Transcript for Navigating COVID-19 Series

April 27, 2021

6:00 – 7:00 p.m.

Presenters:

Dr. Rasheeda Monroe – WakeMed

Dr. Garett Franklin – Cary Medical Group

Dr. Greg Adams – Blue Ridge Pediatric & Adolescent Medicine

Spencer Hodges, PharmD – Boone Drug

Jennifer Greene, MPH – AppHealthCare

Hugh Tilson

My clock says it is six o'clock so let's go ahead and get started. Good evening everybody and thank you so much for joining us for this month's chapter of the Navigating series tonight will focus on COVID vaccinations. As a reminder, the series is co sponsored by CCNC the North Carolina of Pediatric Society, North Carolina psychiatric association, NC Academy of Family Physicians and North Carolina AHEC and as always, thanks to Tom, Elizabeth, Robyn and Greg for their leadership in identifying relevant and timely issues for us to consider, for the great partnership and putting on these webinars to respond to those issues. I'd also like to thank everybody for the work you're doing for your patients, your staff and your communities every day. We hope we appreciate your work and we hope that the information you get tonight will help make navigating these trying times a little bit easier.

So a little bit of logistics I'm sorry I got my intro a little messed up but a couple of logistics, you can adjust the portion of the speakers and slides by dragging the double gray lines between the slides and the speakers so it's that gray line between the names and the slides. You can also adjust your video settings to hide people who aren't speaking. To do so click on the View button on the top of your screen and select side by side; speaker, we will put these instructions in the q&a For your convenience, after you hear from our presenters, we'll turn to your questions or comments, you can submit questions or comments using the q&a function the black bar on the bottom of the screen, please know that we plan to hold most questions until the end of our discussion day so that all of our presenters can have enough time to present. Next slide.

There's the slide with Tom and me on it. Handsome devils. So where are your MCs for tonight. Next slide. Here are the stars of the show, you can see our presenters, really, really lucky to have five wonderful presenters for you tonight. We have great experiences and perspectives to share with you.

Thank you all so much for carving out time for your busy schedules to make make presentations tonight, we really, really appreciate it. So Tom, let me turn it over to you.

Dr. Tom Wroth

Great, thank you and thank you everyone for taking the time to come to the Navigating ahead webinar, so really great timing for our expert panel tonight there's been lots of new developments in North Carolina's COVID vaccination efforts. Importantly, the CDC today came out with recommendations about wearing masks and those that are vaccinated can essentially be outside without wearing a mask unless you're in a really tight, crowded situation, but we've got lots of other things going on in North Carolina as well we overall North Carolina and nationally is about in the middle of the pack we have 38% of our adult stacks fully vaccinated and 48% with at least one, we have the bump in the road with the Janssen j&j vaccine but on Friday. The FDA released the vaccine and that will be starting up again which is really important for reaching certain populations. So that is the positive. And we're kind of heading into this new phase where we've got really adequate vaccine supply and that process is smoothed out you'll hear from our panelists about how that's going. But we're starting to get into trying to reach the the difficult to reach populations and also this set of vaccine hesitant groups so it's not all just one set of issues, but we'll talk about that further tonight. The other piece that's really important is that the state just changed the process for obtaining vaccine. As long as you are registered in the CVMS system, you can request vaccine on a weekly basis so you'll get an email on Tuesday, and by Wednesday at 12 Noon if you filled out your request form. You can obtain vaccines vaccine, and that will arrive early the next week and, and you can start a steady flow of vaccine supplies so that's a huge breakthrough for getting it out to the important areas of the state and as you know, physicians, nurses, pharmacists, are some of the most trusted professionals out there so survey after survey after survey. Those are the folks that, that people trust so we really think that this will be an important last mile to vaccination. So one last thing I wanted to mention if you are a Carolina access provider and you're receiving equity payments that go from now until June. Remember that supporting COVID vaccination is one acceptable use of those equity payments. So the extra cost at the staffing or supporting community events like you'll hear about in Watauga county that's acceptable use of those funds. So, really want to just thank you all again and without further ado, I want to ask Dr Rasheeda Monroe to present.

Dr. Rasheeda Monroe

Thank you so much. I'm excited to be here and talk with you all about some of the efforts that myself and my team have been a part of as it relates to COVID-19 vaccine distribution over the past several months so I'm Dr Rasheeda Monroe I'm a pediatrician, medical director of primary care pediatrics at Wake med my clinic that I work in is based out of the main hub in Raleigh. Next slide. So, next slide. So, back in January, I volunteered at a drive thru event where WakeMed was involved in delivering 1000 doses, through a drive thru model of COVID-19 vaccine and it was efficient and it was amazing but what I noticed was that there were very few people of color represented in the people who are receiving the vaccines, and you know I thought we are right here in 27610 one of the hardest hit zip codes in North Carolina as relates to the pandemic, you know, at back in the fall, we'd already seen 3000 cases in that

zip code alone. And I thought, why aren't we. And how can I help us reach those who have been most impacted by this pandemic.

