

Feb 26.

Members (CEOs, CMOs, CFOs, COOs),

Everything is developing minute-to-minute with vaccine administration. Here's a quick update on the Biden initiative, state centralization and mass vax sites. Let us know if you have questions. Thanks,

Louise

Meetings:

State office hours Fridays at 9am. <https://eziz.org/covid/communications/>

LADPH FQHC Office Hours: on Tuesdays only (no more Fridays) from 12:00-12:30pm. Email your questions to amohamadzadeh@ccalac.org by COB Monday. Notes from the calls are sent out to all members and are posted on our website [here](#).

LADPH/CCALAC Webinars: Click to view our recorded webinars on [MyTurn](#), [Managing Fixed Allocations](#) and [Workflows](#) (slides attached). Future webinars:

Thursday, March 4, 11am-12pm – Topic TBD: Likely covering the federal vaccine initiative, unless we get billing guidance.

To Join: <https://us02web.zoom.us/j/89749374992>

Meeting ID: 897 4937 4992

+16699009128,,89749374992# US (San Jose)

+12532158782,,89749374992# US (Tacoma)

Federal Relief

Funding: HRSA is working on the methodology for the anticipated \$7.6 billion in relief coming from Congress. This funding will include Look Alikes. Still TBD whether capital improvements will be an option through this funding. Stay tuned.

Vaccine Initiative: Health centers in cohort 1 received their doses this week. As one member told me - "it's a game changer." No new information on who will be included in future cohorts of the program. Stay tuned.

State Centralization - Blue Shield TPA

Blue Shield hosted a meeting with CHCs on Thursday, and provided a briefing on today's statewide office hours. [Recording](#) and [Slides](#) are posted online, along with a [letter](#) outlining the latest updates on the State Vaccine Network. Here's what they told us:

Their goal is to do no harm, and small providers will be included, since they reach hard-to-reach populations.

Network: All providers who want to participate will be able to participate. The state and Blue Shield are relying on counties to tell them which providers should be included in the state network. Counties are being asked to rank their providers on equity first. Note: Blue Shield actually reached out to 4 LA health centers this week to sign contracts ASAP. LA County was not informed. Blue Shield has lifted the deadline on the submission of those contracts. Providers interested in joining the state vaccine network should contact TPA at CovidVaccineNetwork@blueshieldca.com.

Transition:

Counties will not switch to the new network all at once, and existing county networks will continue as providers move from the county to the state network. Readiness to transition will be determined by the local health jurisdiction, in collaboration with BS and CADPH. Note: on the office hours they outlined a specific transition schedule for LA, which LADPH has not agreed to. LA County met with BS today and expressed their concerns. We expect the timeline to transition may be extended. Stay tuned.

Transition period to statewide vaccination network is March 1 to March 31. Vaccines will continue to come from LADPH in March. All waves should go live by March 31. Providers who wish to continue vaccinating post March 31 will need to join the TPA network and get onto MyTurn by March 22. Provider can cancel TPA agreement at any time.

Allocations: Blue Shield will be making recommendations regarding vaccine allocation to providers in part based on key performance measures:

Contribution to equitable administration of vaccine

Signing a contract

Committing to adopt the performance management system, including MyTurn

Existing providers registered in the state's COVID-19 vaccine system will receive information from the state's existing provider communication channels.

Systems: They are still mandating that providers use the MyTurn system to be included in the state network. However:

Exceptions for some: Both Epic and Cerner will develop API interfaces for MyTurn so that users of those systems won't have to use MyTurn. We have asked whether interfaces will be developed for NextGen and eClinical Works, since those systems are used most by CA health centers. BS was reluctant to commit to anything, says that will be difficult and it will take time to get those set up. This means health centers will have to transition from doing double entry in their EHR and PrepMod to double entry in their EHR and MyTurn. And then once an API interface is up they'll change again. It's already tough enough to do double the work. Training staff and changing workflows for new systems are an added burden.

Inadequate system: MyTurn currently only works for publicly listed vaccine clinics. The private clinic function does not yet work, so providers can't use the system to schedule vaccine clinics for their patients only.

Patient access challenges: While the public facing side of MyTurn now has 8 languages (as of this week), health center patients and hard to reach populations will struggle to navigate the system. We have

inquired whether there could be funding for health centers and CBOs to help their clients in making appointments through the system. No answer yet.

People Experiencing Homelessness (PEH)

In order to better track and have comprehensive data for people experiencing homelessness (PEH) who are getting vaccinated, LADPH has provided the guidance [here](#) on inputting addresses for this population into PrepMod, MyTurn, or other platforms.