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Dr. Carl Lambert

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](http://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.

00;03;22;29 - 00;03;37;09

Dr. Carl Lambert

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Dr. Alavi

Hello everyone. My name is Mustafa Alavi, a family physician at a Federally Qualified Health Center at Erie Family Health Center, and I'm also the co-site medical director at our Evanston Clinic. I graduated from residency in 2019 and am in my first job post residency. I am really honored that I practice full spectrum family medicine. I attend a very busy labor and delivery service and also adult inpatient teaching service. I have a robust young panel, taking care of a lot of prenatal patients and their kids and just find it really valuable and fulfilling. I'm honored to be here along with my co-host, Dr. Marian Sassetti.

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Dr. Sassetti

Hi, Mustafa. And hello, everyone. I'm a family physician in Oak Park. I'm a fellow in the American Academy of Family Physicians, and I'm also an assistant professor at Rush Medical School. I work out of Lake Street Family Physicians, which is our private independent practice for over 20 some years. I have four partners, one employed physician, three PAs and I'm so honored that I have a very eclectic practice that spans a wide area.

00;04;16;11 - 00;04;36;09

Dr. Sassetti

We take care of public and private payers and uninsured as well. And, you know, my staff. I think you and I represent two ends of the spectrum. I've been in practice for over 30 years, and I'm a grandmother of three. And you have a newborn and you're just in practice for two and a half years. But no matter what our experience, you and I both through this COVID, have seen so much trauma.

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Dr. Sassetti

There's been a lot of highs and a lot of lows. And I know that over this podcast we're going to be sharing some of them.

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Dr. Alavi

Yeah, it's really fun to co-host with you and to hear from your experiences, and I have a lot to learn from you. So for everyone listening, thank you for listening, and we're really excited to introduce to you the first of many podcast developed by the Illinois Vaccinates Against COVID19 campaign or so called I-VAC. I-VAC was developed to support all COVID19 vaccination efforts in Illinois.

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Dr. Alavi

And if you're interested in learning more about the campaign, please visit [illinoisvaccinates.com](https://illinoisvaccinates.com) to learn more in this podcast series. Our hope is that we can support the primary care clinician to feel

confident in implementing COVID-19 vaccination so that patients can get vaccinated within their usual site of care. But, before we talk about this project, let's first just take a step back and honor the struggles and trauma that got us to this point.

00;05;28;13 - 00;05;57;09

Dr. Sassetti

Yes, thanks, Mustafa. And I really do think it's so important that we do honor our shared struggles and traumas that got us to this point. You know, it's been over two years since this pandemic first shook the globe. On March 13th, 2020, the United States declared a nationwide emergency, and our shared journey began. At the risk of sounding melodramatic for me, there are two words that really typify what we or I was experiencing during those early months.

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Dr. Sassetti

And that was terror and trauma. I had a constant state of fear about what I might be bringing back to my home where I have a high risk family member and what my 91 year old community living Mother might experience. And there were some real fears and traumas that went into the day to day, minute to minute practice where I had to weigh my desire to continue to be a family physician in our community and risk the unknown with people I loved most in my home.

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Dr. Sassetti

There was also tremendous trauma at watching our young, very diverse staff suffer and grieve their own family members. Losses, illnesses and losses in their communities. We did know that we had to keep their salaries going because so many of their family members and loved ones had lost jobs. They were living together and sharing apartments So we committed to that.

00;06;48;03 - 00;07;11;16

Dr. Sassetti

In addition to that, we bore witness to just enormous amounts of suffering and grief in our patients lives. We take care of a lot of families on the West Side and it was just routine that we open a televisit and there'd be somebody in tears telling us about a family member that they had lost. And one patient that I will not forget for the rest of my career was my beloved patient who opened up the computer and there she was.

00;07;11;16 - 00;07;28;02

Dr. Sassetti

And she had told me that she had lost four family members from COVID-19, I still get choked up thinking about it. But we were both in tears and there was very little to say other than we were going to get her through this. I also remember worrying about our colleagues and dear friends of mine who were staffing emergency rooms in ICU.

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Dr. Sassetti

The young family members of mine who are doctors and nurses are working in the medical field who would put their families and children to bed and then call me late at night, weeping, fearful and worried, constantly having to, you know, decide whether they were going to show up at work or not tomorrow. And just reminding them that this was something that we could all get through, but really not being very sure myself.

