

Primary Care's Role in COVID-19 Vaccination

PRIMARY CARE AND PUBLIC HEALTH COLLABORATION MEETING

MARCH 8, 2021

Scenarios developed in partnership with the organizations that support comprehensive primary care (Alliance for Healthier Communities, Association of Family Health Teams of Ontario, Indigenous Primary Health Care Council, Nurse Practitioner-Led Association of Ontario, Ontario College of Family Physicians, OMA Section on General and Family Practice) with support and guidance from the Ontario Medical Association

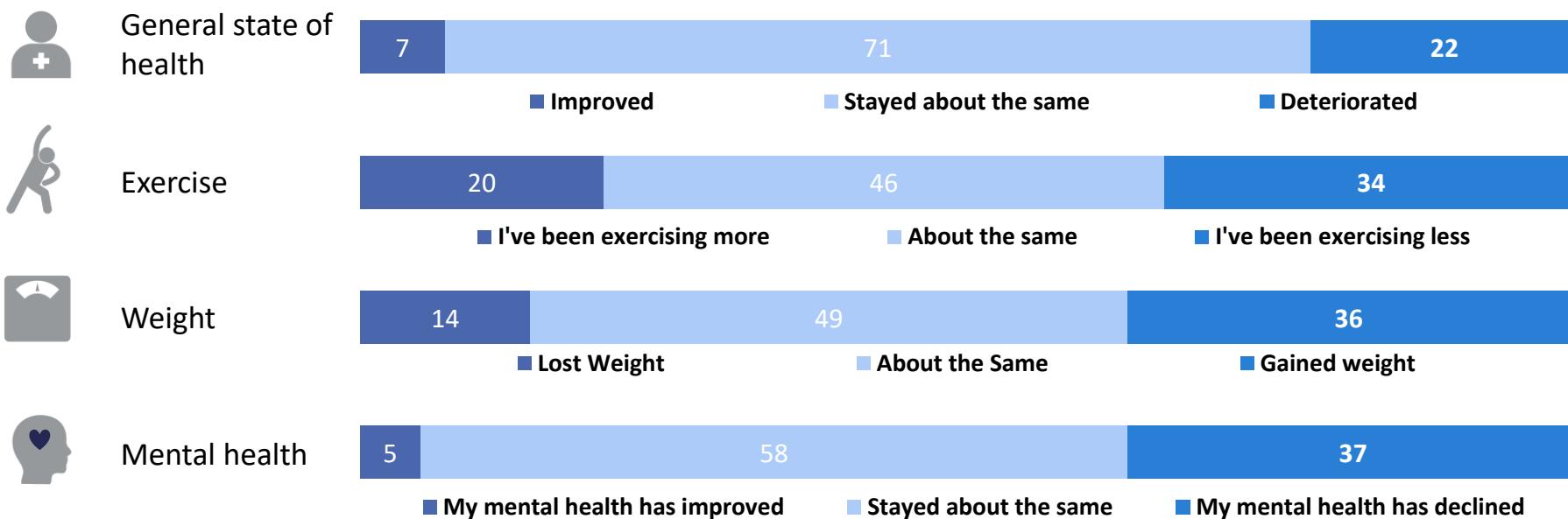
Setting the Context

- Immunization is foundational to comprehensive primary care
 - This is what they do day in, day out
 - From vaccinating newborns to going right in the homes of the homebound older adult
 - Vaccines are part of the core services of primary care
- Primary care providers include family physicians, nurse practitioners, nurses, primary care pharmacists, dietitians, social workers, midwives and others
 - In fact, many vaccines are given by nurses working in primary care clinics, teams and public health
- Primary care providers have stepped up during the pandemic by staffing the majority of the province's assessment centres
 - Driving force of #TeamVaccine in the vaccination of LTC/RH residents/caregivers in Phase 1 of the vaccine rollout
- Throughout the vaccine efforts, primary care providers across the province have been collaborating with their public health units and are pivotal to ensuring **EVERY ONTARIAN GETS THE VACCINE**
- PC is here to help, support and lead
 - Want to ensure equitable approaches are part of rollout
 - Working collaboratively with public health
 - Using the COVAX system to ensure there is one central database for data collection

Changes Since the Start of COVID-19

Since the start of COVID-19 ...

Generally, **1/3 of Ontarians have seen a decline in their overall health**



When every Ontarian receives their COVID-19 Vaccination, family physicians and primary care providers will continue to be there to support their patients with their post-pandemic health and wellbeing recovery – this is what comprehensive primary care looks like and these are the providers we trust the most.

Ensuring an Equitable Vaccine Rollout

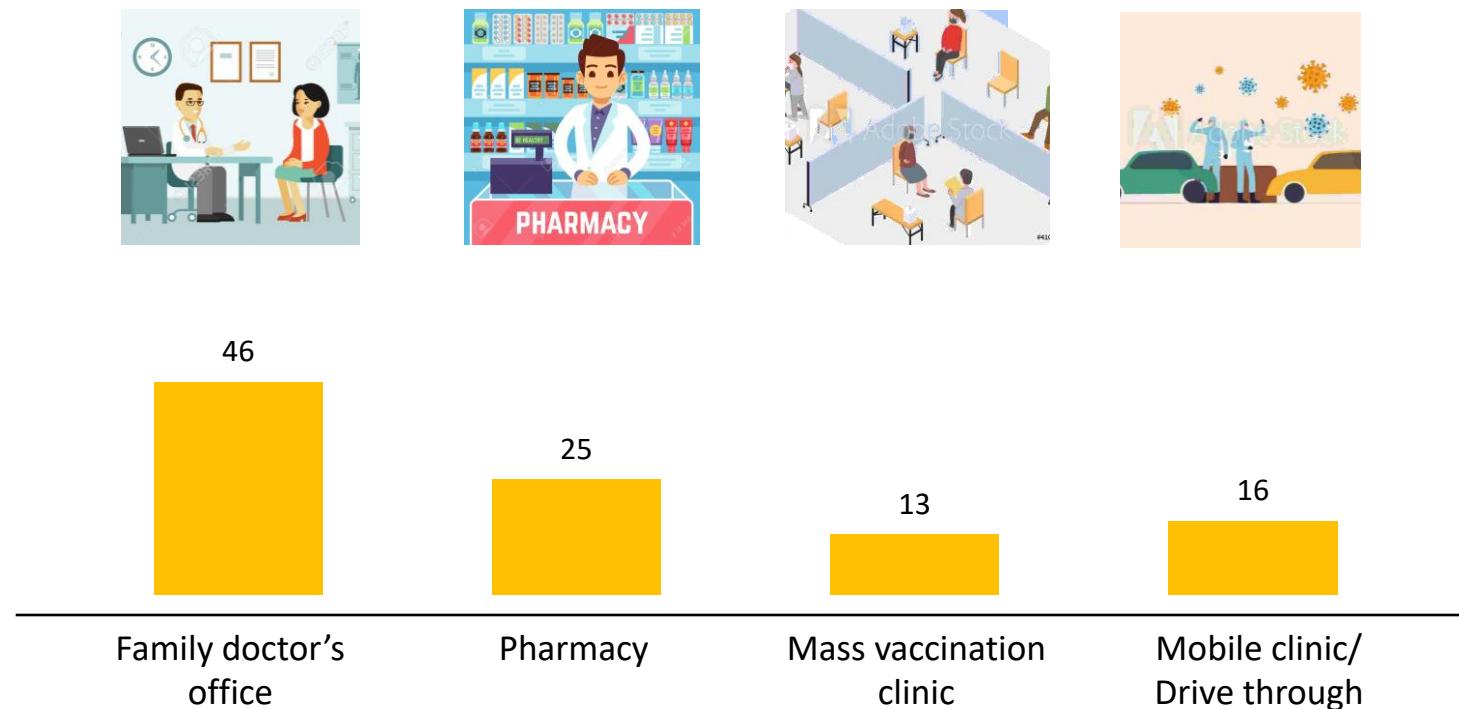
- Getting vaccines in the arms of Ontarians as quickly and **equitably** as possible is everyone's # one priority.
- Culturally and socially diverse communities experience higher COVID-19 infection rates and worse health outcomes. In the City of Toronto, for instance, racialized communities make up 52% of the city's population but throughout the pandemic they have made up a disproportionate share of COVID-19 cases – around 80%.
- Vaccine hesitancy is higher in racialized communities:
 - ***Only 56% of Indigenous-identifying and 52% of Black-identifying respondents in our research said they would get the vaccine***, compared to 73% of Caucasian-identifying respondents.
- **We need to be deliberate in how we roll out vaccines**
 - Need to ensure equity and avoid unintended consequences of poorer health outcomes in already underserved and marginalized communities.
 - Primary care is the front door of the health system to vulnerable and medically underserved communities.
 - Our patients trust us.
 - **By having a role in administering vaccines in these communities our research shows we can increase vaccine confidence.**

