

Carl Earl Lambert, Jr., MD, FAAFP : 0:04

Welcome back to season two of Beyond the Needle a physician's guide to increasing COVID-19 vaccination rates. I'm Carl Lambert, a family physician and a member of IAFP, and I'm an assistant professor of family medicine at Rush University Medical College. This podcast series is brought to you from the Illinois Academy of Family Physicians, IAFP, through the Illinois Vaccinates or IVAC project. Joining for this podcast series is provided by the Office of Disease Control through the Illinois Department of Public Health. For more information on the IVAC project and receiving free CME credit for these podcasts, visit illinoisvaccinates.com/podcasts. Thank you for joining us as we come together to vaccinate against COVID-19.

Corinne Kohler, MD, FAAFP: 0:55

Hello, this is Corinne Kohler with another episode of Beyond the Needle podcast. I am here today with Dr. Santina Wheat and I am Dr. Corinne Kohler. We're both family physicians very active with keeping up with the COVID-19 pandemic. Today we're going to talk a little bit about some of the changes that we've seen with the ending of the public health emergency designation by WHO and also what the changing landscape might be for the future of COVID-19. As I mentioned, I'm Dr. Corinne Kohler. I'm a family practice physician in central Illinois, and Dr. Wheat, if you'd like to introduce yourself please.

Santina Wheat MD, MPH, FAAFP: 1:41

Sure, I'm Dr. Santina Wheat. I am a family physician at Erie Family Health Center in Chicago, Illinois, and I'm the program director for the Northwestern McGaw Northwestern Medicine Residency Program at Erie Humboldt Park. I'm looking forward to this conversation.

Corinne Kohler, MD, FAAFP: 1:55

Okay, great. So I think we're all aware that WHO ended the public health emergency in May, which also CDC obviously also ended its designation. So let's talk a little bit about what the impact of removing that designation might have on us and what changes you've seen, Dr. Wheat.

Santina Wheat MD, MPH, FAAFP: 2:17

Sure, let's actually start with the things that we are going to continue to see. So, most obviously, covid is still here. We know that people are still getting sick from COVID, despite the fact that people might not always have it in the front of their mind. So we still have a need for testing availability and we still have a need for vaccines for those who have not been vaccinated or, when we have new variants, be able to provide that additional information.

Corinne Kohler, MD, FAAFP: 2:51

I agree, and going forward knowing that COVID will continue to change or continue to have variants and that we continue to need to be surveillance and new information. Research into COVID is really not going away. If anything, it has increased and we will continue to see that. What other impacts have you seen?

Santina Wheat MD, MPH, FAAFP: 3:15

So I also just want to make a mention to the fact that we've seen so much vaccination happen in individual offices and in individual pharmacies, and one of the concerns that people had about the public health emergency ending was that we might see some of that funding go away for the vaccines. But for the individuals providing the vaccines, we know that, at least through the end of this calendar year, that there will still be the additional reimbursement that's provided for the COVID-19 vaccine, and so we we should all continue to encourage the organizations that we support to provide this important vaccine.

Corinne Kohler, MD, FAAFP: 3:58

Absolutely. I think that, as people have seen, the designation public health emergency ending it does not decrease the impact of COVID. It's still transmissible. We're still seeing long COVID. We're still seeing year-round illness from COVID. It's not quite as seasonal as influenza appears to have been in the past. But, yes, we definitely need to continue to remain vigilant to changes, remain a diligent about educating our patients and the public about the need to vaccinate and being aware of any new changes that appear on the horizon. One of the things that probably will not change also is just some of the impact that we have all seen on our practices. So you know, things like telehealth will, for the most part, continue, perhaps with some changes in terms of establishing care. As a telehealth patient, we will probably continue to see testing, although maybe not as required for routine procedures, but still the need for testing is still there, that need for practicing good public health measures. If you are infected with COVID, the same way you would if you were infected with influenza or RSV or any of the other viral respiratory illnesses. I don't think that education has changed.

Santina Wheat MD, MPH, FAAFP: 5:29

I think you're absolutely right on that, and it's interesting though, because, as we've had a lot more exposure, there has been a change in the perception amongst just about everyone, I think, about the impact of COVID and the need for vaccines. But, as clinicians, I do think it's it really behooves us to continue to educate our patients on just like the influenza virus, like yes, you may contract COVID and have a mild case, but there's still the possibility of severe illness that comes along, and so it is still worthwhile to be testing to make sure you stay up to date on vaccinations to isolate from others when you're sick, so that you can try to decrease the transmission along the way.

Corinne Kohler, MD, FAAFP: 6:20

So one of the major changes that I was aware with the ending of the emergency designation was the changes in data collection. Some of us are very data driven and knowing that that data is not quite as

robust as it has been really should not change our focus as clinicians. But, if you're some one of the clinicians that's very data driven, you will notice that there is a lot of decrease in the data collection. We don't have those daily data reports. We don't have some of the robust surveillance. It's more of what we do for going forward is what we do for influenza surveillance on more of population-based and not only that.

