

Christina Wells, MD, MPH, FAAFP ([00:00](#)):

Well, welcome to another one of our IVAC podcast series. I'm Dr. Christina Wells, and today we're going to be discussing overcoming hurdles to become a COVID 19 vaccinator. Again, I'm Dr. Christina Wells, and I'm a family medicine physician. I work at the Miles Square Health Center associated with the University of Illinois in Chicago and I've been there for the past 12 years. It is a federally qualified health center and we serve underserved populations. I'm also a board member of the Illinois Academy of Family Physicians. And today we also have with us Dr. Kohler, who is going to introduce herself.

Corinne Kohler, MD, FAAFP ([00:46](#)):

Hi, I'm Corinne Kohler. I'm also a family medicine physician. I've been in practice since 1998. I've been working also at a federally qualified health center here in Champaign, Illinois, and like Dr. Wells I'm also a board member of the Illinois Academy of Family Physicians. I'm also a faculty member on the Carl Illinois and UIUC College of Medicine.

Christina Wells, MD, MPH, FAAFP ([01:09](#)):

Welcome. It's good to be on with you today, Dr. Kohler. I know we're going to have some exciting things to talk about today. And so as we get into things I wanted to understand what has been your site's experience with setting up the COVID 19 vaccine?

Corinne Kohler, MD, FAAFP ([01:27](#)):

We initially started as a testing center and as a federally qualified health center, obviously, as you're well aware, we have some rules and regulations that we have to follow. We actually set up our site outside our main clinic. Now we're lucky enough that because we're in a very small strip mall that we had an open space, five store fronts down so we used that initially as our COVID testing site. And then as soon as vaccines became released, we added the vaccines, again, using the same location. We implemented them as soon as we were basically able to get them. What is your experience with that, Dr. Wells?

Christina Wells, MD, MPH, FAAFP ([02:15](#)):

Yeah, it's interesting, a little bit different than yours. I work also in a federally qualified health center and we didn't have the luxury of having an additional space so we had to figure out how we could incorporate it with our own existing resources. And that also meant having our own existing staff because we didn't have additional staff that could be available.

What we did was we just used the staff that we had and we initially were going to try to offer the vaccine just daily. But then we realized that maybe we should have certain days that we could offer the vaccine on. And part of that was, again, due to space limitations, and also we're using the same staff to give the vaccines as were staff who were involved in regular daily clinical practice and so we had to figure out how we could juggle them being able to do the routine clinical duties, but then also being able to offer vaccinations, not only for people who were necessarily in the clinic for a visit, but also for people who may walk in for a vaccine on that day, so a little bit of a different experience for us.

Corinne Kohler, MD, FAAFP ([03:38](#)):

I will add that because we were in a separate site, we actually needed to pull staff, so that was a little bit of a different scenario. But we were already doing that when we were doing the testing, so basically we had already been doing COVID testing for nine months and so adding the vaccines just right into the

workflow without adding any additional staff when we added the vaccines. Dr. Wells, what would you say are the biggest challenges or hurdles faced that you haven't already mentioned?

Christina Wells, MD, MPH, FAAFP ([04:13](#)):

I think it goes back to what I was saying previously about being able to juggle how to manage the now additional duties that would be placed on staff without also interrupting regular clinic flow. I think the other thing was the response from patients to getting the vaccine was also variable. So the question was, "Do we do this every day? What if there's only one person? How do we keep from having to waste vials of vaccine? Do we just give one dose for one person and waste the rest?" I think that became part of it. And then the other hurdle was we ended up deciding that we would just do vaccines on certain days of the week. And so the question is how do we send patients to alternative sites so that they can become vaccinated if patients come in, can give them alternative options. I think those are probably some of the biggest hurdles that we faced. What about you?

Corinne Kohler, MD, FAAFP ([05:25](#)):

Well, I think we faced some of the same hurdles. I think one of our hurdles was just patient awareness that we were giving vaccines. Again, it wasn't in our main clinic. People weren't necessarily seeing the vaccine site. We have two fairly large clinics that were openly letting people know about vaccines. And of course our pharmacies are actively giving vaccines. Most of those required appointments we did not, but getting just patient awareness that we were there and giving vaccines. Because of the two brands of vaccines, we had some days that were Moderna days and some days that were Pfizer days, and that created, going forward, a little bit of confusion, especially when we added the pediatrics for adults, it was a little bit less confusing knowing that they could really only get them on certain days with that.

