

# Vaccine Equity Knowledge Exchange

## Strategies to Engage Medi-Cal Populations

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November 9, 2021  
12-1pm

[Recording link](#)

# Housekeeping

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We encourage you to speak up or chat in responses at any time – we are all learning together.



You're encouraged to turn on video for this meeting



This meeting is being recorded and will be posted on SNI Link. **We will also write up a summary of the webinar and disseminate.**



Materials will be posted on [SNI Link/Coronavirus Resources](#)

# Agenda

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Time	Topic	Lead(s)
4 min	<b>Welcome and Introductions</b>	Giovanna Giuliani
5 min	<b>Results from Updated Data Request</b>	David
80 min	<b>Vaccine Equity Knowledge Exchange</b>	All
1 min	<b>Wrap-up &amp; Announcements</b>	Giovanna

# Updated Data Request

System	Vaccination Rates (% with at least 1 dose)			Data Sources		
	% of MC assigned lives	% of MC lives in county (as of 10/19)	% of all in county (as of 10/19)	CAIR (encounter-level interface)	CAIR (auto-reconciled)	Vaccination status data from plans
Contra Costa	64	64.7	88.1	Yes	Yes	Yes
San Francisco	75.6 (SFHP)/ 66.5 (Anthem)*	72.2	90.3	Yes	Yes	Yes - SFHN/ Anthem
San Joaquin	40.98	48.5	69.3	Working on it with Cerner	Working on it with Cerner	Yes
Santa Clara	69.7	67.9	91.5	Yes	Yes	No
UCI	23	60.2	80.5	Yes	Almost	
UCSD	59.7	57.4	89.2	Yes	Yes	No
Ventura	50	58.3	80.6	Yes	No	Yes - GCHP

\*Note from San Francisco: SFHP data is for eligible patients age 12+. Anthem data is for patients of all ages, regardless of eligibility.

# Themes

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- Compared to the data shared in August 2021, public health care systems' (PHS) assigned Medi-Cal vaccination rates are now closer to or greater than the county Medi-Cal vaccination rates
- PHS continue to work on integrating data from state registries (i.e., CAIR2) into the electronic health record to understand drivers of vaccine hesitancy and target outreach to the remaining unvaccinated
- *Please send us updated vaccination rates if you haven't already*

# Knowledge Exchange

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# Reaching Homebound Individuals

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DHCS has placed a priority on vaccinating homebound individuals. Public health care systems are deploying mobile vaccination teams to reach these groups.

- San Francisco Health Network partnered with Health at Home, a home health agency, to develop one of the first homebound vaccination programs in the county (Dr. Blake Gregory).
- *What other approaches are systems using to reach homebound individuals?*

