

Transcript for Navigating COVID-19: Tips and Tricks for COVID Vaccine Administration

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6:00 – 7:00 p.m.

Presenters:

Dr. Tom Wroth

Hugh Tilson

Dr. Richard Hudspeth

Dr. Shauna Guthrie

Dr. Garrett Franklin

Hugh Tilson

All right, it's six o'clock. Let's get started. Good evening everybody and thank you so much for joining us for this month's chapter of the navigating COVID-19 series, tips and tricks on vaccines COVID vaccination. As a reminder, this series is co sponsored by CCNC. And NC pediatric Society of Canada Psychiatric Association, NC Academy of Family Physicians and NC AHEC. As always, thanks to Tom, Elizabeth, Robin and Greg for their incredible leadership in identifying relevant and timely issues for us to consider for their great partnership and putting on these webinars to respond to those issues. I also want to thank everybody for the work you're doing for your patients for your staff or your communities. We know that it's a lot. We know that it's hard and we really hope that the information you get tonight will help make navigating these trying times, a little easier. Next slide.

My name is Hugh Tilson and I had the pleasure of moderating tonight or emceeding I guess with Tom Wroth. So we look forward to that. We're lucky to have three great panelists with us tonight who present timely information about their experiences in administering the COVID-19 vaccine. I want to thank each of them in advance for our panelists for making the time to present to us and to share your experiences and your stories, your tips and tricks with all of us. Our presenters have a lot of great information on their slides. To make it easier for you to follow along, you might want to get the slides. There's a link to the AHEC CCNC COVID website that that's in the q&a, you can click on that and just want to make sure that you can get that, I just noticed that there is another link that I'll post in just a second for a Dropbox because the slides are pretty big. So I'll do that. I also want to let you know. Next slide Nevin that we will be carving out time for questions at the end. And there are two ways to get questions to us. Number one is using the q&a feature on the black bar on the bottom of the screen, and the other is send us an email at questionsCOVID19webinar@gmail.com, and we'll respond to them. One way or another. We'll post the recording and transcript of our webinar on the CCNC AHEC website sometime tomorrow. And as a reminder the slides should already actually be already there. So, now let

me turn it over to Tom for an overview of the agenda to welcome our panelists and to provide some opening comments, Tom.

Dr. Tom Wroth

All right, thank you. Really excited about tonight you can see that our agenda is pretty straightforward. We're going to do just really a brief, what we're calling a situation update on the vaccine vaccine in North Carolina. We really want to spend most of time hearing from our great panelists their early adopters the COVID vaccine warriors and hear about their early experience and lessons learned and then we'll really make sure we've got time for questions at the end to answer some of your questions from these experts so let's go to the next slide, our wonderful presenter tonight we have Dr. Garrett Franklin family doc from Cary Medical Group Shauna Guthrie the medical director for grants of Granville Vance public health department and Dr. Richard Hudspeth, CEO of Blue Ridge health. So really looking, these are the folks that have been doing it over the last couple of weeks and have some great information to share. So just a couple of things to keep things up. Next slide. Next slide, for that one.

So, this is, you are. If you're on this webinar you are considering interested or about to be COVID vaccine providers and this is going to be early adopters so congratulations there will be this opportunity at some point in this timeline to do it so really important to hear what this takes next slide. And just to talk a little bit about the scope of the webinar and other resources out there I think probably the best resource right now is a slide set and a recorded webinar from last Thursday, that's on the CCNC and AHEC site that's got the latest information from the state about the plan and different websites and resources in two weeks, or week and a half, there will be a another fireside chat on the 18th. And next week there may be some lookout for information on potentially some other vaccine webinars from public health leadership as well. So really the goal tonight is to hear from our three experts experience from the field their lessons learned and really their advice to the rest of us I think you're going to find it very practical. One thing we won't be going into tonight so we'll have to lean on our other resources and information coming out is really addressing the state policy and the overall plan which is changing quite frequently as you know, also a lot of you are navigating the CVMS system, and we're really not equipped to do technical assistance on that. But we'll let you know where to get that help at the end of the webinar. So next slide.

So just grounding us on where we where we all know we are. And a couple of key points before we get into the presentation and the first is really we've been saying, over the last many weeks that the vaccine supply is extremely limited. And we're really heading into a time over the next two to three weeks where that's even more the case. As you all know that eligibility criteria have been simplified and updated and now we're doing health care workers long term care workers of residents and individuals 65 and up so very broad population with this limited supply the state really is working to to approach geographic equity and make sure that all counties have some supply and this was reasserted by the Secretary this week as well. The other really key thing is the onboarding of new vaccine providers so in the primary care space the federally qualified health centers have been first and Dr. Hudspeth we'll be

talking about that and of course the local health departments and hospital systems, but adult primary care and others are coming on board soon I know many of you on the webinar are part of that group. So, the just broadly the state's plan right now is really to focus on speed on getting vaccines off the shelf and shelves and into arms and really focusing on the marketing and messaging to consumers and also to historically marginalized populations to ensure that we approach the vaccination from an health equity standpoint as well. I don't know if many of you were able to catch the news conference this afternoon with the Secretary but there is some really good news I want to leave you with before we get into our panelists.

The Secretary reported that over the last week we've really done a great job in North Carolina about getting the vaccine off the shelves. So, 95% of all the first doses have been given. And we've gotten up to 810,000 doses so that's a huge increase with about 260,000 vaccines given last week. But the supply is starting to decrease for a little while until production catches up so next week we'll be getting 120,000 doses, and that'll happen for the next couple of weeks after that. And one thing to state talked about is really ensuring that all all counties get some supply. Over the last week there was some diversion to max vaccination sites, and were ensuring that that distribution is getting kind of equalized so those are the key messages as of this afternoon. And with that, we'll go to the next slide, and I was googling cartoons about early adopters and this is the best one. So, this might represent Dr. Franklin or Guthrie or Hudspeth jumping into that. And with that, I'd like to pass the mic over to Dr. Garrett Franklin.

