

## Transcript for Clinical Quality Webinar Series: COVID 19 Vaccine Administration

January 21, 2021

5:30 – 6:30 p.m.

### Presenters:

Dr. Shannon Dowler

Dr. Tom Wroth

Dr. Abby DeVries

Dr. Richard Hudspeth

Dr. Chris DeRienzo

Hugh Tilson

Let's get started. Good evening, everyone and thank you for participating in this evening's webinar for Medicaid providers. Tonight's webinar is part of the fireside chat series of informational sessions put on by North Carolina Medicaid and CCNC and supported by North Carolina AHEC to support providers with clinical and quality issues during the transition to Medicaid managed care. As a reminder, we also put on fireside chats the first Thursday of the month on Medicaid managed care generally. So I hope you can join us for those as well. I'm Hugh Tilson. I'll be moderating tonight. Tonight's fireside chat, as you can see is focused on the COVID but 19 vaccination. In addition to getting lots of relevant timely information, we'll have time for you to ask questions of our presenters. Next slide. Talk a little about logistics, and then I'll turn it over to Dr. Dowler. The technical assistance with anything you can email us at [technicalassistanceCOVID19@gmail.com](mailto:technicalassistanceCOVID19@gmail.com). The slides for tonight are available on both the AHEC and CCNC websites, put web links into the address, excuse me into the QA. Please note that sometimes the hot link doesn't work, you may have to copy and paste that into your browser. If that didn't work, let us know. And we'll see if we can find alternative ways for you to get those slides. At the end, we'll have time for questions. So please know that everybody is muted, you can ask questions two ways. One is by using the q&a feature in the black bar on the bottom of the screen. Or if you're dialing and you can't do that. So you can send us an email at [questionsCOVID19webinar@gmail.com](mailto:questionsCOVID19webinar@gmail.com). We have learned in the past, the presenters will often address your questions during their presentations, I encourage you to wait until the presenters are through their presentation. Before submitting a question about something that they're presenting about. Please know that the only questions you can see are the questions in the q&a that you have submitted or that are answered in writing a lot of questions but the only ones you can see are the ones that you've submitted or they've been responded to. We'll do our best to get to all the questions tonight. We're carving out some time for that. We'll also send information or some of the questions we don't get to Medicaid so that we can use those for future webinars or correspondence. This webinar will be recorded we will add that recording and a transcript of it on the websites. So we'll do that as soon as possible. Probably first thing tomorrow morning. Now let me turn it over to Dr. Dowler.

Dr. Shannon Dowler

All right, thank you. It's great to be with everybody tonight. For one more fireside chat. Tonight we're mixing it up a little and talking about COVID vaccines. There are a lot of questions out there. A lot of activity around the COVID vaccines and we thought it'd be really important for our Medicaid providers to get the latest and the greatest on it. So we're going to talk about current state. We're going to have some best practices from the field, we have some guest speakers who are going to give you some real live experience in setting up some COVID vaccine sites. We're going to talk about vaccine hesitancy and vaccine truths for doubters. So you feel armed and ready to answer all the questions. And then we are going to try to leave a lot of time for question and answers because we know that there are a lot of questions around this work. I will say that this is not a technical assistance call. So we're not going to be able to troubleshoot or problem solve individual issues. But we're happy to take broad questions and do the best we can answering them and acknowledge that we are happy to have our colleagues back us up and answer your questions if we don't feel confident that we can answer them tonight. So next slide.

You might be wondering why I'm talking to you about vaccines tonight. At the beginning of the year, I got pulled into what I refer to as the vaccine vortex. And if you get pulled into the vaccine vortex, you go away and you're not seen for 80 or 90 hours a week by your families. We were recognizing that there was a lot of vaccine out in the state, but it was not going into arms and we needed to get vaccines off the shelves and into arms. So a bunch of us were pulled from our day jobs to help with the vaccine work. So what does any good leader do when they're pulled into a vortex they pull people down with them. So a bunch of our colleagues who work with us at Medicaid have now joined the fray. Dr. -- is helping with guidance. Dr. Casey is our dental liaison. Dr. DeVries is going to talk to you a little bit later today around hesitancy and myths. And Dr. North, who has been our telehealth consultant is helping manage the West region. So thanks to everyone that's gotten pulled into the vaccine vortex, and I hope the information we give you tonight, it's gonna be really helpful. Next slide.

So this is just a super high level picture to show what should be a pretty simple process, getting a vaccine and putting it into an arm, how actually very complicated it is, and how anything that requires federal and state involvement before it makes it to a provider is going to be challenging. And that is the case with the COVID vaccine. I think one of the other things that's been really interesting is that because it's a federal resource, it's a federally available resource that's not charged, jurisdictions don't matter. So usually counties can be kind of possessive around county lines, states can be possessive around state lines. But because this is a federal resource, we don't have those jurisdictions and those lines. And so that's been I think, one of the adjustments we've all had to make in the COVID vaccine space. Next slide. How are we doing? We're doing much better. So you can see in December our vaccine administration, first doses were pretty low. They started climbing and then we've really been doubling down. I suspect this week, we will, I'm going to say we're going to hit 200,000 this week, lots of work all around the state to get vaccines off the shelves, there's a lot of anxiety, I think, people were worried that the state wasn't going to allocate the second doses, so they were holding on to second doses as a backup. And then there was less of a sense of urgency in some places to move the vaccine. We heard from the federal

government last week, loud and clear that any vaccine that's left on your shelves, at the end of the month means you're not doing a good job, and you're going to get penalized, so your state's going to get less vaccine, we obviously don't want that to happen in North Carolina. So we have really doubled down on making sure that vaccines are getting off the fridge shelves and into people's arms. Next slide.