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Dr. Sassetti

And then finally, a horrific event in our practice where one bright, lovely young staff member of ours had to return home because her mother was horrifically, savagely, violently beaten in an Asian hate crime. So all of that, I think, is still very fresh for many of us. And I think we're going to be processing a lot of that trauma for a long time.

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Dr. Sassetti

And while I can't speak for our colleagues, I'm guessing many of us, if not most of us, saw much of what I just described.

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Dr. Alavi

Oh, my God, that's horrible. And thank you for sharing Dr. Sassetti, that's so traumatic. And I also remember just how fearful and how traumatic that time was before we had vaccinations and just the fear of the unknown and all the trauma and everything going on in the world around us. I know when the lockdown first happened, I remember getting so many just last second urgent text messages that suddenly our clinics were being canceled.

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Dr. Alavi

We can't see our patients. What are we going to do the next day? Can we even go outside? Can we be around anyone? We had no infrastructure whatsoever. And we have to take care of our patients. We take care of the very underserved, undocumented, uninsured or Medicaid patients that really need support and they need medical care. And I remember we all just showed up to a building and just made cold phone calls to try to do the best care we could with no telehealth infrastructure at that point.

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Dr. Alavi

And we were just confused. But we were doing the best we can. We had no COVID swabs. We had no supplies we didn't even know how to send a call to test. But we got through it. We leaned on each other. We had a deep sense of purpose that we had to come together at the clinic, gather our staff, had to take care of our patients.

00;09;37;04 - 00;09;43;19

Dr. Alavi

In the end, we had to make the best public health recommendations and do the best we can with the limited information we had.

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Dr. Sassetti

Yes, indeed. And what I know is we really got through it by leaning on each other. In the beginning, it was often hour by hour that we were holding each other up and helping doing each other and helping our staff. When someone was down, someone else was up and comforting each other. We had my brother, who's a psychologist, come in to help our staff again, young and so full of fear about their own losses and what they were seeing and our practice.

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Dr. Sassetti

And he would minister to them and just listen to their sorrows and griefs. And then we had Friday night, I mean, Friday afternoon timeouts where we would just gather together socially, just in our waiting room and process together the week. What was going on? And there was lots and lots of tears, lots of fears, but we had the constant reassurance that we were going to get through it together.

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Dr. Sassetti

One of the more interesting fun parts was when each of us would just declare to each other, I cannot take this anymore. And I remember saying, I cannot read another article about COVID. I cannot catch up another update, can someone please spot me? And we kind of did this back and forth where we would take a COVID literature break for two or three days and we'd pass around.

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Dr. Sassetti

Did you know or here's what the latest was. And that was very uplifting for me to lean on my partners that way. And we did very much have a sense of shared mission, just like you're describing. We understood that each one of us was playing a very necessary and important role and keeping our patients, as well as each other, safe and stable.

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Dr. Alavi

Exactly. We got through it together, and I know now being called a health care hero now may cause some feelings of resentment. But back then I was really thriving on all the benefits that being a health care hero had. I'm going to joke about this, but I thought it was great back then. I still wear my discounted North Face jacket, right?

00;11;28;16 - 00;11;53;02

Dr. Alavi

I got discounted Auburn shoes. I got multiple free meals, I really felt supported by the community I thought. But back then, I didn't know how long COVID was going to last for. And many local agencies really came together, catered meals for our clinic, for my hospital. And it really did feel like the community was coming together to help support us when we were really struggling to support the community.

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Dr. Sassetti

Indeed, and you deserved every one of those perks. Well, we still are valued no matter what's going on and the negativity that's brewing up. And that will never change I think Mustafa, it's important for us to remind our colleagues across the state that we do understand how disheartening this shift is from being hailed as heroes to sometimes being called the enemies.

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Dr. Sassetti

Sadly, you and I are both aware that many of our colleagues have retired during this time because of that or because of pressures, because of COVID. And I think one of our most important messages needs to be that we are here to support you. We are here for you. And I just want to personally add that people's negativity cannot write the narrative of your career.

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Dr. Sassetti

You are very much needed and respected and appreciated. So rest up rejuvenated, get rejuvenated, and stay in the fight. You know, a friend of mine who runs a spirituality center has said that she thinks we were born for this moment. You know, we primary care docs. These are our skill sets that our communities have used for centuries to rely on us and our credibility.

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Dr. Sassetti

We've been trusted and valued allies in promoting health and well-being. Throughout many, many centuries.