Next slide. And we saw this playing out around the country that wealthier people, people with transportation and internet access, and you know all the things that we know are barriers to access and health and were getting access to the vaccine versus those who needed it. So we decided to put a plan in place to do something about it. Next slide. The first week in February, we saw that of those who have received the COVID-19 vaccine at least one dose 11% are African American, and 2% identified as Hispanic, though African Americans make up about 22% of the population in North Carolina so we were way under represented. Next slide. So what we did was we reached out to some of our community partners we worked through faith organizations, community centers, the divine nine, which some of you may know are historically black sororities and fraternities, and we reached out to them with many physicians, nurse practitioners of color. As you know, people who work in their community, and who look like them to come to them specifically in their community and offer the COVID-19 vaccines. We did this and tried to break down barriers life transportation and internet access and computer savvy and brought the vaccines to their church or community center, without the need to pre register. So here's a picture of many of our strike team leaders that were a part of this effort. Next slide.

There is an interesting chapter in this amazing book. The color of law of forgotten history of how our government segregated America by Richard Rothstein. And when I do the team trainings every week, I always make sure to mention this because I think it's important that we focus on equitable access, and we think about this with as much intention, as, as the intentionality and segregating neighborhoods in North Carolina, excuse me, in our country, and there's a particular excerpt about 27610 southeast Raleigh specifically about how a middle class black neighborhood in North Raleigh Idlewild and College Park with, you know, black Americans in the 1920s who own their own homes held that neighborhood was disrupted and relocated to South Raleigh and located between a rock quarry, and the town dump, and they did that through legislation and segregated schools, and kind of relocated this middle class neighborhood into an area without economic investment and development, and you know we find ourselves with the thoroughfare rock quarry road right to the middle of 27610 so I always like to mention that so we can really focus on why we are being so intentional with the way we're targeting this area. Next slide.

I'll go through this really quickly about when we think about inequality versus equality. Next slide, versus equity in which reminds us that we need to overcome some of the historical and structural barriers that are in place that deny people access to the things to help them in their communities to be healthy. I'm going through this quickly to make sure I get through. So the strike team model that we used. We had a team of approximately 120-250 volunteers per weekend out of a pool of about 350 volunteers that we recruited these were medical and non medical volunteers from our community partners, UNC Duke wake med or ACO. There were many different people who contributed many Saturdays to this effort. And we would send teams of eight to 12 to a site, we would use the community partner to reach out to their community members to register them and the registration was literally just their name and phone

number on a piece of paper so we would reach out to redeeming love church, let's say and say, we have 100 COVID-19 vaccines we would like to come deliver to you this Saturday, we usually make calls on set on Sunday or Monday, do you have 100 Seniors So back when we were 65 plus who are interested in receiving the vaccine and what we realized from the beginning when we thought that our mission was going to be, you know, education, and convincing and overcoming hesitancy, we realized that in the beginning, really it was just getting the vaccine to the arms who needed it because people were desperate and eager to get vaccinated. So, we have the smaller vaccine sites where we'd only do 100 vaccines per location we would do that time 17 across Southeast Raleigh the same time so in a weekend we would deliver 1800 plus, vaccines, spread across 17 sites we've changed that model and done that across 10 sites and done 200 vaccines per site. We've done 2000 vaccines at one large site but the model is often the same, we reach out to community partners, we make them in charge of reaching out to the historically marginalized populations that they serve and that they know. And it leverages that community relationship, the space. We ask for two or three community partners from each cite to help with set up and things like that. It helps to break down the barriers, including, you know, trust in the medical community. When your pastor calls you and says, you know I've received the vaccine come get your COVID-19 vaccine, people are eager to do that. Next slide.

So some of the things that we've learned during this process is that, you know, within your own healthcare system, you know you have influence. And, you know, whether you're invited to the table, or you pull up your own chair to the table, be persistent. Study what people have done, plan, plan, plan and then execute the very first time we did this we did 1800 vaccines on one day and many people called me and that's crazy and it has been fantastic, really, without hitches or glitches and each weekend has gotten better than the last. We really don't have people wait and they're able to get in and out expeditiously even when we're doing 100 people every 15 minutes at our larger sites which is what we just completed this past weekend, we made sure that as this volunteer workforce, we were clear in our intention that we weren't a free workforce that everything that we chose to do must be on mission, and promoting health equity and targeting the communities that have been most impacted including, you know, African American, Hispanic indigenous, and other marginalized populations. Next slide.

So weekly I would talk with my partners at Wake County Human Services and assess the need and desire from different partners to see who's interested, I would do training every Tuesday with the community partners who signed on. I would, we would send out the signup genius for the different positions data entry observation vaccinators and check in, I would do a WebEx, one hour training about how to prepare vaccine how to enter patients into CVMS recognizing anaphylaxis and HIPAA training, all of that in a one hour block on a Thursday evening, and we would secure lunch which we got donated to us for 12 weekends, by many different people including John Rex that gave us a large grant to help support these efforts. And, and that's what we would repeat weekend and week out, since the end of January and our last event was this past Saturday. Next slide.

I pretty much out of time, it looks like. Here's just a summary of our you know just one dose two events, and we ended up delivering about 14,500. This is a Pfizer in Moderna vaccines to our community

members. Next slide. The next slides are just a sample of the training slides that I will use so I'll just flip through them quickly. Next slide. Our community partners and addresses are just one of the weeks. The team leaders. Next slide. What the partners provided, and during the training for the partners I would remind them of the things we needed like refrigeration and Wi Fi and that type of thing. Next slide. This is how they would sign up, they're registering just the name and phone number and then we would use this to check off, you know, once a CVMS was complete. Next slide. Simple schedule, we would, you know, at some of those. Depending on the site we would vaccinate from eight to two but most of the time we were vaccine from eight to 1230. Next slide. I would remind the committee partners how to set up the area for us next slide, observations will look like. Next slide, what their duties were next slide. And I am done, we'll save questions to the end I think for everyone. Thank you.

