

Transcript for Office Hours with DHHS COVID-19 Vaccine Distribution Plan Update

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6:00-7:00 pm

Presenters:

Dr. Betsey Tilson

Dr. Charlene Wong

Dr. Amanda Fuller Moore

Danielle Brady

Hugh Tilson

All right, it's six o'clock. Let's go ahead and get started. Good evening, everyone and thank you so much for joining us in today's webinar to update providers on North Carolina's COVID-19 vaccination plans. This webinar put on by North County Department of Health and Human Services and supported by NC AHEC tonight's webinar is a follow up to previous webinars will provide relevant timely information about the COVID-19 vaccine distribution plans, including in response to questions raised in previous webinars, we will also provide an opportunity for providers to ask questions of DHHS leaders at the end. My name is Hugh Tilson, I'll be moderating this evening. There's a ton of great information coming your way. So I'll be brief. First, I hope everyone had a good holiday season as possible given all that's going on in the year 2021 is off to a great start. I'd also like to really thank the DHHS team for all that they are doing. We are really grateful. As a reminder, these slides are going to be available on the NC AHEC website. We'll try to put a link to that in the QA so that you can link to it. You may have to copy and paste it into your browser sometimes. But that's how you can get those. And we'll record the webinar and we'll put that on the website as well as providing it to DHHS tomorrow. For logistics, you're going to hear from our presenters, and we'll turn to your questions. Please know that we'll try to get to questions as quickly as we can. Anything that we can't get to we will provide the DHHS so they can use for future information and future presentations. To submit questions, everybody is muted. So you can do it by hitting the q&a feature and that black bar on the bottom of the screen, I can see that some of you already done that. If you're on the phone, you can't do that. So send an email to questionsCOVID19webinar@gmail.com. And check the q&a for the link to the slides. So it is easy to follow along. And now I'll turn it over to our North Carolina State Health Director and Chief Medical Officer Dr. Betsey Tilson.

Dr. Betsey Tilson

Great, thank you all. Thank you Hugh and Nevin, I really appreciate the support that you've given to the Department for putting these on, as well as many of our medical professional associations. So thank you. And thank you all for joining us again, we really are committed to having frequent communication with you all even when we don't have all the answers or all that all the right answers, or all the answers that you want. We really are committed to having this frequent communication trying to make sure that you have updated information as we have it. So thank you for joining us yet again.

I want to introduce some of my colleagues that are on tonight that will be presenting part of the presentation but also are available for questions. Dr. Charlene Wong is with us. She is part with the department in part with Duke as well a pediatrician and has been really instrumental in helping us work through a lot of our COVID response. And so we're really grateful for her and has been helping us a lot with some of the provider guidance and so she'll be talking through some of that provider guidance tonight. Hopefully, you know, Dr. Wong, we're grateful for her for her leadership. Also Dr. Amanda Fuller Moore who is our public health pharmacist, many of you may know her, she really has been doing a lot of the really the operational lead for our COVID vaccine plans. We're grateful for her. We have Danielle Brady, who is on our CVMS team. And she'll be helping through some of our CVMS slides and available for questions. And then also with us but not speaking, but will be available for questions and can chime in, as many of you know, Dr. Kelly Kimple, she leads our women's and children's branch within DPH. And within her branch is the our immunization or excuse me, she leads the women and children section, I apologize. And within that as our immunization branch, hopefully, you know, Dr. Kimple from lots of the other vaccination work, and then new to the vaccination team. And we're so excited, and she's not new to you, is Dr. Shannon Dowler. Do you know she is our Chief Medical Officer for Medicaid and very connected in with our providers. And just knowing that we just need all hands on deck and especially bandwidth with our providers. Because there are just obviously so much work we need to do that we have voluntold, Dr. Dowler to really help join us for on that provider team. So we're really excited, you'll probably be hearing more from her with her. And she'll be more actively engaged in our provider provider engagement pieces, because clearly, there's just a huge amount of work to do there. So she, she is on and look forward to hearing more, more from her as we go forward.

So that's what who's with us tonight, and always with us. But I'm wanted to make sure you're aware that team. And then but before we go into our slides, we thought we would kind of mix it up a little bit and also be able to get some data from you all in because we anecdotaly from the emails that come in, we have a sense of what's going on and what isn't. But we wanted to try to get a little bit more qualitative analysis of what's going on in the field. And so Dr. Wong had a great idea that let's have some polling questions as a way to get a little bit of data. So I'm going to turn it over to Dr. Wong, who's going to talk walk you through five polling questions we have would be a nice way for us to gather data in a little bit more of a cohesive way. So Dr. Wong, let me turn it over to you to go through some of those polling questions.

Dr. Charlene Wong

Okay. Thanks Dr. Tilson. So we'll start with the first question. So as we flip to that, you all should see a little box pop up in your screen that says what percent of your staff qualifying for phase 1A vaccination, who were offered a vaccination have accepted vaccination, meaning that again, they've been offered a vaccination appointment and chose to get vaccinated. So don't include folks who you're potentially still trying to get appointments for. And the answer options there are in the different percentage category is greater than 80, 50 to 80, 30 to 49, less than 30. And then these two other options that include we're still working to try to get any access for our phase 1A staff or we do not have any staff qualifying for phase 1A. We really appreciate your input and responses to these questions.