Dr. Garrett Franklin

Tom, thank you very much. That is very accurate to what the first week or two has definitely felt like so. I definitely understand that cartoon and I think all the panelists would probably agree with that. My name is Dr. Garrett Franklin, I'm a family medicine doctor here in Raleigh, North Carolina. I work with Cary Medical Group. We take care of adult patients in Cary and we've been lucky enough to have some experience with this stuff over the last couple of days and I'd love to share that with you. Next slide please. So how did we get into this mess to begin with is what I asked myself, usually on like a daily basis but. First off is really kind of applying to the CVMS to be a site to give the vaccine so if you guys are thinking about that definitely got to get in doing that now as early as possible. I will just say try to do it as accurately as possible. You know, we had some trouble with signatures but ours, I think it's what held us up for a couple days I think our CEO forgot to sign something. So that was one problem we ran into a host of other people told me something similar. There are a couple stages keep that in mind there's a site application and one for the providers so you mind those inboxes look though junk mail folders make sure we're not getting those in there to some other kind of pearls. There's a lot of resources to help you with this stuff there's a lot of organizations, a lot of folks on this call tonight. We'd love to help you with that I've listed some here on the PowerPoint but you guys know these folks probably. There's even a war room for DHHS that really going to help pull us through the last minute to get some of this done in a very timely fashion. So, there are some resources for this.

You know also was more kind of how do we do this do we go out on our own do we kind of collaborate with other folks. So I would think through that a little bit before you apply, you know a lot of folks are already in an ACO or clinically integrated network to think about, you may be in a healthcare system already or, or there may be one down the street that you'll be willing or be willing to partner with you if you can ask with them. And, you know, I've even heard of some other kind of small practices banding together to kind of come together to create an application as little guys to kind of get the vaccine too. So, lots of thoughts to think about. Next slide please. So this is kind of our path, really got the vaccine through wait met hospitals here in Raleigh so lots of shout outs to them. Chris DeRienzo, Donald Gintzing there big shout out to those guys. They came through our ACO WakeMed key community care shout outs to a whole host of other folks that I'm forgetting tonight. So please forgive me. But, um, they were superstars and got it down to our parent practice Raleigh medical group and which floated to my practice Cary Medical Group. So what does that really mean, we really get the Moderna vaccine as I'm holding there, I was really excited about when I got it. I was doing selfies with it. But what we really got for that first week is 100 doses. And in my clinic there's maybe about 10 providers so that equated out to about 10 shots per provider so we were excited but it really was only about 10 shots for per provider so we had to think about how to do that. Next slide please.

So there's a lot of kind of now what do we do kind of questions. Some shout out to Dr Guthrie on the call tonight. She talked, I talked with her and the phone lines were probably the biggest thing, you make sure people are going to flood your office with call me here you have the vaccine, you're gonna be very popular, so make sure you got a plan for that your website for your inboxes for your portal messages everything. Make sure you got some way to deal with that before people get the word out there and hear about it. Other things like to think through what kind of supplies. We have a couple fridges in the clinic we kind of found we have to put it in one fridge has to become the central area for everything. Think about your needles syringes all these things you're going to need. It was never a bad time to look at your crash cart to make sure that you have everything there. So we did that as well. But we spent a lot of time looking at the design. How are we going to do this, how are we going to deliver this effectively and efficiently to people, we thought about a drive thru approach, and maybe a massive event in our clinics and think about the drive thru we thought about the space we had in clinic, or I'm sorry space down below the clinic of where we're doing our drive thru you Where are we going to take employees from the kind of help man this and actually we already have some drive thru testing that we're testing, folks for COVID-19 so how would we kind of navigate that too, you know, the vast event, really kind of fun enough bodies to kind of help staff it. That was part of the bigger question, you know, pulling people on a Saturday, some people aren't super excited about that. We have to pay employees to start off with, and really wasn't sustainable, you know, would people really be willing to commit every Saturday for the foreseeable future to keep doing this. We didn't know, and then kind of go into clinic, you know, think about flow in the clinic social distancing within your clinic of people coming in for visits but also vaccine visits. You know people are trying to get their other work done, we have to see patients to we got to take care of the sick. So, are they going to be able to get the work done and see you know the vaccine patients, and the how we're going to observe people to for that 15 to 30 minute kind of time window. Next slide please. So we decided to go the clinic model, and it's got the easiest, and the kind of pilot things we only had 100 doses to start with anyways, so we thought that would be the speediest way to do it.

You know the labor was already there so we didn't really have to pull people from other positions to do that as much. We really didn't have to mess with our drive thru testing. So that was something we could keep as that service to patients going. And it gives them time to think about sustainability, and we weren't sure kind of as Tom was saying denied this kind of a great example that we weren't sure of vaccines gonna keep flowing in so we want to put a time and effort into a lot of this if it wasn't gonna be sustainable. So we thought about that and also people's time to bring in volunteers and things we don't know how many people would be willing to do that, you know, forever so we started in the clinics, and we, knowing that we knew was adaptable we knew we could change that based on any need that may happen in the future. Next slide please.

So I guess pearls, as we kind of went through this process over the last two weeks or so, one of the bigger things was kind of scheduling patients or kind of how to get patients in to get the vaccine. Now keep in mind you know each of us had about 10 to 20 shots per provider per week. We kind of started with just a list you can see my list here in the right bottom corner here. You know is over 75, years old, my list was printed out, and I was told to pick my favorites, pick my 10 people, that should come in and get the shot. I tell people it's kind of like picking your favorite child, it was really tough. So eventually we kind of migrated to a system where we were looking ahead in our schedule for the week. The next week we're actively minding was coming into our clinics to say gosh they're already coming in, we could probably get them to the vaccine if they haven't already gotten that, and that will reduce a lot of the frustration that heartache now is a really good idea because that really cut down a lot of problems. But also we started at a COVID clinic for other folks to get in who didn't necessarily have an appointment. Other things we kind of found that a lot of providers didn't have as many 75 year old and older as apparently as I did so they can go ahead and move down to 65 year old, or in that category, we ran into issues with spouses, you know, one person would be my patient one patient would be another providers patient, and we had to coordinate between providers to see, you know, should we give both the vaccine or not, the caretaker combo of someone bringing in their grandmas another problem that we had to think through as well. That second doses folks we'll talk about tonight of how can we get people in and when in 28 days, we really started a nursing visit to kind of do that later.

