

# **Thank you for joining**

The presentation will  
begin shortly

# Rise to Immunize<sup>®</sup> Monthly Webinar

## **Promoting Health Equity in Adult Immunizations**

Victoria Smith, MD, FAAFP, *Ochsner Health*

October 19, 2023

# Today's Webinar

## Campaign Updates

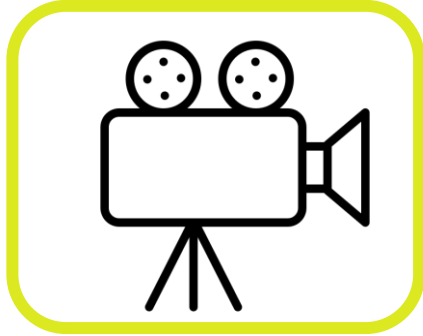
- RIZE Action Month
- RIZE Symposium
- Resource of the Month
- Spotlight: Sanford Health webinar

## Promoting Health Equity in Adult Immunizations

- Victoria Smith, MD, FAAFP

## Q&A Session

# Webinar Reminders



Today's webinar recording  
will be available the week of  
**10/23**

- Will be sent via email
- Will be available on website

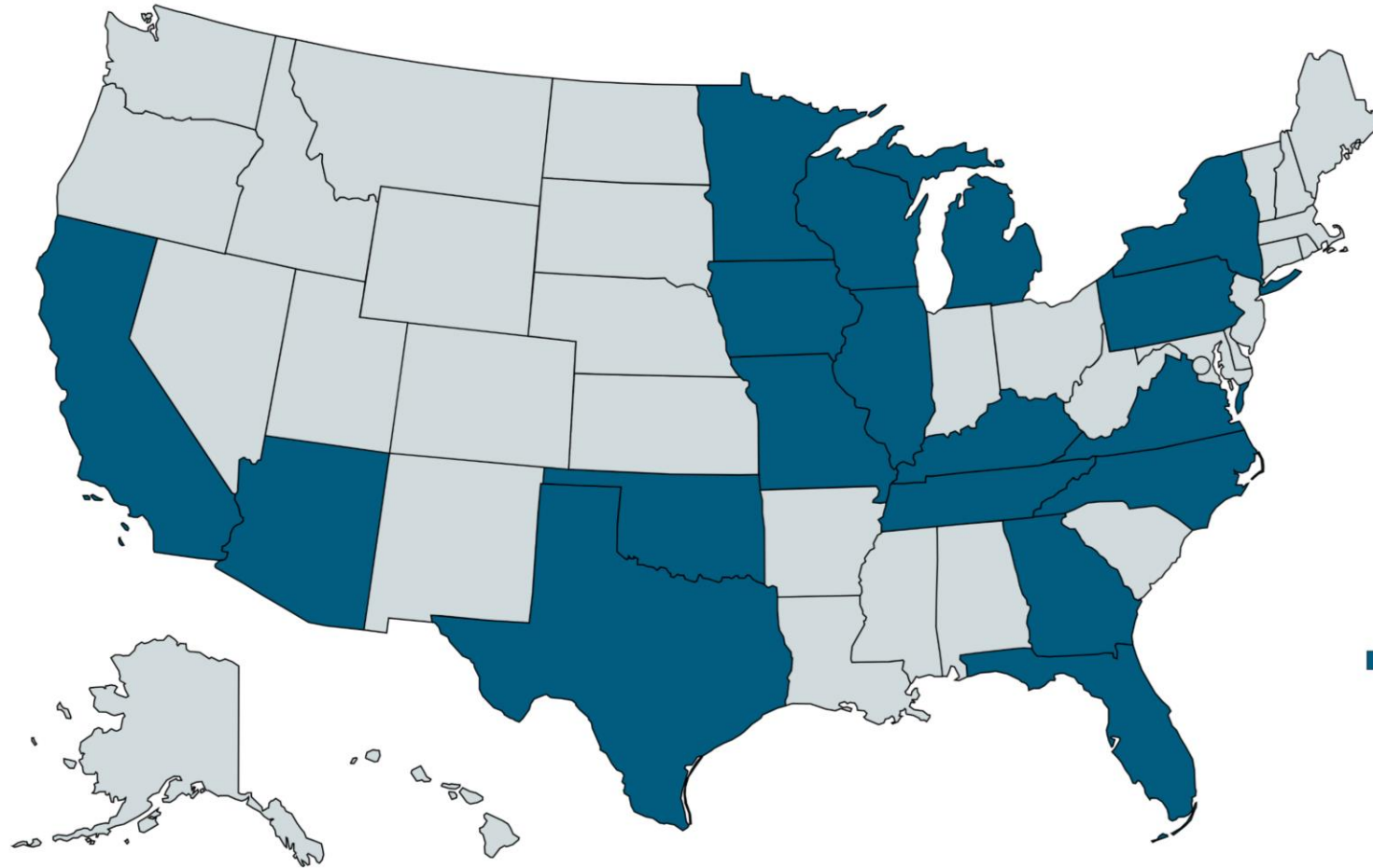
(RiseToImmunize.org → "Resources" → "Webinars")



Ask questions during the  
webinar using the **Q&A**  
**feature**

- Questions will be answered  
at the end of the presentation

# RIZE Action Month



This year, we engaged over **600 healthcare professionals** from **28 AMGA member groups** during RIZE Action Month!