Source: <https://toronto.ctvnews.ca/nearly-80-of-covid-19-cases-in-toronto-were-among-racialized-groups-in-november-1.5276918>
<https://www.theglobeandmail.com/canada/article-torontos-marginalized-communities-disproportionately-affected-by/>

Source: Ontario College of Family Physicians, Ontario general population, census-based n=1572 with an assumed margin of error of ±2.5 percent, 19 times out of 20, Fielded between February 16 to 19, 2021

Location Preference to Get Vaccinated for COVID-19

When asked about the ideal location on where respondents would want to get vaccinated with the COVID-19 vaccine, our research shows that their family doctor's office is the preferred location. The Ontario Government announcement on Friday aligns and supports public preference.



Source: Ontario College of Family Physicians, Ontario general population, census-based n=1572 with an assumed margin of error of ±2.5 percent, 19 times out of 20, Fielded between February 16 to 19, 2021



Scenario 1: In-Office Primary Care Vaccine Clinics

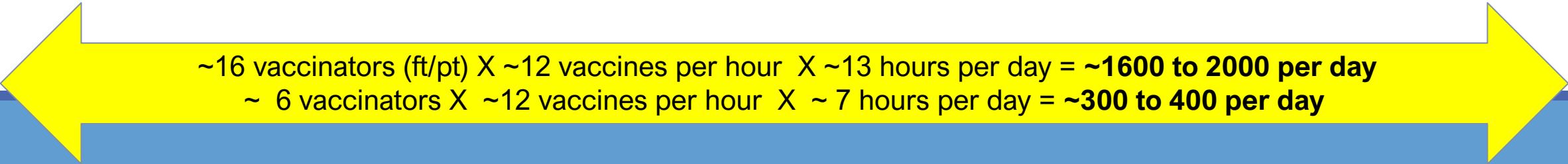
- For those equipped to vaccinate outside of Mass Clinic locations

Image of Dr. Tia Pham, Family Physician at the South East Toronto Family Health Team and first primary care clinic in Toronto to vaccinate 80+ population

Why This Approach

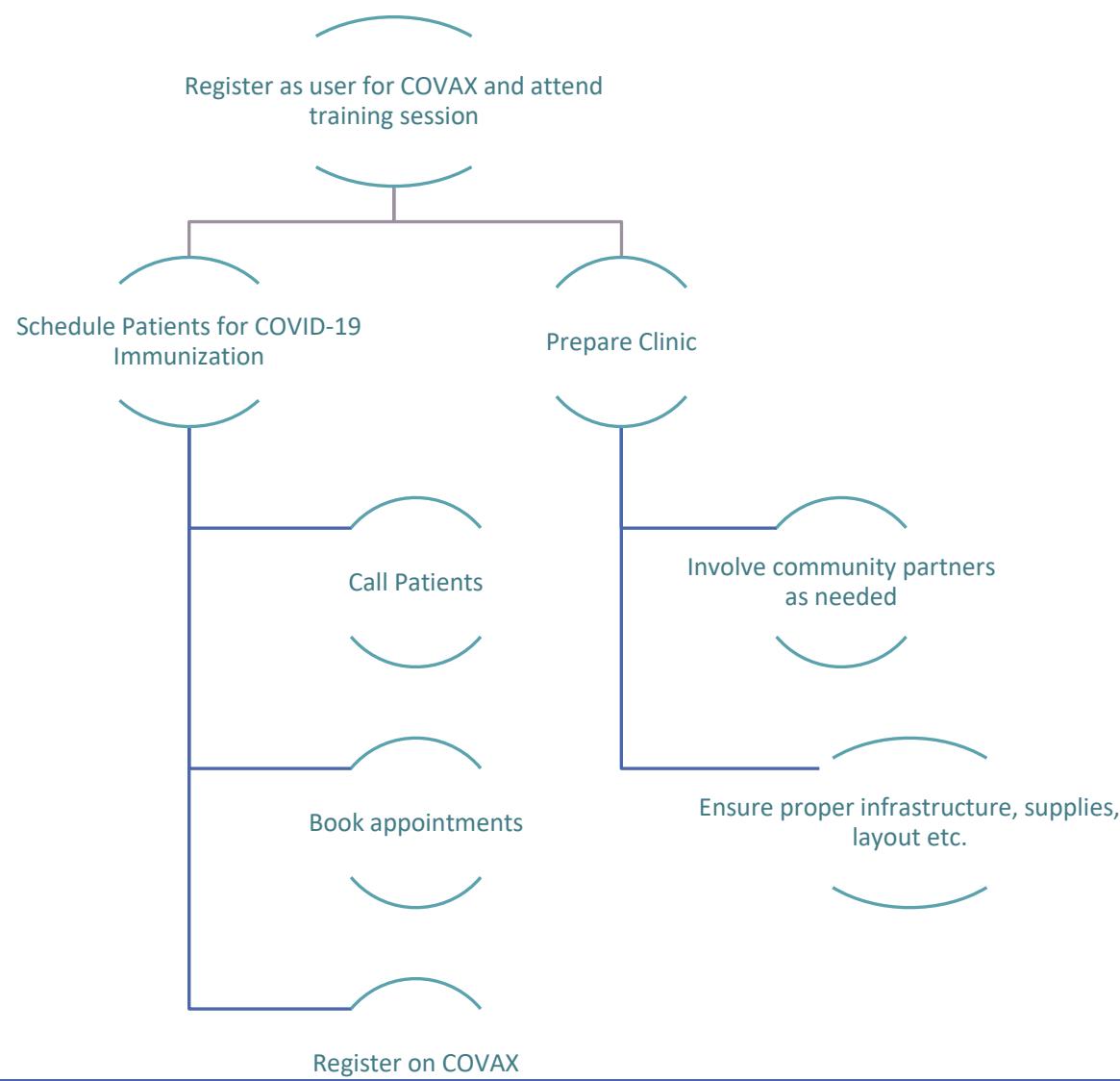
- Primary care providers are best suited to manage immunizations as they do this as part of comprehensive primary care so will be onsite (and this is who patients trust the most)
- If there is an adverse event, they will be equipped to manage with necessary supplies and health care providers to support
- Many larger clinics are multi-sited so they can close off one site to manage vaccination while the other remains open to provide in-person care
- You can have longer hours to hold the clinic, maximizing the vaccinating hours
- Most clinics have multiple exam rooms so you are only limited by the number of rooms
- People living together can make a visit together which increases the number of shots in arms
- The EMR is a very effective tool in segmenting populations and can be used as a way to call patients in to book appointments (like has been done with flu clinics, cancer screening, preventative screening etc.)

