

# Ontario Health (Central Region)

## PROPOSAL FOR PHASE 2 POPULATION PRIMARY CARE VACCINE DISTRIBUTION

JANUARY 18, 2021

Primary Care Council

DR,



**Ontario Health**  
Central

# Purpose of proposal

- To support the leadership of the Public Health Units for Phase 2 and 3 of the vaccination strategy.
- To propose a **standard model for Primary Care** in vaccine administration.
- To outline a Primary Care “hub” model for **local centralized** immunization designed on a population health management model.
- To articulate the **logistical details** needed for Primary Care to achieve readiness and carry out the immunization program.
- To ensure priority Phase 2 populations, including those in high risk congregate settings, **are identified, counselled and have easy access** to the covid immunization through their local Primary Care providers.
- To build on the **current structures and strengths** of Primary Care in screening and immunizations

# Ontario has started to roll out its 3-phase vaccine plan

## Phase 1

**Timing:** December 2020 to March 2021

**Who will be vaccinated:**

Early doses will be available for:

- Residents, staff, essential caregivers (including family caregivers) and other employees in **congregate living settings for seniors**
- Health care workers, including hospital employees, staff who work or study in hospitals and health care personnel
- Adults in First Nations, Métis and Inuit populations
- Adult recipients of chronic home health care

## Phase 2

**Timing:** March to July 2021\*

**Who will be vaccinated:** ~8.5 million people\*\*

- Older adults, beginning with those **80 and older** and decreasing in five-year increments over the course of the vaccine rollout
- People who live and work in **high-risk congregate settings** (for example, shelters, community living)
- **Frontline essential workers**, including first responders, teachers and other education staff and the food processing industry
- Individuals with **high-risk chronic conditions** and their caregivers
- Other populations and communities facing **barriers related to the determinants of health** across Ontario who are at greater COVID-19 risk

## Phase 3

**Timing:** August 2021 and beyond\*

**Who will be vaccinated:** Remaining Ontarians in the **general population** who wish to be vaccinated.

The ethical framework, data and available vaccine supply will help to prioritize groups in this phase.

**Vaccines will not be mandatory, but are strongly encouraged to obtain herd immunity**

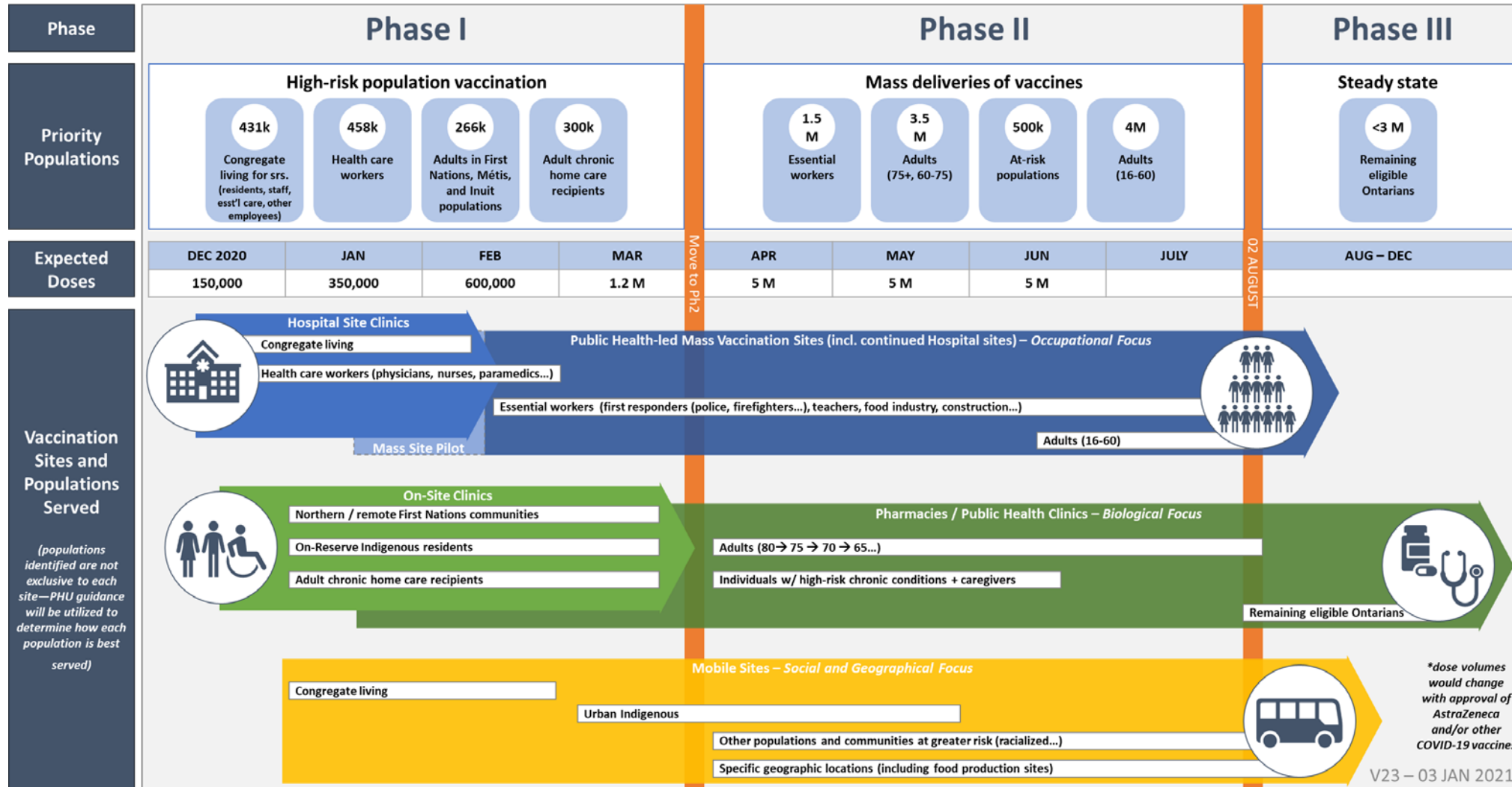


**WE ARE  
PLANNING  
FOR PHASE 2**

# Each Public Health Unit, in collaboration with partners, is developing their phased, local distribution plan

**DRAFT**

## COVID-19 Vaccine Distribution Plan For deployment of Pfizer and Moderna vaccines\*



Will include governance / responsibility chart

o Health

\*dose volumes would change with approval of AstraZeneca and/or other COVID-19 vaccines  
V23 – 03 JAN 2021

