



Optimizing Health by Advancing the Quality of Medication Use

PQA's Expanded SDOH Resource Guide

January 19, 2023

Webinar Logistics

- **Send us your questions.** Use the “Q&A” feature at the bottom of the screen to send speakers your questions to the throughout today’s presentation.
- **Today’s forum is being recorded.** A copy of the slides and recording will be shared with PQA members within a week.
- **Give us your feedback.** A quick survey will launch at the end of today’s webinar.

Today's Presenters



Jacinda Abdul-
Mutakabbir, PharmD
University of California
San Diego



Dana Erf Fortman, MBA
Walgreens

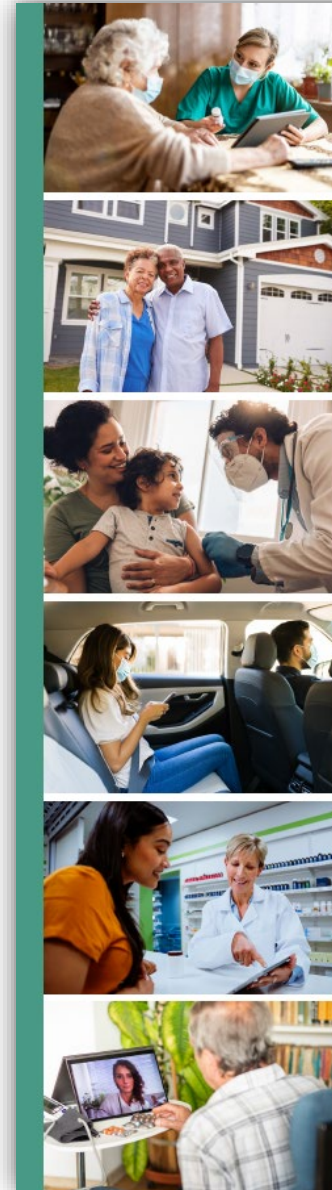


Latasha Guy, PharmD
Walgreens



