

Speaker 1

Welcome to Beyond the Needle A Physician's Guide to Increasing COVID19 Vaccination Rates. Brought to you from the Illinois Academy of Family Physicians through the Illinois Vaccinate or I-VAC grant. I am Carl Lambert, a family physician and a member of IAFP, and I'm an assistant professor of family medicine at Rush University Medical College. I-VAC is a joint effort administered by the Illinois Chapter of American Academy of Pediatrics, ICAAP, the Extension for Community Health Outcomes, ECHO Chicago, and the Illinois Academy of Family Physicians. I-VAC funding for this podcast series is provided by the Office of Disease Control through the Illinois Department of Public Health. The goal of I-VAC is to ensure Illinoisans are being immunized against COVID-19 at every opportunity and that providers are prepared to immunize all eligible age groups. Support for providers is available through bootcamps, learning collaboratives, do it yourself toolkits and IVAC podcasts. For more information, visit IllinoisVaccinates.com. CME Credit is available for each podcast. The Illinois Academy of Family Physicians. IAFP is accredited by the Accreditation Council of Continuing Medical Education, the ACCME, to provide continuing medical education for physicians. Information on how to receive credit can be found on the Illinois Vaccinates website under podcasts. In this podcast series, we will support the primary care physician to feel confident in implementing COVID-19 vaccination so their patients can receive the vaccine at a routine visit. You will hear from a variety of primary care clinicians and staff from across the state who have become experts on COVID-19 and the COVID-19 vaccine and implementation. As primary care physicians. This is the kind of work we've been doing throughout our careers. For centuries, we've been trusted allies in preventive health for individuals, families and communities. We will share the highs and the lows of our experiences and lessons learned throughout the pandemic. Thank you for joining us as we come together to vaccinate against COVID-19. Today Doctors Alavi and Sassetti introduce this podcast series and explain, in their own words, the goals and what this series hopes to achieve. Dr. Mustafa Alavi is a family physician at a Federally Qualified Health Center, also known as a FQHC, at Erie Family Health Centers and co-site Medical Director. He also serves on the board of directors for IAFP. Dr. Marian Sassetti is a partner at Lake Street Family Practice in Oak Park with over 30 years of experience. The Illinois Academy of Family Physicians recently selected her as the "2021 Family Physician of the Year." She was recognized for her community involvement and the embodiment of the words "family physician," as well as a voice for those who need help beyond her practice. Additionally, she is an AAFP fellow, Assistant Professor and has served on the board of directors. We are honored to have these doctors join us today to present "Beyond the Needle - A Physician's Guide to increasing COVID-19 vaccination rates.

Speaker 2

Hello. My name is Dr. Timothy Ott. I'm a family doctor here in Quincy, Illinois. I have over 30 years of experience. I'm currently an academic family doc with S.i.u. Quincy Family Medicine. But I was in private practice for 20 years before that. Today I have with me Dr. Santana Wheat, Dr. Kristin Davis and Dr. Chris Smyre. Today, we're going to talk about COVID. What now? Overcoming barriers and frustrations. My first

question is addressing barriers, communication, and misinformation. Dr. Smyre.

Speaker 3

Thanks, Dr. Ott. I am in my second year at Southern Illinois University. However, I am located at the clinical site in Springfield, Illinois, and I'm also director of Equity, Diversity Inclusion for our entire department. I think when we talk about barriers for communicating with patients that is something that I think is very important.

This pandemic has taught us how quickly information can change from being current to no longer relevant out of date. It's also been very challenging, which is sometimes misinformation, and the sacrifice is being relayed intentionally and sometimes unintentionally. And what I have found is that for me, really engaging my patients to be confident that they have an accurate understanding of why we're offering this, normalizing the confusion of sort of hearing different messaging, just feeling like they're not in Congruency, but displaying the signs of why we say get vaccinated and continue to wear your masks has been really helpful. To make sure that patients understand. And sometimes that understanding leads to them being agreeable to get the vaccine. A lot of times they may still not be agreeable, but at the end of the day, I'm very happy with them being informed about the risks, the benefits. So they are making a choice that aligns with their values. Thank you.

Speaker 4

Thank you for that and thanks for sharing that, Dr. Smyre, a little bit about me. I am the program director of the Northwestern Family Medicine Residency Program at Humboldt Park and a practicing family physician for nine years at Erie Family Health Centers and Affiliates in Chicago. And I would say that I share some of Dr. Smyre's experience, but I would also say that it's not always just an explanation that I am trying to give to my patients.

