



Medical Countermeasures Dispensing and Distribution Policy for Local Health Jurisdictions

Capabilities

Medical Countermeasures, Medical Materiel Management and Distribution

Scope

The intended scope of this policy framework includes statewide systems, plans, partners, and capabilities for dispensing and distributing public health emergency medical countermeasures in Washington State.

Overview

This document describes a policy framework that the Washington State Department of Health (DOH) has adopted for dispensing and distributing medical countermeasure assets, for mass prophylaxis and treatment, to local communities and tribes during a public health emergency. Decisions regarding strategies for distribution of medications and vaccines during a multi-jurisdictional public health emergency will be made by the Secretary of Health with guidance and advice from the Disaster Medical Advisory Committee (DMAC), key subject matter experts, the Health Officer's from impacted jurisdictions, and others identified by the Secretary of Health.

Assumptions

- It is not possible to predict the severity or epidemiology of a future event triggering the need for medical countermeasures or the use of the Strategic National Stockpile (SNS).
- During an evolving incident, medication allocation and use strategy will be revised as necessary to reflect the best available information on disease severity, epidemiology, updated guidance for medication/vaccine use, and the most effective way to reach disproportionately affected populations.
- The Washington State medical countermeasure allocation strategy reflects a whole community approach that maximizes channels through which people can receive emergency medications and vaccines.
- Healthcare organizations and pharmacies are critical partners in medication distribution and dispensing capability at all levels of government (local, state, and federal).
- Public points of dispensing may be a necessary and viable dispensing strategy during specific situations, yet this modality is logistically intensive and reflects a government-centric approach to response. Other options such as healthcare facilities, pharmacies, and private points of dispensing (Closed Points of Dispensing (PODs)) should be considered as well.
- Updated guidance for use of SNS medications will be provided by Centers for Disease Control and Prevention (CDC) to DOH, and then in turn to local health jurisdictions and tribes who will

further distribute to their respective dispensing partners when state and local medical countermeasures plans are activated.

- Allocations and deliveries of medications to multi-county organizations will be aggregated with the goal of establishing a single delivery point for statewide systems.
- DOH receipt, stage and store (RSS) delivery plans will be updated to reflect a single delivery point framework, significantly reducing the number of delivery sites required statewide. Local jurisdictions are encouraged to model a hub and spoke distribution system.
- This policy framework improves efficiency and effectiveness of medical countermeasure dispensing efforts by:
 - Reducing the number of RSS delivery sites and reducing overall time involved in delivering medications
 - Maximizing distribution through experienced and trusted partners who are directly responsible for medication management, storage, and transportation on a daily basis
 - Improving access to medications for all people in Washington, including disproportionately affected populations, by increasing the geographic coverage and types of dispensing locations in a given community
 - Updating emergency medical countermeasures allocation methodologies to incorporate efficiencies gained through the statewide pharmacy memorandum of understanding

Medical Countermeasures Decision Points

During situations when large portions of the population must receive treatment or prophylaxis with emergency medical countermeasures, DOH will distribute the medications or vaccines through the modalities listed below. These modalities are not listed in priority order. Rather, different modalities may be prioritized during a given incident based on several key issues:

- Whether the countermeasure is vaccine versus an oral medication,
- Whether the situation requires rapid action versus time to develop the intervention,
- When there is a need to distribute medication to a specific segment of the population based on risk and vulnerability, or there is a need to expand dispensing to an entire population,
- Whether the medication is for treatment or prophylaxis,
- Whether the medication is plentiful or in short supply (rationing required),
- Whether federal guidance is provided suggesting states adopt specific priority groups,
- Whether the public health hazard poses a threat to the continuity of critical societal functions

SNS and Vaccine Allocation Strategy

Public Points of Dispensing (POD)

May be suitable in some circumstances; logistically challenging and resource intensive

- POD locations operated by local public health jurisdictions
- Medications delivered to POD locations using the hub and spoke system operated by local health jurisdictions

Closed Points of Dispensing

Not a significant population reach, but has high specificity and can reduce impact on other modalities

- Large employers
- Critical infrastructure
- Delivered using the hub and spoke system operated by local health jurisdictions, and a centralized model operated by DOH for multi-county organizations

Pharmacy

Greatest population reach; familiar to and trusted by the public, many can accept distribution responsibilities; capitalizes on existing infrastructure and expertise.