# Why a Phase 2 COVID-19 vaccine strategy needs Primary Care

**Problem statement:** Ontario's Phase 2 vaccination strategy has an aggressive target to vaccinate large and specific segments of the population in a short period of time.

- **Size and scale:**

Vaccinating the ~8.5 million people in Phase 2 against COVID-19 will require greater resources than those of the local Public Health Units and hospitals combined.

- **Trust:**

There is research reporting a decreasing interest in getting the COVID-19 vaccine.\*

- **Population management:**

Phase 2 will require complex segmentation of the population, including by age, occupation, health status / diagnosis, and social determinants of health. Tracking patients who have yet to receive the vaccine in the high risk groups is necessary to ensure opportunities for targeted communication, motivational interviewing and other high intensity outreach strategies

# Why a Phase 2 COVID-19 vaccine strategy needs Primary Care

**Behavioural science identifies strategies that increase vaccine uptake include:**

- **Enabling environments**

Local, familiar, variety of times, easy scheduling, pleasant comfortable experience where they can ask questions

- **Social influences**

Encouragement from people they trust and respect, visible promotion of and exposure to others who have been vaccinated, promotion by somebody who has received the immunization

- **Motivation**

Clear facts and time to ask questions, motivational influencing to identify underlying hesitations and potential regrets

# Why a Phase 2 COVID-19 vaccine strategy needs Primary Care

**Solution:** Include primary care providers in the Phase 2 COVID-19 vaccine strategy as **vaccinators** and **educators**.

- **Size and scale:**

Primary care oversees the health care of >95%\* of people in our Central Region, are geographically distributed to provide convenient locations for administering the COVID-19 vaccine, and are highly experienced in the logistics of vaccine delivery.

- **Trust:**

Primary care providers in the community have trusted 1-on-1 relationships with their patients. Physicians are reported to more likely accept the vaccine, and promote the vaccination. They are also skilled in motivational interviewing and are trusted and respected, to create an environment that encourages vaccination.

- **Population management:**

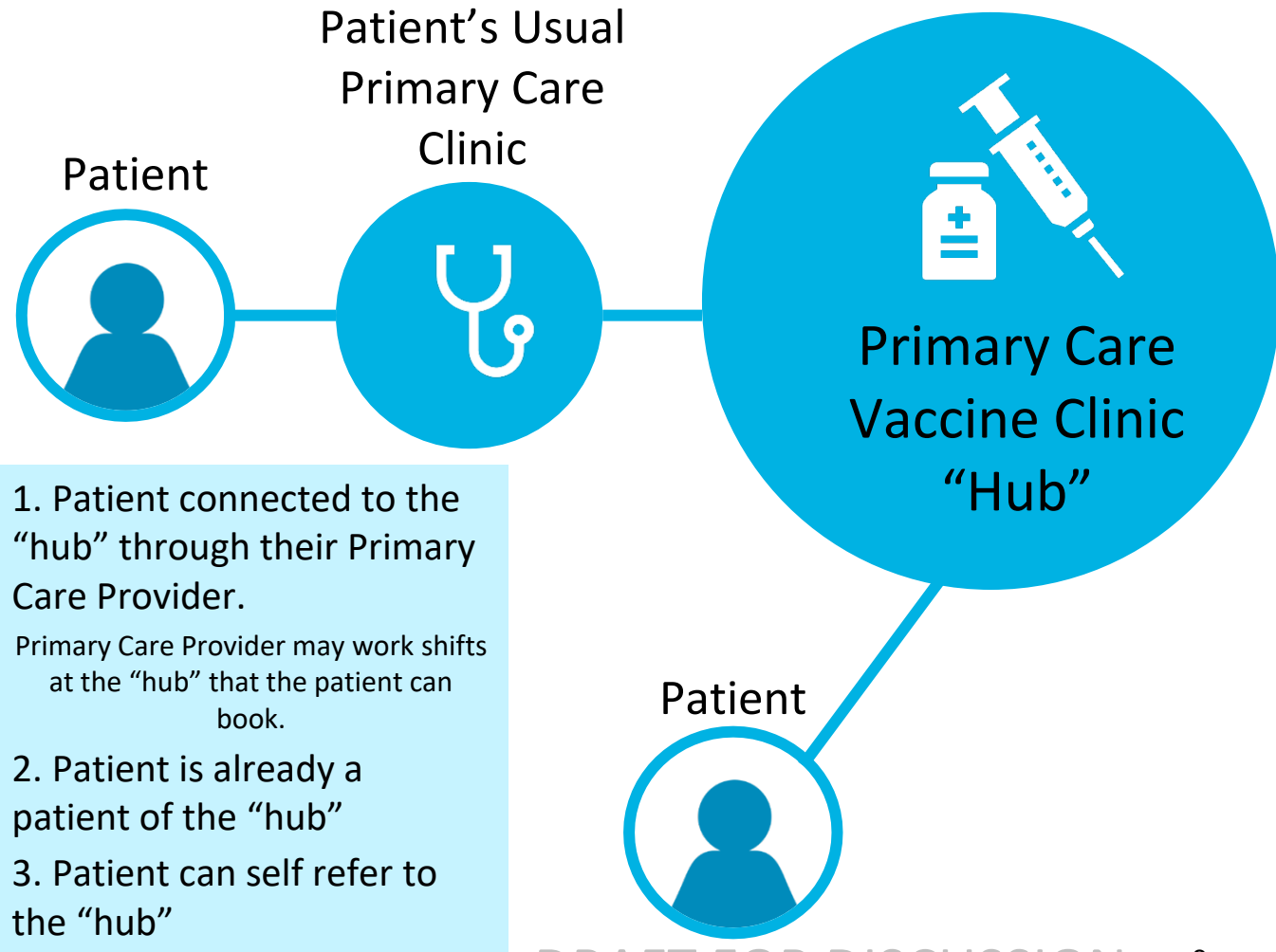
Primary care can lead a targeted vaccination approach. They can segment their population based on EMR health data to target those with high-risk chronic conditions, and other vulnerable populations. They can target communications to these specific sub-groups to ensure everyone gets vaccinated.