Jasmine Perry, PharmD
PQA

Second Edition of the PQA SDOH Resource Guide



• Second Edition •

PQA SOCIAL DETERMINANTS OF HEALTH RESOURCE GUIDE

for improving
medication use quality



Summary

Second Edition of the PQA SDOH Resource Guide

32 Initiatives

- 12 New
- 9 Updated

SDOH Barriers

Second Edition of the PQA SDOH Resource Guide

Cost of Medications

Cultural or Literacy Barriers

Decent, Safe and Affordable Housing

Food Security

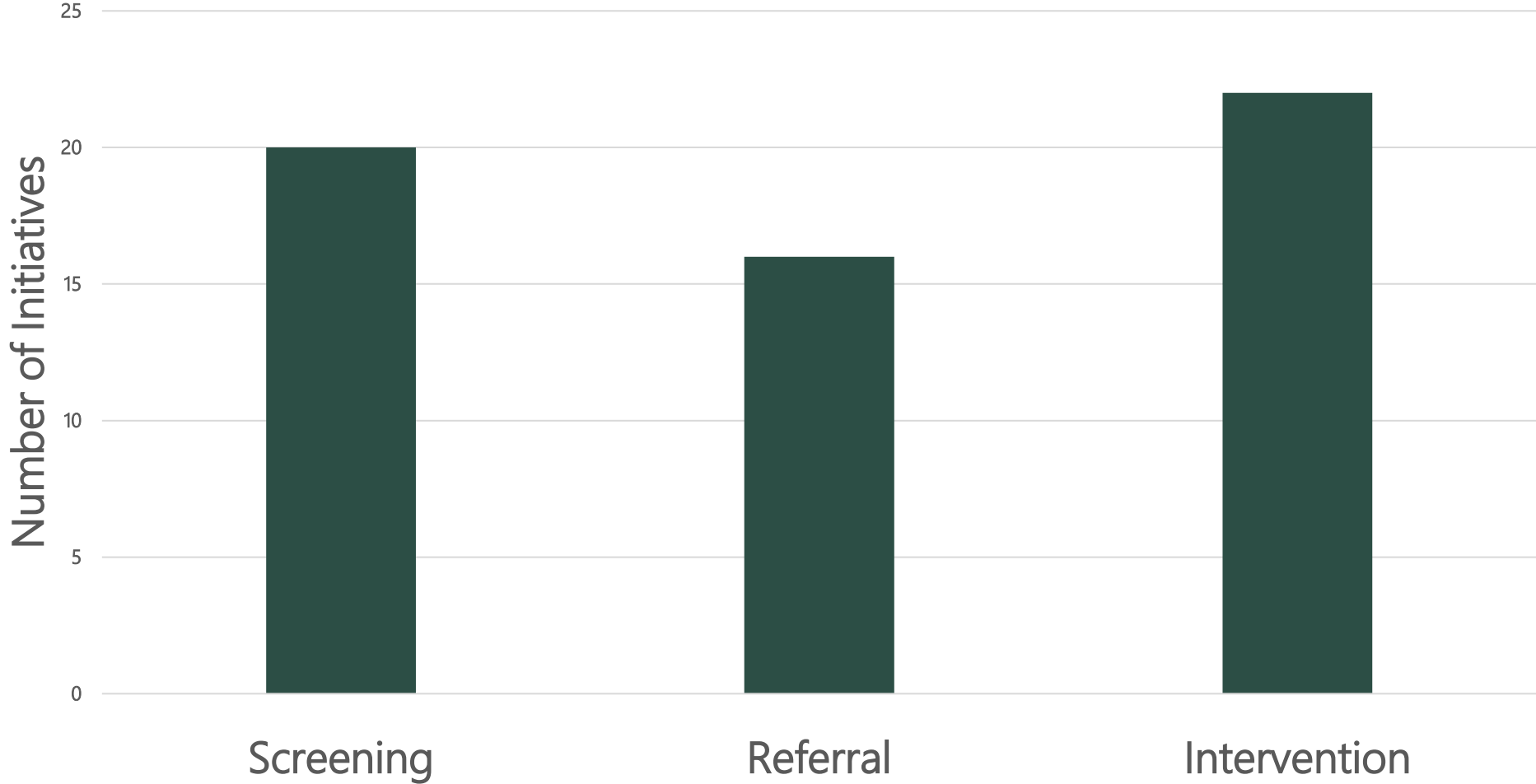
Screening for Unmet Needs

Social Isolation

Transportation

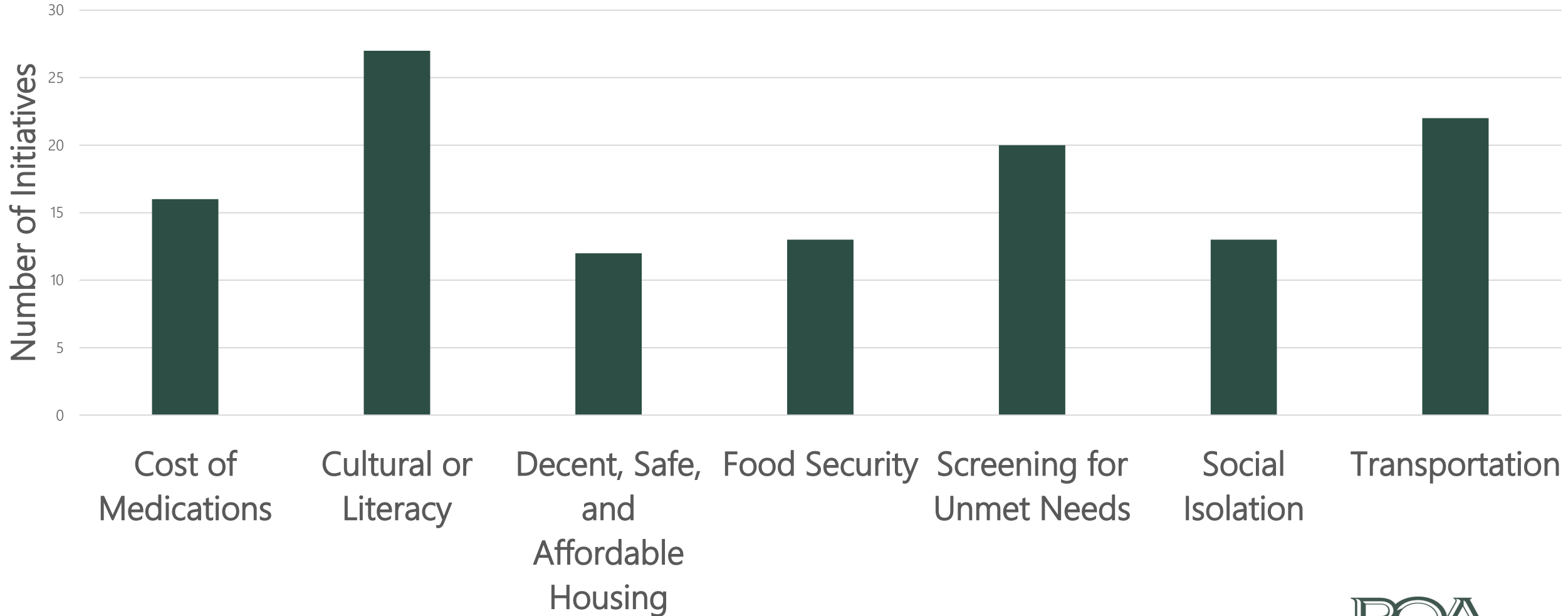
Type of Service

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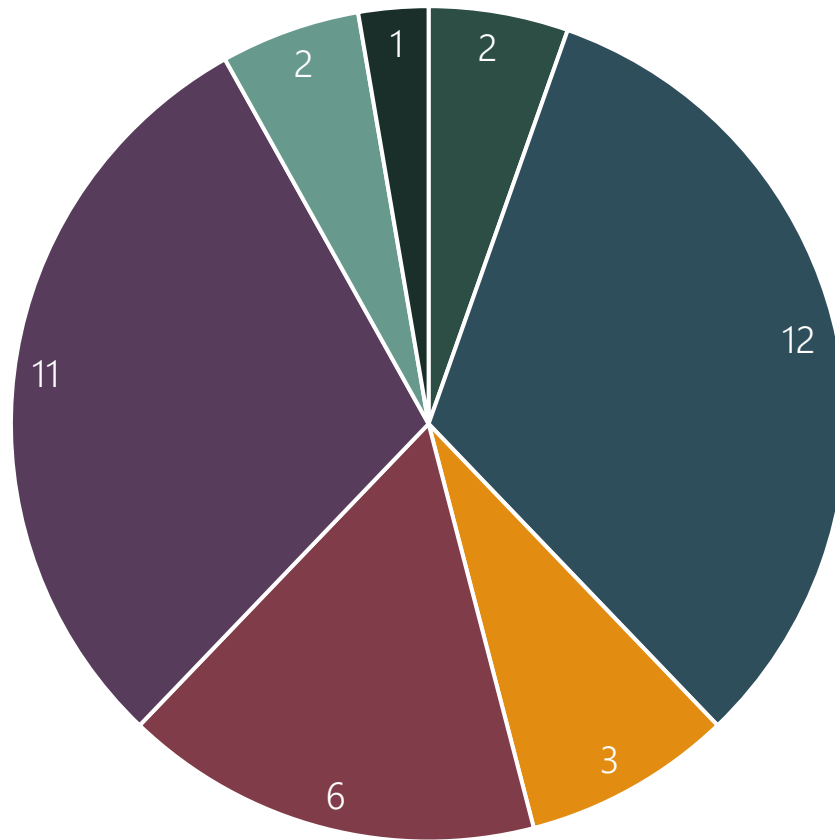
SDOH Areas Addressed