Dr. Tom Wroth

Thank you so much Dr Monroe and Dr. Franklin, you're up next.

 Dr. Garett Franklin

All right, thank you very much, my name is Dr. Franklin, I'm a doctor at Cary Medical Group here in Raleigh Cary, North Carolina. I'm an independent private practice, and wanted to kind of share some experiences with you guys. Next slide. So we've been lucky enough to be part of a pilot program with the state for quite a while now. Delivering vaccine in clinic, and it's been pretty awesome. You know we were doing this at a time but we were still seeing patients we were doing telehealth we were doing COVID testing, we were doing a drive thru clinic at the time. So we've found a way to kind of implement that in our clinics, and we actually started that first week of January, at $100 doses of Maderna, and you know the other provided through way committed community care, a partnership with our ACO and Gafta got all those in two days, which was pretty hectic but we got to figured out. And, you know, since then things have really kind of morphed into a different situation altogether. So now this kind of pilot project has really turned into a service line that we're doing all the time and all three of our primary care sites, and in my group and carry we've delivered at least 2100 shots as of this week and Raleigh metro group in general our big practice in about 5500 or so. So we're pretty excited about that. And, you know our patients are very happy about that as well. Next slide please.

So currently we're getting the vaccine from the state. Now we're not getting from the CEO anymore. Our design is kind of switched a couple of times and may even be switching as, as even talking right now but we do it in our clinics we don't do a mass vaccination or drive thru right now, we're kind of putting out about 150 doses per week. Currently, that kind of goes back and forth between second doses and first doses depending on demand, we're doing it in a vaccine clinic currently in our clinic. Those are about three half days a week. The labor and that's been one APP and we found two MA to LPN is very helpful, which you could probably get by with one but it's a lot less hectic, there's a free folks in general. Like I said, we kind of go back and forth between doing a vaccine clinic and kind of giving shots real time in clinic pending on the demand, what we're seeing. We always put a lot of thought into how sustainable, what we're doing is and adaptability repulsing are changing all the time and patients, you know thoughts

on these things are changing to. Next slide. So how do we kind of get it out there the patients that that's going on. I don't think it needs a lot of advertising but we do it anyways we put on our website we send out portal blasts to our emails and through our patient devices to talk to folks with phone messages on there, you I think clinic business is a big deal really talking to folks. Word of mouth is another big one as well. Next slide.

Once we identify folks to get them on the schedule for the vaccine clinic, there's kind of a way we've kind of figured out doing it every 10 minutes slots with about four to five people in each slot works out pretty well for flow in this vaccine clinic. Next slide. You know, getting people entered into CVMS was initial kind of a problem but you know when we identify this pretty early. We try to have our operators want to call the schedule and go and get them access to CVMS testing and putting the data in themselves is the preferred way but if they just can't do that or they need some else to help them they'll call them at the end of the day when there's some downtime in front office staff or operators to help them enter the information to CVMS. Next slide please. This is the current space we're kind of using for our vaccine clinic, it's an old kind of abandoned space from our gi folks, so we're kind of configured over for for a little while. Next slide. So this is kind of a patient experience they'll see Kay, one of our front office folks, they'll get checked in and then they'll kind of get vaccinated. Also see Kay on the way back out to kind of schedule that second shot to. Next slide. After they received the vaccination they'll kind of go to one of the waiting areas which is appropriately distance, and they'll kind of wait, the, the prescribed period based on their based on their case. Next slide. And of course we have a room for an evaluation or god forbid emergency. If that were to happen, even though we really had no incidents whatsoever, giving all the vaccine for three months or so but we're prepared. Next slide. The actual clinic itself was pretty good. We have an AVP that's kind of running the clinic most days. You know she's really there to kind of manage the situation, make sure the flows good troubleshoot any problems. If she's loading syringes kind of watching the doses, make sure they're they're getting out there appropriately, but sometimes she gets pulled to kind of vaccinate people to flows getting backed up or to put in CVMS data if needed. So she's really kind of controlling things. Next slide.

This is our staff that is involved. You know they'll actually administer the vaccine to the patient, they'll they'll help with observation, but during an observation period, they'll definitely kind of put the, the rest of the Vaccine Information to CVMS in the EHR there's some pre-populated templates we put in, so you can document it appropriately, and the billing codes are already in there so you can just kind of go and send that off to get billing information there, then they get in the cards and their stickers on the way out. Next slide please. Give a couple pearls. Learn to this process, there's been a lot of maturation through this, you know, earlier on we were just kind of trying to figure out how to get just over 75 year old people in, you know now the world is a lot more open, especially in our adult population and really if you want a vaccine, you get a vaccine. Speed was really the essence when we first started this as I kind of alluded to that first slide and you now as you guys were kind of hearing, there's a lot more leeway in getting people just getting them vaccinated, so that's not as big of a deal consideration anymore my opinion. Dosing was a problem for us for a little while we weren't getting you fully 10 shots out of the vials at one point, so we had to kind of adapt our system figure out a way to make sure we were maximizing it observation of where you're kind of putting these folks after you vaccinate them can

