



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

January 6, 2021 MMS/DPH Call Summary and Q & A

On January 6, the MMS hosted its monthly COVID-19 conference call for physicians with the Massachusetts Department of Public Health (DPH). Larry Madoff, MD, Medical Director, Bureau of Infectious Disease and Laboratory Sciences, Catherine Brown, DVM, MSc, MPH, State Epidemiologist and State Public Health Veterinarian, Kerin Milesky, Director, Office of Preparedness and Emergency Management, and Pejman Talebian, Director, Immunization Division, Massachusetts Department of Public Health participated. DPH officials were asked to provide an update on COVID-19 and COVID-19 vaccination efforts in the Commonwealth. DPH officials also responded to member questions asked during the call.

COVID-19 Update:

Dr. Madoff:

- The Commonwealth is still in the midst of a second surge with thousands of new COVID cases being diagnosed on a daily basis.
- The Commonwealth is also experiencing a concerning surge in hospitalizations and high ICU utilization rates.
- The positive test rate has been rising steadily. It is very high at nearly 9%, which is about 10-fold higher than it was during the summer.
- Monoclonal antibody treatments for acute COVID infection are available under Emergency Use Authorization (EUA). The treatments are for patients who are at high risk for developing complications of COVID and requiring hospitalization. The clinical trials show some benefit in these patients when used within three days of a positive test being obtained. EUA spells out exactly which patients meet criteria. The EUA also specifies that they should be used as early as possible, and within 10 days of symptom onset. The federal government, in conjunction with MDPH, has made these antibody products available to hospitals in Massachusetts. Currently, 14 hospitals have infusion capacity. If you have patients meeting the EUA criteria and you want to consider the use of these products, there is some evidence, albeit marginal, of therapeutic benefit.

Dr. Brown:

- The Commonwealth will be announcing over 6,000 new COVID cases today. The numbers we are seeing with this surge are higher than with the first surge last spring.
- The presence of the vaccine, and the fact that it is being deployed, provides hope.

COVID-19 Vaccination Update:

Mr. Talebian:

- COVID vaccination in Massachusetts began in mid-December.

- As of yesterday, January 5, 2021, we had 141,000 doses of vaccine that were recorded as administered in our registry, the Massachusetts Immunization Information System (MIIS).
- 320,000 doses of vaccine have already been shipped out to providers in Massachusetts. The bulk of those doses have primarily been going to large hospitals, but also to community health centers, other large ambulatory care centers, and in some cases, smaller group practices that have kind of grouped together to get enough doses for their COVID-facing health care workers.
- Massachusetts is currently in Phase 1B. Vaccinating COVID-facing health care workers is Phase 1A and vaccinating in long-term care facilities (LTC) is Phase 1B. Massachusetts will start vaccinating first responders next week, that is Phase 1C. It is important to note that there's a lot of overlap with these groups and vaccination will likely be continuing for those in Phase 1A well into January as things progress.
- One of the limitations of the vaccine is how it ships. Vaccine comes in minimum doses of 100 doses for the Moderna vaccine and 975 doses for the Pfizer vaccine. That has really hampered DPH's ability to get quantities of vaccine out to small, independent private practices for the vaccination of their staff as most small practices don't have 100 staff on-site.
- In many cases, practices are associated with hospital systems or are part of larger groups and are getting vaccines from their affiliated hospitals.
- DPH is looking at strategies for how to get vaccine to small practices and independent primary care providers who don't have a hospital affiliation and need vaccine for their staff now. One of the things that DPH is doing is working on a vaccine depot collaboration. DPH is talking to a few large hospital systems in the state and has also asked the MMS to provide help and support. The effort is being spearheaded by Mass General Brigham, but several other hospitals have stepped up who are interested in acting as depots for small practices. This is an evolving program that DPH is looking to put in place fairly quickly to allow for small practices to go to a handful of large hospitals in the state to pick up small quantities of vaccine to bring back to their offices to vaccinate their staff. DPH hopes to have this in place very soon and is trying to finalize the logistics with the hospitals that have agreed to do this, and also with the MMS who would play a coordinating role in this process. More information will be forthcoming.