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Setting

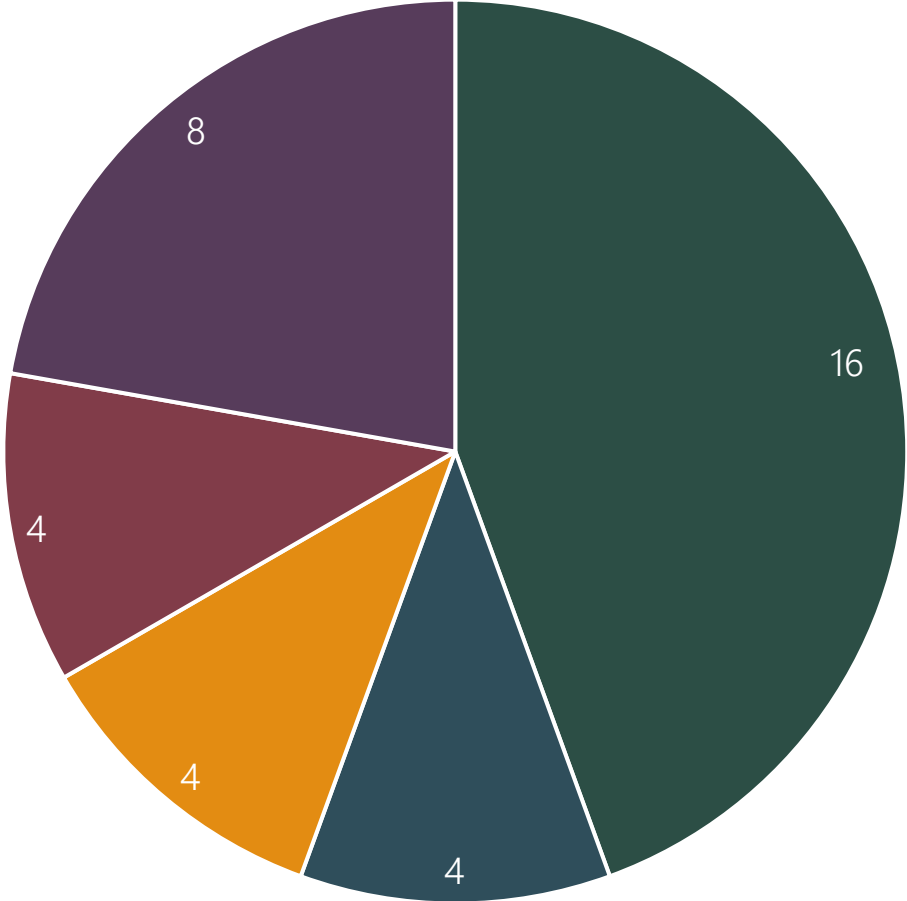
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- Primary Care Clinic
- Community Pharmacy
- Health system
- Health plan
- Other

Scale

Second Edition of the PQA SDOH Resource Guide



■ Local ■ State ■ Regional ■ Rural ■ National

Intervention Details

University and Local Churches Partner to Increase COVID-19 Vaccination in Black Communities

Congregations Organized for Prophetic Engagement (COPE),
Inland Empire Concerned African American Churches (IECAAC),
Loma Linda University

Keywords: COVID-19, churches, race, vaccinations

NEW



TYPE OF SERVICE

Intervention

BRIEF DESCRIPTION

To increase COVID-19 vaccination rates among Black San Bernardino County, CA, residents, Loma Linda University partnered with churches to educate faith leaders and community members about vaccinations and vaccinate community members in a mobile clinic.

KEY TAKEAWAY

Loma Linda University's mobile vaccination effort immunized 417 community members by working with trusted churches in the community. Of those vaccinated, 351 were Black.

SDOH AREAS ADDRESSED

Cultural or Literacy Barriers
Transportation

SETTING

Non-traditional health care

LOCATION

San Bernardino County, CA

SCALE

Local

TARGETED POPULATION

Black adult San Bernardino County, CA residents unvaccinated for COVID-19



Intervention Details

INTERVENTION DETAILS

When mass COVID-19 vaccination clinics proved ineffective in reaching Black community members, Loma Linda University partnered with Inland Empire Concerned African American Churches (IECAAC) and Congregations Organized for Prophetic Engagement (COPE) to create a three-part approach to increase vaccination rates in San Bernardino County, CA. The approach focused on engaging Black pastors, community education on COVID-19 vaccination by a Black pharmacist and vaccination administration.

The partnership enlisted 20 churches and held a faith summit to engage and educate local pastors about the COVID-19 pandemic and COVID-19 vaccinations. Pastors actively advertised educational webinars hosted by a Black, infectious disease trained, intensive care unit pharmacist. Pastors managed registration and appointments for community members through a completely paper-based registration process, which eliminated technological access barriers. The pharmacist ensured each vaccination vial was appropriately transported to the site and drawn up accurately to establish trust among community members. The mobile vaccination clinic was in the parking area of an IECAAC-affiliated church.

OUTCOMES

	Loma Linda University mass vaccination clinic (n=23,170)	Mobile vaccination community clinic (n=417)	San Bernardino County population (n=2,180,085)
Black	833 (3.6%)	351 (84.2%)	168,946 (7.8%)

Loma Linda University's partnerships with churches resulted in 417 vaccinations through mobile vaccination clinic efforts. Of those vaccinated during the mobile vaccination clinic, 351 identified as Black or African American. Mass vaccination sites at Loma Linda University also had an increase in the percentage of Black patients, increasing from 3% to 3.6%.

Thus far, Loma Linda University's COVID-19 three-part approach has resulted in increased preventable disease education and improved community engagement in predominantly Black communities in San Bernardino County, CA.

Partnerships between IECAAC, COPE and the California state government led to the expansion of vaccination efforts and integration into other places of worship. Thirteen additional pop-up clinics at places of worship with funding from the Public Health Institute occurred in various sites in California following the implementation of the Loma Linda University mobile vaccination efforts in Black communities. Future directions of this initiative aim to expand vaccination efforts to other preventable conditions.