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Dr. Alavi

It was not until December 11th, 2020 that the FDA approved the first COVID19 vaccine under emergency use authorization which, when you think about it, is rather remarkable that the FDA was able to approve this vaccine and a novel RNA vaccine in such short time. But we needed it and we were all eager to get it. And at the time, even though we were practicing on the front for so long, unvaccinated in a state of fear and panic, once we knew that there was a vaccine available, we were all just in a rush to get it.

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Dr. Alavi

I remember I was manically refreshing our hospital portal account waiting for my ticket to get this vaccine that I knew I was going to get very soon, but I didn't know when. And I remember hearing from my colleagues that some would get the ticket and some didn't. And I just remember feeling guilty about the resentment. We were beginning to feel that one person was getting a ticket sooner than another person.

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Dr. Alavi

And when if the hospital is going to release their tickets for us and we all deserve it and we knew we all deserved to, we're all on the front line. We're all being exposed to COVID. And now that was just really stressful. And I'm just so glad we're past that.

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Dr. Sassetti

Indeed, we were very fortunate because we were actually vaccinated through Elmhurst because of that kind of crazy calculus that was done. A vaccine patient to provider ratio so because we were on staff at Elmhurst, we were actually vaccinated. I got a vaccine in mid December, which was remarkable. And all I could tell you is that giant, knot in my stomach finally loosened and I remember just feeling like I could skip and say, I am not going to get my family sick, I am not going to get my mother sick. And there is a sense of elation and excitement and one of my favorite stories every one of my friends have heard is that the nurse who gave me my injection suddenly had this horrified look in her face. And I looked up and she said, Oh, my God, Doctor, I think I hit your bone. I said, I don't think so. But all I felt was that my arm could fall off. And all I would say is, thank you, thank you, thank you. And that that truly was the truth. I had this enormous sense of whatever else is going to happen, I'm not going to bring it home to someone I love. And then after that, in our practice, all of our partners got vaccinated and we all had this very renewed sense of being energized and recharged because we were vaccinated and we had this passion and interest to get back to our practice and make sure that we could vaccinate our patients.

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Dr. Sassetti

And there was real beauty in that. There was unanimity. There wasn't a second of difference. We all felt it and felt this passion to do it and get back and get the office up and running. And then we started the work of getting the COVID clinic and prioritizing which patients get the vaccine and when, how to get them in and out safely.

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Dr. Alavi

And I remember during this time, each county had different allotments of the vaccine from the state with inherently just cause so much just

I want to say chaos because people were traveling far and wide to get the vaccine that really wanted it, along with different disparities and who was getting vaccinated, which patient populations were getting more vaccines than others compared to which communities were being exposed and suffering from COVID illness compared to others.

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Dr. Alavi

And it was just really tough to get the vaccines to the people who needed it the most. And we were just fielding phone call after phone call for patients just eager to get vaccinated and wondering when is the clinic going to be able to vaccinate them? So I'm so glad we're able to vaccinate all of our patients enough indeed.

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Dr. Sassetti

It's a huge relief. We again, we're extremely fortunate because we ended up working directly with Department of the Oak Park, Department of Public Health, and they were very very happy to partner with a community practice like ours. So from the beginning, it's been them servicing us, and we have gotten vaccines pretty much as often and as much as we've needed them in the beginning, of course, we didn't.

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Dr. Sassetti

And there was a lot meant of our very sickest. But to this day, we are getting vaccines several times a week to fill our needs. So that was a real blessing. And we could tell our practice each person in our practice, when it's your turn, you're going to get a vaccine here from us.

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Dr. Alavi

That's fantastic. And some of my most uplifting moments over this past pandemic really have been the times where me as a physician, like I was able to vaccinate so many people. And that's not a role. We actually do often have physicians like I had to train up or remind myself how to administer a vaccine and I was able to vaccinate some of my closest friends and family members who were able to come to the clinic when it was their turn to get vaccinated.

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Dr. Alavi

And it was just such a rewarding experience. And I was so grateful to do that. And now we can vaccinate anyone age five and older and down the pipeline, we're going to start hearing about getting our patients six months and older vaccinated. And I mean, that means my own son, who is going to be six months very soon, is going to be able to get a COVID vaccine.

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Dr. Alavi

So I'm just really excited for what the future has to bring us.

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Dr. Sassetti

And that means all my grand babies, all three of them will get it. So that's our last holdout. You're right. So now our work together with IVAC is to help our colleagues across Illinois get all of our Illinois citizens vaccinated. And as we've counseled patients in our practice and your practice, we've come across so many myths and so much misinformation and hesitancy.

