

Transcript for NC DHHS COVID-19 Vaccine Webinars

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6:00-7:00 pm

Presenters:

Dr. Betsey Tilson

Dr. Shannon Dowler

Dr. Amanda Fuller Moore

Dr. Charlene Wong

Dr. Elyse Powell

Hugh Tilson

All right, it's six o'clock. Let's get started. Good evening everyone, and thank you for participating in today's webinar to update providers on North Carolina's COVID-19 vaccination plans. This webinar was put on by the North County Department Health and Human Services and supported by North Carolina AHEC, the night's webinar will provide relevant timely information about state's COVID-19 vaccine plans and will provide a forum for you to ask questions of DHHS leaders. My name is Hugh Tilson I'll be moderating this evening. There's a ton of great information coming your way so I'll be brief. I'll start by thanking the entire DHHS team for all they're doing, and for making time in their crazy busy schedules to provide this information to us tonight. We really appreciate it. I want to let you know that the slides are available on the north county website. There's a link to that in the q&a that I'll post in just a second. Sometimes it's the links don't work as a hot link you may have to copy and paste those into your browser. Also want to know that, we'll record this webinar and put that on the AHEC website as well, providing it to DHHS tomorrow. We'll turn to your questions after you hear from our presenters. Everybody other than our presenters is muted so you can submit questions two ways one is using the q&a function and the black bar on the bottom of the screen. Alternatively, if you're on the phone, you can't do that so send an email to questionsCOVID19webinar@gmail.com. Again, check the q&a for the link to the slides will be easier to follow along in just a second. And now I'll turn it over to North Carolina State Health Director and Chief Medical Officer, Dr. Betsy Tilson so she can introduce herself and the DHHS team.

Dr. Betsey Tilson

Wonderful, thank you so much for joining us tonight it's been a couple weeks since we have done an update and there's just been so much action and new material that we really wanted the opportunity to be able to share with you some of the new tools and progress and also be able to have some time for questions so thank you for taking time out, and an evening I'm sure you've had a long day of work. So

thank you for joining us for this. We have all star team for you tonight. I'll walk through the agenda and I'll do the introductions of folks who'll be covering the different pieces of our agenda for tonight. So I will start and just just a little bit of an overview of where we are the status of distribution, how is North Carolina doing. Then I'm going to turn it over to Dr. Shannon Dowler many of you may know our Chief Medical Officer for Medicaid, who's been helping us do a lot of work in terms of our provider engagement, and we'll walk through that. Then I will turn it over to Dr. Amanda Fuller Moore who is our public health pharmacist and as operational lead for our COVID vaccine work, who walks through some of the operational things around allocation pharmacies and CVMS updates. Then we'll turn it over to new members of the team. Dr Elyse Powell who heads up our business intelligence unit, and then we'll talk through some of the very cool consumer finding tools that we have. And then off to Tracy Zimmerman who heads our communications and she's going to talk through some of the new communication resources that you can use for your for yourself and for your providers and for your community. And then finally Dr Charlene Wong, who is help is helping us a lot of our work on our equity and on our communication pieces, and also on policy projects, and she's going to talk through some of our equity work. And then what's, what's down the pike, you probably all know we do have some new vaccines that may be coming down the pike and then thinking through our next phase of prioritization. That's a lot to get to. So I'm going to jump right in. Next slide please. All righty.

So the first thing I would say is that, North Carolina is officially cooking with gas in terms of our vaccine administration, huge amount of effort on all of our providers from our local health departments our health systems are FQHC or primary care physicians, a lot of our pharmacies we are so unbelievably grateful for the tremendous work that our provider community has done in order to really be able to be exceedingly efficient in getting our vaccines out, we have set the expectation for our providers that every dose they get should be out in somebody's arm within five days and our providers are hitting it out of the park. I hope that you follow along on our vaccine dashboard. We do have a link later on in the deck, but please follow along that with us to see how we are doing. One of the things I do want to orient you to is a concept that we call our vaccine week. So we our vaccine week is not Monday through Friday but it is Wednesday through Tuesday. So when you look at that data thinking through that vaccine work meaning that vaccine typically arrived in North Carolina on Wednesdays, and we have asked our providers to have that all be administered by the following Monday, or at the latest Tuesday, so that's done within that week. So as you're looking along and looking at our dashboard what you want to typically see a dip of the percent of first doses that are administered on Thursday or so because that's when we have that big onslaught of new doses and then you'll see that by usually Monday or Tuesday of that next week, that all those first doses are gone, which is our goal. And so what you'll see is we've also tried to break out our data by first doses and second doses because really our goal is to administer those first doses, as quickly as possible and then of course we want to wait for the second dose to be at that appropriate time.

So I orient you to some of this data and then what I've circled is that number we're really looking at and want you to follow along with it is what percent of those first doses have we administered, and you will see and I'll explain why this is a little bit odd that that as of last night so we're not even at the end of our vaccine week. Our, North Carolina providers have administered 106% of the first doses that we have

received in North Carolina, which is great and exactly what we want. The reason that we're actually above 100%, is that for now, our Pfizer allocation is based on five doses per vial. But our providers are so good and so efficient and so skilled that in general they often are getting six doses out of that vial which is why then we can administer more than 100% of the doses that are allocated to us. So really grateful I want to be sure you're following along with us and again, there's pretty much no doses left on the shelf. Before we get another allocation in North Carolina which is exactly where, where we want. On the bottom you can also follow along, how we are with our federal Long Term Care Program. That is our state allocation is sent back over to the federal program, and this was CVS and Walgreens who then are going and doing this, they have three planned clinics and all of our skilled nursing facilities and our long term care. And so it will take them about, and they use Moderna will take us about 12 weeks to be able to get through those, those allocations but they are making great progress in our nursing homes as well. So we're really excited about that and really excited that we hit the landmark that we hit the landmark of more than a million doses administered about a week ago but really what we want is to the first doses and we hit that landmark of more than a million people in North Carolina that had their first dose, which is just great and I can't be more grateful for our providers for stepping up and just doing tremendous work.