■ RIZE Action Month Participants





TARGETED OUTREACH	EMPLOYER SOLUTIONS
<ul style="list-style-type: none"> <li>Email (IL + WI)</li> <li>Text Message (IL + WI)</li> </ul>	<ul style="list-style-type: none"> <li>Homepage banner on ES website</li> </ul>
PUBLIC AFFAIRS	WEB
<ul style="list-style-type: none"> <li>The Leader, ThisWeek</li> <li>Online Banners</li> </ul>	<ul style="list-style-type: none"> <li>Landing Page + FAQ Page (EN + ES)</li> <li>Pharmacy Location Pages</li> <li>Licensed website + app homepage</li> <li>Homepage banners</li> </ul>
PROVIDER PA	MISC
<ul style="list-style-type: none"> <li>Physician/APC Messaging</li> <li>MGU, APP Key Messages + Intranets</li> </ul>	<ul style="list-style-type: none"> <li>On-Hold Messaging</li> <li>Population Health Outreach</li> <li>Health news</li> </ul>

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**Take a Group Selfie!**

Share your group selfie with [RiseToImmunize@amga.org!](mailto:RiseToImmunize@amga.org)

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# RIZE Symposium



November 9–10, 2023  
Arlington, VA

[RiseToImmunize.org/Symposium](https://RiseToImmunize.org/Symposium)



# Resource of the Month



## Fall 2023 Respiratory Season Vaccination Decision Making for People 60 and Over

### Vaccines You Currently Have in Stock

If vaccines are not available at your location, identify and refer to providers who can administer those vaccines. **If you do not have the RSV vaccine, proceed with current ACIP recommendations for the other vaccines. Counsel and refer patient out for RSV vaccination.**

Vaccine	Scenario A	Scenario B	Scenario C	Scenario D
RSV (see 1)	✓	✓	✓	✓
Flu	✓	✓	✓	✗
COVID-19	✓	✓	✗	✓
Pneumococcal (see 2)	✓	✗	✓	✓

### Vaccine Coadministration (see 3) Strategies for People 60 and Over

Vaccine Coadministration Strategies	Scenario A	Scenario B	Scenario C	Scenario D
	Today give all 4 vaccines if patient agrees	Today give all 3 vaccines if patient agrees. If not, see below		
	or	Today give flu and COVID-19	Today give flu and pneumococcal	Today give COVID-19 and pneumococcal
	Today give flu and COVID, and at next visit give RSV and pneumococcal	and	and	and
		At next visit give RSV and refer out for pneumococcal	At next visit give RSV and refer out for COVID-19	At next visit give RSV and refer out for flu

- As of June 21, 2023, the Centers for Disease Control and Prevention (CDC) recommends people age 60 years and older may receive a single dose of respiratory syncytial virus (RSV) vaccine, following **shared clinical decision making**. Those at **highest risk of severe RSV disease** include those with chronic medical conditions such as lung diseases; cardiovascular diseases; moderate or severe immune compromise; diabetes mellitus; neurologic or neuromuscular conditions; kidney disorders, liver disorders, and hematologic disorders; persons who are frail; persons of advanced age; and persons with other underlying conditions or factors that the provider determines might increase the risk for severe RSV-associated respiratory disease **recommendation**.
- For all people age 65 and older and those age 60–64 years with high-risk conditions, recommend pneumococcal vaccine if not previously vaccinated. **High-risk factors** for people age 60–64 years include alcoholism, cerebrospinal fluid (CSF) leak, cochlear implant, heart disease, lung disease (including asthma), diabetes, immunocompromising conditions, and smoking. Check out CDC's [PneumoRecs VaxAdvisor Mobile App](#).
- Administering RSV vaccine with one or more other vaccines at the same visit might increase local or systemic reactogenicity. Data are only available for coadministration of RSV and influenza vaccines, and evidence is mixed regarding increased reactogenicity. Data are lacking on the safety of RSV coadministration with other vaccines that might be recommended for people age 60 and over, such as COVID-19 and pneumococcal vaccines.\* Discuss safety related concerns with patients before suggesting co-administering RSV with other vaccines.

\* For additional information, please see the [Adult Vaccination Schedule](#).

#### Billing and Coding Information

- Most private insurance covers all vaccines. However, check your approved provider network status.
- Medicare Part B covers influenza, pneumococcal, and COVID-19 vaccines.
- Medicare Part D covers RSV vaccines.
- Beginning October 1, 2023, Medicaid and the Children's Health Insurance Program (CHIP) will cover most adults for all ACIP-recommended vaccines.
- CDC's Bridge Access Program covers COVID-19 vaccines for uninsured and underinsured adults from fall 2023 through December 2024. For more information, visit <https://www.cdc.gov/vaccines/programs/bridge/index.html#vaccines>.