Christina Wells, MD, MPH, FAAFP ([06:18](#)):

Yeah, that's interesting because we did the same thing. Because we know how to administer, how to give the vaccines is a little different, dosing is a little bit different, we did decide as well to give Moderna on one day and give the Pfizer on another day, just to kind of make it a more streamlined process for staff. That's quite interesting. I have a couple of questions that I want to ask. I'm going to throw in a question here. How did you overcome some of those challenges? And what additional changes have improved the administration and acceptance in the clinical site?

Corinne Kohler, MD, FAAFP ([07:06](#)):

We tried to use our social media platform a lot to get the message out to people. So that was definitely one area, just trying to get more information even in the clinic and on social media. I think it's important for all the staff to be on board with administering the vaccine. How you asked the questions, "Are you interested in the vaccine today?" makes a difference. We ultimately, in December were able to move the whole COVID vaccine site next door to our main door and that also has helped tremendously because now it's like, you can go out the door, turn left and you're right there and is a lot better communication with that. I think some of the changes that have come also as we got to a booster dose and you were technically able to mix and match the vaccine types, I think people were a little less concerned about that. I think that has helped. But for us probably utilizing our social media and word of mouth has helped a lot.

Christina Wells, MD, MPH, FAAFP ([08:10](#)):

Right. I think we've had the same, well, we haven't used social media per se, but word of mouth. We were doing some COVID testing in the clinic through a separate grant, and that brought in some separate staff, that research staff. I think as people came in, they could hear about it as well. And then of course patients will ask or we can tell them.

I think I will say that also time. Over time, understanding COVID a little bit more and doing it more, that also allowed us to become more comfortable in our process. Any time you start something new, it can be uncomfortable.

And then also I think one of the things is having education in the beginning where you can talk to staff, answer any questions or concerns and be respectful of people's different thoughts and opinions, but definitely to encourage a team approach so that everyone is giving the same messaging is really important. I think really getting that out and pulling the team together, having a solid, consistent message among the team is important.

And then supporting team members I think is what helped us too as we found challenges that may have come along the way. What I love about the site, where I work now is that we really try to get the input of everyone, every person involved in the clinic, to see what their thoughts are, what their ideas are and how this may be impacting their particular area and our suggestions on how we can make it flow. I think that's helped us as well.

Corinne Kohler, MD, FAAFP ([09:52](#)):

If you were going to offer advice to someone who's considering administering the COVID vaccine in their clinic, you've made some really good points, what else would you add to that?

Christina Wells, MD, MPH, FAAFP ([10:04](#)):

I think I would say just do it. I would really say that we as clinicians, we are always faced with challenges, and this isn't the first and it definitely will not be the last one. I think step out into the water, get help and get resources. Know that it may not go the way you intended to go, but that's why you can always come back and make changes. And again, we should be used to that, right? You give a patient a medication, they have an undesired side effect or something you didn't expect, you go back and you change what you were doing. You changed the course. And so I think administering a vaccine, of course, is the same thing. We have to acknowledge that there may be challenges that we'll face. And we have to say, "When we get to those challenges, we'll work through them. We'll find new workflows. We'll find new ways to address them and then we'll come back and we'll keep moving forward." And so I think that's the best advice that I would give. What would you say?

Corinne Kohler, MD, FAAFP ([11:08](#)):

Well, I'm with you with just do it, take the plunge. I think for a practice considering this, doing the pre-planning is also really important, looking at how have you implemented new things in the past. As you said, you get equal buy-in from your staff. Different clinics may operate a little different on their practice style, so looking at how that has worked for you so you have that pre-planning done. And then just recognizing this is a new strategy, whether you're introducing an EHR update, whether you're introducing new staff, whatever it is, it's kind of just a new strategy and you just kind of go with the process, making sure you get really good communication with all the staff, not just those that are involved, but with everybody.

For us, our vaccines, we get through public health districts so I definitely would recommend to somebody looking at how they're going to obtain their vaccine. It has definitely made it easier with that. I think also besides the availability of the vaccine and the fact that we no longer really stratify who gets

it first, it's made it much easier. Patient hesitancy has decreased definitely, though there still is some. And looking at, again, how are you going to answer those questions? How are you going to overcome? I would say just doing your pre-preparation planning, like you would for anything else that you were implementing change of in the clinic, and then you just do it.