On the right hand side, a lot of times we hear where we rank and in the national rankings and so on the bottom right I do, I did highlight the dashboard from CDC. That shows where we are we are the ninth most populated state and we are ninth in the country. And so that's very quite proportional and to be honest I don't know how we could be even higher. Considering that we are administering more than 100% of doses that were allocated to us. So, we're doing really well our providers have really stepped up, I can't be more grateful for all the hard work that our providers are doing so thank you all very, very much. Next slide please. So that's the great news really really good news. The piece then just want to be sure that we have expectations settings, because our problem is not getting vaccine out clearly our providers are doing an amazing job. Our challenge is, and will continue for a while, very limited supply. And so I just want to be sure I have a little bit of level setting and you understand the numbers. And, and the limitations we have in our supply that really is our limitation right now it's not our providers, it's not our administration. It's our supplies. And so just to give you a little bit of a framework of that. Currently we are open to group one and group two prioritization and so, you know, that is all of our health care for our direct our direct patient facing healthcare providers or long term care people involved in vaccination events, and then people 65 and up to put those two groups together that's about 1.7 5 million North Carolinians. We, as I said, we've already vaccinated, million of them. Yay. And that means that they're still about 675,000 people still potentially eligible and that group one and group two. When you look at our weekly allocation of first doses. It's a little bit more than 150,000 per week. So, still we only have sufficient vaccine for not even a quarter of the people still eligible. So when people say they have a hard time getting a vaccine. And that's that supply is limited, I just want to put that into, into the kind of expectation setting for you that we still have less than, less than a quarter of the supply that we need for people still eligible just so you have that in your mind and then you can be talking to your to your patients and your colleagues just the expectation setting that people are still going to need to wait.

A little bit of expectation setting as well in terms of providers and providers being able to receive direct allocation because I know so many providers are eager eager eager to get direct allocation. In order to be able to immunize themselves and so just again want to do a little bit of expectation setting that we're not, we're limited in our doses we're also limited in our units of distribution. Because these vaccines come with minimal minimal amounts for Pfizer 975 Moderna is 100. So, even if we were able to distribute them, the minimum amount for vaccines, the maximum number of providers that actually could get direct allocation is about 975 and clearly you know that we have 1000s and 1000s of providers in the state so that would be the most that we can do. But in order to support a fair amount of our community based vaccination sites and Shannon will go through some of those best practices hosting community based vaccination sites at churches in the community, in order to support those really successful community that fake vaccination type, we, we typically have to allocate more than the minimum allocations. So just to get a little bit of expectation setting I'm so excited so many providers one of the enrolled. Want to get direct allocation but it's going to take us a while to be able to do that more widespread. Okay. That is, it just in terms of where we are in expectation setting and with that I'm going to turn it over to the good doctor dollar to talk through really an amazing work the team and she has really done on our provider enrollment engaging our providers, Dr Dowler you.

Dr. Shannon Dowler

Thanks so much. So yes, the last month has been a very busy month for everybody. Initially we had focused on health departments and hospitals for the first tranche of vaccines, but in January we opened it up and started bringing in more providers. And so what we have seen is a huge response from the field, lots of people interested in being vaccine providers, which is amazing and terrific and what frankly what we're going to need to be successful in North Carolina. The next thing we focused on after the health department's on hospitals was getting those federally qualified health centers on board, recognizing that they tend to serve a larger historically marginalized population in their health centers and feeling like they were really important safety net providers, they also were incredibly instrumental in getting tests out and providing testing for historically marginalized populations. So we really prioritize that work in the beginning part of January, and then open it up to other providers and so this was yesterday's data it's actually even more today. When you look at the number of providers that are already activated. To give vaccine they're ready to receive it and give it. 134 locations of FQHCs, we have 80 RHC's and primary care clinics and 110 pharmacies have now been enrolled and activated in the system where they can actually receive vaccine, and potentially receive an allocation directly from us. The first time we send an allocation that's usually a small amount. Ideally, we'd like you to get a transfer first so you can sort of get your feet wet, make sure you really want to do this vaccine work, and then go for allocation as we're able to get new sites added. So lots of people is still in the enrollment process. So many in fact that we had to come up with a strategy to make sure that we were getting people enrolled in a way that made the most sense for what the needs of the state were. So next slide, we got out of order. If you'll go on to the next slide.

We have some principles of prioritization that I want to share with you because it is changed slightly two or three weeks ago we were really thinking in a stepwise fashion around the type of provider and when that the priority is really focused on the type of provider that somebody was are you primary care, are

you a dentist, are you you know what kind of provider are you, and now what we've seen is actually what we really need to do is make sure all of our counties have equity, as far as capacity to get vaccine. And what we're running into now as some of our counties should be able to get more vaccine, but they don't have enough providers that are able to give vaccines to actually allow us to allocate their total capacity. So the priority for us right now. Aside from local health department Recommended Practices that's always been sort of our number one if the Health Department says this community partner is critical I need them to be on boarded and activated so that they can get vaccine. We really listen to those health departments, but now we're focusing on those counties that have a relatively low provider capacity to get vaccine, relative to the amount of vaccine we could allocate to them. So the minimum things you have to do to be able to be a vaccinating provider is you've got to be able to take at least 100 doses a week, which seems easy, but it's a lot of work, let's be honest, the system the documentation the administrative burden. It is not for everybody. It takes a tremendous amount of time and energy for practices to pick up this work and do it in your offices and stay on the really kind of fast paced time schedule that we're all on in coordinating second doses. It's this is not just like giving a flu shot, it's a little bit more intense for the practices. So you've got to be able to make sure that you can give 100 doses in a week. You've got to be technically ready. So you have to be activated in the system. That means you went through the whole enrollment and onboarding process, and you've got to be saying, you got to stand ready to give the vaccine. And then we're looking at who's able to do this work with an equity focus. So we're thinking about our long term care population, people over 65, reaching historically marginalized populations, those are the kind of things that are helping us decide who gets up in the front of the line for enrollment and activation in the system. We want everybody who wants to give vaccine, to be able to give vaccine, because one day, we're going to have enough vaccine and it's going to be amazing. But until then we're gonna have to work through this sort of stepwise. Next slide.