# Model for Primary Care vaccine clinic “hubs”



- Goals of volume, speed, simplified logistics, data tracking, reporting, and follow-up
- Maintain strength of the patient-physician relationship
- Larger scale sites can achieve easier workflow, storage, reduce wastage and spoilage, streamline booking and have added resources and training on COVacs data system
- Each Primary Care hub will coordinate any targeted outreach activities, such as a mobile team or high intensity community initiative to service specific sub-populations
- Leverages OHT geography, working through primary care leadership in each area. Single point of contact for each PHU to work with to reach the primary care sector in their community





# To get ready, Primary Care needs to create a detailed logistics plan and communicate with their patients

## Phase 1

**Leads:** Public Health, Hospitals

**Timing:** December 2020 - March 2021

## Phase 2

**Leads:** Public Health, Hospitals, Primary Care, and others

**Timing:** March to July 2021

**WHAT PRIMARY CARE  
NEEDS TO BE DOING NOW**



**1. Detailed  
logistics plan**



**2. Communications  
campaign**

# Model for Primary Care vaccine clinic “hubs”



## Enablers:

- Areas that are well served with larger primary care clinics, existing ILI clinics or assessment centres that can be easily converted to COVID-19 vaccine clinics
  - “Hubs” best suited are larger clinics to manage IPAC for a critical mass of people; complexity of logistics/resources/training make it challenging for small
- Primary care physicians/NPs are already linked to “hubs” (e.g., IPCTs – larger clinics that serve as a centralized place)
- Established local relationships across sectors, and ability to coordinate at the local level (e.g., OHT tables)
- Access to high quality data on populations within the Phase 2 sub-group

## Barriers:

- Tension with Primary Care providers connecting their patients to an outside vaccination clinic
- Staffing supports
- Liability and legal concerns
- Physician billing challenges

# Model for Primary Care vaccine clinic “hubs”



## Design Principles

- Led by Public Health, operated by Primary Care
  - Hubs would be accountable to their local public health units
- Maintain primary care relationship with patient at the centre
  - Identification, communication, education, questions/answers
- Centralize operations for efficiency to meet volume and speed
  - Single site for vaccine delivery and added supplies, COVacs training, staffing, IPAC management
- Monitoring and follow-up
  - Consolidated data tracking to identify those not yet vaccinated to establish targeted outreach

# Roadmap to success



## GOVERNANCE

Public Health Units work with Primary Care leadership to develop a **governance structure, as well as roles and responsibilities** around the Phase 2 vaccination program

## PARTNERSHIP & ENGAGEMENT

Public Health Units establish a **local committee on Phase 2 prioritization** that include diverse views from affected parties and groups to inform local decision-making. Existing tables (e.g., OHTs) will be leveraged.

Benefits include combining strength of all partners to build trust, open additional communications and promotion channels and engaging with targeted populations.

## HUB IDENTIFICATION

Local Primary Care leaders will work with partners to identify Primary Care “hubs” within an OHT geography.

Population health data will be used to inform site selection, to support the comprehensive servicing of the Phase 2 population, with a focus on vulnerable and high-risk Phase 2 populations within the community.

## POPULATION SEGEMENTATION

Each local Primary Care “hubs” will work with their Public Health Unit to identify prioritize sub-populations within Phase 2 (approach will be “local adaptation with provincial oversight.”)

A Sequencing Strategy Task Force can be established to facilitate decision-making.

The task group can help facilitate decision-making of the sequence (order) of the rollout of the vaccine over time to promote consistency, stewardship, accountability and public trust.









## PROMOTION OF VACCINE UPTAKE

A population health approach will be taken, leveraging the expertise and data from local Primary Care physicians.

Each Phase 2 sub-population will be quantified, so that we know how many and which local groups of people are and are not being vaccinated.

Targeted outreach and promotional campaigns will be developed to address vaccine uptake with those specific local groups.