Enablers that can be leveraged: medical residents, students, opening up the space to other community providers that don't have room to help increase number of vaccinations and hours open...all this can contribute to even higher numbers



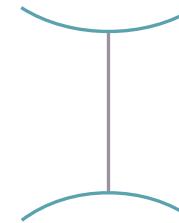
~16 vaccinators (ft/pt) X ~12 vaccines per hour X ~13 hours per day = **~1600 to 2000 per day**
~ 6 vaccinators X ~12 vaccines per hour X ~ 7 hours per day = **~300 to 400 per day**

Admin Staff

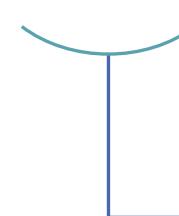


Health Care Providers

Register as user for COVAX and attend training session



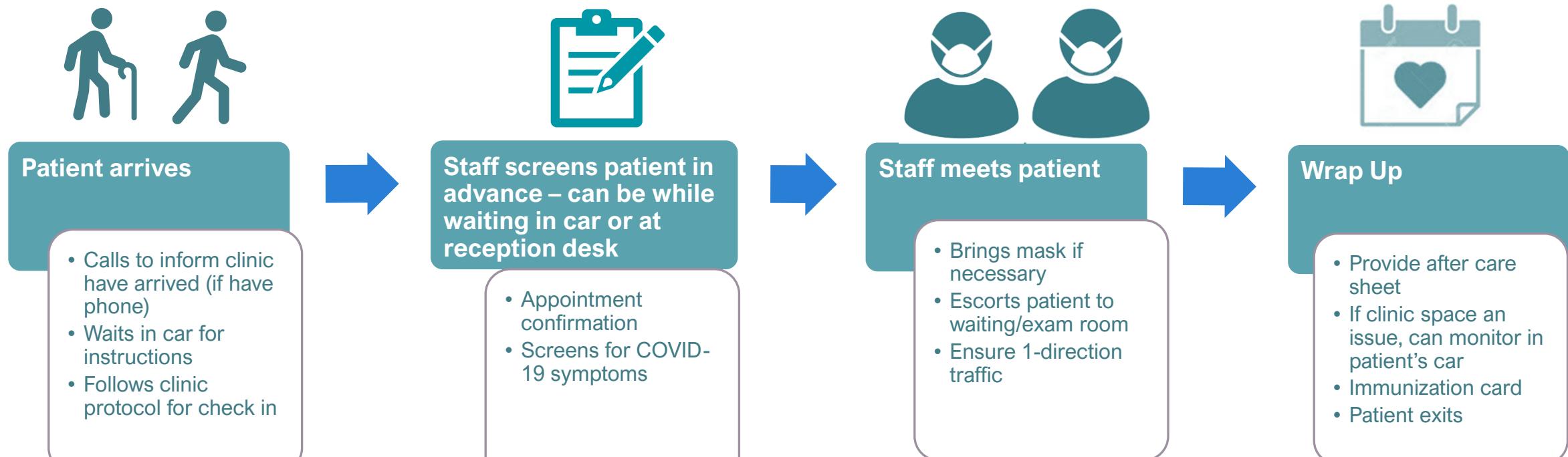
Indicate availability for immunization



Email, post on website or call relevant patient cohort groups and address any questions –
TBD pre-consent

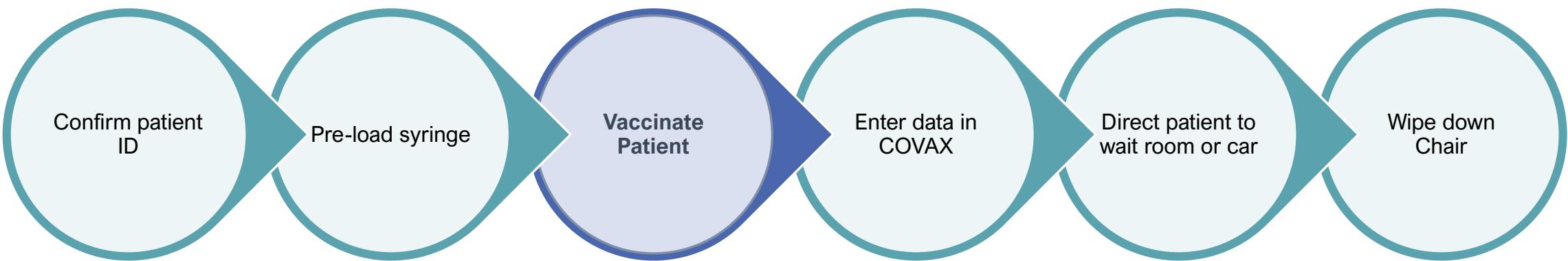
Preparing for In-Office Vaccination | Before patients arrive

Administering Vaccine In-Office | Admin Staff

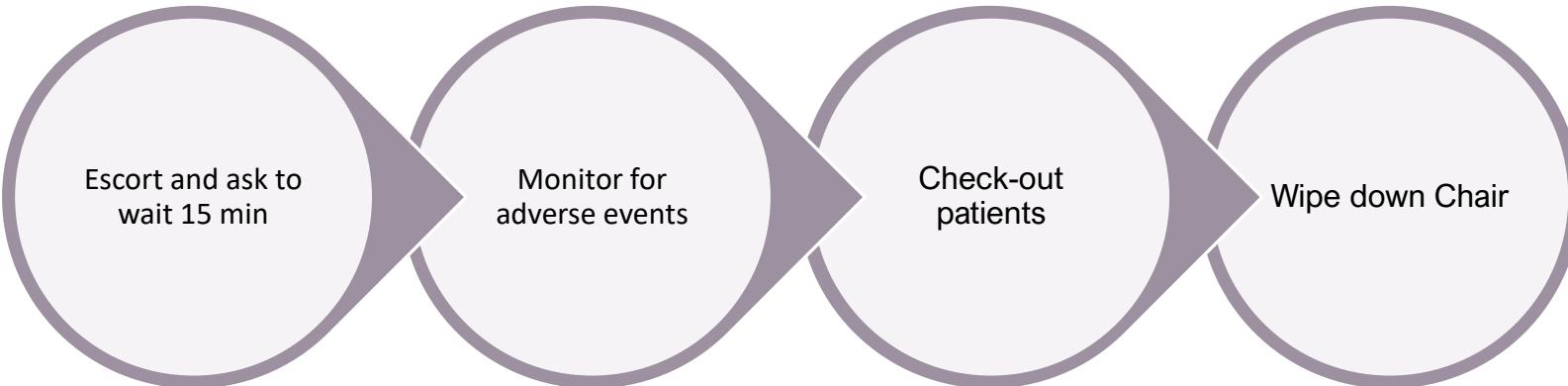


← Deliver required supplies/equipment as needed; Inventory count; Additional support as needed →

Administering Vaccine In-Office | Immunizers (RN, MD, NP, PA etc.)



