Partnering with the Pharmaceutical Supply Chain

May 10, 2016
Poll

Please take a moment to answer the open poll question
Introduction of moderator

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Agenda

• Welcome

• Introduction and Overview
  
  *Greg Burel, Director, Division of the Strategic National Stockpile*

• Building Relationships with the Pharmaceutical Supply Chain
  
  *Emily Lord, Executive Director, Healthcare Ready*

• Building Partnerships in New York City
  
  *David Starr, Director of Countermeasures Response, NYC Department of Health and Mental Hygiene*

• Discussion

• Recap and Closing
Objectives of this session

• Understand the critical need for public health to partner with the private sector pharmaceutical supply chain.

• Understand the complex nature of partnerships with the pharmaceutical supply chain.

• Describe common obstacles to restoration of services for the pharmaceutical supply chain components following a disaster.
Please take a moment to answer the open poll question
Building relationships with the pharmaceutical supply chain
Healthcare resilience = continuous healthcare delivery

**Resilience:**
Strengthen healthcare delivery so communities are protected

**Response:**
Solve critical issues such as access and fueling, bridging sectors and serving as a trusted resource

**Recovery:**
Fostering collaboration, identifying and promoting lessons learned

Creating a resilient healthcare system is more than just preparing for and responding to disasters – it’s about ensuring healthcare systems are continuously, unbreakably strong.
DISASTER RESPONSES

OUR PROGRAMS ARE BASED ON EXPERIENCE RESPONDING TO 60 EVENTS AND INFORMATION SHARING HAS INVOLVED EVERY STATE.

- Hurricane: 42%
- Blizzard/Winter Storm: 14%
- Flood: 15%
- Earthquake: 2%
- Tsunami: 2%
- Volcano: 2%
- Derecho: 2%
- Infectious Disease: 5%
- Wildfire: 5%
- Tornado: 11%
Free interactive map identifying operating status of pharmacies during disasters

Open Pharmacies Map
Search or zoom to find open pharmacies or Red Cross shelters in your area.

Enter a location to search for pharmacies (click search):
Why are pharmacies good partners?

- More than 117 million American adults have a chronic disease
- As many as 29% of households have identified access to prescription meds as an unmet need
- 12 average number prescriptions filled per person per year in the US
- 75% of people rate the honesty & ethics of pharmacists as high/very high
- >60,000 community pharmacies in the United States
- 94% of Americans live within 5 miles of a pharmacy
Partnering for preparedness

Pharmacy has come to be seen as a multi-faceted healthcare resource like never before.
Collaborative practice agreements

Collaborative practice agreement (CPA): Formal relationships between pharmacists and physicians or other providers that allow for expanded services the pharmacist can provide to clients

- According to a 2011 public health service report, client health improves when pharmacists work with doctors and other providers to manage care
  - Increased access to care
  - Better coordination of care
  - Reduction of administrative burdens

- Each is different
  - Immunizations
  - Screenings & education
  - Ordering lab tests
  - Drug therapy management

Figure: Map of States with Laws Authorizing Pharmacist Collaborative Practice Agreements, 2012

Please take a moment to answer the open poll question
Partnering with the supply chain during emergencies
From preparing to responding

Establishing partnerships during (and to ensure) normal operations is essential.

...and it is just as, if not more, important during times of emergencies.
Why partnerships are so important

- Knowing where to turn for needed resources and expertise
- Establishing a foundation of **trust**, both between organizations and with the community
- Protecting hospitals’ capability to meet surge needs and focus on most critical patients
- Increasing your situational awareness
- Knowing where you’re needed most and where to put your limited resources
Using pharmacies trusted position

• Disasters are frightening for everyone – especially people with prescriptions
  - May not have their prescriptions
  - Can’t reach their doctor
  - Don’t have insurance information or co-pay

• Pharmacies are already viewed as trusted partners during normal operations

• Pharmacies are an invaluable resource before and during disasters with capabilities clients may not know about
  – Tdap vaccination
  – Connecting with programs like EPAP
    [http://www.phe.gov/Preparedness/planning/epap](http://www.phe.gov/Preparedness/planning/epap)
States that allow emergency refills