We have a dashboard that we're tracking. And this is just for awareness. If you look at the bottom, the blue, you can see that sort of trickle into a larger volume as we've done more and more vaccines over time. It's a complicated process. And so it's not easy. When you get your first round of vaccines. It's fairly complicated and challenging. And so we know that it is taking a while for some people to get to that place. We are tracking the total number of doses that are administered by county, we're looking at the seven day average rate of vaccine utilization. And we're looking at our percent. I just looked at the CDC website on this afternoon that was just updated. North Carolina is now in 10th place for the number of vaccines that have been given for the country, which is pretty awesome. We still remain 35th place as the percentage of vaccines we're a very large state. And from a population density standpoint, not not geography. But we are now up to over 51.8% of our doses having been given which is great. Two and a half weeks ago, we were 30%. So really a lot of improvements. Next slide. So there are three areas of focus at the state on the vaccine response, its speed of vaccinations, we want to really focus on consumer confusion. And then we have this lens on equity and we want to make sure that equity is at the forefront of our work. Next slide.

When it comes to speed, you're seeing all sorts of work. happened around the state now to get more vaccine providers on board and enrolled in the system. A couple weeks ago, we started something called Big pushes, where we gave extra vaccines to sites that we felt like we had a good chance of them, successfully getting them in arms. And the two of our speakers tonight, our guests are actually big push recipients. So in the West, we had our first FQHC to make it through the process. And that was with Blue Ridge Community Health Services, who got vaccine directly to them to give out. So Richard Hudspeth is going to talk about their experience. And then more centrally at Wake med, Chris DeRienzo, the CMO at Wake med stood up the first distribution into primary care practices. So he'll be giving that input in just a little bit. So lots of speed is of the essence right now. So we're also shifting the way we're doing our allocations before everyone got the same amount every week. Now we're looking at how you perform the week before and deciding what you're going to get. So prior performance matters. If you have vaccines sitting on the shelf, at the end of the week, we're less likely to give you more so that we want people to transfer if they can't use the vaccine, we want them to share it with partners, so that we get it off the shelves. Next slide. One of the other areas of focus is on equity and hesitancy. There's been a tremendous amount of work through Ben Money's leadership on working through education, having super users trained to give vaccine talks to different places. Over 100 vaccine 101 presenters have been trained from the HMP advisory group. So we're doing a lot of work there. Also, we want to really simplify the consumer confusion place. So there are lots of tools that we've made available online, but also written communication and flyers trying to help with consumer confusion. As you might imagine, it's been pretty overwhelming. And we're going to talk about that a little bit at a later slide. Next slide.

So you did see it in case you were wondering if you were imagining it, you did see that our guidance changed. Originally, the state had come out with a limited health care worker distribution, where it was healthcare workers that were really directly working with COVID patients, not all healthcare workers. And then we went to the 75 plus, the federal government changed their guidelines to 65. And we thought that would be a good time to go on and move forward as well. So we opened it up to all healthcare workers. That includes long term care staff and residents. And then older adults, which we define as 65 plus, so we made that change last week. I know that created some reflux for some people who felt like they just barely gotten started on the 75 plus folks, but I think it has helped us get more vaccine moving as well. Next in line is frontline essential workers, that is a huge group of people. And you should expect to see some guidance on that in the next week or two about where we're going with that next slide. Long Term Care Program is a federal program to get long term care facilities vaccine, CVS, and Walgreens are the partners for that. I think I actually saw the data today, as they were up to a little over 70,000 doses had been given in North Carolina to the long term care program directly to skilled nursing facilities. Of note, not everyone's required to do that program. So you might be in a community where a long term care program has chosen not to go the federal route, they want to give the vaccine themselves or they want to rely on partners to do it. So we are working really closely with those facilities to make sure that we're able to get vaccines to them. Next slide.

There's also the retail pharmacy program, which is another federal program. There's a phase of that that's supposed to be released once we have more vaccine once there's more vaccine available to give. And Walgreens will be our first partner for that. From a practical standpoint, Walgreens is located in many parts of the state. And they also had the way to get through our system to be activated in our system to get vaccine without getting in the line in front of everybody else that's trying to do it. So they had an interface that made that much more quick and nimble and not to get in the way of everybody else. So that is why Walgreens was selected. But that is again a federal program. And that will open once they feel like the vaccine supplies coming into the state are significant enough. Meanwhile, we're working with independent pharmacies and others to try to help get them available if you get vaccine in the future as well.

All right, next slide. So we've got a guidance document out there. I'm sure all of you have read it. It's only about 50 pages. The good news is last week, Dr. -- made a two page short version of the guidance document that's available. So if you don't feel like reading the whole 50 page document, you don't have to although there's a great amount of information in there, that's available on the website. You definitely want at least have your practice managers or folks that are leading vaccine work in your organization read the whole thing. But there is an executive summary for those that have attention deficit. All right, next slide. So CVMS is the COVID vaccine management system. That is the technological platform that we are using the vaccine through states for given a choice to use the federal program or to develop their own, a lot of states chose to use their existing immunization program. So in North Carolina, we have the immunization registry, the NCIR unfortunately, that platform is a little bit old and archaic. And as we've seen with interfaces with our EMRs, and it didn't feel like it can handle the capacity. At the same time, we were worried about going to the federal government to use their program, knowing that if we wanted to build an EMR interface, or if we needed to change something to

meet North Carolina's needs, through a federal platform, that probably was not going to be possible. So we decided to build one ourselves. And so the state did stand up in six weeks, a very complex program to manage all the vaccine, following the requirements that the CDC has set forth. And I'll tell you, this is not your average vaccine, the documentation requirements are significant. Next slide.

So to get into CVMS, there are a couple different parts of the process, and different ways that people are involved in it. So there's a provider portal, there's the health care portal, there's a recipient portal, there are different places that people interface with the CVMS system. And it's it's complex, I think I'll own that the teams have been working over the last three weeks, they've done numerous upgrades to the system to make it more nimble, and more efficient. So that's good news. If you go to the next slide, in the enrollment piece, that's the first piece that in itself was taking 17 to 20 days on average for practices to get through. Our goal for that is one to two days. Then after you've done the enrollment, there's a whole nother section called onboarding that you do to get activated in CVMS. And what we have seen is that many times proprietors are getting enrolled, they're getting the email that says they're enrolled, and then they think they're done. And they just don't do this whole next step. And so this is just a caution. If you want to be a vaccine provider, make sure whoever's doing this work in your office is going past the enrollment part. And doing the full onboarding and activation. I can't tell you how many people I've talked to that thought they were done, and they were not done. And they might be able to get into CVMS, because their providers and their office have gotten vaccines. So they were in there from the recipient portal standpoint. But it doesn't mean they're activated, it doesn't mean they can receive vaccine to give to other people. The other piece, I will say is if you complete this incorrectly, you go through this process, and you put in information that's not accurate. It changes it from being an automated process to a manual process. And that is not good.

