Ontario Primary Care
COVID-19 Vaccination Action Council (PC-VAC)

Purpose

To advocate for the **voice of primary care** and the need for primary care partnership in Ontario's COVID-19 vaccine distribution. To provide consistent, clear, accurate, and timely information to primary care professionals in Ontario.

About us

We are a **coalition of primary care organizations** representing 14,000 family doctors, 4,100 nurse practitioners, 220 primary care teams, 28 Indigenous primary care teams, including northern, rural, and remote teams. We are committed to partnering with government and health authorities to develop the infrastructure needed to ensure an efficient, equitable, and effective health system.

afhto association of family health teams of ontario

Alliance for Healthier Communities
Alliance pour des communautés en santé

npao Nurse Practitioners' Association Of Ontario

NPLCA Nurse Practitioner-led Clinic ASSOCIATION
A corporate member of NPAO

Ontario College of Family Physicians

INDIGENOUS PRIMARY HEALTH CARE COUNCIL

SGFP General & Family Practice

Ontario's Academic Chairs of Family Practice

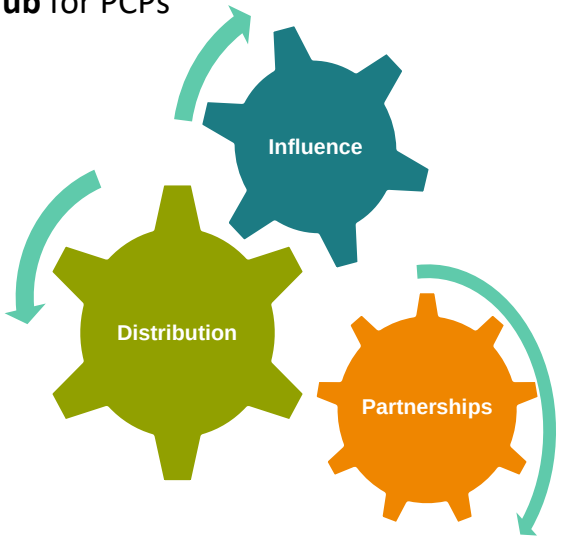
Primary care is **prepared to support** efficient and equitable vaccinations

Distribution mobilization

- 20K PCPs ready to support **rapid and mobile efforts**
- **Community of Practice** has 1,000+ participants
- Developing **priority recipient lists**
- **Shared learnings** across high-performing hospital-public health-primary care mobile teams that are ready to scale and spread

Influence & vaccine confidence

- IPHCC is developing **anti-racism and cultural safety training** on working with Indigenous populations; developing toolkit to prepare providers
- Centre for Effective Practice maintaining a **vaccine knowledge hub** for PCPs



Partnerships

- Primary care associations are **working in unity** with the Ontario Hospital Association, the Council of Ontario Medical Officers of Health, and other provincial public health leaders
- Provincial primary care associations are **sharing consistent and common messaging** with members, with combined reach of 20K health professionals across Ontario

Engaging Indigenous Communities with COVID Vaccine Implementation

1) Conduct an **environmental scan** to identify Indigenous communities/agencies that provide health services, within institutional catchment area. This includes the following:

2) Be aware of **jurisdictional alignment** and institutional accountability

- Follow Jordan's Principle[1] – do not let the patient go without service in the presence of jurisdiction ambiguity.
- Engage with Indigenous Services Canada – regional lead – to ensure there is an alignment, and not duplication, of services.
- Be aware of federal, provincial and regional accountability for **all** Indigenous communities, including but not limited to, on-reserve First Nation, off-reserve rural/remote communities, and urban Indigenous settings.

Developed by:

CEP Centre for Effective Practice

COVID-19: Vaccines

- Availability, rollout and prioritization in Ontario
- Emerging evidence: specific populations, adverse events and vaccine dosage interval
- Ensuring patient confidence in vaccines
- Pfizer-BioNTech mRNA vaccine
- Moderna mRNA vaccine
- Patient resources
- Top resources

What does primary care **need** to support an efficient, equitable, effective vaccination plan?

Communication

- **Clear, transparent, and consistent** weekly communication to health organizations
- Specifics around forthcoming **vaccine supply, distribution, and unknowns** to allow for primary care planning
- Clarity around **health professional vaccination timeline and prioritization**

Preparation for Phase 2 & 3

- Primary care expects to play a key role in **identifying and vaccinating** priority patient populations
- **Immediate training and preparation**, including **COVAX or other comprehensive IT**
- **Direction around consent**, i.e. implied vs. written, retirement homes and congregate settings

Collaboration

- Role clarity for public health, hospitals, and primary care, with dedicated local **public health and primary care partnerships**
- Support for **community-led outreach** and equity-informed materials to address vaccine confidence and unique local needs

Logistical transition

- Commitment to **transition from hospitals to collaborative partnerships (public health unit, hospital, primary care, community care)**
- Scaling of teams to vaccinate **retirement homes and other congregate settings** represent opportunity to transition from hospital teams to primary care teams

In addition to office-based and pharmacy settings, what are potential primary care models for **phase 3** of vaccine rollout?

Efficient mass vaccination hubs

- As hospitals anticipate second wave needs, transition staffing of hospital hubs to **public health & community partnerships**
- Delivered by doctors, nurses, pharmacists, health professionals, in venues like arenas and convention centres, to all Ontarians regardless of health system attachment status
- Pre-booked, drop-in, drive-through

Mobile teams for priority populations

- Mobile health professional teams will reach people who have barriers accessing vaccine hubs
- Will reach **homebound older adults, shelters, & other congregate settings**
- Successful examples can be scaled & shifted including existing community-based COVID-19 mobile testing initiatives and effective LTC & RH vaccine strategies underway

Community-tailored programs with a health equity lens

- Several communities will need **tailored responses**, similar to testing centres in areas with high rates of transmission
- Serving groups who may not otherwise have equitable vaccination rates or protection from COVID-19
- Examples include culturally-tailored sites, workers at outbreak sites