So some of the things we're doing and we're trying to provide to you as vaccine providers from the state. We've tried to simplify the way we're doing prioritization and be really transparent about it. We've created really clear operational guidance, you're going to hear a lot from Amanda in a few minutes around the improvements we've made in the CVMS system in the last month which are phenomenal and week over week we're making significant improvements based on your feedback to make that system work better for you. We're also doing case management so we have over a dozen case managers now assigned to providers who are getting vaccine allocations, to help them work through the problems, help them sort through any challenges they're having with CVMS or other problems, helping them transfer vaccine or receive a transfer vaccine. So we have these case manager's paired up with providers so the first time you get an allocation, you'll have a case manager, that will be reaching out to you to be there to help you in the process. We're also creating some staffing support our local health departments have have carried a huge burden of this work while doing all their regular public health work. So we've given some grace on care management responsibilities of the public health staff and tried to create some flexibility for their staff to help out. We've also brought in additional staffing resources through, through emergency management in the National Guard, other support to come into communities, and then we're also have a shared service with data entry support for some entities that need it, that some thought maybe no problem we can give all this vaccine and then when they started doing the data entry found that they got behind. We want to help you get caught up and figure out the best way to do it. We've also learned a tremendous number of best practices from the

field and it has been so inspiring to hear people's stories and hear about how they're giving vaccine in unique ways. And I wanted to highlight a few of those. So Nevin if you'll go to the next slide.

One of the things that is apparent to me and I'm sure to all of you in your communities is the headlines every day around the state is around providers and their amazing work with vaccinations. So this focus on reaching our historically marginalized populations around the state, providing large volume events, just trying to get every dose of vaccine we have off the shelf and into people's arms. We're seeing that all over the state. One of the best practices I've heard about from several of our partners is actually reserving slots, so if they get 100 vaccines, they take 30 of those slots, and they reach out to patients that they know are from historically marginalized population that are 65 plus, and they invite them to a vaccine slot before they open it up to others. I thought that was a really nice way and I've heard that of multiple organizations doing this to try to be proactive and outreaching to the historically marginalized populations in their patient panels or in their communities. Other ways that can be done is outreach with community partners, community partners can be a huge help. Not only is volunteers at a site but helping to coordinate set up schedules and do other things with a vaccine provider. They also can help pave the way, with some trust so we're seeing that when community partners are engaged we're more likely to be successful. Another best, best practice I saw was an entity that like the historically marginalized populations in their community, weren't necessarily as internet savvy and had the ability to secure the appointments online. So they actually made tickets they made and printed special tickets to a vaccine slot, and they went into communities and they handed out tickets to people that met the criteria and they said you can use this or if you know somebody else that's 65 or older and you want to hand this ticket to them, and it had the appointment time and the location, and then they brought their ticket in and got their vaccine. And then of course we're given their follow up appointment at that time, and then going into communities is incredibly important. So just like going into the community to hand out the tickets to actually going into subsidized housing community going to a church, and holding the events on their location has been a really successful model we've seen around the state as well. The last thing I will touch on is volunteers, there's so many volunteers around the state that want to be part of this. This is going to be the story, you know that will tell I remember the COVID pandemic. And people want to be a part of it, they want to contribute and they want to support and they understand how important this is. So, I would really encourage you to use volunteers, volunteers can help with scheduling doing reminder phone calls, there's all sorts of ways you could use a volunteer, but there are a lot of doctors and nurses and others out there that want to volunteer to be vaccine providers, they want to help out come in on a Saturday or an evening clinic and do vaccines. So, please don't be shy about partnering with volunteers in your community because we found that they've really helped events be successful, but they also share the burden on your organization with doing the vaccine work. So with that, I am going to now turn it over to the foundation of allocation. The Queen of vaccine Dr. Amanda Fuller Moore

Amanda Fuller Moore

Thank you Dr. Dowler, good afternoon, good evening now everyone, we are going to quickly go through some additional information on our allocation strategy as well as CVMS. So, we are currently in a three week cycle we adjust our allocations every three weeks so the week of February 15 will be the last of

our current three week cycle, and that formula is based on geographic equity determined by population, there is an increase for site for counties that have larger amounts of our HMP groups our racial and ethnic equity bump as well as our low income and historically marginalized 65 and up population we also use some of our vaccines to support community events, and we'll talk about how providers apply for those in just a second. Next slide. So we have some expectations that go with our vaccine and that is that providers balance speed and equity so the vaccine that we allocate in a week, we expect when it arrives on Tuesday or Wednesday of each week that a provider has a plan to exhaust and record all of that that vaccine by the following Monday, that helps us make sure that we stay on track with our allocations from the federal government. We also expect that that allocation is equitably used across provider jurisdictions and that no population is left behind. We really are trying to make sure that we align speed with equity, and in the past week three weeks we have really shown that we can administer vaccine quickly. We are also asking providers now to really work on our equity strategies and make sure we are getting into all of our communities. Next slide.

So we also have a couple of different pharmacy programs that we're working on. We've been working in the federal Long Term Care pharmacy program with CVS and Walgreens, who are the federally selected partners for that they've administered over 140,000 vaccines in North Carolina. We are now also bringing in a number of our long term care pharmacies that operate, specifically here in North Carolina to help with the long term of that vaccination program, the federal program was only three visits. And so there was always the thought that it would not be a long term solution and so we are continuing to work on bringing on our state pharmacies and working with other community providers and our local health departments to ensure that those long term care facilities have continued access the vaccine as they have patient and staff turnover. We also have community pharmacy programs, the Federal retail program with Walgreens is planning to start next week they anticipate having vaccine in their finalists actually is 313 of their 357 stores in North Carolina, that will begin next Friday February 13 and they will receive 100 doses at each of those stores geographically spread across North Carolina. We are also working to bring on some pharmacies in North Carolina into our programs that are not enrolled in the federal program, so that we can use those providers as well. Next slide. So, I know that we did mention it, but it is worth repeating that our allocations are very low. And so being an enrolled provider, sometimes means just waiting, because our allocations are so low, we aren't able to support all of our enrolled providers with vaccine at this time. However, all providers that enroll will eventually get through the process of using CVMS, which is our COVID vaccine management system. Next slide please. Gonna give you some updates on how we're using CVMS, it is the place in North Carolina where we enter all COVID-19 data we are not using the North Carolina immunization registry or NCIR for that process. We are entering all our COVID-19 vaccines, through the CVMS. We use CVMS for enrolling providers, because provider enrollment is a requirement of the COVID-19 vaccine management program through CDC and we also use it for providers to enter and the state to track and submit our data. Next slide please.

