Expanding COVID-19 Vaccine Distribution to Primary Care Providers to Address Disparities in Immunization

Guide for Jurisdictions

US Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Immunization and Respiratory Diseases

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Guide for Jurisdictions to Increase COVID-19 Vaccine Distribution to Primary Care Providers to Address Disparities in Immunization

Executive Summary

- Jurisdictions should increase the proportion of vaccines allocated to primary care providers (PCPs) and medical offices to promote health equity and address disparities in adult COVID-19 vaccination
- CDC recommends that at least 60% of doses distributed to medical offices be allocated to those located in the most socially vulnerable communities in each jurisdiction
- CDC will provide data analysis and technical assistance to support jurisdictions to distribute vaccine and enroll medical offices, with a focus on reaching the most socially vulnerable communities
- Jurisdictions will provide technical assistance to PCPs and medical offices administering vaccine, and facilitate partnerships with community-based organizations to build vaccine confidence and access

Background and Purpose

During the COVID-19 pandemic, counties in the United States with greater social vulnerability, measured using CDC's Social Vulnerability Index (SVI), were more likely to become areas with rapidly increasing cases.[i] Data on COVID-19 vaccination efforts to date show evidence of similar disparities occurring in vaccine doses administered. Analyses found that counties with higher levels of social vulnerability have had lower vaccination coverage than counties with lower levels of social vulnerability.[ii] Disparities in vaccination coverage were observed in the majority of states, indicating that **additional efforts should be implemented to increase access to COVID-19 vaccination for communities disproportionately affected by COVID-19**. To support equitable vaccination uptake as COVID-19 vaccine supply increases, it will be critical to ensure widespread access to vaccination. It will also be critical to increase demand for and confidence in vaccination, especially for people experiencing disparities in immunization due to social vulnerability, vaccine hesitancy, and access barriers.

Primary care providers *include internists, family physicians, ob-gyns, pediatricians, midwives, nurse practitioners and physician assistants who are generalists, and sub-specialty providers who provide primary care. In under-resourced communities,* ***medical offices*** *may be in private settings as well as community health centers or rural health clinics.*

A significant increase in the proportion of vaccines allocated to primary care providers (PCPs) and medical offices offers an opportunity to promote health equity and address disparities in adult COVID-19 vaccination. More than 80% of adults have a medical office where they receive health care,[iii] and many people may prefer to be vaccinated in their regular doctor's office. Studies have shown that a strong provider recommendation is closely correlated with vaccination.[iv] Three in 10 adults who are not currently convinced to get a COVID-19 vaccine right away say they would be more likely to get vaccinated if one was offered to them during a routine medical visit.[v] As such, the 350,000+ PCPs in the United States can play a particularly influential role in building confidence in and improving uptake of COVID-19 vaccines.[vi] In particular, providers working in community health centers and rural health clinics, who are often trusted community members, can play an especially powerful role in increasing vaccine confidence and access.

As of April 9, roughly 23,000 medical offices are enrolled as COVID-19 vaccinators, but only a quarter of those have received supplies of vaccine. Notably, less than 5% of vaccine doses overall have been delivered to medical offices. As vaccine supply increases, PCPs and medical offices can play a much larger role in COVID-19 vaccination while supporting efforts to improve vaccine equity. As a component of the measures a jurisdiction may take to address disparities, **CDC recommends that at least 60% of doses distributed to medical offices be allocated to those located in the most socially vulnerable communities in each jurisdiction**. By doing this, jurisdictions have

the potential to quickly increase vaccine access in communities that have the greatest need and to address disparities in vaccination coverage and access. By focusing on distributing vaccine to medical offices located in neighborhoods with high SVI scores, jurisdictions can increase access for people most at risk based on factors like socioeconomic status, household composition, minority status, language spoken, housing type, and access to transportation.

To support these efforts, **CDC is providing jurisdictions with a list of medical offices that should be prioritized:** medical offices already enrolled as COVID-19 vaccinators located in the most socially vulnerable census tracts in each state**.** Jurisdictions should increase the number of doses distributed to these providers so that at least 60% of doses distributed to medical offices be allocated to those located in the most socially vulnerable communities in each jurisdiction.

