IMPROVING ACCESS TO COVID-19 VACCINATIONS FOR VULNERABLE POPULATIONS IN PIMA COUNTY

Reaching People who Require At-Home Vaccinations

Prepared by the
Pima County, Arizona
Health Department

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I. BACKGROUND

The COVID-19 vaccination efforts in Pima County commenced on December 5, 2020 with a phased approach due to limited availability of the vaccine and the need to put a robust distribution infrastructure in place. Approximately 830,000 Pima County residents, 18 years and over, are estimated to be eligible to receive the vaccine and currently roughly 37% of this population is immunized.

The Pima County Health department’s prioritization plan is based on public health guidance from the CDC’s Advisory Committee on Immunization Practices (ACIP) and the Arizona Vaccine and Antiviral Prioritization Advisory Committee (VAPAC). The Pima County Health Department (PCHD) considers further advice from its Ethics Committee based on local concerns and county-specific COVID related data. The PCHD, with input from its Ethics Committee, implements adjustments to the priority groups based on local data, needs and vaccine availability.

Phase (1A) began December 5, 2020 for people in prioritized groups:

- Frontline healthcare and support workers
- Emergency medical service personnel
- Staff and residents in long-term care settings. This included residents in skilled nursing facilities (nursing homes), assisted living centers and adult residents in residential care facilities licensed in Arizona for older adults and people with intellectual and physical disabilities.

Phase 1B.1 began January 8, 2021 for:

- Older adults at highest risk for severe illness and mortality, beginning with those 75 and over and expanding eligibility by 5-year increments to 70+, followed by 65+
- Protective service workers (law enforcement and emergency service personnel)
- Teachers/Educators, school personnel and paid childcare workers

Vaccinations for priority groups have been administered through:

- Five county or state-run Points of Distribution (PODs) including:
  - Banner North and South drive through locations
  - Tucson Medical Center (TMC) - drive through and walk-in options
  - University of Arizona drive through –now a state-run POD
  - The Tucson Convention Center - walk in, in partnership with the City of Tucson
- Mobile pop-up events in rural and semi-rural areas in partnership with Federally Qualified Community Health Centers and a PCHD contracted partner, Premier Medical Group (PMG).
- Mobile pop-up events in high-risk urban areas in Tucson delivered by the PCHD in partnership with TMC and PMG and other community partners.
- Federal Pharmacy Partnership program in enrolled long term care facilities - Skilled Nursing Facilities (SNFs) and assisted living facilities (ALFs).
Mobile outreach pilot program to reach members of the Arizona Long Term Care System (ALTCs) residing in ALFs not enrolled in the Federal Pharmacy Partnership program. This is a partnership between PCHD, Arizona Health Care Cost Containment System (AHCCCS), the Pima County ALTCs managed care organizations and Genoa Medical Group. PCHD Public Health Nurses (PHNs) have served the remaining ALFs in the county. ALTCS members receiving services at home will be vaccinated during phase 3 of this pilot outreach program.

Congregate settings such as Senior HUD housing are vaccinated by PCHD PHNs, PMG, other organizations, and FEMA vaccinators.

Commercial pharmacies in designated areas for eligible priority groups.

II. GAPS IN EQUITABLE VACCINE DISTRIBUTION TO VULNERABLE POPULATIONS

The PCHD is committed to the fair and equitable distribution of vaccines in Pima County. Review of vaccine uptake data during early phases showed significant differences across settings, racial and ethnic groups and geographical locations, resulting in the development of an overarching plan to help achieve vaccine equity.