Great, thank you so much. All right. Next question. Again, there's five of these. So the second question is among those in your practice, or organization who are hesitant to receive the vaccine, what are the biggest concerns that you're hearing about the COVID-19 vaccine from those who are hesitant, and you are able to select up to two of these responses. The vaccine is too new and hasn't yet been tested enough. Concerned about potential side effects. Not sure it will work/be effective afraid of getting COVID-19 from the vaccine, not worried about getting the illness, the risk is low, don't like needles getting shots, or have already had COVID-19 so don't need a vaccine. And we recognize there are probably other answer options as well. These were based on these answer options are based on some statewide research we've had done. And we're curious to hear what you all are hearing among our health care worker, providers.

All right, strong winner there with a vaccine too new and hasn't yet been tested enough. Thank you. Next question. I'm pleased what part of what we'll be talking about today is coordination among our various stakeholders who are helping our North Carolinians get vaccinated. So please describe your practice or organizations interaction to date with your local health department. We will have a separate question next with any of your local hospitals or health systems that also have vaccines. So the answer options for these next two questions are the same. They contacted us meaning the local health department contacted us and we are in regular communication. They contacted us and we've communicated at least once they contacted us, but we haven't yet connected, or on the flip, we contacted them, meaning we contacted our local health department and are in regular communication. We contacted them and we have communicated at least once we contacted them, but we have not yet connected or there has been no contact that's been initiated. Again, this is with your local health department.

Okay, great. So it looks like we've had a mix there. All right, for the next question. It's going to be the same question. But in regards to your other local vaccine providers, so please describe your practice or organizations interactions to date with other enrolled local vaccine providers besides the local health department. So for many of you all that would be a hospital or health system that is also receiving and administering vaccine. So again, the same, the same answer options here of that local hospital or health system has contacted you and you guys are in regular communication, communicated at least once or haven't yet connected, or vice versa, you contacted your local hospital or health system that is giving vaccines and and what's that communication been or no contact has been initiated.

Okay, looks like a mix there as well. Thank you. And then the final question is, we know that there have been a lot of things that have been challenging for all of us in this vaccination rollout. And we'd like to get your point of view on what you see is the biggest challenges that you're facing in COVID-19 vaccination efforts at this point, and again, you can select up to two of these, getting access to vaccine for myself and other providers staff in my office or organization in phase 1A coordinating with hospitals and local health departments, fielding high volume of incoming questions and requests from patients getting access to vaccine for my patients, keeping up with scientific updates, like which like which vaccines are available and what their side effects are, enrolling as a vaccine provider and CVMS and are navigating the CVMS system. Or you can click other and if you all want to put any of those into the chat, and we'll be collecting those as well. Okay, thank you guys so much. We really appreciate that. And I'll kick it back over to Dr. Tilson.

Dr. Betsey Tilson

Wonderful, thank you so much. So let's go to the next slide. There we go. So I think I'm going to just keep this slide up for probably every presentation for the next two months, because it's gonna it's gonna be rocky the next couple months, but but we we will get there. And I think every week, we get a little bit better. I hear more encouraging things in the field, more success stories, we know it's not perfect. But I think every week, we'll get better. And eventually, we will be we'll get there. So we'll just keep this up over my desk knowing that we will get there and I know it's Rocky, I know it's Rocky and stormy right now. But we'll get there. Okay, next slide, please. And we'll get there by trying to be true to our principles and to our values. And so really thinking through the lens of equity, we're really trying to really think that lens of equity, I have some slides that are coming up to think as we think through some of our prioritization and having that lens of equity of our prioritization. We're trying to be as inclusive as possible. Part of that is communicating to you, but also you giving us feedback as well and engaging with our partners. We want to have as much frequent communication as possible, even when we don't have all the answers or the answers that that everybody likes. I think we just making sure that we have this proactive communication is exceedingly important. And then data is we're getting more data and we've I'll show you some of our data dashboards and looking at that data and what do we need to do to drive some of our decision making and so we'll show some of that tonight, and then that continuous evaluation and continuous quality improvement. We are going to continue to have to change and update up our our plan and what and what we're doing and frequently shift as we are seeing what's working and what isn't working. So we do try to hold true to those guiding principles and and live by them as much as we can.

Next slide, please. Okay, so this is what we'll be going over tonight, a little bit about the trends, we'll go over the new prioritization, most of you probably have seen it as we rolled it out yesterday. Turn it over to Dr. Wong to talk a little bit about some of logistics and provider guidance and some of the the coordination of agencies on the ground, then turn it over to Dr. Fuller Moore to talk about our allocation and provider enrollment, or CVMS, to talk about training, and then to the data dashboard. So we have a lot to cover. So let's let's dive in. Okay, so a couple things, I want to have some of our dashboard data, hopefully you all follow our dashboard data. But it's a couple things I wanted to highlight one, I wanted to highlight that as much as we're all focusing on vaccine now as we should and it's really important, we have to also remember that we are surging as a state. Our cases are higher than they've ever been. And also I will show you our hospitalizations are higher than they have ever been our ICU is higher than they have ever been our deaths are higher they have ever been, we are surging. And so there's a couple things that we need to think about as we are surging. So we can't take our eye off the prevention ball, we have to continue to double down on those three W's we are going to have to practice really strict prevention for several months, many, many months. So just remember we're not out of the, nnot out of the of the hole yet. We we are surging.

The next slide. The other piece is remember we are we are in a surge right now. And so and this looks at our hospitalizations on the top and our deaths on the bottom. And so we're surging not just in cases but also in people who are really, really sick. So we're going to have to really think about and especially part of the vaccination plan, how do we stop people either from getting infected and stopped people that who are going to get infected that are surging and needing our hospitalization or needing hospital and ICU care and that higher severity care, because I think we've all we've all all worried about part of the surge is at a certain point you have in our meeting our hospital capacity, and I don't want us to get into the situations

of a state is that we have eclipsed our capacity in our hospital not just to care for our COVID patients, but any other patient needs hospital level care. So really thinking through, you know, who we are vaccinating now is are they people who might end up in the surge in the hospitalizations and an ICU and death. So we need to think through that, as we're thinking about these early stages of vaccination in the context of a massive surge, which is what we're in.