DPH responses to questions received during the call:

Question: *I'm a traveling emergency medicine physician, and I'm in between jobs. That's pretty common for both traveling ER physicians as well as travel nurses, respiratory therapists, et cetera. Several of the other states where I'm licensed have made arrangements for providers like me who are in Phase 1A to get vaccinated. Other states have allocated a percentage of vaccine for non-affiliated providers or have state set up vaccination centers. That doesn't seem to be available in Massachusetts. I'm wondering how we can address that, because we need to be vaccinated since we are on the front lines?*

Mr. Talebian: At this point, there aren't any public clinics set up in Massachusetts. Those are being stood-up beginning next week for first responders. That being said, I think some of those clinics are going to also be open to others in Phase 1A as well. There will be a map going live very soon that will have information on public clinics that will be available for anyone in Phase 1A. That will be live by early next week. So, there will be some public clinics where individuals such as yourself can get vaccinated if you're not able to get a vaccine from any of the hospitals that you might be covering because you're in between jobs and may not have a current connection to a hospital. We have also been strongly encouraging all the hospital systems to be as inclusive as possible with their vaccination efforts and to go beyond their walls and not just vaccinate

their employees, and volunteers, and others who work there, but also those Phase 1A providers in the community. I know many of the hospitals have opened up vaccination clinics to others in the surrounding community already. That being said, there are going to be state sponsored public clinics, and also local health department sponsored public clinics that will be publicized in the very near future that will be open to all comers in the current priority group. Some of them will be specific for first responders, but others will be open to anyone in Phase 1A.

Question: *I am one of the doctors who has a small medical practice. We've been really pushing to try to get something. We are very happy to see that you're going to open this up to the smaller practices. I would ask that you maybe be a little stronger in your advocacy to some of the hospitals about including people who are not affiliated. People who have no affiliation are finding, especially specialists, that they are being shut out from hospitals that are being generous, in some ways, but in other ways not. I would encourage you to keep on top of that and make sure that that hospitals don't shut non-affiliated people out. I have a specific question about my office. We have an odd number of staff. We have given out a bunch of vaccine already, but we have seven people left who need their vaccine. Because we can only give out in doses of 10, we're not sure what we're supposed to do with the other three. We've been instructed not to offer it to anyone else, and we don't want to waste it. What would your advice be?*

Mr. Talebian: This is a common question we are getting. For those of you on the call who may not be aware, the Moderna vaccine comes in 10-dose vials and once you tap into that vial, you must use all the doses within six hours. That does create some logistical challenges. Some of you may have seen the news on local Fox News last night about Brockton Neighborhood Health Center. They had two or three doses in one vial that had to get wasted because of the the exact same scenario you're describing. Therefore, we have some guidance that we're actually posting as we speak on our website about this. The guidance is you should do the best you can to try to coordinate your clinics so that you are going to have 10 patients to vaccinate, but if you get to the end of a clinic today and there are one or two or three doses left in your vial, what we have said is to use your clinical judgment and to give it to anyone else in your practice or in the community that you could find in those last few hours of your clinic day or of your practice day that you feel would benefit from the vaccine. Ideally, someone who is as close to the current priority group as possible. Again, we would hate to see the vaccine go to waste. We would rather it goes into someone's arm. That could be one of your high risk patients in your practice or anyone else you feel could benefit using your own clinical judgment. Please keep in mind that once you give them that first dose, you are committed to try to give them a second dose 28 days later.

Question: *Is there is any plan to institute a system like the one that's recently been instituted in New Jersey where people can call and make reservations for vaccination?*

Mr. Talebian: Yes, we are aware of New Jersey and a few other states that have implemented a system like this. Actually, we are currently planning to on-board the same software platform that New Jersey and a few other states are using for this purpose. We hope to have something active in the near future. What the system is, for those who may not be aware, the concept is if someone in the general public is anxious and eager to get vaccinated, but they're not in the current priority group, they can go to the website, enter some of their basic information, and kind of "be put on a wait list." Once vaccine becomes available in their priority group, they're given a notification saying, OK, now vaccine is available for you, here are a bunch of options of clinic locations that are available. That is something that we think is a great idea, and we are looking to implement here in Massachusetts as well.

