Long Term Care Vaccine Updates

May 20, 2021





Logistics for today's COVID-19 Forum

Question during the live webinar



Technical assistance

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Audio connection to webinar

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Webinar ID: 997 9499 7344

HOUSEKEEPING ITEMS

- Session is being recorded
- Slides, links and recording will be sent to participants once the recording has been processed
- We have a few prompt questions throughout the session please use the chat/Q&A feature to share information for these sessions
- Participants will stay muted please use Q&A to type questions, we will answer if we can during the session but will most likely follow up with a Q&A document



AGENDA

- 1. Overall Vaccine Update
 - Vaccination rates in LTC
- 2. CMS Interim Final Rule COVID-19 Vaccine Immunization Requirements for Residents and Staff
- 3. Increasing LTC Staff Vaccination Rates
 - Current progress
 - Available resources
 - Challenges and opportunities
 - Lessons from the field
- 4. Miscellaneous Vaccine Updates
 - Availability and allocations
 - North Carolina vaccine utilization guidance
 - Verifying vaccine status

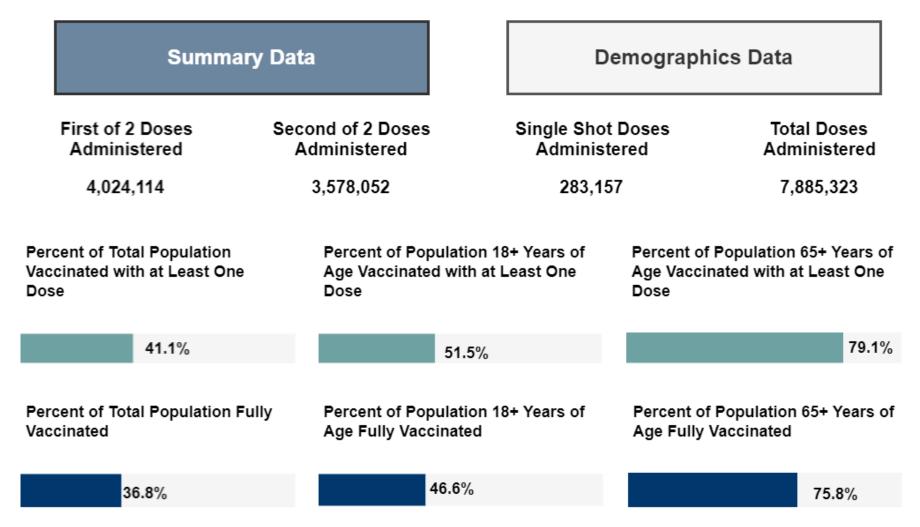


Current Vaccine Progress



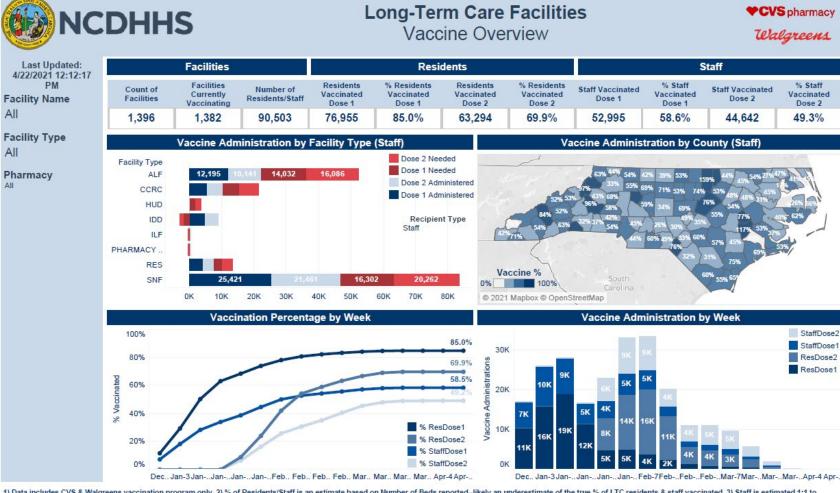
CURRENT VACCINE PROGRESS IN NORTH CAROLINA

Data: December 14, 2020 – May 17, 2021 at 11:59 p.m. Vaccinations Data will be updated Monday - Friday





LTC VACCINE COVERAGE



1) Data includes CVS & Walgreens vaccination program only. 2) % of Residents/Staff is an estimate based on Number of Beds reported--likely an underestimate of the true % of LTC residents & staff vaccinated. 3) Staff is estimated 1:1 to residents.