Immunization Room



FPs/NPs responding to adverse reactions; answering any questions from immunizers

Waiting Room or in exam room

$\sim 16 \text{ vaccinators (ft/pt)} \times \sim 12 \text{ vaccines per hour} \times \sim 13 \text{ hours per day} = \sim 1600 \text{ to } 2000 \text{ per day}$
 $\sim 6 \text{ vaccinators} \times \sim 12 \text{ vaccines per hour} \times \sim 7 \text{ hours per day} = \sim 300 \text{ to } 400 \text{ per day}$



Scenario 2: Drive Through Clinics



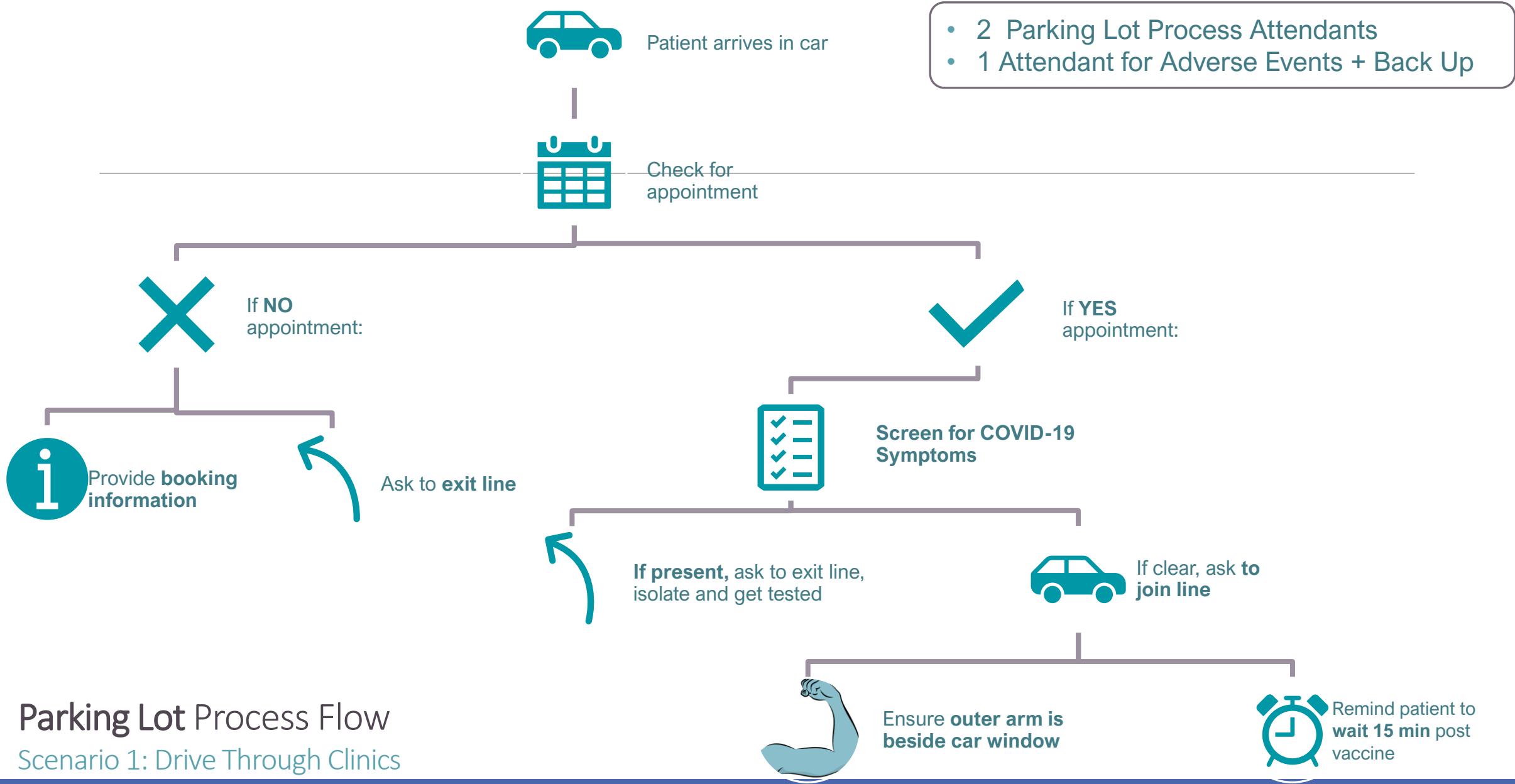
Images of FPs and IHPs vaccinating in drive through flu clinics across Ontario (Photo credits: Dr. David Kaplan)

Why This Approach

- Fastest delivery rate of vaccines in arms
- Very easy for physical distancing
- Ease of access for individuals with mobility issues
- Less IPAC support burden (no need to wipe down chairs etc.)
- Cost effective – could vaccinate a number of individuals that are in the car at the same time
- Clinics can happen any day of the week, 7 days a week and varied hours depending on community needs
- If an adverse event, will be equipped to manage with necessary supplies and health care providers to support (family physicians or NPs will be on site)
- Indoor room constraints dictate maximum number of people vaccinated, while choosing large outdoor spaces for Drive-Through make vaccine supply the main limitation
- Size of clinic is only limited by size of the parking lot(s) or outdoor space



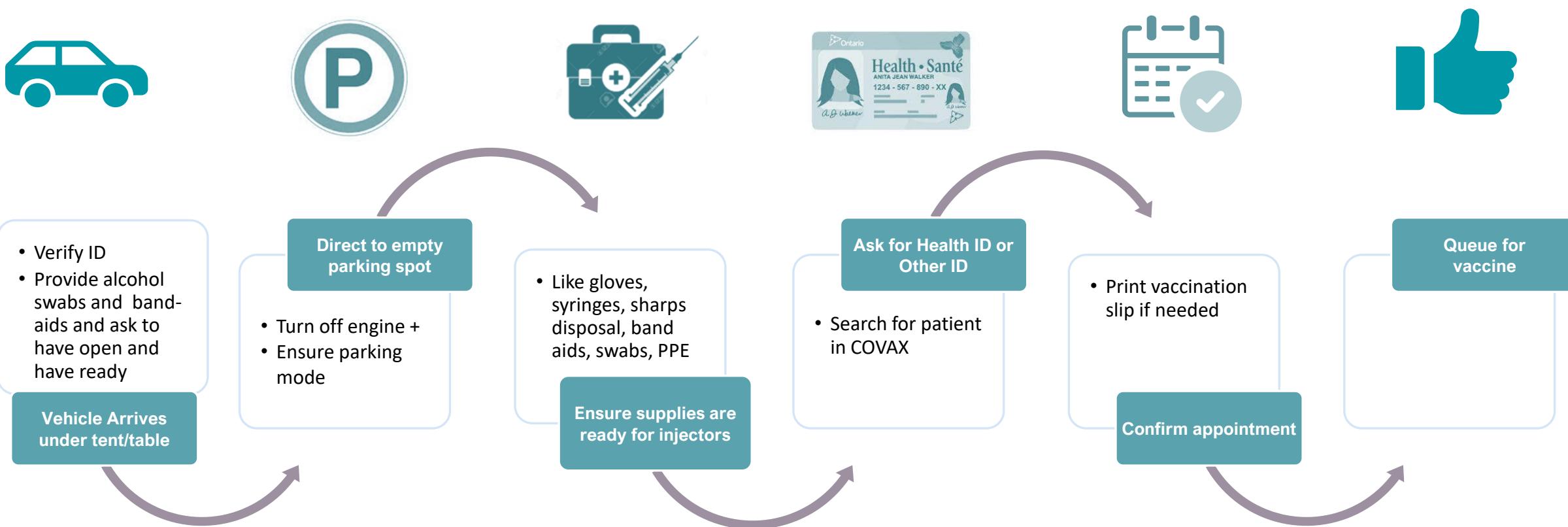
Throughput is anywhere from 30 to 50 vaccines per hour/per vaccinator