RESOURCES

- Abdul-Mutakabbir, J. C., Casey, S., Jews, V., et al. A three-tiered approach to address barriers to COVID-19 vaccine delivery in the Black Community. *The Lancet Global Health*, 9(6). doi.org/10.1016/s2214-109x(21)00099-1
- Office of Governor Gavin Newsom. "As Vaccine Eligibility Expands Statewide, California Partners with Nearly 200 Places of Worship to Ramp Up Equity-Centered Outreach." April 16, 2021. Accessed August 5, 2022.
- Potts, D. "Partnership with Black churches increases COVID-19 vaccine delivery among historically at-risk population". Loma Linda University Health. March 22, 2021. Accessed August 5, 2022.
- Williams, J. "Faith Meets Science to Boost Vaccine Equity." *US News and World Report*. August 3, 2021. Accessed August 5, 2022.

Appendix

Updated Initiatives

New Initiatives

Type of Service

SDOH Areas Addressed

Setting

Scale

Program or Study Status

Additional Characteristics

TYPE OF SERVICE

Screening

Accountable Health Communities Model.....	4
Allegheny County Racial and Ethnic Approaches to Community Health (REACH) Initiative.....	8
Building Pharmacy Capacity to Intervene on SDOH.....	12

Delayed Medication Pickup Outreach to Improve Adherence and Address Social Needs.....	16
Embedding Pharmacists in Primary Care Clinics to Increase Medication Access.....	18
HomeMeds: Evidence-Based, In-Home Medication Review and Intervention.....	28



**Jacinda C. Abdul-Mutakabbir, PharmD,
MPH, AAHIVP**

University of California, San Diego

UC San Diego

Skaggs School of Pharmacy
and Pharmaceutical Sciences

Making Health Equity A Reality: Utilizing Community Vaccination Clinics To Increase COVID-19 Vaccine Access For Racially And Ethnically Minoritized Groups

Dr. Jacinda C. Abdul-Mutakabbir PharmD, MPH, AAHIVP

Assistant Professor of Clinical Pharmacy

University of California San Diego, Division of Clinical Pharmacy, Skaggs School of Pharmacy and Pharmaceutical Sciences

University of California San Diego, Division of the Black Diaspora and African American Studies


January 19, 2023

Let's Put This Into Perspective

COVID-19 has affected racial and ethnic communities disproportionately



The COVID-19 vaccine creates an opportunity to change this statistic

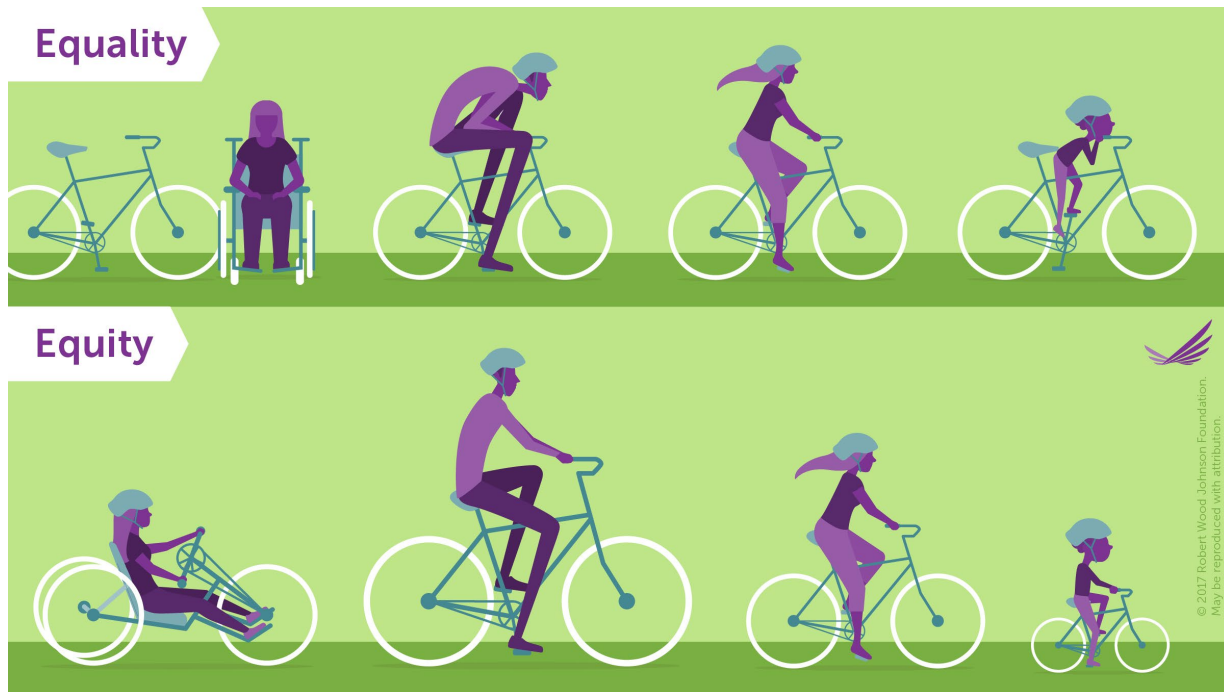


Institutional distrust limits COVID-19 vaccine uptake



Healthcare access limits vaccine allocation in heavily affected urban area

What Does Vaccine Equity Look Like?