# Phase 2 Roles and Responsibilities

ROLES	 PUBLIC HEALTH UNITS	 PRIMARY CARE HUB *	 PC MOBILE TEAM	 HOSPITAL	 OHT	 OH CENTRAL REGION	 MINISTRY OF HEALTH	 OTHER PARTNERS
RESPONSIBILITIES	<ul style="list-style-type: none"> <li>• <b>Lead local Phase 2 vaccination programs, including a public communications campaign,</b> working with Primary Care, hospitals, and other partners from health and municipal sectors; Conduct vaccine prioritization based on local context.</li> <li>• PHUs should establish <b>committees on prioritization as outlined by the province</b> that include diverse views from affected parties and groups to inform local decision-making.</li> <li>• With Primary Care leadership, <b>confirm selection criteria and identification</b> of Primary Care “hubs” within each OHT geography.</li> <li>• <b>Work with Primary Care “hubs”, MOH, and hospitals</b> around the population segmentation, vaccine logistics, data tracking, reporting, and follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• Working with Public Health and hospitals (e.g., at OHT tables), each Primary Care “hub” will <b>lead the local vaccination of the Phase 2 population</b> within their OHT geography</li> <li>• Each “hub” will take the lead on <b>identifying the patients applicable in Phase 2 sub-populations</b>, with the support of Public Health, hospitals, and MOH</li> <li>• Each “hub” will develop a <b>detailed logistics and communications plan</b> vaccinating their Phase 2 population</li> <li>• Each “hub” will coordinate the <b>operations of mobile vaccine teams, as well as other high intensity community initiatives</b> to vaccinate the entire Phase 2 population</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care mobile teams will be operated out of the Primary Care “hubs” to serve specific segments of the Phase 2 population (e.g., shelters, home bound patients)</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in the cross-sectoral committee on vaccine prioritization (e.g., OHT table)</li> <li>• Support and facilitate operations where requested (e.g., mobile teams) and develop enabling policies and strategies to support staff to get their immunization.</li> <li>• Lead the rapid credentialing process for Primary Care physicians working at the “hubs” or on the mobile teams who are not affiliated with the hospital (for billing purposes)</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinates broad communication of information with Public Health and partners.</li> <li>• Consolidates readiness checklists and triages Primary Care “hub” proposals so that are ready for Public Health decision.</li> </ul>	<ul style="list-style-type: none"> <li>• Support vaccination program coordination with local OHTs / health system partners.</li> <li>• Facilitates and reinforces key messages</li> <li>• Point of escalation for primary care</li> <li>• Facilitates sharing and learning across hubs through the Primary Care Council</li> </ul>	<ul style="list-style-type: none"> <li>• Set priorities and targets, support healthcare system implementation.</li> <li>• Provide data on population segmentation by occupation, social determinants of health, etc. (data available only through MOH).</li> <li>• Ongoing improvement of the COVax data tracking system.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with Public Health, Primary Care “hubs”, and OHT tables to support vaccination of the Phase 2 population.</li> </ul>





# 1. Detailed logistics plan

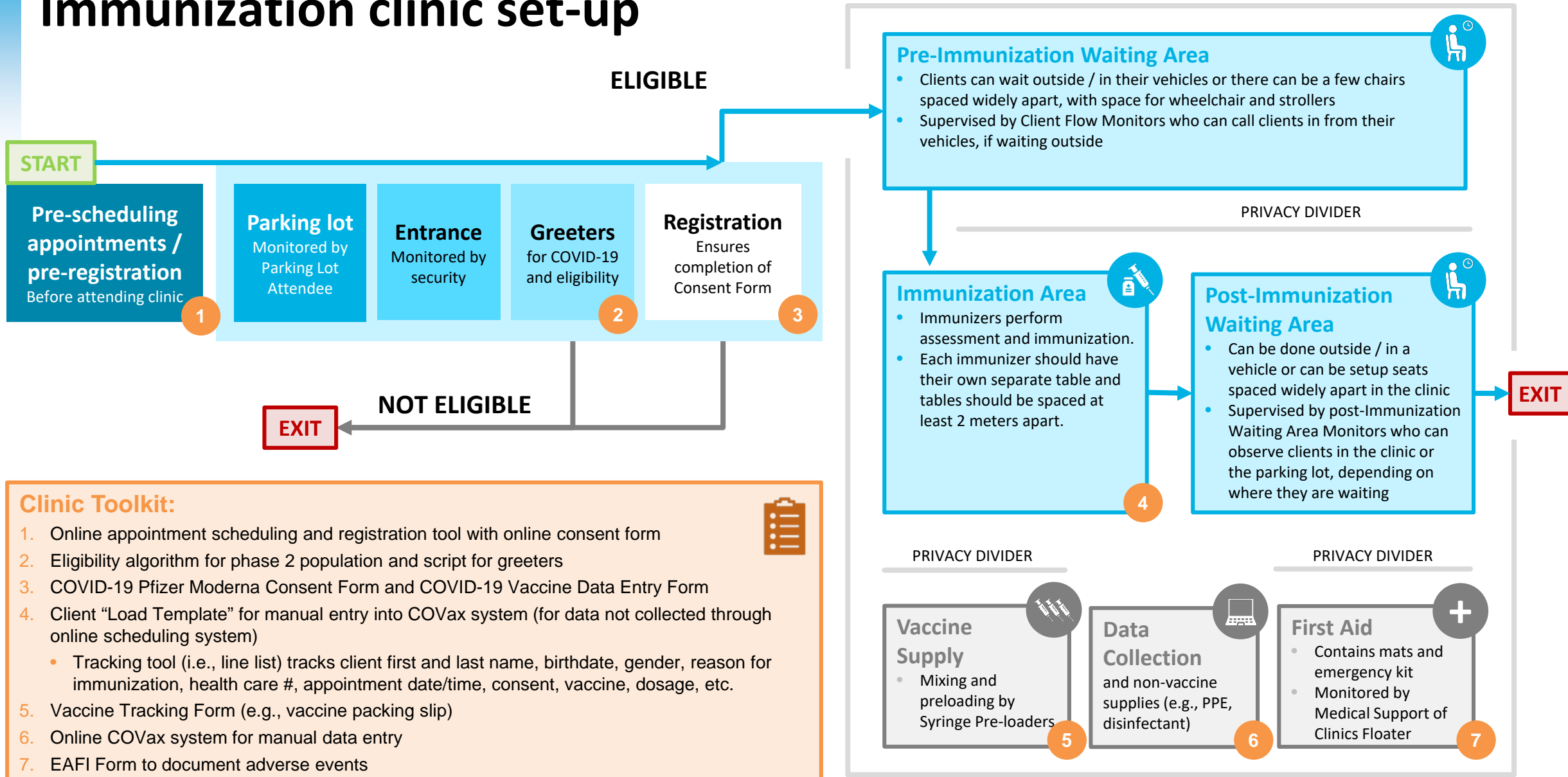
# Detailed logistics plan for the hub



## A detailed logistics plan will be needed, that includes:

- **Staffing:** RN/ RPN delegable task, MD onsite for counselling and adverse reactions
- **Hours:** scheduling flexibility and ease is important (8 am – 8 pm, online booking)
- **Appointment booking:** online or phone booking is important
- **Volume:** goal is to have all willing Ontarians vaccinated by Sept 2021
- **ID check and data entry:** training, space, time for data entry
- **Back-up plan for “no shows”:** reducing wastage with a back up system for excess prepped vaccine
- **Billing:** H code vs FFS