Drive Through Clinics

Admin/Logistics Process Flow

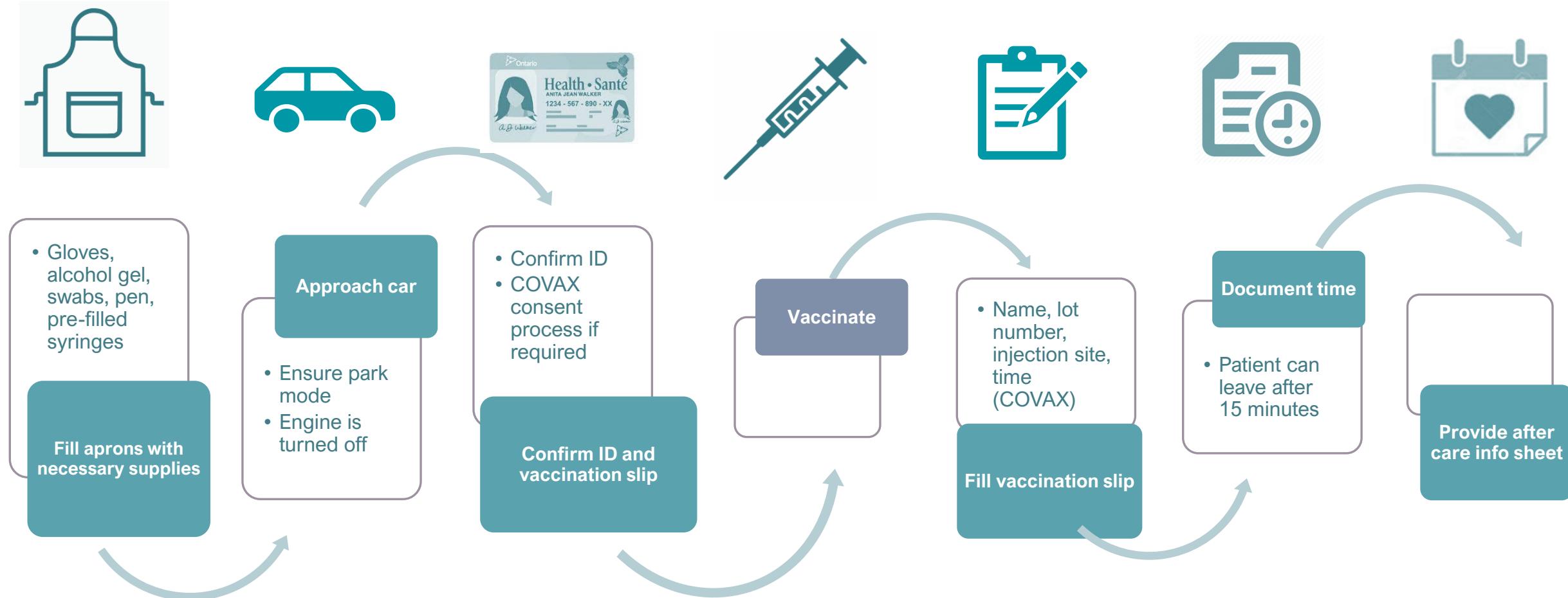
- 2 Admin/Logistics Support
- Additional as needed (e.g. supply stocking)



Drive Through Clinics

Vaccinator Process Flow

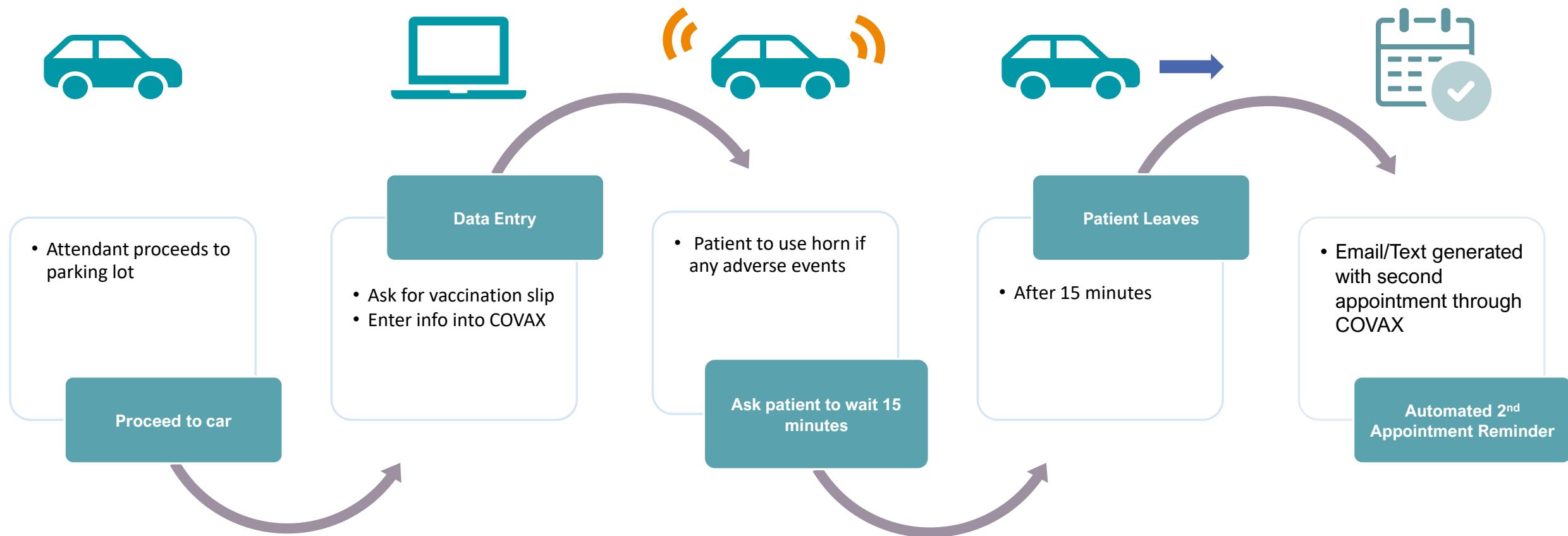
- 6 Vaccinators
- 30-50 vaccinations/per hour/per vaccinator (COVAX dependent)



