

Members (CEOs, CMOs, CFOs, COOs),

Here are some quick news from this week related to COVID vaccines. Let me know if you have any questions. thanks, Louise

Equitable Allocation & Distribution

One fourth of our members haven't received any doses to date, and those that have don't know when their second doses will come. We are engaging Dr Ferrer and the board offices, among others, to raise concerns with MegaPOD sites getting doses at the expense of health centers. This is an equity issue, as it drives resources away from hard to reach populations and those most impacted by COVID. Stay tuned.

Prioritize Second Doses

CDPH [recommends](#) that providers save half of their receive doses to vaccinate individuals who have already received their first dose. LADPH is currently recommending clinics prioritize second doses due first.

Don't Order Through CalVax (yet)

While CalVax is now live, the ordering feature is not working yet for the local health departments. In the meantime, LADPH is asking clinics to fill out this [survey](#) once a week. Please prioritize second dose needs. If you would like to receive vaccine doses, ever in the future, please complete the survey weekly, even if you do not need doses next week. If you have completed vaccinating your staff and do not intend to continue vaccinations, still fill out the survey and indicate so in the comments section at the end.

Reporting Requirements

In addition to LADPH's weekly survey, vaccinators are required to comply with the following reporting requirements:

- Report COVID-19 doses administered within 24 hours of administration to PrepMod (LA VAX coming soon).
- Report COVID-19 doses in inventory daily to the VaccineFinder website.
- Submit race and ethnicity information for every vaccinated patient.

Failure to comply with this reporting requirement may result in your clinic's expulsion from the program.

Billing Guidance

Attached is billing guidance from CPCA for Medicare, MediCal and commercial plans.

Decompressing the Hospital Surge

Infusion Therapy: Is your health center interested in providing monoclonal antibody treatments to COVID-positive patients? Let me know. We will coordinate a session with CADPH to walk through the logistics if we have members interested.

Hospital Staffing: Do you have any health care workers that can moonlight in hospitals to help with their workforce shortages? They are looking for people with inpatient experience, such as recent residency grads, physicians and nurses.

- **Staffing model:** The model is for the staff to be contracted with the State's contracted staffing agency that is supporting hospital surge. The agency would work with interested health care workers to assign them to a hospital. The agency has a set pay rate for providers based on licensure - HHS assures me they are very good rates - and the agency covers liability, etc.
- **Time Commitment:** Your staff would define how many hours they want to work and how far they're willing to travel. Each hospital decides how they handle onboarding, but typically their first shift is onboarding & shadowing another provider. They're 2nd shift would involve clinical care.
- **Next steps:** Please send me the following information for any staffer interested. We are collecting these and submitting to the state:
 - name,
 - licensure level,
 - contact info (phone & email),
 - desired number of hours per week (there is no minimum),
 - home location (city, zip) and max distance they're willing to travel.

Step Down: The state are interested in building out existing recuperative care sites to increase their capacity. Any org with recup beds interested in this would work with HHS to determine what additional supplies (DME, beds, staff) they need and the acuity of patients they can serve. HHS would provide what is needed. Once set up they'd inform the transfer agencies so that they know to send patients there. Contact me if you are interested in expanding your recuperative care services.