



Outcomes Innovative Pharmacy Grant - Final Report

Applicant Information

Applicant Name	Bethany Reed-Jahncke
Project Title	Evaluation of A Pharmacist-Led Intervention to Reduce Immunization Gaps Among Patients Treated with Immunosuppressive Medications for Rheumatological and Dermatological Conditions
Funding Amount	\$600
Funding Amount Spent	\$600

Outcomes Innovative Pharmacy Grant Feedback

This section is intended for IPA staff and the IPA Foundation to gain a better understanding of the grant webpage, grant application, and feedback provided. Please be as detailed as possible with your responses so we can improve the outcomes grant process.

The grant webpage was easy to find on the IPA website:

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

The information on the grant webpage was organized well:

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

The grant webpage provided a detailed overview of the requirements that must be met throughout the course of the project timeline:

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

The grant webpage provided a detailed description of the grant cycle (including the deadlines for applications, interim reports, final reports, and presentations):

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

The grant webpage provided a detailed overview of the application process:

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

The grant webpage provided a detailed overview of the review procedure following application:

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

If you ranked any of the above as “Disagree” or “Strongly Disagree,” please provide feedback on how we can improve the grant webpage:



The application form was organized well:

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

The application form was user friendly:

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

The application form was easy to understand:

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

If you ranked any of the above as “Disagree” or “Strongly Disagree,” please provide feedback on how we can improve the grant application form:

Reviewers/evaluators provided constructive feedback throughout the application procedures, after reviewing the interim report, and when evaluating the poster presentation:

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Reviewers/evaluators were respectful and professional with their feedback throughout the application procedures, after reviewing the interim report, and when evaluating the poster presentation:

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

If you ranked either of the above as “Disagree” or “Strongly Disagree,” please provide feedback on how we can improve the quality of feedback recipients receive:

Any questions I had regarding the grant (e.g., use of funds, requirements, application procedures, review procedures, interim reports, presentations, feedback, cycles, etc.) were answered in detail:

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Any questions I had regarding the grant (e.g., use of funds, requirements, application procedures, review procedures, interim reports, presentations, feedback, cycles, etc.) were answered in a timely manner:

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

If you ranked either of the above as “Disagree” or “Strongly Disagree,” please provide feedback on how we can improve the quality of our responses to your questions regarding the outcomes grant:



Please provide any additional information or feedback you think may be important for us to know regarding the outcomes grant:

Providing a few samples of project summaries published in the journal as examples of how to format the article and what to include would be helpful to guide the summary and ensure it is what IPA is looking for.

Final Report

- **Please describe the progress made towards meeting the goals and objectives of your project.**

Include results or outcomes if possible.

The project confirmed the poor adherence to published immunization guidelines for patients on immunosuppressive medications for rheumatoid and dermatological conditions. For the studied immunizations: COVID had 77.7% immunization gap, influenza had 59.2%, shingles had 78.4%, pneumonia had 78.4%, HPV 51.6%, hepatitis B 64.6%, Tdap 34.6%, RSV 76.7%. Besides Tdap, no immunization had more than 50% of patients adherent. At the end of the project, COVID, flu, and overall immunization adherence were significantly improved and there was at least one immunization delivered per category. This means the intervention did have some success that can be built on for future projects and improvement of patient care.

- **Which, if any, of your goals and objectives were not achieved as intended? Please explain these and what impact you believe it has on the overall project success.**

The secondary objective showed no significant between the two groups, but it also failed to meet power due to the low number of patients with commercial insurance serviced at the study site. The aim of the secondary objective was to determine if immunization coverage at the pharmacy vs providers office was a limitation to coverage. Overall, I do not believe this made a significant impact on the overall impact of the project since it was a secondary objective. However, the results may be helpful in ruling out a potential barrier to access and allowing future efforts to be more targeted and efficacious.

- **Do you expect this project and its results to be sustainable at your practice and reproducible in other pharmacy settings? Do you anticipate any barriers to sustainability and/or reproducibility? Please explain.**

When designing this project, I was very careful to ensure it would be easy to incorporate into the current workflow at the practice site. The intervention takes approximately one minute longer per patient than our current counseling sessions. However, I recognize that our site is unique as a community-based specialty pharmacy in that we have a greater portion of time dedicated to patient education compared to traditional retail sites which may limit the reproducibility of the project at other sites. As a point in the favor of expanding to other practice sites, the main tool used for the project was IRIS which is available to all pharmacies across the state. The main supporter of this from my project is the flow sheet created and distributed to all pharmacists at the site to make recommendations more streamlined and consistent.

- **What impact will the outcomes of this project have on pharmacy practice in Iowa?**

Hopefully, the methods used in this research project will serve as a framework for more personalized and consistent immunization recommendations for vulnerable patient populations. By bringing awareness to the unique immunization needs in specific populations, pharmacists will be more aware of increased need for education and interprofessional collaboration. Iowa has a very progressive pharmacy practice environment with a robust state-wide protocol for immunization administration; increasing the level of patient monitoring and education is a natural next step for pharmacists in the state, especially if the process can be incorporated smoothly into existing workflows to limit increased workload



Final Budget Report

Based on the funded amount from the IPA Foundation, please complete the grant budget in the table format below. Grant budgets must include all costs as well as any matching funds or in-kind support. Please include items from the entire project interval (pre- and post- interim report)

Budget Line Items	Total Costs	Source if outside grant (e.g., in kind or other funding)
Funding		
APhA Incentive Grant		\$1000
IPA Outcomes Grant		\$600
Expenses		
\$10 gift cards x130 patients	(\$1300)	
Stamps	(\$102)	
Envelopes	(\$8)	
Net		\$190
TOTAL		

Summary of Project

Please provide a summary of your project to be published in the Journal of IPA. (300 word maximum)

The focus of this project was to increase immunization adherence for patients with rheumatological and dermatological conditions being treated with immunosuppressive medications through a specialty pharmacy. Immunosuppressive therapies are becoming first-line treatments for autoimmune diseases such as psoriasis, atopic dermatitis, and rheumatoid arthritis. Immunosuppressed patients are at an increased risk of infections such as COVID, influenza, and shingles. Additionally, the disease severity heightens when these infections are contracted, leading to both immediate and long-term impact on health outcomes. As more patients begin these therapies, the need for increased immunization awareness is only going to increase. While vaccine guidelines exist for these patients, they are inconsistently followed. Community-based specialty pharmacists are in a unique position to create positive change in this population, due to their collaborative relationship with providers and focus on whole-patient health through clinical disease state monitoring. All patients clinically managed at the site have an initial consultation with a specialty pharmacist and a follow-up evaluation every six months to discuss effectiveness of therapy and current quality-of-life. Patient immunization gaps were identified using IRIS during the initial and follow-up evaluation by the pharmacists at the site using both immune status and age. Additionally, the patients were sent reminders with their prescription to assist with immunization scheduling and to facilitate conversations with their providers. The recommendations were made during peak respiratory season in the hopes that patients who were already receiving flu or COVID immunizations would participate in coadministration to increase adherence with minimal excess effort. The intervention did have a positive impact on immunization adherence but also highlighted how much room for improvement still exists. This study will hopefully provide a framework for all pharmacists in the state to increase immunization adherence by providing comprehensive, patient-focused recommendations through repeated conversations and frequent monitoring.