Equity vs. Equality. Better Bike Share Partnership. Available from: <https://betterbikeshare.org/2019/10/24/equity-vs-equality/>

COVID-19 Vaccination Clinics in San Bernardino County, CA

In California greater than 85 million individuals have been vaccinated against COVID-19

Despite the availability of vaccines, more than 70% of Black individuals remain unvaccinated

Loma Linda University served as the largest mass vaccination site in San Bernardino County, CA

As of February 5, 2021 only 3% of the the mass vaccination clinic site vaccinees had been Black individuals

Three-Tiered Approach For Creating Equitable COVID-19 Vaccination Access

The tiers utilized in our approach to promote equitable COVID-19 vaccine access include:

Engagement of Black faith leaders

Delivery of COVID-19 vaccination education from a Black pharmacist

Low-barrier community vaccination clinic held within a Black community

Engagement of Black Faith Leaders

- The United States is a highly religious nation and faith leaders occupy large roles in minoritized communities
- Leveraging existing relationships with two church organizations: Inland Empire of Concerned African American Churches and Congregations Organized for Prophetic Engagement we gained access to their Black membership
- The faith leaders organized platforms to disseminate information, and orchestrated major processes necessary for the clinics

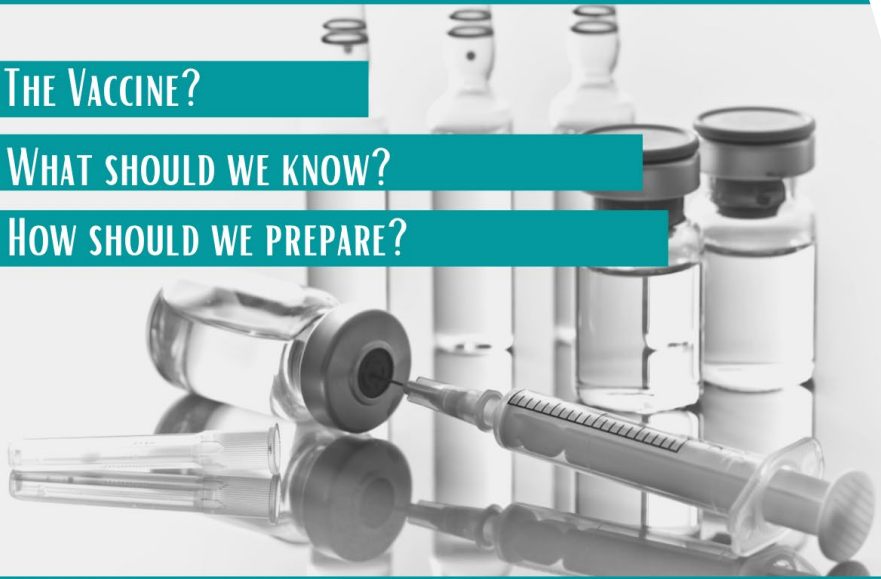
JOINT COUNTY COVID-19 FAITH SUMMIT
MONDAY, MARCH 29TH @5PM- 6:00PM

COVID-19 Educational Townhalls

THE VACCINE?

WHAT SHOULD WE KNOW?

HOW SHOULD WE PREPARE?



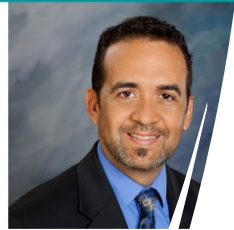
EXPERT PANELISTS



DR. JACINDA C. ABDUL-
MUTAKABBIR, PHARM.D.
MPH, AAHIVP
LOMA LINDA UNIVERSITY



DR. BRIDGETTE PETEET.
LOMA LINDA UNIVERSITY



JUAN CARLOS BELLIARD, PH.D.
PROFESSOR OF GLOBAL
ASSISTANT VICE PRESIDENT
COMMUNITY ENGAGEMENT

- COVID-19 Educational Townhalls are conducted prior to community vaccination clinics
- Moderated by the University's Vice President of Community Engagement
- Includes presentations from a Black psychologist and Black pharmacist
- Number of Attendees: 100-200 per summit

Delivery of COVID-19 Vaccination Education from a Black Pharmacist



- The United States has a long medical history of discrimination and wrong doings against Black individuals
- Cultural representation amongst practitioners has been shown to lead to improved communication
- The propagation of misinformation related to the COVID-19 vaccines presented the necessity of a trusted, culturally representative, messenger to deliver accurate information



2020-2021 MODERNA
COVID-19 VACCINE CONSENT

PATIENT INFORMATION

Last, First Name: _____ Birthdate: _____
 Address: _____ City: _____ Zip Code: _____
 Gender: _____ Marital Status: _____ Ethnicity: _____ Race: _____
 Phone: _____ Email: _____ Social Security #: _____
 Preferred Language: _____ Interpreter Required? Yes No
 Emergency Contact Name: _____ Relationship: _____ Phone: _____
 Insurance: _____ Subscriber Number: _____

VACCINE SCREENING QUESTIONS

- Is this your: First dose Second dose
- Will you be able to receive the second required vaccine in the next 28-35 days? Yes No
- Do you meet the county criteria to receive a COVID-19 vaccine? Yes No
- Have you had any other vaccination in the previous 14 days? Yes No
- Are you willing to stay for 15 minutes after receiving the vaccine or stay 30 minutes if history of anaphylaxis or severe vaccine/injectable reaction? Yes No
- Have you received monoclonal antibodies/plasma for COVID-19 in the past 90 days? Yes No
- Have you had a severe allergic reaction to any vaccine or injectable therapy? Yes No
- Have you had a severe reaction to any other medication, other than a vaccine or injectable? Yes No
- Did you have an immediate severe allergic reaction after the first dose of Moderna vaccine? (If so, DO NOT get the 2nd dose) Yes No

VACCINE CONSENT

I have read the "Emergency Use Authorization Fact Sheet for COVID-19." I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of the COVID-19 vaccination.

I consent that the COVID-19 vaccine be given to me.


I am an eligible member, as of this date, of the health plan indicated on my insurance card. I understand the health plan may be billed for an administration charge of this COVID-19 vaccine. I acknowledge there will be no patient responsibility for unreimbursed charges, nor will there be patient responsibility if I do not have valid coverage.

I give consent to bill my insurance (if applicable) for the vaccine administration charge.