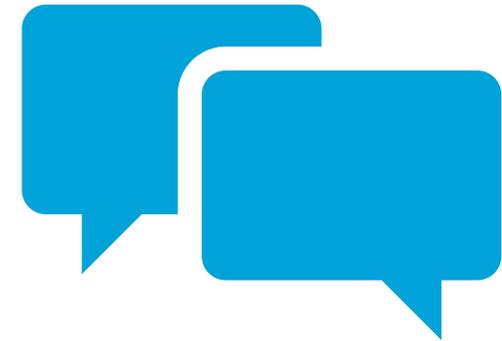


# Messaging Strategies

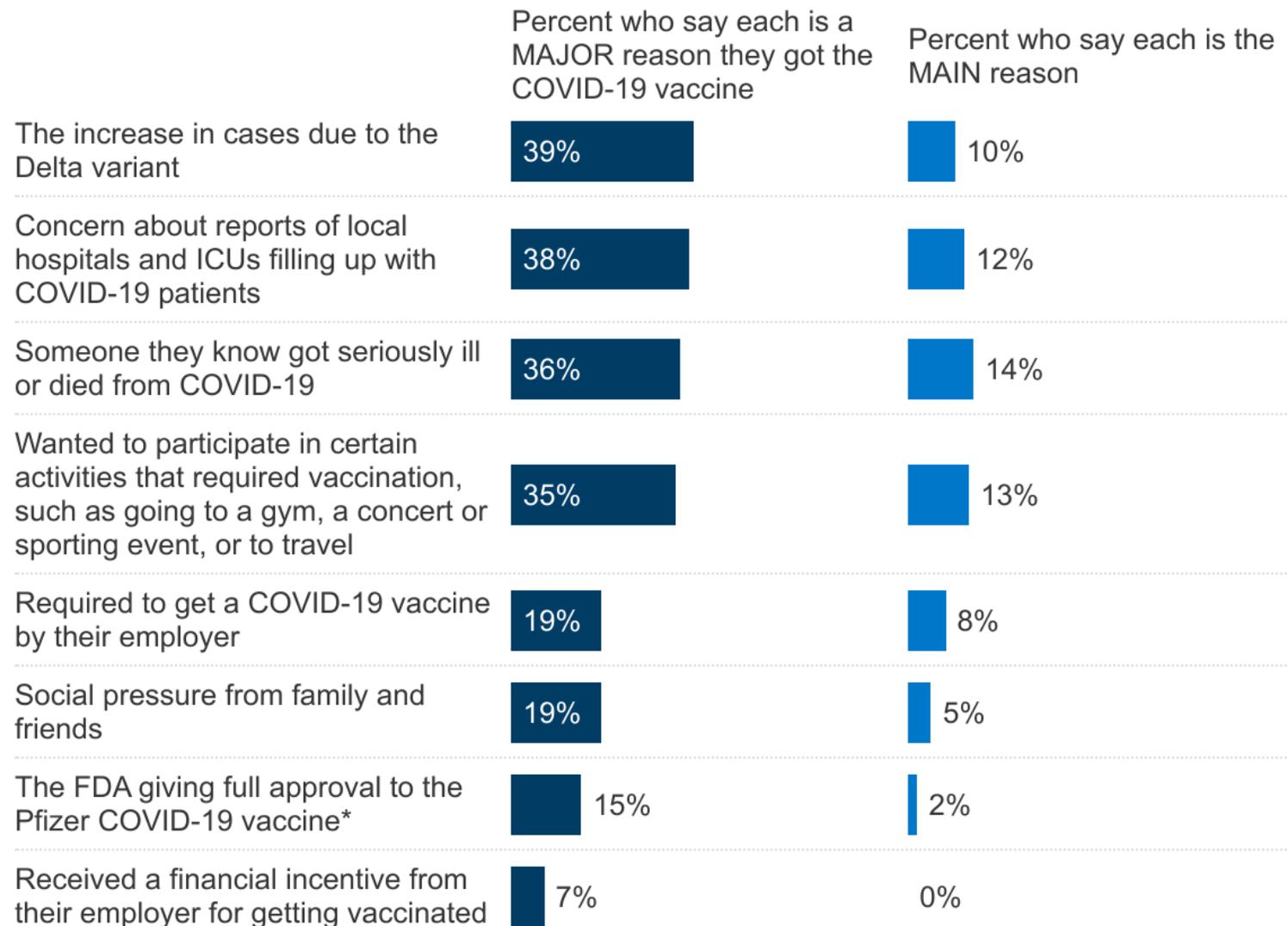
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Over time, public health care systems have developed, tested, and borrowed messaging strategies to engage individuals experiencing hesitation regarding the vaccine. They have learned key lessons on some effective strategies.

- San Mateo Medical Center created a list of messaging strategies that are particularly effective with their patients (Dr. Grace Hassid)
  - *See appendix for the full list of strategies*
- Contra Costa Health Services recently shared findings on financial incentives and public health messaging strategies that were published in the Wall Street Journal (Dr. Rajiv Pramanik)
- In a [recent CAPH blog](#), providers from LA County Department of Health Services shared strategies in motivational interviewing and using patients as trusted messengers to reach their families



# Messaging Strategies (cont'd)



- Kaiser Family Foundation found that the main motivators for getting vaccinated are the surge in cases, hospitalizations, and deaths due to the Delta variant ([source](#))
- *Are your systems including some of these reasons in your scripts/ messaging, such as the risk of variants, the non-health social benefits of vaccination, keeping loved ones safe, or full approval of the Pfizer vaccine? How about engaging patients to speak to their family and friends?*

# Community Engagement

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As cornerstones of their communities, PHS aim to engage their communities in culturally-informed, intentional, and meaningful ways.