So I asked the team if they have three pearls of wisdom to share with the field tonight of the biggest mistakes I see that slow down enrollment, and what would they be? The first one was read the storage and handling at a station and do the training before you submit your pictures. If you don't have the right equipment, you should just stop because you're not going to get past this stage. And what they are saying is a lot of people will send the wrong pictures or they just don't have the right equipment. And if you read that section, and you verify these at the right stuff first, it'll really help you through the process. The next thing is make sure you're putting your NCID in it correctly. Your immunization registry NCIR ID, if you don't know it, just leave it blank. A lot of times people will just put in what they think it might be. And that actually takes twice the amount of time for the teams to go in because they try to find that number. They do all this troubleshooting. And it's totally wrong. Better to leave the NCIR ID blank then to put in information that you're not sure is right. The third thing was make sure that you're filling out Part A and Part B of the application. Part B will let you add locations that you want to be approved to receive vaccine. It's much more efficient if you do that at the beginning rather than just getting one location on board and then later coming back to add a bunch of locations. So that's my pearls of wisdom from the team that are doing these enrollments and onboarding. Next slide.

So right now we've got all the hospitals and local health departments they were on in December. The federally qualified health centers have now been getting into the process we have over 100 locations activated. As of this week, we've got a few dozen more in the pending process. And last week, we opened it up for all providers to begin enrolling. So I want to tell you a little bit about what we're going to do with the volume of enrollments that we're getting right now we're sitting at about 2800 organizations that have initiated enrollment since last week. Next slide. We have a prioritization process that we've put into place and you can see hospitals health systems, down to the FQHCs, which we just talked about. And then now we're in the independent primary care providers that take care of adult patients are next, as well as medical directors for skilled nursing facilities, and identified local health department partners. Now, this doesn't mean if you're not one of those people, you should stop going to continue to process just know it may take a little bit longer. So next slide, I will go into a little more detail, there are a few things that will will escalate an application and kind of put them at the front of the line. One of those is if your local health department says that you're a critical partner, we're really moving those ahead, because we want to help the health department's out. We're also looking at the size of the practice your reach or willingness to do mass clinics, What's the need in your community? How are you able to reach historically marginalized populations, and what's our confidence that you're going to get through this process quickly. So those are all the sort of gray areas that help an application get through next slide. Lots of ways to get help on this process, you see emails, for submitting helpdesk tickets, we also have live office hours using a team's platform, you can call in, it's eight to five, Monday through Friday, there's always someone sitting there, I really encourage you to use that live support. Next slide. We have some visuals coming out in the next week, that'll take you through the steps one by one, not only what you should do in your practice, but what you should do in the enrollment process. I think we'll make it a little easier. Next slide. And we're doing a lot to support we recognize that this is very time intensive, and it takes a lot of resources. And so we're trying to put resources out there using volunteers and using some of our other critical partners. So Tom, I'm going to turn it over to you to talk about that partnership.

Dr. Tom Wroth

Sure, yes, as folks know, CCNC long with a partnership with AHEC. We support the Carolina Community Tracing collaborative. So all that case, in many of the cases, investigators contact tracers that help to support the local health department. So we're shifting several 100 staff over to help the counties as they need to. And that's a pretty quick effort over this weekend next week. So we look forward to supporting the local vaccine efforts. And, Shannon, our next piece here is the volunteer effort. Do you want to say anything about that?

Dr. Shannon Dowler

Yeah, so we are starting for folks that went through the centralized system to offer to volunteer, we are starting to reach out to those volunteers. A lot of folks are using their local health departments to volunteer. So there's a variety of ways you can get involved if you'd like to volunteer on your off hours, and be part of this process.

Dr. Tom Wroth

Great. So next slide. So folks have heard in the news, the tremendous number of calls that local health departments other groups are getting. So one thing that the COVID triage line that CCNC report has done is try to offload those calls at the local level. So we've been getting a couple 1000 vaccination calls per day to help offload the health department's and there's the number there, we've got clinical and non clinical staff on board. But the big news is the next slide is that the Shannon's team within the state, they're starting to set up and we'll be managing a larger, more robust system. And that's starting at the end of the month. So there's a different phone number here. We'll be transferring our calls, if we get them into our line. But that transition, we started starting at the end of January.

Dr. Shannon Dowler

Yeah, and I've got to throw out there, thank you to CCNC really jumped in and offered to help. And we were sort of in crisis with COVID information, and then again with the vaccine information, and have been amazing partners. And I'm sure they're glad to shift to do some of the other face to face work that they're going to get to do. Getting out of the phone system space.

Dr. Tom Wroth

Happy to help. Great. So let's go to the next section here. So a lot of you are on this webinar to try to figure out how to navigate this vaccine and become a vaccine provider. What does it take really fortunate to have two early adopters on the line. So Dr. Richard Hudspeth, Dr. DeRienzo, who have really tried to figure this out over the last couple of weeks and looking forward to hearing their lessons learned. So Dr. Hudspeth x

Dr. Hudspeth

Good evening. Thank you for allowing me to share our experiences thus far, we are a community health centers. So there may be some differences between your organization and a community health center. I'm going to try and keep some of my remarks general, so that they can apply to everyone. So the first thing I want to make sure is don't underestimate the data entry piece to all of this. And it just depends on how much data entry you feel you need to do. But it is problematic or, or burdensome at times. And what we started with even just a week ago, when we started with vaccines versus what we have now is very different. And I'll try and explain some of those differences. The first thing you have to do is figure out how you're going to schedule patients and I strongly recommend scheduling patients. And I'll talk a little bit about why, just based on the way that we run our mass vaccination events. You know, we, when we did testing events, we would have cars lined up, you know, literally a mile down the road waiting and it disrupted lots of traffic and, and people were waiting a long time. And we just said from that lesson learned, we've got to figure something else out. Many places, at least locally, where we are, they're they're working with already, you know, call centers, etc. But a lot of that was also manual

process in terms of a call center, we create a schedule, and you still had to get folks into your into your EHR, if that's what you wanted to do to document those things. And so we opted first, to really push our technology, including our EHR to do that, as well as our website. So we actually don't have a call center and actually want patients to use our website to schedule appointments. So we have that all set up. And it connects into our EHR. So they're actually entering the data that we need. And we also have a service that sends out sort of a text that they have to go and fill out their demographic information and provide the whatever information that we're going to need in order to provide this vaccine. So rather than have us do much of the data entry, we're trying to, you know, many hands make light work and get each patient that wants this vaccine to fill out things online in order for us to help with that.