National  
Adult and  
Influenza  
Immunization  
Summit



National  
Adult and  
Influenza  
Immunization  
Summit

For CDC [Influenza recommendations](#)  
For CDC [COVID-19 recommendations](#)

\* Melgar M, Britton A, Roper LE, et al. Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices – United States, 2023. MMWR Morb Mortal Wkly Rep 2023;72:793–801. DOI: <http://dx.doi.org/10.15585/mmwr.mm7229a4>



# Spotlight



- Improving Immunization Rates: Sanford Health's Team-Based Approach

Clarissa Arrazola

## Improving Immunization Rates: Sanford Health's Team-Based Approach

**Michael Greenberg, MD, MPH**, Head of Medical, North America, Sanofi  
**Andrea Polkinghorn, BSN, RN, AMB-BC**, Lead Immunization Strategist, Sanford Health  
**Victoria Standley**, Immunization Program Specialist Sanford Health

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AMC +5

# Today's Speaker



## **Victoria Smith, MD, FAAFP**

Associate Medical Director, Primary Care –  
River Region, Ambulatory Quality Lead,  
*Ochsner Health*

# Promoting Health Equity in Adult Immunizations

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Victoria Smith, MD, FAAFP  
Associate Medical Director & Ambulatory Quality Lead

Matthew Malachowski, PharmD, MHA, BCPS  
System Director, Population Health and Ambulatory Care

# Agenda

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- Experience with COVID-19 & Diversity, Equity, and Inclusion
- Breaking out of the Brick and Mortar
- Don't let a good emergency go to waste
- Removing Patient Variables



# **Experience with COVID-19 And DE&I**

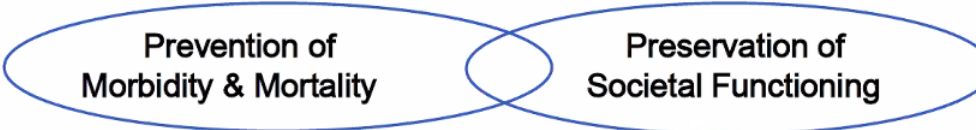
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# COVID-19 Vaccine Roll Out

- The first COVID-19 Vaccines
  - Pfizer mRNA COVID Vaccine
  - December 14<sup>th</sup>, 2020
  - Distribution driven by the CDC and State Department of Health
  - Strict Criteria for Use for Healthcare Personnel and LTCF residents
- Initial vaccine uptake was driven by product availability, access to immunization sites, and vaccine hesitancy (personal beliefs).
- Left to organic progression, there was a high risk of inequity
  - (care solidifying around resources such as health care infrastructure and patients with means to travel)

## Work Group considerations: Balancing Goals



	Prevention of Morbidity & Mortality	Preservation of Societal Functioning
1a	LTCF residents	Health care personnel
1b	Persons 75 years and older	Frontline Essential Workers
1c	Persons 65/74 years Persons 1664 with high-risk medical conditions	Other Essential Workers

- Ensure safety and effectiveness of COVID vaccines
- Ensure equity in vaccine allocation and distribution

# Initially Immunizations lead to Inequities

- Initially, Louisiana was Ranked in the Top 5 States Nationally for % doses administered of COVID-19 vaccine- speed prioritized over equity
- Initial High-Risk categories included Physicians, Healthcare Workers, and individuals at High-Risk for poor outcomes following infection
- Vaccine hesitancy among certain race and ethnicity lines identified early

## All Vaccination Administrations by Dose

The All Vaccination Administrations by Dose includes Ochsner Health, North Louisiana, and Partners.

	1st Dose Administrations	1st Dose Future Scheduled	2nd Dose Administrations	2nd Dose Future Scheduled
	113,997	7,517	80,477	39,283
OH Employee	14,661	27	13,247	1,251
Non-OH Employee	99,336	7,490	67,230	38,032

### OH Employee Vaccination Administrations: Dose & Setting

1st Dose Administered %  10.0% 100.0%

	Total Employees	1st Dose Administrations	1st Dose Administered %	1st Dose Future Scheduled	2nd Dose Administrations	2nd Dose Administered %	2nd Dose Future Scheduled
	27,949	14,661	52.5%	27	13,247	47.4%	1,251
Providers	2,413	1,920	79.6%	5	1,838	76.2%	58
Nurses	7,482	3,928	52.5%	7	3,557	47.5%	312
Other Clinical	7,518	3,177	42.3%	11	2,782	37.0%	363
Other	8,772	4,188	47.7%	4	3,684	42.0%	460
Managers & Above	1,764	1,448	82.1%	0	1,386	78.6%	58

OH Employees:  
Canceled with  
No Appointment  
Rescheduled  
**115**

# Equitable Vaccines Strategy

## COVID-19 Vaccine Task Force

**Purpose:** Determine and drive the overall vaccination strategy for internal and external populations; including equitable education and messaging and operational vaccine distribution and administration.