Reaching the Homebound -- Successful Strategies

Although the homebound population can be difficult to identify and easily overlooked, the need to vaccinate them is crucial. This population characteristically suffers from severe chronic disease and functional or cognitive limitations and are extremely vulnerable to severe illness and death from coronavirus. Because they are living with disabilities or are 65 and older, the vast majority already are eligible for the vaccine. Nevertheless, the vaccine is not always within their reach. Nearly 6% of the elderly, community-dwelling Medicare population are completely or mostly homebound.1

Without clear national guidance or guidelines regarding the prioritization of the homebound population, states and localities have struggled with the decision where to place them in the phased vaccine rollout. Although many homebound have qualified for the vaccines in the early phases due to age or disabilities, the CDC makes no mention of homebound individuals in its phased vaccination strategy.2

This dilemma is of particular concern to the Visiting Nurse Association (VNA), whose members are the lifeline to many of the homebound. Because many homebound individuals are currently under the care of home health agencies (HHAs) or hospices or are receiving home-based primary medical care from a visiting physician or nurse practitioner, the VNA believes that these providers should be empowered to provide the vaccine as part of their ongoing in-home care plan.3 Recently, national, and local programs have been developed to reach out to isolated and socially vulnerable individuals.
A National Private-Public Initiative for Health Equity

If successful, the recent launch of a private-public initiative to reach underserved populations may well be a blueprint for future national programs. In March 2021, the White House COVID-19 Response Team introduced the Vaccine Community Connectors pilot initiative. With federal collaboration, more than a dozen health insurance providers have joined together to facilitate the vaccination of underserved populations. The ambitious goal is to fully vaccinate 2 million people 65 and older from vulnerable communities over 100 days. The program has three goals to address widespread challenges: scheduling, transportation, and questions about the vaccine.

How the Vaccine Community Connectors Initiative Works

Health insurance providers will also incorporate government resources such as the Social Vulnerability Index (SVI), a metric that considers 15 social factors across socioeconomic status, household composition and disability, minority status and language, and housing type and transportation. This social index data will be paired with other enrollee data, such as vaccination histories and the prevalence of chronic conditions to help identify the 25% most vulnerable communities. The program approach will be tailored for each community to best meet its unique situation. For example, some areas may best be served by mobile clinics, language assistance, or a combination of interventions. Other communities may benefit from health insurance providers who partner directly with rideshare services to provide transportation to vaccine appointments at no cost. An essential and important component of the initiative is the tracking and documentation of program progress to ensure that those who need vaccinations most are receiving them. The initiative objectives -- to remove barriers to better care and to reach people in their homes -- are essential in the difficult campaign to reach the homebound.

Local and Regional Programs Reach the Homebound

Local and regional homebound vaccination programs have materialized in an effort to reach those most isolated and at greatest risk for disease. One example is the Homebound Hoosier Program underway in the state of Indiana. Under this program, local Area Agencies on Aging staff help to match available vaccine from local health departments with homebound individuals in the service area. Next, local firefighters and emergency medical services staff vaccinate people in their own homes. In order to receive a vaccine, Homebound Hoosiers must also meet the eligibility requirements laid out by the Indiana Department of Health.

With the arrival of the one-shot Johnson & Johnson vaccine, the City of New York (NYC) launched a door-to-door vaccination campaign targeting the homebound. In partnership with various public and private agencies, NYC is reaching out to thousands of homebound seniors who are referred to a city-run initiative. The NYC fire department (FDNY) has deployed field teams with nurses to vaccinate identified homebound adults aged 65 and older. The City is also working with healthcare providers experienced in home-based care, such as visiting doctors and nurses, to vaccinate hundreds of homebound older adults and caregivers. The game changer has been the arrival of the Johnson & Johnson vaccine, which requires a single shot and remains stable in a regular refrigerator.
A Challenge Requiring Creativity and Adaptability

COVID-19 has crystallized the challenges to healthcare access that homebound people face. While telemedicine has become a valuable tool during the pandemic, virtual medicine cannot deliver vaccines. The homebound are a hidden, vulnerable population and concerted efforts are required to reach them. Healthcare providers must be nimble and creative to reach the entire population as quickly and strategically as possible, especially those most isolated and vulnerable.

Key barriers to people accessing vaccinations

A number of barriers to vaccination sites emerged for people eligible as older adults. This included limited access to computer or internet and/or inability to navigate the online registration system. Individuals did not have access to transportation to get to the sites or faced language barriers to accessing information about the vaccine and how to register for appointments.