Patient Signature: _____ Date: _____ Time: _____ AM/PM

DO NOT WRITE BELOW THIS LINE - FOR CLINICAL USE ONLY

Dose received from:	EUA Fact Sheet Date: December 2020	Date Vaccinated:	Time Vaccinated:
Lot Number:	Expiration:	MFR: Moderna	Dose: 0.5mL <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid
Administered by (print and sign):		Verified by (print and sign):	

 2020-2021 MODERNA COVID-19 VACCINE CONSENT	PATIENT IDENTIFICATION
--	------------------------

D1029 (2-21)

Low-Barrier Community Vaccination Clinic

- Several barriers to vaccination include:
 - Access
 - Transportation
 - Internet/ computer-access
- To overcome these barriers, we instituted the following:
 - Paper-based registration
 - Pop-up clinic at a church located in the Black community

Stakeholders in Community Vaccination Clinics

The important stakeholders in the community vaccination clinics include:

Faith Leaders

Pharmacists

Additional Pharmacy Staff (students, technicians, interns)

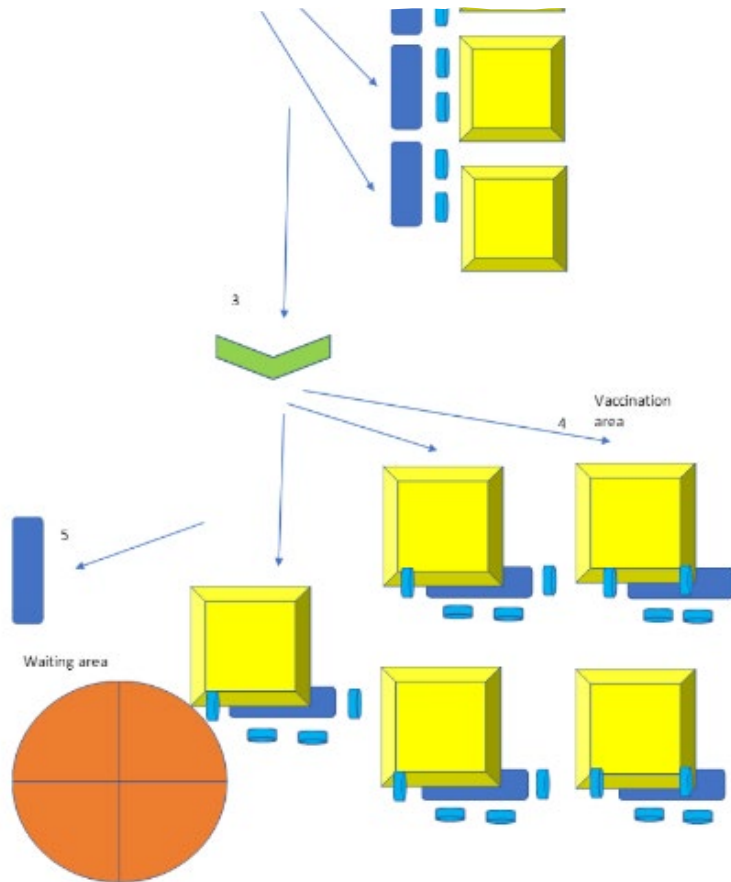
Medical professionals (physicians, nurses, dentists, etc.)

Community Health Workers, Church Volunteers

Administration Personnel

Supply Chain Management

Low-Barrier Clinic Workflow



- The clinics are conducted either indoors or outdoors
- The format is consistent irrespective of location
- The personnel includes:
 - Registration: 4 individuals (church personnel, CHWs)
 - Vaccinators: 6-8 individuals (professional students, licensed professionals as preceptors)
 - Vaccine draw area: 1 licensed pharmacist and 4 professional students or non-clinical faculty
 - Checkout: 4 individuals(3 CHWs), plus one physician (or mid-level practitioner) for observations

Measurable Outcomes From Community Vaccination Clinics

PATIENTS VACCINATED IN MASS VACCINATION CLINIC		PATIENTS VACCINATED IN MOBILE VACCINATION COMMUNITY CLINIC	
Black	579 (3%)	Black	351 (83.5%)
American Indian or Alaskan Native	63 (0.4%)	American Indian or Alaskan Native	1 (0.2%)
Native Hawaiian	22 (0.13%)	Native Hawaiian	1 (0.2%)
Asian	2,687 (15.6%)	Asian	3 (0.7%)
White	11,483 (66.4%)	White	19 (4.5%)
Other	611 (3.5%)	Other	10 (2.4%)
Unknown	1,815 (10.5%)	Unknown	35 (8.3%)
Total Number Vaccinated	17,212	Total Number Vaccinated	420

- Number of Moderna first-dose community vaccination clinics in the Black community: 2 (673 individuals vaccinated)
- Number of Moderna second-dose community vaccination clinics in the Black community: 1 (366 individuals vaccinated; 87% return rate)
- Number of Johnson & Johnson community vaccination clinics in the Black community: 1 (314 individuals vaccinated)
- 0.6% increase in Black vaccinees at mass vaccination site following community vaccination clinic

Integration of Professional Students in COVID-19 Community Vaccination Clinic



- Professional students are often taught about illness without the context of social determinant of health inequities
- Volunteer opportunities in community vaccination clinics provide them with tangible experiences
- This could potentially translate to their provision of better healthcare



Reproducibility of Community Vaccination Clinics

- We have conducted a total of three community vaccination clinics in primarily LatinX communities
- These clinics include the following:
 - First-dose Moderna Pop-up clinic: 258 individuals vaccinated
 - Second-dose Moderna Pop-up clinic: 253 individuals vaccinated (97% return rate)



Future Directions of Community Vaccination Clinics

- We have begun to provide in-person educational townhalls, alongside vaccination clinics
- Further goals for expansion include the integration of information pertaining to other disease states (influenza, shingles, human papillomavirus (HPV), and etc.)
- Following the dissemination of information, we hope to include additional vaccinations, as well HIV rapid testing in the community vaccination clinic setting

Conclusion

Health inequities are a product of structural and systemic racism

Equitable processes are essential to ensuring positive patient outcomes in minoritized groups

Providing these equitable approaches require multidisciplinary support and collaboration