The biggest things we probably learned was really kind of how to dose this stuff, you know, there's the six hour rule that once you pull this thing out of the fridge you open that cabin you set it down. You got six hours before you have to get rid of it from a stability standpoint, so we found a I called the keeper of the vaccine, we had our clinic manager and she really kind of managed that thing to make sure we were opening multiple vials and they were pulling from the same one. We found really stopping scheduling people after or before 3pm prevented a lot of heartache at the end of the day scrambling trying to find people too. Probably the biggest thing I've learned is this little gizmo that I've put down here in the corner in this picture. We were told you're supposed to get the kind of the 10 doses and this magical unicorn knows that every once in a while you'll find the extra dose, but we didn't really find that we found that we were only getting eight doses. So some of us panicked a little bit. We started reading looking at a lot of stuff, and one of my nurse managers she saved the day she found this little, little apparatus that fits on top of the vial. And really accurately doses it every time, and actually cuts down

on the number of needles, you need to. So that really took us from eight doses per vial to 10 so we weren't wasting anything anymore, which was a huge godsend. And last is kind of the scrambled end of the day, you never leave my opens a vial and there's five doses sitting there, what do we do with this is 430. I tell everyone they should have a panic list of people in the back of their mind who could be there within an hour to really get this thing. Every provider needs this. And when you're thinking about that you keep in mind. Everybody needs a shot, you know don't overthink it. Let's get shots in arms. Next slide please.

Observation was another particular problem, we weren't sure what to do with that there was a lot of people sitting around in clinic. So we started decided to get the shot prior to the visit. So, as the patient was coming in getting placed in the room the nurse will get the shot, and we are essentially we're observing them as they were in their clinic visit with the clinician, those in the nursing clinic was come, they were checked on by the nurse and doctor on call. Just kind of walking around, and for that nursing clinic that every 10 to 15 minute kind of flow would work pretty well too. Next slide please.

Documentation is probably gonna be your biggest challenge, you're probably gonna hear that from a couple folks tonight. I'm really how do we get all the information to the system so the state knows we're doing we're doing they're getting credit for you know vaccinating people. And we can accurately and correctly document that. So really kind of get that done within a 72 hour window is tough. I'll be honest with the challenge, we haven't figured that one out yet. You backloading information after person leaves versus actively document and has been a challenge, but also you got to document your EHR for billing records and your own records. We started back loading the data once people left, which has been kind of a nightmare to be honest with you. So we've been trying to catch up to do that, we found that we could really pre register patients and once they get there and kind of actively load the information in the system when you give it was a lot better. But now we're kind of, kind of a little behind because of the earlier folks so we're still thinking our way through that one. You know, the next step is you really think you know every week who should really kind of look at your design thinking about your dosage you're getting the guidance from DHHS feedback from colleagues staff, and those folks to say, Is this correct design. And we're gonna keep looking at this CVMS kind of issue to figure out how to do the data a little bit better. So, next slide please. So final thoughts have a Top Gun theme. I'm really excited about a Top Gun movie coming out in the summer of this year so I'm really hoping I can actually see that in a movie theater, so I'm really hoping this happens. So number one, we need everybody to engage in this and somehow whether that's you doing your clinic or help out, really, to get people vaccinated. So I would encourage you to engage in somewhere. Next slide. So this is like rule number one of Top Gun never leave your wing man. You guys have a lot of wing man out there there's a lot of societies out there. There's a lot of guidance, there's a lot of help out there so don't forget your wing man, there's a lot of help us them. Speed is the key. I feel the need the need for speed we got to get this done and we got to get it done soon. So, let us know if any of us can help you.

Dr. Shauna Guthrie

All right, thanks so much Garrett, I definitely agree things can go crazy really quickly, and you got to kind of back up a little bit time so I'm Shauna Guthrie I'm a family Physician I'm also a preventive medicine physician I worked in private practice for a handful of years before I got the opportunity to be medical

director at my local rural public health department, and this is where I'll probably be for a while and being a health department we were on the early side of receiving vaccine. So I will tell you a little bit about my experience. Next slide. The general overview as mentioned, is things can get crazy fast, so be very intentional have great communication with your team and do everything you can to make things more efficient. Note that we have almost daily now crashing phone lines. We're a health department for two counties a population of 100,000 we have 80 staff members, and we received 13,000 calls most days, which is a little, a little much. The other thing I would recommend is as many people that you have that you can get access to cvms once you're signed up, go ahead and do it. It's really helpful to have all those people who can help enter the data into the system. Whether you're doing it before or after you give people their vaccine. A lot of times that becomes the bottleneck for you and to kind of get credit from the state and smiley faces, you have to have that in CVMS so that's really important, as private practices you guys are probably going to be charging administration fees which is appropriate and just note that if you have the uninsured you can't charge them you the administration fee there's no charge for the vaccine itself. But those with insurance certainly you can charge the administration fee so right now is the time to have the pricing and the policies in place for how that's gonna work for you.

Again, prepare everything you can before the visit, that's all that backlog of work really builds up fast and becomes less of a priority as you move forward as you want to continue to get vaccines in arms. So really, what we do is we have a hotline and when somebody calls, we set them up for their appointment and we register them in CVMS and have everything ready to go so when they come in and get their vaccine, there are still a few steps we have to go through to record the administration in CVMS, but it's much less than it would be otherwise and on the phone, you know people. Sometimes you can't remember your own phone number, and that takes up even more time in the office so having that all done previous on the phone is really helpful. Also have a downtime plan, especially the last couple weeks when the state's been making a big push to get vaccine off shelves. And cvms has gone down a couple of times we're not even gone down but been up and we couldn't find people that we knew were registered so have paper backup plan ready and have those papers ready so that you can pivot really quickly that's kind of the overarching theme is be able to make change and pivot quickly because things change quickly we were doing okay when it was over 75 and healthcare workers and when it dropped to 65. It was a whole new huge population for us know where you can go to get vaccine if you run out if you have a few extra people scheduled and you just need one vial from your local hospital and know where you can go if you have extra that maybe you can lend to someone, if they're running out.