I've had so many patients that haven't wanted to get a vaccine until they heard it from me. They were worried that even if they were hearing it from another physician, that it wasn't true. They wanted to hear it from me, their personal physician, that I was in agreement with this and waiting until they heard from me. I have also had experiences where patients have had misinformation but didn't really want to talk about it.

And I've actually gone as far as to say, oh, this isn't as information that I've heard, or these are the stories that I've heard. Have you heard this one? Are you worried about this one? And it's actually allowed patients to start saying, no, I haven't heard that one, but I heard this one or I heard that one. What do you think about that?

And it's been a great opportunity to to address some of those things that have come out from all of the different sources.

Speaker 3

I think this is a great point because doing prenatal care, one of the ways I sort of bring that up, especially with pregnant expectant mothers is saying my experience has been a number one value and concern of

pregnant mothers is nothing too threatening this pregnancy. Anything that has a chance of harming the pregnancy. We're not doing we're not on board.

And so they smile. They're like, yeah, that's exactly how I feel. Like I really care about this baby, this growing side, and we're making the babies safe and protected. And I say, and usually the number two babies want this baby's born. I want this baby to be safe. And sort of it gets them sort of lay naming their values and then being say, you know, this vaccine actually does align with that because it keeps you safe, relate to that.

You're less likely to get severely ill and also that you get to make these antibodies and pass these advise on to your baby so that your baby's protected once they're born. And so I think really being able to normalize expressed the concerns as legitimate concerns is still provide information for why even taking those considerations the vaccines still may be in alignment with their values or in their best interest can be really helpful for patients to get what is truly going to allow them to have the best outcome that they're looking for.

Speaker 2

Thank you. Dr. Wheat, Dr. Smyre, your second question is about frustrations. How do we keep up with the ever changing recommendations on the book, on the vaccine? To you, Dr. Davis.

Speaker 5

Hi there. I'm Kristin Davis, and I am on staff at the West Region of Advocate Aurora's health system. So serving in a larger service area capacity we used to be in private practice seven years ago and celebrating 20 years in practice this year, also serving as the current Illinois Academy of Family Physicians Foundation board chair. And part of that brings me to the frustrations that we have in a in a bigger health system.

But even with the bigger health systems, staying on top of the recommendations is difficult. And I think that it just goes to show you that if you if you look at some of the resources that come in that we use as physicians day to day and for instance, I, I will check my, my email as I did just before this podcast.

And one of those emails comes from the Family Medicine Smart Brief, and it's a great resource for trying to keep up with the current changes on everything. But one of those frustrations tends to be that everything changes day to day, like I said. So it gets very, very confusing for patients and for physicians. Themselves, even if you feel like you're on top of everything.

One of the things that I saw the other day was the current CDC recommendation that is about considering waiting eight weeks for ages 12 and up between doses one and two, especially in males between the ages of 12 to 39 And the reason for this was possibly to avoid the already very low risk of myocarditis changes and that they are just changes the conversation again back to what Dr. Soumya and we were already alluding

to trying to reaffirm that these vaccines are good and they're promoting health and they are preventive and they're keeping us out of trouble.

And the more that we can get with this, the better. But then the skeptics step forward and say, OK, well now this just proves that you don't know what you're doing and you sort of have to start from scratch. And we as physicians know that that's not true. We know that as we move forward, day to day studies move forward day to day, and we change our guidelines just as we do for the frequency of mammography or the frequency of pap smears yet we still have patients coming in that want more instead of less of certain things, even if the guidelines have changed.

So part of the frustration even in a larger system being given, this is how we're going to do things, which is what tends to happen in a larger health system, rather than being having some of the control over how you vaccinate in the office, having those conversations and having the time to go through all of those changes and keep up with them.

It's it's frustrating wherever you practice.

Speaker 2

Thank you, Dr. Davis. Dr. Smyre, do you have something to add?

Speaker 3

Yeah, I know it can be very challenging and frustrating. And for me, first year out of residency and in the pandemic a lot of my mentor and advisor, my program director, Dr. Wheat, is like, you know, that first year out is another steep learning curve that you're going to go through.