Response to these identified issues included the following:

- The PCHD established a call center to assist people directly with registration and scheduling vaccinations. A general helpline number (520 222 0119) was set up so that people without computer access could call to receive assistance with registration. Spanish speaking staff and phone interpreters are available.
- People without access to technology or email who call the helpline are identified scheduled directly at select PODs. Transportation to appointments can also arranged as needed.
III. A DECISION TO VACCINATE THE HOMEBOUND FAMILY AND CAREGIVERS

On March 29, 2021, the PCHD expanded the homebound vaccination program to include everyone in the household who has not been vaccinated. This expansion will also include any on-site caregivers, although it is expected that they have already been vaccinated in the first phases.

This initiative to expand the homebound vaccination plan to all household members and on-site caregivers will reduce the homebound’s risk of exposure. The PCHD is collaborating with partners who already work with the homebound to assist in the expansion.
IV. HOMEBOUND INDIVIDUALS: PEOPLE NEEDING AT-HOME VACCINATION

A significant number of older adults and people with disabilities and/or high-risk medical conditions, unable to leave their homes to get the vaccine, have been and continue to be identified. People who fall into this group are often referred to as “homebound” – which is defined as a person's inability to leave home without taxing effort, or when the person's primary care provider (PCP) has indicated that their health or illness could get worse by leaving home.

Homebound individuals can be classified into two main categories: those who receive long-term care services in the home through Medicare, AHCCCS or Arizona’s Long Term Care System and those who do not. Data for individuals receiving services through AHCCCS/ALTCS is presented below. Information is not readily available for those who are not members of ALTCS/AHCCCS who receive long term care services privately, through fee for service, or through family caregivers. There is not an integrated database for people who receive long term care services in the home or who are homebound in the County.

A. Pima County Residents Served by Arizona Long Term Care Services

The Arizona Long Term Care System provides services to people who qualify under either Medicaid and/or Medicare through Home and Community based services. Members of the Arizona Long Term Care System (ALTCS) make up approximately 5% of the Arizona Health Care Cost Containment System (AHCCCS-Medicaid).

ALTCS members receive services through either the Elderly and Physically Disabled (EPD) program, delivered through managed care plans, or the Developmentally Disabled contract-managed by the Department of Economic Security (DES).

Individuals who qualify under the EPD program receive services either in long-term care facilities, such as Skilled Nursing Facilities (SNFs) or Assisted Living facilities (ALFs), or through Home and Community-Based Services. County data shows that ALTCS members are disproportionately impacted by higher rates of severe COVID-19 illness and death.

*Table 1* below provides Medicaid data from the Arizona Health Care Costs Containment System (AHCCCS). Data shows that as of November 2020, there are about 9,300 people in Pima County receiving long-term care services via the Elderly and Physically Disabled people (EPD) or the Division of Developmental Disabilities (DDD).

ALTCS members in Pima County living in SNFs, ALFs, and licensed residential facilities are eligible for vaccination under phase 1A. There are approximately 1,000 ALTCS Elderly and Physically disabled individuals in Pima County who reside in institutional settings such as skilled nursing facilities. This population may have received vaccinations through the federal pharmacy partnership program supported by Walgreens and/or CVS.
Table 1: ALTCS Population by Setting and Dual (Medicare+ Medicaid) and Non-Dual (Medicaid only) as of November 2020

<table>
<thead>
<tr>
<th>Pima County ALTCS Elderly and Physically Disabled (EPD) as of November 2020</th>
<th>Dual</th>
<th>Non-Dual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>1,586</td>
<td>577</td>
</tr>
<tr>
<td>Alternative Residential</td>
<td>977</td>
<td>126</td>
</tr>
<tr>
<td>Home and Community Based Services (HCBS) Total</td>
<td>2,563</td>
<td>703</td>
</tr>
<tr>
<td>Institution</td>
<td>780</td>
<td>252</td>
</tr>
<tr>
<td>Total</td>
<td>3,343</td>
<td>955</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pima County ALTCS DDD as of November 2020</th>
<th>Dual</th>
<th>Non-Dual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>937</td>
<td>3,232</td>
</tr>
<tr>
<td>Alternative Residential Institution</td>
<td>557</td>
<td>305</td>
</tr>
<tr>
<td>Total</td>
<td>1,494</td>
<td>3,537</td>
</tr>
</tbody>
</table>