I would definitely recommend if you're doing any kind of high volume administration that you have a standing order so every single administration doesn't have to be sent then to a provider to sign off, you have that standing order you'll be much better covered, and then you know your nurses will be in kind of a safer place following those orders, definitely start slow if you get 50 doses this week and every week, moving forward, depending on which vaccine you have in three or four weeks, then you're going to have 100. So definitely keep in mind that you don't need to be going full guns right from the start, because it's gonna double before you realize it. And certainly, as we've seen in the papers don't schedule more than the amount you know you have coming. If you get 50 every week for three weeks, don't expect to get 50 The following week the supply is a little bit erratic. The state is constantly making

adjustments to where that supply is going to do, go to best cover our population. So once you receive your confirmation that you're getting 400 doses next week, then you can start booking those appointments, but I really don't recommend booking anything ahead of time. Additionally, the further out you book. We find people tend to make appointments and call all over so if you put someone three weeks out, they're probably going to no show because they're going to find it somewhere else in two weeks, and then you really have a mess on your hands trying to account for your doses and make sure that you've given everybody their dose and used up your supply. Next slide.

Around staffing. If you're incorporating this into your normal vaccine administration that you have in your clinic you don't, you don't need a lot of staffing from an administrator and scribe standpoint but if you decide to separate it out and say you're going to get 50 or 100 doses a day, just plan that you need about one and a half recipients per vaccinator per five minutes, and that's if all the prep work is done ahead of time. And you can do a little bit more to start if you have a scribe and this can be anyone in the office with CVMS access who can sit there and enter the consent and enter which vial in which dose and make sure the patient's name and date of birth match that can be really helpful to really get those shots moving. We recommend if you're doing larger events or just a lot in one day to have a flexible scheduling system that you can adjust as your dosing that you receive is adjusted weekly some weeks you need this number some weeks you need another number and having kind of a fixed every week, a certain amount of appointments, you have to go in and constantly fix is really overwhelming. Most of you will probably just use your electronic medical records which is fine. We've chosen for our larger events when we're doing, not events but our daily clinics where we're just doing vaccine we do about 180 a day at each site, and we just use CVMS and we use Outlook for our scheduling, because getting all of those people who we aren't even billing insurance for into our EMR just is too cumbersome and too much, non value added work at this point, appointment reminders are a plus. We would love to be able to do that, our outlook system does send email reminders but there especially in the current groups we have a lot of individuals that don't have email. So those are not as useful.

The last thing around staffing is just making sure that your flows are correct. People have to wait 15 minutes so as Dr. Franklin mentioned giving the vaccine at the beginning of the visit, so probably by the time you're done they've had their 15 minute wait. If you're doing a bunch of people separate from the normal flow of clinic, making sure you have space for them to wait and sometimes that's at least for us that's often our bottleneck is how many people can be waiting in the space at a time safely distance, and just today we realized it would be really helpful to have clocks in our waiting rooms, so that people would know when to go. We have volunteers that kind of announce the time every few minutes but that can help a lot of people. Again, the teamwork and the communication, certainly and just everyone from the front to the back, answering the phones, everyone really needs to just be aware when any decision is changed or made patients are going to call as soon as they find out your vaccine even if you say you're only giving it to your own patients, you're going to get all these calls and people are going to feel a responsibility to answer those calls and answer their questions and you want to make sure everyone has kind of a daily tips and information that can be shared when people call. And we certainly had to do a

dedicated hotline. And, and dedicate staffing to that every day, even with that obviously we're not getting the 13,000 calls a day. Next slide.

So the biggest thing for you guys is really to know who you're vaccinating is a local health department we're, we're just kind of doing whoever calls right. But you guys as you saw with doctor Franklin they had an allotment per day. And you could pick your favorites, and that was that and I would really encourage you, whatever you decide to do from small to big. Think about kind of your boundaries around those decisions, and you can end up really quickly in a given massive cookie situation, if at our events where we do 400 or 600 a day. It's by appointment only. And if you know somebody who's really sweet granny comes along and wants to know if she can get her shot too. We have to tell her no because if we tell her. Yes, she's going to call her other eight granny friends and they're gonna call their friends and before you know it. We've seen what happens on the news so just, you know, try and stick with whatever guidelines you set up just for consistency and to have a little equity between everyone and to prevent chaos.

Keep up to date. Keep your website up to date with information and resources if you're only giving vaccine your current patients put that on your website, because people are going to call and ask so as much information you can have posted elsewhere, people are still going to call and ask but at least they'll have other places to get that information. We already talked about not booking further than your schedule allows, and do not keep waitlists, unless you're in a very very tiny county with not many over 65, year olds, you're going to have more calls coming in, no matter what route of who you're vaccinating you take, then you'll have ability to answer. And on top of that if you have people you have told and are expecting a callback. You're gonna you're gonna get some bad reviews. So I don't recommend keeping waitlist but do keep that extra dose list. I recommend not really telling like well maybe that they're on the extra dose list but if you have people that seem really high risk, preferably in current priority groups but at the end of the day, you just want to get the vaccine in the arms. What's most important really is that they can get there on a short notice, and have that list so when you get to the end of the day and you had to open on Saturday. We had one person come late and we thought we were perfect and then that one late person came, and we had to open a new vial of 10 doses for them. So then we had to find nine other people and it was good that we had that extra dose list to call those people in really quickly, and and get all that vaccine used up. Next slide.