Drive Through Clinics

Admin/Logistics Process Flow

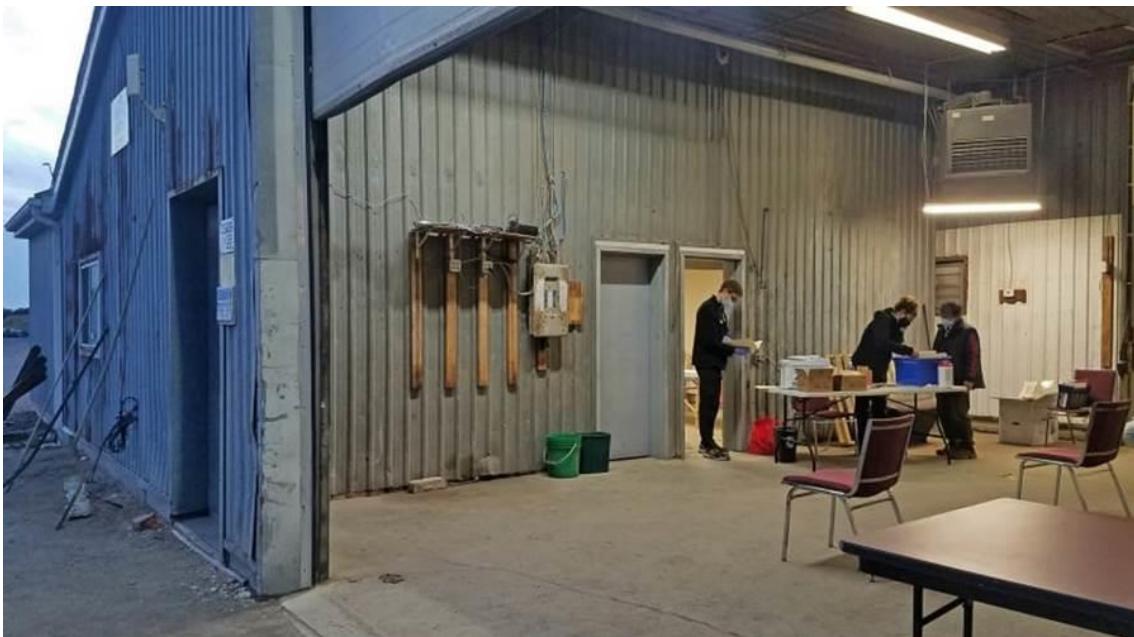
- 2 Admin/Logistics Support
- Additional as needed (e.g. supply stocking)



Health Equity Approach for the Vulnerable

- **One-size-fit-all mass vaccination clinics will not be effective by themselves.**
 - Tailored, local approaches build access to the vaccine into mobile units, community testing sites, outreach visits/work, and pop-up community campaigns, performed by trusted organizations and providers, are the keys to success in COVID-19 testing, and will be for the vaccination effort.
- **No need to reinvent the wheel.**
 - There are great examples of how to leverage community lines of trust from the first and second waves, with community health working with PHUs to reach people for testing and supports.
- The important thing is that **local sites and community health leaders know what works and has worked**
 - We need support in those areas to ensure rapid, efficient and effective vaccine campaigns for hard-to-reach people.
- **TRUST matters.**
 - Mass communications campaigns will work for some, but **mass messaging of vaccine safety will NOT work for people without access to media, or whose distrust is shaped by marginalization** by the health and other social systems. These same lines of trust, communication, and partnerships with public health units built since spring 2020 are vital to ensuring that the COVID-19 vaccines can reach people who face barriers via traditional vaccine distribution, such as via mass clinics, pharmacies, doctor's offices, etc.
 - **Local communications campaigns must be supported, to reach people in multiple languages, to allow door to door ambassador work where needed.**

Scenario 3: Mobile Units



Schuylerville Farms is the first in the Simcoe region to partner with the Grand River CHC to set up weekly clinics right on the farm during the pandemic.

Source: CBC

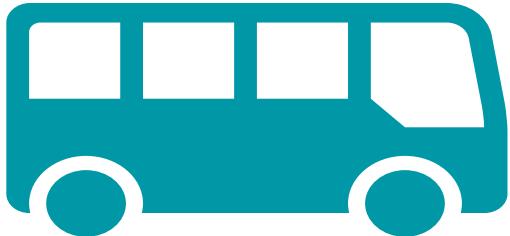


A photo of the Parkdale Queen West Mobile Health Clinic powered by TELUS Health.
Source: Telus website

Why This Approach

- Mobile units, sometimes called pop-up vaccination sites, are an effective way to bring vaccine to large groups of people, often within their own communities.
- Ensures that vaccinations are accessible to groups that don't have the means, capacity or interest in accessing other vaccination models due to mistrust of the health and social systems.
- Examples of where Mobile Units would be used include:
 - Agricultural Farms
 - Housing complexes in priority areas
 - Factories
 - Shelters

Scenario 3: Mobile Units



Lean heavily on **community leaders** who led COVID-19 testing

Work collaboratively to **find space** for community **pop-up clinics**

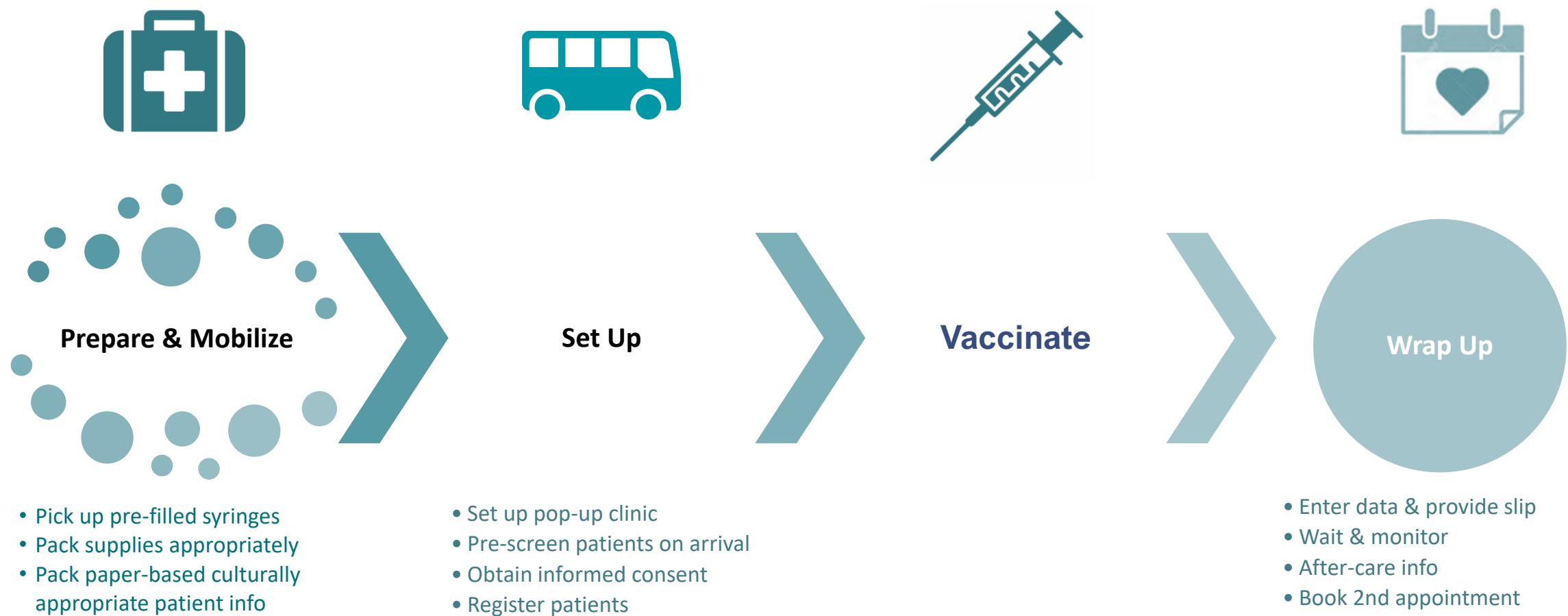
Quick solicitation of available **group transportation** (i.e. school buses, decommissioned city transit buses)

Recruit community **volunteers** (ensure culturally appropriate & anti-oppressive lens) to staff mobile (travel) clinics

Leverage pre-developed **culturally appropriate** information (for consent, after care, etc.)