So, the CVMS provider enrollment process has basically four steps. You start by registering your organization. And then the Organization Administrator it registers some basic details about the organization and invite vaccine coordinator and the responsible officer of the provider. Then we also

have Section B which is for each site. So if a site is an organization only has one site it's one straight through process. If an organization has say 10 sites, they would do one section A and 10 section B's, it is one section B per site. That is the specifics of each site what kind of refrigerator do you have what kind of freezer do you have, listing of all the providers that would prescribe that thing that all goes into Section B. The last thing that happens is that the responsible officers to CEO and CMO sign to COVID-19 vaccine provider, then the full application goes to a review for through our North Carolina immunization branch. And then we go through to make sure everything is in place and provide a letter explaining either why the application was accepted or what additional information is needed. So, once a provider is enrolled, we go through the process of onboarding to the CVMS provider portal. This is a portal where data about vaccine administration is actually completed. So, we have provider enrollment is the first step and then CVMS onboarding as our second step, this is really where we complete training to ensure that you are ready to go there is a readiness checklist, all the way through the process to actually getting provide your site providers into our CVMS system. Next slide.

Each site that is brought on through provider enrollment and begins the onboarding process, complete the vaccine readiness checklist, this checklist is actually available on our website you can see it there at the bottom of the slide. It allows you to take all of the steps in order that are needed to be on boarded to CVMS One of the important things about this readiness checklist is that providers, once they have submitted their application and while they are waiting to hear about their provider enrollment agreement, they can get started on this vaccine readiness checklist and I would encourage everybody to do that. Now, one of the first things that happens is submitting the health care provider user onboarding template. This template also linked at the bottom here is really where you're going to upload your users so the people at your site that will be recording and administering vaccine would be uploaded on this user onboarding template. Next slide. We have tons of resources available. We have a ServiceNow helpdesk portal. We spend most all of our vaccine communications out through the vaccineinfo@dhhs.nc.gov email so that's a very important email. We have a number of user guides for CVMS on our immunisation website. Also the links to our live trainings and our recorded trainings which you can watch at any time are on our immunization branch website. And the bottom right hand corner of this slide gives you a list of what is available by our immunization branch website so you want to make sure that you can access our service now to answer questions that you've whitelisted our vaccine info at DHHS website, or email address and that you've checked out our immunization branch website, next slide. We also have a couple of maps that have been created to really show you what that end to end journey looks like there is a provider enrollment map and also a vaccine administration map. Both are linked through their titles there on the slide so that you can get to them, pull them down and be able to use those to follow through how CVMS works.

We do have some upgrades that are coming soon the keys to that are, that the location manager so the site. The people at the site will be able to manage their own users. We've also simplified identification of first doses and second doses, location managers are going to be able to submit inventory transfers on their own, we'll be able to turn on our organizational portal to help employers. We also have a pilot activity coming up for our EHR and EMR integrations that pilot is currently that all of the slots in the pilot are full, but we do have it available so that we can begin to bring data directly from providers EHR and

EMR into our CVM systems. We're also working on our scheduling and our Spanish portal translation. Those are all coming up in our pretty soon to be coming upgrade. Next slide please. I one slide I think it got out of order, and it was listed earlier I do want to draw everybody's attention to say that we do have a process for accepting allocations when allocations are given to a site we send an email to all of the email addresses that we have listed for that, like, the CMOS and CEOs, as well as the vaccine coordinator and backup and the organizational email, and those allocation emails do require a response providers that do not respond to the email actually do not receive their allocation is reallocated to another site. In addition, on that slide, and you will see how to apply for events we do allocate vaccine each week to special events, and we have a survey where providers can submit information about an event to request a special amount of doses, a larger allotment of doses for the week, and exactly how to do that so for this week the deadline is 9am tomorrow and next week the deadline is 9am on Monday. So just when you go back and look at the deck, you will see that slide is available, a little bit earlier on in the presentation. And now I'm going to turn it over to Tracy Zimmerman. So actually I think we're gonna get over first to, Elyse Powell who's gonna think you're right. And a little bit about some of the wayfinding tools that we created and then we'll take from there. Thanks. Yeah,

Elyse Powell

Thank you all. So really thrilled to talk quickly about two new tools we launched today to help folks understand some of the most common questions which are really. Am I eligible. And where can I go to get vaccinated and so this is a beautiful screenshot of tracing teams lovely landing page, and there's two buttons on your spot your shot. Take you to these new tools so if you go ahead and click forward, We launched the find my group eligibility screeners first on January 25. And really the whole idea behind the eligibility screening tool was to have a tool where folks could walk through a relatively simple series of questions and at the end, it would spit out and say, Hey, your group two you're eligible. You know, go, go to the site locator and find vaccine sites or hey your group five, it's not your turn yet but you will have a turn. And feel free to sign up for notifications and so folks can actually sign up for email or text notifications if they're eligible or if they're not yet eligible for this tool. So if they want to get notified when, when the state does move forward within groups, we can send out that notification and actually this data is already behind so we just have 180,000 people in these first few weeks, who have signed up for notifications so that's not just people --. How many folks have gone all the way through and said yes, I want to give you my information and I want you to notify me when I'm eligible or ping me with updates, and I will share that, the largest signups thus far had actually been with group three and group four and a big bulk of our of the people who have signed up are in the 55 to 64 range. So you can see a lot of interest in folks who think they're there next in line, which has been really really wonderful to see. And that's live on, findmygroup.nc.gov and so that's out there and available for you to use or share with with your networks.

