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ew times have the bonds between pharmacy services providers and nursing homes been more critical or visible.

Just over a year after the onset of a global pandemic, and months since the swift start of an unprecedented vaccine rollout, much work still lies ahead as a large swath of the country's popuation methodically lines up for vaccination.

Everything, it seems, is a moving target, and despite the yearnings of most of Americans, the pandemic's end remains elusive.

Still, there is much to celebrate.

Thanks to the vaccination efforts of pharmacy providers and skilled nursing facilities, COVID-19-related nursing home deaths have plunged. And the 89% drop in nursing home cases by late spring had already dwarfed that of the general population.

As vaccine administration chugs along, numerous new or improved government programs have been tabbed to speed up the process. They include mass immunizers and state and federally enrolled pharmacies, as well as broader vaccine clinic opportunities.

A new "normal" is in the air, as attendees learned in a recent webinar designed to demonstrate how long-term care pharmacies can be an integral partner in the fight against COVID-19 and other viruses.

LTC pharmacy specialists can deliver the latest vaccine information, provide vaccination clinics and combat vaccine hesitancy, visitors learned in March at the *McKnight's* Online Expo event, "The next steps: Pharmacy-



Side and adverse effects of COVID-19 vaccines have been very few, experts said.

provided maintenance programs in long-term care," which was sponsored by Omnicare, a CVS company.

COVID-19 related deaths and infections across the country were plunging in mid-March, helping frame the discussion.

"When we take a look at the dramatic effects that have occurred in long-term care facilities since we started vaccinations, it is just phenomenal," said presenter Nancy Losben, a consultant pharmacist and the chief quality officer for Omnicare. "Truly, what this proves is our vaccination programs are effective, and the vaccines themselves are efficacious."

UPDATES ON ADVERSE EVENTS, SIDE EFFECTS

Losben, reminded the audience that the Advisory Committee on Immunization Practices did not state a preference for any of the three COVID-19 vaccines approved as of late March. In relative terms, adverse negative effects for each of the COVID-19 vaccines had about the same prevalence of older vaccines to treat or prevent other infections.

"The side effects and adverse effects of the vaccine are very low," Losben said. "However, the data from reported adverse events does not indicate if there were any other contributing factors."

Losben said reports that adverse events tend to be more prevalent following the second shot of the two-dose vaccines seemed to be overblown. She explained that typical adverse effects have included aches and pains, headaches and chills, and most resolve themselves "in far less than a day."

"If you have those predictable immune responses after the second dose, that means your body is responding, and that's a positive thing to build that immunity against the virus," added



Providers that need doses of vaccine have a variety of sources to get them.

Todd King, senior director of clinical services for Omnicare.

Through the end of the first quarter of 2021, more than 76 million doses of COVID-19 vaccines were administered in the United States; the CDC's Vaccine Adverse Event Reporting System recorded 1,381 reports of death. Losben urged attendees to thoroughly report any suspected vaccine-related fatality.

HOW TO KEEP THE SUPPLY COMING

Nursing homes have a variety of options to keep the supply of vaccines flowing.

One is via mass immunizers, or entities that are capable of high administration volumes. They could include everything from hospital outpatient departments and firehouses to non-traditional providers such as supermarkets.

Many nursing homes are seeking ways to continue accessing

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— Nancy Losben, Omnicare

vaccination sites now that initial clinics have come to an end. Many are receiving vaccines from a long-term care pharmacy that has enrolled to be a state provider.

"These usually smaller, regional pharmacies apply to the state to be the mass vaccinator, and the state will give an allotment of vaccines to those pharmacies that are long-term care, to provide to the nursing facilities," Losben said. "Some of these pharmacies are just going to distribute that

vaccine. Others are willing to come in and assist the facility or community with administration of the vaccine."

Another way to access vaccines is through a long-term care pharmacy that is a federal provider.

"The CDC is allowing some large providers with a big footprint to enroll in a federal program so they can access the vaccine directly from the federal government without having to go through the state for their vaccine," Losben explained. "So it's a different supply chain, and it skips the state as their middleman."

Finally, long-term care facilities can receive COVID-19 vaccines by enrolling directly with the state as a COVID-19 vaccination provider.

To those considering that option, Losben cautioned that they still have the burden of all of the receipt, storage, handling and inventory management and documentation of the vaccination.

"That may be a little more difficult for some facilities that don't have a large staff or access to extended staff to take part in being a COVID vaccination partner itself," she said.

OVERCOMING VACCINE HESITANCY

Vaccination reluctance remains one of the most vexing issues in COVID-19 vaccination efforts, even though the vaccines have been subjected to the same rigors as other vaccines while demonstrating among the highest efficacy rates in history.

"Even with the volume of vaccinations in healthcare workers

and nursing homes, those in our arena of care are still hesitant or unable to make their first or second doses, and we have to think about all of those visitors that we're just waiting to be invited into our nursing centers," Losben said.

A joint survey released in early April by the Kaiser Family Foundation and the Washington Post found that just 24% of long-term care workers weren't planning to get vaccinated. At that time, 50% of surveyed frontline workers at nursing homes and assisted living facilities said they had had at least one dose of a COVID-19 vaccine.

Roughly a third of those surveyed said they want to wait and see how the vaccine is working for other people before getting it themselves, according to Losben.

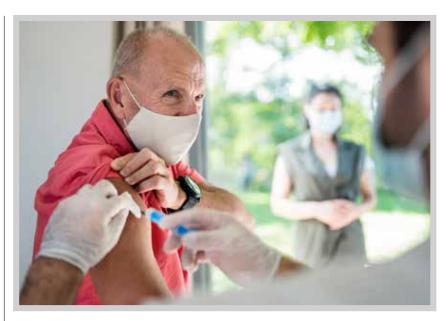
"Nursing departments are more willing to become vaccinated than areas like housekeeping or laundry," she added.

Tackling vaccine hesitancy may depend on messaging that reinforces vaccines' efficacy while employing subtle peer pressure, she added.

"Look at the results that we've seen in long-term care and how the cases have dropped," Losben said. "We really need to get the economy back on track, and this is one of the most important ways to do it. And our physicians are endorsing this."

Losben reminded that visitation policies are based on infection rates, which can change virtually at any time.

"State and local officials use COVID-19 infection prevalence in



While residents have flocked to get COVID-19 vaccinations, about one-third of long-term care workers polled said they were going to wait and observe first.

determining when and how visitors can return, but there have been differences from state to state and facility to facility when loved ones can visit, and how," she said.

EYEING COVID'S END

As spring 2021 dawned, COVID-19 cases had fallen 96% in nursing homes

Yet more than 430 facilities were just seeing their first-ever cases. Others reported infections fueled by variants, leading some to wonder if the pandemic's end will ever come.

"Remember when we first thought COVID was going to be a seasonal virus, and yet it turned out not to be?" Losben asked. "Now that it's out of Pandora's Box, we don't know if this first pass of immunization is a lifetime immunization or whether we will require boosters anytime soon.

"I don't expect things to change overnight, but they're getting better," she added. "This is not a virus you're going to kill, just like the common cold. Viruses mutate. They don't like to be killed with a vaccine. And they don't like to kill their host because that's what they need to live. They either become weaker over time or they will mutate, like we see with the European, Brazilian and African variants."

Losben urged providers to focus on the positives.

"We will all work through the same bumps in the road that we had before," she said. "But I'm certain that we will be just as successful working together with shared knowledge and experience to assure that we move in the right direction to bring this pandemic to an end, both inside and outside of our own communities."

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