The second piece is on the right hand side of the slides also to show the demographics age wise, of who are these people who are the people being hospitalized. And you can see that much higher rates, of course, are our older people, you'll see certainly people, you know, 70 and 80 over, but you'll see that up ticket about 50. And up, you see that kind of a big uptick where we start seeing that increase in hospitalizations. And same thing in death for that right hand side on the death that looks at the age of people dying, the vast majority of people who are dying are 75 and up. And we'll talk about that when we get to the prioritization but you also see that kind of uptick at about that 50. So remember those numbers and thinking through, okay, I'm in a context of surge, I have to think about who am I vaccinating to prevent them from getting infected and then also prevent them from from surging as a way for us in those in the next month or two to be able to handle this as a system in our state. So think through that when we talk about using data to kind of guide some of our prioritization and some of our planning. This is some of the data that we are looking at. Okay, next slide, please.

So having said that, in the context of vaccinating, when you are surging, your hospitalizations and deaths, then some of the things we really need to think about and I think you see this reflected in in our prioritization is we need to stabilize that healthcare workforce who are critical to caring for patients with severe COVID-19. Right. So we got to make sure that the folks who can run the ... who can be brought into the COVID unit who can do that severe inpatient care, we need to stabilize that healthcare workforce. And then we also need to protect those North Carolinians with the highest risk of being hospitalized and dying. So we can we need to have supply and then we need to decrease the demand. So just thinking through that, and that's part of the lens as we fit as as, as we as well as our you know, we do have our external Advisory Committee through the IOM is thinking through the rationale for these early early prioritization phases.

Okay, next Next slide. So as we think about that, and we think about what we're trying to do, we're trying to have an equity lens. And we're trying to also when we will need to get to those people who are at the highest risk of hospitalization and death as a way to maintain capacity. How are we doing so far, and this is the our vaccination data dashboard, we updated every week, this was updated today. And I think right now, what we are seeing is a if you look on the right hand side, right now we're having the vast majority of our people 80% of our people that are vaccinated are white. Now some of that may be the varying in vaccine hesitancy that Dr. Wong was talking about. And also a relatively young, the biggest ones about 25 to 49, and white. Now, some of that is reflective, that we are primarily vaccinating our healthcare workforce right now. But it's also reflective probably of some of the health what we're hearing the hesitancy of even our, our black and Latinx members of the healthcare workforce, having a decreased vaccine, vaccine uptake. So it's thinking through that. So we have some work to do on our equity lens. And also work to do if we think about it, those older people are either risk, and we really haven't penetrated that older that older population us and so we're really gonna need to get to get in there. So thinking through that data and help to guide it, a couple things that I also want to talk about with this data

dashboard. One is that there is a 72 hour lag in data that's reported to DHHS, so we weren't, it's not always up to date. Second, this is data that has been entered into CVMS. And we do know there is still some access issues and people documenting on paper and then taking a while to get into CVMS. The other thing just to call out, especially as I was talking about people at the high risk of death and severe illness is that as part of, we have a federal program or long term care pharmacy program, that is through CVS and Walgreens, a federal agreement between CVS and Walgreens, and those, they are doing the vaccination in all of our skilled nursing facilities and a large majority of other long term care facilities. And that data of those vaccinations are not reflected in our data dashboard yet, we will be getting that data, but they're not reflected in there yet, which is what that text on the bottom is. And then the other thing just for awareness, because people are probably doing the math of how many doses have been in North Carolina, how many doses administered, just to know that this data also doesn't include that we, in order to activate the federal program, we have our own state allocation, we had to take off about 166,000 doses and hand it over to the long term care program. And for their purposes. So that's why some of the numbers you're seeing coming in isn't always reflective of what's being vaccinated. So it was one, make sure you aware of that and thinking through that data and thinking through, okay, if our goal is equity, and our goal is getting at our highest risk people, then we're going to have to do we have to do some really intentional work as we go forward to achieve some of those goals. Okay, next slide, please.

Okay, the other big change that happened since our last webinar, which was on the 20, it was on, I guess, about the same time was that a CIP just released had released their new recommendations for phase one, B, and phase one C, I think it came out December 22. And so on the left hand side are those a sub recommendations that you may be familiar with. And so on the right hand side, then what we did was when we pivoted, and then we then looked at our 1A, 1B our phase two, which is kind of equivalent of ACIP 1C, and we worked to align with a CIP as much as possible. And so that's what we didn't really change one a. But we did within one B and phase two work to align with ACIP phase 1B and 1C, as much as as much as possible. And with a couple of exceptions, one, we, since phase one, b a phase one, B, they don't include other direct healthcare workers, because they do include those in that phase 1A. So we intentionally really wanted to be sure that all our direct healthcare workers are in 1B, if you remember, somewhere in phase two, we moved them all up into 1B, so we could be aligned with more lines with ACIP. And the other piece you'll see in that in phase two is we also included everybody in a congregate setting who haven't been vaccinated based on their age or lift factor, but because of the high risk setting, in congregate setting, we brought them into group three. So just a side by side comparison. So by the end of phase 1B, we should be pretty much aligned with ACIP and then aligned in phase one c two with the exception that we are including some more people in congregate settings. So just wanted to show make sure you knew or saw that and how we were intentionally working to align. Next slide, please.