To learn all this information about how your spouse is going to develop. And as I'm figuring out my own style, without that safety net in place anymore, all the recommendations are changing and what I found so helpful was having more senior faculty, more experienced people who are staying up the day, who already had their resources and knew how to quickly search through it. Today and send out either morning email to say, Hey, here are the current guidelines for our clinic. Here's the reasons why quickly and email me. We can talk more. We have questions understanding that. And so it really offloaded some of that expectation of pressure because that just like instead of trying to figure out where to look, is it still accurate?

I just knew I could go to the medical site director and say, what are the rules for today where I see people? And that just made it such a more simplified process. But then also on the positive side and sort of looking at the path for all the changes led to a lot of opportunities. OK, so where are we looking at?

Let me try this time and give you a lot of practice reps to familiarize myself with the CDC website, which I never really had to get as integrated into my workflows as far as resources as I have now, and really trying to build my own comfort with, OK, I can go here and I can look and this is how I can know if this is still accurate or when this is sort of timestamped to be sort of up to date.

Speaker 2

And that's something that I think like any other tool, the more we practice and use it more quickly, we can navigate it, the more familiar we get with it and the pandemic has given us a lot of opportunity to move a lot of resources and websites and tools. Thank you, Dr. Davis and Dr. Smyre. Our third question is about frustrations and barriers regarding the decision making process and who gets empowered as clinicians to offer the vaccine. And what can you do within the constraints you may have in your practice area? Dr. Wheat, you want to lead us off on this one?

Speaker 4

I would be happy to. I am, as I mentioned at an accuracy, and we're a fairly large accuracy, and we were fortunate to be among the early rollout of vaccines. And so it was a very very stretched rollout. And who could be vaccinated, how that could happen, where it was happening, what locations, et cetera. And so at the very beginning, we were just thrilled to have a vaccine, though there didn't feel like there was a whole lot of control over it.

What we could control, though, was we could specifically reach out to patients ourselves and say, hey, you're eligible for this, let me get you scheduled today. And also, we could identify people and know that maybe they were closer to this side or that site. And I was able to I have my team. I work as part of a medical team as caring for patients living with HIV.

We were able to specifically pull those patients that were at the highest risk and have great conversations with them about what they needed and when they come in and if they should come in, in person or not, but which site was the safest for them to get their vaccine at. So a lot of it has been navigating how can I do specific things for my patients and make them feel like they're having the personal touch along the way.

Fortunately, some of this has gotten a little bit more flexible. We now have it in my own office and we're able to offer it at the end of an appointment. And so it's been more control of when do we know that the patient has had the vaccine? How can we ask them for it? There's been a lot of frustrations about the system that we have to use the eye care system, and we did really learn that we could use some of the experiences that we had had previously with our children who are getting vaccines for children and the problems that we had had with that system before.

We were able to use some of those lessons so that we didn't feel like we were trying to reinvent the wheel or struggle along the way. And so I guess the things that I couldn't control were how I spoke to my patients and how to get them in. And then just sort of rolling along with the process.

Speaker 4

Like Dr. Smyre said before, everything changes on a daily basis and of sort of rolling with those processes the best we could.

Speaker 2

Thank you, Doctor.

Dr. Davis.

Speaker 5

Yes, I. I think that as I alluded to in the, in the larger health system, there's a little bit of lack of control as to the information that's being put out, but also the control of how to get the vaccine in your office. So where I work, for instance, it's still not available and I'm at the whim of the system for getting that into my office.

But the positive part of that is there is now a little bit more time because I'm not actually providing it to discuss it, which is also part of my day to day with each patient. So if they've had the vaccine, I confirm that that is actually true in Epic, and that's the system that we are using if they have had part of the vaccine, which I consider rostered as having had the vaccine.

But if they've been, say, vaccinated one or one in two, depending on what was required and not booster, then we bring up the topic of why and again, as we talked about before, what their thought process is and trying to convince them to rethink and and why that would be the case as far as the upside as well for not having that decision making it it also relieves me of that pressure of needing to figure out how to keep up with any changes that would happen with the vaccine itself.

But I would much prefer to be able to say, OK, since we've talked about it and and I think I've got you now, can we just do it now while you're here? And I don't have that at at my fingertips, which I really would wish for.

