Public Health Ontario | Santé publique Ontario

To view an archived recording of this presentation please click the following link: https://youtu.be/UKXQV6mPRwo

Please scroll down this file to view a copy of the slides from the session.

Supporting Primary Care Involvement in the COVID-19 Vaccine Rollout

Ross Graham MSc MPA, Planning Lead, Waterloo Region COVID-19 Vaccine Response & Manager, Public Health and Emergency Services, Region of Waterloo

Sharon Bal MD CCFP FCFP, Primary Care Physician Lead, Waterloo Region COVID-19 Vaccine Taskforce. Family physician & Asst. Clinical Professor, Dept of FM, Michael G. DeGroote School of Medicine, McMaster University

Presentation for Public Health Ontario Rounds July 2021

Disclosures: Both authours

- **Conflicts to declare:** None
- **Commercial/financial sponsors:** None
- **Financial support for this work:** N/A
- **In-kind support for this work:** RoWPH (Ross)

Agenda

1. Key messages
2. Rationale for primary care engagement in mass vaccination
3. Review of Waterloo Region experience: what worked well, challenges & looking forward
4. Key messages revisited
5. Discussion

Note: presentation content based on our recent piece: *Graham, Bal, Farwell, Naik & Lee. (2021). Supporting primary care involvement in COVID-19 vaccinations. Longwoods Insights. Available at: https://www.longwoods.com/content/26556//supporting-primary-care-involvement-in-covid-19-vaccinations*

Key messages

- Involving primary care providers should be central to all COVID-19 vaccination program initiatives with intentional engagement and co-design from inception

- Collaborating with primary care on mass immunization requires significant initial investment of resources, but yields excellent ROI

- Primary care embedment in mass immunization is key to supporting transition to “routine” sustainable community vaccination activities

Background & Rationale

Addressing vaccine hesitancy & administering vaccines is a core part of primary care

- Primary care providers play a key role in patient & public vaccination uptake through the life cycle of a patient: pediatric, boosters and elderly

- **Key role in addressing vaccine hesitancy** and uptake, via
  - Individualized discussions about options & risks as part of trusting relationships
  - Specific (individualized) knowledge of patients' medical conditions and context
  - Accessible to many higher-risk groups (e.g., health conditions, ethnocultural groups)
  - Promoting vaccinations with the general public (authoritative voice, reputational credibility)

- Evidence of a relationship between primary care providers attitudes and regional vaccination rates – some suggest new immunization programs may be unsuccessful without primary care support (Arlt et al. 2021; Dubé et al. 2012).

**For this presentation, primarily referring to family physicians and nurse practitioners*

Ontario College of Family Physicians

Leaders for a healthy Ontario

With Vaccines Coming, Family Doctors Could Jab Millions More If Fully Involved

A successful and equitable ro!lout means getting vaccines in the right arms as quickly as possible

March 23, 2021

Opinion: Family physicians left out of COVID vaccine program

One-third of Ontarians remain uncertain about vaccines but would be more likely to get shots if these were administered by their doctors.

CONTRIBUTORS | OPINION

Why have family doctors been overlooked in vaccine rollout?

TK

By **Tara Kiran** Contributor
Fri., March 5, 2021 | 3 min. read

Primary Care Doctors Are Left Out of the Vaccine Rollout

In the rush to immunize people against Covid, federal and state health officials have overlooked the role of doctors, physicians say.

Group representing Ontario family doctors calls for more involvement in COVID-19 vaccinations

By **Holly McKenzie-Sutter** · **The Canadian Press**
Posted March 23, 2021 12:29 pm · Updated March 24, 2021 6:52 pm

Lack of primary care from outset, Ontario

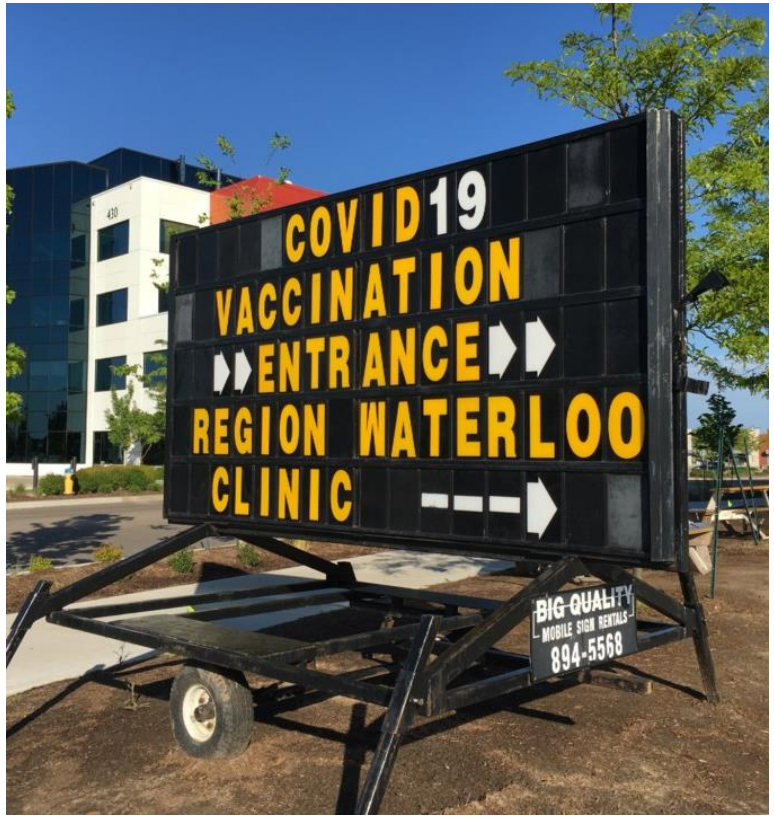
- Given the importance of their role, it is unfortunate that primary care providers have at times felt “left out,” “frustrated” and “disengaged” from COVID-19 vaccination programs (Abelson 2021; Duong 2021; Kiran 2021; Lam 2021; Ontario College of Family Physicians 2021)