sometimes be tough, because we're doing it in clinic. So we had to figure out some of that kind of logistics around clinic and even into this vaccine clinic. Documentation that was probably the biggest problem we first got started, we kind of found doing the CVMS entering at the time of service, was probably the best way of doing this to cut down a lot of the frustration afterwards and backloading and paid. Your reimbursement, do I have been in private practice and it's kind of a, it's a big deal, we have to think about and to be very honest, you know, our apps do a lot more than acute care sick visits, and their visits been down because of, you know COVID. So we help them help in clinic has kind of help offset some of the costs of that with by just by doing the vaccine. So, you know our billing folks have said that they've been very good to work with all the payers and the claims are going to coming back pretty well, and reimbursements been pretty decent from what my folks told me.

And you know what's next, like I said we're always reassessing and looking at our clinics to see what we could do a little bit better. We're probably moving back to kind of giving shots more real time now. We're getting more in the vaccine clinics more second doses coming back in and so we're having to kind of shift to get more first doses and capture people as we have them. So, next slide please. So lastly, you know, I think, hopefully kind of showed that the slow and steady model can work just as well as some of them more mass vaccination sides. And I would say as people are kind of moving through this phase of early adopters more into kind of this middle ground of folks are not exactly sure but they can be swayed. I think that's really where we come in as a medical community and as doctors that really talk to our patients, because we understand that we know their history, and we can answer their questions and patients trust their primary care providers so I think it's our job to do that, I think we really have to win this population of folks and lastly you know you guys can do it this is what we do we vaccinate people this is the normal state of medicine so I encourage everybody to kind of get involved and to really help pursue this, and I'll take any questions at the end. Thank you.

Dr. Tom Wroth

Thank you Dr. Franklin, doctor. Dr. Adams.

Unknown Speaker

I'm Greg Adams pediatrician in Boone, North Carolina in private practice, I've had the opportunity to serve with CCNC and CCPN for many years and currently I'm serving as the Co-president of CCPN with Dr. Conrad Flick. And I've had the privilege of working with Spencer Hodges pharmacist at Boone drug and Jen Greene, who's at New River. Health Department. It covers Allegheny Ashe and Watauga counties. And so they're going to present their information of how we work in a rural community, as a team to help get the vaccine out into our community so I'm going to turn it over to Jen first and let her introduce herself and then Spencer will follow and then I will come back and give my perspective on what a great job these two have done. Jen, you want to take it away.

Jen Greene

Thank you. I just want to say one of the things that we have had the opportunity to reflect on is just the value of having a really strong community partnership, and I think that's what we have in the Appalachian health district. So, Dr. Adams said the public health director and we also are at North Carolina Community Health Center as health care and we started out -- excited that we had vaccine, and quickly realizing that we needed to really garner support from other partners, and thankfully we had just incredible people in our community, both from our hospital, Dr. Adams practice. One of the things that we tried to do was, organize ourselves so that we can communicate pretty frequently about what our goals are. So thinking through, you know, how can we vaccinate as many people as quickly as possible but also following up to what Dr. Monroe talked about how can we be intentional about reaching very important vulnerable or historically marginalized population groups. So, I still think we have a ways to go, but we started out trying to think about locations where we could offer the vaccine. We had clinic with the department, and found that it was working, but not as efficient. And certainly, providing ourselves an indoor space in January in Boone was very important because our staff and volunteers were really managing the weather and the climate. We were fortunate to be able to host vaccine clinics, both at our high schools, and also at a new community recreation center. And that was incredibly helpful. I think it provided a central location. And fortunate for us, the recreation center, actually was a dual clinic. So our hospital had a clinic running at the same time that we did, because we had enough space to do that so we, we've been coordinating conversation to talk about what our goals are. And we've had all of our vaccine providers included with trying to think about how do we work together. One example that we use as having Family Resource coordinator with our with our county schools, be the person coming through the vaccine clinic, showing the process and being a person who can book appointments for, for us, basically just with a name and phone number, and that has helped us continue to be or our community. I do think quickly, we're realizing that we're going to shift gears from high volume to be more intentional and doing more outreach. One of the ways that we're doing that is with our Chamber of Commerce, we've got a pretty good connection point with them. They've been doing Keeping healthy video series, and they've done it throughout the pandemic. We've been putting out information. It's another avenue to get information and we've been fortunate to have pharmacists.

Jen Greene

from new drug and local trusted healthcare resources, just like our physicians physicians come and speak. So, I wanted to pass it off to Spencer. Now, Spencer has been an incredible resource for us, as well Boone drug team, we actually by happenstance over booked a lot of appointments, and I called and they rescued me. And we have been joined in steps. Since then, really trying to help vaccinate the community so I want to pass it over to Spencer and let him get some comments.