**Members:** Dawn Pevey, Dr. Cazabon, Sarah Roberts, Dr. Lennarz, Aisha Pujadas-Walsh, Dylan Thriffiley, Debbie Simonson, Matt Malachowski, Jason Lafitte, Ricky Rovira, Ricky Indovina, Dr. Raymond, Dr. Oravetz, Deb Grimes, Dr. Price-Haywood, Dr. Laborde, Inez Jordan, Tonia Moore, Emily Arata, Olivia Sweetnam, Dr. Kemmerly, Dr. Baumgarten, Megan McFarland, Stephanie Victoriano, Carlos Calix, Allison Gouaux, Stafford Maestri, Giselle Hecker, Nicole O'Malley, Rodney Good, Fallon McManus, Garabet Akoghlianian, Patricia Thompson, Nicholas Sells, Kristin Kearns, Mark Dupuis, Emily Rosenzweig, Amanda Logue

Equitable Vaccine Administration	Employee	Operations
<p><b>Lead:</b> Dr. Yvens Laborde</p> <p>Design strategies and tactics to ensure equitable distribution of COVID-19 vaccines. Provide vaccines to communities with the greatest need and highest risk and then progress through the general population.</p>	<p><b>Lead:</b> XXX</p> <p>Design strategies and tactics to increase healthcare worker vaccination rates across Ochsner Health.</p>	<p><b>Lead:</b> XXX</p> <p>To execute the strategies set forth in an efficient manner for patients, serving them where they desire to be served, as quickly as possible.</p>
<p><b>KEY STRATEGIES</b></p> <ul style="list-style-type: none"> <li>▪ <i>Create tactics / strategies to reach goals based on data and employee / community feedback</i></li> <li>▪ <b>Community Engagement:</b> Plan and coordinate outreach and education targeting community members and employees of color (AA, Asian and Hispanic)</li> <li>▪ <b>Communication:</b> Internal communication via OXIHHER Steering Committee, ORGs; External communication via Zoom meetings, social media platforms</li> <li>▪ <b>Goals:</b></li> <li>▪ By Dec 31, 2021, we aim to increase the vaccination rate of minority employees (Black, Hispanic, and Asian) by <b>.... Set a threshold, goal, and max.</b></li> <li>▪ By Dec 31, 2021, we aim to increase the vaccination rate of minority patients and community members by (Black, Hispanic, and Asian) by 32% Black, 5% Hispanic, 2% Asian)</li> <li>▪ By December 31 2021, we aim to reach 12,000 people via PR targeting communities of color</li> </ul>	<p><b>KEY STRATEGIES</b></p> <ul style="list-style-type: none"> <li>▪ <i>Create tactics / strategies to reach goal based on data and employee feedback</i></li> <li>▪ <b>Workforce Engagement:</b> Review and analyze employee data (Providers, Nurses, Leaders, Clinical, and non-clinical) to develop strategic priorities to improve compliance rates. This includes employees and not contracted workers.</li> <li>▪ <b>Communication-</b> internal communication and social networks to cascade information/awareness, including break rooms, hallways, emails, videos, open forums, etc.</li> <li>▪ <b>Goal:</b> 75% of employed workforce vaccinated</li> </ul>	<p><b>KEY STRATEGIES</b></p> <ul style="list-style-type: none"> <li>▪ <i>Create tactics / strategies to reach goal based on data and community feedback</i></li> <li>▪ <b>Mass Vaccination Planning:</b> Plan and coordinate mass vaccination locations across Ochsner Health, including pilot sites, community partnerships, and neighborhood presence.</li> <li>▪ <b>Goal:</b> Deliver vaccine every 2.5 minutes in a safe and efficient manner.</li> </ul>
<p><b>IN SCOPE:</b> Reporting strategy to task force</p> <p><b>OUT OF SCOPE:</b></p>	<p><b>IN SCOPE:</b> Reporting strategy to task force</p> <p><b>OUT OF SCOPE:</b></p>	<p><b>IN SCOPE:</b> Reporting strategy to task force</p> <p><b>OUT OF SCOPE:</b></p>
<p><b>WORKING GROUP CADENCE</b></p> <p>Bi-weekly</p>	<p><b>WORKING GROUP CADENCE</b></p> <p>Weekly</p>	<p><b>WORKING GROUP CADENCE</b></p> <p>Weekly x2</p>



# Charter

<b>Project:</b>	Equitable Vaccinations	<b>Project Manager:</b>	Kerin Barrett/Kramer Austin
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**What is the problem or opportunity?**

- Misinformation regarding COVID-19 vaccine research has heightened mistrust in the efficacy and safety of the vaccine in minority communities.
- Create tactics / strategies to reach goal based on data and employee / community feedback
- Ensure that health equity is included in vaccine distribution strategies and in the educational outreach to minority communities and employees

**What is the impact of doing nothing?**

- Low rates of vaccinations among populations with the highest rates for COVID-19 infection, hospitalization and death will exacerbate healthcare disparities in the minority population.

**Goal / Aim Statement: Primary Goal**

<b>By</b>	Dec 31, 2021	<b>we aim to</b>	increase	the vaccination rate for minority employees	<b>by</b>	TBD (HR Data Needed)
	<i>Date</i>		<i>Increase / Decrease</i>	<i>Primary Metric (Y)</i>		<i>Improvement Goal</i>

**Other Metrics (Business Outcome, Process, Behavioral):**

- Proportion of employees vaccinated by race (African American, Hispanic, Asian)-Target based on baseline % employees
- Proportion of all individuals vaccinated by race (African American, Hispanic, Asian)- minimum target based on US census state demographics# Ochsner patients vaccinated (African American, Hispanic, Asian)
- # of people we've reached (via Zoom recordings (how many people joined); social media, ORG activities)