Around handling some people, one person asked a question about handling and I posted the response in the chat. The CDC website has a lot of information and training for providers that includes that information as well so I will refer you to that and I also put the links in the q&a for you for just the kind of what temperature and how long kind of stuff. But just know that right now. When you receive your first dose, your dose one batch, you are supposed to be receiving a dose two batch two to three weeks after that. So I wouldn't exactly say you are 100% guaranteed to get that, but at least for us we have felt safe scheduling that second dose when they leave that's going to save you a lot of phone calls. And then you're going to know how much extra dose you might have laying around if you are giving your dose to and you realize you got extra doses out of more bottles than you did when you gave one then you'll

know you have a few extra doses you can give out, but if you just have people calling randomly which is how it is right now for us a little bit because the first two weeks, we just gave, we just gave it because we didn't have a plan we didn't know, we were gonna receive for dose two and now they're calling and it's it's a lot. So schedule that those two when they leave, or I even saw an email today schedule the dose to when your scheduled dose one which was like, so do that. Sounds great. Considering consistency and branding if you're able to only get Moderna or only at Pfizer trying to do that because it's very confusing for patients and and staff when you're flipping back and forth. And again, if you have too much think of other places that you can transfer it to more often you'll have not enough.

Have one person if you're drawing up a bottle of time have one person kind of be that person or the vaccine, you know, handler person. It just it just makes it easier to track how many doses you're getting out of each bottle and how many doses you're given, and how much is left. But I do recommend if you know you're planning to do a certain amount in a day. Aim for five or 10%, less than that you draw and an only plan to draw about half the amount you need for the day. So, you know, it can be out on the counter in the syringe for six hours so you at 8am you don't want to draw what you're going to be given at the end of the day, you want to give yourself a little leeway so before your morning half of the day, draw some up and then at the lunch break, break right, draw your other half, just so you have a little leeway and that when you have extra doses leftover, you have time to contact people and get them in to get those extra doses. And then physically count your doses as we've seen many times the number of doses that you get may be more or less than what you think that you have so actually counting how many you have at the end of the day that need to get into arms and having one person run that process is so important as I mentioned earlier, next slide. Other tips, just for larger events. We'll go over these quickly because I know that Dr Hudspeth is really going to talk about larger events, but have have right now start having a running list of volunteers. People want to help people really want to help, and people really enjoy helping. I certainly get a lot of good feedback and they can be good quality improvement helpers too to help you see things that you're not seeing, so start your list of volunteers now and you know the the benefit of volunteering is then you're involved in the vaccination effort and hopefully you also get vaccinated but people will do it just just for the smiles and happy days as well. You can go ahead and go to the next slide. I have a slide here just if you're making kits for each vaccinator if you're doing an event it's helpful to have Next slide. And you can actually go to the end of my slides now and I will let Dr Hudspeth continue with his information about large events.

Dr. Hudspeth

Thanks Dr Guthrie, Richard Hudspeth I'm a family physician and also the CEO of Blue Ridge health, Blueridge health is a community health center in western North Carolina. We cover eight to nine counties here in western North Carolina and we have clinics of different size, and we were one of the first federally qualified health centers to get access to the vaccine to do and we appreciate that, that we've had a few weeks to work some of these things out that we can share. I think you're going to hear some themes that you're going to hear me say, and when you've heard Dr. Franklin and then Dr. Guthrie and myself say it, that's something you probably need to be paying attention to it because if we're all saying it, it's gotta be true. So the first thing that I want to say is do not by any means underestimate the data entry piece. There's at least five distinct data needs if you're a billing provider. The first is

scheduling and I'll come back to that in just a second. And then you have to register the patient clearly, and then cvms is its own separate system of view, as you've heard, this is the one thing that without fail you have to get done, because this is how the state is basically keeping track this is your scorecard so to speak and you don't want to wait till the game's over and the crowds left before you kind of enter in that information. You want to make sure you get that done. And then we have to document the vaccine in our EHR I think you've heard an alternative to that, I believe it was Dr Guthrie talked about that. but we do document every vaccine in our EHR. And then there's also the administration fee that can be billed for FQHCs it's challenging. You know Medicaid and commercial are okay but what I've heard from people right now is that we're having trouble even billing commercial. Uninsured is a challenge because that's yet another system that you have to put in if you want to bill through the uninsured partner you can't bill patients as you've heard earlier, and the administration fee for that but you can bill the uninsured portal. And it's either an accept or not accept similar to sort of testing events that we've done. And we also for those FQHCs that are out there right now Medicare's in question about whether we can actually do that and if they have commercial Medicare that is a Medicare Advantage program. Those are supposed to go through traditional so we may not be able to build for those.

I want to get back to scheduling briefly. There really are a couple of different options that people can do you've heard one with Dr. Franklin just kind of a small private practice, managing that and then you've heard from Dr Guthrie of the health department and and having a call center. Several health departments and hospitals in our area set up call centers. What we learned from kind of our COVID testing line is that we just do not have the staff or the ability, while we continue to do testing and try and do all other events. We just don't have the staff to be able to do a call center, and we've heard, you know the horror stories about, you know, 10s and 1000s of calls so we actually have managed it through our website so we have a scheduling tool on our website that once appointments open up. It is a bit random. When we get to, when we get to open that up and who was able to get on there. And that connects directly into our EHR so it took us a while to figure out how to make all of this work so if you can start now trying to figure out how you can use your, your already your electronic formats to help you with that. So patient is actually more of a data entry person now than what it originally started so before we were kind of having that same ratio of scribes to vaccinators that Dr Guthrie talked about, but now we have the, the patient basically putting information at a time. They get a link to our EHR, then they put in the rest of their demographics. We also as you'll see when I show a picture shortly. You know, when we're on site. We have iPads, they're available to sort of complete that registration process so we're really trying to get a lot of the registration done ahead of time, the piece that patients can't do is CVMS so we do have people still entering CVMS but at least we have all of the information already electronically that we can at least not have to read people's handwriting and phone numbers and things like that.