- E.g., Recent survey of Canadian physicians (all specialties, *n*=1648) found that while 80% of them saw vaccine distribution as a top priority, 40% were frustrated with the level of physician engagement (Duong 2021: e458)

COVID-19 Vaccines
Protect yourself. Protect others.
#TeamVaccineWR

The Waterloo Region Experience

Waterloo Region in a Nutshell



Credit: Region of Waterloo, 2021

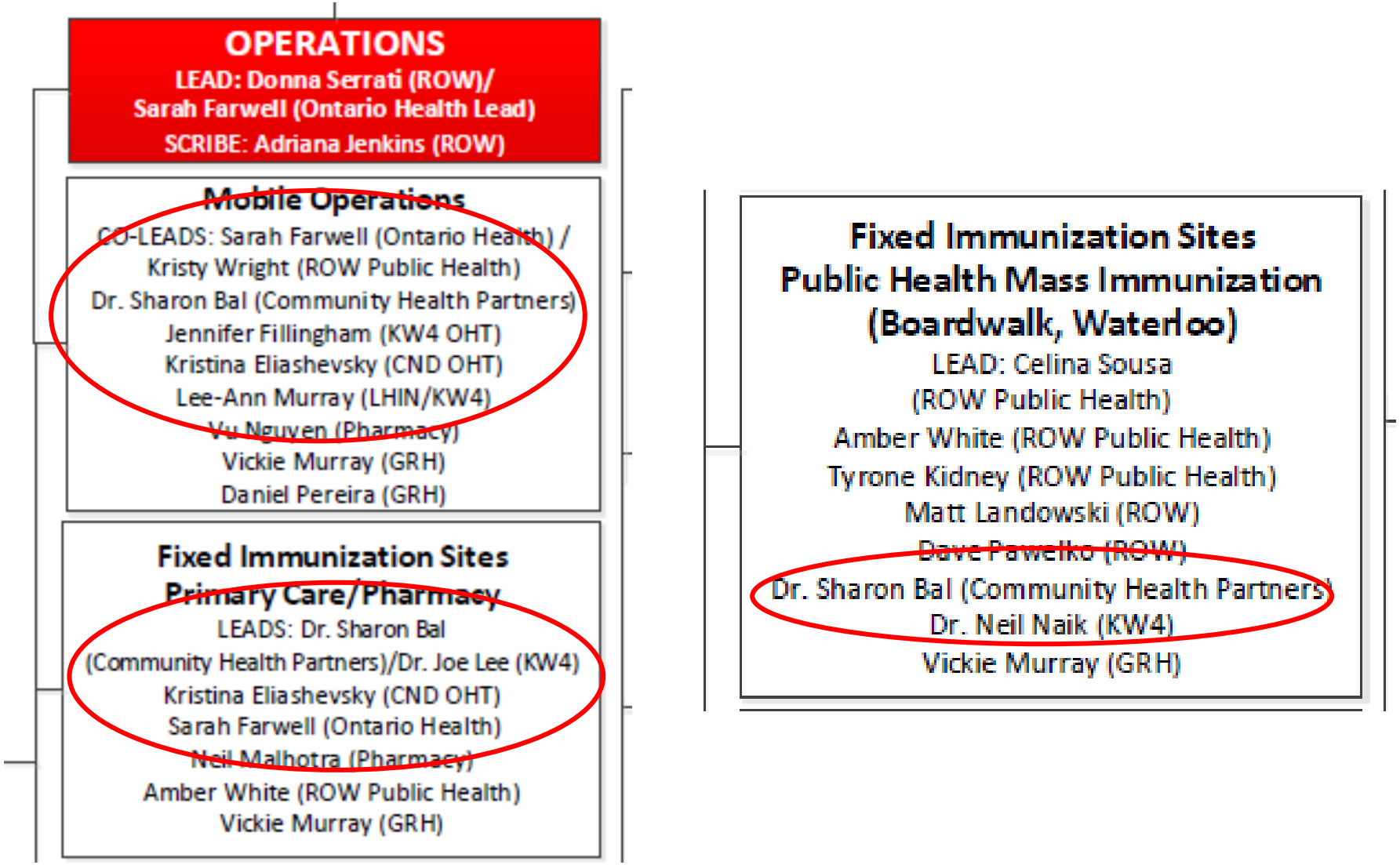
- Two-tiered Regional government
- "Integrated" PHU part of regional government
- ~630,000 residents/students
- Mixed urban/rural geography
- Two OHTs cover entire geography/population
- Diverse population (and quickly diversifying)
- Largely "politically stable", which enables innovation and collaboration