Second thing that we launched was, find a vaccine location. So that just went live last Monday. And the idea behind it was to provide easy to use, so it's it's built on Google Maps, a familiar interface way for people to be able to search where they are and find nearby site locators. Now we did emphasize when we launched this, that, you know, supplies are still very limited and the whole idea behind this tool was to reduce the burden of people knowing who was vaccinating where appointments like be wholly

understanding that supplies are still very limited appointments are still very limited we're really conscientious about reiterating that when we launched this tool at the moment it has about a little over 300 sites plus community events. And we continue to add more and more common line. If, if you're a provider who goes to play with this tool and says hey I'm not on this locator and should be or I'm on this locator and oh my goodness, please take me off. There's information at the bottom about how to request a change to site locator or hey we updated our, our scheduling and we want a different link displayed so there's a very easy way to do that and that's located at myspot.nc.gov. And then the final thing that I'll talk briefly about that. We actually launched on January, 30 was a new call center that was better able to and better staffed up to handle the huge volumes of interest that we were seeing. So the number is right there it's available in English and Spanish. And I'll share I believe my next slide is sharing some information about the call center. Um, yes, so I know when I first heard call center. I was, you know, you get images of having to call the DMV and there. And so I really want to show off a really great work of the call center so they have an over 95% satisfaction rate that's so so good for our call center. An under 3% abandoned rate so that's when someone hangs out because they're frustrated, they're not getting their answer.

Elyse Powell

And they handled a couple 1000 calls and I will also share you can see at the bottom there. So the most common questions tends to be. Where can I get vaccinated so call center agents are all trained on using the site locator and point people to that tool and turn off how do I know if I'm eligible to receive the COVID-19 vaccine and so this has been a really wonderful tool if someone gets through the eligibility screener and goes. Ah, I'm public health, am I essential am I not, should I click Yes, the call center agents are all trained to help both sort of walk through people's unique situations and help them help fill that out so I'm really thrilled to have these couple of new resources out there to help reduce the confusion a little bit and reduce the frustration a little bit as folks try to try to find an appointment. And so I think that's it for me so I will now actually pass it to Tracy Zimmerman.

Tracy Zimmerman

right thank you and I'll go pretty quickly, because I know we want to save time for questions. All of these, I assume, you'll, you'll get the slides have hyperlinks. We know that people also still have a lot of questions and we want to be able to get them accurate and reliable information there is a lot of misinformation out there. So there are a suite of tools we hope that you will make use of to educate your community and patients, and others. And so that ranges from flyers and fact sheets to infographics, we have a wealth of videos, social media, FAQs presentations ways that we hope that you will collect and share stories because we know from our research that 90% of this is all about who the messenger is. And the most trusted messengers among the most trusted messengers are medical providers, so you can play a really important role in making people feel confident in the decision to to get to get their shot, and most things are available in English and in Spanish and you can see at the bottom of the web link there. There's yourspotyourshots@nc.gov. So, please make use of them if there are other things that you that you would find helpful let us know we want to be able to help you reach your communities, thanks. I'm not sure who I turned it back to Charlene, I think.

Dr. Charlene Wong

All right, last section here so actually so many people have touched on equity already today I think that really just goes to show how important this is and how much it really permeates everything that we're doing. So, Dr Tilson showed some data from the dashboard at the top of the presentation on our dashboard we're so thrilled to be able to say that we have added county level demographic data, starting last week so you can look and see that breakdown by race, ethnicity, age, gender, and it also includes you can look at first doses overall or you can look at first doses by the population. And so this is really helping us our vaccine providers, the public have a better understanding of where it is that we're, we're at now where it is we have room to improve it and where it is that we're actually seeing that we're having improvement. This is creating that public transparency that we're very committed to and supports all the work that we're doing that our local partners are doing to address these inequities so again there's that website there. Next slide. We are doing a lot of folks have mentioned some of this has already been mentioned today to prioritize equity, first as Tracy was just describing we're very much engaging our historically marginalized communities, she mentioned some of these videos. We're also continuing to do trainings and presentations to leaders because as Tracy just said the messengers so important. We're partnering with institutions and really making all those accessible resources Tracy mentioned. Shannon and Amanda earlier also mentioned some of the efforts we're having around meeting people where they are, for example as Shannon mentioned prioritizing our federally qualified health centers our community and rural health centers, I see some questions in the chat that you know some of you all are in some of those centers who haven't yet been allocated. I think hopefully there's been a little bit of clarification for you and transparency about how it is that we're making these, these difficult allocation choices as the vaccine supply is very limited and Shannon also mentioned some wonderful examples about how folks are reserving appointments. And then I was just mentioning some of the leading with data transparency just to call out for folks we are one of only three states that have been recognized as providing complete vaccination data by race and ethnicity as of late January. Next slide.

We're also facilitating these local partnerships one thing and this relates to several questions that came in in the chat around also thinking about our community based organizations how folks can volunteer. One of the things that we're preparing to really start standing up is employing Regional Health Equity directors to facilitate the matching of supply and demand in partnership with our vaccine providers to serve our historically marginalized populations through things like vaccination events targeted appointments, helping choose appropriate locations for vaccination sites and more to come there. We are also and I saw one question earlier about I'm a community based I'm working with a community based organization we want to help ways to help include things like hosting vaccination events doing door to door outreach, getting people registered for vaccines. Just to let you all know some tools are coming out we have actually it's been so wonderful to see so many people across North Carolina raised their hands, wanting to help, and we're standing up some systems to help organize that because we know that a lot of people have raised their hands we've you know folks have contacted local vaccine providers may or may not have heard back yet. And so we're working on a system to really facilitate more of that. But again, everyone's just working really hard the vaccine providers are working really hard but again more to come. There are community health workers are very much engaged as well already doing Vaccine Education helping fill some of those appointments for underserved populations.

And I think since our last webinar also an announcement that we have distributed \$2.5 million to local transit agencies to help pay for rides for people who need transportation assistance to their vaccine appointment. I'm not going to get into these reserving appointments because Shannon gave so many wonderful examples there here's a couple more than just to say we are prioritizing those vaccine events as was mentioned earlier that focus on our underserved communities, for example, A&T, UNC Pembroke being some of the HBCUs that we've partnered with early on. Next slide.