What I'm also mentioned is a mass vaccination event clearly is different than what Dr. Franklin described. So, for those providers that are going to get, you know, 100 vials. I think it's, it's really interesting what he's talked about earlier and we have clinics of different sizes and we're now managing sort of the smaller doses as well. Very similar to what Dr. Franklin described just kind of bring in 10 patients at a time. Throughout the day, get that done over several days and you'll be able to get your

100 vaccines. But what we've realized is that you know this is not like a flu vaccine. Everybody wants it now. And so as soon as they know you have it as the other speakers have said, you're going to be flooded. So you have to figure out a way that you can, if you're going to get four or 500 or 1000 doses how you're going to manage that. So we decided to do a mass vaccination event. There are two ways of doing that, I think there may be others but you can find space, either make it outside, or somewhere inside. Or you can just do it in a drive thru manner a true drive thru manner a car pulls up, and you give the person the vaccine while they're sitting in their car. We chose the latter because we weren't quite sure exactly how space would work, especially in this older population, you know, asking 75, year olds to park their car at some place and come into a building. I think many patients are also apprehensive about, you know, is this going to be a super spreader event while we're giving the vaccine.

Dr. Hudspeth

So there are lots of. There's lots of advantages to doing it in a drive through manner, that's what I'm going to describe for you today. So the first is you know find that site regardless of the site whether you do something indoors or in a parking lot, you're going to need a great parking lot, and that's the one piece that you really need to look for so some ideas, schools, they're very adept and have systems worked out already where you come in one entrance and go out another entrance and so we're actually doing it at a public school right now. That really that parking lot really helps us with that. Large churches probably land the same thing Community College is one of our partners is doing it at a community college fairgrounds we've heard other people talk about fairgrounds. There are malls, that you can use parking lots and there may be malls that have shuttered businesses inside that you may be able to use the inside of a mall to do vaccinations if you need to do that. We're actually also using a music venue. So one of our counties. There's a music venue that's been closed, they've got a great parking lot, a good system as well. One of the things I wanted to mention, we've all mentioned the need for volunteers because there's a lot of things you saw some of the people that were involved that you need to run something like this. What we actually did is we partnered with our AHEC, to help us create a volunteer list, like, just that task alone is yet another task that someone has to do if we do that internally. That could be doing something else related to the vaccines. So we're thankful for our AHEC partner to help get a volunteer list together and send us volunteers so we've been coordinating with them. So I would encourage you to find folks in your community, even if you find a volunteer to say we just need you to help manage our volunteers that want to help would be great would be very would be very helpful for what you want to do.

I'm going to if you can go to the slide I'm going to show you a picture of our, our vaccination event so in the bottom right hand corner what you can see us so we're in a parking lot. And we put a pylon to block every other spot, and we pull the cars up and if you can see it's a smaller picture here, but we go to the patient. So we have a cart with all of the things that Dr Guthrie talked about on that cart already. And people pull up we have folks from the get go, they come in, we will actually give them whatever paperwork in particular sort of the vaccine information at that time. And also a consent form, and we asked them right away sign this consent form. So by the time they pull in, we actually are have the consent form and the first thing is you heard other people do they get the vaccine, then all of the other things while they're waiting for their 15 minutes or so can happen so if there's any paperwork that has

to happen after that, we can do that in case of inclement weather, we can put a tent up in between these two cars so we can have the vaccinators sort of be servicing two cars, almost like a sonic drive in of some respects. The other thing that we do is we identify the time so we put us, we put a piece of tape on their car. And then we have a marker, and we right the time that the patient is allowed to leave so then we have all of our staff who are monitoring whether people are having a reaction or not, are able to dismiss the patients just by identifying they go up to the car. Oh, it's 630, you're able to go or it's 1030, you're able to go. Are you doing Okay, great, great, and then they can leave. We have people come in one way and exit another way we don't want them to go back track and that's why again, large parking lots, or schools are very helpful for that we are prepared for bad weather you can see the tent up on the left upper left hand picture that has heat. It has electricity. We're using all of our computers and iPads, you can see people are dressed we're here in the mountains. We are scheduled to have a really bad weather day we're debating right now whether to have it or whether we should actually potentially reschedule that. So there are some advantages to try and do something in the space. But with that said, I think overall the bad weather days are going to be fewer than not. And we're, we feel more comfortable getting people in and out during this, you can see the school bus in the back. And that is the schools that have been outfitted with Wi Fi in their parking lots already for students that didn't have access to it in their home since they've been out, and they're allowing us to use their Wi Fi in order for us to do the work that we need to do.

I will say again that we schedule patients and again we do that through our website, and it is a must if it's a free for all when we were doing testing and we'd say we're doing testing from, you know, five to seven, we'd be there later because the cars would be packed up and we just can't do that. And as you've heard, others say especially Dr Guthrie, you really have to manage your vaccines, you need to know what's coming in so you need to know how many vaccines you are going to do. I will reiterate that you do, don't really want to wait list you don't want to have to be calling people back but you do want that emergency so when you end up with a no show or you end up with extra dose doses for whatever reason at the end of the day you can call people immediately to get there. You know, we're at a school right now so getting teachers or others there. In short notice has been very helpful. And they've been grateful, as well. I also want to mention as a community health center. Another thing that scheduling clearly allows us to do as well is to reach out to some of our vulnerable populations. Clearly, you know, 65, 75, that population is being targeted as well, but we want to make sure other folks are able to get the vaccine, as well. Within populations that can't access, access our website, or manipulate the system not manipulate but access the system through normal means or whether they don't have an email or language problems, etc. So we do have a good record of that, when we initially started signing people up we also reached out to other primary care practices that had been our partners throughout this whole pandemic to say hey give us some of your patients and we'll get them in on these vaccination events. So that's been very helpful.