Refills allowed during a specified public health emergency
Refills allowed during non-specified emergencies
No laws allowing emergency refills
Emergency prescription days supply limits
Please take a moment to answer the open poll question
Pharmaceutical supply chain challenges

- Manufacturers: What product(s) is needed? Is enough product available?
- Distributors: How do we get it “there”? Where does it need to go?
- Pharmacies: What providers are open? How do we fill inventory?
- Clients: Do clients know where to go? Do they have their prescriptions?
- Consumers: 

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Building Partnerships
Please take a moment to answer the open poll question
Start by understanding priorities

**Public Sector**
- Protecting the public
- Response operations
- Accountability
- Working through a bureaucracy
- Saving and restoring community

**Private Sector**
- Protecting clients (customers)
- Continuity of operations
- Efficiency
- Flexibility
- Minimizing revenue loss
- Protecting organizational reputation
How to start

How do you identify who you don’t know?

- Begin by reaching out to local pharmacies or distributors
- If you don’t have contacts connect with state health, ASTHO, NACCHO, Boards of Pharmacy, or CDC
- Identify mutually beneficial goals
- Learn and speaking to their priorities
- And follow up

Don’t give up
Understand public vs. private sector motivations
Think more broadly then just your sector
Take different steps with different parts of the healthcare system
Use multiple communication channels
Create a win-win with every relationship
Building Partnerships in New York City
The New York City experience

• Strong public health infrastructure
• Strong public health emergency and hospital preparedness programs
• Strong medical countermeasure planning and response capacity
• Pharmacy system remained untapped
The New York City pharmacy landscape

As of April 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of NYC pharmacies</td>
<td>100%</td>
</tr>
<tr>
<td>Hospitals/Health centers</td>
<td>5%</td>
</tr>
<tr>
<td>Chain pharmacies</td>
<td>23%</td>
</tr>
<tr>
<td>Independent pharmacies</td>
<td>72%</td>
</tr>
</tbody>
</table>
Please take a moment to answer the open poll question
Past initiatives with NYC pharmacies

- **2009**: H1N1
- **2010**: Mass Dispensing: Public Health Emergency Response Network (PHERN)
- **2011**: Assessing antiviral shortages
- **2012 - 2013**: Hurricane Sandy and survey
- **2014**: Antiviral distribution request for information (RFI)
- **2015 to the Future**: Pharmacy Facility Database and Re-orientation of PHERN Pharmacy Program
H1N1 (2009)

• Resolving spot shortages of antivirals
  – Facilitating information flow on local supply

• Ensuring access to economically disadvantaged
  – Antiviral Access Program

• Lessons learned
  – Difficulty in coordinating across a competitive industry
  – Difficulty in tracking product that is not standard formulary
Mass dispensing (2010)

• “Public Health Emergency Response Network Pharmacy Program” (PHERN PP)
  – Increase supply at distributors (purchased by DOHMH)
  – Increase supply at pharmacies (rotated at store level)
  – Agreement to dispense for free during public health emergency, with post-emergency reimbursement

• Lessons learned
  – Administrative burden rendered program infeasible: to reimburse pharmacies for administrative fee, must be pre-registered with NYC as a vendor
  – State Board of Pharmacy eager to support emergency preparedness
  – NYC Pharmacists Society eager to support emergency preparedness and response
Please take a moment to answer the open poll question
Assessing antiviral shortages (2011)

- Spurred by reports of spot shortages of Tamiflu
  - Developed process of regular contact to local stakeholders to assess supply
    - Chain pharmacies
    - NYC regional distributors
    - Independent pharmacies (through pharmacists association)
  - Produced weekly report

- Lessons learned
  - Easily built upon relationships developed during previous initiatives
  - Information reduced level of concern
Hurricane Sandy (2012)