Speaker 3

Yeah, I really can appreciate that because that our clinic, we do have it available. And so a lot of times after having that conversation, answer another question, OK, I'm going to do it. I can do it. Great. Go right up front. We'll get you added to the schedule today. We can go and get that done or I just want to think about not ready today.

Doctor, I need a moment to maybe prepare myself before I get it and say, all right, I'm going to see back in two weeks anyways. We'll go ahead and get you on the book. So you'll get that. Then you'll see me and I'll be observing you to make sure everything goes smoothly, like we anticipate it will go and sort of having that reassurance that you're there physically with them.

For any active responding to perceived concerns and ask those questions, I got the say, how do I feel or that I'm feeling this is just a shot. And it's like, no, that's just, you know, this is a little edgy. You know, it was cold outside today can be really helpful for patients and reassuring them and sort of be the way they are.

I know one of the things that I was very pleased about in our clinic was that even our administration was trying to figure out how do we do this? Well, what input, what suggestions does everyone have? This pandemic would just start hiring and being understaffed. It sort of caused us to

have to rethink at multiple stages how can we be effective and efficient with who's here?

And that open dialog was really important to me because at our institution our dean declared 2019 that we would be anti-racist. And so really think about how can we make sure, especially early on, when there is a limited supply that we're administering and offering in an equitable manner. And so through conversations we were talking like Doctor, we didn't mention to our patients to sort of create our own list of who's agreeable to it per the age restrictions and conditions.

But then after we got that, one of the things we realized is that usually those who are most vulnerable aren't really thinking about this vaccine because they're worried about more immediate concerns. And so they may not be calling us to say, hey, is that side available? Now, because they're worry about what can I do tomorrow or 8 hours from now?

And so with that in mind of the different social challenges that our paces experience, what we did was after we got that general list, we then we ranked it as well as we're very intensive, reached out to all of our minorities and marginalized patients to make sure that they were aware of it. And then based off of age race, which was seen as a risk factor for morbidity mortality, we actually re ranked based off of that and then sort of started calling people from the top of that rewrite list so that we had a more equitable distribution of the vaccine when they were limited.

Speaker 2

I'm so happy now that that is no longer something we have to worry about because we have the larger supply. And now it's just a matter about making sure that people understand the importance of it and are agreeable to get it. Thank you all for that. Our next frustration barrier is that the urgency of the vaccine is decreasing.

Dr. Davis, you want to lead off on this issue?

Speaker 5

Yes. I think that the perception of patients and I can speak to just this last week, which has been more than the week previously, which has been more than the month previously, is that the urgency for getting vaccinated is declining and I think that that's an obvious product of Omicron and its declining rates, but also that the vaccinated population as well as some of the unvaccinated population had a better time with COVID overall.

Seemingly. And this part of the complacency is part of the frustration in and of itself in now trying to carry the vaccinations forward. So where patients were getting vaccinated more urgently as vaccines became available and there were lines for it, couldn't find it, et cetera. It's become more lax. And so I think that's part of the day to day talking points and trying to encourage people to complete their vaccination process or again, if they are disinclined to have become vaccinated because they had COVID already and in quotes did fine.

That's another challenge that I think we all are presented with. Patients are back to thinking, too, that infection equals long term protection. And as we all know, that's debatable based on the studies so far. And the the current polls are showing declining percentages of people that are feeling that it's important to get their children vaccinated. So even again, just this last week, the rates of vaccinations are starting to go down, especially in kids where they might not get that done at all or get one and stop the family got COVID at Christmas.

This is I hear this all day long. Well, we all had it at Christmas. And then we have to kind of start the conversation over again that that's just not enough. So I think that that's an important thing to keep addressing and to have where we as physicians don't become lax about it as well.

Speaker 3

I think that's a great point that today is about making sure and not only think about patients may becoming more comfortable, but also providers. We have residents that we work with. And I feel like all the resources at this point know if I have supervising them for the clinic there I'm expected to have asked. And if the answer is no, I haven't got the vaccine to be able to explain their value and their reason and rationale behind it.

And so to the point now where sometimes they'll come in but I'm sorry, that's my I didn't ask them. I'll ask the next one about the vaccine, but just making sure that they understand that we are still in a pandemic still. So it is both an acute concern and also it is preventative. Once we're done with the pandemic.

