PHARMACEUTICAL INTERVIEWS DEDICATED TO VACCINATION: WHAT ROLE FOR THE CLINICAL PHARMACIST IN MONITORING THE VACCINATION COVERAGE OF AT-RISK PATIENTS?

Anne-Laure ANTOINE1, Julie THELENI, Cécile FICKO2, Safia KHENIFER3, Anne-Claire CUQUEL1, Virginie LAMAND2

1 Hospital pharmacy department, 2 Infectious and tropical diseases department, 3 Oncology department,
Bégut military teaching hospital, 69 avenue de Paris, 94160 SAINT-MANDE, France – anne-laure.antoine@intradef.gouv.fr

BACKGROUND AND IMPORTANCE

✓ Specific vaccination guidelines are required for
  • Immunocompromised (IC) or asplenic people
  • Patients with chronic diseases

Insufficient vaccination coverage
• Cohort of 562.134 French IC adults
  - Influenza : 31%
  - Pneumococcus : < 18%
COVARISQ study (2017)

Main causes of non-vaccination according to patients
• 68%: lack of proposal of vaccination by a physician
• 17%: lack of medical follow-up
• 4%: patient refusal
Risso et al. (2010)

✓ An immunization assistance tool integrated into the computerized patient record (CPR) has been developed in our institution – M-Crossway® (Maincare)
  • Track of immunizations
  • Identify those indicated in case of comorbidities

Its impact has been evaluated in patients receiving injectable anticancer drugs (IAD) in an oncological indication

AIM AND OBJECTIVES

Propose pharmaceutical interviews (PI) dedicated to vaccination integrating the filling of the immunization assistance tool and analyze the place of the clinical pharmacist in the monitoring of the vaccination coverage of at-risk patients

MATERIALS AND METHODS

✓ 130 days patients receiving IAD included over a 2-month period
From 13/10/2020 to 11/12/2020
PI conducted by a pharmacist or pharmacy student

→ Use of motivational techniques

✓ 130 patients were eligible

Completion rate of pharmaceutical interviews (n=130)

84.6% (n=110)

6.2% (n=8)

9.2% (n=12)

✓ Median duration of a PI = 10 min [5 min ; 30 min]

Mobilization of half a full time equivalent per day

4-steps interviews

Data collection (interviewing, physician, pharmacist)
Information on indicated vaccine
Collection of vaccination history
Identification of vaccines to be programmed

Patient flyer

Intervention conducted with prescribers at the end of the PI
→ report incorporated into the CPR

RESULTS

LIMITATIONS OF PHARMACEUTICAL INTERVIEWS

✓ Pharmacological interview performed
✓ Patient unavailability
✓ Patient refusal

CONCLUSION AND RELEVANCE

As the creation of a vaccination history is time-consuming, the physician needs to rely on pharmacists as partners in patient management

Facilitating role
→ Cross-references sources (cf medication reconciliation)
→ Solicits the attending physician and relies on the corresponding pharmacist

Educational role
→ Helps to meet patients’ need for information
→ In face of growing vaccine hesitancy and misinformation, the use of motivational interviewing techniques encourages constructive dialogue and helps to reinforce the acceptability of vaccination

Intervention conducted with prescribers (report into the CPR)
→ No verification of its consultation by the physician in charge of the patient

Persistent problem of access to information
→ Low rate of presentation of a vaccination record
→ Attending physician/corresponding pharmacist do not always have information

Mobilization of half a full time equivalent per day
→ Maintenance of this activity depends on the presence of a dedicated pharmaceutical resource