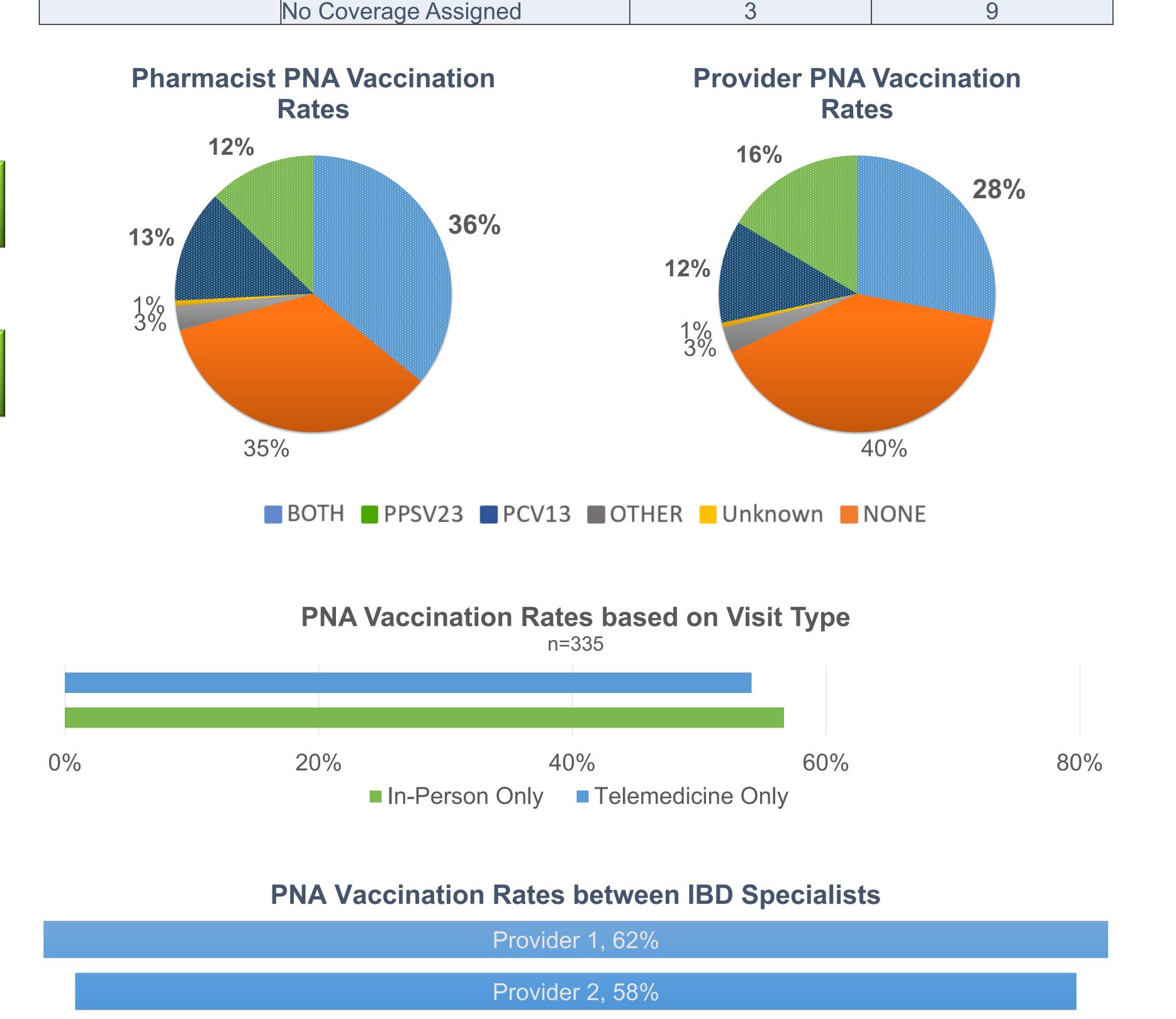
The purpose of this study is to assess the impact of clinical specialty pharmacy services and education on compliance with vaccine recommendations in subjects with IBD.