So how can you all help. For those of you who haven't yet been brought on as a vaccine provider or those of you who have identify your eligible patients, particularly those from our historically marginalized populations who are eligible for vaccinations now, namely our 65 Plus, and then reach out to them first, which includes encouraging them to get vaccinated setting are managing expectations because we know vaccine supply is very limited. And then provide instructions if you yourself are not a provider or if you are about how they can get vaccinated. For example, partnering with one of your local vaccine providers who is getting allocated vaccine to fill some of those set aside appointments for historically marginalized populations. We have community based organizations doing that now. I would also love for more of our primary care providers if you have bandwidth to do so to help do that as well. Next slide. Last little bit here I'll finish up in just a minute what's coming next we've got the Johnson and Johnson vaccine, a couple of key bullets about this, as I'm sure many of you all have been following in the media, very exciting that this is a single dose vaccine. It does work by a different mechanism than our two mRNA vaccines and Pfizer and Moderna. This is a viral vector vaccine, meaning that the DNA that codes for the site that codes for the mRNA which codes for the spike protein in this vaccine is inserted into an adenovirus vector, like our two other mRNA vaccines. This was also built on decades of research for example, the approved Ebola vaccine uses this particular mechanism, as well as some of the experimental HIV and Zika vaccines. This is a much more stable vaccine because it is not mRNA and so it can be refrigerated for up to three months, and it's stable for up to two years when it's kept colder manufacturing the federal government has ordered \$1 billion dollars worth 100 million doses if the vaccine is authorized. Next slide.

They applied for their emergency use authorization on February 4, the FDA advisory committee will be meeting on February 26. As far as the clinical trial data it was called the ensemble trial, they had 43,000 plus participants who were 18 and over so we anticipate they will be applying for authorization 18 and up just like the Moderna vaccine. All we have right now is just the press release that Johnson and Johnson put out so some of these there's not a lot of detail yet but what they say in that is that the effectiveness is that there was complete protection against hospitalization and death. Overall, there was it was 66% effective in preventing moderate to severe illness, 28 days after vaccination. That was their primary endpoint. When you look at efficacy and preventing moderate to be severe disease on that pie chart on the right. One thing that was a little bit different about this vaccine is it was being tested in three different regions and this was at a time when we know that there were variants that were starting to spread or were widely spread in some of these areas so you can see the highest proportion of the clinical trial participants were in the US where it was found to be 72% effective against moderate to severe disease lowered at 66% in Central and South America and the lowest in South Africa, 57%, though all over the threshold of 50%. They're also going back to the effectiveness data 85% of overall

effective in preventing severe disease again, we need to see a little bit more data there. These are all based on total of 468 symptomatic cases reported, and they did have a statement that said the protection was consistent across all race and age groups in all three of those regions. Not a lot of data on safety at beyond saying there were no significant safety concerns there were no reports of anaphylaxis and not a lot on the side effects yet though the most common that they report is fever and that was at 9% so we'll be anticipating more data details as the FDA prepares for that advisory committee meeting. Next slide. And finally, there are some questions in the chat around what's happening next we will next after we were currently vaccine in groups one and two, we will be moving to group three which are frontline essential workers. Next slide. Oh, I guess we took out that last slide so for frontline essential workers that will there's additional information available on our website about who's in that group. There were several questions about one we're going to move there. We are thinking through that right now a lot of it depends on when wanting to make sure we've got time to get proportionally more of our folks in groups wanting to vaccine and we still have a very long waitlist in many places have some more to come on that.

Hugh Tilson

So I guess.

Dr. Betsey Tilson

Yeah, I'm actually going to get through all of that we know it's chock full but there's just been so many new things going on wanted to be sure we we got we got ahead of you. And then also just to be sure that we will these slides can be disseminated, the hotlink should work. So please use them as references but we are happy to share them.

Hugh Tilson

So, were there any questions in there that you saw that you wanted to serve as a jumping off point and you want me to just pick a couple. There was one question there when do you recommend pediatric offices registered for CVMS.

Dr. Shannon Dowler

So I'll take that one. Um, I think it depends on the pediatric offices ability to do vaccinations for more than their own population. So in some communities a large peds practice might be a great location to do I host them after our an evening event. There's certainly nothing wrong with going on and doing the enrollment so that when we're able to open it up to a broader population that might include your patients or the parents of your patients that you stand ready to go. So I would encourage anyone who thinks they want to be a vaccine provider. Go on and start the enrollment process and get yourself, sort of in line and when it becomes time for us to be able to add you, then we'll, we'll have you there and we'll know you're interested so I don't think there's anything wrong at all with going on getting in line.

But if you're a key partner for a local health department, then they can also make that recommendation to us.

Hugh Tilson

So if you do register how much notice will an approved side gift, prior to getting their initial shipment if they are lucky enough to get one given the limitations on supply.

Dr. Shannon Dowler

So today we are talking about who's going to get new doses we're trying to Amanda's made it so that we have a set aside for 28 new practices every week to get new doses which is awesome. And so we're talking through who those are, they'll find out Thursday night. Hopefully. Yeah, don't find out. Thursday and then the doses will arrive the following Tuesday, usually.

Amanda Fuller Moore

Just some clarification related to that we do send the email for allocation on Thursday to all providers that are receiving an allocation, but they must complete the survey to accept the doses, if they don't complete the survey to accept the doses, the doses are forfeited zeroed out and reallocated to the doses will only be ordered and shipped. If the provider takes the step of completing the survey.

Dr. Shannon Dowler

And I would add to that to that getting a transfer is a great way to start if you're already through the system and you're activated and you're ready, reaching out to community partners to say hey I would love to transfer vaccine we're ready to get it. That's a great way to kind of get your feet wet and get started in the process before you get a direct allocation

Hugh Tilson

Do patients have to register for CVMS in order to become eligible to receive the vaccine, and also register for an appointment or is just healthcare providers that have to register.

Dr. Charlene Wong

Here I can take that one so it's it's really important that everyone knows, and we did this very early on to ensure that folks did not need to have an email address to get registered you know this pre registered and CVMS like many of you all may have where you got an email and you click through any patient who is going to get vaccinated, they will get put into CVMS but there are, there are multiple pathways to

doing so one is that they might get the email and do that process. There's also a way that they can get registered in CVMS when they show up for a vaccine appointment or by phone, that's another option as well.

Hugh Tilson

In the different versions of this question but what resources are available for practices who have providers and staff who are direct patient facing and providing procedures, but have not yet been contacted for vaccine appointment or didn't get in and another iteration of that is, they just can't get an appointment because there aren't enough slots available what should. What should providers do in that situation.

