

Collaborative Planning for an Efficient Statewide Distribution of Antiviral Medications



Maryland Department of Health & Mental Hygiene – Office of Preparedness & Response

February 17, 2010



Objectives of Presentation

Participants will be able to:

- Form a collaborative antiviral distribution committee comprised of local and state government agencies and other community partners
- Develop a plan for the statewide distribution of antivirals to: local government, private, and non-profit industry partners
- Efficiently position antiviral medications throughout the state to facilitate a pandemic influenza response



Outline

- Maryland – Statistics & Demographics
- Antiviral Distribution Committee
 - Membership
 - Contributions of each member type
- Maryland's Assets of Antiviral Medications
 - State Purchased antiviral medications / Public-private Partnership
 - Federally-received SNS antiviral medications
- Antiviral Distribution Program & Plan
 - Target areas
 - Distribution sites
 - Tracking dispensed antiviral medications
- Timeline/Lessons Learned



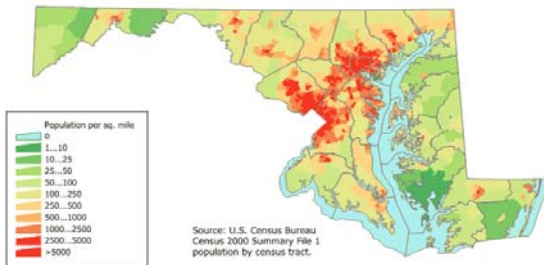
Maryland – Statistics & Demographics

- Maryland's population – 5,633,597
 - Major population centers: Baltimore, Annapolis, National Capital Region (D.C. region)
 - Large rural areas: Eastern shore & Western Maryland
- Uninsured/Underinsured Population – approximately 715,000
- "Isolated" Communities in Maryland
 - Universities/Colleges
 - Long-term care facilities
 - Detention centers



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Population Density of Maryland



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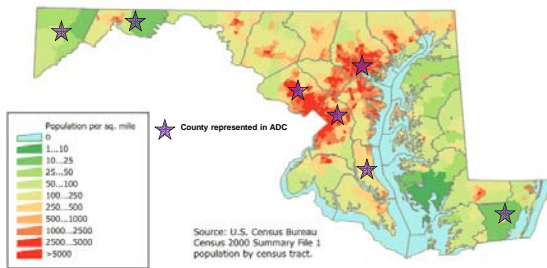
Antiviral Distribution Committee

- April 2009 – Maryland Antiviral Distribution Committee (ADC) is formed and charged with creating a comprehensive, statewide antiviral distribution plan
- Membership
 - **Local Health Department:** 4 County Health Officers, 3 County Public Health Emergency Planners (PHEPs)
 - **Maryland Board of Pharmacy**
 - **Bioethicist** (Johns Hopkins University Bloomberg School of Public Health)
 - **Maryland Office of the Attorney General**
 - **State Health Department:** Strategic National Stockpile (SNS) Program, Pandemic Influenza Program, Health Systems Surge Program
- Membership consists of mix of skills and geographic areas



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ADC - Member Map



Health Officer / PHEP Contributions

- Antiviral Distribution Plan - from local-level up to state-level
- “Buy-in”
 - Plan was adapted by all Local Health Departments (LHDs) quickly upon completion
- Diversity of HO/PHEP group expedited plan’s completion
- Plan developed to be operational from development period to completion

Board of Pharmacy Contributions

- MD Board of Pharmacy
 - Sets standards to ensure the provision of safe, quality medication dispensing for Maryland, including during emergency situations
- Direct connection with private industry
 - Facilitated a conference call with chain/independent pharmacies statewide early in process
 - Communications between Maryland Department of Health & Mental Hygiene (DHMH) and pharmacists
- Situational Awareness
 - Amount of privately held antiviral medication stocks statewide
 - Pharmacy storage capacity and capability
- Development of guidelines

Bioethicist Contributions

- Address ethical issues for distribution and dispensing of scarce resources
- Inclusion of “Special populations” based on Maryland’s unique demographics
- Ensured those that cannot afford antiviral medications during a pandemic through the normal supply chain still have access to Tamiflu® and Relenza®
 - Inclusion of Federally Qualified Health Centers (FQHCs)



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Office of Attorney General Contributions

- Creation of Memorandums of Understanding (MOUs) between DHMH and “Community Partners” receiving antivirals
- Legal Background and framework for plan
- Legal coverage while dispensing medications



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State SNS Program Contributions

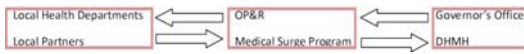
- Link to Centers for Disease Control (CDC) SNS
 - Receive allocated antiviral medications in Strategic National Stockpile (SNS)
- Logistics – shipping & receiving of medications to partners
- Mobilization of antivirals and distribution plan



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Pan Flu / Medical Surge Program Contributions

- Leadership and coordination of Antiviral Distribution Committee
- Antiviral Distribution Plan – from state-level down to local-level
- Facilitated link between all parties involved and Secretary/Deputy Secretary of Department of Health & Mental Hygiene

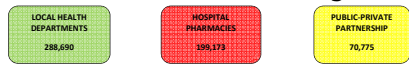


State Purchased & SNS Caches

There are two separate antiviral caches in Maryland:

- State Purchased Cache
 - Procured by the State of Maryland
 - Have purchased a total of 582,609 courses
 - Purchased for *treatment* of certain target groups
 - Three target areas. **Employees of:**
 1. Local Health Departments (LHDs)
 2. Hospitals & Hospital Pharmacies
 3. Critical Infrastructure (Public-Private Partnership)
- Strategic National Stockpile (SNS) Cache
 - Acquired from the federal government free of charge
 - Have received 216,636 courses; 100% SNS allotment is 821,458
 - Designated for *treatment* of general public
 - Three target areas:
 1. Chain & Independent Pharmacies ("Pharmacies")
 2. Federally Qualified Health Centers (FQHCs)
 3. Local Health Departments (LHDs)

