

# A day of relief and hope

Am J Health-Syst Pharm. 2021; XX:0-0

**Robert J. Weber, PharmD, MS, BCPS, FASHP**, Pharmacy Department, The Ohio State University Wexner Medical Center, Columbus, OH, USA

Address correspondence to Dr. Weber ([robert.weber@osumc.edu](mailto:robert.weber@osumc.edu)).

**Keywords:** advocacy, COVID-19, immunizations, leadership, pharmacists, vaccine

© American Society of Health-System Pharmacists 2021. All rights reserved. For permissions, please e-mail: [journals.permissions@oup.com](mailto:journals.permissions@oup.com).

DOI 10.1093/ajhp/zxab115

“3, 2, 1 . . . vaccinate!” That was the countdown of our chief administrative officer at The Ohio State University Wexner Medical Center (OSUWMC) as 4 other pharmacists, a nurse practitioner, and I administered some of the nation’s first COVID-19 vaccine. The thoughts going through my mind at the time were “Wow, I can’t believe I am here doing this! Wow! How can I be holding an authorized vaccine less than a year after the start of the pandemic? Wow, what an opportunity to highlight the important responsibility of pharmacy!”

Later, I watched the national news coverage with a flood of emotions and reflections on this historic time in US healthcare. *What I felt most strongly was a sense of relief and hope.* I was relieved because this was the light at the end of the tunnel we all needed. For too long, I have personally seen people getting very sick and dying from COVID-19, most notably, a close OSUWMC colleague who in March 2020 was one of the first Ohioans to die from COVID-19.<sup>1</sup> The hope of the vaccine lessens the pain of her death and my frustration at the long-standing residual effects of COVID-19 in others.

**I am hopeful that pharmacists administering vaccines will highlight to our organizations and the public the important responsibility we have in healthcare.** The media and

news outlets across the country recording the first COVID-19 vaccinations captured a sentinel moment, and for us that moment took months to plan. I am proud of our pharmacy team, who handled all the operational logistics with complete equanimity. This pandemic shows me that pharmacists and pharmacy leaders have skills, relationships, and broad knowledge to benefit the COVID-19 efforts of an organization, and, in fact, many of my leadership team and staff have assumed new COVID-19 leadership duties outside of the pharmacy department. These new responsibilities include directing the organization’s vaccine program, coordinating nonpharmacy clinical operations, assessing and redesigning labor deployment, and designing and staffing entrance COVID-19 screening operations.

Multiple media clips showed other health-system pharmacists administering some of the first COVID-19 vaccines, yet too often our potential contributions in some health systems are underutilized. I hope through this media exposure that the public sees pharmacists as responsible providers within health systems. I once had a patient say, “I am amazed that you are able to dispense all of the medicines for this hospital from your little pharmacy in the lobby.” This was a striking reminder of our need to communicate to the public not only what we do, but also how we do it! I hope the rollout of COVID-19 vaccine will, in part, contribute to that deeper understanding of our professional commitment and responsibilities.

As I read about vaccine history, I learned that pharmacists have been involved with vaccines since the 1800s, with modern-day vaccine administration pioneered by the Washington State Pharmacy Association in 1994.<sup>2</sup> As early as 1993, the American Society of Health-System Pharmacists (ASHP) published a forward-thinking position statement outlining the role of our pharmacy departments in vaccine promotion and administration.<sup>3</sup> State governments have since added many vaccines to

the lists of those that can be administered by a pharmacist, and pharmacy-based immunization continues to have a groundswell of support from other health professionals. All 50 states allow pharmacists to administer all or many of the current vaccines; many states have expanded authority for vaccines as well, specifically during the pandemic. An area for continued focus and improvement involves allowing pharmacists to independently recommend and administer appropriate vaccines to patients. Currently, only a handful of states allow this authority.<sup>4,5</sup>

President Biden has taken additional steps to enhance COVID-19 vaccine supply and access, including utilizing retail pharmacies to provide vaccine to certain priority groups.<sup>6</sup> As this plan rolls out, there will most likely be requests from our health-system leaders to add COVID-19 vaccine services through our health systems’ retail pharmacy networks. Let’s be proactive and utilize pharmacy students and pharmacy technicians as certified immunizers to create a sustainable vaccine option for our patients.

**I am hopeful that the public will rely on pharmacists for accurate and science-based evidence on the COVID-19 vaccine and its effects.** There is a need for pharmacists to dispel vaccine misinformation, both during this pandemic and after things return to normal. The spread of false claims around COVID-19 vaccines undermines public confidence in them; pharmacists are perfectly positioned to calm fears and provide evidence to the contrary. A recent Gallup survey showed that around 60% of Americans were comfortable receiving a COVID-19 vaccine, while health experts have stated that more than 85% of individuals in the population need to receive the vaccine to promote broader immunity.<sup>7</sup> Closing this gap is a call to action for pharmacists to lead with facts, not fear.