That is just started. So before, when we first started this, we had a list of patients from ourselves, we also use a list of patients from different primary care practices that had a large Medicare population. Just because the vaccines were coming to us, we didn't want to merely prioritize our patients, we wanted to provide this as a community service, and we reached out to them. And we would call patients and get them scheduled initially, but now we're going through our EHR, we also set aside certain appointments in order for us to reach out to our vulnerable population as well. So we want to continue to serve those folks, those folks that may not be able to use or have an internet connection or email or whatever the case may be. So we're reaching out to them. And we have a list of patients that we're working through as well. CVMS, you heard Shannon talk a lot about CVMS. One thing for sure is we do this with absolute certainty, because this is what determines, as Shannon said, How many vaccines you get. So if you're going to potentially put off work, whether it's putting other information into your HR, you can do that if you want, I really don't recommend that. And so with every patient, we put CVMS in either ahead of time knowing that they're coming once they're in our EHR, or we'll do it at the time of the service, if necessary.

You can do some of this on paper, and then do it later. That's always made me nervous I would rather do sort of today's work today rather than and do it later. And after these events, people are tired, and you've got to find people to do this information as well. So we like to do it all at once. And that's what we do. And I'll show you some pictures to kind of show you how we're doing that. And then we have to document this vaccine in our EHR. And so if the patients have put all of that information in, that's great if they haven't, we have iPads that are connected to Wi Fi that are on our mass vaccination site. And we can while the patients are getting there 15 minutes time and once they got the vaccine before they're allowed to go, we're actually then helping them get the information into our EHR through iPads that are portable, and Wi Fi connected into our EHR. And then the last piece is a billing information. And I'm going to wait till the end if we have extra time to do that. First, I want to make sure we decided to go to a mass vaccination event because we just couldn't imagine trying to get so many vaccines out in such a little time. Like how you do with flu vaccine where you trickle in patients over a month or two. But the mass amounts that we're doing not just for our patients from from the community forces us really to go to a mass vaccination event, you really have two options as far as there may be others but when we were discussing these things in our community, you can have a space inside where people go or you can do a drive thru where people in their cars we decided to do a drive thru with people in their cars. And I'm going to describe briefly what that looks like.



So regardless, you need to find a site. And if you're going to do a mass vaccination in, in people's cars, you need a great parking lot. Some of the places that we've looked at are schools, at least while they're not in person, so we're using some schools right now while the kids aren't in school. You can use large churches, community colleges, fairgrounds, you can use malls either in the parking lot if they allow you or inside if several malls have shuttered businesses because of the economy, you could potentially go there, we actually have a music venue center in Brevard that we're using that has a great parking lot for that. Just a couple of things to make sure, you know, there is a 15 minute at least a 15 minute observation. So when you plan for that, you have to make sure cars kind of come in at a steady pace and trickle out, you know, every 15 minutes. And that's part of the scheduling issue. If you want to accomplish all this stuff, you have to figure out Wi Fi, kind of at the time of service. I'm going to just show you a picture real quick, because I think a picture's worth 1000 words. So this is an example early on when we were doing this last week, essentially, we have vehicles pull in, we create a space between the vehicles, you can't see it here, but our vaccinators have a cart with all of their needs on there, whether it's band aid, alcohol wipes, the syringes, I mean, the actual vaccines, product information, educational information, etc. When the weather will be bad, we'll have tents that will sit on this empty space here. And that will allow them to work, you know cars from either side, essentially in order to get those vaccines done. And then when their folks are done, we time it so they can all leave at one time. Can unshare that if you would. All right. And I want to share one other screenshot real quick.

And this is a tent here. So here you can see when the school, many of the schools have put Wi Fi available to their students, and they're allowing us to use their Wi Fi. In order to provide this event, we actually have a tent, you can see we're in western North Carolina, it's fairly cold here at times. But we there's heat pumped in, there's electricity pumped in, there's Wi Fi. So it has everything that we need, you can see sort of the carts, although that has storage on there. This is early on while we were getting set up. But those are the cards that we use in order to to run this vaccine clinic. So you can stop sharing, if you will, we are prepared for bad weather. But certainly that's going to be rougher for sure. If you can get heat in your tents, which we have, that's great. Again, scheduling is a must. A free for all with no appointments, we just sort of feel would be a disaster. So you do have to figure out how you're going to get these folks scheduled. We did a trial run the first time through about 50 people in four hours. It was easy, but it helped us worked out the kinks to the system, you know now, minimum, we're sort of doing 40 in an hour about 320. In eight hours, we did 400 today just at one site and did some of our other sites have started to do, again, sort of that test about 100. We have several sites throughout Western North Carolina, and they're obviously different sizes. So we're trying to right size each of the events based on what happens, you have to remember also that you're going to have to double in three to four weeks, whether it's the workload or the amount of time or the amount of vaccines that you're going to do, because you'll have to be given second doses. So plan ahead. So you make sure that you have that done.