State Purchased Cache – Target Areas



LOCAL HEALTH DEPARTMENTS	HOSPITAL PHARMACIES	PUBLIC-PRIVATE PARTNERSHIP
PURPOSE: <ul style="list-style-type: none"> • This cache was purchased for county government essential employees 	PURPOSE: <ul style="list-style-type: none"> • In order to eliminate separate caches, Hospital pharmacies will have one cache to treat employees and patients 	PURPOSES: <ul style="list-style-type: none"> • To continue essential functions of critical infrastructure/key resources (C/IR) and government entities
USERS: <ul style="list-style-type: none"> • Employees of LHD • Public health first responders (PHFR), as deemed by LHD 	USERS: <ul style="list-style-type: none"> • Hospital employees and family members • Patients of hospital 	USERS: <ul style="list-style-type: none"> • Partners that have purchased antivirals in program and their families
NOTE: <ul style="list-style-type: none"> • This cache must be reported separately from SNS cache • Messaging must go out to PHFR outlining the process by which they get antivirals (PHFR->Physician gives prescription->PHFR goes to site at which LHD has prepositioned antivirals) 	NOTE: <ul style="list-style-type: none"> • We have purchased antivirals to cover at least 20% of hospital staff and admitted patients. • If a hospital runs out, it would use LHD SNS cache • Messaging must go out to hospital employees outlining process to get antivirals 	NOTE: <ul style="list-style-type: none"> • Antivirals are pre-positioned

Target Area 1: Pharmacies

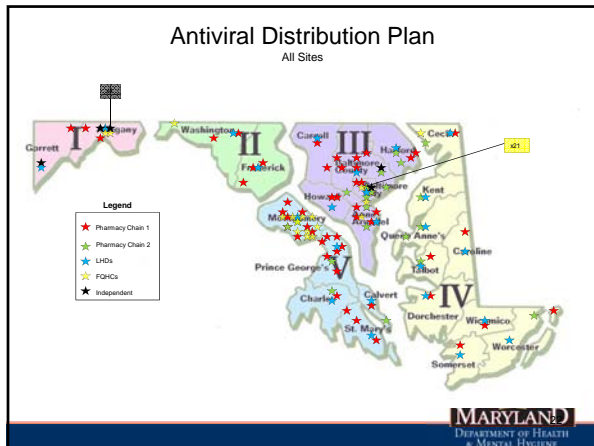
- Most effective and typical way to reach majority of the public
- Method: Person experiencing ILI symptoms goes to physician receives prescription → takes prescription to local pharmacy (physicians have access to list of pharmacies with state-distributed medications)
- Buy-in from Pharmacies
 - Board of Pharmacy involved in Antiviral Distribution Committee
 - Private pharmacies can charge administration fee (waived if person unable to pay)
 - Chain pharmacies: work with DHMH and coordinate for entire chain
 - Independent pharmacies: work with LHD-liaison between DHMH

Target Area 2: FQHCs / CHCs

- Best way to reach uninsured and underinsured population. Will distribute to the population that they already serve
- Patients *not* charged an administration fee
- Method: Person experiencing ILI symptoms goes to FQHC receives prescription → fills prescription directly at FQHC pharmacy
- Buy-in from FQHCs
 - Mid-Atlantic Association of Community Health Centers
 - Community Health Integrated Partnership

Target Area 3: LHDs

- Purpose: outbreak control and gaps/ fallback cache as needed
- LHD officials would decide when and where this supply goes within its jurisdiction
- Method of delivery
 - DHMH sends predetermined number of courses to each LHD regardless of county population
- Buy-in from LHDs
 - County HOs & PHEPs on Antiviral Distribution Committee
 - HOs/PHEPs helped form "predetermined number of courses" to each LHD and dispensing/distributing policy



Tracking Dispensed Medication

- Pharmacies
 - Chain pharmacy partners were required to send comprehensive reports with store-specific dispensing statistics on a weekly basis
- FQHCs
 - Created "Antiviral Weekly Reporting Form"
 - Each individual FQHC faxes a weekly, non-cumulative copy of this form listing any medications dispensed at their site by formulation and risk groups
- LHDs
 - LHD specific "Antiviral Weekly Reporting Form"
 - "Community Partner Reporting Form" for any entity to whom LHD sent antivirals
 - Ability to report of dispensed antivirals on web-based inventory management system

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Timeline

DATE	ACTIVITY
08-Apr. 2009	First Meeting of Antiviral Distribution Committee
27-Apr. 2009	First report of 2009 H1N1 Influenza virus in U.S.
May 2009	Antiviral Distribution Plan (draft) to LHDs formed
May 2009	Receive SNS antiviral shipments
28-Sep. 2009	Antiviral Distribution Plan (draft) to all entities with MOUs completed
02-Oct. 2009	First shipment of antivirals sent to chain pharmacies
20-Oct. 2009	Shipment of antiviral medications to LHDs
05-Nov. 2009	Second shipment of antivirals sent to chain & independent pharmacies
12-Nov. 2009	Shipment of antiviral medications to FQHCs/CHCs

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Lessons Learned

- Positives

1. Collaborative effort with team consisting of different skills, expertise, & jurisdiction
2. Inclusion of special populations in Maryland, especially uninsured/underinsured
3. Incorporate private-industry into pandemic influenza and antiviral distribution planning

- Barriers & Solutions

1. Tracking dispensed antiviral medications statewide
2. Storage capacity for antivirals at community partner dispensing site
3. Ensuring pharmacy coverage throughout entire state



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Questions?

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