Primary Care Involved from Day 1

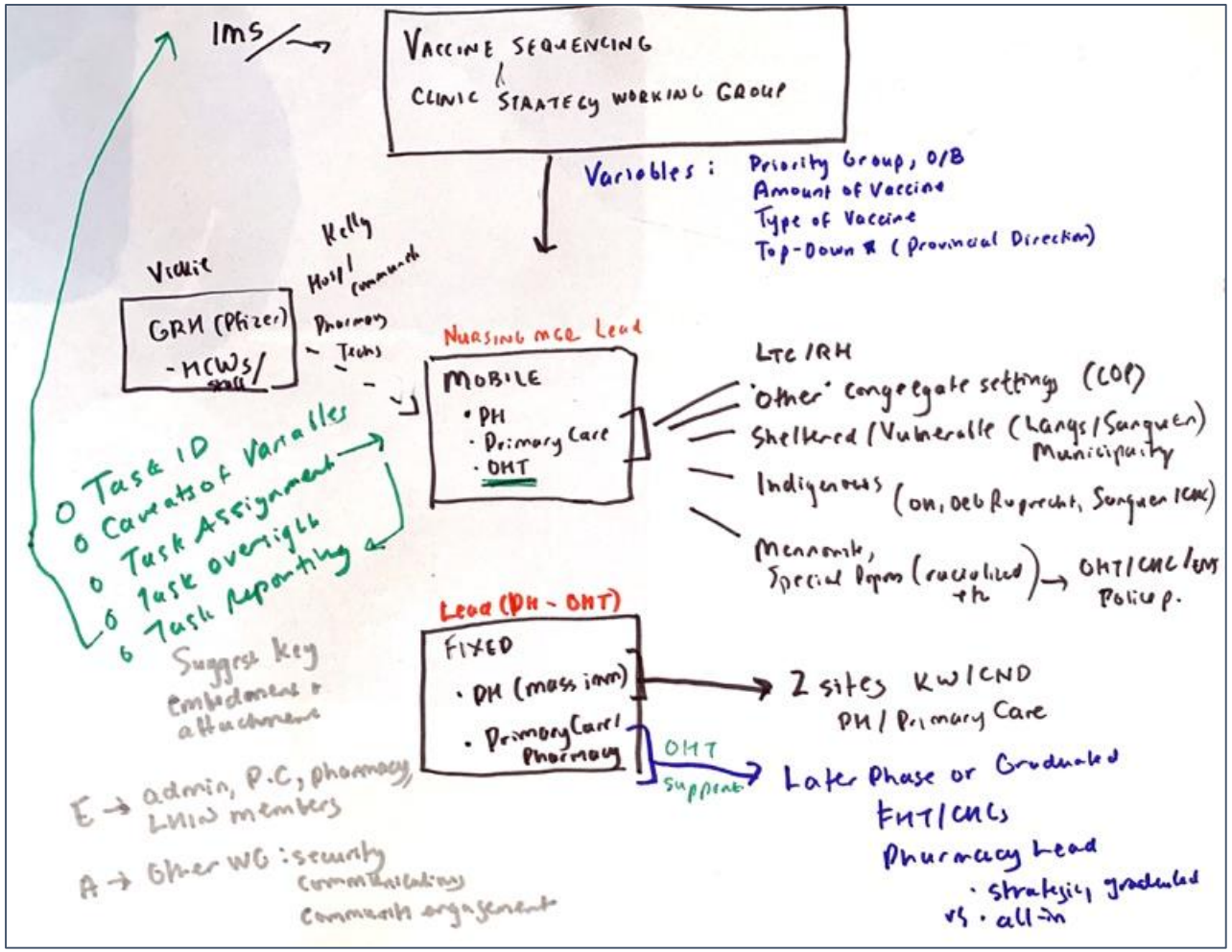
- Primary Care involved from "Day 1" of mass vaccination planning in Waterloo Region

  - Primary Care Lead role on most senior committee & vaccine sequencing committee
  - Co-leadership of operations groups
  - Co-design of 'master plan' with public health and other health system partners
  - Source of bi-directional information flow to mitigate confusion in messaging federal/provincial/regional
  - Extensive coordination activities with local primary care providers (details on upcoming slides)

Examples of Primary Care Leadership in Operations Section of Vaccine Response IMS



Co-design of 'master plan' with public health and other health system partners



Credit: Sharon Bal, 2021

- Task ID
- Caveats of Variables
- Task Assignment
- Task Oversight
- Task Reporting

→ IMS →

Vaccine Sequencing Clinic Strategy Working Group

Variables:
- Priority Group, O/B
- Amount of Vaccines
- Type of Vaccines
- Top Down (Provincial Directions)

Vickie

Grand River Hospital:
- Health Care Works with Skills

Kelly: Hospital Command; Pharmacy Techs

Nursing Manager Lead

Mobile
- Public Health
- Primary Care
- **OHT**

- LTCH/RH
- 'Other' Congregate Setting (COP)
- Sheltered/Vulnerable (Langs/ Sanguen /Municipality)
- Indigenous (OH, Deb Ruprecht, Sanguen IC?)
- Mennonite Special Regions (racialized) →OHT/CHC/EMS/Police

Suggest Key confidence and attendance

E→ Admin. P.C., Pharmacy, LHIN members
A→ Other WG: Security, Command centres, Community Engagements

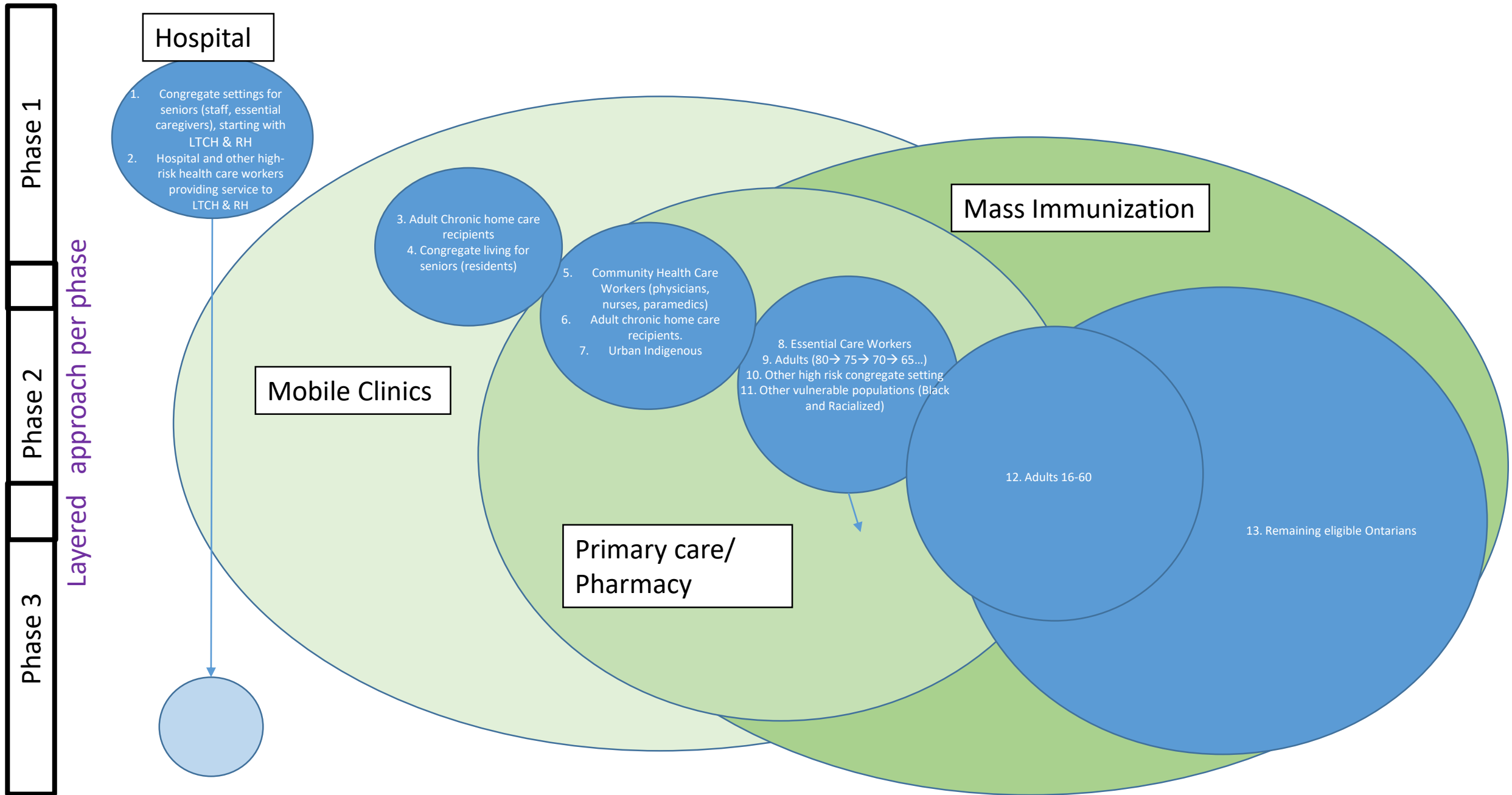
Lead (PH & OHT)