Dr. Betsey Tilson

Um, yeah I'll talk about and so it depends on where they are in the process so that they may not be just a proactive outreach to you, I would, again, on that side by side and knowing who the vaccine providers are in your community, active outreach to the vaccinating providers be at your local health department or your health system or your FQHCs see some providers have already and depending on where you are some providers have reached out to the health department and they're registered and they're waiting for the health department to respond back. But if they haven't, then go ahead and do proactive outreach to those providers that are vaccinating in your community and again you can use that sign the the Wayfinding that Dr Powell had had presented as well for your own staff just like your own patients as well. And again, just to remind you that vaccines are very very limited as well so just the expectation is it's still going to take a bit to get everybody vaccinated who's eligible.

Hugh Tilson

Change the topic a little bit, what's the most accurate rapid antigen test now available what's recommended by DHHS.

Dr. Betsey Tilson

Well, I wouldn't say we have thoroughly endorse or recommend but the biomass Biomass now actually seems to be. We've added been a fair amount of work head to head with the Biomass now and PCR and actually looks like it's performing quite well, both in symptomatic and asymptomatic population. Which is not a vaccine question but happy to take that as well.

Hugh Tilson

For those folks who have signed up for email or text notification find my group. Be sent the CBS link to sign up for vaccine when is their turn.

Dr. Betsey Tilson

I think that's the that's the email that if they were the email that say, notify me when it's my turn, so they would be notified it's their turn but we don't have a scheduling a centralized scheduling process they will be given an appointment, but they'll know it's their turn, and then they can use that, that function of finding out where vaccine providers are to go ahead and try to get an appointment, Elysa anything else you want to say what do they do the chat bot functionality.

Elyse Powell

That's exactly right and it's actually people can say I prefer to be emailed or texted so it'll either email them or text them depending on their preferred method of contact. And we are in the, in the coming weeks going to onboard a chat bot as well so that'll help people navigate navigate it as well so an additional help, call center but yeah it will we were able to sort of set it up so that when we do move. We can notify everyone who is in group three and just put the information the screen or like, okay, we've moved, but it doesn't have a full connection that is exactly right doesn't have, but what it will do is it'll point people to the site locator they use the site as a resource to help find vaccinators near you.

Dr. Betsey Tilson

If you would I want to proactively address one comment that I think is right on and so important and thinking through strategies, and it's. The comment was vaccine gentrification is a real concern with people from people coming into high risk tiny communities to get the vaccine and then leaving that community with less, though, I like that. I love that coin vaccine gentrification we've also been hearing the term of the vaccine tourism, of people who are more mobile able to get to where vaccine is. And so we've been having a lot of guidance and a lot of work with our providers and how they really can take control of their schedule. In order to ensure, especially those who are the most vulnerable or those who might have the most difficulty moving around. Access to vaccine and so some of the best practices that Dr Dowler has suggested is thinking through for our providers, let's say you have set aside a block of 100 appointments and make sure if you are working with a community health worker or a faith community or community organization you say great. I'm going to set aside 100 of my appointments and you community health worker you face community, you find the people, and then you, and then we can appoint them or you set aside a certain percentage of your, of your appointments for historically marginalized populations so there's a lot of ways, and I think some of our providers that is beautifully we've been doing a lot of work on proactive control of your schedule so that you can really control who is in those appointments, in order to ensure that that equity because that that vaccine justification or vaccine tourism is real. So a lot of our providers are very proactive in thinking through ways of again being proactive of who they're setting aside appointments to to be sure we're getting those more vulnerable folks,

Hugh Tilson

Two different versions of this about high risk medically fragile either persons or family members, and whether they are prioritized or if there's any thought about giving them additional prioritization.

Dr. Betsey Tilson

Yeah so through our overall our prioritization. It follows the CDC Advisory Committee on Immunization practice with, with one exception which is 65 versus 75, but throughout that, again, we aren't we are aligning with, with CDC and it's a way to think through risk of severity and risk of exposure so you know group one of course is our health care workers, and then our long folks in long term care who not only have a high risk of exposure but also typically have high risk of medical complications because of the frailty or reason they're in long term care and that's not that skilled nursing facility but it's also our mental health group homes or adult group homes and it's also people with intellectual and developmental disability who are community living but they're receiving home and community based services so group one under the patient side, those people really who are general private medically and high risk in terms of exposure. So we have a fair amount of folks in their in group two with people 65 and up, and you know the older that you get you also the higher the rate of your chronic conditions. And so we are getting a fair amount of high risk people there. We did make the decision to drop from 75 to 65, part of it is a nod to equity that the older you get, the more white a population gets and feel this disproportionate white population in 65 and up but less so than 75 and up in a second 75 and up and we dropped that 65, a little bit too in order to be more and more inclusive of some of our minority populations then are frontline essential workers. You get kind of a three fold piece with that with that next phase that one. In general this population has a higher prevalence of chronic conditions high risk medical conditions two, they have a high risk of exposure by nature of their work they have to get exposed at work and three, you also have a disproportionate representation of historically marginalized populations. So throughout those those groups you are, you're absolutely getting people with high risk medical conditions. And then the next group is younger people with one or more high risk conditions but maybe don't have the same exposure, or they're not being in a congregate, long term care, or, or, occupational exposure so people would have it's not as efficient but a lower risk of exposure that are in group four, and our numbering just to know our numbering is different than CDC numbering they have 1A, 1B, 1C we decided to use whole numbers. But in general, our order prioritization order aligns with the CDC and it's a combination of high risk medical conditions and risk of exposure.

Hugh Tilson

It's after seven scheduled to go from six to seven. I don't know if there are other questions in here that you've seen that have triggered responses that any of you wants to respond to, particularly.

Dr. Betsey Tilson

Yeah I'll answer one because we get it a lot and Natasha I saw that up there. And maybe the Hugh a little bit of yours so the first thing is look on our website, please and we have deep dives of all these groups so you can get much more granularity of who is in these different groups. So one question is, what is

considered frontline essential worker. So on that website on our vaccine website we have deep dives of all of that in group one we do have that home caregivers who are providing regular medical care to either a child or an adult with special health care needs that can qualify in that phase one as a health care worker we define a health care worker, similar to CDC is paid or unpaid health care worker. So again, if it's a home caregiver who's getting ready for regular medical care to a specialist, a child or adult with special healthcare needs, they would qualify in that group one for please look at those deep dives if you need a little bit more clarity on who qualifies in those different groups.