<b>In Scope:</b>	PR messaging to minority communities and employee's (African American, Asian, Hispanic); Minority Community partnerships; ORG/Employee ambassador partnerships; Messaging content specific to minorities; Creating distribution strategy	<b>First Step in the Process:</b>	Scope approved by task force and data secured	<b>Kickoff Date:</b>	Jan. 2021
<b>Out of Scope:</b>	COVID-19 testing; generic vaccination messaging to the wider community;	<b>Last Step in the Process:</b>	Vaccine administered	<b>Anticipated End Date:</b>	May 2021

**Sponsors (see next slide if more than 4 impacted areas)**

<b>Impacted Area 1:</b>	Internal Communications	<b>Impacted Area 2 Sponsor:</b>	Stacy Swanson
<b>Impacted Area 2:</b>	Diversity & Inclusion	<b>Impacted Area 3 Sponsor:</b>	Deborah Grimes
<b>Impacted Area 3:</b>	International Services	<b>Impacted Area 4 Sponsor:</b>	Claudia Medina
<b>Impacted Area 4:</b>	ORG	<b>Impacted Area 4 Sponsor:</b>	Dr. Kuo/Jaime Taylor/Sylvia Hartmann
<b>Impacted Area 5:</b>	Xavier University	<b>Impacted Area 5 Sponsor:</b>	Dr. Chris Williams

**Goal / Aim Statement: Primary & Secondary Goals**

Primary	By Dec 31, 2021, we aim to increase the vaccination rate of minority employees (Black, Hispanic, and Asian) by <b>... Data is needed from HR prior to setting threshold, goal, and max.</b>
Secondary	By Dec 31, 2021, we aim to increase the vaccination rate of minority patients and community members by (Black, Hispanic, and Asian) by 32% Black, 5% Hispanic, 2% Asian)
Secondary	By Dec 31, 2021, we aim to reach 12,000 people via PR targeting communities of color

\*For the "community (patients) of color", the threshold value is determined by the state demographics which happens to match Ochsner established patient population data. 32% Black (excluding Hispanics); 5%Hispanic (black and white); 2% Asian. The denominator is the total # people vaccinated by Ochsner.

# Equitable Vaccine Administration Workgroup Strategic Plan

## Purpose

To ensure that diversity, equity and inclusion are essential components of our vaccine distribution strategies and in educational outreach to minority communities and employees.

**Focus = Increase equitable vaccination rates for minority employees & community members.**

## Key Objectives

Community Outreach	Employee Outreach	Toolkit Development	Performance Dashboards
<b>Initiatives</b>			
<ul style="list-style-type: none"> <li>Identify churches, faith-based groups, civic organizations, Sororities/Fraternities (e.g., Divine 9) with which to partner</li> <li>Identify community ambassadors</li> </ul>	<ul style="list-style-type: none"> <li>Activities hosted by ORGs (e.g., Zoom webinars/Facebook Live)</li> <li>Identify employee ambassadors</li> </ul>	<ul style="list-style-type: none"> <li>Translate FAQs specific for minorities</li> <li>Create standard talking points</li> <li>Create speaker's bureau for minority events</li> </ul>	<ul style="list-style-type: none"> <li>Review data based on region, race, Ochsner employed/Community and job type (Ochsner only)</li> <li>Map ADI with vaccine distribution</li> </ul>

## Dashboards Analytics Stratified by Race, Geography, and Job Type

<ul style="list-style-type: none"> <li>Proportion of all individuals vaccinated by race (African American, Hispanic, Asian)-minimum target based on US census state demographics</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of employees vaccinated by race (African American, Hispanic, Asian)-Target based on baseline % employees</li> </ul>	<ul style="list-style-type: none"> <li># of people we've reached by PR messaging targeting communities of color (via Zoom recordings; social media platforms [Facebook, Twitter], ORG activities)</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of individuals vaccinated by race</li> <li>Proportion of employees vaccinated by race</li> <li>Proportion of employees vaccinated by job type</li> <li>Gender</li> </ul>
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# Data Data Data Needs