Fixed
- Public Health (Mass immunization)
- Primary Care/Pharmacy

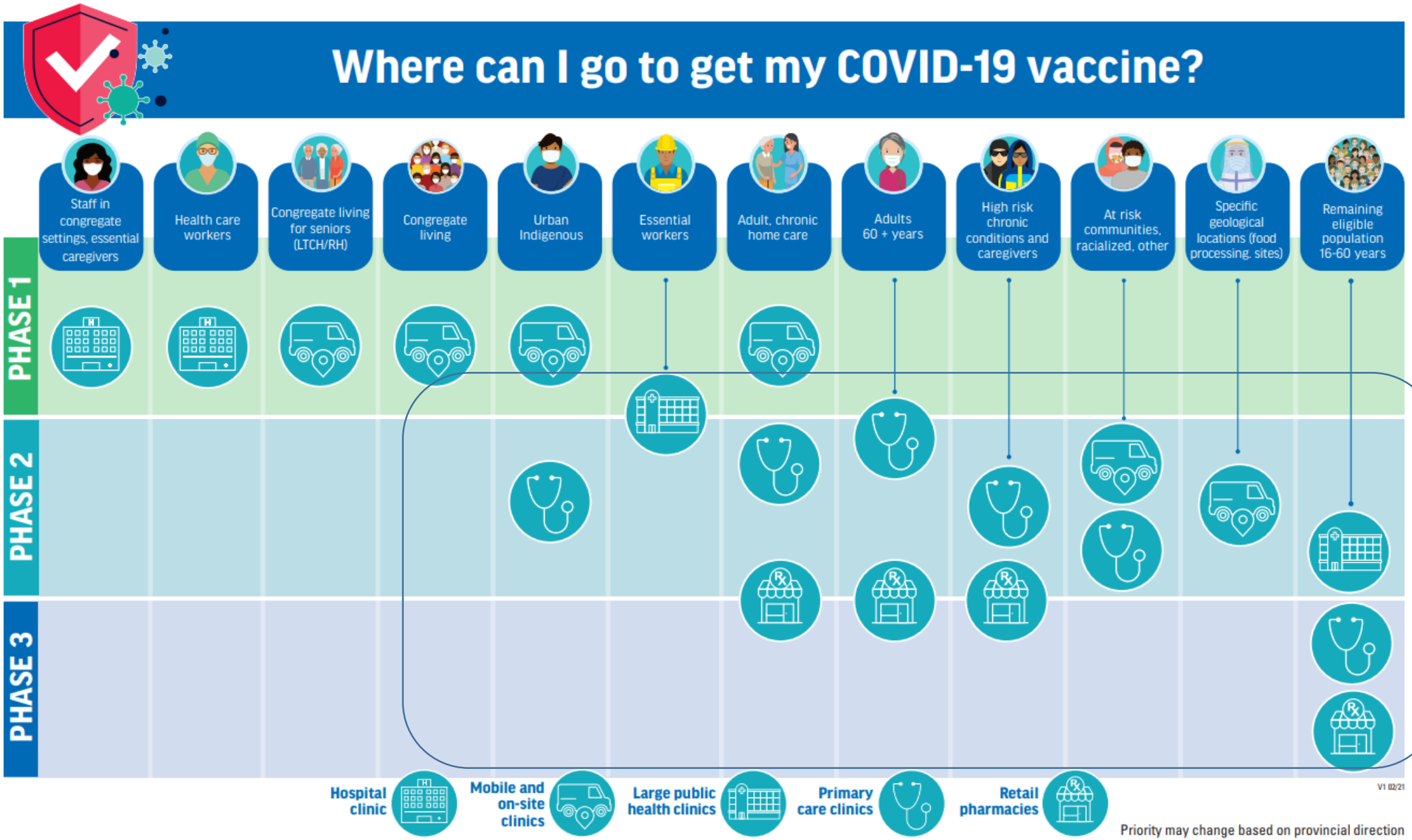
- 2 Sites KW/CND
- PH/Primary Care

OHT Support
- Late phase or graduated
- FHT/CHC
- Pharmacy Lead
  - Strategic, graduated vrs all in.

