

Addressing COVID-19 Immunization Disparities through Targeted Primary Care

Outreach

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THE INNOVATION

Despite the availability of coronavirus disease 2019 (COVID-19) vaccinations, vaccine hesitancy and care gaps exist among patients. We developed an outreach process utilizing primary care to eliminate COVID-19 vaccination barriers and misconceptions for our most vulnerable patients.

WHO & WHERE

This innovation was conducted at a community health clinic in San Jose, CA, which has access to COVID-19 vaccinations and initiated immunization distribution in January 2021. The participants involved were continuity patients of this clinic and their primary care providers (family medicine resident physicians).

HOW

By the time of this intervention, our clinic system had had ample vaccine availability for all patients aged 16 and over for several months. The clinic had undertaken multiple automated outreach efforts to all vaccine-eligible patients via mass text, flyers, and other means. Therefore, the remaining unvaccinated patients were those who had either some barrier to or hesitancy about vaccination.

We identified ZIP codes of the highest COVID-19 case prevalence using public data posted online from the Santa Clara County Public Health Department. These ZIP codes included primarily low income communities. Focusing on one clinician's patient panel as a model, we identified all of that physician's unvaccinated patients living in these high-incidence ZIP codes through electronic medical record review in early March 2021. Thirty-six unvaccinated patients were identified. These patients received a personal telephone call from their primary care physician to offer a vaccination appointment and to answer any questions regarding the COVID-19 vaccine. The personal targeted outreach successfully reached 20 of 36 eligible patients, 15 of

whom (75%) were referred to COVID-19 vaccination appointment (Supplemental Figure 1). 16 unvaccinated patients were unavailable despite multiple phone call attempts by the primary care physician. By April 15, 2021, 14 of 15 referred unvaccinated patients (93%) had received at least 1 dose of the vaccine through the clinic. Common themes among unvaccinated patients included the following: a) lack of awareness about vaccine eligibility and appointment availability, b) concern for vaccine safety and desire to “wait,” and c) general distrust in the COVID-19 pandemic and/or vaccines. Due to the success of our innovation, an institutional staff-based outreach program has been initiated to scale this to the larger clinic population.

LEARNING

Our findings support the critical role of primary care in increasing access, equity, and patient uptake of COVID-19 vaccines. While this innovation was limited by physician-intensive intervention, it was highly effective because patients valued input from their primary care physician. Similar outreach protocols could also be implemented in other areas of vaccine disparities, such as racial and ethnic groups.

SUPPLEMENTAL INFORMATION

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Conflicts of Interest

The authors have no conflicts of interest to disclose.

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Figure 1. Results of targeted outreach workflow for a provider's patient panel