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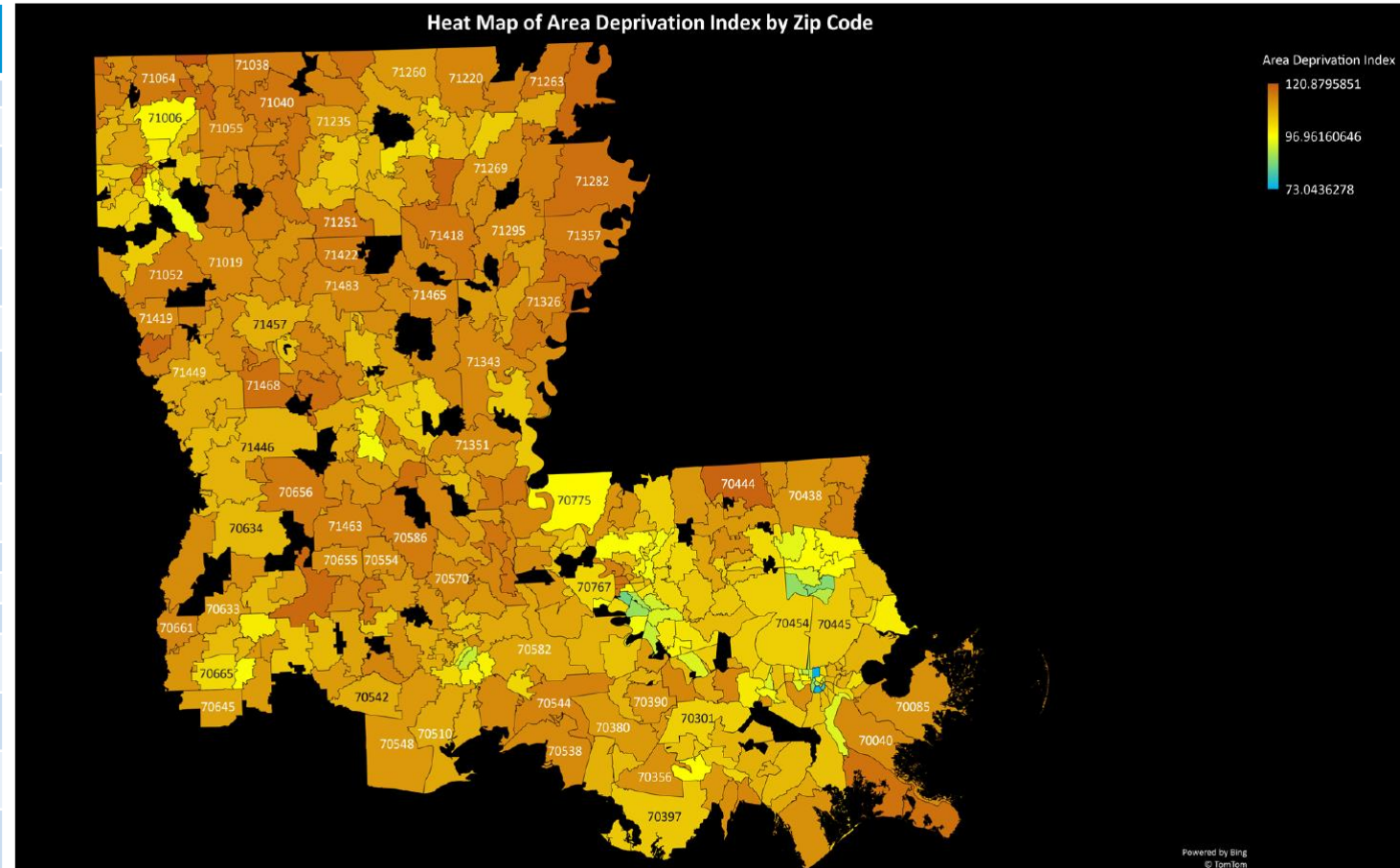
- Data Needed:
  - Vaccination rates by:
    - Race
    - Gender
    - Job Title
    - Location / Region
- **Hard Wire important demographic information into Epic. Hard Stop.**
  - Data is needed to determine current state and your progress towards the goal
  - Need vaccination data mapped by zip code to overlay with Area Deprivation Index map

“If you can't measure it, you can't manage it.”

*-Peter Drucker*

# The median ADI for Louisiana is 105 above which is considered high levels of deprivation

Category	Concept
Poverty	Median family income
	Income disparity
	% families below poverty level
	% population below 150% of poverty level
	% single parent households with dependents under 18
	% households without a motor vehicle
	% households without a telephone
Housing	% occupied housing units without complete plumbing
	% owner occupied housing units
	% households with more than 1 person per room
	Median monthly mortgage
Employment	Median gross rent
	Median home value
Education	% employed person 16 or older in white collar jobs
	% civilian labor force unemployed (aged 16 or over)
Education	% of population aged 25 or older with no high school
	% of population aged 25 or older with at least a high school education



# Vaccine Hesitancy & Communication



## COVID CONVERSATIONS

We Have Heard Your Concerns and it is a Good Time for a Candid COVID Conversation



The **COVID conversation series** was created by Dr. Yvens Laborde, Medical Director of Global Health and Community Testing, at the onset of the pandemic with the theme that global health is local health as a means to reach out to the local community with a global and health equity lens so that we could **listen, learn and share** information by connecting directly to community members and leaders.

We believe that engaging and earning the trust of the communities we serve are imperative if we are to be successful in our attempt to control the spread of this deadly pandemic.

Our purpose is to **listen, learn, engage, educate, empower and enlighten** so that we are all united as one in the fight against the virus.

**When:** January 27, 2021 @ 12pm

**Where:** Zoom

Meeting ID: 984 2437 7030

or

Phone: +1 646 558 8656



SCAN ME

Additional resources

[ochsner.org/coronavirus](https://ochsner.org/coronavirus)

OCHSNER information hotline

**1-844-888-2772**



Yvens G. Laborde, MD  
Medical Director,  
Global Health and Community  
Testing

**MODERATOR**



Brandon Boutin  
Faith Based Coordinator  
Neighborhood Liason  
Mayor's Neighborhood  
Engagement Office

If you have any additional questions about the COVID vaccine feel free to contact the Ochsner Research Team

