COVID-19 Immunization Strategy: The Primary Care Partnership Arm

KFL&A Public Health

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The purpose of this document is to provide a summary of the partnership between Kingston, Frontenac, and Lennox & Addington Public Health (KFL&A PH) and the Primary Care sector currently operating as one arm of a diversified COVID-19 mass immunization strategy across the region. This document builds on Ontario's Vaccine Distribution Implementation Plan.

KFL&A Community Snapshot

KFL&A Public Health serves three municipal organizations (the City of Kingston, the County of Frontenac, and the County of Lennox & Addington) with a total population of 209, 023 (2018) and land area of 6600 square kilometers. Most of the population resides within the City of Kingston (65%), with the balance split equally between the two counties. Approximately 20% of the population is age 65 years and older, making the population in the region older than the Ontario population with a median age of 44.5 compared to 41.3 (2016 Census). 97% of residents are Canadian citizens, 11% are immigrants, and 7% are visible minorities. Nearly 40% of the population has moved within the past five years, half of those being migrants. 96% of the population identifies that English is the language most often spoken at home, with French at 1% (compared to 2% of Ontarians). The most common other languages spoken at home are Portuguese and Mandarin. About 4% of the population identifies as Indigenous.

KFL&A Primary Care Snapshot

There are approximately 181 Family Physicians/General Practitioners located in the Kingston region and 36 in the Frontenac, Lennox and Addington region. Additionally, there are nurse practitioners and other allied health professionals. Primary care models in the region are comprised of solo practitioners, Family Health Teams, Community Health Centres, and Family Health Organizations.

A Primary Health Care Council of Southeastern Ontario meets weekly to discuss ways to improve communication, integration, and quality of care in the South East LHIN. The Primary Health Care Council is comprised of recognized primary care leaders and stakeholder organizations from across the LHIN, including Dr. Kieran Moore, the KFL&A PH Medical Officer of Health, as the representative for Public Health. The Primary Health Care Council is also part of the Frontenac, Lennox & Addington Ontario Health Team (FLA-OHT) linking with other community health partners.

Recruiting the Primary Care sector for the COVID-19 Immunization Strategy

KFL&A Public Health quickly mobilized existing primary care relationships through the Primary Health Care Council to establish a key partnership with the FLA-OHT to support the local immunization strategy.

Many regional primary care providers were eager to be part of local vaccination efforts, but the current climate of restricted COVID-19 vaccine allocation necessitated KFL&A PH limit partnerships to specific pilot sites. Several criteria combined to guide the selection of pilot primary care partners:

- site selection needed to enhance geographic access to vaccine clinics, particularly in rural remote regions, and areas with greater material and social deprivation;
- many primary care partners worked previously with KFL&A PH to conduct mass Influenza clinics;
- primary care partners with large patient rosters (e.g., FHTs) were considered to best meet provincial priority population phase 1 and 2 roll outs, particularly age priority populations and

high-risk health conditions populations, as they also had the human health resource capacity to run mass clinics;
- primary care partners who were engaged and willing to operate as local champions for their own clinics, as well as other primary care clinics across the region, have become a tremendous asset to the collaborative effort.

Currently there are nine primary care clinics operating as part of the KFL&A immunization strategy. They also collaborate to share best practices and organize within the larger primary care group.

Connection between Primary Care and Public Health

The KFL&A PH internal vaccine strategy committee Lead acts as point of contact and connection with the Regional Immunization Task Force (Ontario Health/Kingston Health Sciences Centre/Ontario Health Team/local PHUs). Operational Leads within the KFL&A PH internal vaccine strategy committee have acted as key points of contact with select primary care leads and there is a dedicated operational lead for primary care partnerships. Regular updates are also provided through the Partner Liaison role to bring the perspectives of partners and coordinate partner agency efforts to the wider primary care field in the region with routine weekly updates.

Importantly, KFL&A PH has established a role, a primary care liaison, who is a public health nurse (PHN), to coordinate the onboarding and support of the primary care clinics as part of the wider KFL&A immunization strategy. Currently, the role operates as a part time position, but we anticipate as more vaccine becomes available, and additional clinics are brought on board, the position will command full time attention. An administrative position has also been designated to provide inventory reconciliation, vaccine handling, and COVax onboarding support.

Onboarding

Once a primary care partner has been identified and agrees to participate in the local strategy, the PHN liaison connects with the primary care clinic lead with an invitation via email to participate in a virtual onboarding meeting. Items discussed and reviewed at the onboarding meeting include:

- COVax training and user registration (how and when)
- Resources and expectations
- Vaccine preparation and storage
- Project flow
- Clinic plans

An onboarding package comprised of vaccine handling resources, the COVax user load template, and inventory tracking resources is sent to the primary clinic.