And then this is what it looks like in a much more pretty face. Hopefully, many of you have seen those. These demographics or this this infographic Again 1a, we haven't really changed 1B. This is, again, we were brought in our frontline, essential workers and our and our direct health care workers. And because we won't, that now that we brought all of those people, especially all of our health care workers and all of our frontline essential workers into 1b, that's a huge category. And so we are breaking that category up into into three groups, group one, group two, and group three that we will phase we will phase in as quickly as we can. So first we started with people over 75. And again, you saw that data that this is the risk, this is a group that's highest risk of death, highest risk of of hospitalization. So as a way to really address the surge, we the first group was anybody 75. And over, then we bring in the direct how the rest of the direct health care workers who hadn't been vaccinated yet and our other frontline essential workers,

and we made that kind of 50 and up and 50 and under as a way to phase in, and again, if you remember this slide, a couple slides back, that's when we started seeing a tick in the hospitalizations and deaths. So that's what informed our ability to make that that pick, you will see and we're going to have more granularity. And we can do this on a later webinar of exactly what is the frontline essential worker look like? We're doing a lot more work on really aligning what ACIP said, and and we'll be coming back with some a little bit more granular definition of a frontline essential worker.

Then in phase two, here, you'll see then everybody over 65, regardless of their health status or living situation, meaning if you're in a congregate setting and you're over 65, you're incarcerated 65, you would come here, and then anybody 16 to 64, that has one high risk medical condition identified by then we again, we have other people incarcerated that that haven't been vaccinated based on their age or their work status are their health risk. And then we'll bring in the rest of the essential workers that are identified by a safe and unsafe. And then phase three and four, have remained the same. So just show you where we're going. And we're going to do more work. Again, more work on essential worker and frontline essential worker, there's going to have to be a lot more granularity and that that'll be our next turn, as we as we work more on prioritization. Okay, next slide, please.

Now, this isn't new, but just as a revise, it's kind of our deep dive as to phase 1A, I know there's lots of conversation about what outpatient providers meet that one a hopefully you remember that language that really, if you're a patient provider who's doing a lot of respiratory care, a lot of testing valuating restaurant patients, many primary care, folks do fit into this definition. And I know a lot of our primary care folks are getting vaccinated, and they are meeting in this definition, also their health care workers that are administering vaccine and these initial vaccine clinics. And then as I alluded to our long term care staff and residents that are being vaccinated through that, primarily through that federal program. Next slide, please. Okay, so how's it going? How to how health care workers enjoying getting the vaccine. So I know that there is inconsistency across the state, I know that it's causing some frustration. But also we are. And it is still a work in progress. But we are having I've been hearing more and more success lately about this really working well, that our health, local health departments are compiling those lists of one A's. And in fact, you have a lot of health department saying I can't even find a one I am asking. I'm asking, I'm asking, I can't find any one a so we know that is happening. You know, it's a lot easier in our small rural counties where there's just not that many providers, it's a lot and it's harder in our in our big urban counties where there's just a lot more providers. So it is a little bit harder in our in our big counties. But and our health care providers now are reaching out to the health departments and they are submitting those their names of their qualifying one A's. And then yes, the hospitals are vaccinating their own. But also more and more hospitals are coordinating with our health departments in order to provide access to the non affiliated health care workers. And I'll just call out Wake County as a great example of wake med and Wake County Human Services are really working in a very coordinated fashion, Wake County Human Services with getting this list of a non affiliated and splitting it up between the hospital and the health system. And I'm hearing more and more that's happening. I know it's not completely uniform, but it's but it's happening more and more, which were some that's some good news out there. Okay, next slide, please.

Dr. Tilson

Just a little bit, and we had some questions. And Elizabeth had sent this question ahead of time, how do you register in CVMS. And there's two main ways one that you can, again, especially if you're giving your list to the health department, they can preload. They can pre register and pre load that and that's where you would have to get an email and then finish the registration for an email. But also there's a point of care registration where people can get a schedule for an appointment, they can show up, and then they can get registered and CVMS at that point of care. So just clearing up those two ways and then fourthly, In future CVMS versions will be people can self register, the whole thing through them themselves are not there yet, but that functionality. Okay, next slide please. Okay, so let's just go a little bit more deeper dive into phase one D, I talked through, talk through the the groups, and then just the definition, it really will be any patient facing direct health care worker. So this is an e.g. or including but not limited to, hard to have a list. So and include everybody, but basically, the definition is that you are a patient patient facing direct healthcare worker with direct patient contact and in this group, and it's not just the medical providers, not just the doctors and the nurses, but remember also the cleaning staff or the food services staff, your other part of that healthcare team. That is that is in that patient facing clinical role. And, and then the other on the bottom is that hotline, essential workers. And again, we're going to get a lot more granularity on exactly what that looks like, expand a little bit beyond what ASAP, put on paper, and then but what they intend to base it is. So now we're going to be doing some more work on that frontline essential worker list. Okay, next slide, please.