When we run one of these events, it takes about 30 people 30 people in order to do this. And I'll just say some of the things that we do. You know, there's traffic control, gate, checking for appointment, vaccinators registration, people, all that data entry piece, medical observers, there's at least one provider if not two runners, etc. We have volunteers as well. And I also want to point out that one of the

things that we stress to folks in our community, we don't have the bandwidth to coordinate volunteers. So other organizations have stepped up to create those volunteers. And then they just send them to us. And that has been very helpful. So we don't have to create our own volunteers group by ourselves. There are a list of things that I can share with folks later if you needed to help sort of do these events. So but I don't want to continue to do that. Make sure key people partnerships, you know, EMS was absolutely essential to us. We provide our own providers out there to make sure that people aren't having reactions, but they provided a number of different services for us, you know, we thought law enforcement would be necessary, but we've managed to keep crowd control down to a minimum because, you know, we have 15 cars or 10 cars coming every 15 minutes. And that's really helped that piece of it all, because it took a little bit extra to go through this. I'm going to not talk about the billing, I think you could calculate sort of what the cost is to run an event. You got 30 people and if you average you know, 25 bucks an hour, some are going to be more, some are going to be less than that, depending on how many volunteers you have. And you do eight hours, that's about \$6,000 to run this that will take at the current rate of reimbursement about 300 vaccines in order just to break even. But while we're using all these personnel, other work in our clinics aren't being done. So I just wanted to kind of point out that it is important for us, you know, to try and figure out a way to bill but it is problematic So I'm going to stop there. And I apologize I did go over a few extra minutes.

Dr. Chris DeRienzo

All right, Chris. Guys, I'm Chris. That was a really excellent talk, Richard, it was helpful to listen to how folks are approaching this from different angles. Recognizing that across the state, there is no one right way to scale up COVID vaccination. And so I'll speak to the two aims that we've taken from a Wake Med perspective as we try to respond to the state's big push ask. So as Richard described, drive thru models, I think are going to be a part of what we need to do moving forward for months to come. In the first drive thru model that we did a few Sundays back, it became abundantly clear to us that, especially in the 75, and older community, mobility was going to be extraordinarily challenging for them to make their way through in an efficient manner in our healthcare worker focused process. So we've had a presence on campus at the Raleigh Wake Med hospital for healthcare workers in Wake County, now for over a month. But it requires parking, getting out of your car going upstairs into a building, we need space for for a support person there. And we said, we don't think this is a model that will be able to serve the 100,000 folks in Wake County who are going to need a support in what's now being referred to as group two. So avenue one was scaling drive through, we had at scale all have exactly the same challenges that Richard described. And I can't emphasize enough that if you're considering a drafting model, sit down and have a conversation with Richard or with someone from our team here. Because there are lessons that we learned the hard way about traffic backup, about how to stand folks and registration for our pilots, which was run 100% by volunteers. On a Sunday, we ran that drive thru model in Raleigh medical Park, which is a surgery center. So we had access to indoors where the vaccine could be kept. And folks can come in to warm up. The parking lot had about 300 odd spots in it. And so we can position folks around it. They scaled that to around 1200 this past weekend. And we're working to do the same moving forward. We've been blessed by by good weather. But we know that when not good weather comes that we have positions and ways to shelter our folks.

The staffing for that model is very people heavy. Richard's 30 at about 300. That's exactly scales to what we experienced. So to move 1200 people through, we had on the order of 100 people on site. Again 100% volunteer and for us there was a question in the chat that I answered. Our approach to volunteering has really levered on the tremendous expertise of our DOC colleagues. In Wake County, the cap rec team stepped up to the plate and delivered a very large number of Medical Reserve Corps volunteers. And we've continued to ask for support from that group. And they keep showing up and are planning to staff clinic for weeks on end, that Medical Reserve Corps is a really solid avenue to pursue whatever community you're in, there's an equivalent of cap track of West, East, Sandhill, etc. because it provides liability protection protection under the public health emergency umbrella and offers opportunities beyond covid vaccination long term to step in and support when and how you're able to. So I would really strongly recommend folks considering volunteering to go that pathway. And again, happy to see drive thru models spawning de novo all across the state. And looking forward to hearing more about how folks are approaching.

The second and I think the the model I wanted to spend a little bit more time talking through has been our community provider partnership. So we know that at Wake med, we cannot do this alone. I've only been with wake med for a little over a year, but I stepped into an organization that has long standing deep partnerships within wake County's medical community. And so when the state reached out to folks across North Carolina and said hey, what what would you propose we do to to implement this big push? Our pitch was let us be a hub from which we can help stand up independent practices around the county. And and to Shannon and her team's credit with with Cody there at the state they said okay, you're, you know, a number of malaria doses you say you can happen go make it happen. So working through Brian Klausner, who many of you know, a tireless advocate within our community here. We reached into our two FQHC's, neighbor health and advanced and a number of independent primary care practices like Wake internal medicine consultants at practice like alignment who focus exclusively on that MA population and many, many others, and said, What can you commit to getting in arms over the next seven days, and then we served as a sub allocator for that vaccine to help the practices get stood up within CVMS help ensure that they were mature and certified, shared our best practice learnings for what they're worth on the different kinds of clinics that we'd run. And then and then stood by and transferred vaccine directly to them to to get going and been in very, very frequent touch throughout.

Dr. Chris DeRienzo

And so, about 4000 doses got into arms through our primary care practices and we have two primary care sites running one that's entirely flipped to only COVID vaccination and one that operates as normal primary care in the morning and then COVID vaccination evening. Through that model. And through a variety of innovative models that each practice has approach differently. Awake internal medicine for example did its own 400 person drive thru on a Saturday. Others have brought folks into dialysis centers to reach that group two population that model has proved incredibly successful and, and for us our approach, moving forward has been, we can help get a practice stood up right we know how to do this now, we've given 10, well over 10,000 shots of all different kinds. So we can kind of help be be that that trampoline that lifts a practice up in our community through the sub allocation process that help with that first week, if they can get guaranteed number in arms, and then when the state is ready for them kind of move on to direct allocation. That's been really successful for us. When you look at the CVMS

providers. We're proud of in Wake County we've gotten nearly 50 folks who are certified and in the system. And in order to meet equity demands that we know we're not as a state doing what we need to be doing right now, we have a strong belief that through primary care we can we can begin to close that gap. And so I think I will stop there again recognizing that we want to save ample time for for q&a but it's been a real privilege to see the medical community here in Wake County and truthfully across the state. I really stand up and say we're here to help give us this stuff and tell us what you need, and from volunteering to, to creativity within their own clinics it's truly just blown me away.