So at every visit, that is a relevant topic point, whether it's a preventative visit or an acute visit. And I think the more that they sort of build that into their own habit training, the more they practice and also the quicker they come and they realize that having these conversations doesn't have to take an extended period of time, but that we can sort of practice and refine and become a patient, asking, understanding, clarifying values and moving on to other concerns that the patient or the provider may have.

Speaker 2

Thank you, Dr. Smyth. Doctor, Wheat

Speaker 4

Really appreciate those points. And I will just add that I think that some of our physicians have become a little bit lax about this. I don't think it's just the residents. I think that some people are now assuming that if somebody hasn't gotten a vaccine yet, that they're probably just not going to get it. And that's just not true.

I think that there are some people that have just been waiting to see how the rest of us did with this vaccine. And so there is something to be said for that. We had earlier this week in clinic, there was like a

little cheer that went up in our provider room because somebody got their first dose of a vaccine during the day.

So this is still a conversation that's worth happening. And I would also add to what Dr. Davis said I had in my personal circle questions about, oh, well, did you see that article in the New York Times about the vaccine and how it's not really helping children? But I think that it comes back to in part that it's not just that we're saying that people aren't going to get covered with the vaccine.

We're saying that people are not going to be seriously sick. And so I think reshaping that conversation we're not saying you're never going to get it, but we would like to keep you out of the hospital. We would like to keep you as healthy as possible. We would like to make this as if you get infected to impact your your life as little as it can and that we still want to protect you.

And I reshaping that conversation and continuing to have it are those things that we still need to do for our patients who have not yet gotten boosted or have not gotten their first doses yet and that have young children that maybe are just turning five or that haven't yet gotten that and are over five.

Speaker 2

So this is the first in a series of podcasts to address issues around the COVID vaccine. And I hope you learned today that we all face frustrations and barriers. And to close, we'd like to address some of the things that we can and can't control. From our perspective of the small private practice. Doc, I'd like to say that one of the things I'm hearing from small private practices is that they don't have access to the vaccine or they can't get small enough quantities of the vaccine, and that's not something you can control.

But hopefully there's a larger medical institution nearby or a health department or an agency that you can partner with to get the vaccine for your patient. So we plan on addressing those sort of issues in additional podcast. Dr. Wheat, any closing comments?

Speaker 4

Yes, thank you. I would say that the one thing that we as physicians can really control is the conversations that we have with our patients. We can always ask our patients if they've been vaccinated, ask them where they are in their thought process. That is something that we can always control. If we don't know that they have it, we can ask them, oh, did you get it?

And if it's not showing up in our system, add it in ourselves so that we have that information there There is nothing like always asking that question and just sort of reminding your patients that you care because maybe one day they'll be ready, like Dr. Snyder was mentioning before.

Speaker 2

Thank you, Dr. Wheat. Dr. Davis, closing comments.

Speaker 5

Yes, I think it's all about the conversation as well and somehow fitting that into each visit, whether it is for an acne recheck or for their wellness visit. I think it's important to be tackling this every single time that we have an opportunity and trying to continue to convince patients not only who are relatively well, but for the sake of our immune compromised population and those who are yet to be born, et cetera, that it's important that we all keep in mind everyone else, as well as themselves and their family in the decisions that we make and answering all of the questions that we can to try and make them feel more comfortable.

I also think that it's very important to include yourself as an example. So not just saying you know, hey, I'm vaccinated because I work here or because I was required to be, but saying I'm vaccinated because I believe in it and I want it to be my son. Is vaccinated, my daughter's vaccinated, et cetera.

Speaker 2

Thank you, Dr. Davis. Dr. Smyre closing comments.

Speaker 3

I think the only thing I would like to add is that this pandemic has been laced with so many challenges and frustrations for people, human beings in general. And especially for my fellow providers and other health care workers appreciating the stress they may have and not getting bogged down or feeling like you're the only one that's frustrated with some of the inefficiencies or other challenges that you may have within your area of practice.

But I hope that hearing from all of us today allows you know, that is very normal to have these frustrations. And sometimes you just have to laugh at it because it's so frustrating. But it will get better with continued thought. There's been so much progress in our understanding of this virus and creating the vaccine. And with more time, we'll continue to become more efficient in how we are administer it.

Speaker 2

Thank you, Dr. Smyre Thank you, everyone, for listening. And I hope you tune in for future podcasts. And I hope that we help you understand the vaccine. Thank you.

Speaker 1

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