# Immunization clinic set-up



## Clinic Toolkit:

- Online appointment scheduling and registration tool with online consent form
- Eligibility algorithm for phase 2 population and script for greeters
- COVID-19 Pfizer Moderna Consent Form and COVID-19 Vaccine Data Entry Form
- Client "Load Template" for manual entry into COVax system (for data not collected through online scheduling system)
  - Tracking tool (i.e., line list) tracks client first and last name, birthdate, gender, reason for immunization, health care #, appointment date/time, consent, vaccine, dosage, etc.
- Vaccine Tracking Form (e.g., vaccine packing slip)
- Online COVax system for manual data entry
- EAFI Form to document adverse events





## 2. Communications campaign

## 2. Communications campaign



**A communications campaign will be needed, that includes:**

- **Integration and alignment** with Public Health, hospitals, the media
- **Market segmentation** of local populations to identify those who are vaccine hesitant
- **Targeted communications strategy** – proactive communication from trusted primary care provider, including culturally sensitive and language appropriate communications
- **Channels** include mail-outs/newsletters, website, 1:1 call from physician/staff
- **Equip** primary care providers with relevant key messages, educational materials, and process to reach out to patients about the vaccine (e.g., [Centre for Effective Practice web resources](#))
- **Key messages** include:
  - Why you want the vaccine
  - Vaccine is safe, here is what you should know
  - Still have questions, call me / my staff

# 2. Communications campaign



## Resources:

### Centre for Effective Practice web resources

Resources for Primary Care providers to have conversations with their patients.

- Addressing patient questions about...
- PROTCT PLAN for the COVID-19 vaccine discussion

### 19 to Zero

19 To Zero is leading the CONVINCe Canada Campaign (COVID-19 New Vaccine Information, Communication, and Engagement).

- Partner toolkit (media kits)
- Tools and resources for Healthcare Workers

**Answering questions about COVID-19 vaccines: a guide for healthcare providers**

As a healthcare provider, you are likely to be asked about COVID-19 vaccination campaigns. These vaccine conversations are critical to ensure a patient will take you to your role as an extremely important resource in their lives.

**In all patient encounters, communicate that you have already gotten or are planning to get vaccinated.**

**I don't need a vaccine.**

**I am not at risk/COVID-19 isn't that bad.**

**Let's talk about the vaccine.**

**How has the vaccine been developed so quickly?**

**How can the vaccine have been developed so quickly?**

**PrOTCT PLAN for the COVID-19 vaccine discussion**

**What do you think of the new vaccine(s)? Do you think I should get it? Is it safe?**

**Pr**otecting your patients from COVID-19 is your top priority. You want to ensure they are protected from COVID-19 as much as possible.

**O**ffer to get vaccinated with your patients. This is a great way to show your support and to help them feel more comfortable getting vaccinated.

**T**alk to your patients about the vaccine. This is a great way to address their concerns and to help them feel more comfortable getting vaccinated.

**C**onsider getting vaccinated with your patients. This is a great way to show your support and to help them feel more comfortable getting vaccinated.

**T**alk to your patients about the vaccine. This is a great way to address their concerns and to help them feel more comfortable getting vaccinated.

**19 TO ZERO UNITED AGAINST COVID-19**

HOME ABOUT US OUR CHALLENGE TEAM & PARTNERS CAMPAIGNS HEALTHCARE WORKERS LATEST NEWS

**BUILD TRUST. CHANGE BEHAVIOUR. SAVE LIVES.**

19 To Zero is a dedicated team of experts, behavioural economists, and public health professionals working together to understand, engage with, and change behaviour around COVID-19.

**PARTNER WITH US**

**Image Assets - FACEBOOK**

PROFILE PICTURES BANNER

POSTS

COVID Survival Guide COVID Survival Guide COVID is A Bear COVID is A Bear COVID is A Bear