**I hope the COVID-19 vaccine is readily available to patients where social determinants negatively affect health.** Our best health

is dependent on our social and economic opportunities and the resources available to us to support our health: where we live, access to good schooling, the availability of nutritious food, and the quality of our social interactions and relationships all determine how healthy we are compared to others.

Minority racial and ethnic groups are being disproportionately affected by COVID-19. Individuals from these groups are becoming infected, being hospitalized, and dying at rates higher than those in nonminority patients. This fact is likely due to historical struggles against discrimination, gaps in healthcare access, housing, education, and income, and transportation issues. Comorbidities such as diabetes, obesity, hypertension, asthma, and other lung ailments in minority racial and ethnic groups contribute to the disproportionate incidence of COVID-19 disease. Across populations, advanced age is also a risk factor for severe COVID-19 disease. I would expect similar struggles to occur in getting the COVID-19 vaccine to these patients if we don't take appropriate measures.

Health-system pharmacists have an excellent record of accomplishment in designing innovative approaches to address health disparities. For example, a program conducted by pharmacists at Cedars-Sinai Medical Center effectively addressed hypertension treatment in an underserved community. Researchers randomly assigned barbershop customers to meet with specialty-trained pharmacists who monitored their blood pressure and adjusted their medication.<sup>8</sup> With the encouragement of their barber, participants were reminded to see their doctor and make lifestyle changes. When compared to a control group, patrons working with both the pharmacist and their barber showed significant lower blood pressure.

The Cedars-Sinai program could be used as a model for improving vaccine access by partnering with trusted members of underserved communities to support education to address vaccine hesitancy and to facilitate neighborhood-based, mobile administration of vaccine. Let's be creative and also forge stronger bonds with our community pharmacies in designing ways to get COVID-19 vaccine safely to all those who struggle for the basic necessities in their lives.

**I hope that everyone reading this article will reflect on their responsibility in managing the COVID-19 vaccine and do more if they can.** As a chief pharmacy officer of a busy department, I'm aware that my staff of dedicated professionals are stretched to the limits, but we are doing more. It is time for all of us to do more. We have the strength, resiliency, and knowledge to further help in our organizations' overall COVID-19 operations and recovery and to connect to our communities and pharmacy partners in developing innovative COVID-19 vaccine programs.

I am relieved that we've begun the journey of immunizing our country—now let's turn my hope into action to defeat this horrible pandemic.

### Acknowledgments

The author would like to thank John Grabenstein, PhD, and Edward Krenzelok, PharmD, for their thoughtful review of this reflection.

### Disclosures

The author has declared no potential conflicts of interest.

### References

1. Bruner B. Coronavirus: Wexner Medical Center radiology director dies. *Columbus Dispatch* Published March 31, 2020. Accessed January 25, 2021. <https://www.dispatch.com/news/20200331/coronavirus-wexner-medical-center-radiology-director-dies>
2. Hogue MD, Grabenstein JD, Foster SL, et al. Pharmacist involvement with immunizations: a decade of professional advancement. *J Am Pharm Assoc*. 2006;46(2):168-182.
3. Grabenstein JD, Casto DT. ASHP technical assistance bulletin on the pharmacist's role in immunization. *Am J Hosp Pharm*. 1993;50(3):501-505.
4. Weaver KK. Pharmacist-administered immunizations: what does your state allow? Published October 1, 2015. Accessed January 21, 2021. <https://www.pharmacist.com/article/pharmacist-administered-immunizations-what-does-your-state-allow>
5. Stobbe M. Pharmacists in 50 states can give childhood shots to prevent future outbreaks, officials say. *USA Today* Published August 19, 2020. Accessed January 25, 2021. <https://www.usatoday.com/story/news/health/2020/08/19/pharmacists-all-50-states-allowed-give-childhood-vaccinations/3400458001/>
6. The White House. Fact sheet: President Biden announces increased vaccine supply, initial launch of the Federal Retail Pharmacy Program, and expansion of FEMA reimbursement to states. Published February 2, 2021. Accessed February 18, 2021. <https://www.whitehouse.gov/briefing-room/statements-releases/2021/02/02/fact-sheet-president-biden-announces-increased-vaccine-supply-initial-launch-of-the-federal-retail-pharmacy-program-and-expansion-of-fema-reimbursement-to-states/>
7. Brenan M. Willingness to get COVID-19 vaccine ticks up to 63% in the US. *Gallup* Published December 8, 2020. Accessed January 23, 2021. <https://news.gallup.com/poll/327425/willingness-covid-vaccine-ticks.aspx>
8. Victor RG, Lynch K, Li N, et al. A cluster-randomized trial of blood-pressure reduction in black barbershops. *N Engl J Med*. 2018;378(14):1291-1301.