Question: *I work in a medical laboratory. We're affiliated with Winchester Hospital, but we do anatomic pathology and some other testing. We were told from the hospital that we were not eligible to get any of their vaccines as we're not COVID-facing. We only do lab work. We have about 10 physicians and staff. We're about 70 people all together. I can't seem to get any information about how we're going to be able to obtain the vaccine. Winchester Hospital said they only have enough for their own employees. I'm wondering, is there going to be some kind of communication around vaccination for those of us in laboratories?*

Mr. Talebian: I think Winchester Hospital is correct that you're not COVID-facing. That being said, you would be considered non-COVID-facing health care providers who fall towards the end of Phase 1 in our prioritization. Once we get to that phase, which at this point will be sometime in February, we are going to be pushing out more vaccine to hospitals and others to vaccinate. My hope is that Winchester Hospital will open up their vaccine at that point to laboratory physicians such as yourself. The intention is really to give enough vaccine to hospitals to vaccinate not only their employees, but all affiliated laboratories and practices that might service them. So, when we get to the end of Phase 1 and are vaccinating non-COVID-facing health care workers, you should be able to get vaccinated through that avenue. Also, by then, we will have a more robust public clinic infrastructure set up and eligible individuals can go to those locations for vaccine. The other thing I'll also mention is that we are hoping, by February, to start having vaccine available in retail pharmacies. Hopefully, some of the retail pharmacies will be able to set up closed clinics for specific priority groups. Again, as we get later into the prioritization and into the vaccination campaign, there will be more and more locations where individuals can go to get vaccinated who are in the current priority group.

Question: *Our organization has several outpatient addiction medicine clinics in the state of Massachusetts. We have registered with MIIS as well as signed the Massachusetts COVID-19 Vaccine Program (MCVP) agreement, but we are expecting between the number of employees we have and the percentage who will be interested that we will fall short of 100 total employees that we would need to vaccinate. How you would recommend we work that out with the minimum doses of Moderna vaccine that we can get 100 from the state?*

Mr. Talebian: Yes. Your practice would be a perfect example of a site that hopefully will be able to take advantage of this new depot system that we're looking to put in place with a handful of these large hospitals in the state. We will have more information about the depot process, hopefully next week, which will include information on which hospitals in your area are participating, hours, and information on how you can get vaccine from them. I think for small practices, that don't quite have 100 employees that they need to vaccinate, that will probably be the primary avenue for how we get vaccine to you. The hospitals will get larger increments of vaccine, but they can package it up in smaller increments of one or two or three vials as needed. More information to come on that, but our hope is that you will be able to pick up a small increment of vaccine from one of the local hospitals.

Question: *We have a small non-profit ophthalmology optometry practice that specializes in the care of immunocompromised patients. As far as our staff, we're a small organization of about 30 people, but we only have about 10 people that are patient-facing. We are not affiliated with a particular hospital. It sounds like from what you're discussing, our situation would present us one of two options. One, at some point in February, likely toward the end of Phase 1, we will be able to either pick up doses at a hospital, or, at some point, there will be public stations we can go to receive the vaccine. Going somewhere and picking up vaccine presents a storage problem once we get it here as we're not structurally set up to do that. I don't know if that's been considered yet. I want to confirm, that there will be these public vaccination offered for practices like us in this situation.*