- When engaging communities, it's important to also address other issues that are important to community members, such as social injustice (source: Dr. Cameron Webb, [Rafiki Coalition](#))
- UC Davis Health aims for culturally appropriate, community-informed, faith-based partnerships (Khoban Kochai)
- *What learning has emerged in your work over the last several months regarding community partnerships?*



# Vaccine Ambassadors and Trusted Messengers

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PHS have leveraged youth, young adults and other trusted members of the community who can relay language-appropriate, culturally-informed information to their communities.

- Contra Costa Health Services deploys Community Ambassadors and Youth/Young Adult Ambassadors to connect with community members (Dr. Rajiv Pramanik).
- *Do your systems have similar roles to formalize this type of outreach to the community?*



# Inpatient, outpatient and ED In-reach

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Public health care systems are leveraging any touchpoint with their patients, including inpatient, ED, and outpatient visits, to immediately schedule or vaccinate individuals.

- San Francisco Health Network embedded vaccine access into all 14 primary care clinics and developed a “roving” vaccine team to deliver vaccine to patients anywhere at the ZSFG campus (Dr. Blake Gregory)
- *Are systems trying other in-reach approaches to increase vaccinations?*

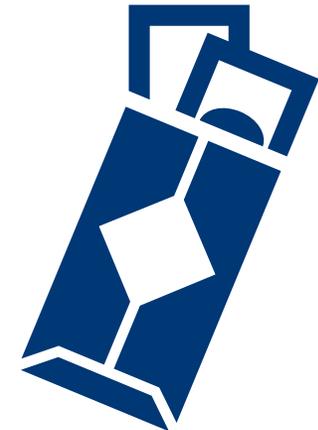


# Partnerships with Health Plans

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On August 6, DHCS announced a \$350 million Medi-Cal Vaccine Incentive Program that aims to boost vaccination rates and allow Medi-Cal managed care plans (MCPs) to earn incentive payments for activities that are designed to close vaccination gaps with their members.

- [Examples](#) on how local health plans are partnering in their communities:
  - Partnership Health Plan held a pop-up vaccine clinic with a grocery giveaway
  - CalOptima and Contra Costa Health Plan offer gift cards and monetary incentives for getting vaccinated
  - CalOptima held a back-to-school vaccine clinic and resource fair with a giveaway for school supplies
- *How have partnerships and activities with your plans evolved in recent months since the Vaccine Incentive Program was implemented?*

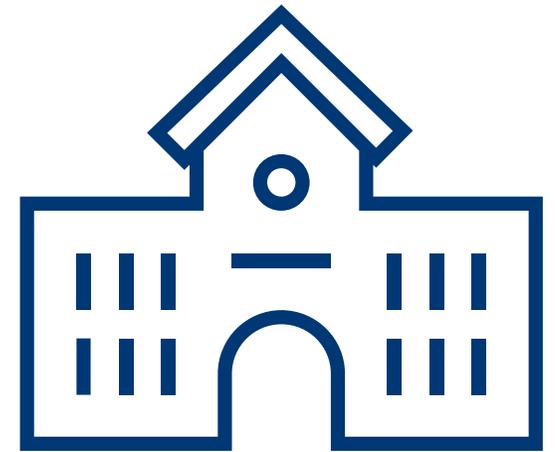


# Vaccinating Children

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As 5-11-year-old children become eligible for the COVID-19 vaccine, PHS are partnering to reach this population.

- Recommendations to promote vaccines among children under 12 (source: [Vaccine Equity Cooperative](#))
  - Partner with schools and school-based clinics, who play a critical role in vaccine delivery
  - Enable a “no wrong door” approach to ensure whole families are vaccinated
- San Mateo Medical Center engaged youth through a Youth Vaccine Campaign (Ava Carter)
- *What other learning has emerged regarding vaccinating children that can apply to vaccinating the newly eligible 5-11 year-olds?*



# Pregnant Women and Post-partum Vaccinations

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PHS are targeting pregnant and new mothers (antepartum and postpartum) for vaccines by centering messaging around the health of their babies.

