

FQHC/Community Clinic Vaccine Office Hours – February 2, 2021

Allocation Phases

- General:
 - At this time, we are focused on vaccinating healthcare Workers and 65+. The county is not ready to start vaccinating any other Tiers.
 - Expectation is that health care worker vaccinations should be finished by end of January
- Q: When we get to tiers of professions that may not have documentation, how do we verify that a client is going to fit into the different tier levels? Is the burden of proof on the client? are clinics planning on having members sign an affidavit verifying they do x for an employer?
 - A: This is the link to the website that describes required documentation of currently eligible groups. <http://publichealth.lacounty.gov/acd/ncorona2019/vaccine/hcwsignup/>
 - LADPH expects the health centers to do their best, and recognizes this is an imperfect system. At present the only categories are health care workers and seniors, which are easier to verify.
 - The responsibility to verify is on the site but it's a good faith effort as long as an individual brings the minimum necessary documentation. We don't have the verification for these groups finalized. We will post guidelines on the DPH page (you can see the current for HCW and 65+ LAC residents).
- Q: We have more seniors than we have doses. Should we prioritize our 65+ patients by acuity or some other metric for vaccination?
 - A: Every health center serves a different population and knows their community better than we do. It is up to each health center to determine the best way to prioritize within the eligible age category. Underlying conditions and exposure risk (from work or home) are two areas to consider.

Systems

- Q. When will we transition from PrepMod to MyTurn?
 - A: we will transition to MyTurn over the next several weeks. There is some pressure as of late from the State to onboard providers as quickly as possible into MyTurn. However, we are waiting for a couple key features to roll out in the next week or so (i.e, private clinics) before onboarding widely unless a provider is willing to get started right away using MyTurn with public clinics. MyTurn is currently being piloted by public vaccination sites. If health centers are interested in piloting MyTurn as a public vaccination site please email Laurie at LADPH expressing interest. Friday's office hours will include a presentation on MyTurn.
 - Until the transition providers still need to submit data into PrepMod as that is the only way LADPH can monitor usage and inventory.
- Q: Will our information transfer over from PrepMod to MyTurn?
 - A: yes, all of your information from PrepMod should migrate to MyTurn.
- Q: We are being asked by Housing for Health to use Akido instead of PrepMod when we vaccinate seniors experiencing homelessness. If that works, can we use that for all patients, instead of PrepMod/MyTurn?
 - Akido cannot be used in lieu of MyTurn but still has value in vaccinating PEH.
 - The LADPH data team is working with H4H to make sure the Akido build meets all the requirements in which case you could continue. That said we have heard the State third party admin (BCBS) will prioritize MyTurn sites after the transition to that model, so it may

put you at a disadvantage. MyTurn is going to be the standard whereas Akido may not update as easily when new vaccines are introduced, new data fields, etc.

Allocations

- Q: how do we know how much we will be getting going forward? Is it guaranteed?
 - A: In the LADPH clinic notice of allocation it says whether it is “fixed” or “one-time.” Clinics can expect to receive the same fixed allocation amount each week so long as they submit their weekly survey and show that they have expended enough of the prior week’s doses.
- Q; We had a question on the email and ppt file we received. We shouldn’t reserve the doses for our staff who would need them for the week of Feb 8-12th and instead begin 1st doses for new people when we receive the vaccines the week of Feb 1-5th? This is the planning guidance we were sent - <http://publichealth.lacounty.gov/acd/docs/COVID19VaccinePlanningGuidance.pdf>
 - A: Correct, if you are authorized a dose capacity, e.g. 100 per week, you should use those for new doses this week and you will receive another 100 next week for staff. If you have 120 staff due for 2nd doses next week then save 20 doses or defer 20 staff to 1 week after.
- Q: The state health officer order says use 65% of your doses or lose your ability to vaccinate. If we hold 50% for second doses will we be penalized?
- Yes we will not allocate further if doses are not being used. At LAC in fact we expect a week to week usage of 80%+. Please see planning guide on how this will work.
- Q: We are repeatedly asked for surveys, which we respond to on time, but we don’t know when we can actually receive our doses.
 - A: Apologies for the survey burden, we will try and close the loop better and these office hours should help.

State Centralization

- Q: What is the process for onboarding with the new state system?
 - A: in order to be in the new network health centers will need to sign an agreement with Blue Shield of California, the state’s Third Party Administrator (TPA). This will allow the TPA to process payments for vaccine administration (metrics and amounts TBD).
- Q: Do we need to be set up as a POD with LAC in order to be grandfathered into the State’s TPA agreement with Blue Shield? Or CalVax registration is sufficient?
 - A: More information will be released shortly on how to sign up with the new TPA. Otherwise a health center’s registration with CalVax and MyTurn should be all that is needed. We anticipate that the state will prioritize health centers that are already successfully vaccinating for the contracted network. Therefore we want to demonstrate health centers ability to vaccinate and submit data now.