I will let you know and Dr. Franklin sort of talked about sustainability, we are holding our fingers that this is going to be sustainable for us and that we'll figure out a way to kind of make it pay for itself or at least cover our costs, we're not looking to make money. But we do need to kind of make it sustainable. Right now we're using about 30 people to do 300 to 400 vaccines or so, a day, or at an event. So it does

take a lot of people a lot of those are data entry people as I mentioned, but we have people that Dr Guthrie mentioned we have runners we have a pharmacist drawing up these things we have the vaccinators themselves we have scribes. We have providers there as well. In order to monitor for reactions, as necessary. So, a lot of folks we think that that ratio. We're still working that ratio and we actually think that ratio may go down when we're doing second doses just because most of the data entry will be done by that time. There'll be in our system etc so we do think that there will be efficiencies there. I thought you saw Dr Guthrie had a list of things as well so I won't go over that. Partnerships are key, you know we reached out to our EMS folks and they helped us they gave us a big tent to put up that they might have access to, you know, borrow from as many people as you can. Everyone wants to help in this so if you need something just reach out. And folks will do it. We haven't really needed law enforcement because our traffic control is really minimal because we're bringing in about 40 people in an hour every 10 every 15 minutes we bring another 10 cars in we get it done. They sit for 15 minutes we're bringing that next group in. So it really provided an efficient manner for us to do that. I'm going to stop because I want to make sure that we have time for questions. So, I'm going to end my discussion right there.

Hugh Tilson

Thank you so much, and I think when we started, we talked about how just incredibly timely and informative our presenters would be so it was just great. We've gotten a lot of great comments about how great the presenters are and the presentations are, Richard had a question for you about what's your scheduling software? And how is that being uptaken by lower literacy patients.

Dr. Hudspeth

These are these are great questions so we figured out a way, and it really connected to our EHR so I would suggest how we specifically done it for those that want to know we're actually we just switched to Athena in November, so we had to learn very quickly how to manage this new world of EHR that we're in, but every EHR is going to be different so we just had to really reach out to our EHR vendor and said, How can we do this electronically, how can we connect into that. There are some apps out there that could potentially help you and I'll just mention one, we looked at it, we ended up not needing it or not using it, but there is one called acuityscheduling.com. I have no interest in it I have no business you know with it at all so I'm just mentioning and it's something that we looked at that looked like it could have been a possibility for us but we ended up working with our EHR vendor to really find a solution that would work for us so I would recommend the same I think our hospital here uses Epic which is another big EHR and I think they figured out a way to actually make it work for their system as well so I do believe it is possible but reach out to your EHR vendor now if you're going to think about doing a mass vaccination and for those that haven't seen it, they can contact me and we can specifically talk about how we're doing that.

Hugh Tilson

Great, thanks. Is anyone using volunteers to terms or some other venue?

Dr. Shauna Guthrie

No, we were just so many people in the community who want to help and you know that we haven't had to reach out for the volunteers.

Hugh Tilson

That's great.

Dr. Tom Wroth

That was a great idea from Dr Hudspeth about asking, well their local partner AHEC to help coordinate that list of volunteers as well. Dr Guthrie I got a question for you. Yeah, I know that as we have more independent practices come on board the adult providers first. They would they're sort of told to partner with their local health department or a local health system. Are you all starting to coordinate with other providers in the community or, where are you at in Granville Vance?

Dr. Shauna Guthrie

Yeah so we haven't received enough vaccine to really have any to give away, or we would love to be in that position that would be amazing. We certainly in the beginning coordinated with private providers so that we could get them access to vaccine for their own staff. And so for example we we vaccinated, and we'll be, we'll be just transferring the 50 doses, that they use for dose one will just transfer them the other 50 now that they're an approved site, so they can vaccinate their own staff with those. So that's one place where it can save us some work and we can coordinate. But yeah, a lot of it's just on the fly, stuff that comes up, and just answering a lot of questions when they started giving vaccine.

Hugh Tilson

Question about do you require the volunteer vaccinators have liability insurance do you recommend that they should?

Dr. Hudspeth

Well for us. A couple of things and we may be different because of FQHC but most of the volunteers that we're using are doing parking and things like that they're not actually doing patient care. So, you know, we don't really have liability coverage for them, per se, but we also are federally qualified health centers. So, we have this, you know, strange process that we just need to tell the federal government,

kind of what we're doing and get approval. And then we'll have coverage for those events and that's what we've done and I've shared that with our state association so if there are other FQHCs out there that want to look at that. The state association has some wording around that. So we feel we're pretty well covered. Given that, but I don't know how. Dr Guthrie deals with that from the health department perspective.

Dr. Shauna Guthrie

Yeah, we're also the for people to be immunizing it's our own staff and then the school nurses that we have an MOU with. But I believe on a state level there are some protections from liability for volunteers for nonprofits. But for a lot of private practices that's not going to carry over, so you have, you kind of have to decide what makes sense for you and maybe even stop, talk with your liability company about what's okay for them. I do want to add just while I have the microphone. I posted in the answers the pre vaccination checklist which is on the CDC website, which may answer some of your questions about what you do with this what do you do with that and which should be given to the patients in one form or another. We have our call center people ask the questions when they schedule them and it's things like have you received COVID antibody in the past 90 days exposure to COVID in the past two weeks any other vaccines in the past two weeks, that's the question I was answering in the chat. And that's helpful to get that stuff on the phone so that if any of those things come up you know to schedule them further out or hold or whatever. And, you know, depending on your setup, I have mine as part of our standing order and I actually have what to do if you get those different answers on the form so that the nurses can just glance, and we document in cvms there's a comment box when we administer and we can document verbal screen negative or positive for blood thinners -- pressure for two minutes, or whatever. You guys have to decide what your policies are around documentation of things that pop out but I do recommend people use that checklist or a version of it for safety.

Dr. Hudspeth

And here I wanted to tell them I just someone also asked a question related to kind of vulnerable populations and I see one in the chat about elderly folks in the digital divide. You know, as, as providers, clearly and as community health centers. You know, we take care of a lot of these folks and so as I mentioned, we're reaching out to them beyond our website access to try and get some of these folks in. We're reaching out to churches for certain, you know, particular vulnerable populations as well. So, it may be imperfect like everything else we're dealing with, with COVID it's imperfect we're just kind of writing the plan as we go along, but it is something that we're really attuned to and really trying to focus our efforts to make sure those folks get an opportunity to be vaccinated if they want to be vaccinated.