- Emphasizing the health of the baby during each prenatal visit, every round when admitted to L&D, and at post-partum check-ups seems to be effective, as well as either directly scheduling 2nd doses or providing information on how to get 2nd dose.
- *How are your systems approaching this rounding and messaging to encourage new mothers to be vaccinated?*
- *What strategies and messaging seem to be effective with pregnant mothers?*



# Targeting Engagement for Specific Communities

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PHS are deliberately engaging community partners to craft tailored messages for specific communities.

- Contra Costa Health Services' Historically Marginalized Communities Engagement Unit workgroups meet regularly to focus on engagement of specific populations (Dr. Rajiv Pramanik)
- *PHS have partnered with communities and conducted targeted outreach since the beginning of the pandemic. How are partnerships, approaches, or messaging evolving now that the vaccine has been widely available for 6+ months?*



# Other Discussion Items?

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- How are systems approaching the provision of COVID and Flu vaccines?

# Wrap Up

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# Tell us how we did

Please complete the post-event survey that we posted in the chat. Let us know what suggestions you have for future content!

<https://www.surveymonkey.com/r/vaccineequity1109>



# SNI Link

[safetynetinstitute.org/member-portal/](https://safetynetinstitute.org/member-portal/)

Webinar slides and recording will be posted on [SNI Link/Coronavirus Resources](#)

## Vaccine Equity Resources

### Equitable Distribution of the COVID-19 Vaccine: Recommended Practices

In April 2021, SNI interviewed vaccine leads across public health care systems to identify recommended practices to achieve equitable distribution of the COVID-19 vaccine. SNI summarized the findings in a new report that highlights promising outreach practices, vaccine distribution strategies, tactics to improve operational efficiency, and approaches to increase vaccine acceptance in communities that have been disproportionately impacted by COVID-19. View the [full report](#), [executive summary](#), or the [slides and recording from the accompanying webinar](#).



### Upcoming Webinar

#### **Vaccine Equity Knowledge Exchange: Strategies to Engage Medi-Cal Populations. November 9, 12-1pm**

In this webinar and peer sharing session, vaccine leaders at public health care systems will share promising strategies to increase vaccine acceptance, especially among individuals assigned to their system. The session will address the major strategies being employed by public health care systems, including inpatient and ER in-reach, communications strategies, community and school engagement, and emerging successful partnerships. Participants will have a chance to share their experiences, lessons learned, and ask questions of their peers on each topic. [Register here](#).

### Past Webinars

#### **Vaccine Equity Roundtable: Promising Approaches to Engage Medi-Cal Populations. August 24, 1-2pm**

In this discussion session, vaccine leads from public health care systems discussed barriers to data sharing for outreach to unvaccinated Medi-Cal assigned beneficiaries. Leaders shared promising approaches to navigate these barriers and early successes in conducting outreach to Medi-Cal populations. [View Webinar Slides & Recording](#).

# Appendix

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# Effective Messaging Strategies from SMMC

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- Tapping into or creating a bond of trust by eliminating “judgement” in words or tone when discussing the topic
- Making it clear that you have only the other person’s best interest at heart
- Truly listening, listening respectfully no matter how outlandish the misinformation
- Validating feelings
- Taking adequate time, rushing gets you nowhere!
- Digging deeply into reasons for hesitancy, there is often more than one so you will not be successful unless all are shared and addressed.
- Realizing you may need more than one or many conversations with the same person
- Being completely informed about the topic, get all the facts at your fingertips to gently replace mis-conceptions
- Have simple clear slides on your phone to share if wanted or needed to make a point, e.g. rates of hospitalization or mortality between vaccinated and unvaccinated
- Know the history of the development of the vaccines since synthetic mRNA was discovered by Katalyn Krakow in early 1990’s
- Explain briefly but clearly the way vaccines are determined to be safe and effective with the unprecedented thousands of people who volunteered for the trials
- Explain the VAERS and V-safe process in how safety data are collected and validated to allay fears of mortal side effects
- Keep collecting reasons people are refusing the vaccines so a thoughtful response can be developed to each reason one hears