Mr. Talebian: Yes. You remind me of an important point that I should mention. Sites that are able to pick up vaccine through the depot model will need to be registered with the MIIS and enrolled in the MCVP COVID vaccine program. That is because we want to make sure that sites that are taking vaccines back to their practice, as you correctly point out, have the proper infrastructure in place to properly store the vaccine. Ideally, these are primary care provider sites that will eventually be getting vaccines shipped to them directly once we're at a point where they're vaccinating their patients. For smaller, specialty practices that are not likely to do any further vaccinating beyond their own patient population, it probably doesn't make sense to ship vaccine to you or to pick up vaccines from a depot. The primary methods for how to get your own staff vaccinated would be through one of these public clinics or through a retail pharmacy. The other thing I failed to mention is your own primary care provider. As we move further into the phases more vaccine will be in the primary care provider offices. Once we are at a point where primary care providers are vaccinating other individuals, that could include individuals from their own patient panel who are in the current priority group or in a higher priority group. The three avenues where anyone can get vaccinated once we move further into the campaign will be either a public clinic, retail pharmacy, or a primary care office.

Question: *Can you please confirm that patient-facing office staff are Phase 1? I'm a solo practice neurologist. We don't give vaccinations. So, I don't have any reason to bring in any vaccines, but I have one key person that faces patients, and it would be disastrous for her, but also for the entire practice, for her to get ill. I've heard that vaccine will be available when the time comes, which is not promising, but its there. I'm wondering with the depot idea, is there some plan to facilitate communication between the smaller practices that have grouped together, including the physician who was just talking, to open their doors to others to get staff inoculated?*

Mr. Talebian: That's very good feedback. Hopefully, my MMS colleagues who are on the line are taking notes, because I know they're going to be involved in a lot of the coordination with their members on this depot model. Perhaps we can include in some of the communications where primary care providers are picking up vaccine for their own staff that, potentially, they can also be mindful of other specialty practices in their professional building, or that they're affiliated with, that they might be able to help out. I think that's very good feedback that we can maybe include in our messaging.

Question: *My questions are around how to help our patients to get the information they need? Physicians are getting all sorts of appropriate questions, often with great levels of detail written, called into us, emailed, etc. including trying to find out when vaccine will be available, how patients prove that they have two or more of the conditions that put them in the beginning of Phase 2, if they need a letter from a physician and if it will have to be from a PCP? Other questions are what if the patient is wintering in another state, can they get vaccinated there or do they have to come back here, what if somebody is wintering with them here for the pandemic, but are a resident in another state, what do they do? Although you may not have answers to all of those questions yet, if physicians could say, there's a website on Mass.gov, and it will have all that information, keep watching it, that would be incredibly helpful. I'm wondering if before it's actually stood up are you planning to let people know that something like that is coming?*

Mr. Talebian: I will say that the COVID vaccine website that DPH has stood up already has a plethora of very detailed information. We have an ever-expanding FAQ (frequently asked questions) section, one for the public and one for providers .A few of the questions you've mentioned are already actually addressed in our FAQs, and some of them aren't. Some of them are things that we are still considering. We've heard many of these questions already and the website has a lot of this information. There will be a more extensive public information campaign that our communications office is organizing that will have a lot more detailed public

messaging around the importance of getting vaccinated, but also addressing some of these questions about where to get vaccinated and how to get vaccinated. The questions you ask around how you prove that you have two comorbidities are all things that we are considering. Obviously, if they're getting vaccinated by their PCP, that PCP should already have that information, but if they go to a public clinic, how do they prove that? Do they need to prove that? We are leaning towards the idea of having individuals self-attest that they fall into a category and not requiring things like letters from providers which would make things more cumbersome. We're trying to make access to vaccine as easy as possible and as equitable as possible. That's really an important piece that we were trying to emphasize. More information on this will be forthcoming, and some of this information is on our website already. More clarification is being put on our website on a daily basis.

