

According to the CDC, as of January 7, 2021, 3,770,425 doses of the COVID-19 vaccine have been distributed via the Federal Pharmacy Partnership (FPP) for use in long term care facilities (LTCFs) across the country. Unfortunately, only 603,313 doses have actually been used. The number of deaths in LTCFs has increased to levels not seen since the spring. The impact of vaccines sitting on shelves rather than getting into the arms of residents and staff is significant.

Every LTCF in the country has an existing relationship with a long term care pharmacy and a consultant pharmacist. CVS and Walgreens are retail pharmacies without existing relationships with LTCFs. While they have close relationships with companies like Omnicare and Pharmerica, it would seem that they haven't leveraged that expertise in their planning with LTCFs. They have expertise with the vaccine supply chain and in actually vaccinating individuals.

To effectively vaccinate in LTCFs it is essential to understand their normal workflow. Understaffed and stressed facilities are not set up for a rigid vaccination schedule. Second dose side effects have the potential to exacerbate resident care needs and potentially lead to call offs amongst staff. Additionally, front line LTCF staff are known to have a high degree of vaccine hesitancy. Staggered vaccination schedules will help with the impact of side effects, but will also allow staff to see their colleagues vaccinated, which should improve vaccination confidence over time.

The existing national dashboard does not document vaccination rates by facility, for either the first or second dose.

We recommend the following:

1. That all long term care facilities be given the opportunity to utilize both the FPP (CVS and Walgreens) AND/OR their contracted long term care pharmacy. They should not have to choose between these but should be able to take full advantage of both in order to maximize vaccination rates.
2. Vaccine documentation and data collection systems must be evaluated in the context of not causing delays in obtaining the vaccine. All efforts should be made to streamline the ordering, appointment and data collection process.
3. The CDC does not require written consent. The consent process must be simplified. LTCFs should be able to utilize the American Society of Consultant Pharmacists (ASCP) Consent form. They should specifically be told that they are not required to use any other consent forms.
4. All efforts must be made to provide education to LTCF staff that respects their dignity and autonomy and allows them to make their own decision to accept the vaccine.
5. The vaccine ordering and vaccination process must be customer focused on assuring that nursing homes receive the vaccine as quickly as possible and that the greatest degree of flexibility in order to maximize vaccine confidence and have a minimal impact on nursing home workflow.
6. **DON'T HESITATE; VACCINATE**

1. Provide guidance and support to existing FPP processes
  - a. As CVS & Walgreens have already initiated processes in many NHs, they will be responsible for
    - i. Providing a LTCF-centric process, not one that is pharmacy centric.
    - ii. Getting the vaccine to the LTCF as soon as possible
    - iii. Providing assistance to LTCF to obtain vaccine
    - iv. Delays in approval for the vaccine (approval times should be documented and monitored)
    - v. Getting LTCF residents and staff inoculated as quickly as possible
    - vi. Improving the activation process and appointment scheduling
  - b. Moderna vaccine provides opportunities to leave vaccine with the contracted long term care pharmacy for use when the LTCF has doses to administer between visit days (these pharmacies deliver medications multiple times per day to their facilities).
  - c. The vaccination process must be flexible and allow for staggered vaccination scheduling.
    - i. If CVS & Walgreens can't provide vaccination flexibility, LTC pharmacy must have the opportunity to take over in coordination with CVS/Walgreens and the facility
    - ii. **If a LTC pharmacy & facility can vaccinate sooner than the CVS/Walgreens scheduled time, let them! Don't hesitate; Vaccinate!**
    - iii. LTCF staff should be allowed and encouraged to receive the vaccine in the community if at all possible.
  - d. Do not "expect" facilities to conform to retail pharmacy systems. Need systems to assure that every facility is ready to vaccinate (onus on the pharmacy, not on the facility) – coordination with LTCFs and LTC pharmacies on data collection (reports from dispensing systems and/or electronic medical record systems)
2. Build "bridges"
  - a. Between LTC pharmacies and CVS/Walgreens to improve vaccine implementation
  - b. Utilize long term care pharmacies and consultant pharmacists to facilitate vaccinations wherever possible
  - c. Teamwork is the operative word. Encourage and allow LTC pharmacies to provide assistance.
  - d. Provide assistance to improve county interactions with LTC pharmacies and nursing facilities
3. Get more vaccines out quicker to providers
  - a. Eliminate bottlenecks and technical delays
  - b. If a LTCF is ready and the vaccine is available, make every effort to get them the vaccine
  - c. Assure that there are no "hold backs" at the state and county level.
  - d. Evaluate the production ramp up schedule to assure consistent flow of vaccine
4. Simplify consent process
  - a. **Don't hesitate; Vaccinate!**