| Pima County ALTCS Grand Total | 4,837 | 4,492 |

B. ALTCS -- Elderly and Physically Disabled

A further 2,000 people reside in EPD alternative residential settings such as ALFs. The majority of this group are also being served through the CDC federal pharmacy partnership program; however, 152 facilities did not enroll for this program. These facilities are currently being served through a mobile EPD pilot program - a partnership the PCHD, AHCCCS and the Pima County ALTCS Managed Care Organizations (MCOs) who provide services to ALTCS members. Staff and residents in non-enrolled ALFs that do not provide services to ALTCS clients are currently being vaccinated by the PCHD PHNs.

Approximately 3,200 ALTCS EPD members receive long term care services from Home and Community Based Services.

Of these, about 2,000 members receive long-term care services in the home.

According to the ALTCS MCOs in the County who have assessed the need for at-home vaccinations, about 200 ALTCS EPD members require an at-home vaccination. The remaining 600 people, 65 years or older, are able to receive vaccinations at the existing PODs with assistance.

C. ALTCS -- Developmental Disabilities

Currently in Pima County there are about 5,000 people who are members of ALTCS DDD who receive services in home or alternative residential facilities.

Of these, around 4,000 members receive services in the home, and about 800 live in alternative residential facilities. People in alternative residences will be vaccinated through the federal CVS Walgreen partnership program, as well as by the PCHD PHNs and contracted vaccinators.
V. STRATEGIES TO REACH AHCCCS/ALTCS MEMBERS AT-HOME AND IN ALFs

A. Partnership with AHCCCS/ALTCS Plans

Outreach to Elderly and People with Disability (EPD) Members in Home and Community Settings

The PCHD, AHCCCS, and the County’s ALTCS managed care organizations (MCOs) - Mercy Care, and Banner University Family Care providers, formed a partnership to vaccinate ALTCS members in home and community settings. A mobile COVID-19 vaccination pilot program is currently underway targeting residents in ALFs that are not enrolled in the federal pharmacy partnership program. AHCCCS/ALTCS enrollees, and other residents and staff have been vaccinated through a contracted provider, Genoa Medical Group, with a high acceptance rate (73%) and efficiency in the process.

The pilot will be extended to the additional 200 ALTCS enrolled members identified for at-home vaccination.

ALTCS members who register through the PCHD vaccine registration system. Their registration and eligibility information will be relayed to the ALTCS MCOs and they will coordinate the at-home vaccination through their contracted vaccination providers.

B. Telephone Outreach to ALTCs Members

Currently, ALTCs members are being contacted by care coordinators to assist them with registration and transportation to the PODs.

C. Transportation to Vaccination Sites

Arizona recently announced that people eligible for vaccination who are AHCCCS members can receive free non-emergency medical transportation (NEMT) to and from their COVID-19 vaccination appointments. This includes reimbursement for time-spent waiting during the drive-through vaccination process. PCHD will be working with other organizations to identify and utilize this resource when available. PCHD is also partnering with other transportation companies, such as local taxi services to provide transport.

VI. STRATEGIES TO REACH HOMEBOUND INDIVIDUALS NOT ON ALTCS

There is another group of vulnerable adults in Pima County who may not qualify for AHCCCS or ALTCS but receive long-term care services in home settings. This group may not meet income eligibility requirements and choose to purchase private home care services or receive them through other long term care insurance plans. People in this group may also receive in-home services through primary care provider networks, such CareMore, who primarily serve clients 65 and over through Medicare advantage or dual eligible insurance plans.

There is a sizable number of people without insurance who are cared for by family members and informal caregivers. This at-risk group are frequently elderly people, who have significant mobility limitations, co-morbidities and require medical transportation to leave their home. This population is also at risk for severe COVID-19 impacts and may be exposed through family members, caregivers, at medical appointments and through food and supply deliveries. This group of people receiving long-term care services in the home, who do not have the benefit of
stringent mitigation measures underway in residential facilities, face elevated risks of severe illness and death.