Question: *I'm a primary care doctor in western Massachusetts. I appreciate you trying to answer questions today. I mirror the previous caller. The communication is very frustrating for us. Our phone lines are just barraged with people. A lot of the information people are being told is to ask their PCP, and yet, I'm a PCP, and we have no answers. With all due respect, if you go to your website, there really are not answers to most of these questions. They're vague answers, similar to what we're hearing now. Back in November, I completed the form to be a site to offer the vaccine. I haven't heard whether we're going to be receiving the vaccine for our staff, for my patients, anything. You just mentioned PCP offices, are we going to be distributing the vaccine for our patients? We'd be happy to, but we need answers. If it's not until March, that's fine, but I need to be able to give my patients answers. The hospitals are not offering their vaccine. As a matter of fact, Baystate sent around an official letter saying only their employees and no outside doctors could receive vaccine from them, so I'm not quite sure that your message is getting across to them. We do need to know what to tell our patients. Specifically, I would like to know if we're going to be able to offer it, how you're deciding to prioritize, and why have some practices been given the vaccine and not others? You stated it has to do with size, but there are other practices that have received the vaccine already that are a similar size to ours.*

Mr. Talebian: Yes. All PCPs who have registered and enrolled in our program, have adequate storage capacity, and are willing and able to vaccinate, which hopefully is most if not all PCPs, will get vaccine for their patients. Right now, we are only giving vaccine out to those who are falling into Phase 1A, that is primarily just the staff of PCP offices. Again, we have not been pushing vaccine to smaller PCPs unless you have a staff of over 100 individuals. That being said, we've been making arrangements with PCP offices, that have affiliations with hospitals or are part of other networks. For those of you who kind of fall in between, we are hoping that this depot model that will be set up in the near future will address that need to get vaccine to you for your staff. I can reassure you that any PCP will have vaccine for your patients once we get to the point where we are starting to vaccinate the patient population, which we will be starting in at the beginning of Phase 2 for anyone with two or more comorbidities or anyone age 75 or older. Once we get to that point, we are going to be pushing our vaccine to every PCP. Presumably, you will have patients who fall into that very first tier of Phase 2. We will be relying on PCPs to be the primary site where a lot of individuals in that group are getting vaccinated. I do hear you. We are getting bombarded with questions as well. We're trying to push out information on our website as rapidly as possible. From my perspective, I wish we could push out more things on our website more quickly than we're able to, but we are doing the best we can. We hear you that even more communication is essential.

Question: *I'm a family practice doctor in central Massachusetts. I'm an independent doctor, and I was fortunate enough to be included in my hospital's catchment area to be vaccinated and my staff. I have signed up to give vaccines. I give vaccines all the time. We have freezer space. We have clinic space. We have staff.*

We can observe anaphylaxis. We have treatment of anaphylaxis if it happens. We are a lost resource. We can be used to help spread people in the Phase 1A who need it. We have in our community dentists, chiropractors, a recovery center, ophthalmologists. All these people have been forgotten and lost in the cracks. We are here waiting to help. When we sign up for COVID vaccines, we don't have any idea when and how we're going to get the Moderna vaccine. If we could know that and have people use us as a resource, we are happy to do so. We don't need it for ourselves. We don't need it for our patients yet. We just want to help with Phase 1. Please take advantage of people like me who can do this and help you get the vaccine out. Please consider setting up this kind of network where family doctors can provide this service to other Phase 1 people and set up a way for Phase 1 people to sign up, come in, and get their vaccination.

Mr. Talebian: I appreciate that. I think it's helpful to hear. I'm wondering, maybe working through the MMS, if there's a system we can put in place to identify practices such as yours that are willing to vaccinate any individual in the community outside of your patient panel. I know we generally do not call on private practices to vaccinate individuals in the community. Sometimes it can be health centers, and hospitals, and others can offer those kinds of services. But if there are private practices that are willing to vaccinate individuals who are not part of their patient panel, I think we would be more than happy to push out vaccine to locations such as yours. I think we need to figure out a mechanism for how we can identify practices such as yours that are willing to vaccinate those in the public. That is helpful feedback, and we can kind of think about a mechanism for how to do that.