Spencer Hodges

Yeah Thanks Jen. I really appreciate that it has been an honor. And I'm honored to be here. My name is Spencer Hodges. I'm a pharmacist corporate pharmacy manager for Boone Drug Incorporated. Our main office is in Boone, North Carolina. We're a small independent family owned pharmacy chain of about 15 different pharmacies, all over northwestern North Carolina, East Tennessee, as well as South Carolina. So we have been just honored to work with Jen Greene and her staff at the local health department, and

Dr. Adams. He and I go way back. I'm a local here in Boone so I've known him for many many years. And so we partnerships have been something that has really played an important role in in what we've been able to do in our community. Early on, we, we did not have supply we were a pharmacy that was unable to get the vaccine. So we turned to whatever avenue possible, and said we want to help, and a lot of people say well, you weren't getting the vaccine. A lot of this stuff, maybe you were doing, out of the goodness of your heart. Well, at the same time I had people that, that are pharmacies that looked at me and said this is the right thing to do. And so that's why we're going to do it and I, that has encouraged me moving forward because it truly is it's been, it's really been a dive itself mentality over the past few months, so it doesn't really matter at the end of the day, the money, the money side is going to work out, it's just a matter of how can we pull our resources together to get as many people vaccinated as fast as possible and that's the mindset that we took. And so not only did we partner with Jen Greene and her staff at our health care, the local health system Appalachian Regional Health Care, and then through many contacts that that Dr. Adams and I would talk, late nights over we began to work with nonprofit organizations and local churches to begin providing the vaccine to as many people as possible with that same model. And so, there was one event and I'll keep it short that it was the first time that we were going to get a pretty good supply of vaccinations, from the federal government, they were, we were entering into that federal pharmacy program through CBSN, and they had been a wonderful partner to be with. And there was kind of a need for us to take vaccine to areas that maybe we didn't have a pharmacy. And so we said absolutely, we'll do that and so we were able to go into the Wilkes county region and vaccinate a lot of employees in the Tyson factories. And little did I know that a lot of the workers there in the Tyson factories are refugees that live in the, in the high point Winston area. And so that was a great opportunity to reach some of those hard to reach populations that may not have been able to get the vaccine elsewhere and really rewarding to be able to just be a part of that story.

And so we've just been working a model of large scale mass vaccination events ranging anywhere between 500 and 1000 doses, as well as providing the vaccine. In the majority of our locations, roughly 10 locations are given vaccinations now. And so doing smaller numbers in those locations through the normal processes that we have regularly in place for flu season, we're able to give anywhere between 50 and 200 vaccines, a day in those pharmacies so when you pull those together. Those small numbers, that's where we begin to see a lot of the population reached in a short period of time, as well as the mass clinics that we've had. And so we've kind of been the the catch all for Pfizer in our area. That's what we were willing to take from the, the federal partner and so we've kind of been a hub for that in this area and so Jen and I have worked together and, and they've kind of just triaged patients who were in the area looking for a Pfizer second dose or have Pfizer questions to us and we've set up workflows on our side to kind of bring on those patient requests that come in from the region to try to find patients, Pfizer vaccines that may be traveling or ones that have missed second doses that's also been a wonderful key partnership. And so that's, that's all I have. And I think we'll take questions at the end.

 Dr. Greg Adams

Thank you, Spencer and Thank you, Jen, and I think I probably referenced Appalachian health as New River and I apologize but I moved to Boone a long time ago, and I think once upon a time it was known

as a river. When I first moved here, so I apologize that for that Jen, I would say that we have worked extremely well as a team, and there have been even times where Spencer would call me at night and say, I've got five doses left I got to get them tonight, helped me find five people. He didn't let the stuff go to waste. He made sure he found patients and so it's been a lot of communication in the entire area between the hospital and the three of us and other important players. When a lot of this came out, I was in contact with Dr DeVries, who was serving with DPH and Shannon Dowler had put me in touch with Dr DeVries. And one of the requests, was to be sure to remember the minority communities, and, you know, not forget the people of color. And so I reached out to Rubin Rivers, and tried to encourage him offered the support or services of some of the charities that were helping in our area, and gave Dr Rivers some suggestions of what we were doing. He was actually very successful, reaching out through churches in his community. So he really, it turned out did not need Boone drugs involvement or world medical missions but I just think that contact of encouraging Ruben, and then working with Dr. Beverly Edwards in Ahoskie. It really is a matter of all of us statewide trying to encourage one another, and finding out what the needs are and sending contact.

One of the questions that had been posed to me earlier in the day was what plans do we have for the kids that are 12 to 16. We do anticipate approval of the vaccine soon, hopefully in the next week or two for the kids 12 to 16. And so our practice has already been calling the names looking at our patients. Clean up website messages of sending out through our freesia device. Letting families know that the vaccine will be available soon, that we encourage it. We're also instead of doing the 16 year olds and up at this point, we've worked with Jen and Spencer and encouraging them for vaccine distribution at the high school, which has been a real benefit. Maybe a little bit disappointing, not as many of the high school kids have come forward to get their vaccine as we had hoped and expected. Talking to some families. Some of that has been high school kids want the vaccine because they want to get vaccinated, so they can take their masks off and go back to school and quit having swabs stuck up their nose on a regular basis. For the first time ever, hesitancy seems to be the parents. So, typically it's a hard time getting the high school kids in to get the regular vaccines, but on this, you're actually motivated when you can say, you can return to sports you can turn to being with your friends you can take your mask off. So we're hopeful that we're going to get these kids in.