Okay, so just a little bit of data. Some of it is reflected in that in the earlier slides, but again, try to use data to guide our policy decisions. So why do we start with people over 75 I showed you are that North Carolina data, that's really where people see a huge uptick in hospitalization and death. You see that reflected in the national data as well as the US data that it's not that many cases, but a big proportion of deaths, and in this pop in this population. And so that's a really important group to get to, again, especially in the middle of a surge when we're trying to a not have people die and be make sure we're maintaining our hospital capacity. Next slide, please. But age alone doesn't address some of the equity issues also that we're that we are concerned about. So one, age does have a little bit of equity. And we know that our non Hispanic white people over the 65, they are hospitalized at two or more times the rate of their of their white comparative group over 65. So really thinking through if we really want to get those people at that highest risk of hospitalization and death and thinking through how are we going to get to non Hispanic white, older people. And but also, what we know is that even if we did all of our older people, black and white, that what we know that that group of heterogeneity. And we also know that older people are underrepresented by racial ethnic minority groups, you just have fewer black and Latinx folks in your older age group. So if we just focused on age alone, then we would not be having an equity lens, and we could be inadvertently increasing disparity, which is one of the reasons that ASAP then added that frontline essential worker because they did not think that age alone was gonna help the disparity a lot, because older people are underrepresented in our racial ethnic minority groups. So next slide. So then that gets us to them beyond a 75 year old, the frontline and the health and the direct health care workers. So again, our core principles, making sure now we're protecting people at highest risk of dying, and then also at high risk of exposure. So as I showed you that people over 50, we start seeing an uptick of that hospitalization and death fair. We do know that our direct health care workers have an increased risk of exposure, we we absolutely know that. And so really wanted to make sure that we then pulling in all of them, the our direct health care workers, and then our non non on frontline on health care frontline workers. thinking through that population, we do know that population has a higher rate of chronic conditions that put them at a higher rate of illness, a severe illness, we do know they're disproportionately represented in our historically marginalized population and our frontline essential workers. And we also

know that they face increased risk of exposure because of their work, inability to work from home high density workplaces thinking about in a meatpacking in our food processing, prolonged and close contact with co workers that has to happen. Congregate housing, multi generational housing, reliance on that show transportation to and from work. So lots of reasons that our frontline essential workers had high rate of exposure and then high rate of severe illness.

Next slide, please. Okay, so that is then some of that data and rationale behind some of that revised prioritization, aligning with ACIP as much as possible. So with that, I'm going to stop and I'm going to turn it over to Dr. Wong to start thinking through some of the operational pieces. So one big

Dr. Charlene Wong

Thanks Dr. Tilson. I'm we're also trying to get the questions you guys are really good at asking a lot of good questions in the chat. Okay, so vaccinating our North Carolinians age 75. And over timing for this is that we are opening to phase 1B group one as early as tomorrow, though some flows, some places have already started because it's Dr. Tilson mentioned, some have moved through one eight and have moved on to this group already. Though, again, our guidance is that they should may begin as early as tomorrow. We also anticipate that most will likely begin really next week, where we'll 75 and older North Carolinians get vaccinated. As you all know to start, it's only that our hospitals and local health departments that have been allocated vaccine. And so at the beginning of phase one B people may need to be vaccinated in these organizations. And we'll be talking more about how we're continuing to enroll and onboard additional vaccine providers. And then these local health departments and health systems can also begin sharing with other enrolled and CVMS onboarding providers. For example, some of our federally qualified health centers, community health centers, as more providers are enrolled and we have enough vaccine to allocate directly to other enrolled and onboarding providers, eligible individuals 75 and older and as we move through the phases, we'll be able to get vaccinated directly with their providers like you all as their primary care Doc's. If your patients are eligible and you're not enrolled or do not yet have vaccine, you can contact your local health department or another enrolled vaccination site to help your patients get vaccinated. So and we've got a website with the list of enrolled providers who have been allocated vaccine that will be available on our website this week, and that our website again is your shot your spot.nc.gov. And it will include the contact information specifically for how folks who are interested in getting a vaccine, where they should call or where what website they should go to. Next slide please. So we will be encouraging adults 75 and older to do the following for this week. And we and we say that because as Dr. Tilson mentioned several times is a very dynamic situation. And we're trying to make things better and better, easier and easier for all involved and get more vaccines into more arms. So for this week, we are encouraging adults to call their local health department or hospital health system to get vaccinated against COVID-19. Again, each week, new providers will be enrolled in on boarded and then they'll begin the sharing of vaccine with enrolled community providers to expand capacity. So what we're asking of you all today is we're really interested in your role as critical partners in helping our older North Carolinians get vaccinated and helping coordinate and with them finding their vaccination sites in their community and linking your patients to them over the next several weeks as we work really hard to get more of our vaccine providers on board. I will go ahead and say this now, and I'm going to say it again later. As Dr. Tilson has mentioned many times, we have very limited vaccine supply. And we recognize that as we tell folks to call their local health department in hospitals and health systems, it is possible in fact, it might be likely in many of those places that they won't actually have a vaccine dose to give at this

moment. But we are going to be working with them as our first of the vaccinating providers as we open into this phase. Next slide.