- Chain pharmacies
- Independent and ethnic pharmacies
- Delivered to regional distribution centers operated by chain pharmacies
- Delivered using the hub and spoke system operated by local health jurisdictions

Healthcare Systems

Significant population reach; maintains key community infrastructure

- Hospitals and other facilities within large systems
- Affiliated provider networks
- Delivered to regional distribution centers operated by large healthcare systems

SNS and Vaccine Allocation Strategy Continued

1. Government-operated public points of dispensing:
 - a. Allocations to local health jurisdictions will be based on size of population, population at risk, number of jurisdictions involved, and other event related conditions determined pertinent by the Department of Health Secretary of Health
 - b. Local health jurisdictions will limit the number of sites receiving deliveries from the RSS by using the hub and spoke distribution model to improve the efficiency of distributing medical countermeasures during the emergency
 - c. If requested at the time of an incident, neighboring health jurisdictions may elect to pool their allocations from the SNS and receive and manage supplies at a regional level
2. Closed points of dispensing:
 - a. This category includes local agreements covering first responders, large employers, critical infrastructure, etc.
 - b. Local health jurisdictions will limit the number of sites receiving deliveries from the RSS by using the hub and spoke distribution model to improve the efficiency of distributing medical countermeasures during the emergency
 - c. Direct shipments from the Department of Health can be made to closed points of dispensing for those sites that are able to meet the minimum criteria listed in the table on page 5. Exceptions can be made on a case by case basis between the Department of Health and the local health jurisdiction as needed.
3. Pharmacies:
 - a. Allocation level would cover, at a minimum, staff, families, and an amount to address expected demand from the public as determined by the Secretary of Health with input by local health officers of the effected jurisdictions
 - b. Delivery points for pharmacy chains that are signatories of the statewide pharmacy MOU should be streamlined (pharmacy chains would receive medications from DOH at the pharmacy's central distribution location, and would be responsible for distributing to all their chain stores statewide)
 - c. Independent pharmacies that are signatories of the MOU would receive shipments through the local health jurisdiction via the hub and spoke distribution system
4. Healthcare systems:
 - a. Allocations should cover staff, patients, and families
 - b. Allocations should take into account a potential surge in demand following an event triggering the SNS
 - c. Allocations to healthcare organizations should take into account all sites within their system where care is delivered (hospitals, long term care, affiliated provider networks, independent urgent cares, etc.)
 - d. Healthcare organizations are not expected to serve as a point of access for the general public unless volunteering to do so
 - e. DOH will determine allocations to multi-county healthcare systems during emergencies, in collaboration with effected local health officers. Distribution will be streamlined from DOH to healthcare systems. These systems will be expected to receive medications centrally and redistribute across their system

Hub and Spoke Distribution Model

The diagram on below explains the distribution model that DOH has adopted. DOH will deliver to a pre-identified location within each local health jurisdiction (also known as a hub). The hub is then responsible to further distribute product delivered to other locations within their jurisdiction that will dispense medical countermeasures.

Additional considerations:

- Jurisdictions can have multiple hubs, and should coordinate with DOH to determine an optimal number of hubs for their jurisdiction based on risk, population, dispensing capabilities, etc.
- DOH plans to deliver medical countermeasures to regional distribution centers for Pharmacy chains that have signed the statewide pharmacy MOU .
- Independent pharmacies that have signed the statewide pharmacy MOU will be considered a spoke in the local distribution model.
- DOH will make a determination, in collaboration with the Local Health Officer, based on the event as to whether it is worth the logistical effort to ship directly to Closed PODs.



Screening Processes and Forms

- Dispense Assist
 - Per a directive from the Centers for Disease Control and Prevention, large metropolitan regions have been tasked with delivering medication to the public within 48 hours after notification of a biological emergency event. Dispense Assist supports public health agencies with accomplishing this mission by providing an online screening tool that allows users to generate vouchers for medication. Each local health jurisdiction has the ability to determine if/how they would like to utilize the system, however DOH believes it to be a highly useful resource and recommends that local health jurisdictions include this information in their operational plans.

- Pharmacy MOU
 - If the Washington Statewide Pharmacy MOU is activated, it mandates that all pharmacies use the same screening form, agreed upon by all effected local health jurisdictions and DOH. DOH will take the responsibility of coordinating consensus with local health jurisdictions around that form, as well as educational materials.

Additional Resources

For the most recent guidance, refer to Receiving, Distributing and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness, Version 11

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