Resources

1. Baciu A, Negussie Y, Geller A, Weinstein JN, National Academies of Sciences, Engineering, and Medicine. The root causes of health inequity. In *Communities in action: Pathways to health equity* 2017 Jan 11. National Academies Press (US)
2. Johnson TJ. Intersection of bias, structural racism, and social determinants with health care inequities. *Pediatrics*. 2020 Aug 1;146(2).
3. Abdul-Mutakabbir JC, Casey S, Jews V, et al. A three-tiered approach to address barriers to COVID-19 vaccine delivery in the Black community. *The Lancet. Global Health*. 2021 Mar. DOI: 10.1016/s2214-109x(21)00099-1

UC San Diego

Skaggs School of Pharmacy
and Pharmaceutical Sciences

TM

PQA Quality Forum: Walgreens SDOH Resource Guide 2nd Edition Profiles

January 19, 2023



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To improve patient outcomes and narrow the health equity gap, Walgreens will increase **accessibility** and **education** through **partnership** and localized patient-centered pharmacy and healthcare services



Access



Partnership



Education

Walgreens Health Equity Focus Areas

ACCESS

PARTNERSHIP

EDUCATION

SOCIAL DETERMINANTS OF HEALTH (SDOH)

VACCINATION & TESTING

MEDICATION ADHERENCE & CHRONIC CARE MANAGEMENT

WELLNESS & CARE

For more information regarding Walgreens Health Equity efforts, please visit: www.walgreens.com/healthequity



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Delayed Medication Pickup Outreach to Improve Adherence and Address Social Needs

Walgreens Delayed Medication Pickup outreach occurs across all stores chain-wide when a patient has failed to pick-up a filled Rx



Delayed Medication Pickup conversations are a unique opportunity to improve adherence and understand prescription abandonment



Delayed Medication Pickup Patient Journey



Patient is due for a refill and receives reminder to refill Rx



Patient refills targeted Rx



Day 9 of Rx in "Ready" status: Rx is placed on the Delayed Medication Pickup List



Pharmacy team member contacts patient to inform Rx is ready for pickup. The consultation focuses on:

- ✓ Education on **tools and services** available to keep patients on track and **close gaps in care**
- ✓ Uncovering, documenting **barriers to adherence** and offering targeted solutions



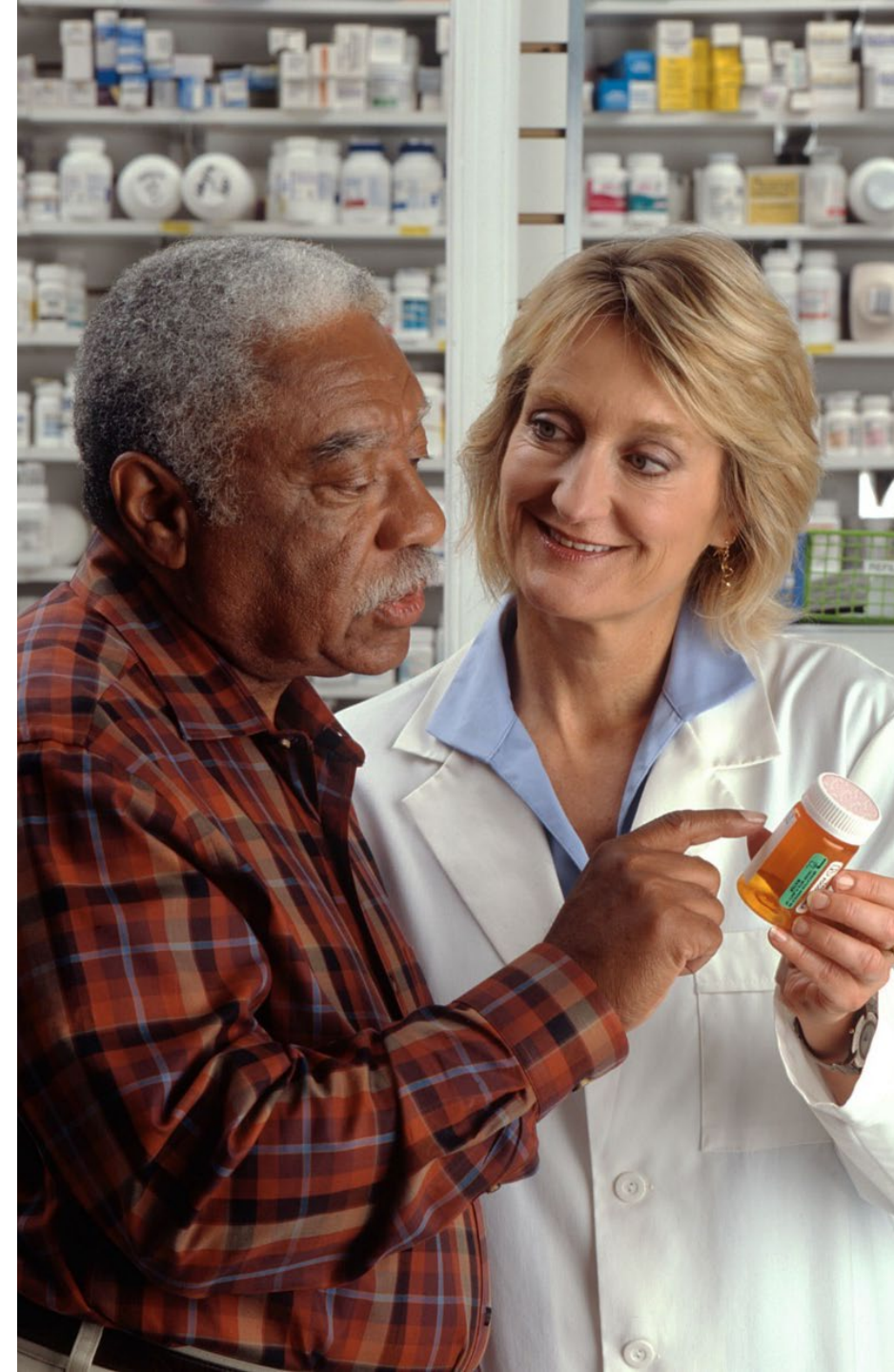
Prescription abandonment occurs when a patient does not pick up their prescription and, subsequently, does not refill and pick up their prescription in the next **90 days**