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Dr. Sassetti

But I am really happy to say in all honesty that most of our patients have agreed to get vaccinated. And that is really, really gratifying. Unfortunately, now you, me, all of us are dealing with another set of frustrations and sorrows, and that's dealing with vaccine refusal, the sadness and frustration and anxiety about not having enough vaccines.

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Dr. Sassetti

And now we have enough vaccines, but not enough vaccine takers. And I talk about the new suffering, which is the needless suffering, and that's the needless illnesses and deaths, the needless overwhelming of our intensive care units. And I think a lot about our colleagues who are caring for people who shouldn't be there didn't need to be there because they did not get themselves vaccinated.

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Dr. Sassetti

And that's our next burden. That's our next challenge is to move into that space and help our colleagues confront that vaccine refusal.

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Dr. Alavi

And we know that some of the most important research about combating this pandemic isn't about antibodies like proteins, but really to power you as a primary care physician can do to help your patient get vaccinated. We are the key to increasing the COVID19 vaccination rates in our community. A recent JAMA study just from this month a few weeks ago, February 2022 showed that the number of primary care physicians per capita was independently associated with higher COVID19 vaccination rates. We know patients come to their physician as a trusted source and have so many different ideas or things they're hearing, and they want to talk to their physician who is a reputable source, to help them sift through all the information they may be reading or hearing about on social media. And I myself, even though sometimes it feels like I'm not able to make as much of an impact with every single patient, the times I am able to help a patient get vaccinated is just so rewarding, and each and every additional patient is just an extra

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Dr. Alavi

win to help end this pandemic.

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Dr. Sassetti

Exactly. And I think we all knew this in our bones before these studies were published. We are the single greatest weapon in fighting this pandemic. So we want all of you, our listeners, to come out of this podcast series empowered to get your patients vaccinated, whether it's on your site or somewhere else in your community. And we know there's a wide range of clinical settings in which we all practice across the state and from which many of our own evac team members are practicing.

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Dr. Sassetti

So we want you to understand each and every one of you that you can move your patients to accepting and getting vaccines no matter where you practice or how you practice. We're committed to sharing our experiences, our highs, our lows, our tips and what we've learned and we're thrilled to let you know that IVAC has pulled together resources from academia, from the national guidelines and our own experiences to help you I want to remind us all as primary care docs, this is our work.

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Dr. Sassetti

In fact, I personally think this is our moment and the kind of work we're already good at. We've been trusted allies and preventive health for individuals, families and communities for centuries. We can harness our credibility and teach others how to do the same.

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Dr. Alavi

And in Illinois, our current vaccination rate is 67.3% as of February. 23rd, 2022 and we want to get that as close to 100% as possible. And doctors aside, I have to say, I'm just so inspired by listening to you and your experience says and how you help get COVID vaccines to your community at your private practice. I know you're a family physician in Oak Park and you were able to successfully overcome the hurdles of getting COVID vaccines within your practice, which it isn't easy.

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Dr. Alavi

There are a lot of hurdles and barriers to get this new vaccine. Can you share with us what that process and experience was like to be a clinic in the pandemic to start vaccinating? What who did your practice turn for guidance?

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Dr. Sassetti

Well, I do sincerely mean we were energized. We we had the sense of great gratitude and we have this wonderful practice, a lot of longevity in our practice. We decided not to furlough our staff. And by the way, we were able to take care of the PPP loan so that gave us a lot of staff. And when we our patient numbers were low.

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Dr. Sassetti

So there was a lot of manpower around, and we just decided we were going to do it. And we happened to have I personally think, the world's best office manager, Nancy, and the world's best senior physician assistant, Candy. And I'm delighted that they will both be on a podcast in a little while. But we knew we had some leadership within the clinic that we could do this.

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Dr. Sassetti

So we partners talked and talked and involved, Nancy, who often takes on the managerial aspects of doing things, and we just committed to doing it. And she interfaced for the most part, really did most of the work interfacing with the Department of Public Health and the logistics of getting the vaccine. That was the hardest part, upfront it was hard to get the IVAC certification to get to be viewed as a practice that could do this.

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Dr. Sassetti

So once we got that, it became a matter of using our manpower that was in excess at that point. And coming up with a clinic, we had to figure out just the strategy of getting them in a door and out a door safely, socially distanced, how much time we needed to put them in a waiting room and wait for an untoward event.