COVID-19 Vaccine Distribution by Quantity per Modality for ROW



Where can I go to get my COVID-19 vaccine?



V1 02/21

Priority may change based on provincial direction

Region of Waterloo

Talk to a real person 24/7 in over 200 languages: 519-575-4400 Deaf and hard of hearing (TTY): 519-575-4608
www.regionofwaterloo.ca/covid19vaccine

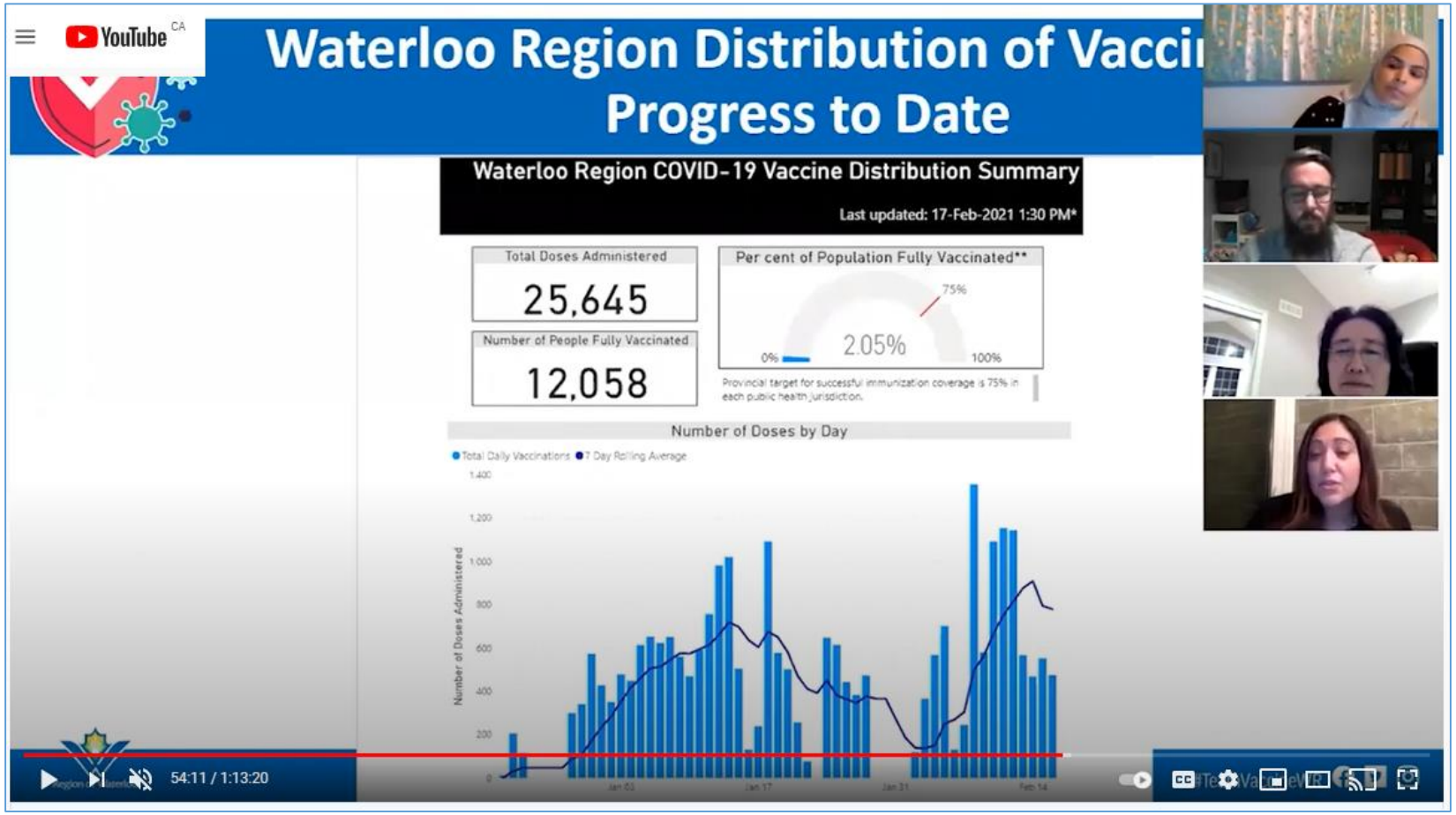
#TeamVaccineWR

Five types of clinics

Clinic Type*	Led by	Description	Provincial Priority Groups*
Hospital Clinic	Grand River Hospital	GRH clinic, vaccine depot & coach to other sites	• Congregate settings for seniors (staff, essential caregivers) • High risk hospital and other health care staff
Mobile & On-Site Clinics	Various	Mobile & on-site clinics run by various health providers or large employers / specific groups with public health support	• Congregate settings for seniors (residents) • Other high-risk settings • Urban Indigenous • At-risk communities & settings
2 Large Public Health Clinics	Public Health	2 large high-volume sites staffed by Region, hospital, primary care, pharmacy staff and many others	• Broader health care sector • Essential workers • Adults (16-60)
8+ Mid-Sized Clinics	**Primary Care**	Distributed larger primary care sites (FHTs, CHCs, NPLCs) staffed by primary care, pharmacy and others	• Adult chronic home care • Adults (80→75→70→65) • Remaining eligible population
Smaller Sites	**Primary Care & Pharmacy**	Eventually many more primary care sites, retail pharmacy and other small sites	• Adult chronic home care • Adults (80→75→70→65) • Remaining eligible population

- *Note: Clinic types are somewhat fluid, depending on what's needed most
- For example, primary care can run mobile clinics; pharmacists and hospitals staff can work in fixed sites; public health staff can assist family health teams, etc.

