

Briefing Phase 2 Vaccine Rollout

Topic: Phase 2 Vaccine Roll-out

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Submitted to: various audiences

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	Discussion
Issue	Involvement of Primary Care Teams in phase 2 vaccine rollout and beyond to ensure successful outcomes.
Background	Although we respect that the Health Authorities (HAs) have been working diligently on vaccine rollout, they have been concentrating their vaccine roll-out internally and largely have not engaged with local primary care teams. Given the collaborative process that CSCs have engaged with for the Fall/Winter COVID-19 planning and reporting, this can be strengthened. There have been pockets of success including examples like the Northern St'at'imc Nation who collaborated with the HA and local physicians to create a series of videos to document the first vaccination clinic in the community. Unfortunately, there have been other instances where things did not go as planned impacted partner relations significantly.
Considerations	<p>Based on what has worked well and where opportunities for improvement have been identified, primary care providers can support the vaccine rollout in the following ways in rural communities: Below are considerations to facilitate successful vaccine roll out:</p> <ol style="list-style-type: none"> 1. Building on longitudinal relationships with their patients and have trust that has been built in some cases over many years. 2. Facilitating the understanding of the cultural and environmental landscape 3. Sharing experience with trouble shooting issues with wifi connectivity, EMR compatibility. This is the reality of rural life. Providers and community members are experienced with adapting and work around these challenges 4. Planning ahead prior to arriving in community to be clear on roles and responsibilities (i.e. how things are going to be charted, what is the role of local public health, what is the communication process to the public, how will changes in the plan be approved, what should be done with 'excess' doses if the target population is not available) 5. Utilizing the existing local health planning tables and or CSCs 6. Contributing to inclusive & transparent planning and decision-making process. It may not be possible for all elders with specific co-morbidities to present at a particular location in 15-minute intervals. Local physicians know 'how things are done' in communities and can work to ensure that plans are made to ensure vaccine reaches the intended target. 7. Leveraging comprehensive public health registries that contain information on community demographics including age and co-morbidities to ensure proactive

	<p>outreach to the most vulnerable patients who may not be connected to broader public health channels</p> <ol style="list-style-type: none"> 8. Utilizing existing local communication channels to supplement the HA channels including local clinic facebook pages, Division facebook pages etc. that are a trusted source for community members. 9. Providing education around vaccine, follow up care and local supports, on-site consultation for complex patients, prescription for post vaccine care and nursing support for high-risk anaphylaxis patients 10. Encouraging respect and participation in local customs in a culturally safe manner 11. Utilizing existing GPSC funding to add value to the planning without additional costs.
Request	<p>Involve primary providers early and throughout the phase 2 through 4 vaccine roll-out. While understanding vaccine delivery is hard to predict, given logistical issues in rural areas we'd strongly request the MoH/HA let us know as far in advance as possible date of arrival, number of doses, and clear direction on target population for given doses in order to plan effectively for delivery. Involvement may look different in each community and may range from a physician advising on the number of patients in a particular age bracket to working to identify vulnerable patients without access to telephone or internet and collaborating with a social worker or community agency to ensure they have transportation to receive a vaccine. It may also include co-design and implementation of the vaccine clinic or on-site support.</p>