Our plans for the 12 and up, is we're planning a joint effort with Spencer and Boone drug. Where is in the past we've had flu clinics. We'll have a probably an outside tent set up where families will drive up and the kids 12 to 21. There are patients will be able to get their vaccine and right beside the parents who have not had their vaccine jet can get theirs. So, pretty much every family that comes in. Every since the vaccine become has become available. I asked every parent, have you had your vaccine yet. And if they say yes, I commend them and compliment them and encourage them to reach out to their friends and family. If they say no, I've identified about eight reasons, different things, sort of, the families will say there are their explanation or excuses on why they haven't pursued the vaccine. And you probably, if you're a provider, you've probably heard these. So I've prepared a handout for our office to give out with references to the AAP statement, the American Academy of Allergy and Asthma and Immunology has a very good position.

And so, if there's any questions about nursing or breastfeeding. And in fact, I have a daughter who is nursing one of my grandkids, and she was involved in a study at UCLA where she called me in December and said Hey Dad, can I get the vaccine is it safe and I encouraged her to do it. At that time I didn't have enough information and I said, you know, I'd probably pump and dump, and she found out from the UCLA professors no you can do the vaccine, and the antibodies do cross, and it will be beneficial to the infant and so she was a part of a study and there are ongoing studies being published already to show that antibody does cross over and it does have benefit to the nursing infant. So, the next year so some of the headwind I think is what I'm referring to is the resistance is the hesitancy, and this is where we have to communicate in a positive way. So as I prepared this handout for my office. I had thought about providing it tonight, but I ran it past Dr. Chip Watkins who I respect, who also works with CCNC, and he looked read it with through the eyes of motivational interviewing, and said he's going to sort of soften up my message a little bit so that it may be a little more palatable before it's distributed. But that's also in light this weekend. Dr. Collins, at the NIH head of the NIH, had an interview on national TV about how we need to be gentle, about how we try to win those that are resistant, we need to understand what is their resistance identify it. What's their reluctance what's their fear and provide answers, but not try to force them into a confrontation, but do it in a way that's winsome for them where they become convinced and believe, believe that it is a good thing for themselves and for the public. So, I will stop there, and we will open it up to any questions for any of the panelists.

Hugh Tilson

Tom, you want to get started you want me to.

Dr. Tom Wroth

Oh, why don't you go ahead. I'll just ask the panelists if you could put your cameras on, we'll make this a group effort.

Hugh Tilson

Thanks. We got a question that is a private pediatric clinic and we talked kind of around the margins about this but this specific question is, they want to get started in vaccination, how do you keep from wasting vaccine. Previously people didn't show up is easy to find volunteers that's going to be harder, what are some real kind of tangible recommendations that y'all have for this doctor that wants to start giving vaccine.

Dr. Rasheeda Monroe

This is Rasheeda I typed something in the I typed a response, but I think I did it incorrectly that may have been hidden. And I'm unable to show my video, it says the host has stopped it, but what I noticed was, I think that when we open up 12 Plus, there's going to be another, you know, large demand another rush like we saw, you know, with adults in the winter and spring. We found that a waitlist of about 10%. So if

you're vaccinating 100 having 10 on a waitlist or vaccinating 1000 at 100 on a waitlist. So for the, the no shows, you have people that you can call, who know. You know, today or tomorrow you could get a call, you know, be ready and available to be here within 15 to 30 minutes, and then just being really careful and communicating with whoever's drawing up your vaccine, you know, once the vial is next for Pfizer you've got six hours to use it which is easy, but once it's in the actual syringe, you got one hour to use it, and that can get a little bit tricky so that's how we've managed it.

 Dr. Greg Adams

Yeah, for a pediatric office we're, I feel like we're a big office but relatively statewide we're small, and for practices my size or smaller, it's going to be a challenge, without doing a scheduled clinic, you know, the, the person dropping in the one here, one there probably is not going to be feasible. It might have been had we used primarily J and J, we would have had a longer window of time to do it. And we'll see how that plays out. Now that is back available, what hesitancy there might be for parents to pursue that, but I think that's still an option would be to consider the j&j product. If families are willing to do it for the current time that's one reason we're partnering with, we're trying to align our schedule with Jen and Spencer is so that we can either do it at the high school or do an outside clinic or set aside a specific day, and message that, But long term that for the stragglers I think that's going to be a little harder to anticipate how that's going to work.

Dr. Tom Wroth

Dr. Franklin, what about you on the kind of the micro level when you're doing 100 doses a week and, you know, so many per day, how do you handle a great suggestion on the waiting list but how have you handled that in your practice.

Dr. Garett Franklin

That's exactly right. I was gonna say your sheet was correct, you know, really, a waiting list, we found that really helpful once we kind of opened it up and we advertised a lot and we kind of watched that waiting list to kind of till it got to kind of a critical mass. And we always kind of had some folks even in the back of our minds, kind of like they called it the scramble, if you got a dose or two and your not really sure. So it's always good to have a couple people, you can always get into clinic, really fast if need be, when you're first starting out, but you're the waiting list to help assess that, that need for is very helpful. But also I would say the circumstances have changed too you know, even our clinics we have to be a little careful but we don't want to waste any doses but you know, if you don't fulfill a whole vial, it's okay, it's all about kind of getting it into people's arms. So always suspect me, as we all think that pediatric demands only going to keep going up. So, I'd probably argue now's a good time to kind of experiment in your clinics to try to figure out that process where you don't have a huge demand, because I agree there's going to be probably a bump in that pediatric folks really wanting it hopefully at some point. Yeah, great. And just to kind of follow on what Dr. Adams was talking about with the approach to vaccine hesitancy and really looking at it from a motivational interviewing, point of view

and just want to ask Dr Monroe and Dr Franklin, what's been your approach with trying to address vaccine hesitancy,

