OMA — Ontario Medical Association

Deciding whether to provide the COVID-19 vaccine in your practice

Planning and providing the COVID-19 vaccine in your practice can be extremely rewarding, but it can also require considerable time and effort up-front with a steep learning curve.

Lessons learned from the primary care COVID-19 vaccination pilots include:

- COVID-19 vaccination is not the same as flu shots; planning and administering COVID-19 vaccines requires more time and administrative support due to COVax (the mandatory system required to document all COVID-19 vaccines) and vaccine hesitancy conversations.

- Some primary care practices are well-suited to offering COVID-19 immunization, while others are less-suited due to factors such as their size, operating model or physical space.

- Onboarding to COVax was more challenging than clinics initially anticipated; once everyone was set up, it was smoother.

Before you decide if you want to offer the COVID-19 vaccine, consider:

Physical requirements

? *Do I have the space to safely vaccinate?*

There are different models that can be used for COVID-19 vaccination in primary care: in-office with regular booked appointments; dedicated time blocks for vaccinations in office ("on-site event"); or off-site events (e.g. parking lot, drive-through).

The pilot projects demonstrated that physically smaller practices do not lend themselves well to a large, dedicated event on-site.

When considering whether to provide the vaccine, and which model to use, consider:

- **Exam rooms:** Having enough space to accommodate a large number of patients.

- **Entry and exit:** A separate entrance and exit to facilitate one-way patient flow and make physical distancing easier. It is possible to operate a clinic with a single entrance/exit; however, there will be some congestion with patient flow and your clinic will be slower.

- **Waiting areas:** Two separate waiting areas (pre- and post-immunization) are ideal. If you have a single waiting area, you could have people wait outside, use available exam rooms, or use lunch-room or group room areas.

If providing vaccinations in-office is a challenge, consider working with other practices with more space to organize a dedicated clinic or operate an off-site event. If choosing an off-site event model, consider the additional costs (e.g., rental of space, tents, equipment, staffing etc.).

? *Do I have the refrigeration capacity to store the vaccine?*

Both AstraZeneca and Moderna vaccines require refrigeration between 2 to 8 degrees Celsius.

Administrative capacity

❓ *Do I have the administrative capacity to support patient outreach?*

- **Planning:** Before you start reaching out to invite patients in for a vaccine, it is recommended to manually cross-check in COVax so that you and/or your staff only contact patients who have not yet received the vaccine.

- **Outreach:**
  - The method of patient outreach will impact the amount of time and resources you need. For example, sending a broad notice and inviting patients to contact the office to book vs. individually calling eligible patients to invite them in.

    One physician at a pilot site commented that it could take 8-10 calls to book one appointment.

  - Your patient population may also impact the amount of time and resources needed for patient outreach. For example, more support may be required for non-English speaking patients from marginalized communities or those who lack computer access.

  - Conversations with patients can become counselling sessions related to vaccine hesitancy that take longer than originally anticipated. These are rewarding but time-consuming.

- **Booking appointments:** Do you already have a self-serve way that patients can book appointments with you? If you do not have an online booking service, it will require a significant amount of time for staff to book by phone.

❓ *Do I have the administrative capacity to support COVax?*

COVax is a mandatory, secure, cloud-based set of digital tools to support the clinical administration and inventory management of COVID-19 vaccines. All COVID-19 vaccinations must be recorded in COVax. COVax is available real-time, anywhere; all you need is a browser.

There is a significant amount of work required up front to prepare to use COVax, including:

- **Training and set-up:** COVax training includes identifying system user roles (e.g., site staff, vaccine administrator, inventory administrator, site super user); sending a list of users to the Public Health Unit for authorization using a template provided; following instructions for registration; participating in training sessions.

- **Enter patient data:** Patient data must be in COVax in order to record vaccinations for each patient. This data can be entered on the day-of the appointment, but the process is time-consuming so ideally it can be entered by your team ahead of time, either manually or via a mass upload of data.

- **Enter data on the day of vaccination:** On the day of vaccination, staff will need to: check-in patients (including documenting the completion of the COVID-19 assessment and consent), document the vaccine administration details (including route and site of administration); check out patients (including documenting adverse events, providing vaccine receipt)

Do I have the capacity to support "day-of" operations?

Depending on the clinic model you choose, you will need to have enough people on hand to support the work. For on- and off-site vaccination clinic events, this will require staff such as: greeters, way-pointers, check-in, vaccinators, post-vaccine observers, check-out, security and IT staff.

Both paid staff and volunteers can be used to support COVID-19 vaccination. If you are planning to run clinics after hours or on weekends, consider the financial impact of any overtime.

For more details:
- Download the clinic roles worksheet from covidtoolkit.ca, which provides a general sense of the roles that may be needed

- Refer to PHAC for examples of clinic roles and activities in immunization clinic operations

Do I have an existing relationship with my local Public Health Unit?

It is helpful if you already have an existing relationship with your local Public Health Unit because they both allocate vaccine doses and set up primary care clinics in COVax. (Note that only practices designated by their local Public Health Unit may provide COVID-19 vaccines.)

Financial sustainability

Is it financially sustainable for me to vaccinate?

COVID-19 vaccination requires significant preparation up front, as well as additional administrative support on the day-of vaccination. This is beyond what is required for other vaccinations and the costs related to this should be considered.