KEEP YOUR DISTANCE



**Please direct questions to:**

**Dr. Mira Backo-Shannon**

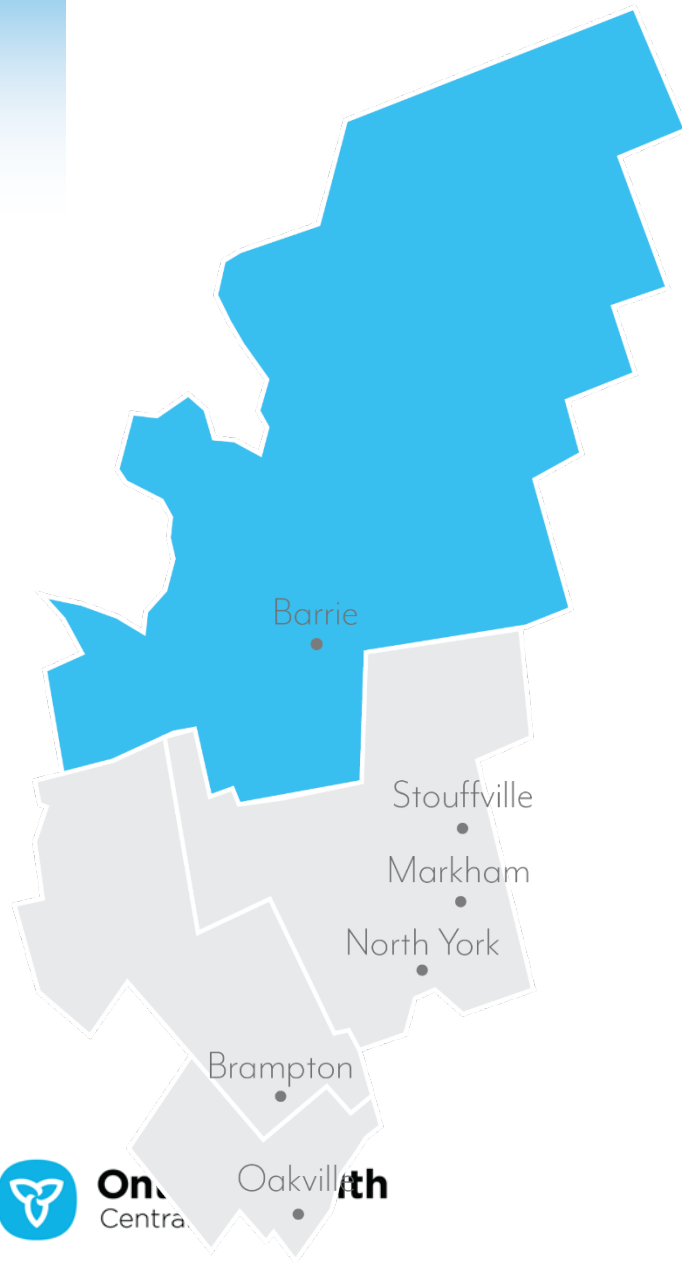
**Vice-President Clinical, Health System Strategy, Integration  
and Planning**

**[Mira.Backo-Shannon@lhins.on.ca](mailto:Mira.Backo-Shannon@lhins.on.ca)**



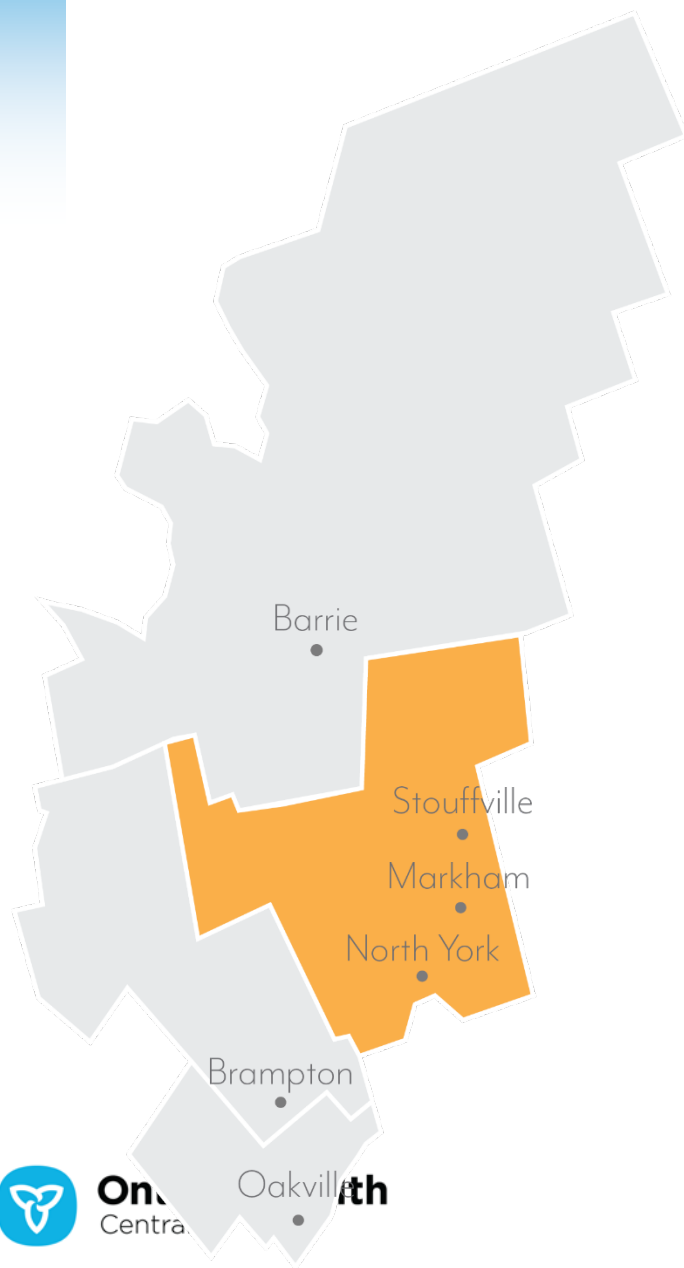
**Appendix:**  
**Estimated # Primary Care Vaccine Clinic Hubs  
Based on Sub-Region Population Size**