Dr. Rasheeda Monroe

I think, giving people just an opportunity to ask questions. A lot of people just wanted kind of a one on one with like for a specific question we've done a lot of town halls and mostly Q and A's without, you know, a small presentation but a lot of q&a for the town halls and then, you know, I've had people send us, you know, emails from pastors or, you know, at the actual site someone was there and they were nervous and reluctant or had a specific question about their health condition or they're pregnant and you know I have a team of, you know, physicians there that can help answer those questions and, you know, every time that happens in a one on one scenario they, they got vaccinated. So, um, you know we're pediatricians, I think we answer questions about vaccine hesitancy all the time but I'd like you know Dr. Adams, you know, kind of opening up to, you know what, what's your specific concern or question or how can I help address this or answer this, just opening it up to the to the family.

Dr. Tom Wroth

Franklin anything.

Dr. Garett Franklin

Yeah, I agree. I think the most important thing is to be available for your patients, and I kind of normalize that a little bit I say it's probably very wise that you have some hesitancy, let's be honest, I just try to reaffirm that and just tried to be available to answer any and all questions as Dr. Adams kind of talked about these they kind of fall into a couple of different buckets of sometimes informational problems but you know I think that's very valuable and it kind of shows the patient you're willing to take the time to really put emphasis on that. And I've had the same experience too if you really address most of the concerns people are way more likely to get vaccinated. So I just tell people to be available, you know, don't be negative for sure, even if they're, you know, kind of very negative about it, I just kind of reaffirm that and say, you know, that's okay. And, you know, we just got to keep chipping away at these folks.

 Dr. Greg Adams

I had a mom that her, she has a child that's very high risk he's got Alpha One antitrypsin deficiency, some lung issues. And the mom was in and wanted to know about what COVID would mean for her son and I said you know the best thing you can do is go get the vaccine yourself right now. And she goes, Okay, where do I go and so I called Spencer and I say, can I send somebody over right now, so they went right over to Boone dragon cut through vaccine right then.

Dr. Tom Wroth

That's great. Well, we've got a Dr. Shannon Dowler from DHHS pop the question in the, in the chat and maybe folks can answer this in real time. The question is really what can DHHS do to make it easier for practices to sign up for and give vaccine. So folks want to type in the chat we can capture that and get that feedback back and that relates to, there's some questions in the chat also about, about how practices can get involved and, and get ready on CVMS as well. So, great, well, we'll do that and I wanted to just switch topics a little bit and talk, maybe ask Dr. Franklin about this, asking a little bit more about the business case you're we've got a couple questions in here I'm a private practice and how does, you've got the reimbursement side and that's getting sorted out. Tell us a little bit about staffing and overall can you make this work and make it more sustainable as we head into this next phase.

Dr. Garett Franklin

Yeah I think that's a big question, I'll be honest, our office was you know you have to think about those things because we are, we're not hiring extra staff we're not taking volunteers we're using the same staff that are already stretched in and all of our offices right in my first statement I told him we're doing a lot of things we weren't doing a year ago and it weighs on our staff, let's be honest. So there has to be some sort of payoff to, to help them out and to kind of shift from the costs around. So, we have found that it is, it probably helps a lot with that bottom line, more than I thought for sure when we first got into this. But you know really we tried to hone it down to just the essentials, you know, there again we're using APP and the way our clinics are structured, they do a lot of the acute care and those cases are down, you know they're or have to find ways to kind of fill their time, so we kind of figured out a way to kind of use them more efficiently. We can get that down to one so a lot of times there's an office staff members kind of paired with them, we'll use a lot of times I'll use another office staff member to work the clinic that their providers gone for the day for a half day so they're not doing other clinical duties so you can kind of find ways to kind of shift time to kind of offset that and clinics that are not missing other duties, but also you know on the reimbursement side we really haven't had any problems sending off the claims the claims getting paid. Coming back all that's been kind of as advertised in the reimbursements kind of been as advertised, so you can kind of add up the numbers pretty quickly to kind of see, you know how much kind of revenues are kind of coming back so I'll be honest, our back office folks have been very, very happy with that.

Dr. Tom Wroth

Thank you. Hugh, do want to jump in.

Hugh Tilson

Yea got a question about the equity payments so some practices have received equity funds for Medicaid and these funds must be used for programs that will address equity issues I understand these dollars can be used to address COVID vaccination issues. Are there examples of projects related to COVID immunization that could be implemented and funded with equity dollars. What's your thinking

about that, what's your reaction any, any tangible advice or thoughts. How are y'all using the funds are y'all getting the funds.