Dr. Tom Wroth

Chris and Richard thank you so much for your leadership and for really a practical and realistic approach we appreciate it so much and just a quick plug for folks next Tuesday night we will be doing a navigating COVID series webinar, really focusing on some of these community based best practices. So come back to that next Tuesday. I'm going to just skip through these two slides let folks know that on the CCNC AHEC website there is a vaccine guide for medical practices there's a billing guide lots of great information. So that resource is out there for you all. And then why don't we just go through these next few slides and head to the next section.

Dr. Shannon Dowler

Alright, so one of the things we wanted to talk to everyone about tonight is vaccine hesitancy. And so we're going to go through a couple of, I think, pretty difficult slides, talking about some of the history in our country that has led to vaccine hesitancy because I think it's an important lens to have wear as we're taking care of patients who may not seem as eager to get vaccines as we would like them to be. And also to remind us that just because someone says no the first time there still may be a chance to get them to Yes, I think particularly primary care providers are well equipped for that. Next slide. So our country has a lot of history of medical trauma. That is triggering for particularly the African American population is not just the Tuskegee syphilis study, although that is one of the ones that pretty much everybody learns about in medical school, this was in 1932, it ran until 1972 and impoverished sharecroppers were infected with syphilis. They were told they get free medical care and the trial would be six months. Instead, it went on 40 years and their medical care that was free consisted of placebos though they were never told that. So as you might imagine that then resulted in them sharing syphilis with partners with babies. Terrible things ensued as a result of that, so that is one of the many marks that is a historical trauma, for many of our African American colleagues and neighbors in the state.

But in North Carolina particularly we have this history of the eugenics project. So the Eugenics Board was established in 1933 in North Carolina for the purpose of sterilizing mentally defective quote unquote that is how it was established and initially they started with inmates, but over the course of many years sterilized almost 8000 people, the vast majority of which were African American, and it was done through coercion or without any consent at all. So even in North Carolina, you will be taking care of people who know someone who was affected, potentially by the Tuskegee syphilis study or the eugenics project in North Carolina, or certainly in their family history somebody can speak to that. Of

course there are other examples, you've got the University of Cincinnati radiation study from the 60s and early 70s. Where they expose people to huge doses of radiation resulting in death and disability. If you go to the next slide. There are a couple other things that particularly tie in right now, so of course you have Dr. James Marion Sims known as the father of gynecology. He honed his craft his science by practicing on slave women in the 1800s and there's a lot of history that can go back and if you read it and you review it. It's horrifying and it also is got us to where we are today and healthcare so that sacrifice that many people made got led towards tremendous advances, but at a huge cost and that cost is continuing to affect our population and vaccine hesitancy.

But particularly none more so than Henrietta Lacks, so my son had to read about Henrietta Lacks there's a book that he read as part of his AP biology class in high school, and it's now kind of common education for most kids in North Carolina. But there are plenty of people that still don't really know what much about that. So Henrietta Lacks was a woman who had advanced stage cervical cancer. She was treated at John Hopkins and cells for cervical cancer were harvested. And they recognize that herself had this sort of amazing reproductive capacity and strength, and they were labeled immortal cells, and her cells went on to be used across the world for a variety of interventions. Her cells are why we have a polio vaccine, why we know what certain detergents and glues and tapes will cause sensitivities. There are just dozens of ways that Henrietta Lacks's cells were used against without her consent and without her family knowing. As a matter of fact, her family only found out in 1975, when there was some sort of contamination and the cells got mixed. And so they were going to her family to try to do DNA testing to separate whose cells were whose, and that's when our family learned that her cells had been used broadly around the world for medical experimentation. Adding more insult to injury and 1980 family history the medical records of many of her family were then released and made public. So there's just a huge history in our country and specifically in our state of historical medical trauma that specifically is affecting our African American population. And I think that lens is really important as we're thinking about vaccine hesitancy with that I'm going to turn it over to my colleague Dr Abby DeVries to talk a little bit about the data and what we're seeing in the state.

Dr. Abby DeVries

Evening everybody. So, first thing is to take a look in the mirror and look at the data, this is data that is shared on the website right it's updated weekly, and you can see that we have given vaccines, 82% of vaccines have gone to white folks in North Carolina. Only 10% to African Americans and 3% to Hispanics. That's compared to the statistics and who lives in North Carolina, which is 63% white 21% African American and 10% Latino, and as we all know, the Latino and African American populations have been more significantly affected with COVID infection as well as adverse outcomes, including hospitalization and death so we know we have work to do. Next slide. And then this just shows, over time, we're not we're not making too much headway here. And this is, this is by race and the the 80% there is as white and then if you go to the next slide, by ethnicity. Nearly all non Hispanic or Latino. Next slide. So, some of this has been touched on, but there's a lot of work and clearly more work that needs to be done on addressing this issue. The big focus on getting community health centers vaccine, as they tend to have locations in these areas where our historically marginalized populations live. Lots of communication campaigns as well. And what I wanted to communicate tonight is what you as community providers and

practice employees can do, because it's really going to need to be messages from trusted individuals whether they are providers or staff who have decided to get the vaccine who can speak to the community. And I think the other important thing for all of us, is to just be more and more aware of our own biases, implicit and explicit biases and not assume that just because someone has a certain skin color that they're not going to want a vaccine. So, it really taken the time to have those conversations about why the vaccine is safe and a good thing to do. If you could go to the next slide.

So this is data from the Kaiser Family Foundation, which just highlights this issue of hesitancy specifically in the African American population. You can see that the percentage of Blacks surveyed, who would definitely get the vaccine it lags behind the total population, but I think the good piece of news here is you can see that there has been movement so there's been more people willing to consider getting the vaccine. And I think that's a testament to the fact that we can change minds and it's not a fixed mindset and there's there's work that we can do. Next slide. So we want to spend a little time talking about the vaccine truth rather than non truths for doubters and thinking about how to have conversations with folks who are raising these issues and these are by no means exhaustive, there's lots of rumors in the community, but we wanted to hit on a couple of the highlights, you go to the next slide. So the first fact is that there are currently two COVID-19 vaccines that have been authorized and that's probably going to change soon but right now there's two. And the most effective vaccine is the one that you can get as soon as possible. So there's very little difference between the two. And folks should line up for whichever one is available in their community, both require two doses, as you know, and one is three weeks and one is four weeks apart. All right. Next slide.