# North Simcoe Muskoka



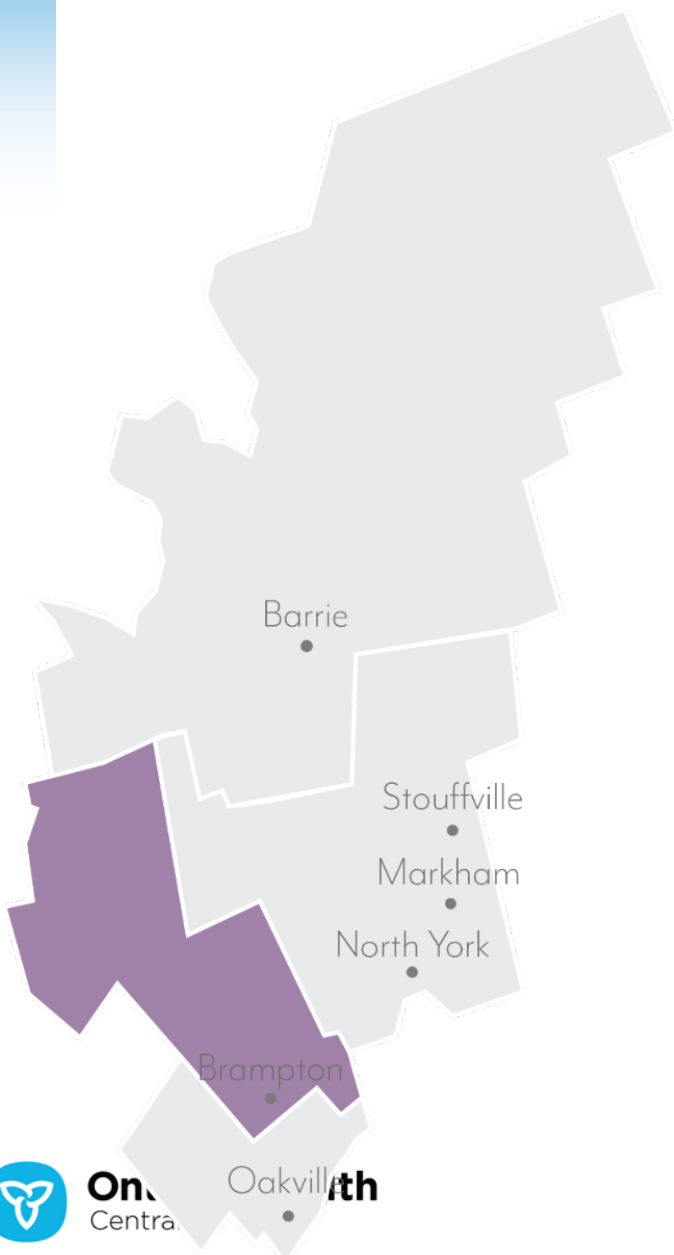
Sub-Region	Population (Census 2016+)	Population (Health card registration*)	# Vaccine Clinic Hubs	OHT	OHT Population (Attributed 2017/18^)	Primary Care Leadership
Barrie and Area	217,348	235,101	4-5	Great Barrie Area OHT (Full Application)	217,000+	<b>Dr. John McKee</b> Barrie FHO; OHT Planning Committee Co-Chair  <b>Dr. Andre Bedard</b> Chief of Family Practice and Barrie FHT
Couchiching (Orillia and Area)	76,045	88,727	1-2	Couchiching OHT	81,000+	<b>Dr. Kim McIntosh</b> OHT Planning Committee Chair; OSMH Program Medical Director  <b>Dr. Becky Vanlerse</b> Orillia Soldiers' Memorial Hospital
Muskoka and Area	60,599	63,126	1-2	Muskoka & Area OHT	64,445^ Entire sub-region, inclusive of the Indigenous population) and 85,000 seasonal residents	<b>Dr. David Mathies</b> OHT Planning Committee Chair; Chair, Algonquin FHT  <b>Dr. Melanie Mar</b> Chief of Family Medicine, HDMH  <b>Dr. Kristen Jones</b> Chief of Family Medicine, SMMH  <b>Leanna Lefebvre</b> Primary Care Lead (NP)
North Simcoe (Penetanguishene, Midland and Area)	48,302	49,227	1	North Simcoe OHT (Full Application)	48,000+	<b>Dr. Hanni Darwish</b> , Primary care lead NSOHT and NSFHT
South Georgian Bay	63,262	73,821	1-2	South Georgian Bay OHT	63,000+	<b>Dr. Harry O'Halloran</b> Part of FHT and key local champion to connect with

# Central



Sub-Region	Population (Census 2016+)	Population (Health card registration*)	# Vaccine Clinic Hubs	OHT	OHT Population (Attributed 2017/18^)	Primary Care Leadership
North York West	268,216	293,368	5-6	North Western Toronto OHT	268,000+	<b>Dr. Art Kushner</b> HRH Chief of Family and Community Medicine; Lead Physician, Humber River FHT
North York Central	384,478	406,555	7-8	North York OHT	384,000+	<b>Dr. David Eisen</b> NYGH Chief of Family and Community Medicine, and Program Medical Director  <b>Dr. Ann Li</b> NYGH Lead for LTC, Department of Family and Community Medicine  <b>Dr. David Kaplan</b> Family Physician at NYGH; Chief, Clinical Quality at Ontario Health
Eastern York Region	374,803	404,826	7-8	Eastern York Region & North Durham OHT	375,000+	<b>Dr. Emilie Lam</b> Physician with MSH; OHT Planning Committee Co-Chair  <b>Dr. Allan Grill</b> MSH Chief of Family Medicine; Lead Physician, Markham FHT
Western York Region	494,792	543,260	10-11	Western York Region OHT	495,000+	<b>Dr. Lori Di Santo</b> OHT Primary Care Lead  <b>Dr. Jack Moussadji</b>
Northern York Region	209,339	238,471	4-5	Southlake Community OHT	209,000+	<b>Dr. David Makary</b> SRHC Chief of Family Medicine and OHT Physician Lead
South Simcoe	81,336	97,620	1-2	South Simcoe OHT (In Development)	81,000+	<b>Dr. Shazia Ambreen</b> SMH Chief of Family Medicine

