

Addressing the COVID-19 Crisis: An Open Forum Webinar Series for Pharmacy

January 28, 2021





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Host and Moderator



Today's Focus:

Discuss vaccine hesitancy and how to work with patients to facilitate confidence in COVID-19 vaccination.







Emily K. Brunson, PhD, MPH

Associate Professor Texas State University

Coleader of CommuniVax

Guest Speaker





Susan C. Winckler, RPh, Esq

Chief Executive Officer
Reagan-Udall Foundation for the
Food and Drug Administration

Guest Speaker



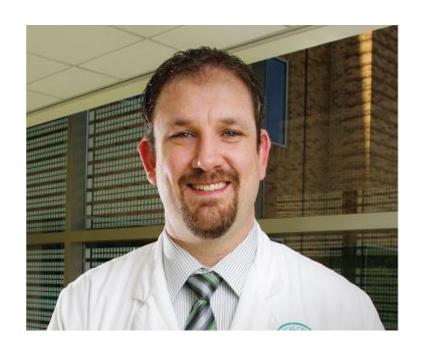


Mitchel Rothholz, RPh, MBA
Chief of Governance & State Affiliates
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Executive Director American Pharmacists Association Foundation

Subject Matter Expert: Q&A





Daniel Zlott, PharmD, BCOP
Senior Vice President
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Subject Matter Expert: Q&A





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Senior Vice President
Pharmacy Practice and Government Affairs
American Pharmacists Association

Subject Matter Expert: Q&A



Format for Today's Webinar

1:00 pm: Introductions

1:05 pm: Presentation from Emily Brunson

1:15 pm: Presentation from Susan Winckler

1:25 pm: Open Forum: A Minute for Your Questions & Thoughts

1:50 pm: Wrap Up: Review of APhA's Ongoing Activities and

What's Coming



Open Forum Ground Rules

- Use the **Questions** field on the GoToWebinar toolbar to submit comments and questions related to the topic discussion.
- We will try to get to as many comments and questions as possible!
- Refer to the Handout in the GoToWebinar toolbar to access today's slides.



How to Improve Public Confidence in COVID-19 Vaccines

Emily K. Brunson

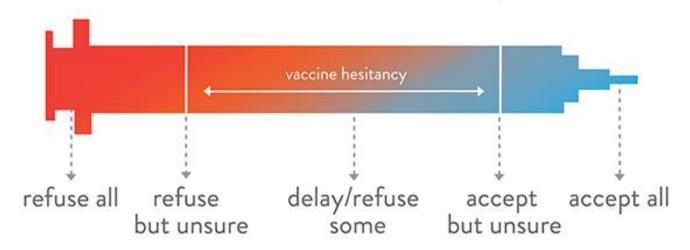




Vaccine Hesitancy

Delay in acceptance or refusal of vaccination despite availability of vaccine services

Continuum of Vaccine Acceptance



Most often assessed among parents of children





What's Different with COVID-19 Vaccination?

- Vaccination is primarily for adults
- ■COVID-19 vaccines are truly new
- ■Pandemic circumstance
- Ongoing social issues that result in a lack of trust
- Concerns about fairness and equity







Principles for Effective Risk Communication

- 1. Be right
- 2. Be clear
- 3. Be credible
- 4. Be empathetic and respectful







Specific Communication Strategies for Building COVID-19 Vaccine Confidence

- ■There is no "one-size-fits-all" solution to COVID-19 vaccine hesitancy
- Best practices do exist...
 - Listen and then respond
 - Avoid repeating false claims
 - Emphasize community support for vaccinations
 - Adapt messages as circumstances change
 - Know your audience!





Thank you.

Emily K. Brunson, ebrunson@txstate.edu







COVID-19 Vaccine Confidence Project Executive Summary

Susan C. Winckler

Project Collaborators: Numerous community groups and listening session partners; Heather Cobb; Chrisanne Wilks, PhD; and Hamilton Place Strategies.

The COVID-19 Vaccine Confidence Project is supported by the Food and Drug Administration (FDA) of the U.S. Department of Health and Human Services (HHS) as part of an award of \$150,000 of federal funds (88% of the project) and by \$20,000 from non-governmental, non-industry sources (12% of the project). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by FDA, HHS, or the U.S. Government. For more information, please visit FDA.gov.





Project Overview

- This presentation outlines key findings from the COVID-19 Vaccine Confidence Project and provides recommendations for strategic messaging around COVID-19 vaccines.
- The Project's intent was to help the FDA's Center for Biologics Evaluation and Research (CBER):
 - 1) understand public perceptions about COVID-19 vaccines
 - 2) identify what information key audiences want as they decide whether to get a vaccine
 - 3) create messages to provide that information.
- Findings and recommendations are based on a rigorous research process that included a landscape analysis, listening sessions, and message development, design, and testing.
- The project focused on two key audiences: communities traditionally underrepresented (e.g., African American/Black, Hispanic/Latinx, and Indigenous/Native); and frontline workers in service, retail, and healthcare settings.
- Messages and recommendations are for use in one-on-one communications as well as incorporation into outreach campaigns around the COVID-19 vaccine.