The most common contributing factors to delayed medication pickup during the Chicago Health Equity Incubator Phase 1 were **cost, transportation, and patients forgetting to take their medication**



Delivery offerings and **digital tools** can address SDOH barriers such as cost and transportation issues



Team Member Coaching & Health Equity Championship



Chicago Health Equity Incubator

- Pilot program launched in 2020 in select stores on South and West Sides
- Monthly engagement with store and field leaders to discuss best practices and lessons learned to drive community impact
- Expanded program to additional stores in AZ, TX, NV, and NM in 2022



Health Equity Champions Network

- Field leader champion for each region
- HE Champions coached on best practices, and support continued engagement across regional stores

Sample: Delayed Medication Pickup Best Practices



Be mindful of the **TIME OF DAY** when calling patients



Ensure patient **PHONE NUMBERS ARE UP TO DATE**



Encourage **DELIVERY** to remove barrier of transportation



Explain the **WHY** on **HEALTH EQUITY** to team members



Share **BEST PRACTICES** and lessons learned across stores



Encourage patients to **OPT INTO DIGITAL NOTIFICATIONS** to overcome forgetfulness barrier

Next Steps

- Give us Your Feedback
 - Please email all feedback to Education@PQAalliance.org.
- Provide an Update
 - Please email Education@PQAalliance.org if you have updated information on any initiative that is included.
- Inclusion in Future Issues
 - If you are working on an SDOH initiative that PQA can consider for inclusion, please fill out this [form](#).



[Provide Feedback](#)

[Submit Intervention or Service](#)

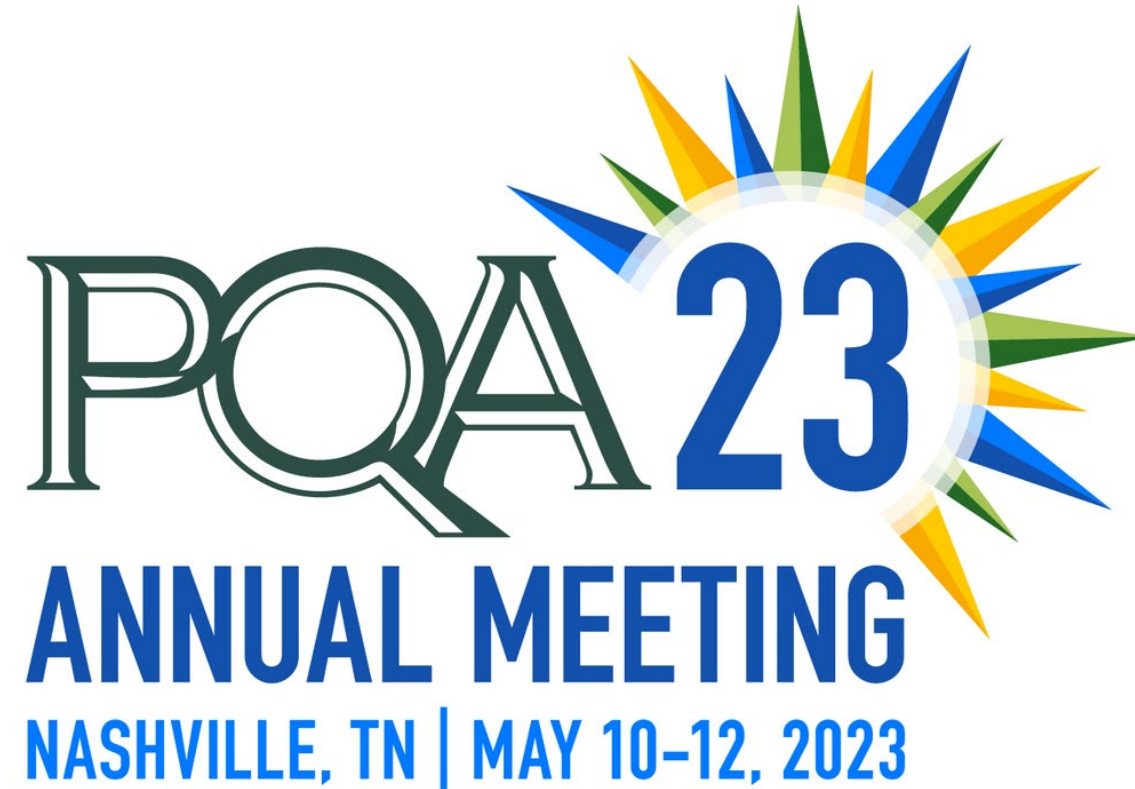
[Social Determinants of Health Resource Guide](#)



Question and Answer

Please submit your questions using the Q&A feature at the bottom of your screen.

Registration Opens Soon!



2023 PQA Healthcare Quality IQ (HQIQ)

[Student Program](#) for Getting Smart on Medication Use Quality

PQA Healthcare Quality IQ (HQIQ) program teaches pharmacy students the basics of quality measurement and strategies to improve medication safety, adherence and appropriate use.

**Nomination form closes:
February 24, 2023**

HQIQ Participant Benefits

- Scholarship to attend PQA Annual Meeting
- Scholarship to Attend *Medication Use Quality Live* (4-hour in-person training)
- Free Access to Medication Use Quality (11-hour online, self-directed training)
- Live, online workshop on developing quality improvement proposals (1 hour)
- Program certificate and national recognition
- Future complimentary access to PQA's module on Quality Improvement Plan Implementation (3 hours)



Optimizing Health by Advancing the Quality of Medication Use

Thank You. Join Us Again in February

Next Quality Forum Webinar:

Thursday, February 16, 2023, 1-2 pm ET
*2022 Pharmacy Quality Solutions Trend
Report in Pharmacy Quality*