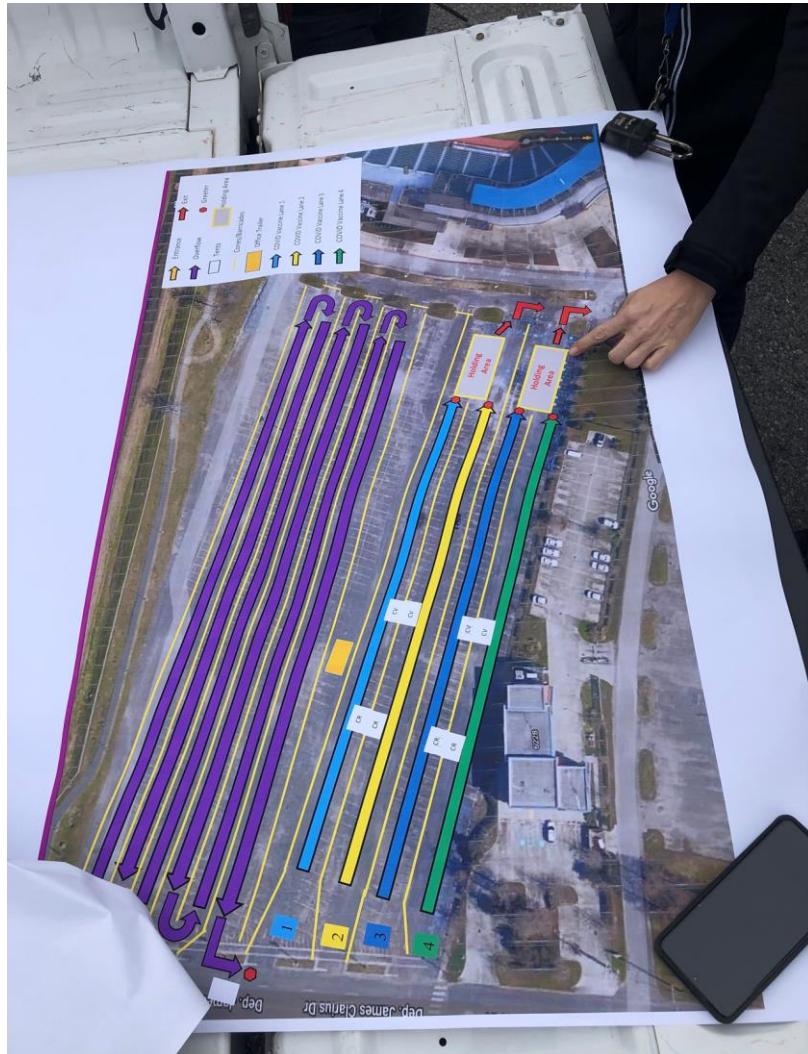


# Breaking Out of the Brick and Mortar

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# Mass Vaccination Drive Through



# Vax Fest- 24-hour Vaccination

- Designed specifically to support Hospitality Workers
- Over 5,000 doses administered within a 24-hour period
  - Noon March 29<sup>th</sup> to Noon March 30<sup>th</sup>, 2021
- Build schedules to accommodate patient availability





# Mobile Healthcare



Douglas Emhoff, second gentleman of the United States, husband of Vice President Kamala Harris, visited the Ochsner Mobile Vaccine Unit on Wednesday, July 14, at the Broadmoor Food Pantry in New Orleans. Mr. Emhoff spoke with Ochsner's Drs. Katherine Baumgarten and Yvens Laborde about the importance of COVID-19 vaccinations and removing barriers to the vaccine. Gustavo Posadas Cerón, a food pantry volunteer, got vaccinated during the visit.

For more information on where you can receive the COVID-19 vaccine, please visit: <https://lnkd.in/eG-vUHc>



# Failure is not an option



# **Don't Let a Good Emergency Go to Waste**

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# Hurricane Season

- Following a disaster such as a hurricane or tornado, a large proportion of ED visits will be for tetanus immunizations.
  - This becomes a 10-year cohort
- Each year in April/May, Ochsner Health places a “Hurricane Order”.
  - Palate of emergency medications that is sealed containing medication that would be needed following a hurricane.
    - TDAP is contained in the order

## The Success of an Immunization Information System in the Wake of Hurricane Katrina

Julie A. Boom, MD<sup>a,b</sup>, Anna C. Dragsbaek, JD<sup>b</sup>, Cynthia S. Nelson, MPH<sup>b</sup>