It is estimated that there is upwards of 10,000 people in Pima County that fall into this group who will require assistance accessing vaccination. While it is unknown exactly how many individuals in this group will require at-home vaccinations, it is estimated to be between 1,000-3,000 people. This is based on 10 percent of the current ALTCS EPD population requiring at-home vaccinations. Currently ALTCS has contracted with an on-boarded home health agency in Pima County, ASI, which serves ALTCS clients to identify and vaccinate clients needing at-home vaccination.

VII. IDENTIFICATION OF NON-ALTCS MEMBERS WHO REQUIRE AT-HOME VACCINATION

Identification of people requiring at-home vaccinations, not captured in State AHCCCS/ALTCS systems presents a challenge, but there are a number of sources to assist the county to do so.

A. Electricity Dependent Individuals in Arizona

According to the State’s electricity data there are 9,098 people in Pima County dependent on electricity needs for medical reasons in case of public health and safety emergencies. This likely encompasses both ALTCS and non-ALTCS homebound individuals. 

https://empowermap.hhs.gov/

PCHD is seeking County data from Tucson Electric Power for high-risk electricity dependent individuals over 65 years that includes addresses that can potentially be mapped through GIS to census tracts.

B. Home Care And Home Health Agencies Serving Non-ALTCS Clients

A number of home care and home health agencies in the county provide long-term care services in the home to fee for service, or non-ALTCS clients, who cannot leave the home for vaccination. This includes personal care, attendant care or hospice services. The PCHD has developed an online survey for these providers to use to assist in identifying people requiring at-home vaccination. People requiring at-home vaccinations can now be registered in the online registration system. Caregivers may assist their clients to do so and identify themselves as their representative. People needing assistance can contact the call center who can assist them with pre-registration and screening for at-home vaccinations.

In addition, PCHD has and will continue to reach out to organizations who provide homebound services (e.g. Home delivered meals). These organizations can help provide information about individuals who fall into this group, as well as provide support through volunteers that may accompany vaccinators into the homes of those requiring vaccines.

C. The Pima Council on Aging (PCOA)

PCOA is working with the PCHD to develop outreach solutions to improve access and equity for older adults in the County. They provide in-home support services to non-ALTCS members, such as home delivered meals and personal care to approximately 2,000 older adults 60 years and older. PCOA is currently reaching out to clients to identify those who need assistance with registration, scheduling vaccine appointments and transportation.
They are also assisting with identifying clients needing at-home vaccinations and are assisting with registering these individuals into the PCHD pre-registration system.

**D. People with Disabilities and High-Risk Medical Conditions**

A significant number of people living with disabilities who are eligible under the current priority groups are successfully accessing vaccinations at the existing County vaccination sites. However, a segment of this population with high risk medical conditions and significant functional limitations, are unable to leave the home and require at-home vaccination.

Identification of these individuals will require a multi-pronged approach and targeted communications in collaboration with disability advocacy groups and community service organizations. Tucson Fire, along with the Pima County Sheriff Department, in partnership with the PCHD, PMG, Pima Council on Aging and community navigator groups are exploring a collaboration to reach vulnerable individuals through their existing outreach programs and networks, much like the Homebound Hoosier Program in Indiana.

**VIII. MOBILE OUTREACH CLINICS IN RURAL AND HIGH-RISK AREAS AND REACHING HOME-BOUND PEOPLE**

PCHD is providing mobile vaccination clinics in rural, semi-rural and high-risk communities to improve equitable distribution of vaccines in areas that are underserved and/or disproportionately impacted by COVID-19. This enables the PCHD to reach high-risk individuals such those experiencing barriers to accessing existing vaccination sites. Mobile vaccination clinics are underway in high-risk census tracts. Eligible residents can be vaccinated at a community based pop-up drive through or walk-up clinic.