- Problems with medication access
- New Yorkers refused to evacuate
- Difficulty with effective communication
  - No email, only store phones
- Pockets of NYC depend on independent pharmacies
  - 23 pharmacies on Rockaways: 18 independent and 5 chain
- Geographically isolated areas severely affected
  - Rockaway Peninsula vs. Queens County
Hurricane Sandy (2012)

- Geographic isolation
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Hurricane Sandy (2012)

• Response
  – Requested pharmacy list from NYS Board of Pharmacy
  – Geocoded and mapped pharmacies in inundation zone
  – Manually produced “Open/Closed” reports for dissemination by field staff
    • Contacted pharmacies in inundation zone, focusing on Rockaways
    • Gathered information from field staff

• Lessons learned
  – No up-to-date, comprehensive citywide pharmacy facility list
  – Little capacity for effective targeted or large-scale communication to pharmacies citywide
Hurricane Sandy Survey (2013)

- Surveyed pharmacies in severely-affected areas
  - Coney Island; Staten Island; Rockaways
- Main questions: Power; Supplies; Staffing; Legal
- Findings
  - 35/52 responses (67%)
    - 23 independent (66%); 12 chain (34%)
  - 80% of pharmacies lost power, but this was not cited as major concern
  - Damages included loss of revenue; loss of medication/inventory; equipment; physical damage; damage to prescription records
  - Most pharmacies were able to reopen in less than 1 month (66%)
    - 76% of these reopened with normal or close to normal hours pre-hurricane
  - Need for effective communication, particularly during emergencies
Please take a moment to answer the open poll question
Antiviral distribution RFI (2014)

• RFI created to seek feedback from pharmaceutical distributors for proposed plan to mitigate antiviral shortages
  – DOHMH would “lend” antivirals to distributors from City stockpile
  – Distributors would incorporate these antivirals into their supply chain and fill orders, and replace DOHMH supply when available

• Only 3 of 7 distributors responded: (1) Yes, (1) No, (1) Not sure
  – Corporate policy: “…purchasing directly from the pharmaceutical manufacturers and distributing [only] those products to our customers…”

• Lessons learned
  – (Very Reasonable) Corporate policy and (now) DSCSA may hinder emergency planning and response
Pharmacy Facility Database (2015)

• Pharmacy Facility Database
  – Geocoded database of all NYC pharmacies
  – Classified by (among others):
    • Community/Hospital/Distributor
    • Chain/Independent
    • Hurricane Evacuation Zone
    • Operating under DOHMH standing order for vaccination
    • NYPD Precinct
  – Monthly updates from NY State Board of Pharmacy integrated into Database

• Lessons learned
  – Ability to better understand universe of NYC pharmacies
  – Explore geographic relationship between pharmacies and New Yorkers who depend on them as well as community programs and/or places of healthcare
Re-orientation of PHERN PP (2015-16)

• Re-directed focus of PHERN PP away from Mass Dispensing
  – Focus on building direct relationships and increase DOHMH capacity to collect information from and communicate with NYC Pharmacies before, during and after emergencies

• Created the PHERN PP Registration Site
  – Pharmacies can easily “register” and provide additional contact and service information
    • Email addresses, cell phone numbers, vaccinations offered, languages spoken, etc.
  – PHERN PP information confirmed on biannual basis
  – Chain pharmacies have agreed in principle, NYS Board of Pharmacy is enthusiastic, recruitment of independent pharmacies imminent
The future

• Enroll NYC pharmacies in PHERN PP

• Develop communications plans for different scenarios

• Encourage measured use of Pharmacy Facility Database and PHERN PP data to expand and enhance relationship with pharmacies as partners in public health initiatives

• Re-examine previously-developed programs that were suspended based on new capacity to communicate
Discussion

Questions for all speakers
Other webinars

Previous Webinar:

• Navigating the Pharmaceutical Supply Chain. Slides available at: https://www.healthcareready.org/programs/healthcare-supply-chain

• Upcoming Webinars:
  • Understanding Drug Shortages
    June 6, 2016 1:30 EDT
  • Principles of Pharmaceutical Regulation
    June 23, 2016 1:30 EDT

Questions? Email – ContactUs@HealthcareReady.org
Thank You!

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