Santina Wheat MD, MPH, FAAFP: 7:06

I think we have to keep in mind that whatever is being reported to us if we are receiving reports, is going to be always an under representation, because now that the home COVID tests are available, as they happen for a while, those aren't all necessarily being reported. So there might be much more burden of disease within our communities that we're unaware of, just because most of what we're receiving is going to be the testing that's from institutions.

Corinne Kohler, MD, FAAFP: 7:36

Thank you very much for pointing that out. So what other changes have you been aware of with the ending of the public health emergency?

Santina Wheat MD, MPH, FAAFP: 7:46

I will say one that is actually positive as a change is we're no longer having the fears of the lack of personal protective equipment.

Corinne Kohler, MD, FAAFP: 7:57

Yeah, I think there is more availability of that and it's becoming much more acceptable. So I know, when I go out in the community, some people are masked, some are not. You know it's become much more just. This is the way you know life is. But then again we just hope that those good hygiene habits have been engraved enough that we will continue forward those with those. But yeah, having that lack of fear of what's next and what's coming, I think has definitely been beneficial to the health care community.

Santina Wheat MD, MPH, FAAFP: 8:30

Also with the changes that are coming along the way. I know that I was very concerned myself with the end of the public health emergency about what that meant for the availability of vaccines and the coverage of vaccines, and it's been really wonderful to see that there are plans for continued coverage for vaccines. That might change for some individuals what the options are right now. So, specifically those with private insurance, there might be some changes as far as co-pays that are needed for vaccines, and so it will be really important as clinicians for us to talk to our patients I talking with their insurance companies about what co-pays might there be. So hopefully there will not be many of those,

and for those who are seeing patients who are not insured, there is really great information that all children who are eligible for vaccines for children will continue to receive covered COVID-19 vaccines and for adults who are not insured, who are often the hardest part or hardest people in my experience to get vaccines for, HHS has announced a program called the Bridge Access Program for COVID-19 vaccines and treatments, which will maintain access for those who are uninsured once the vaccine moves over to the commercial market.

Corinne Kohler, MD, FAAFP: 9:51

Thank you for pointing that out. I think as our vaccine landscape changes, we will need to be diligent as clinicians as to what is available where it's available. Certainly with commercialization you know which pharmacies will be offering it - Will there be co-pays? But we do know that CMS has said that they will continue to pay that reimbursement on COVID vaccines, at least until the end of the year. So hopefully that will not have a great impact and, as Dr. Wheat mentioned, the uninsured adults will have an avenue. Any children that are covered under VFC or VFC plus or will continue to be, have access. I think to remind providers that there is a website called [Illinois Vaccinates.com](http://IllinoisVaccinates.com) which is a cooperation between various of the state organizations that will have up to date information, including where private vaccines will be available and such. Certainly, one of the things that we are aware of in terms of the change in landscape will be the change in the vaccines that we will be seeing this fall, as it has been recommended that all further vaccines right now will be monovalent so that we will just have the Omicron component in future vaccines starting this fall.

Santina Wheat MD, MPH, FAAFP: 11:22

That's absolutely right, and I will say I have a little bit of trepidation about the counseling that's going to come along with this. But as I've been thinking about how I'm going to talk to my patients about this, I'll share my thoughts with everyone is to talk about this similar to how I talk about the flu vaccine, in that every year we know that the virus changes a little bit or potentially changes a lot, and we really depend on the people who are monitoring the infections to look at how that virus is changing over time and to plan for vaccines that are going to be able to directly impact that Not just my patients I've been telling my children. It's like I just think this is going to be something that we're going to get a flu shot and you're going to get a COVID shot every fall. That we're going to make sure that we're protected against the different strains that are coming to have our best shot of if we do get sick, then it won't be so bad, or if we get lucky, then the vaccine will help prevent the disease altogether. And so just really being able to talk to our patients and our colleagues honestly about how the changes in these plans really mean that there's been sufficient attention paid to how the virus has changed. Just because of public health emergency's ending doesn't mean that we stopped paying attention to it. It just means that it's become part of our daily activities and it's going to the same processes that other diseases that we watch out for are going.

Corinne Kohler, MD, FAAFP: 12:59

I agree I have often referred to the influenza vaccine during this time as another virus that changes in mutates and we are constantly changing our vaccine and sometimes we get it right and sometimes we're behind on that influenza vaccine. But I think the important thing is with the COVID vaccine, along with influenza vaccine, is that the real purpose of the vaccine is to prevent that serious illness and death. Yes, you may still get mild illness and unfortunately, you're still probably able to transmit it, but it is there to help prevent the serious illness and death and the wear and tear on our healthcare system. Hopefully, going forward, our healthcare system will be able to rebound a little bit from some of the wear and tear that COVID has provided in terms of stress on staff and resources and such like that. So I am looking forward to that. I do think that, as clinicians and providers, one of the important things to do is just to really keep track of where your information sources continue to be. We've all been aware of lots of good information and a lot of misinformation out there and just knowing that as we go through and we're looking at guidance that we're using those really robust sources. So your CDC, your HHS, your CMS for your coding and also then for us in Illinois our Illinois Public Health website and Illinois Vaccinates for up-to-date information as to what is coming.