A hub and spoke model is being used, whereby a vaccinator pair provides at-home vaccination to people already identified and pre-screened in the local area surrounding the pop-up clinic.

Consent for the vaccine information is provided onsite, as well as assessment for vaccine readiness. Once vaccinations are administered, one worker remains with the homebound individual for the waiting period to monitor for side effects and provide education on what to expect. Documentation is entered into the ASIIS reporting system. The type of vaccination used will be dependent upon supply availability.

Premier Medical Group, a PCHD contracted provider, is leading these efforts, in partnership with the PCHD’s MC3 team, (Mitigating Covid19 in Communities of Color), TMC, FQHCs, Fire/EMS districts, community partners and local government. Best practice methods for administering at-home vaccinations are being developed and implemented to maximize patient safety, vaccinator safety, vaccine efficiency and effective outreach to vulnerable people.
IX. IDENTIFYING AND TRACKING PEOPLE NEEDING AT-HOME VACCINATIONS

There is a range of different ways that people who need at-home vaccinations are identified.

- PCHD has a general inquiry email for the public to submit vaccine related questions at HEOCvaccine@pima.gov. The team responsible for responding to email inquiries compile contact details of individuals needing at-home vaccination. Individuals receive an email response advising individuals where they can register for at-home vaccination or to contact the helpline.

- Members of the public can contact the PCHD with vaccine related questions through the PCHD call center, main number and via local representatives. Requests for at-home vaccinations are currently being logged using spreadsheets and will be entered into the main registration system going forward.

- The Pima Council on Aging has six Helpline staff supporting older adults in the County. They were recently trained on how to register clients needing at-home vaccinations. They are also identifying individuals who don’t have access to email/technology who need direct scheduling at the PODS. This information will be shared on a daily basis by PCOA with the PCHD point of contact.

- AHCCCS/ALTCS care coordinators are contacting their members to offer assistance with vaccine registration and to identify those who need at-home vaccinations. They have identified a potential contract provider to administer these to their members as part of the next phase of the ALTCS mobile pilot program.

- Home care agencies serving non-ALTCS/AHCCCS members and providing fee for service long-term care services in the home are also assisting with identifying clients who require an at-home vaccination. They will be encouraged to register through the County’s main vaccine registration system. See COVID-19 Vaccine Information & Registration - Pima County

- The Arizona Empower list of County residents dependent on electricity in case of a public emergency is being sought. This will be used to identify high-risk individuals and mapped by census tract.

X. CENTRALIZED REGISTRATION

Due to these multiple sources of information outlined above, the PCHD has established a centralized data tracking system to manage and track individuals needing at-home vaccinations.

Since March 4 2021, people needing at-home vaccinations, or their representative, are able to register through the PCHD’s main registration system.

https://register.vaccine.pima.gov/

People needing an at-home vaccination are pre-screened and data is pulled and collated for triage. The main screening question in the pre-registration system is: “can you leave home for a vaccination?” If the answer is no to this question, then from there a series of other questions are displayed including:

- Are they living with a disability?
- Are they, or the person they represent, able to leave home for a COVID-19 vaccination?
• Do they receive long-term care services at-home such as attendant care, hospice services or personal care?
• Are they a member of AHCCCS or ALTCS?
• If provided transportation could they get to one of the drive through sites?
• If there is someone else in their home such as a family caregiver, who is eligible for a vaccination?
• How do they prefer to be contacted?

Data is then extracted, based on these screening criteria and sent to the point of contact to be triaged and assigned to relevant parties responsible for providing services to these individuals.

XI. **FOLLOW UP AND TRIAGE OF PEOPLE REQUIRING AT-HOME VACCINATION**

Individuals requesting an at-home vaccine are contacted by telephone, triaged, and assigned to available vaccinators. A standard operating procedure has been developed to guide this process and outline indicative timeframes.

Premier Medical Group is providing this triage service as part of their contract with the County, with Assistance from FEMA personnel. Vaccinators are providing hub and spoke outreach from the mobile vaccination clinics. Local partner organizations have been instrumental in identifying and contacting individuals who require an at home vaccination, ahead of the visits. Local volunteers who know their communities and residents are with vaccinators, which has proven to be an effective strategy.