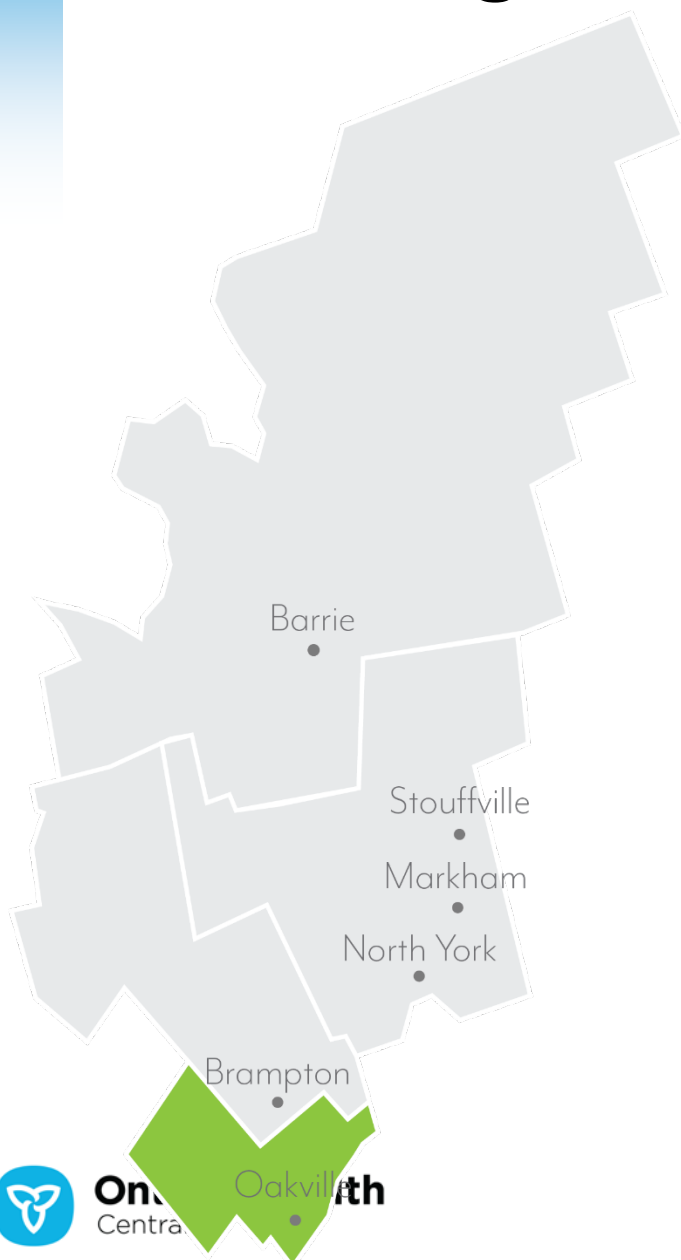
# Central West



Sub-Region	Population (Census 2016+)	Population (Health card registration*)	# Vaccine Clinic Hubs	OHT	OHT Population (Attributed 2017/18^)	Primary Care Leadership
Bolton-Caledon	38,478	41,469	1	Hills of Headwaters OHT	113,000+	<b>Dr. Amy Catania</b> Chief of Family Medicine and Co-Chair Physicians Association  <b>Dr. Mercedes Rodriguez</b> Co-Chair Physicians Association
Dufferin and Area	74,303	86,990	1-2			
Bramalea and Area	275,774	317,971	5-6	Brampton, Etobicoke & Area OHT	809,000+	<b>Dr. Brian Klar</b> WOHS Chief of Family Medicine; OHT Primary Care Lead  <b>Dr. Shane Teper</b> Queens Square FHT Physician Lead  <b>Dr. Frank Martino</b> WOHS Chief of Staff; Interim EVP Quality, Medical and Academic Affairs
Brampton and Area	333,320	382,049	6-7			
North Etobicoke, Malton, West Woodbridge	200,365	217,644	4-5			



# Mississauga Halton



Sub-Region	Population (Census 2016+)	Population (Health card registration*)	# Vaccine Clinic Hubs	OHT	OHT Population (Attributed 2017/18^)	Primary Care Leadership
South Etobicoke	116,505	125,985	2-3	Mississauga Health OHT	878,424^	<b>Dr. James Pencharz</b> OHT Primary Care Lead  <b>Dr. David Daien</b> Division Head (Primary Care); MH PCN Board Member  <b>Dr. Sohal Goyal</b> MH PCN Board Chair
East Mississauga	283,509	305,610	5-6			
South West Mississauga	134,520	142,615	2-3			
North West Mississauga	265,100	294,195	5-6			
Halton Hills	61,161	67,974	1-2	Connected Care Halton OHT	397,436^	<b>Dr. Kristianna Martiniuk</b> Primary Care Lead, CCH OHT  <b>Dr. Arieg Badawi</b> Lead, North Halton  <b>Dr. Jim Kovacs</b> HHS Chief of Family Medicine, Oakville  <b>Dr. Markus Schatzmann</b> HHS Co-Chief of Family Medicine, Milton  <b>Dr Craig Carson</b> HHS Chief of Family Medicine, Georgetown
Milton	110,128	129,984	2-3			
Oakville	193,832	221,459	4-5			

# To get ready, Primary Care needs to create a detailed logistics plan and launch a communication campaign

## Phase 1

Vaccine: Pfizer/Moderna

Operations: Hospital

Target Population:

- LTC and congregate setting residents, staff and essential workers
- Health care workers in high risk area

## Phase 2

Vaccine: Pfizer/Moderna

Operations: Primary Care Hubs/Mobile teams/High intensity community initiatives

Target Population:

- Older adults living in the community
- People who live and work in **high-risk congregate settings** (for example, shelters, community living)
- **Frontline essential workers**, including first responders, teachers and other education staff and the food processing industry
- Individuals with **high-risk chronic conditions** and their caregivers

## Phase 3: General population

Vaccine: more stable product ie: AstraZeneca

**Operations:** Public Health, pharmacies, primary care physician offices, hospitals

**Target population:**

- General public who wishes to be immunized with goal of herd immunity attainment (~75% of adults population in Ontario)