Christina Wells, MD, MPH, FAAFP ([12:32](#)):

Yeah. You made me think about a couple of other things too, that I'll add, Dr. Kohler. And part of that is that there have been other clinics who've implemented this same strategy and have already overcome hurdles so reaching out to colleagues and asking how they've done it, what challenges they faced, what best practices have they developed as a result of what they've learned from their own process? And so that might be something to think about as reaching out to different colleagues.

And then also thinking about how you can administer it as you would in normal practice, as with your other vaccines that you administer. And then something else that I would say is also thinking about how you can partner with other community organizations. For instance, like I said, we don't offer the vaccine at our clinic every day. And so we had to think about, well, what if someone comes in on a Monday, Tuesday, Wednesday where we're not offering it and we're only offering it on Thursday and Fridays? Well then is there a local Walgreens? Is there a local CVS that we can partner with and that we can send patients to? We don't have to do this all ourselves. We can definitely form collaborations or referring people to different sites. The goal is to be able to get people vaccinated and doing what we can do in our clinics and then seeing where we have gaps and then filling those gaps with other resources.

Corinne Kohler, MD, FAAFP ([14:07](#)):

Yeah, I definitely would agree with that, Dr. Wells. Again, we work closely with the public health department. There've been a number of initiatives locally and letting people know where those are and when they're happening, helping people through some of the transportation hurdles or time hurdles, because some people aren't necessarily available Monday through Friday so when some of the local community resources have had walk-in clinics on a Saturday, just letting people know. And as you said, reaching out to other colleagues that have done this, the Illinois Academy of Family Physicians and Illinois Academy of Pediatrics have excellent resources on their websites. The Illinois Vaccinates website is great, just looking at what resources are out there.

Christina Wells, MD, MPH, FAAFP ([14:50](#)):

Right. I think, and that was the next question I was going to ask you that you answered about, best educational resources. Do you have any additional resources other than what you just named?

Corinne Kohler, MD, FAAFP ([15:00](#)):

CDC obviously for a patient education material, vaccine hesitancy. There's a number. Johns Hopkins, manufacturer websites are good. But I think as you're looking at, "Do I want to do this? How do I do this?", Definitely, as I said, public health department, iCare website, reaching out to the Illinois Academy of Family Physicians and Illinois Academy of Pediatrics, depending on your practice and helping share the information. Anything else that you've used, Dr. Wells?

Christina Wells, MD, MPH, FAAFP ([15:32](#)):

No, I was going to say that utilizing the public health department definitely can be important. I remember too when we were implementing, trying to increase vaccination regarding HPV years ago and we worked with the health department and it was very, very helpful. They would come on site, help us

with iCare, just a lot of different things. I think that the public health department is definitely a great resource in addition to all the ones that you named, Dr. Kohler.

Corinne Kohler, MD, FAAFP ([16:03](#)):

What would you say was your most rewarding experience for starting the vaccine implementation, maybe something that you've learned or something that's really been rewarding for you?

Christina Wells, MD, MPH, FAAFP ([16:13](#)):

I think there are probably two things that I would say. One is that we both work in underserved communities and being able to provide a resource, being able to provide a vaccine to communities most in need has been very, very important. We want to basically decrease health disparities. And so being able to do that has been important. I think also over time, implementing the vaccine and talking with patients about it, staff becoming more comfortable, it's also been rewarding to be able to dispel misinformation, decrease stigma, so all those things have been rewarding in my viewpoint. What would you say has been your rewarding experiences?

Corinne Kohler, MD, FAAFP ([17:02](#)):

I would agree with you, Dr. Wells. I think being able to see something that, again, it really doesn't matter your economic status or education. This is a vaccine that can be administered across the board. There's basically no charge, all comers. And I think that's been helpful for people to understand that we really do try to make that equitable.

I think as we've added the pediatric vaccines and hopefully will continue to add more pediatric ages, watching the parents that have been really positive about it, being very thankful that they've been able to get their children, their whole families vaccinated. That's opened up being more comfortable with schools, being more comfortable just being in the community. I think the awareness, those that have been vaccinated, even if they've come down with the COVID illness, or it's not as severe. And I think as that education has gone out and people have been able to overcome that hurdle, that has definitely helped.