Hugh Tilson

There's a question here about whether volunteers, even for data entry have to be employees of the organization, or if they can be just a volunteer there any.

Amanda Fuller Moore

Nope, there is not any restriction a site can upload a volunteer to be a data entry minutes, a data entry recorder in CVMS.

Hugh Tilson

Are you providing vaccine to FQHCs and minority pharmacies.

Dr. Shannon Dowler

So many FQHCs we have 145 locations activated 85 have gotten direct allocations already. We started opening up to more community pharmacies last week, we did a bunch this week we're doing a bunch. So we're expanding that as well.

Dr. Betsey Tilson

Yeah, and especially there's a lot of different ways. Also we are expanding that in if it's an identified community need to look to our local health department and look for a health system. If there's especially a pharmacy that's a, boy this is a this is a pharmacy that we really need for community we're onboarding them as well.

Amanda Fuller Moore

There's a question in there I just saw added on I just want to make sure we address it that you cannot apply to be a vaccine administrator, you can work with an enrolled provider, but in order to receive and

store and administer vaccine at your site you do have to go through the CVMS provider enrollment and then CVMS onboarding and activating.

Hugh Tilson

I think they're looking for a workaround because I think they really do want to receive vaccine and I think part of the frustration is there just isn't enough vaccine.

Amanda Fuller Moore

That is a shared frustration among the vast majority of us.

Dr. Betsey Tilson

Yeah. And just remember 150,000 doses a week, we have a state of 10 million. So we just we are still in that very limited supply and again I showed the beginning like every dose is gone right 106% are gone so we just, we still it's very limited supply and we're going to be there for a while. Very very limited.

Hugh Tilson

Do you offer tools for helping schedule appointments and setting up events.

Dr. Betsey Tilson

So we do have some best practice we have a provider guidance and some best practices above them, and then in CVMS there is going to be a scheduling functionality. That is an upgrade that will be coming relatively soon, so we have guidance and then we'll, we'll have this tool within CVMS. And there is also as Amanda mentioned earlier that survey that vaccine providers can fill out to apply for those different events, and they're just another question that came in how far ahead must I request vaccine. We would say as soon as you're thinking about planning an event, get it in because, you know, we are not easily able to allocate a vaccine to all of the applied events again because we as Amanda mentioned very as all of us have mentioned very limited vaccine. So, so get those in and really encouraging partnerships events that are reaching our historically marginalized populations.

Hugh Tilson

See if there's things in here that are unique that we haven't kind of touched on generally it's kind of interesting.

Dr. Betsey Tilson

Okay, that was one that I tried to type a response that it bumped what question is, why don't you just give people one dose, and not just a two dose and we are still we are following CDC recommendation, and continuing to encourage the two dose, so we'll see a CDC makes a change and we would we typically will follow CDC but we are continuing currently following CDC recommendation.

Hugh Tilson

Behavioral Health provider currently doing virtual visits, but we'll be going back to in person visits are you considered group one.

Dr. Betsey Tilson

I mean I think that's up to that and there's an ethical thing there right if you you currently are not, then, then you technically don't need it. If you are and you do go back into person then you would you would meet that so I think that's probably a professional judgment call on that person.

Hugh Tilson

What provisions are you making to support vaccines for group one working people who are seeing back seeking vaccines I guess this group does not have time to stay on phone lines are longtime endlessly for open appointments somewhere in the state. Like we're not classified is typically a disparity and marginalized group. Those would not be patients of FQHCs or free clinics, I think that's, that same frustration of providers that didn't haven't already gotten the vaccine and now they can't get appointments.

Dr. Shannon Dowler

Wo, so, but we have prioritized health care workers and if you work through your local health department and hospital. They've been a big help in getting health care workers in the outpatient practices immunized. So, for instance, wake med and their health department worked out a system together where they could get community providers immunizations and their community, who were direct primary care providers seeing patients so, I think, I think some of it is, depending on the community you're in if you're a direct healthcare provider though that meets the criteria. I would think that your health department and our local hospital should be helping you get your staff covered.

Hugh Tilson

It's 710 Dr. Tilson how long do you want to go?

Dr. Betsey Tilson

I think, I think we should call it for the benefit of the people listening and as well as the hard working staff that, that gives me the great honor of being part of this tonight. So thank you all very much. We do really appreciate your questions. We will certainly look at those make sure that we have feedback or things. Those questions are really helpful thinking through what what else we need to do so we will certainly look at those. And, and think through how we can lessen some of the burdens that you may have. So, I will just close out to say thank you thank you thank you for being part of Team vaccine we are all one huge team vaccine. This is, although it feels like a sprint This is a marathon right it is gonna, this is gonna be 6, 8, 9, 10 months maybe more to actually get the majority of our people immunized So just think through the pacing of that. I think that we, North Carolina has made incredible strides I can't thank our providers, enough for all of the incredible hard work that they've done it is difficult to do the provider enrollment, it is difficult to do the onboarding it is difficult to administer vaccines that quickly it is difficult to document them all and cdms. It is difficult to do it right, that equity lens to reach out with your community partners to do it in the community. All of this is really hard work. This is probably the most complex operational operational lift. Ever. And the most important one, and making sure that we're balancing speed and equity is exceedingly important. So thank you all for all the work that you've done on that we still have much much more work to do. We have lots more work to do on equity. But I am I am grateful for all the work we've done so far I know people still can't get the vaccine I know there's frustration for people. I think we are better today than we were yesterday and will be better tomorrow than we were today. I know it's not perfect, but I am so proud of our providers and all the hard work they've been doing to try to make it better every day so thank you all for that. And please continue to share your suggestions and thank you for your just unending enthusiasm to partner with us to want to be part of it to raise your hand saying let me help. Let me help. And we are grateful for that. So with that, unless any of my colleagues have any other parting words away and we can call it to say it's national pizza day. So maybe I could nod to my lovely husband and say that I'm on my way home, honey. So now you could order pizza for national pizza day, and I hope you all join me in having a nice if not a little bit late dinner.