Communities of Practice for 4th and 5th Modalities were key



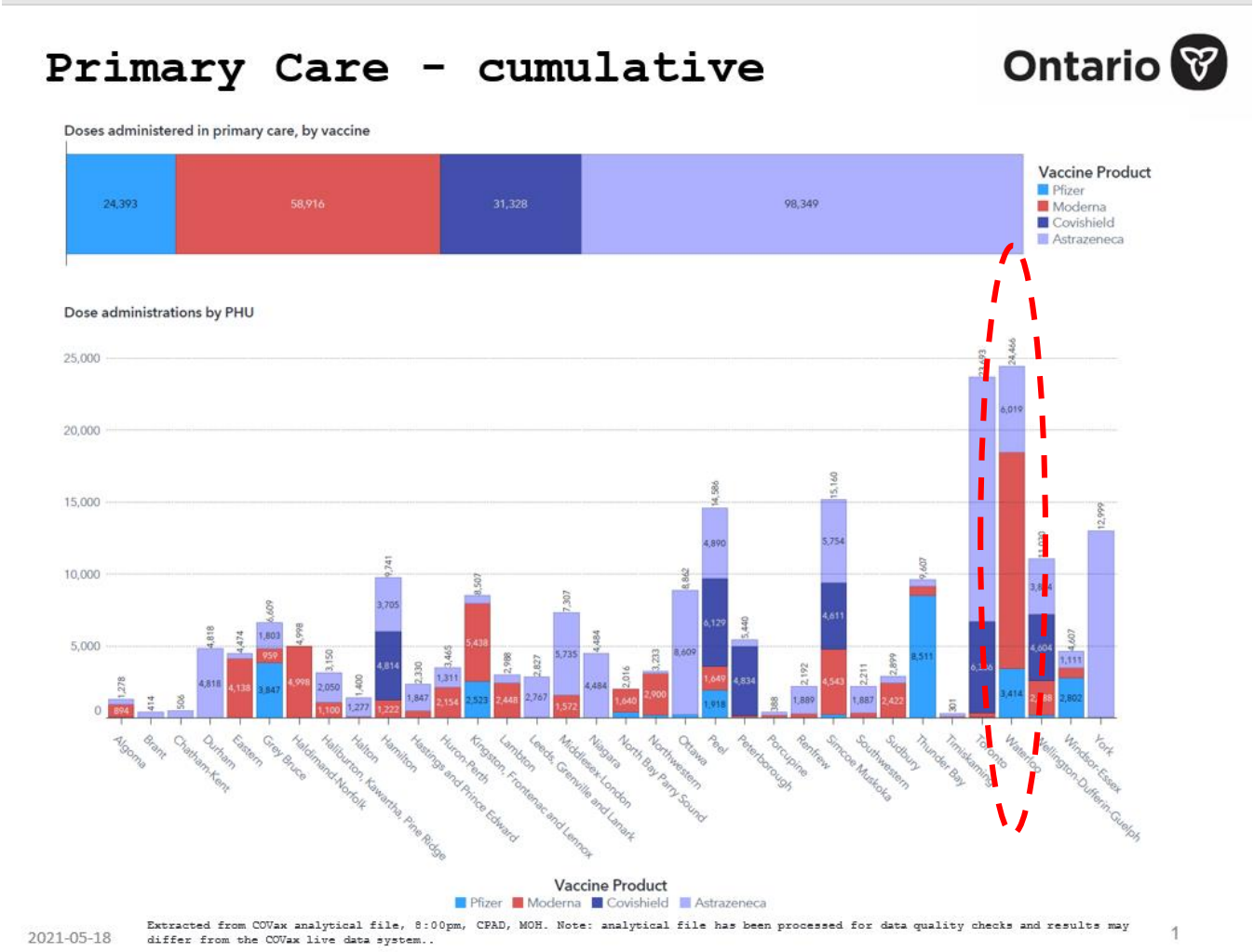
The Result

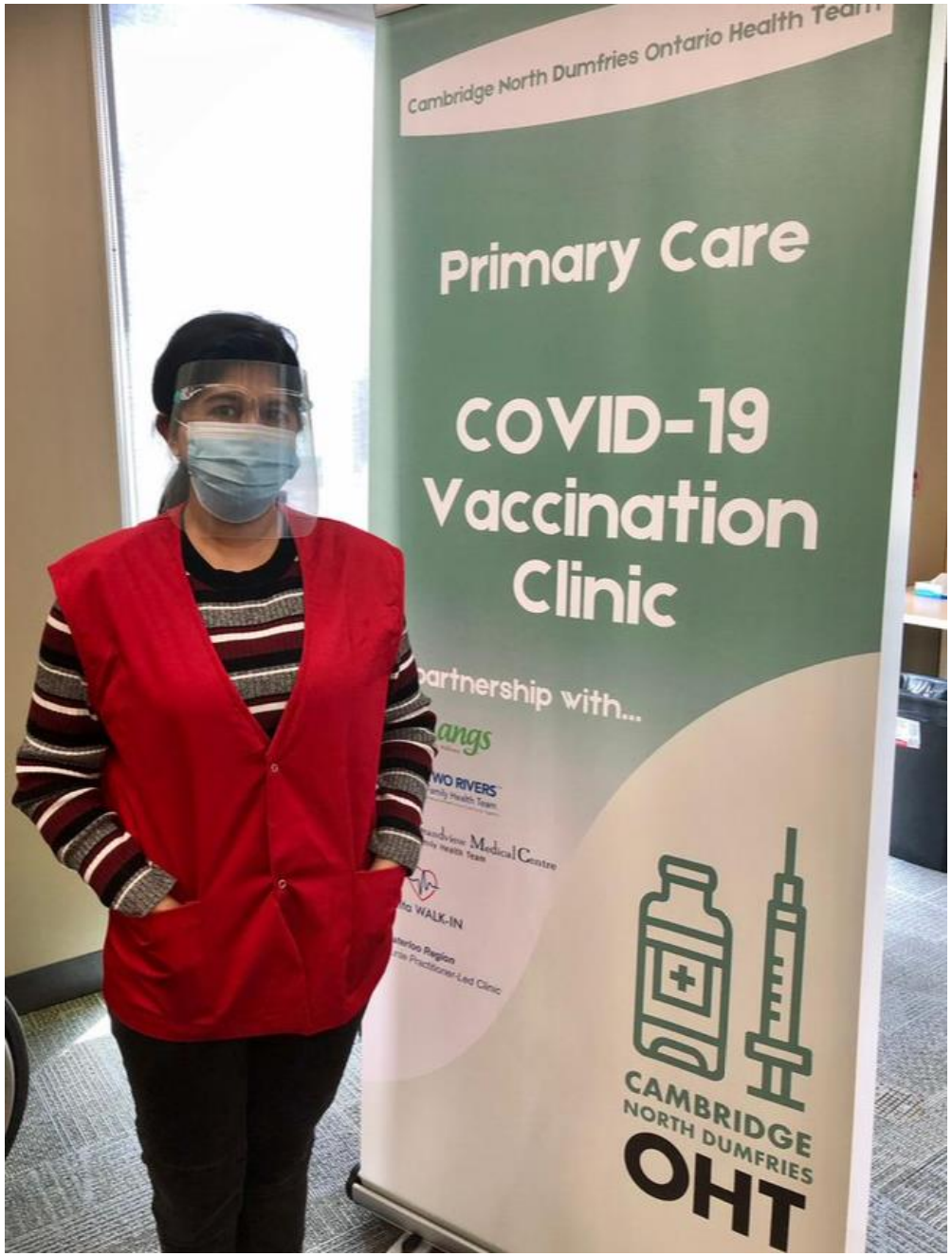
In June, Province reported Waterloo Region had the largest total vaccine output through primary care of any public health unit jurisdiction