Other Pharmacy Allocations

Over 50,000 total vaccines allocated to LTC pharmacies in NC through state and federal programs



CMS Interim Final Rule COVID-19 Vaccine Immunization Requirements for Residents and Staff



COVID-19 VACCINE IMMUNIZATION REQUIREMENTS FOR RESIDENTS AND STAFF

- Interim final rule published on May 11, 2021
- Major requirements within the rule:
 - Educating residents, resident representatives and staff regarding benefits and potential side effects associated with COVID-19 vaccines
 - Offering COVID-19 vaccines
 - Reporting COVID-19 vaccine and therapeutics treatment information to the CDC through NHSN
- Information reporting to NHSN will be posted on the CMS COVID-19 Nursing Home Data Website
- Facilities must begin including vaccination and therapeutic data reporting in facility NHSN submissions by 11:59 p.m. **Sunday, June 13, 2021**.
- To be compliant with the new reporting requirements, facilities must submit the data through the NHSN reporting system at least once every seven days.
- Facilities may choose to submit multiple times per week.
- Request for public comment within rule: potential applications for these and other requirements for other congregate settings in which CMS has regulatory authority
- Link to Full Text: https://www.cms.gov/files/document/qso-21-19-nh.pdf



ADDITIONAL CMS DETAILS

- Education on Vaccine
 - CMS is not prescribing any specific educational materials for use
- Offering Vaccine
 - Maintaining records that staff and residents that have been offered vaccine will be helpful
 - "Hold facilities accountable for what's in their control"
- Reporting
 - Reporting requirement applies to nursing homes, not ICFs
 - All data that will be reported will be at the aggregate level, no personal information reported
- Link to Full Text: https://www.cms.gov/files/document/qso-21-19-nh.pdf



Staff Vaccination Rates



PROGRESS AND PRIORITIES

- Federal Pharmacy Program Data:
 - 52,995 Staff vaccinated Dose One (58.6% if based on 1:1 staff to bed ratio)
 - 44,642 Staff vaccinated Dose Two (49.3% if based on 1:1 staff to bed ratio)
- Current Priorities
 - Identifying vaccination need (second dose gaps and overall vaccination)
 - Increasing vaccine confidence
 - Applying NC's vaccine principles (Fast, Fair, Easy, Everywhere) to all settings



BARRIERS AND CHALLENGES

- Themes from early vaccine rollout
 (January/February)
- Current information from the field:
 - Most remaining hesitancy in LTC staff members:
 - Resembles overall societal hesitancies,
 - Has with mixed causes
 - Needs for individualized outreach to address

Themes Based on Check-In Calls for Low Up-Take LTCFs

- 1 Vaccine development was too quick and therefore is unsafe (previous #1)
- = 2 Mistrust due to lack of information (previous #2)
- = 3 Waiting to see how others did with the first dose of the vaccine (previous #3)
- = 4 Vaccine myths are leading to hesitancy (previous #4)
- ▲ 5 Concerns about unknown long-term effects of the vaccine (previous #5)
- ▼ 6 Historical racial trauma (previous #5)
- ▲ 7 The vaccine will impact fertility and/or sexual performance (previous #9)
- ▼ 8 Vaccine has a chip in it that the government will use to track us (previous #7)
- ▲ 8 Government mistrust (previous #9)
- 8 Fear of getting vaccine when pre-existing conditions are present (previous #7)
- = 11 LTCF has not yet been scheduled by CVS or Walgreens to receive the vaccine, driving frustration (previous #11)
- = 11 Worried about shift availability if too many staff are ill (previous #11)
- = 11 Staff are afraid the vaccine won't last long or that effectiveness is not guaranteed (previous #11)



FEEDBACK OPPORTUNITY

What are the most significant challenges you are currently facing with staff vaccination rates? Please share into chat/Q&A and we will compile information