METHODS

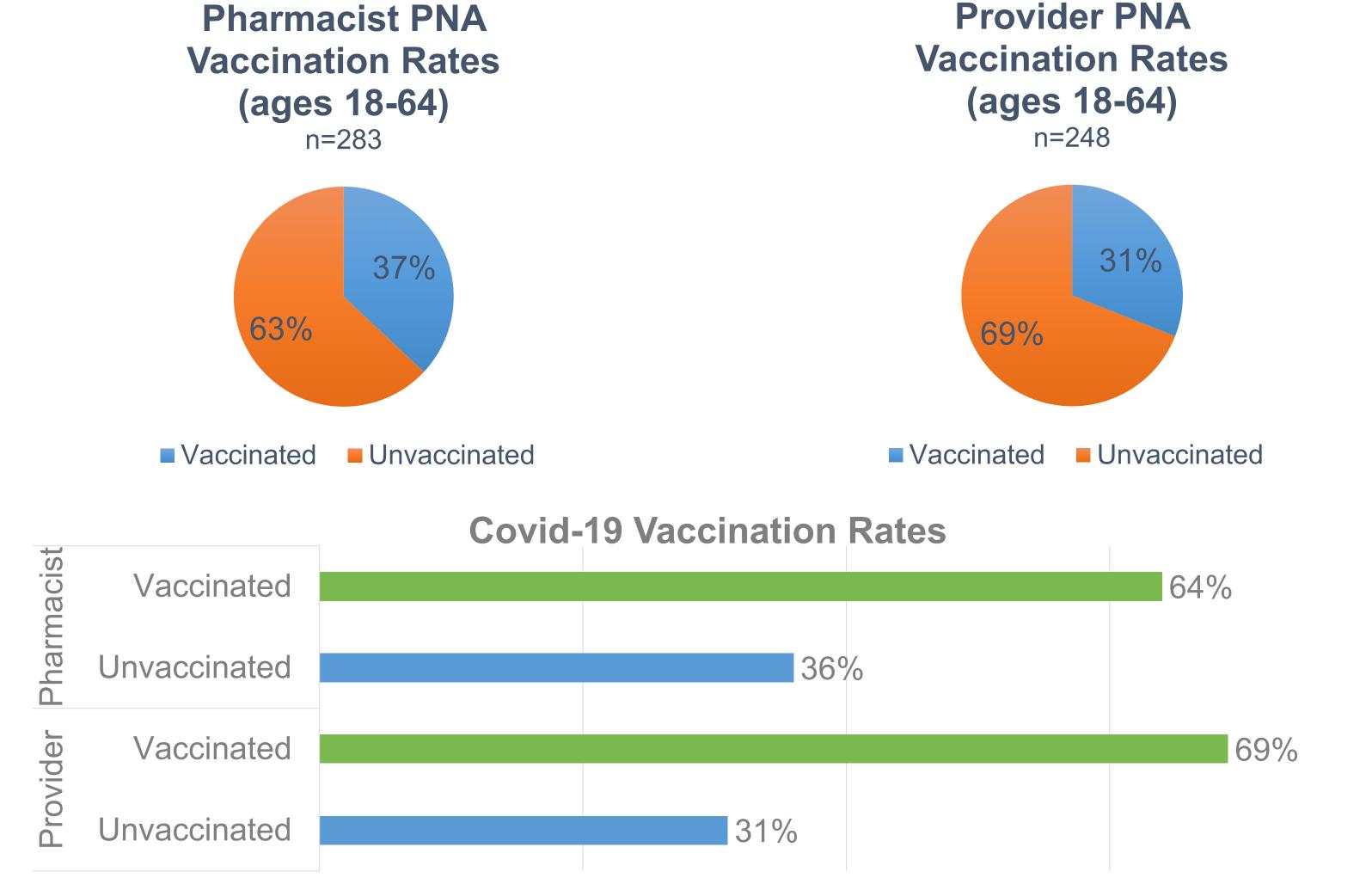
- The following study is a retrospective analysis of subjects with IBD managed by specialty providers at Parkview Physicians Group Gastroenterology Clinic between April 1, 2020 and May 31, 2022.
- Subjects were included if they had a diagnosis of Crohn's disease or ulcerative colitis and were prescribed monoclonal antibody therapy; biosimilars were included.
- Subjects were separated into a pharmacist-care group or a control group, managed exclusively by their IBD specialist; this is considered standard of care.
- The pharmacist-care group included patients actively receiving adalimumab, golimumab, certolizumab pegol, or ustekinumab; these patients received vaccine recommendations from a Parkview specialty pharmacist.
- The control group, or provider group, included patients actively receiving infliximab or vedolizumab.
- The primary endpoint consisted of PNA vaccination rate comparison between the pharmacist-managed group and the control group.
- Subjects were split into the following categories based on their vaccination status: PCV13 only, PPSV23 only, both (PCV13 and PPSV23), none, other, and unknown; subjects were considered vaccinated if they fell into one of the first three categories.
- Secondary endpoints included evaluation of differences between the two groups in vaccination rates based on visit type, IBD specialist, and age.
- Covid vaccination compliance rates were compared as an additional secondary endpoint.
- Subjects were included in the vaccinated group if they received at least one dose of a Covid-19 vaccine.

Baseline Characteristics Provider Pharmacist n=335 Mean Age, year 47.3 49.5 154 Gender Female 181 Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander Race





Provider 3, 40%



DISCUSSION & CONCLUSIONS

- The pharmacist-care group was more likely to be vaccinated against PNA; the biggest difference was noted among patients who received PCV13 and PPSV23, further completing the recommended regimen.
- During this study, visits were conducted via telemedicine or face-to-face due to the Covid-19 pandemic, with fifty-nine percent of subjects engaging in both visit types. Vaccination rates were not impacted between those seen solely in-person versus virtually, which supports the continued use of a hybrid model.
- Vaccination rates do differ among specialists; reasons for this may include varying rates of vaccine hesitancy, education provided, or provider/pharmacist interaction (Provider 3 works primarily remote).
- Both study groups had higher rates of vaccination among patients less than sixty-five years old when compared to national rates, with the pharmacist-group exhibiting greater benefit.³
- Covid-19 vaccination rates were consistent with state-wide vaccination rates.⁶
- Limitations consist of the following: inability to categorize "other" vaccines, lack of up-todate vaccination assessment, and impact of other care team members on vaccination rates.
- With PCV20 becoming the primary PNA vaccine, it is anticipated that vaccination rates will increase among all age groups due to a less complex vaccine regimen and continued pharmacist education within the clinic.

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have a direct or indirect interest in the subject matter of this presentation.

What is Specialty Pharmacy? National Association of Specialty Pharmacy. Available at: www.naspnet.org. USA Facts. US Coronavirus vaccine tracker. Available at: US Coronavirus vaccine tracker | USAFacts. Updated: August 31, 2022.

Disclosure

All authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may