Listening Session Themes: What We Heard

Vaccine Development

- ✓ Concern about the speed of the process and its effect on vaccine quality
- ✓ Fear the vaccine will not work for me, my family, or my community

Vaccine Review and Approval/Authorization

- ✓ Distrust of government and lack of transparency
- ✓ Concern that economics and politics will be prioritized over science.

Historical and current structural defects

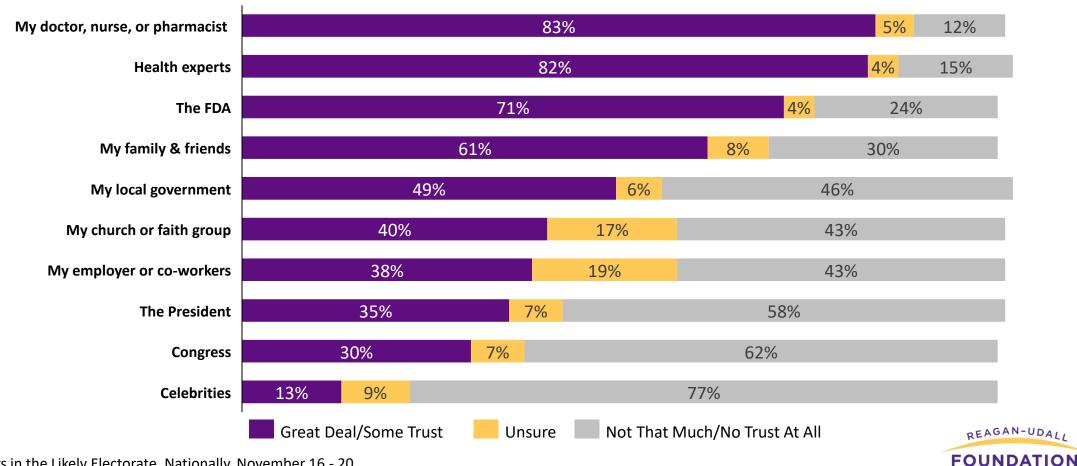
- ✓ Concern about disparities in the healthcare system
- ✓ Fear and distrust based on past personal or community experiences with research and medicine

FOR THE FDA



Topline Survey Results: Messengers

Various medical professionals and experts were the three most-trusted types of messengers to respond to concerns. Federal elected officials and high-profile celebrities were near the bottom.





Top-Performing Messages

Refined messages that resonated most broadly with audiences in testing:

"The FDA is publicly sharing information about COVID-19 vaccines so you can see the evidence for yourself."

"Only safe and effective COVID-19 vaccines that have been rigorously tested on tens of thousands of volunteers will be approved."

"Scientists and career public health officials, not politicians or their appointees, will decide when a COVID-19 vaccine is safe, effective, and ready for public use."

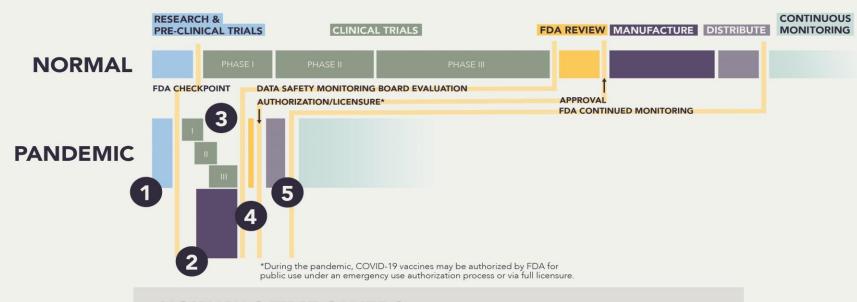
"By getting a COVID-19 vaccine, you are protecting yourself, your children, parents, grandparents, and other loved ones."

"COVID-19 vaccine development is moving faster than normal because the medical and scientific community have made it their highest priority, not because any steps have been skipped."





Vaccine Development Process



HOW WAS TIME SAVED?

- RESEARCH
 The SARS-CoV-2 genetic sequence was identified and tested right away thanks to past research.
- MANUFACTURE
 Private companies and the U.S. government are investing in manufacturing. FDA is inspecting facilities earlier (while clinical trials are ongoing), which allows product to be manufactured for rapid distribution upon authorization/approval instead of during FDA review, in normal circumstances.
- CLINICAL TRIALS
 Clinical trials were carefully designed to test for safety, dosage, and effectiveness in phases that partially overlapped instead of running consecutively. Because COVID-19 is so widespread, finding people to participate in the clinical trials and assessing the vaccines' performance have been faster than normal.