Your expertise in population health as primary care providers is more important than ever. Here is the some information and I'm sorry, I actually just realized I told you the wrong website, it's yourspotyourshop.nc.gov apologies for that, we'll make sure that we send that out in the chat as well. So as a PCP if you are a primary care doc who is affiliated with an enrolled vaccine provider, hospital or health system, the steps here would be to coordinate with your affiliated system to share information with your patients about how to get the vaccine. And then step two would be to contact your patients who are aged 75 and older. They're really looking to their known health care providers as their trusted voice and telling them whether or not they should get vaccinated. So of course, we would love for you to recommend that they get the vaccine, make the COVID-19 vaccine conversation a part of every conversation encounter that you have with your adults or with your patients who are eligible, and then share the information with your patients about where they can get the vaccine in the system. If you're a primary care doc not affiliated with an enrolled vaccine provider hospital, um, step one will be to coordinate with your local health department on where your patients can get vaccinated. We'll give you some examples in a second. And if possible, do that prior to reaching out to your patients. So again, we can really try to help our elderly patients get vaccinated as quickly as possible and then essentially go through the same sorts of steps of contacting and doing that outreach to your patients, making sure that you're talking about vaccines and every encounter that you're able to and sharing that information with your patients about where they can get the vaccine. Next slide. Our local health departments have been and will continue to serve as the coordinating entity across local enrolled vaccines. providers and this local coordination will really be key. We wanted to share with you all some examples of how local health departments and primary care providers can work together to get their patients vaccinated. And these are not all just, you know, theoretical scenarios, some of these are already moving in an action. And so in scenario one, for example, the primary care providers really taking a leading role, and that they're the main point of contact with their patients, they're using their electronic health record, for example, to identify their patients 75 plus they're doing that outreach, they're really helping with the scheduling and doing a lot of that communication. So in this scenario, for example, our primary care doc might complete a spreadsheet that's provided by their local vaccine provider like a health department that includes information about their patients, and then that local health department would provide a scheduling spreadsheet with available dates and times for vaccine appointments with other logistics, and then the PCP does the rest of it. Perhaps the PCP and the vaccine provider may share vaccine clinic staffing responsibilities, and scenario two to the vaccine provider like the local health department would be more of the lead being that primary point of contact with patients on the PCP can support with identifying your patients and doing that initial outreach to patients giving that contact information as needed. And then the vaccine provider like a local health department would communicate directly with your eligible patients manage the scheduling, and provide the necessary logistics for vaccination. In scenario three, we're hearing that some vaccine providers are working with groups of smaller primary care practices, for example, to offer a vaccination clinic opportunity for groups of smaller practices together. Next slide.

Here are some of our key messages for the our 75 plus population here in the States. So it's your spot to take your shot anyone 75 or older in North Carolina now qualifies to get their first COVID-19 vaccine, very few vaccine doses are available, you may have to wait to schedule your appointment to get your vaccine in regards to helping people find their spot to take their shot, your local health department or

hospital can help you get your shot, and then go to your shot your spot. I hope I got that one, right, yep, your spot your shot, your spot your shot, oh, we still got it wrong. I'm sorry.nc.gov to find your local health department or hospital. And then you can also call the COVID-19, line, one eight, and you see the number there. It's a free call. And that's being supported by CCNC. And then we have our key messages again, which are based on research on why it is that folks should take their shot, which includes to get back to life and when we could be with family and friends and come together and also have the peace of mind that you're protected and that you're protecting others from getting sick. Next slide.

Just wanted to really highlight that we're doing a lot of work on promoting equity as the vaccine is rolling out as Dr. Tilson alluded to earlier and we still have a lot of work to do. There's no doubt about that. Some strategies that we're really promoting include engaging with trusted leaders as vaccine ambassadors. So for example, you as the trusted health care providers in your community, virtually convening with folks like faith leaders, local media personalities and other local influencers. We have this vaccine 101 presentation available online, provide time for these groups to be able to answer their questions, and then ask trusted leaders to record and share a video about why they plan to get vaccinated when it is their turn. And we do have a tool online to help guide people on how they might create that sort of selfie video, because we are we are certainly hearing that it's very important for folks to hear about why it is people are getting vaccinated. And then really meeting people where they are when we're thinking about where we have the vaccine events providing transportation and then as Dr. Tilson mentioned, there is this pre registration. I'm sorry, there's a point of care registration, so people can register on site. Since right now pre registration requires an email address and we recognize that that is a barrier for our historic for many of our historically marginalized populations. Next slide.

How will you know when we move through the phases, again, here is our website. This one is correct yourspotyourshot.nc.gov where we are building which phase we are in, we will be moving into phase 1B tomorrow, we will continue to send you all communications and are also exploring other ideas like a public listserv that can notify people as we move through the phases. Next slide. And moving through phases, again just want to emphasize that as we are enrolling more providers and have more vaccine, we will be able to allocate to more community providers as well as our occupational health clinics and pharmacies because we know that it's going to be important for people to have more options. When we do have more widespread vaccine Do you anticipate people utilizing the tool vaccine finder, some of you all may be familiar with that it is an existing web based system, which will help the public search for provider locations that are offering a vaccine near them. And then I know you guys ask you get asked a lot, we get asked a lot, you know, how quickly are you going to move through, and it really does depend on the available vaccine supply, we continue to be notified each week of how much we're receiving for the next week with with only one weeks advance notice. So it does make it difficult for estimate for us to estimate when we can move to a next phase. Next slide. All right, I think I'm passing it along to Dr. Fuller Moore.

Dr. Amanda Fuller Moore

Thank you, Dr. Wong. Good evening, everybody. So just want to give some information related to what our overall state allocations look like. One of the things that we are going to be looking at doing is not only making this information available with our dashboard each week, or when we make our dashboard

and the data on that available each week, also starting to share this information with people because we are getting a lot of requests for it. So what you have a look into here is the total vaccines that have been received in our state that are physically here. Week Four is allocation is this week. So this week in our state, we will see an additional 61,425 first doses of Pfizer as well as 26,000 doses of the Moderna product going to local health departments and hospitals 34,900 going to again, work on that long term care program, we did get our first we will be getting this week, our first set of second doses. So second doses will be shipped to places to mirror the week that they match. So the week of 12/14 hospitals, there were 53 that received Pfizer doses that week, they will receive the matching second doses, probably yesterday and into today. So we will continue to make available to people the amount of vaccine that we are receiving each week. One of the keys here is that the vaccine increments are really small. And so in terms of our population, you know, we're only looking at about 100,000 doses over the course of each week in the month of January. So that that will be very low numbers. When we look at our population. The other thing to keep in mind is that Pfizer vaccine right now only ships in increments of 975. So there is no way to make that amount smaller. So we are very limited in the number of places that we can send that to. Next slide, please.