 Dr. Greg Adams

Yeah, we have seen the funds at our office and we are using it, trying to get the patients in. And probably, in terms of, you know, I would have to talk to my office manager exactly where the money has been spent the most, whether it's the COVID and trying to recruit patients in. We've also because we're a rural community. We've had tremendous need particularly early on, trying to really develop the infrastructure for the telehealth stuff that has been. We have quite a poor area around our counties that rural in the access. People were not willing to go anywhere at first, and so we have been trying to invest in reaching out to the more rural poorly connected, the Internet access has been very terrible for a lot of places where you can't do telehealth so we've had to bolster that. So it's sort of shifted from access to now trying to get ahold those patients and get them in for their checkups and the regular vaccines and talk to them and educate them about the COVID vaccine. So, for the parents.

Hugh Tilson

We got a comment that the health equity payments can also be used to pay for EHR integration with the HIE. This is important so that the practice can enter their COVID vaccines into one system versus duplicating efforts between CMS the practice EHR and NCR for pediatric vaccines, so I don't know that that's right. But I do want to just observe that somebody said that that is a possible use of those funds in a way that provides, potentially even longer term benefits.

Dr. Tom Wroth

There's a good question here about the Pfizer vaccine and just wondering, and I don't know Dr Monroe or, or anybody else if you're getting Pfizer, how can a smaller practice. Use utilize Pfizer.

Dr. Rasheeda Monroe

I'm gonna let somebody else answer that whose been doing the kind of smaller in clinic vaccination efforts

 Dr. Greg Adams

I think, you know a lot of pediatric practices are going to have to do the group setting, But that's where for a community like our site, we really have to do it coordinated with health department, you know, and with Spencer's effort at Boone Drug. If we do a more unified approach. We have three different office sites, so we could get in Pfizer, but we're gonna need not only to do the kids in the community, we're gonna have to probably spill over into adults at the same time to have enough in a given time. So

it takes planning. It's not going to be where people just walk in and get that vaccine. So that's one reason we've sort of as an office, we were signed up we are registered, we could have, we were soon as DHHS said we could have it we were in the system we've done all of our paperwork, we just personally have not made a request for the vaccine at our office, because we don't want to duplicate the efforts of the health department and Spencer, and then have too much vaccine in the community. We'd rather support their work, and then we're trying to get the patients lined up so we've communicated to all the patients 16 and older, and encourage those families, and we're ready to do that now with the kids 12 and up. So I think it just takes in a small area it's going to take a coordinated effort to avoid wastage of the vaccine.

Spencer Hodges

I was gonna echo that and say, through the collaboration with CPESN, we've kind of been done what they call a hub and spoke model with the Pfizer vaccine so not only have we been our own hub and spoke for our own pharmacies, and our mass clinics, but also for in network pharmacies across the state. So, in the Lincolnton area, Asheville Durham, the world, and I connected and people who need vaccine we coordinate, how to get that to them and so it's coming to one central place, and kind of being distributed out from there it's a little bit of work in terms of how to distribute that out and keeping up with them but it's certainly been a good model to try to bring on some of these larger Pfizer trays that maybe smaller practices or pharmacies can't take all at one time.

 Dr. Greg Adams

Hey Tom, that gave me an idea CCPN should do a hub and hub model hub and spoke. We could coordinate and plan it in a community and break down the 1000 and get it out and identify, you know, just like we don't have Boone drug all over the state wish we did. I tend to like local more than I do the national chains, but we could replicate what Spencer and I can tell you this, Spencer is such a valuable resource. He would teach us how to do it, and he could help Troy pull this off, in other areas that we could reach out to other communities, small rural areas, and we could do this together so that we could take 1000 break it down, identify a bunch of practices. Beverly Edwards, you know, grab a bunch of CPN CCPN practices. Find out when they need it and get it to them.

Dr. Tom Wroth

I think the major theme we've heard from all of you is this community collaboration and find your hub and your communities, you should the hospital. And, you know, all of you have demonstrated how you've worked with with partners to make this happen. One of the questions, want to make sure we answer is so I'm a pediatric practice, should I be signing up for CVMS now. And the answer is yes you heard Dr. Adams they are signed up and ready to go and they're just waiting for, you know, things to with the pediatric doses and other issues to get resolved so yes, jump on the CVMS and get on boarded so that you can be ready. Hugh, its 659 any other burning questions or comments you want to put out there.

Hugh Tilson

Let me just throw back to our panelists y'all can see the questions is there anything in there that you particularly want to respond to saw a comment that came, sorry.

Spencer Hodges

Yeah, just want to say I think I'll always go back to collaboration and you're getting started, whether you collaborate with your hospital or throw ACO, you're really kind of think through ways to kind of know kind of tip your toe in the water to kind of get started I think is the best way to start rather than taking a massive load so we've talked about a lot of ideas tonight, that's, that's what I really kind of say to a lot of the other folks out there is not exactly sure. So, you take a risk that's out there do it, you talk to other folks in your community and find out what your resources are, there's ways to make this happen, you just got to find them.

Hugh Tilson

It's a great way to end, since we're out of time. So I'll say thank you, panelists for the time tonight your preparation the work you're doing really appreciate it. Tom, any final comments.

Dr. Tom Wroth

No, just to also thank our audience who, for their engagement and commitment to this as well this is how we're going to get through this. And so thank you all so much look forward to our next navigating COVID webinar in May will actually be around. It'll be a special one around telehealth and how you could use that through the MOC process that'll be an important part of it so look forward to telling you more about that in about a month.

Hugh Tilson

And thanks to Greg, Elizabeth and Robin also for their partnership and getting this done. Take care everybody.