Note 1: Acknowledging this is based on one type of analysis

Note 2: In ROW, this includes only our small (non-team based practices)

Note 3: If large primary care sites were included – the numbers would be 5-fold higher

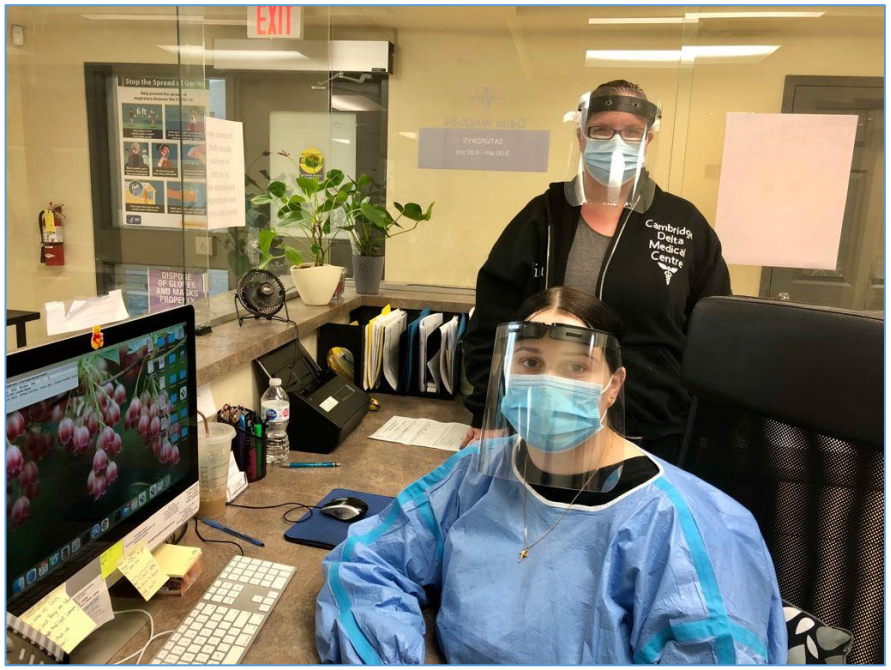




Credit: CND OHT, 2021

As of July 8:

- 298 MDs in COVax
- 7 of team-based clinics
- 35 FHO clinics
- 4 MDs in key vaccine leadership roles
- >12 MDs in clinic lead roles



Credit: Sharon Bal, 2021

Key Enablers

1. Identification of primary care leadership

- Primary care and community pharmacy positions
  - Members of the most senior Oversight Body
  - Chairs of 2/5 Clinic Modalities

- Critical to ensure the availability of content expertise in a rapidly changing environment

- Leads served as key contacts for the primary care community to liaise with for timely, curated information

Note: Representation from primary care is not formally part of Ontario's Vaccine Task Force

2. Early, transparent and regular sector-wide engagement and communication:

- Primary Care and Pharmacy Leads quickly convened regular engagements with colleagues, looping back to TF:
  - Providing PH with a two-way venue to share information, solicit feedback and engage partners in clinic design, setup and staffing

- **Multi-pronged engagement strategies**: asynchronous WhatsApp groups and newsletters to synchronized virtual townhall meetings & communities of practice (CoP)
  - Afforded the widest reach to various practice types and sizes
  - Ensured co-ownership of the regional rollout
  - Allowed onboarding via 5 modalities (CoVAXON, vaccine management and counselling)

- Routine communications maintained:
  - To support identification of best practices, celebrate successes, maintain motivation & manage near real-time issues

These forums provided channels for communication as changes to vaccine administration, group eligibility and dose intervals were announced. Similarly, they facilitated quick development and distribution of patient template letters and formal PH primary care advisories.