00;24;17;21 - 00;24;42;16

Dr. Sassetti

That kind of thing. I will say that there were challenges, but one of the most beautiful aspects of it was that our young staff really took agency and had agency around this. They were vaccinating their friends from their communities, their loved ones, and I can't speak for them, but I know that there was a real sense of participating in history that they knew quite literally that they were saving lives.

00;24;42;16 - 00;25;08;05

Dr. Sassetti

And I think that's no small matter. And I think I hope that stays with them. For the rest of their long careers. One of I think the more beautiful stories that we all share is the story of one of my patients in her eighties part of our practice for over 20 years, who got a call to come in one of our first patients because we did over

81st and our young staff member who gave her the vaccine she just wept and wept.

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Dr. Sassetti

And my staff member sat next to her and they both shared that beautiful moment of her being grateful and then of course sent around a message to the rest of our staff about what a beautiful moment that was. I think I know that will stay with her for the rest of her career. And then longer, when we finally started vaccinating children, five and over, most recently, a mother of two children just broke down in front of one of my young staff who also had children and just said, you know, I think I can breathe again quite beautifully.

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Dr. Sassetti

So I'm happy to say we no longer have the designated COVID clinics. We are now back fully into a hybrid practice. So we have 12 visits and patients in our office and now it's wonderful to say that it's almost every year we have integrated the COVID vexing into our routine day to day vaccination. Literally yesterday, you know, I gave a patient a DPT and a COVID booster.

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Dr. Sassetti

I mean, it's become that commonplace or that routine now. We treated just like any other vaccine it's interesting and fun to tell a patient who will say something. You know, they would they would ask about a shingles vaccine. You know, I heard I'm going to have side effects tomorrow. Maybe I'll come back next week. They're saying the same thing about the poster.

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Dr. Sassetti

You know, maybe I'll come back next week, doc. I'll make a nurse visit, get my booster. So imagine that. Think how far we've come that is just a routine. Sure. I'll just come back and get my booster next week. It's fully integrated into our practice life and our patients view of what our practice is doing for them.

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Dr. Sassetti

They can come back for a nurse visit, get their flu shot, they can come back and get their co boost. I'm just delighted that we're at this point in our practice.

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Dr. Alavi

That's so fantastic. I know at my clinic specifically, it was a big lift to get vaccines off the ground, and there was a lot of paperwork and a lot of documenting that we had to kind of suss out who would be

doing. And I was just grateful that we leverage a lot of our non-physician support staff to really take this on and lead it and get vaccines up and running.

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Dr. Alavi

So we use everyone's to the top of their license. And we were able to develop a vaccine clinic within our own clinic as well. And we also partnered with community agencies and our hospital partner affiliates, and we're able to do big COVID vaccine fairs within the city itself, which was also as a provider. That's really gratifying and felt like I had a sense of purpose was saving lives, vaccinating patients and the ZIP codes that were really hard hit by COVID19 that needed vaccines we saw people waiting in long lines to get these vaccines, and it was just great to be part of the team to vaccinate that community.

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Dr. Alavi

And I know part of the issue and part of the issue why we're still vaccinating as a separate vaccine clinic is that the entire nation is being gripped by this huge health care shortage, and we're doing the best we can with limited health care workforce. So doctors have said, what are some of the struggles that you or your practice partners are seeing with COVID vaccines?

00;28;18;04 - 00;28;40;16

Dr. Sassetti

Well, we're pretty fortunate. I think the big struggles are over the big the big hills and getting the vaccine in all the paperwork past that. Now that we're up and running again and a full hybrid, we do have some manpower issues, but not as bad as some other areas. I'll tell you, I think one of the greater struggles is the philosophic one that weighs on us and saps energy.

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Dr. Sassetti

And that's, you know, knowing that there's a vaccine that can keep individuals and communities safe and having to live in a world where some of our patients don't share that understanding. And they may be putting our high risk patients, our own loved ones at risk. So we constantly are dealing with that. The other struggle is, you know, as I call it, siloed living.

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Dr. Sassetti

You know, we don't see a whole lot of each other you know, we actually do zooms to do staff meetings. Isn't that wild because of social distancing? So, you know, I'm a I'm a community Italian type. I like seeing my partners I love my partners and we kind of our in our silos and our new young providers, you know, they're just

starting their careers and they're starting their careers in the middle of a pandemic in the middle of trauma.