# Updated Data Request

System	Vaccination Rates (% with at least 1 dose)			Data Sources			Can you use data sources to create targeted outreach lists? (Y/N)	Describe data mismatch issues	Additional notes or roadblocks
	% of MC assigned lives	% of MC lives in county (as of 10/19)	% of all in county (as of 10/19)	CAIR (encounter-level interface) (Y/N)	CAIR (auto-reconciled population data) (Y/N)	Vaccination status data from plans (Y/N)			
Contra Costa	64	64.7	88.1	Yes	Yes	Yes	Yes	Mismatches in address and names (especially for patients with two last names) in CAIR vs Eligibility vs Epic has been identified as key issue. Out of county vaccinations also playing a role in incomplete matching.	Match empaneled patients against CAIR/SnowFlake daily to pull this information and update Epic.
San Francisco	75.6 (SFHP) */66.5 (Anthem)**	72.2	90.3	Yes	Yes	Yes - SFHN/Anthem	Yes	Data match with Anthem shows 30% error rate compared to internal audits (i.e. 30% of patients in Anthem's unvaccinated list have actually been vaccinated according to internal records). Data match with SFHP is 100% accurate compared to internal audits.	Receive weekly data extracts of every person with a visit in the last couple years from CAIR as a local health jurisdiction and patient matching using demographic data. Auto-reconcile Care Everywhere and CAIR as a part of Epic Storyboard. *SFHP data is for eligible patients age 12+. **Anthem data is for patients of all ages, regardless of eligibility.
San Joaquin	40.98	48.5	69.3	Working on it with Cerner	Working on it with Cerner	Yes		CAIR data from the health plan was already mapped to a member assigned to us	Received data extract from the RIDE regional registry
Santa Clara	69.7	67.9	91.5	Yes	Yes	No			Retrospective batch auto-reconciliation with CAIR using a high matching threshold. Developed a custom interface with new CAIR endpoints to regularly run entire panel

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UCI	23	60.2	80.5	Yes	Almost			<p>Raised our rates from 8% to 23%, using current matching of MCMC lives and UCI provided and external notifications of COVID vaccinations manually entered into Epic system or provided via limited CAIR2/MyTurn integration that has only been in place for six weeks and only looks at patients scheduled the next 2-3 days.</p>	<p>Epic EMR system immunization records, supplemented by CalOptima claims information for assigned lives, and limited CAIR2 registry integration (only live for 2-3 days of scheduled patients). Unknown degree of patient matching in Epic for immunizations delivered via CAIR2/MyTurn or other external systems.</p>
UCSD	59.7	57.4	89.2	Yes	Yes	No	Yes	<p>We set up a standard interface to map as a Continuity of Care Document, to be reconciled within Epic's Care Everywhere. The challenge was on identifying the right fields to map. The standard interface keeps the records that couldn't be processed for resolution and it stores them in a work queue for HIM to reconcile.</p>	<p>EHR. San Diego has a unique immunization registry (SDIR) that feeds into CAIR. Initially there was some challenge in the SDIR and CAIR interface but believe that has been corrected</p>
Ventura	50	58.3	80.6	Yes	No	Yes - GCHP	<p>Worklists can be generated from the EHR. Since we can't auto-reconcile CAIR with the EHR, they are often inaccurate</p>	<p>Still having manual search/import issues with CAIR data not matching First/Middle/Last in EHR. We can manually change search parameters but updated search names (especially in cases of multiple last names) aren't saved in the EHR to persist and allow easy searching in subsequent encounters. 0.5-1% duplicate/erroneous vaccine entries in Cerner manually created which conflict with dates of CAIR imported data.</p>	<p>Get data from Public Health, pulling data from Snowflake (but data doesn't go into Cerner). Using new CAIR endpoints which has improved reliability of manual access/import process. GCHP did not send us any data, including immunizations from April-October. We just got our first load of GCHP data 11/3</p>

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# Thank you!

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