So just to take a quick look at provider enrollment. Before I turn it over to Danielle, who's going to talk about some specifics related to CVMS. We do have over 336 provider organizations enrolled in our program. And we are working through our process for provider enrollment, what how we have focused first on our 1A providers. now working on our one B providers. Of course, we've also seen a shift in what 1B looks like which really means a shift in how we are working through our provider enrollment process. So we will be opening our remaining our system for provider enrollment through CVMS on January 11. And Danielle is really going to talk through some information about that. But I encourage everybody to really pay attention to the options for training related to the provider enrollment system, because entering information into that system completely and accurately is really a key for us in getting that provider enrollment process able to move forward as fast and efficient as we can on the back end by ensuring that we provide you guys the tools to be able to enter that information correctly. Again, just to give an idea because our vaccine allocations are so small, as Dr. Wong gave the options on sharing or transferring a vaccine. We estimate that we will be in the situation of needing to share in communities between hospitals and local health departments to other providers, at least through January, we are really constrained by the number then the amount of vaccine that's going to the long term care program. And the fact that that Pfizer vaccine is only shippable in increments of 975. We do think that eventually that Pfizer vaccine will go down to a smaller amount, we are being told that eventually it would be able to be shipped in increments of 125. But that's not actually coming until likely sometime in late March. And so we will be constrained by that 975 amount for the foreseeable future. So at this point, next slide, please. I'm going to turn it over to Danielle, to give you some information about our COVID vaccine management system. Danielle.

Danielle Brady

Thank you, Dr. Fuller Moore. So the COVID vaccine management system, we do have some downtime coming up, which will affect the folks who are using it and the downtime is for the high priority enhancements to support the state of North Carolina's anticipated revision of that prioritization network, as well as making some enhancements to that provider enrollment portal. So the system is going down from 6pm, this Friday to 6am Saturday morning. Um, that happens on the 8th, on the 11th. We, as Dr.

Fuller Moore said, we are opening the provider enrollment portal to all providers to enroll their respective organizations and locations for vaccine management and administration. I strongly encourage you to sign up for the training. It's not the most intuitive system. And many of the problems that folks have had with the system is due to not reading instructions, and not completing some training. So highly, highly, highly recommend that someone in your organization become the CVMS guru.

On the 16th, sorry about that, I gotta move my video, we're going to have release 3.1. And that's going to focus on fixing some defects and some bugs, as well as provide an improved user experience within CVMS. Um, as I've mentioned before, CVMS is a cloud based system. It's secure, it enables vaccine management and data sharing across providers, hospital agencies, states, federal governments, and so one common platform. The providers can enroll in the program, that is step one, I know many of you have probably received a link to the CVMS portal. And unfortunately, it's not as easy as I got the link, I'm going to try and register there is a very specific series of steps that take place starting with that provider enrollment. During the provider enrollment, you will list each of your providers that are associated with your location. Once that is submitted to the state, the state will then go through and make sure that there are no actions against any of the providers make sure that your storage is adequate. Work with you go back and forth if there any questions. And then once your status is approved, only then will you be able to enroll in CVMS. And the reason is, the providers need to be in that provider enrollment space before they will show up in CVMS. So that is a key step in the process. And again, everyone can do that on January 11. Um, we also are going to have training on that coming up this week. And we will provide details on that as well. So really, who will who will us CVMS anyone except for the pharmacies enrolled In the federal programs, though, that long term care program and retail pharmacy program, They're going to continue to use their current systems to report to the federal program. But everyone else is going to be using CVMS. You do not log your COVID vaccines in NCIR, I know that is where other vaccines are logged COVID vaccines must be logged in CVMS.

Next slide, please. I use this website daily. And I have to say that I'm a fairly good CVMS user. Um, this website has so much fantastic information. It's got information on your provider enrollment, your provider portal, your recipient portal. It's got training videos, it's got PowerPoints, it has the necessary user guides and documentation that is needed. I highly recommend that everybody bookmark this on their computer, so that they can easily access it in the future. Next slide. So DHHS offers a range of tools for CVMS and vaccine training, we've got different communications, we are we are going to be offering live training, we do have a help desk that you can call into. And those hours are published for CVMS related questions. We also have step by step User Guide, in addition to our ServiceNow portal, which you can register for and enter any any difficulties or issues that you might be having, and receive a ticket that you can then keep track of within your ServiceNow portal. Next slide, please.

We've got some upcoming training sessions on CVMS. The first is called a day in the life of a location manager. Location manager includes all of the functionality of a health care provider. That's going to be Wednesday, January 6, at 2pm, in addition to Friday, January 8, at 11pm, Wednesday, January 13, at 2pm. And again, Friday, January 15, at 11pm. These training sessions have been very popular, with many folks getting locked out of them, just due to the number of people who have been logging on. So I advise you to get there early. We also have a day in the life of a health care provider. And that will be Wednesday, January 6 at 1030. Friday, January 8 at 2, Monday, January 11 at 2, Wednesday, January 13,

at 1030. And Friday, January 15 at 2pm. But the first training that you guys need to attend is the provider enrollment training. And we're going to be offering this three times Tuesday, January 5 at 1030. January 7 at 2 o'clock and January 12 at 1030. The sessions are recorded so you can watch them on your own time again, on that immunization website link. That is going to be your bible for CVMS. And I cannot stress that enough. I believe that's the last slide. Next slide.