So this one has taken a lot of time to kind of worked through with people, but the idea that the vaccine process was rushed that skip steps may have been skipped that we don't really know what we're getting, and there's a lot of information out there about how to, how to talk through that. But the big thing, I think, is to remember that the production was, was started in the hopes that a vaccine would be effective and so steps were done in parallel. But any every step in the research process was done to the letter of the law, the people who researched this would not have wanted their name on something that that was rushed through. In addition, there was an incredible amount of luck in that there was a technology with the mRNA vaccine that was ready to go. And that gives us a big head start as well. Next slide. So again, nothing has been skipped. It's a very effective vaccine, from what we know at least in the initial administration of the vaccine, and that there have been very few serious side effects and we're seeing that also in the actual administration in the general population as well. Next slide.

Dr. Abby DeVries

Another message that you cannot get COVID 19 from the vaccine, just a very small portion of the mRNA is in the vaccine, and the vaccine doesn't meld with your DNA mRNA quickly dissolves once it triggers a certain protein that then gets your into your antibodies defenses up just like any other sort of vaccine technology. There are lots of things that are rumored to be in the COVID-19 vaccine, including eggs, fetal tissue, stem cells, microchips, pork products, the, you know, some way to mark people, and none of that is the case so there's very simple ingredients mixed in with this highly effective mRNA, and that's it. Next slide. And then so this is the important thing. herd immunity, cannot be accomplished without the

vaccine without a tremendous amount more of infection and illness and death in our community. Even though we've had, you know, untold tragedies so far it would require so much more to get to herd immunity without the vaccine. So this vaccine really is our hope for getting back to some semblance of normality. Next slide. If you could go to the next slide. Okay, now this is the last one I wanted to hit on. We know that people who get the vaccine are very unlikely to get sick but we don't really know if they can carry the vaccine to other people so we really want to make sure people continue until new guidelines come out, following the three W's. And I think that that is my last slide.

Dr. Shannon Dowler

Right, so everyone cameras on that says speaker tonight and the queue, we'll keep our answers quick so we can make sure we get through. And I think there are some that people answered that I might be good for you to bring up and ask again so just to reiterate,

Hugh Tilson

All right let me start with one that just came in a simpler explanation that works about the expedited vaccine is that the vaccine was developed fast because we gave vaccine companies billions of dollars removed all financial risks from vaccine companies. So as your messaging. I love that just wanted to make sure that we got that out there in terms of messaging. When will the state provide guidance and authorization for a standing order for the COVID-19 vaccine.

Dr. Shannon Dowler

Yeah, so I saw that question in there and I, this is not something that I've had a conversation with so I texted this lady named Betsy Tilson, and she has not answered me but you bet you if she's home can you just yell, she's not home. Okay, we'll work on getting that answer I've not been in any meetings or discussions around executive orders for that. We are talking about dentists and how dentists might have we've heard a lot of requests from dentists to be vaccinators and volunteer in the vaccine space. I learned today from my uncle who's a vet. That veterinarians in some states are being vaccinators as part of the response. And so we offered to bring his Winnebago down and drive around and give people vaccine. But I'm not, I don't have any other information on the standing order right now.

Hugh Tilson

What's the forecast from North Carolina receiving more vaccine from the feds.

Dr. Shannon Dowler

So we've heard a rumor that next week, there's going to be in ACIP meeting to talk about another vaccine getting an EUA emergency use authorization. I don't know if it's the Johnson and Johnson one dose vaccine or the AstraZeneca two dose vaccine, although the suspicion is that is the former, although that's just gossip. But I think we're going to get more soon. The other thing was yesterday was a big day

in North Carolina, and the country, let's be honest, and I think we're gonna see the guidance and what happens from the federal level change a lot. I'm just not sure when I know the Secretary has been in regular conversations with DC. And I suspect it will be in the next few days we're gonna start getting a better sense of the lay of the land, but nothing today.

Hugh Tilson

Are there any resources with helping independent practices purchase freezer or other capital costs so they can become vaccine sites.

Dr. Shannon Dowler

I am not aware of anything Chris Are you buying freezers or refrigerators for people.

Dr. Hudspeth

And I am unaware of any kind of capital investment at this point though for a Pfizer perspective you need the deep freezer but remember Madonna, can be stored at a very different temperature.

Hugh Tilson

Thanks and Shannon. You said you had something you wanted to follow up on but I got an email that says, Can you clarify if I am a provider that only wants to get vaccinated, ie not give vaccines. Do I have to enroll in CVMS.

Dr. Shannon Dowler

No, yeah so what you do is you connect with your local health system or your health department or if there's an FQHC in your community, and they will get you registered and enrolled to be to receive your vaccine. Great.

Unknown Speaker

Chris, it sounds like there might be a confusion between as a vaccine recipient, you get uploaded into cvms as a vaccine recipient, only. And then there's a whole separate thing to do and CVMS if you want to be a provider. You still will be inputted in CVMS as a recipient.

Hugh Tilson

But the provider doesn't have to go in him or herself to do that, if they're just the recipient.



Unknown Speaker

That actually, that depends. So cvms has two routes. There's registration on site, which in our experience takes three and a half to five and a half minutes, what we've done in Wake County is people get in touch with the county health department who meet the definition of health care worker, and the county health department says OK, we're going to show you how to get into CVMS and basically what that means is they upload your first name, last name, email address, bulk into CVMS, CVMS sends you an email, and there's a suite of demographic information that if the vaccine recipient. You need to put in your full name, your address your date of birth, etc. And then once that is done it tells you what group, you're in. And then when we vaccinate you, we go into CVMS find you by name, date of birth, and then we put in the date and the time the lot number location, etc. And so that's that's what it looks like for someone on the receiving end.