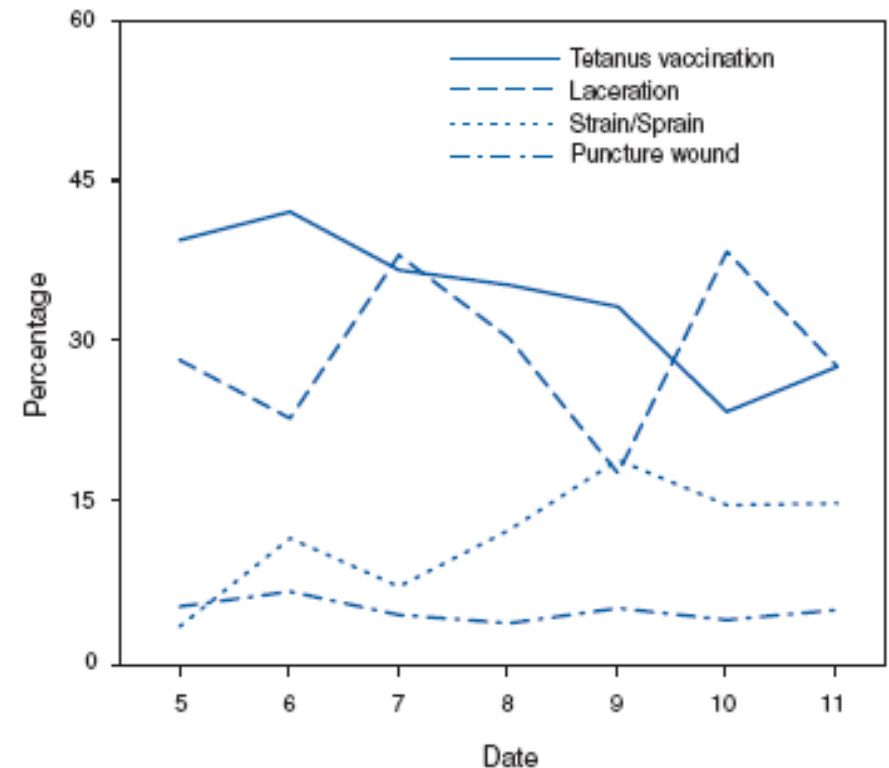
<sup>a</sup>Department of Pediatrics, Baylor College of Medicine, Houston, Texas; <sup>b</sup>Immunization Project, Texas Children's Hospital, Houston, Texas

The authors have indicated they have no financial relationships relevant to this article to disclose.

### ABSTRACT

Within days after Hurricane Katrina in September 2005, the Houston-Harris County Immunization Registry was connected to the Louisiana Immunization Network for Kids Statewide. This linkage provided immediate access to the immunization records of children who were forced to evacuate the New Orleans, Louisiana, area. One year later, >18 900 immunization records have been found, representing an estimated cost savings of more than \$1.6 million for vaccine alone and \$3.04 million for vaccine plus administration fees. This experience demonstrated the vital and previously unrecognized functionality of immunization information systems in a public health emergency. Here we describe the Houston-Harris County Immunization Registry's experience after Hurricane Katrina in terms of maximizing the use of immunization information systems and the implications of this experience for patients, providers, and public health for future disaster-preparedness planning.

FIGURE 2. Percentage of total visits for selected injuries and tetanus vaccinations after Hurricane Katrina, by date of visit — three counties, \* Mississippi, September 5–11, 2005



\* Reported by emergency departments and Disaster Medical Assistance Teams sites in Hancock, Harrison, and Jackson counties; the number of facilities reporting varied daily.

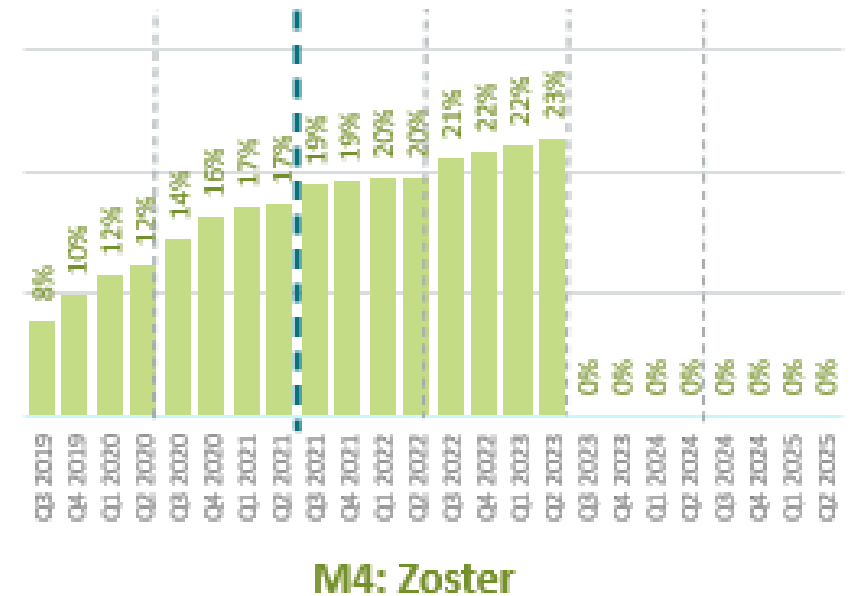
# Removing Patient Variables

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# The Shot Spot (Immunization Station)

- GOAL: Patients meeting CDC criteria for a vaccine can receive an immunization regardless of insurance coverage.
- Space within an Ochsner Health clinic containing a Retail Pharmacy
- A space in proximity to both an internal medicine/family practice clinic and the retail pharmacy is select for a “Consultation Room”
- Patients are referred to or are scheduled at the “Shot Spot” for medication administration.
- It is initially run through the pharmacy using the patients Pharmacy coverage.
- If it can not be filled, it is administered via clinic workflow and billed under medical coverage.




# Upcoming Webinar



 Topic: Year 2 Data & RIZE Awards

 Date/ Time: **Thursday, November 16 at 2pm ET**

 Presenters: The Rize to Immunize Team and representatives from our three award winning groups

# Questions?



Submit your questions using the **Q&A feature** at the bottom of the screen