00;29;24;29 - 00;29;46;11

Dr. Sassetti

So we're pretty aware that, you know, those moments of beauty and wonderful moments you have starting up where you're assured that this is the right thing to do. And I chose the right field. And it's so rewarding. I'm very aware of that and hoping that, you know, we can continue to show them that they have long careers and they'll have a lot of beauty and brightness ahead in this.

00;29;46;13 - 00;30;14;00

Dr. Sassetti

This this, too, will end sometime. And then now that we're back as a hybrid and again, I alluded to that we are having manpower issues. We in the beginning just had our friends giving the COVID vaccine because it was new. We were concerned about it. We hadn't done it before. And they're highly educated, very intelligent women. But we need the manpower issue made it clear that we had to get our employees to participate in that.

00;30;14;00 - 00;30;32;17

Dr. Sassetti

And that was something beautiful. We watched RNs shepherd and educate our MAs who now are empowered and quite good at this. And again, this same MA who gave the DPT to my patient in one hour, gave the COVID vaccine and the other. And that's been very, very gratifying to watch.

00;30;33;23 - 00;30;57;10

Dr. Alavi

Wow. That's really impressive, doctor society. And I am really inspired hearing what it looks like for a successful practice to introduce the vaccines. I can't wait for my own clinic for us to move from a separate COVID vaccine. Clinic and integrating it within our own staff. And you've inspired me to really help get that off the ground at my own clinic.

00;30;57;22 - 00;31;19;17

Dr. Sassetti

Well, I hope we make every clinic in Illinois successful in implementing this. You know, vaccinating within our own clinical encounters gives us opportunities to discuss patient concerns, and it limits those big barriers of the patients going elsewhere for a vaccine. I do want to acknowledge, however, that there's still several barriers to doing this within many of our colleagues practices.

00;31;20;03 - 00;31;31;10

Dr. Sassetti

So over the course of the next few podcasts, we hope to tackle those barriers and give helpful hints and solutions to any clinicians hoping to vaccinate with their own practice.

00;31;32;06 - 00;31;57;21

Dr. Alavi

Well, Dr. Sassetti this was really fun getting to take a trip down memory lane of where have we been and where we are now. I mean, I know I said it a bunch already, but I'm just super inspired just by hearing your experiences and reflecting on how much strength we have as a community and just real remember how much has changed over the last few years. I'm really excited to continue these conversations and future podcasts.

00;31;58;08 - 00;32;19;10

Dr. Sassetti

Me, too. It's been delightful to get to know you, Mustafa, and I think together we hold a vision for all of our colleagues to let them know there is support to lean on and resources to turn to. I especially appreciate this opportunity to thank you all our colleagues across Illinois for all the work you've already done and for all the work ahead of you.

00;32;19;10 - 00;32;23;26

Dr. Sassetti

As we face this together as a community of healers helping each other.

00;32;24;01 - 00;32;44;11

Dr. Alavi

As you are tuning in to this podcast series, if you have any questions, comments, or topics you'd like us to address over this series, please go to the Illinois Vaccinates Dot com website and leave us a comment. Marian, thank you so much for this wonderful conversation. This was great and it really was such a pleasure to make this podcast with you.

00;32;45;00 - 00;33;05;08

Dr. Alavi

Once again, my name is Mustafa Alavi, a family physician. Our next few podcasts over the course of this series will be exploring in greater detail some of the barriers and issues with becoming a COVID vaccinator. And also we'll be talking about skills with motivational interviewing and how to manage vaccine hesitancy, which is just so prevalent in our community right now.

00;33;05;14 - 00;33;22;02

Dr. Alavi

Among many other future topics. If you found this helpful, please share this with your colleagues. We want everyone to be comfortable vaccinating within their own clinics. If you have any questions,

comments, or topics you'd like us to address in the future, please also email us at [podcast@ILVaccinates.com](mailto:podcast@ILVaccinates.com)

00;33;22;02 - 00;33;55;26

Dr. Carl Lambert

So, thank you to our expert faculty and to you, our listener, for tuning into this episode. If you have any comments, questions, or ideas for future topics, please contact us directly at [podcast@ilvaccinates.com](mailto:podcast@ilvaccinates.com). To listen to all Beyond the Needle episodes please visit [illinoisvaccinates.com/podcasts](http://illinoisvaccinates.com/podcasts). You'll find links to resources, transcripts, speaker disclosures, a survey to gather your feedback and instructions to claim CME Credit.

00;33;56;14 - 00;34;15;24

Dr. Carl Lambert

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