Dr. Shannon Dowler

That's one way, I got my vaccine and did none of those things as a recipient. They did everything for me and so they're different depending on what location you're in and how your locations handling it. It seems to be extremely very extremely variable depending on your county and location.

Hugh Tilson

Shannon you seem to have some questions you wanted to follow up on do you want to?

Dr. Shannon Dowler

Well there was a question in there I think I saw from Kate around immunizing historically marginalized populations and I think it's really important to talk about this when we use our data, you know we're, we're vaccinating white non Hispanic people in North Carolina right now, by and large, and so, to show yes while vaccine hesitancy is a piece of this, we have got to do a much better job at getting into the populations and I will say that was the big goal of FQHC push of getting actuators on board, as soon as possible because historically they, they have a very important role in North Carolina and taking care of historically marginalized populations, and they're going to be other independent practices that are going to be really skilled at that but more outreach more going, sort of the the champ model we did in the testing world for those of you that remember me talking about that. That's the community testing and historically marginalized populations, this community vaccination is also going to be really important and so we're starting to look at all the data now and do some really directed vaccination opportunities using our community health workers and others.

Hugh Tilson

I got a question about Is there any way to know which site is providing Pfizer and who is providing Moderna patients are asking that seems to matter.

Dr. Shannon Dowler

I don't think there's a. I didn't know till I showed up. So I'm not in for my mom she didn't know till she showed up. I scheduled her appointment too, and some places might announce you know or publicize what they're giving, I'm not aware of that routinely, Richard do you guys tell people what you're giving?

Dr. Hudspeth

We don't necessarily advertise what we're giving people know what vaccine they're getting when they get it but right people don't really, we haven't seen any great stress from people saying, I only want to get this one in that one only. You know there may be some of that. If and when that vaccine comes out where you only have to get one more people may prefer that one because they only have to get it one time rather than twice but other than that we haven't seen any great clamor for one or the other. Clearly providers, probably have a preference because Moderna is a lot easier to use if you don't have that, that super cold storage. So we've been primarily doing Moderna.

Hugh Tilson

Can you speak to the opportunity for super vaccination super vaccination sites as additional vaccines obtain EUA, partner from marginalized populations community churches and organizations.

Dr. Shannon Dowler

Yeah, so we definitely as we get more vaccine we want to move it out. This week I think we got, you know maybe 2% of our vaccine into FQHCs is my goal is next week, maybe we'll hit 5%. And we, there are going to be some big mass events coming up in Raleigh and in Charlotte, I think the Panthers stadium they're talking about, you know, 10s of 1000s of vaccines being given so it's going to be a variety of of small local community things and then big, massive vaccination and then everything in between. We were going to use every dose that comes in.

Hugh Tilson

So we're just about out of time can you all stick around for just a couple more minutes for a couple more questions just want to be respectful everybody's time. Sure. What our health department's doing with the leftover slash unused vaccine at the end of the day I know our county says they're not keeping any short notice lists, but other nearby counties are is their official guidance.

Dr. Shannon Dowler

So the official guidance is don't waste vaccine, so don't throw away vaccine. So find an arm to stick it in if there's no you know if you have vaccine at the end of the day, if you had two or three no shows that you weren't expecting. You can probably find someone to take them. We're not going to the state is not going to come down on you in a negative way, for not following the guidelines when you're talking about the last few doses in a vial. So, so it's just important that they get in, I do think backup on call lists are a great idea though.

Dr. Hudspeth

We do have that that's a great something to mention we do have a backup on call this, believe it or not, some people, no show for their vaccine appointment. And so we have to fill that spot. So we have different again lists that we can go off of you know one example, we are at a school right now so we're trying to vaccinate some school personnel teachers and things like that. Because at a moment's notice they can drive to that school and be there that's just one example but again, these are marginalized populations that we can get to but yeah, don't waste a dose and have a backup plan because there will be folks that don't show if you're doing scheduled events.

Hugh Tilson

Thanks. Do know why pharmacies sees replaced at the end of the order and toward a vaccine, we are very well positioned to provide vaccines in the community some of our doctor's offices in the community don't even plan to order it due to all of the requirements.

Dr. Shannon Dowler

So pharmacies are definitely the next frontier, that we expect to get through right now we just have such a limited number of vaccines to come in and honestly our expectation is as pharmacists pharmacies come in, we're going to be able to give a tremendous number of vaccine to pharmacies they're going to be important, particularly community pharmacies that are well trusted in their neighborhoods. So pharmacies are definitely next up, and some have already gone through the process of the enrollment open now anybody can enroll. And so, particularly if you're a pharmacy that supports a skilled nursing facility or assisted living. We're bumping those to the front of the line, so I didn't mean to give the impression that pharmacists were not critical partners in this.

Hugh Tilson

Thank you. What are the plans or are there plans to mass vaccinate h MPs who may not have a medical home.

Dr. Shannon Dowler

Well, you know, no one's turning as I said earlier, there's this whole jurisdiction with a federal vaccine. So people aren't turning people away for a vaccine so you can anyone can go to any site, essentially if they meet the criteria that the state is now vaccinating for and get a vaccine if there's a slot available. So, but we are going to look intentionally getting into communities more in the high schools where there's a high percentage of free and reduced lunch and you know trying to get to places where we're going to be more successful and helping find people who might not otherwise have access,

Hugh Tilson

We're just about out of time. Those of you that have seen the q&a are there anything you want to emphasize before we run out or any comments you want to make.

All right, well then thank everybody panelists and participants we are out of time. we have a couple more questions Shannon I'll forward these to you so you can figure out what to do with them. All right. And thank you everybody for your time with panelists and participants Shannon once you take it on home.

Dr. Shannon Dowler

Alright, Chris, Richard Thank you for taking all the time to share your learnings so far and for being such great partners and getting vaccines out early. Thank you everyone for joining us tonight. There's tons of work to do. Thanks for your participation and it'll take all of us to get the state vaccinated, and we'll see you next time on next week's Tuesday night webinars gonna be more best practices might be a really good thing to join in on if you think you're going to be a vaccinator, and then otherwise we'll be back on managed Medicaid, the first Thursday of February. Thanks everybody.