Nope, just kidding. COVID vaccine helpdesk. We are alive today. And we've got a help desk process. So a provider can send an email to CVMS-help. And doing that will automatically create a ServiceNow ticket that will go to North Carolina Help Desk personnel. They're going to find the appropriate answer. They're going to send you back the answer and then close that ticket once you have received satisfaction that your question has been thoroughly answered and your issue is no longer. The Help Desk runs Monday through Friday from 8am to 5pm. In addition to running on Saturday and Sunday, and I would have to check that time, I believe it's 10am to 2pm. Um, but I can verify that and have that information sent out to you. Next slide.

So what you guys can do, again, focus on getting prepared for enrollment and CVMS onboarding. If you have staff that needs vaccinations, get with your local health department's get with your local hospitals, you do not need to have a CVMS account to receive your vaccination. Visit the CDC COVID vaccination training program. In addition to our CVMS specific training, there is also CDC training that has to be taken. In order to give the vaccine its vaccine specific training, you can help your patients find their spot for getting their COVID vaccine. With your local enrolled vaccine providers, remind your patients Supplies are limited. Consider coordinating with your local vaccine providers to make it easier for your patients. And then go to yourshot.yourspot.nc.gov for a list of local vaccine providers. Next slide.

Dr. Betsey Tilson

Questions

Hugh Tilson

Trying to come off mute. Got a lot of questions just so those of you who are participating know, we've gotten over 250 questions so far and trying to respond to them as they come in. So we're processing those got a couple of really kind of tactical ones, like how do we sign up for training? And when can we sign up for training? And how do we get the link to CVMS? And those kinds of questions? Can you run back over that again, since they continue to come in? Even after you've spoke?

Danielle Brady

Yep. And we go back a couple of slides for me. So here's the upcoming training sessions. Again, it's that provider enrollment training that needs to be taken. Tuesday, January 5, at 1030. Thursday, January 7, at two, Tuesday, January 12, at 1030. Again, these are highly sought after training programs, they do fill up very quickly. So get there to log on early. These sessions are recorded that immunization.nc.gov website

that we've been promoting is where you're going to find those recorded sessions. And again, that website is going to become your Bible. So if you cannot get in to a live session, you can still take the training just recorded on your own time. And I believe you asked about how to gain access to CVMS. Yes, I'm again, the first step is going to be on January 11. And that is going to be registering and signing up in our provider enrollment portal. Your organization admin or vaccine coordinator will go and log into the system. Things are going to have to be approved by your CMO and your CEO. Storage information is going to have to be entered for your storage capabilities. And the providers within your practice are going to have to be entered there as well. Once all of that information is complete, and I strongly encourage you to look at some of the help guides when doing this. Then it's going to come to the state for approval. The state will go through, make sure there's no actions against any of the providers, make sure that the storage is adequate, and that photos can be clearly seen. Once it's approved, then you move on to becoming a CVMS user. Anything else?

Dr. Betsey Tilson

Yeah, hey Danielle. This is Betsey. I'm just looking at some of the text so what the questions are the link to the actual live training, not just the recorded session, but the live training, which I realized is not on this slide. So how to, is it just on the immunization website? That will be a link to actual live training?

Danielle Brady

I believe that there should be a link on that website, too, to take the live training? Um, I, I haven't been involved with the training in the past. So I'm not 100% sure how they're doing it. But I check that.

Dr. Amanda Fuller Moore

We can, we can get the links for the live trainings to Hugh and Nevin and have them share those links. We do not have them posted any longer on the website because of the passwords and stuff like that that are associated with them that we can get that information to be sent out.

Hugh Tilson

That was one of the questions is how to where do we go to click? Where do we go to sign up? Where's that link? So that would be helpful.

Dr. Amanda Fuller Moore

Yes, but as Danielle said, one of the best things to do is to use the recorded version because keep in mind that just like other webinars, there is limited space, and lots of people trying to take them so the on demand training is an excellent resource that provider enrollment training is available there.

Hugh Tilson

Gotcha. So we're actually over time we have 250 unanswered questions. Dr. Fuller Moore, Dr. Wong, Dr. Tilson, Do y'all have any of the questions that you're looking at that you particularly want to respond to? Or?

Dr. Charlene Wong

I might encourage folks, there's a lot of questions about one people who are in 1A and 1B, I've been putting some of those links into some of the responses. But if you go to our website, there are these deeper dive documents that I think that will answer a lot of the questions that you have. So I just would help again, direct folks to our website where that information is being updated regularly with additional details being added.

Hugh Tilson

Anybody else? I just think there are so many questions, it's hard to even know where to start. So what we'll do is we'll download all these we'll send them over into the tent, we can help to facilitate some responses, we'd be happy to do that. Dr. Tilson any comments.

Dr. Betsey Tilson

Just really appreciate everybody's everybody's engagement. And that yay I've been put into the questions trying to trying to get some of the themes, and we will definitely see these questions and look at them. And then again, we'll continue to do these ongoing webinars, to to answer some of those questions. It also helps us of course, to inform, where we need to do more of our work. So really appreciate that, and really appreciate the team and, and every everything, everybody's doing it and some of the questions, it's this is great, you know, we want to help we want to help. And I know, I know you do. And we know our medical homes are the best places for our patients and, you know, working through all our constraints to try to try to get that. So we're all aligned on the on the goal and where we want to go is just operationally getting there. So, so thank you for your continued engagement, and support and advocacy.

Hugh Tilson

And we're getting a number of thank yous in the q&a. So thank you all for all that you're doing, including making time to provide this great information to everybody tonight. Thanks, everybody. Take care.