I think from an economic status point, just knowing that anybody that wants to do it can get it and that it's really something that keeps us all safe and is healthy for the community. Hopefully we can knock this COVID down.

Christina Wells, MD, MPH, FAAFP ([18:19](#)):

Right. I know as we're bringing this podcast to an end, would you say that, in your experience, even with the different challenges that you face, would you say that the definite benefits have outweighed any challenges or stumbling blocks you face?

Corinne Kohler, MD, FAAFP ([18:39](#)):

Well, I will have to say that our mid-level providers and our staff have been much more involved in this than I have. We've also had a program, a grant from the state called the Navigators program, which initially was to help people that got COVID walk through some of the hurdles and such like that, but we also have been able to use them to encourage the vaccines. I think I have definitely seen very positive results and definitely would just continue to go ahead and encourage anyone that is considering this, if you're a provider, you should be offering vaccines.

Christina Wells, MD, MPH, FAAFP ([19:17](#)):

Right. Do you have any closing thoughts or any other additional suggestions that you would give to those who'll be listening to this podcast?

Corinne Kohler, MD, FAAFP ([19:28](#)):

I think we've covered quite a lot of it, Dr. Wells. Again, finding out what's available already in your community, finding out where the needs are, finding out what your staff bandwidth is. As you said, maybe you don't want to administer a vaccine every day, maybe you're going to do it only at appointments. I think you just need to figure out your practice style and implement it. I just would encourage somebody to see it like a hill you're going to climb. Climb that hill and when you get to that peak, you know it's worth it.

Christina Wells, MD, MPH, FAAFP ([19:58](#)):

Right. And the coming down is always easier on the other side. I think I would concur with everything that you said, and I would just tell people, just do it. And I know that that's maybe easier said than done, but just getting in there, knowing that there will be a solution for whatever you encounter. And also knowing that there is support that's available when you get to that hill and you feel like that hill is a little bit hard to overcome, reaching out for the support, that can help. Thank you very much. It's been great talking with you, Dr. Kohler, today.

Corinne Kohler, MD, FAAFP ([20:36](#)):

Well, I appreciate having the conversation, Dr. Wells, and I'd encourage anyone that has questions to reach out to the Illinois Vaccinates website or to the Illinois Academy of Family Physicians and Illinois Academy of Pediatrics or IDPH. And thank you for your time, Dr. Wells.

Christina Wells, MD, MPH, FAAFP ([20:54](#)):

Yes. Thank you. And thank you for all who will be listening to this podcast. We hope that this information was resourceful for you.

Speaker 3 ([21:04](#)):

And now Candice Oberlies and Nancy Bell will share their experiences from the clinical and administrative perspectives and offer tips for setting up vaccination clinics and integrating the COVID 19 vaccines in routine visits.

Candice Oberlies, DMS, PA-C ([21:23](#)):

Hi, my name is Candice Oberlies. I'm a Physician Associate at Lake Street Family Physicians, and I also serve as the clinical manager of the practice. I've held this position for over 14 years.

Nancy Bell, Office Administrator ([21:35](#)):

And I am Nancy Bell. I'm the practice administrator of Lake Street Family Physicians. We're located in Oak Park, Illinois. I've been in this role for 15 years.

Candice Oberlies, DMS, PA-C ([21:47](#)):

Nancy, so tell me why did Lake Street Family Physicians choose to start a COVID 19 vaccine clinic? When did they start offering the vaccines? Was this an option?

Nancy Bell, Office Administrator ([21:59](#)):

We started giving the COVID 19 vaccines in February of 2021, when it was first made available to private practitioners. We did not feel it was an option, but rather a necessity. It was our responsibility as providers to vaccinate our patients and the community at large to help stop the spread of this deadly virus and to save lives.

At the beginning, we focused on our most vulnerable patient population, the elderly. We created lists of patients 80 years and older. We called each of them to schedule a COVID vaccine in our office. We asked them to come in the morning when our waiting room was less full for their protection. And at the time of the first dose, they were asked to schedule the second dose. This helped with vaccine inventory planning and also our staff scheduling. We also offered evening and Saturday appointments to best accommodate our patients.