3. Co-design of the vaccine rollout plan:

- Primary care leaders and representatives involved in the design and implementation of the vaccine rollout master plan

- This included early involvement with hospital- and public health-run mass immunization clinics as well as mobile vaccination teams

- Primary care involvement enabled capacity-building including increased familiarity with COVax
  - E.g., bi-weekly COVax training nights at mass imm site

- This involvement also established **early adopters** who could then support their colleagues' involvement in subsequent phases***

4. Saying “yes” to in-progress strategies and offering mutual support:

- Engaged & informed primary care sector = key to readily implementing new provincial direction and seizing opportunities
    - Example = last minute AZ shipments

- Crucial that primary care partners felt informed & supported by the vaccine task force and PH so they could accept risks of setting up clinics with many unknowns often in their own offices
    - Key supports incl. funding (through local PHU), ongoing locally-run hands-on COVax training & one-on-one clinic setup guidance
    - All training available to PH and hospital staff at mass immunization clinics were offered to primary care partners to build capacity, scale-up rapidly and support late adopters

5. Reinforcing primary care's leadership role with vaccinations:

Peer-to-peer exchanges to lend credibility and "speak" language of staffing, practice models, billing

- First hospital-based clinics Dec 22-Dec 31st critically important to involve primary care, establish sessional rate access (COVaxON onboarding)
- First mobile clinics Jan 2021 – critical to involve medical directors and primary care (COVaxON onboarding and clinic organization hands-on training)
- Build progressively larger roster for first PH-led mass immunization sites: COVaxON onboarding
- First team-based clinics Feb-March 2021: PC Co-Leads to support knowledge transfer and increase MD pool
- **Intentionally socialize that certain pandemic-related supports** (including pandemic-related billing codes) **are temporary and non-sustainable, with routine vaccinations in primary care offices and pharmacies being the long-term sustainable solution**
- First small practice clinics April 2021 – key to have laid groundwork for large spread-scale for when fridge-stable vaccines arrive: primary care leads share lessons learned on how COVID-19 vaccines can be delivered and billed for private practice (G593, Q593)

Challenges

1. Unclear funding mechanisms

- Setting up a “mass-imm” vaccination clinic is a sizeable undertaking for primary care providers with significant costs

- **Funding was tailored** to meet:
  1. Needs of team-based primary care offices running weekly clinics, vs.
  2. Needs of smaller offices delivering vaccines to their patients

- Without provincial funding channels for primary care to provide COVID-19 vaccinations, and with no time to delay, it was essential for PH to provide funding (with hopes of provincial reimbursement)

2. Directing the public to consult their primary care providers on breaking news:

- Unexpected federal/provincial announcements
  - Challenge when new provincial directives are communicated to the public with little advanced warning to primary care ***or*** local public health

- Distrust of larger rollout can occur when the new directive instructs patients to engage with or seek documentation from their primary care provider
  - Subsequent confusion among providers and distrust of the system by providers and the public alike can result.

3. Misalignment between primary care roles and the documentation systems:

Lack of vaccine status knowledge

- Ontario vaccine plan included expectation that primary care providers would identify and communicate with vaccine-eligible patients within their roster, as well as provide immunization services to them with no e-notification to support this*
- Regional pressures - resulted in local frustration as COVaxON did not require immunized individuals to identify their primary care providers (if they had one) or communicate this information back to these providers. **Local solutioning**
- As rollout progressed into Phase 2 and 3, created more challenge to do targeted outreach to prioritized populations**

- *Mid-May 2021 received HRM e-notifications
- **Anticipate end of July 2021 to receive roster lists w/ vaccine status

Key messages (Recap)

- Involving primary care providers should be central to all COVID-19 vaccination program initiatives with intentional engagement and co-design from inception

- Collaborating with primary care on mass immunization requires significant initial investment of resources, but yields excellent ROI

- Primary care embedment in mass immunization is key to supporting transition to “routine” sustainable community vaccination activities

Questions? Discussion

Thanks for your time!

Sharon: sharon.bal@medportal.ca

Ross: RoGraham@Regionofwaterloo.ca

References

Presentation based on:

- Graham, J. R., Bal, S., Farwell, S., Naik, N., & Lee, J. (June 2021). Supporting primary care involvement in COVID-19 vaccinations. *Longwoods Insights.* Available at: https://www.longwoods.com/content/26556//supporting-primary-care-involvement-in-covid-19-vaccinations

Key citations:

- Arlt, J., K. Flaegel, K. Goetz and J. Steinhaeuser. 2021. Regional Differences in General Practitioners' Behaviours Regarding Influenza Vaccination: a Cross-Sectional Study. *BMC Health Services Research* 21(1): 1-12. doi:10.1186/s12913-021-06177-x.
- Dubé, E., V. Gilca, C. Sauvageau, J. A. Bettinger, F. D. Boucher, S. McNeil et al. 2012. Clinicians' Opinions on New Vaccination Programs Implementation. *Vaccine* 30(31): 4632–37. doi: 10.1016/j.vaccine.2012.04.100.
- Duong, D. 2021. Canadian Physicians Frustrated with Vaccine Rollout. *CMAJ* 193: E458–59. doi: 10.1503/cmaj.1095929.
- Kiran, T. March 5, 2021. Why have Family Doctors Been Overlooked in Vaccine Rollout? *Toronto Star.* Retrieved June 1, 2021. <https://www.thestar.com/opinion/contributors/2021/03/05/why-have-family-doctors-been-overlooked-in-vaccine-rollout.html>.
- Lam, V. January 21, 2021. Family Doctors are Key to Canada's Vaccine Rollout. We Must Include Them in this Vital Process. *The Globe and Mail.* Retrieved June 1, 2021. <https://www.theglobeandmail.com/opinion/article-family-doctors-are-key-to-canadas-vaccine-rollout-we-must-include-them/>.
- Ontario College of Family Physicians. March 23, 2021. With Vaccines Coming, Family Doctors Could Jab Millions More if Fully Involved. Retrieved June 1, 2021. <https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~203-With-Vaccines-Coming-Family-Doctors-Could-Jab-Millions-More-If-Fully-Involved>.
- Shen, S. C., and V. Dubey. 2019. Addressing Vaccine Hesitancy: Clinical Guidance for Primary Care Physicians Working with Parents. *Canadian Family Physician* 65(3): 175–81.
- Wilkinson, E., A. Jetty, S. Petterson, Y. Jabbarpour and J. M. Westfall. 2021. Primary Care's Historic Role in Vaccination and Potential Role in COVID-19 Immunization Programs. *Annals of Family Medicine* 19(3). doi: 10.1370/afm.2679.