With support from jurisdictions, medical offices administering COVID-19 vaccine should:

- **Promote vaccination opportunities occurring at their practice, clinic, or site** with support from and in partnership with local, regional, and state health departments and community-based organizations.
- **Conduct outreach to patients** to build vaccine confidence and access.
- **When possible, make vaccine available to others in their local communities** in addition to their existing patient population, such as patients' family members.
- **Partner with community-based organizations to conduct outreach** to build vaccine demand, encourage and support vaccination sign-up, and improve access to vaccination opportunities offered by medical offices.

In addition, there is considerable potential to increase the number of medical offices that are enrolled as COVID-19 vaccinators. Following efforts to improve allocation to already enrolled vaccinators in high-SVI areas, jurisdictions should then also focus on increasing the number of enrolled medical offices, especially those serving under-resourced communities.

CDC will provide further guidance, data analyses, and technical assistance to support decision-making and implementation of activities to increase vaccine distribution to medical offices and expand medical office enrollment. CDC will facilitate partnerships with national professional medical associations to support outreach to medical offices to encourage and facilitate enrollment. As medical office participation and vaccination rates evolve, CDC will provide additional technical assistance, including publishing updated lists of medical offices that should be prioritized as the number of enrolled vaccinators increases.

In January 2021, CDC made $3 billion available to jurisdictions, with a requirement that at least 10% of the funds be focused on support for populations at higher risk and underserved. In April 2021, CDC made an additional $3 billion available to jurisdictions, with a focus on working with healthcare providers from rural communities, communities of color, and/or communities of high social vulnerability. These funds can be used to support activities, such as creating partnerships and providing technical assistance for participating medical offices to implement this effort.

Data Analyses to Support Decision-Making

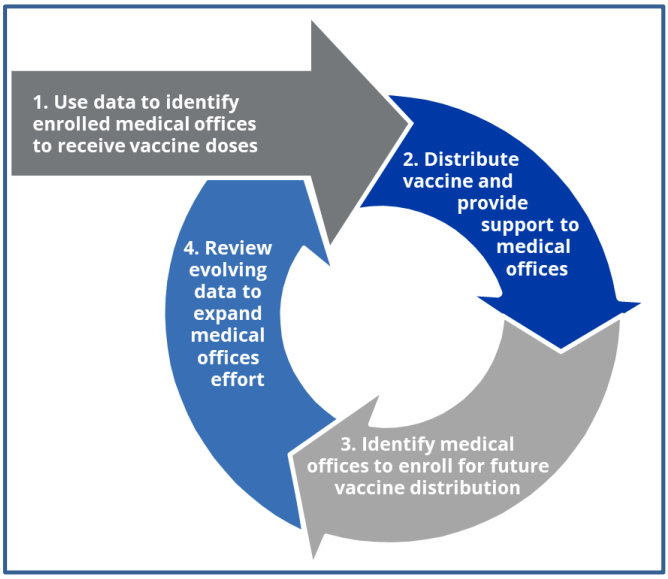
In each jurisdiction, CDC identified medical offices enrolled as COVID-19 vaccinators in census tracts with the highest SVI scores, standardized to each state. Medical offices in socially vulnerable neighborhoods are more likely to serve people experiencing health disparities, and currently enrolled providers in those areas offer a ready avenue to rapidly expand access. CDC will provide jurisdictions with a list of enrolled medical offices located in high-SVI census tracts, as well as a spreadsheet with additional detail and filters regarding SVI components. Jurisdictions can use these products, along with other data and information, to inform decisions

about which enrolled medical offices will receive vaccine and where additional medical office enrollment is necessary.

CDC intends to expand the list of medical offices that should be prioritized over time by considering communities with fewer vaccination providers, communities with low vaccination rates, and medical office vaccine throughput rates. This list will aid jurisdictions in continuously expanding access to these communities. CDC will update the list of medical offices that should be prioritized to include newly enrolled medical offices located in high-SVI census tracts, along with these more detailed indicators.

Guidance for Expanding Vaccine Distribution to and Increasing Enrollment of PCPs and Medical Offices

This guidance outlines **four steps jurisdictions can take to expand vaccination opportunities** provided by PCPs and medical offices.



1. Use data to identify enrolled medical offices to receive vaccine doses. Jurisdictions should:

- **Review the CDC-provided list of medical offices that should be prioritized** – incorporating other data, information, and due diligence – to guide decision-making about which medical offices are best suited to immediately receive vaccine and how much vaccine to allocate to each medical office.
- To the degree possible, **incorporate into implementation plans for vaccine distribution CDC's recommendation** that at least 60% of doses distributed to medical offices be allocated to those located in the most socially vulnerable communities in each jurisdiction, drawing on CDC's list of medical offices that should be prioritized.
- **Seek technical assistance from CDC**, as needed, to support decision-making to optimize equity and efficiency in vaccine distribution to medical offices.