Dr. Garrett Franklin

I was gonna say too I think that's on the power of keeping this in the, in the medical home as well that you, you know your patients you know who needs it. You know there is some latitude there to kind of say like you know I have multiple patients and who who really needs it, who's the sickest and how do I

contact them and me and my nurse kind of man this as a team together we kind of make them as decisions together so I think that is some of the power of this kind of multi prong approach to this so I think that's where the power is and for those folks we even give them kind of paper forms to fill out and we try to keep it as low tech as possible then we take on the burden of putting it into computers for them to make it easier for sure.

Dr. Tom Wroth

Garett there's another question there for you about having the patients come in before their visit to get the shot so that they can be there for the observation period. Are you also calling additional patients to come in for shots separate from appointments or are you just working in the folks that are coming for appointments.

Dr. Garett Franklin

We kind of start with the patients we know we're going to be there, and you will have those kind of call ahead to make sure they haven't got a vaccination somewhere else first so we don't, obviously you know bank on them being there. So like I said I'll have my nurse kind of mine ahead in the schedule for the week, because that's helped a lot and per week. And then I'll kind of have a kind of estimation of how many quote unquote shots I have leftover, and then we'll kind of plus or minus kind of booked people into the nursing clinics to come in. So that's kind of how we're doing it, that's worked out pretty well to be honest with you. .

Dr. Tom Wroth

Garett while we have you ever got to do some more questions coming in, another just question, I know. Richard had talked a little bit about the billing and how that works across payer types, you know, just as a, as a private practice, do you feel, do you feel that the is that it'll be a sustainable business model kind of getting patients, you know, working patients into your workflow versus doing big events.

Dr. Garett Franklin

Yeah, I think, you know, it's an independent practice and every dollar counts let's be honest, and you're right you don't get kind of a fee for the actual vaccine itself but there's administration fee and that is, you know, one for the first shot one for the second show and there is a difference there and you know we did kind of crunch the numbers a little bit and that that does factor into your decision making, which is should you know if we're going to pull a bunch of staff from one area to staff another one is it really feasible financially so we really found that this really didn't kind of cost a lot of extra, and you know it could be sustainable, from a financial point of view. So, but at the end of the day, I think, like other folks have said is probably a wash at the end of day is probably not going to make or break your budget but you know I do we do think it's the right thing to do. And, you know, and, you know, I a quality care kind of guys so in the long run things will pay dividends, if you can take your sick and vulnerable and

vaccinate them down the road you're putting this forward and you're gonna have less hospitalizations and things and from a quality care standpoint, you're gonna save money in the long run. So, you may not see it up front financially but in the long run if we vaccinate these people and keep them out of the hospital and you will see those benefits

Dr. Tom Wroth

Garett last thing while we have you Wwat's the name of that device that helps with the allocation of vaccine?

Dr. Garett Franklin

It's in the slides you guys got that, it's called the Q/SYTE that's -- version, I've been told there's other versions from different companies so you talk to your supplier and your vendors and, but that's been a godsend. If I have one pearl for tonight that's like the one to take away.

So we have a guest speaker for tonight if you'll give us just a couple more minutes of your time.

Dr. Betsey Tilson

Hey y'all, this is Betsey Tilson I am Hugh's wife, and many more appropriate for this setting also get to serve as the state health Director and Chief Medical Officer so I'm so excited that I could join you. The one thing that gets me out of the office early is my hairdresser and I had a hair appointment so I'm home early. So was able to get to join you and so good to see all your faces. Thank you so much for for tonight and also just thank you so much for all of the incredible hard work, everybody has been doing over the past month it really has only been a month since we've had vaccine in the state. And so just, I cannot thank you enough for all of the incredible work. Everybody's been doing. I wanted to give a little bit of an update of some good news kind of exciting news for today that this was the date that we were all driving to to really make sure that we had pretty much all of those first doses administered. This was the date that the federal government told us that, you know, you got to clear the shelves or there might be a threat to your allocation. And so really really excited to say that we pretty much extended about 98% of all of our first doses in the state have been gotten into arms actually probably even more than that because we probably have some data entry lag. So, that is huge that the shelf is cleared of those first doses and that is so much all the hard work that you all have done that was more that's more than about 280,000 doses, just administered last week. Huge so I just really am so grateful for that and wanted to share that, that news because I know a lot of the narrative has been that North Carolina has been slow, but you all picked up and we are the shelf is cleared. And so it's just really, really, really exciting. To do that, and now we have a cadence we'll have to keep doing that every week, but really exciting that north of 98% of those first doses are out.

So, thank you so much and thank you for sharing all those best practices, those of you who have that have been vaccinating I know that other providers. Really really sharing that that peer learning is so really important, knowing that we have our FQHCs our health department some of our private practices on board, know that we're going to be trying to get more and more providers on board but just a little level setting to know that our supplies are still really really really limited so it'll be a while till we can do a lot of direct allocations to people but I'm just so grateful so grateful for the amount of work that's been done over the past couple of weeks and that leads up to that 98% of those first doses it's just it's just changed so thank you all for that and just wanted to share that update that we're all very excited today wanted to share that, that updating with you all as well and again just to thank you for all the hard work. This is, we keep saying you know our next unprecedented pandemic will be better. So, but every week, we get better. I think that we were the week before and doing it all together is the best way. Thank you all.

Dr. Tom Wroth

Thank you for the guest appearance and that's wonderful news and really speaks to the power of what, North Carolina can do and by getting out in the community like this and pulling together and thank you to you and all the other State Leadership for what you're doing as well I think that comes from everyone on the webinar tonight. And with that, it's 7:01 and Hugh Tilson I took a video, I'll close out and just wanted to really thank Dr. Franklin Dr Guthrie and Dr Hudspeth for those, those are just wonderful presentations so practical so realistic and timely so just perfect for what we all need out there in the community so thank you so much. And thanks everyone for the time you're taking away from your busy days. And it's great to hear from Dr. Tilson at the end to kind of pump up the troops out there and we can do this and look forward to talk to you on the next webinar, Hugh any last thoughts?

Hugh Tilson

Only thanks to Greg Elizabeth and Robin for their partnership and helping us to get all this set up and again thanks for the great timely information.