When we were finished with the 80 year old and older population, we started calling our 75 year olds and then our 70 year olds, et cetera, until we had vaccinated all of our 65 and older patients. As you recall, initially only certain patient populations were offered the COVID 19 vaccine. They had to be pre-qualified, be a certain age, have a certain condition, work at certain jobs, et cetera. As the CDC guidelines changed, we were able to offer the COVID 19 vaccine to all of our patients five years and older.

Candice Oberlies, DMS, PA-C ([23:35](#)):

Nancy, what were the biggest challenges and hurdles that your clinic faced and how did you overcome them?

Nancy Bell, Office Administrator ([23:40](#)):

In the beginning of offering the vaccine, we obtained our supply from our local health department in Oak Park. They were kind enough to provide us with ample supply. However, they stipulated that we could only use their supply for Oak Park residents. This posed a significant problem since we served patients from all over, from Chicago and other nearby communities. In order to solve this, we reached out to the Cook County Health Department, and they were able to offer us additional COVID 19 vaccine supply, which we used to vaccinate the rest of our patients. However, we had to schedule patients on different days and use different supply, depending on if they were Oak Park residents or outside of Oak Park. Then we scheduled their second dose according to which supply we were using that day. I would say that it was rather complicated and difficult, and that was one of our biggest hurdles. Eventually the Oak Park Health Department lifted that requirement and we could use their supply for everyone. That was a thankful day.

Candice Oberlies, DMS, PA-C ([24:50](#)):

Any positive surprises or things that you didn't expect as a result?

Nancy Bell, Office Administrator ([24:54](#)):

Yes. The biggest surprise that I encountered were the emotions of our patients. We would see people in the waiting room crying because they were so grateful to receive the vaccine. They finally felt safe to visit their families, come out of their homes. They felt hope, and they felt that they had some control over the virus.

Candice Oberlies, DMS, PA-C ([25:17](#)):

I think on the clinical level, the biggest hurdle that we faced was restructuring the clinical staff and the clinic schedule. We tried to limit the number of patients in the waiting room so during the COVID clinic hours, we switched most of our clinic visits to telehealth visits. We would stagger our clinic appointments and we would offer our staff over time to work on Saturdays. We also would host half day COVID clinics so that we used all the vaccines at once in a timely fashion.

Nancy Bell, Office Administrator ([25:46](#)):

Candice, what has made the administration and acceptance of the vaccine easier in the past year?

Candice Oberlies, DMS, PA-C ([25:53](#)):

Thankfully we've relied on the CDC recommendations and benefited from IDPH's push and the support from the government. Also the providers at Lake Street Family Physicians have supported and recommended this vaccine effort from the beginning. We have posted on our website data and literature supporting the vaccine and of course, pictures of our providers getting their vaccine, their COVID vaccines. What advice, Nancy, would you offer to someone who's considering creating a COVID 19 vaccine clinic in their office?

Nancy Bell, Office Administrator ([26:26](#)):

Well, the first thing that I would suggest is to get started. And by getting started, they would need to sign up for the iCare to begin the process, and I believe that those instructions are covered in another podcast. Once that is accomplished, you can start vaccinating your patients for COVID 19, just like you routinely vaccinate your patients for flu, tetanus, pneumococcal, et cetera.

We can't predict the future, but most likely there's going to be a fourth booster recommended at some point. And perhaps there will be an annual COVID vaccine. It is best to provide your patients with all the recommended vaccines at your practice. In addition to protecting them, we also benefit from receiving currently \$40 per administration for each of the vaccines we give. It used to be only \$17 in the beginning, but now it's \$40 that we generate for each vaccine. Also, I don't believe they're planning any more mass vaccination sites so patients are going to be relying on their provider's office to offer the vaccine. And also once the infants are approved for the COVID vaccine, they will be relying on pediatric and family practice offices to provide the vaccine instead of vaccination sites.

Candice Oberlies, DMS, PA-C ([27:52](#)):

Well, Nancy, thank you for taking the time to discuss how to create a COVID 19 vaccination clinic in a family practice setting. I've learned a lot from your experience, and I hope that this information benefits other family practice clinics in Illinois.

Nancy Bell, Office Administrator ([28:08](#)):

And thank you, Candice, for your information as well.

Candice Oberlies, DMS, PA-C ([28:11](#)):

You're welcome.