2. Distribute vaccine to selected medical offices and support efforts to administer all doses received and to conduct community outreach. Jurisdictions should:

- Host an orientation with medical offices to **review processes and expectations related to receiving vaccine**, including guidance on storing, handling, preparing, and administering vaccines, advertising vaccine availability, building partnerships with community-based organizations, conducting outreach to patients regarding COVID-19 vaccination, and complying with the requirements of the CDC COVID-19 Vaccination Provider Agreement.
- **Provide technical assistance and support for medical offices** regarding vaccine administration, confidence, and access, including:
  - Operating efficient COVID-19 vaccination programs at medical offices or clinic locations
  - Implementing mechanisms to increase vaccine access, such as hosting weekend or walk-in clinics, and partnering with community and faith organizations or employers to host vaccination events.
  - Facilitating partnerships between medical offices receiving vaccine and relevant community-based organizations and professional associations to conduct capacity-building, outreach, education, and

vaccine-confidence-building activities (CDC has separately published a Guide for Community Partners working to increase vaccine uptake among racial and ethnic minority communities)
- Identifying communities where mobile or satellite vaccination sites may be appropriate and supporting providers in partnering with local community-based organizations to set up these sites, including helping with advertising, sign-ups, and administration.

3. Identify additional PCPs and medical offices to enroll for future vaccine distribution. Jurisdictions should:

- **Conduct outreach to and enroll new providers**, with a specific focus on medical offices located in and/or serving people living in high-SVI census tracts. CDC will share its interactive map resource with jurisdictions with a list of high-SVI census tracts of focus. CDC will help facilitate partnerships, such as with community-based organizations and national associations representing clinicians, to support outreach and enrollment activities.
- **Provide technical assistance to additional medical offices in high-SVI areas interested in enrolling,** including assistance with the process for enrolling in the vaccination program, training on how to effectively and efficiently prepare and administer vaccines, and training on how to form partnerships with community-based organizations.

4. Review evolving data to expand PCP and medical office participation in COVID-19 vaccination efforts. Jurisdictions should:

- Continue to **allocate vaccine so that at least 60% of doses distributed to medical offices be allocated to those located in the most socially vulnerable communities in each jurisdiction,** drawing on CDC's evolving lists of medical offices that should be prioritized and other data sources and information (e.g., Tiberius, VTrckS), and adjusting numbers as vaccine supply increases. In the future, CDC's lists of medical offices that should be prioritized will continue to include newly enrolled medical offices in high-SVI communities and take into account other data elements—such as community vaccine uptake, medical office vaccine throughput rates, and concentration of vaccination providers within the community—to the degree possible to inform decision-making that focuses on improving health equity and addressing disparities in immunization.

Inventory Reporting, Vaccine Administration Data, and Vaccine Reordering

Vaccine distribution to medical offices will occur through allocations each jurisdiction is already receiving. As such, reporting, doses administered data, inventory management, and reordering should all align with CDC guidance for those allocations, and the data and reporting requirements outlined in the Vaccination Program Provider Agreement.

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[i] Dasgupta S, Bowen VB, Leidner A, et al. Association Between Social Vulnerability and a County's Risk for Becoming a COVID-19 Hotspot — United States, June 1–July 25, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1535–1541. DOI: http://dx.doi.org/10.15585/mmwr.mm6942a3external icon

[ii] Hughes MM, Wang A, Grossman MK, et al. County-Level COVID-19 Vaccination Coverage and Social Vulnerability — United States, December 14, 2020–March 1, 2021. MMWR Morb Mortal Wkly Rep 2021;70:431–436. DOI: http://dx.doi.org/10.15585/mmwr.mm7012e1

[iii] QuickStats: Percentage of Adults Aged 18–64 Years with a Usual Place for Health Care, by Race/Ethnicity — National Health Interview Survey, United States, 2008 and 2018. MMWR Morb Mortal Wkly Rep 2020;69:147. DOI: http://dx.doi.org/10.15585/mmwr.mm6905a6

[iv] *Vaccine*. 2017 Mar 1;35(9):1353-1361.

[v] KFF COVID-19 Vaccine Monitor: March 2021 | KFF

[vi] Kaiser Family Foundation State Health Facts, 2020