LICENSE/AUTHORIZATION

An Emergency Use Authorization can be requested by vaccine developers for FDA to review preliminary data from clinical trials to determine if the benefit outweighs the risks for use in a public health emergency. The vaccine data must show safety and efficacy to earn an emergency use authorization.

5 DISTRIBUTE
Substantial U.S. government resources are being used to coordinate distribution to the public.





Polling Question

What has been the general reception among your patients of the COVID-19 vaccine?

- A. Mostly confident
- B. Mostly hesitant
- C. Mostly indifferent



Open Forum Discussion: A Minute for Your Thoughts Comments, Questions, Feedback



Review of APhA's Ongoing Activities and What's Coming



Share your COVID-19 vaccination stories & experiences!

Email <u>vaccineconfident@aphanet.org</u> and be on the lookout for resources that will help you share the message of vaccine confidence with your patients and communities.



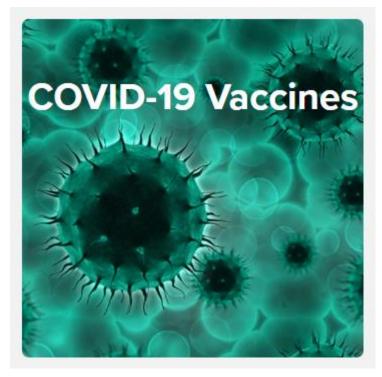


Advocating for You on Coronavirus



APhA's Intelligence

- Vaccine
 - Allocation
 - Distribution
 - Administration
 - Payment/Reimbursement



Key links can be found at https://www.pharmacist.com/coronavirus/vaccines



APhA COVID-19 Resources: Know the Facts



Practical Information for Pharmacists to Know Now

NEW RESOURCE:

- Reimbursement for Administration of COVID-19 Vaccine(s) – What We Know
- **Minimizing COVID-19 Vaccine Dose Variability**

Check out the library of practice resources here

APhA COVID-19 RESOURCES: KNOW THE FACTS

Helpful Toolkits

Pharmacists can review the

Medicare toolkit for health care

care providers the information

needed to enroll, administer, and

bill COVID-19 vaccines for Medicare

patients. Toolkits are also available

for Medicaid and private insurers

providers. This toolkit gives health

Minimizing COVID-19 Vaccine Dose Variability



APhA COVID-19 RESOURCES: KNOW THE FACTS

Reimbursement for Administration of COVID-19 Vaccine(s)— What We Know



Pharmacists play a key role in ensuring the vaccine(s) are accessible to the public. This resource provides an overview of what is known about COVID-19 vaccine reimbursement at this time and outlines steps that pharmacists can take to be positioned as COVID-19 vaccine providers.

Summary of CMS's Plan for COVID-19 Vaccine Reimbursement

The Centers for Medicare and Medicaid (CMS) released a detailed plan that outlines measures to ensure coverage and reimbursement for COVID-19 vaccine product and

What should pharmacists know about vaccine reimbursement as outlined by CMS?

CMS addresses reimbursement for the vaccine product(s) approved or authorized by the Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) and reimbursement to the provider for administration. The federal government has purchased a supply of vaccine product that will be distributed through federal and state channels and allocated at no cost to providers during the public health emergency (PHE). CMS makes it clear that the

federal government intends for public and private health insurers to cover the cost of vaccine administration with no cost sharing for patients, meaning that patients do not have to pay out-of-

Vaccine Payment = Cost of the Vaccine Product + Fee for COVID-19 Vaccine Administration (reimbursed by payer)

How is the COVID-19 vaccine product reimbursed?

Initially, the federal government is supplying the vaccine(s) and absorbing 100% of the **product** costs so there is no product cost to providers and others who administer COVID-19 vaccine. CMS has stated that sometime in the future, however, reimbursement will be based on 95% of the average

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val and administration techniques

doses available from each COVID-19 vaccine vial e provides recommendations from the field for istration to minimize the potential for variability

nd handling

be diluted with 1.8 mL of gauge or narrower transfer al volume of 0.3 mL

should be a final volume of

ithdrawing vaccine from a vial

in APhA's COVID-19 Reso



Supply Kits (page 30) which include variable ber of doses obtained from each vial.

pplies are included and accurate. If the kit is replacement stock from the pharmacy

eight, and the kits supply needles from , 1"-1.5" needles (adult) and 25-gauge, vaccine using the appropriate needle

nL. It is preferable to use th asuring the dose

ectice's vaccination state health

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https://apha2021.pharmacist.com/





Post on **ENGAGE**Pharmacy's Response to COVID-19

POST your questions

SHARE your lessons learned

SUPPORT your colleagues

ACCESS the latest information

How have you been able to inspire confidence in the COVID-19 vaccine among your patients?



What reasons, if any, have patients given for being vaccine hesitant?



Weekly Open Forum Webinars



Join Us!

Thursday, February 11th, 1-2pm ET

CE Available – Registration coming soon!

Today's webinar recording and slides will be available within 24hrs