If COVAX not available (WiFi, Internet connectivity), **prepare for paper copies** of records and vaccination slips

Scenario 3: Mobile Vaccination Units

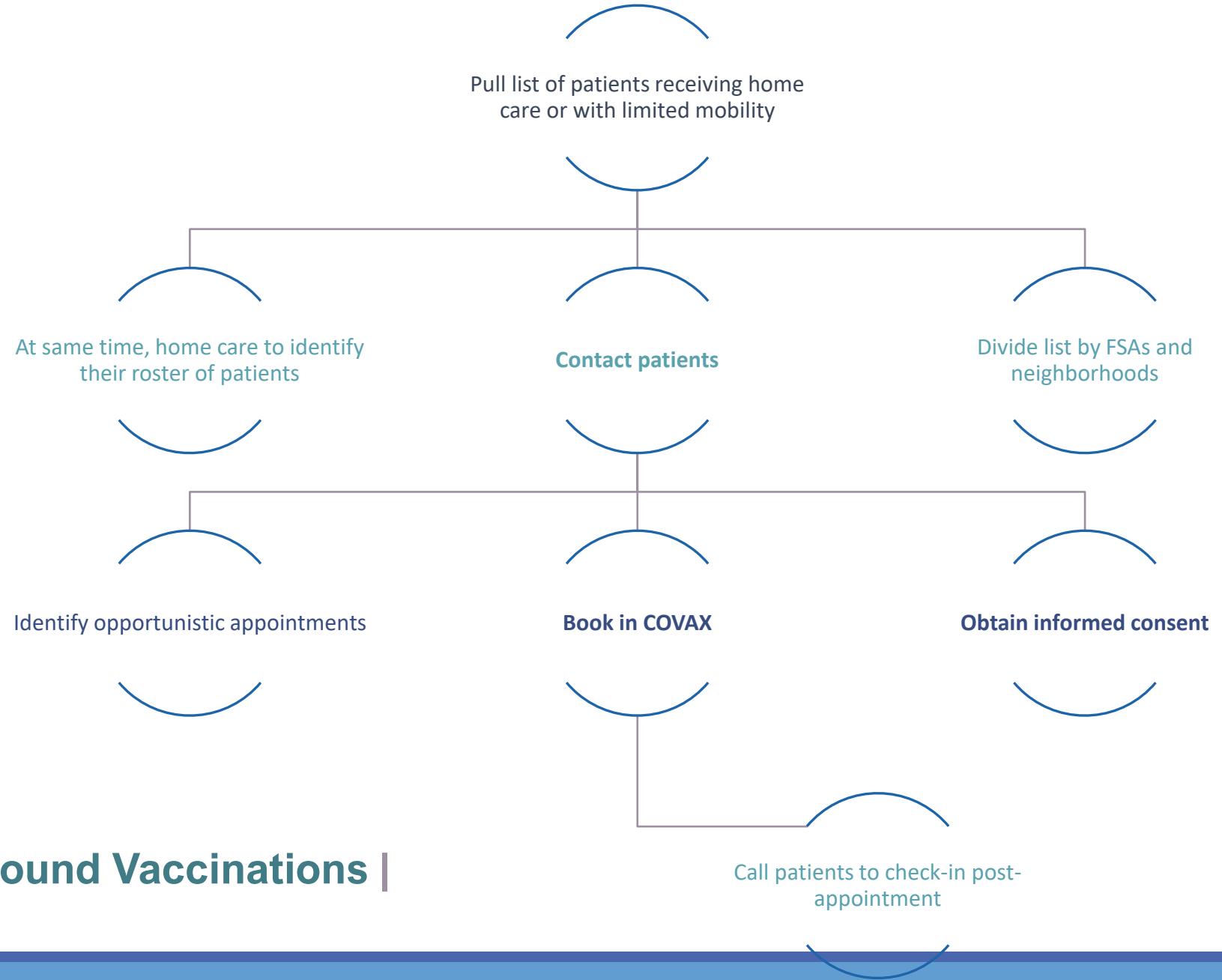




Scenario 4: Homebound or Limited Mobility Individuals

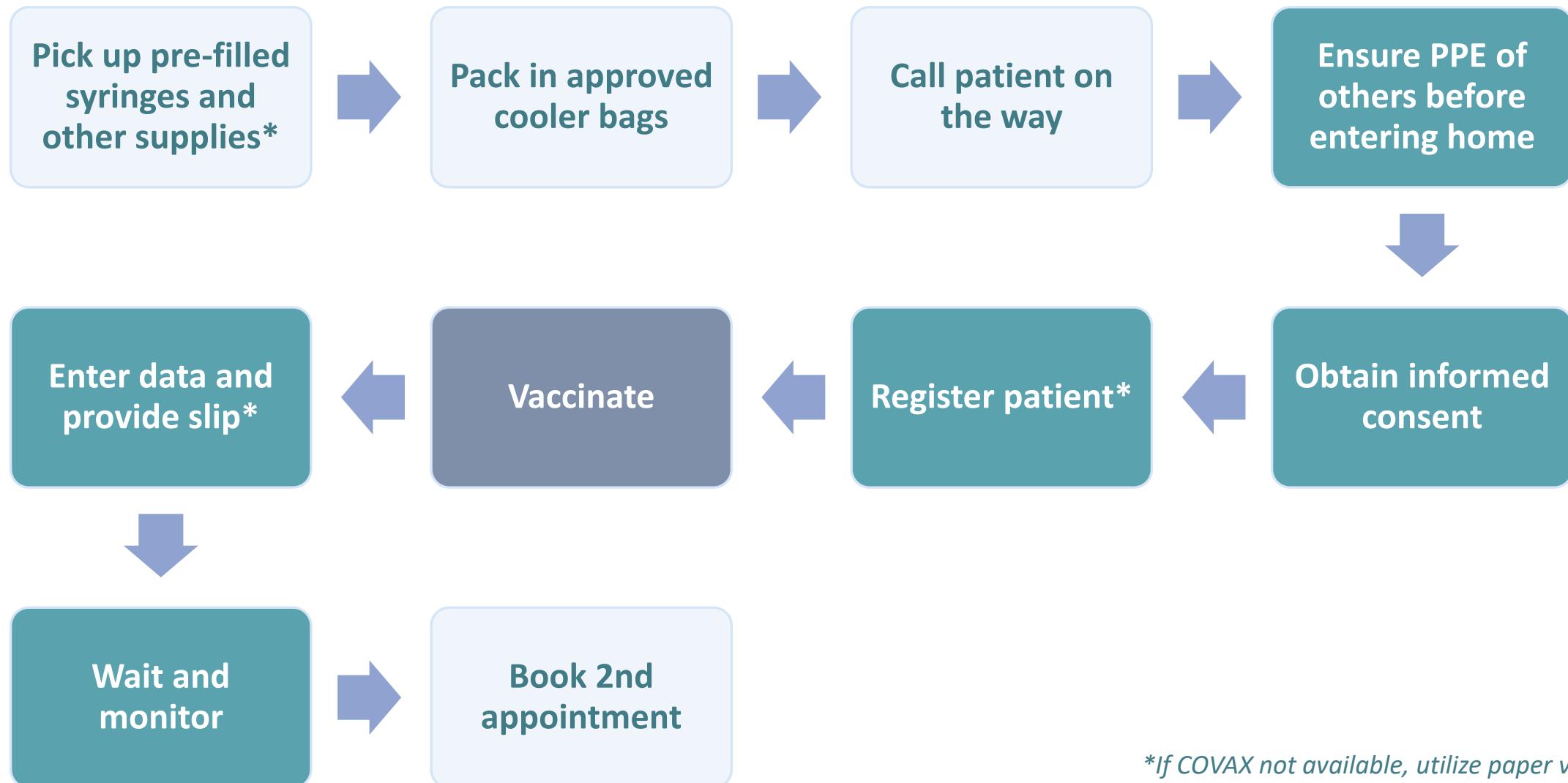
Why This Approach

- Not everyone will be able to come out to mass clinics, mini mass clinics or drive thru clinics
 - Those that have limited mobility or homebound should be vaccinated in their homes where it is safer
- A home visits will also allow the chance to visualize the management of their chronic disease(s) and the provider will be able to intervene accordingly
- Many are receiving ongoing home care supports and trust those providers the most as they welcome them into their homes
 - **They do not want strangers in their homes**
- A home visit will minimize the risk of falls, the need for expensive transportation to go offsite and will ensure those that are most fragile remain as safe as possible
- Between primary care and home care sectors the cohorts of the most vulnerable at home are known
 - Lists have already been generated and can be mobilized



Preparing for Home-Bound Vaccinations | Admin Staff

Vaccinating Home-Bound | Immunizers (RN, MD, NP, PA etc.)



*If COVAX not available, utilize paper versions

Summary of Scenarios and Throughput

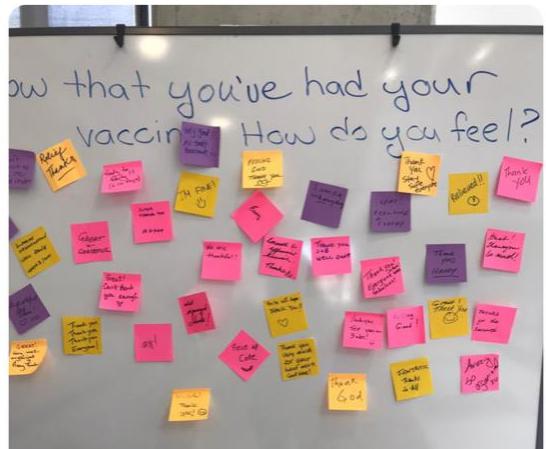
Scenario 1 In Office Primary Care Vaccine Clinics	Scenario 2 Drive Through Clinics	Scenario 3 Mobile Units	Scenario 4 Homebound or Limited Mobility Individuals
<ul style="list-style-type: none">• ~16 vaccinators (ft/pt) X ~12 vaccines per hour X ~13 hours per day = ~1600 to 2000 per day• ~ 6 vaccinators X ~12 vaccines per hour X ~ 7 hours per day = ~300 to 400 per day• Numbers will fluctuate depending on number of vaccinators, space, hours open...	<ul style="list-style-type: none">• 30 to 50 vaccines per hour/per vaccinator• Numbers will fluctuate depending on space, number of vaccinators, hours open...	<ul style="list-style-type: none">• This will vary depending on location – large pop-up clinics in community spaces could see a large volume of vaccines given like in large primary care clinics• Smaller locations like decommissioned buses etc. will have numbers that are dependent on if there are waiting areas for monitoring for adverse events	<ul style="list-style-type: none">• In congregate buildings where there is a large proportion of seniors who live there, vaccination could happen through door to door• For home visits, number of vaccines will be dependent on geography between visits – this is a great opportunity to also vaccinate all members who live at home

Primary Care and Public Health – Already Working Well Together



Allan Grill
@allan_k_grillMD

This photo was sent to me by our Markham FHT pharmacist working at our EYRND OHT #COVID19Vaccination clinic today in partnership w/ @YorkRegionGovt public health. This recipient feedback is so meaningful & motivating for our #teamvaccine. Let's continue to give others hope!



Vaccinations begin for hundreds of Indigenous elders | CBC News
cbc.ca



Marc Miller ✅
@MarcMillerVM

Happening here in Ottawa! " The Wabano Centre for Aboriginal Health, in partnership with Ottawa Public Health, will administer the first round of Pfizer-BioNTech vaccines to about 340 seniors aged 70 years or older.
#cdnpoli



Sohail Gandhi
@drmsgandhi

Thank you Meg for your letter. South Georgian Bay is fortunate to have @GBFHTeam that has worked tirelessly to set up drive through #CovidVaccine clinics:



LETTER: Kudos for Collingwood drive-thru vaccine site staff
collingwoodtoday.ca



Andrew Boozary MD MPP ✅
@drandrewb

this was the brightest day of the year. our Social Medicine/@PQWCHC/ @ICHA_Toronto/@cityoftoronto coming together as one team to vaccinate in shelter. let's keep moving to a brighter summer 🙏 @luwamogba @ashishkjha



Partnering with primary care for local COVID-19 vaccine rollout in Ontario

A practical guide

Key messages

1. Public health leadership is committed to strong primary care partnerships in all phases and in all regions. These relationships are key enablers of an effective, efficient, and equitable rollout.
2. To ensure successful partnership with primary care, 1) invite primary care professionals and teams in planning and co-design, 2) involve them in feedback and rollout, and 3) inform them of local opportunities, uncertainties, and changes.
3. The enclosed partnership checklist can inform and validate existing strategies from health leaders involved in local COVID-19 vaccine planning in engaging primary care.

Background

Local COVID-19 vaccine campaigns face many barriers: vaccine confidence, distributed administration, and disparities across communities. Between childhood vaccines and annual flu shots, primary care delivers the majority of vaccines in Ontario. For a successful rollout that is effective, efficient, and equitable, public health leadership will need to be supported by strong primary care partnerships in all phases and in all regions.

This document is meant to support public health units, hospitals, Ontario Health Teams, and other groups involved in local COVID-19 vaccine planning in engaging family doctors, general practitioners, nurse practitioners, and primary care teams who provide clinic-based episodic or comprehensive generalist care. Beyond this guide, we emphasize the need to engage pharmacists, nurses, paramedics, and other community-based professionals in COVID-19 vaccine efforts. A "Team Ontario" approach is key to our shared vision of a post-pandemic Ontario.

How is primary care organized in each community?

In many communities, primary care is already organized and works together with hospitals and public health to care for their community. However, each region will need to tailor its engagement plans to capture local formal and informal networks, and can start by involving

We Are Ready to Help

- **Thousands** of family doctors, nurses and interprofessional healthcare providers in Ontario are ready and eager to offer their expertise and resources to vaccinate Ontarians at their offices, help establish, staff and scale up mass vaccination sites, drive-throughs and mobile clinics.
- **Immunization is second nature to primary care.** We are experts in vaccinating Ontarians and trained to address the efficacy questions for those with underlying health conditions, and support those who have adverse reactions to vaccines.
- Primary care know their patients best, including **how to reach those in vulnerable communities** and address vaccine hesitancy.
- Family doctors, nurse practitioners and primary care teams have the knowledge and processes in place **to quickly and efficiently** plug into Ontario's COVID-19 vaccination program and **help ensure its equitable rollout.**
- Primary care is already involved in COVID-19 vaccination.

We are ready to continue to work with Public Health to get Ontarians vaccinated.

Questions?