The PCHD Public Health Nursing program (PHNs), medical volunteers and FEMA vaccinators can potentially assist with this effort once they complete the high-risk individuals 65 and over in congregate settings. Community Health Workers and additional trained navigators will also be needed to reach this population.

Follow up calls to clients receiving at-home vaccinations are being conducted to ensure quality and safety of services.

Data for registrants who receive services through AHCCCS/ALTCS plans or Medicare/dual eligible managed care plans such as CareMore, will be transferred to the appropriate point of contact to follow-up and schedule the vaccination. Data for ALTCS members will be provided to the ALTCS plans in Pima County, Banner and Mercy Care to assign to the contracted provider to deliver at-home vaccinations.

Using the existing registration system will allow us to automatically map addresses and filter data on the backend. External agencies such as home care, home health, PCOA and disability providers will be asked to enter people needing at-home vaccination directly into the PCHD pre-registration system.

XII. **COMMUNITY ENGAGEMENT AND COMMUNICATIONS**

The PCHD at-home vaccination initiative will be coordinated and promoted to the wider community through targeted communications pushed out to AHCCCS/ALTCS managed care
organizations, other managed care providers, in-home care and home health providers, social service agencies, senior and disability networks, and community and tribal partners.

Call Center and Help Line staff providing assistance to the public with vaccine registration have been trained on the updated registration system and screening questions for home bound people, as well as other support options. Media releases and news updates will be posted on the PCHD website and through social media.

Particular attention will be given to ensuring information is accessible, in multiple community languages and through existing channels and networks.

Table 2 - Estimated number of people in Pima County needing at-home vaccinations in Pima County by provider's of March 1, 2021

<table>
<thead>
<tr>
<th>At-Risk Group</th>
<th>Type of Vaccine Delivery</th>
<th>Registration Method</th>
<th>Party Responsible</th>
<th>Estimated Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 65+ EPD ALTCS/ AHCCCS members at-home vaccine</td>
<td>ALTCS pilot at-home vaccination</td>
<td>Onsite registration State</td>
<td>AHCCCS/ALTCS Contracted provider</td>
<td>200 (10% of 2,000 total)</td>
</tr>
<tr>
<td>2. ALTCS DDD members at-home vaccination</td>
<td>ALTCS pilot at-home vaccination</td>
<td>Onsite registration State</td>
<td>AHCCCS/ALTCS Contracted provider</td>
<td>400 (10% of 4,000)</td>
</tr>
<tr>
<td>3. People 65+ getting long term care services at-home (non-ALTCS) through private home care/home health agencies</td>
<td>At-Home Vaccination</td>
<td>Pre-registration PCHD registration system-screening for homebound</td>
<td>PMG PHN s FEMA Medical volunteers CareMore</td>
<td>1000 (10% of 10,000)</td>
</tr>
<tr>
<td>4. People with disabilities and high risk medical conditions cared for by family members</td>
<td>At-Home Vaccination</td>
<td>Pre-registration through at-home vaccine and onsite registration</td>
<td>PCHD: PMG PHN s FEMA/medical volunteers</td>
<td>300 (10% of 3,000)</td>
</tr>
<tr>
<td>5. People dependent on electricity not captured in other groups (may be duplication with high risk medical)</td>
<td>At-Home Vaccination</td>
<td>Identification of electricity dependent customers via Pima County Empower list through TEP</td>
<td>PCHD: PMG PHN s FEMA/medical volunteers</td>
<td>900 (10% of 9,000)</td>
</tr>
<tr>
<td>6. Veterans who need at-home vaccination</td>
<td>At-Home Vaccination</td>
<td>VA- EMR</td>
<td>VA nursing team</td>
<td>177</td>
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<tr>
<td></td>
<td></td>
<td>ALTCS</td>
<td></td>
<td>600</td>
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<tr>
<td></td>
<td></td>
<td>PCHD</td>
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<td>2,200</td>
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<td>Total in Pima County</td>
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REFERENCES