Question: *Earlier I noted that we may fall short of 100 employees in our practice. You had suggested that we could, in the near future, make use of this depot model and get our vaccines from a local hospital. I was just trying to imagine how that process would work. How would we know when this process is on? Would we get a communication that you are located in this area in Western Massachusetts, Bay State Medical Center is the nearby depot, you can contact this number and find out more about whether you can get vaccines for your staff through this depot process, or should we be calling different hospitals finding out if they're part of this depot program and whether they'd be willing to give us vaccine? Do you have any insight into when you think this will be active and how you expect it to work seamlessly?*

Mr. Talebian: I'm hopeful that we can get this new system up and running fairly soon within the next week or so. In terms of how it will work, what I'm envisioning is that we will be publicizing it, in concert with the MMS to small practices, along with the list of the five or six hospitals in the state that are participating in this program. It would have information on how to order vaccine and it'll be inclusive of any additional instructions. Each hospital will probably have their own schedule for when you can pick up vaccine. We will provide all that information, hopefully even on a web page and a website and send it out by email to all primary care providers and MMS members. It should include information on how to contact that hospital to pick up vaccine. I'll also say that one or two of the hospitals have also mentioned that in addition to, or instead of the depot model, some of them, at least one of them, has said that they're open to setting up actual clinics rather than having staff come to the hospital to pick up vaccine. They will just have open clinics available for non-employees to come. I think there's going to be more and more of this happening hopefully. More details and information on this will be forthcoming in the very near future.

Question: *Are all 75-year-olds considered equal? In other words, the risk of someone in independent community housing, where there are already cases within a given building, as opposed to the risk of a 75-year-old living in a private home, are they all considered equal?*

Mr. Talebian: Earlier in the prioritization within Phase 1, there is a category called congregate care. Anyone living in any kind of a congregate care setting is considered higher prioritization than just the general

population. At this point, there isn't any further sub-prioritization of anyone within the 75-plus age group. Once we get to the point where we're vaccinating everyone in Phase 2A (two comorbidities or age 75-plus) we are not suggesting further sub-prioritization. Anyone age 75 plus should get vaccinated. I think we will have enough vaccine to open it up to anyone 75-plus and not need to sort of further sub-prioritize within that population.

Question: *I'm a solo practitioner in Holyoke, Massachusetts. I was hoping that I and two other people in my office would be able to get vaccinated at one of the public sites. There is no public site open to Holyoke people. I went on your website. I looked up all of the different sites. Holyoke is not included in any of them. The hospitals are not available for us to get vaccinated. I am trying to still see people in the office and I am face to face with patients. How do I get vaccinated? How does my staff get vaccinated?*

Mr. Talebian: If you are a primary care provider that is willing to take vaccine, this depot model is an option. The other thing I'll say is that there are more mass vaccination sites being stood up. The map that you probably went on is limited in terms of how many are open to non-first responders. but there are going to be more sites stood up in the near future, including some much bigger mass vaccination sites that are likely to be set up very soon in the next two weeks. So, I'm hopeful that there'll be more venues open, particularly in your area, in the near future.

Question: *What I've been hearing from other people's questions is that many people are willing to be volunteers and to help facilitate the vaccinations for the public. If you are looking for physicians or members of physicians' offices who are capable in helping and volunteering, it might be helpful if you coordinated with MMS and put up contact information where we could get in touch with DPH. In addition, also having a list of hospitals that are willing to do those vaccinations for unaffiliated first responders, COVID-facing physicians, et cetera would be helpful.*

Mr. Talebian: Yes, thank you, that's good feedback. I will say that we at DPH are not necessarily looking for volunteers, because most of the public clinics that are being held are run by local health departments. I will say that if you are a physician or even if your staff are looking to volunteer and you want to help with any kind of a public clinic, reach out to your local health department. They are more than happy to take volunteers who are willing to help at their local clinics.

Question: *I am the medical director for our pediatric practice. We are a pretty big practice in the North Shore of Massachusetts. We been struggling like everyone else. What happened is that the MDs who are on staff at hospitals were able to get vaccines through the hospitals. Our MPs, scribes, MAs who are COVID-facing in a drive-up tent outside and who are highest risk are not on staff anywhere, so I had to fight for Steward, which to get us some doses of vaccine for our highest priority people. We got a response from DPH today to say that they will be sending us some Moderna vaccine. My question is can we give that to our employees?*

Mr. Talebian: Yes. If your employees are COVID-facing health care workers, then by all means, you definitely can give that to them.