Clinic capacity:
To determine your clinic capacity, use the calculator available here:
Determine your Immunization Clinic Capacity - COVID-19 Immunization Toolkit (covidtoolkit.ca)

There were some pilot project sites (e.g. smaller clinics) where the costs were not offset by the billable rates for vaccination.

Some practices felt the administrative support required was significant and not sustainable for them.

Planning and support:
Preparing to offer the COVID-19 vaccine in your practice requires time and effort up-front with associated staffing costs including:
- Setting up your clinic flow (designing processes for check-in, vaccine administration, documentation, post-vaccination observation, check-out)
- Onboarding to COVax
- Identifying eligible patients
- Determining a process for contacting patients to book appointments
- Planning for vaccine hesitancy conversations

Vaccination rates:

If you are operating independently (without oversight from a Hospital or Public Health Unit), you will be billing using the G-codes. For a sole visit, the total fee is **$18.60 per patient.** For vaccination with a visit for another unrelated insured service, the fee is **$13.00 + visit fee**. Note that these fees may only be billed for patients with a health card number.

If you are operating a clinic that is overseen by a hospital or public health unit, you may be eligible to bill sessional fees: **H-409 $170.00 per hour** for regular hours or **H-410 $220.00/hour** for weekends, holidays and after-hours.

For more on COVID-19 billing codes, refer to the OMA COVID-19 billing codes summary

➔ *Refer to Appendix A for a worksheet to help you map out the potential revenue and costs.*

Other ways you can help support the COVID-19 vaccination effort

If you decide not to offer COVID-19 vaccines in your practice, you can still contribute to vaccination efforts in other ways, including:

1. Band together with other practices to organize an on- or off-site vaccination clinic

2. Participate in clinics run by others, such as mass vaccination clinics run by your local Public Health Unit

   If you are interested in administering the COVID-19 vaccine, visit the Ontario matching portal to apply

3. Identify your eligible patients

   - Understand who is eligible to receive a vaccination in your Public Health Unit.
   - Review CEP's information on identifying eligible patients, including resources for how to leverage your EMR and suggestions for how to contact them.
   - You may choose to provide a list of your eligible patients to your local Public Health Unit (there is no billing code for providing this service).

4. Book appointments for patients at other clinics, such as those run by Public Health

   Some patients may benefit from support in registration/booking of vaccine appointments. If Public Health has provided you with a formal request in writing, this work may be billable (refer to the OMA COVID-19 billing codes summary).

5. Support patients with documentation (e.g. consent forms) required for vaccination

   Some patients may benefit from help completing the COVID-19 vaccine consent form. If Public Health has provided you with a formal request in writing, this work may be billable (refer to the OMA COVID-19 billing codes summary)

6. Counsel patients

   As a physician, you have a central role in encouraging vaccine confidence.

   o Access tips and resources on CEP's section on ensuring patient confidence in vaccines
   o Refer to the OMA Vaccine Hesitancy toolkit
   o Depending on how this counselling is provided, it may be a billable activity (refer to the OMA COVID-19 billing codes summary)

Appendix A: Financial implications of vaccinating in your practice

While vaccinating can be extremely rewarding and beneficial for staff morale, it is important to consider the financial implications on your practice. Use the worksheets below to sketch out the revenue and costs for your approach.

Revenue calculations:

Sole visit	Your Clinic	Example
a) Hours of clinic		*3*
b) # of vaccinators		*2*
c) # patients per hour per vaccinator		*10*
d) Per patient rate *Assumes sole visit, G593 + G700, or G593 + Q593*	$18.60	*$18.60*
Total revenue (a x b x c x d)		***$1,116.00***

Clinic overseen by hospital or PHU	Your Clinic	Example
a) Hours of clinic		*3*
b) # of vaccinators		*2*
c) Hourly rate (after hours, weekends) *Assumes H410 sessional fee, valid 5pm-7am M-F, Saturday, Sunday and holidays* *H409 $170/hr is available for M-F 7am-5pm*	$220.00	*$220.00*
Total revenue (a x b x c)		*$**660.00***

For more on COVID-19 billing codes, refer to the OMA COVID-19 billing codes summary

See next page for cost calculations

Cost calculations

If you are running the clinic outside of office hours or as a standalone off-site clinic event, consider:

Costs			
Planning staff	# of hours	Hourly rate	Total cost
Immunization clinic lead (plans scope, estimates capacity, etc.)			
Pre-visit navigator/visit scheduler: reaches out to orient patients and book them into the clinic			
Supply organizer: ensures all supplies are ready prior to each clinic (e.g. vaccine doses, PPE, etc.)			
COVax training			
Sub-total planning staff (= A)			
Day of staff	# of hours	Hourly rate	Total cost
Clinical staff (immunizers, observers)			
Administrative staff (check-in, documenters, check-out)			
Support staff (symptom screeners, wayfinders, exam room/station cleaners)			
Security			
Sub-total day-of staff (= B)			
Supplies	Qty	Cost per unit	Total cost
Signage			
Medical supplies			
Internet costs (if tethering offsite)			
Space rental (if applicable)			
Other			
Sub-total supplies (= C)			
Total Cost (add A + B + C)			