STRATEGIES TO INCREASE VACCINE CONFIDENCE

- Information from AHCA/NCAL
 - 1. Employ multiple strategies
 - 2. Set a Goal (AHCA/NCAL Goal 75% Staff vaccination rate by June 30)
 - 3. Listen to staff concerns over vaccine
 - 4. Celebrate and support staff who receive the vaccine
 - 5. Develop peer level ambassadors
 - 6. Use communication strategies that are frequent, targeted and personal
 - 7. Emphasize the positive benefits from taking the vaccine

https://getvaccinated.us/

Strategies to Improve Vaccination Rates

Talking Points Document



SUCCESS STORIES FROM THE FIELD (NORTH CAROLINA PROVIDERS AND PARTNERS)

- Vaccine Availability
 - Predictable cadence
 - If scheduling onsite clinics, schedule with enough time to do individual staff outreach
 - Help staff find community vaccine providers if/when necessary (myspot.nc.gov)
- Staff Outreach
 - Be persistent in encouraging staff to get vaccinated
 - Use multiple communication strategies (Emails, posters, letters to staff, individual conversations, social media)
 - Find the most effective local messengers (peers, facility leadership, local providers, local leaders)
 - One facility communicated a message from a local pastor that resonated well
 - Leverage one-on-one conversations whenever possible, including with vaccine providers
- Consider the Benefits
 - Facility visitation
 - Less frequent testing
 - "Getting back to normal" in both work and personal life
- Consider Incentives



COMPREHENSIVE INCENTIVE PLANNING AT DSOHF

- Multi-faceted approach based on CDC and CMS guidance
- Recent education efforts have focused on the limits of "natural immunity" and that an EUA is not the same as "experimental"

Accommodation	Personal Benefit	Social Benefit
On-site availability of vaccines	No excl. from work for travel*	Modified PPE: no masks outside
Use of work-time for vax	No excl. from work for exposure	Modified infection control: no social distancing outside, ability to dine inside together
Leave for adverse reaction	Reduced testing schedule	Competition to reach 75% & earn absence forgiveness for all employees of that facility
Coordination for vaccine preference	Modified source protection: no need for double mask/mask modifications or universal eye protection	
Personalized consultation	Absence forgiveness	



FEEDBACK OPPORTUNITY

What has worked well with your facilities and staff? Please share into chat/Q&A and we will compile information



Miscellaneous Vaccine Updates



VACCINE AVAILABILITY AND ALLOCATIONS

- All three vaccines are readily available across North Carolina
- Allocations and Ordering Processes
 - "A Dose is a Dose" no more first/second dose allocations
 - Twice Weekly Ordering through new standing provider link
 - Provider transfers available for smaller amounts than current shipment minimums
 - Pfizer 1170
 - Moderna 140
 - J&J 50
- Vaccine administration guidance
 - Relaxed throughput requirements
 - Relaxed guidance on wastage
 - Change in Pfizer storage 30-day stability under refrigeration



ONGOING COVERAGE FOR LONG TERM CARE FACILITIES

- 1. Partnership with Long Term Care Pharmacies
 - NC DHHS surveying pharmacies and facilities to ensure partnership coverage
 - NC DHHS maintains a list of LTC pharmacies that can support facilities that need vaccine partners
- 2. Facilities can register with CVMS as providers (Provider Enrollment Information)
 - Registered providers can receive direct allocations or can accept vaccine transfers from other providers (pharmacies, hospitals, health departments, primary care, etc)
 - Reduced throughput requirements and J&J refrigeration storage may make facility allocations more feasible



VERIFYING VACCINATION STATUS

- State allocation providers: PDF "proof of vaccination" available in CVMS.
 - Record can be obtained by CVMS registered providers or by recipients if email address was provided when vaccinated
- Facilities not registered as providers can contact local providers (LDH, LTC pharmacies, local pharmacies) to inquire about vaccination status for residents
 - This proof of vaccination is not currently available for vaccines through the federal retail or LTC pharmacy programs – contact pharmacies to confirm vaccination status



FINAL FEEDBACK OPPORTUNITY

What additional information, resources or support do you need related to staff and resident vaccinations? Please share via the Zoom Webinar Q&A and we will compile information.

Please send over any additional questions and we will compile a Q&A document following the webinar.