Most primary care clinics sign a memorandum of understanding before proceeding with training, logistics and implementing clinics, though this has not been consistently applied.

Practices are offered the opportunity to attend one of the KFL&A Public Health mass immunization clinics to observe flow and vaccine preparation prior to launching their own clinic.

A final readiness meeting is scheduled prior to the clinic start to ensure all pieces are in play and that logistics of the clinic are ready for implementation.

Logistics and Operations

Though primary care partners are using COVax for vaccine clinic operations, scheduling appointments is done through KFL&A Public Health clinic booking systems or electronic medical records already in use by the primary practice. Client booking is conducted over the phone by primary care clinic staff or through distribution of an appointment booking link Many primary care clinics partnering with the vaccine strategy are limiting client bookings to patient rosters, however, there have been a few who have opened up appointments to eligible people in the wider community through word of mouth or local communication efforts (e.g., local newspaper, local social media, KFL&A Public Health call centre). This has been particularly effective in rural remote regions, despite limited vaccine supply and allocation to these sites.

Vaccine delivery and supplies varies across sites; sometimes KFL&A PH will arrange to deliver vaccine to the clinic location, other times the primary care lead will arrange to pick up vaccine from the main KFL&A PH office location.

To ensure sufficient physical distancing and infection prevention and control measures are in place, most primary care partners have worked with regional municipal and community leaders to secure adequate space in a central community location (e.g., a banquet hall, community legion, fire station etc.).

Primary care clinic partners are running vaccine clinics on top of their regular clinic workloads. To best manage this balance, most clinics have opted to run pop-up mass immunization clinics to vaccinate several hundred people in one day (e.g., 200-500 people). Usually, the pop-up clinic is scheduled every two weeks for each primary care partner. This model has varied by clinic. For example, two Family Health Teams have come together to run a mass immunization clinic in a rink space three times a week. KFL&A Public Health provides the space rental, cleaning, and IT support to this site. Another Family Health Team receives a weekly allocation and divvies it across five days of regular clinic operations (e.g., receives 100/week and vaccinates 20 people each day over five days).

Primary clinics have adapted different operational models, depending on comfort, preference, and community space. Many clinics have implemented the stationary client model (the “Grey Bruce” model where a client remains stationary in a chair and the immunizer and a scribe move along a row of clients while the client remains seated for the observation period). Others have implemented the traditional model whereby a client moves through various clinic stations from screening through registration, through vaccination, through observation, and then exit. One primary care partner has implemented the drive through model at various central outdoor locations.

All primary care vaccine clinics operate using their own staff and community volunteers they have organized themselves. Public health usually provides a clinic lead and a vaccine preparation lead to support first time clinics. Once primary care clinics are established, this shared public health support is tapered. KFL&A PH also supports daily reconciliation of doses for accountability and Ministry of Health reporting purposes.

KFL&A PH is the authorizing organization for vaccines. Until now, primary care clinics have been allocated Moderna and AstraZeneca vaccines, reducing the need for reconstitution on site (an extra step). We are exploring allocation of Pfizer vaccines; several primary care partners are scheduled to

observe one of the KFL&A PH-run mass immunization sites to assess whether Pfizer could work with their own clinics.

Most primary care clinics are using G-codes for billing as opposed to mass immunization H-codes.

Lessons learned

The regional partnership between primary care and public health has been an excellent means to penetrate our rural remote regions and support our equity-based allocation strategy. Leveraging existing relationships is a key to success and identifying a few champions in the primary care community to use as pilot sites.

Though onboarding can be intensive, once the partnership capacity is built, the operational partnership is sustained.

The support of a public health vaccine clinic lead nurse and a vaccine preparation nurse on site, especially for the first primary care-run vaccine clinic, builds confidence, ensures clinic efficiency, and provides quality assurance.

The primary care sector has become a valuable community of practice, helping to support the engagement and training of additional primary care partners across the region and beyond.

Inventory reconciliation remains the main outstanding challenge. Through online reporting tools this challenge is being overcome, however, remains the most labour-intensive part of this arm of the immunization strategy. This could potentially be mitigated by having primary care as their own authorizing organizations and accountability measures with primary care to ensure appropriate inventory reconciliation.

Future outlook

Anticipating we will be living with COVID-19 for some time, and with the hope that the threat is reduced to another seasonal ailment with which to contend, similar to Influenza, public health primary health care partnerships will spearhead sustainable immunization solutions for our communities. Though mass immunization clinics get the job done under pandemic situations, integration of regular vaccine schedules through primary care and other partners, will help keep the people in our communities, as well as the health system, healthy and well.