Santina Wheat MD, MPH, FAAFP: 14:52

I think that's right and I think that that should be something that we said. Going back to the, what really hasn't changed? I think that the information is going to continue to change, is going to continue to be updated, and so we all will need to stay on top of those websites, as you mentioned, and speak with our organizations about how our processes are changing along the way. I do think that this change in vaccine this year will be a big difference for some locations. I think we'll have to watch out for where the vaccine is available and make sure that, if it's becoming less available for some of our patients, that we're doing some focus counseling on.

Corinne Kohler, MD, FAAFP: 15:31

This is how you get it, and also this is why I think it's important, even if it's a little bit more difficult to get to that vaccine than it was in the past one of the things that lessons that I have definitely taken home during this whole COVID journey has been increased flexibility as an individual, responsibility just as a citizen, but also, very much so, increased flexibility as a clinician. How I did it yesterday may not be how I do it today, and probably will be different than how I do it tomorrow. So, again, being aware of those resources, communicating, being open to the fact that this is not, this is not static, this is something that has changed or will continue to change and certainly I think one of the positives has been just increased communication. Increased communication especially amongst providers and amongst organizations that I've seen, and hopefully that will continue to happen, also going forward.

Santina Wheat MD, MPH, FAAFP: 16:34

I think you're absolutely right. I hope that that is something that we continue to see going forward and, as you said, that things will be changing on a day-by-day basis. One of the other things that I think all of us need to pay attention to, particularly here in Illinois, is that we are clinicians in a state that often serve

people that are coming from other states too. There are several states that border us, and sometimes people cross over to receive care to work and so sometimes receive care closer to where they work, and so it is important for us to also keep that in mind, as the resources that are available here in Illinois might be slightly different than some of those bordering states, and so it would just be helpful to pay attention. If you are someone that's caring for people in those bordering states, to pay attention to how things are changing in those states as well, because it might impact access for your patients.

Corinne Kohler, MD, FAFP: 17:27

Oh, I agree, especially as we start looking at perhaps changes in regulations pertaining to health and also sending controlled substances across state lines, of all kind of gone used to the increased laxing those regulations during COVID, but again that that may change and we need to be staying on top on top of that. So I really appreciate your pointing that out. I'm not in a particularly collar area but we do get for us. Where I am with the University of Illinois, we get a lot of international students and people that are visiting scholars and such like that and all that can impact all their health insurance coverage is not just COVID. So keeping on top of that is definitely something that's on my radar.

Santina Wheat MD, MPH, FAFP: 18:18

Absolutely, and I hope that COVID is just staying on people's radar. As we alluded to before. Some people have just become a little bit more comfortable with it. It felt like it's not that important to stay on top of, but I hope, as clinicians at least, that we're still paying attention to the things that are changing and how our processes for our patients will need a change based on this, and will still advocate for the needs to ensure that access remains, particularly with the programs that are providing the bridge access and knowing that as co-pays start, that it might be an impediment for some of our patients, and so just sort of being the good advocates that we can be for our patients along the way.

Corinne Kohler, MD, FAFP: 19:03

Oh, I agree and thank you so much for pointing that out and the fact that we just need to continue to be vigilant and diligent and aware of everything. And again, the resources, and again, just because one designation has disappeared, the disease state itself is still there, as we, you know, summer tends to be a little bit more relaxed with respiratory illnesses, but certainly as fall comes in and with the change of vaccines, will definitely need to be vigilant on that. Any closing thoughts, Dr. Wheat?

Santina Wheat MD, MPH, FAFP: 19:44

I would just say a reminder that the different resources continue to be updated. They continue to be available for you. I hope that you will continue to reach out and I hope that everyone feels comfortable with the idea that COVID is still here and there's lots of resources for us to stay on top of to help keep our patients and ourselves and our families safe.

Corinne Kohler, MD, FAAFP: 20:10

I would definitely like to put in a plug for illinoisvaccinates.com website, IVAC, IVAC boot camps and information that are on that website, as well as CDC for their continued updated information and they still have excellent patient education handouts. Watch for more information as we make the switch to monovalent vaccine this fall, as there'll be more information on changes with that and dosing. I would like to thank you for joining us this evening. Thank you to Dr. Wheat for the great conversation that we were able to have and again I think our words are to stay vigilant, stay safe.

Carl Earl Lambert, Jr., MD, FAAFP : 21:00

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