LHD Weekly Webinar

COVID-19 Vaccine Pop-up Clinic

Tuesday, June 22
Noon - 6 p.m.
Reynolds Middle School
2 Rocket Dr.
Asheville, NC 28803

No cost - all are welcome!
Single day Buncombe County Pool Pass to those who get the vaccine.
Logistics for today's webinar

Question during the live webinar

Technical assistance

technicalassistanceCOVID19@gmail.com
Audio connection to webinar

Dial (646) 558 8656 or (301) 715 8592

Webinar ID: 520 825 361
## Leadership Update

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<tr>
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**QUESTIONS?**

Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
LHD Shoutout
Buncombe County

June 22, 2021
TAKE YOUR SHOT!
The COVID vaccine is a home run!

Teen & Tween Vax Night
Open till 6 p.m. at the Buncombe County Vaccination Clinic
16 Fernihurst Dr
Asheville, NC 28801

Join us this Thursday, May 20!
## Vaccine Update

| Leadership Update | Beth Lovette, RN, BSN, MPH  
|                  | Deputy Director/Section Chief  
|                  | Local and Community Support  
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NC DHHS – COVID-19 Updates

Heathier Together Initiative – Overview

June 22, 2021
Healthier Together is a public-private partnership between NCDHHS and NC Counts Coalition (a 501(c)3 nonprofit) to increase the number of individuals who are Black, Indigenous, and People of Color (BIPOC) and from other historically marginalized populations receiving COVID-19 vaccinations across the state of North Carolina.

- **Immediate Goals: Vaccine Equity**
  - Build and earn trust between trusted messengers (nonprofit/grassroot orgs) and HMPs
  - Education, outreach, and eliminating barriers to vaccination
- **Long-Term Goal: Advance Health Equity**

**WHAT IS HEALTHIER TOGETHER?**
WHY HEALTHIER TOGETHER?

While vaccine equity has been a priority for NCDHHS and some progress has been made, more work and investment is needed:

ADDRESSING SYSTEMIC INEQUITIES
Inequities are driven by many factors that are rooted in centuries of systemic racism and structural inequity

INVESTING LONG TERM IN HEALTH EQUITY
Healthier Together is a down payment on a long-term Departmental commitment to health equity, with an initial focus on vaccine equity

RESOURCING COMMUNITY ORGANIZATIONS
Communities know best – and need capacity (people, funds, resources) to act on locally developed solutions

SERVING BIPOC/HMP COMMUNITIES
We are investing in state, regional, and local community partners led by and serving Black, Indigenous, and People of Color (BIPOC) and other historically marginalized communities
GUIDING PRINCIPLES

1. Operate as a complement to state and local health department efforts, not a replacement

2. Working with existing and newly engaged local partners, build a grassroots strategy to increase demand for vaccine and connect available vaccine supply to HMP communities; as we emerge from COVID-19, pivot to other health equity priorities

3. Build upon Medicaid managed care regions to align future work with Medicaid transformation

4. Focus on BIPOC and historically marginalized populations (vaccine equity work specifically focusing on Black/African-American, Hispanic/Latinx, American Indian, and high poverty/low-income populations)

5. Leverage a regional team of 12 staff (6 directors & 6 operations managers) and sub-granted community-based organizations (CBOs) who are trusted messengers with lived experience and expertise working with HMPs and CBOs that serve HMP communities
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<th>Inputs</th>
<th>Strategies</th>
<th>Activities</th>
<th>Short-Term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-Term Outcome</th>
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<td>NC Counts staff</td>
<td>Direct vaccination supply into HMP communities</td>
<td>Identify priority communities</td>
<td>Increased vaccination for HMPs</td>
<td>HMP COVID recovery</td>
<td>Health Equity</td>
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<td>CHWs</td>
<td>Reduce access barriers</td>
<td>Identify partners in priority communities</td>
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<td>Funding</td>
<td>Increase HMP vaccination demand</td>
<td>Identify and provide / connect to needed resources</td>
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<td>Contractors</td>
<td>Build &amp; foster relationships</td>
<td>Mobilize CBOs to do outreach/scheduling in priority communities</td>
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<td>Expertise</td>
<td>Increase capacity of CBOs to support vaccinations &amp; COVID recovery</td>
<td>Connect government and CBOs</td>
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<td>HMP Connections Group</td>
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<td>Fund and build capacity at CBOs</td>
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<td>Contacts</td>
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<td>Recruit vaccine providers in priority communities or mobilize providers to go into priority communities and offer accessible vaccinations</td>
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<td>Provide education about vaccines to CBOs and the public</td>
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<td>Providers</td>
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<td>Distribute outreach materials to CBOs and the public</td>
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**Outputs**

- Utilize local & culturally appropriate marketing and communication efforts
- Distribute outreach materials to CBOs and the public

**Health Equity**

- Identify partners in priority communities
- Identify and provide / connect to needed resources
- Mobilize CBOs to do outreach/scheduling in priority communities
- Connect government and CBOs
- Fund and build capacity at CBOs
- Recruit vaccine providers in priority communities or mobilize providers to go into priority communities and offer accessible vaccinations
- Provide education about vaccines to CBOs and the public
- Distribute outreach materials to CBOs and the public

**Inputs**

- NC Counts staff
- CHWs
- Funding
- Contractors
- Expertise
- Local Health Departments
- HMP Connections Group
- Contacts
- CBOs
- Providers
- Vaccines
- DHHS
- Data
- Vaccine vendors
KEY ROLES

Directors:

- **Overall:** Coordinate a campaign of CHW and CBOs to generate awareness and interest in HMP communities and connect to available vaccines in priority counties
- Provide support to CBOs funded by Healthier Together and other CBOs willing to support HT efforts across NC by:
  - Connecting CBOs to vaccine providers, CHWs (for vaccine education), and other resources
  - Mobilize CBOs to increase community interest in vaccination through canvassing, door-to-door outreach, literature drops, phone/text outreach, vaccine promotion at events

Operations Managers:

- **Overall:** Bring vaccine supply to HMP communities
- Understand provider landscape and “ground truth” (i.e., key barriers) from various stakeholders in priority counties/census tracts
- In priority census tracts within priority counties:
  - Facilitate partnerships between CBOs and vaccine providers (through community events, door-to-door vaccination, etc.)
  - Help 1) activate providers who were vaccinating but aren’t anymore, 2) recruit providers in tracts with few providers; (especially PCPs)

CBOs, funded by Healthier Together to:

- Conduct vaccine outreach and education efforts (e.g., door-to-door, phone, text, site-based canvassing)
- Help people schedule appointments
- Arrange transportation
- Coordinate local vaccine events at trusted and accessible locations
- Ensure that people get to second-dose appointments
HEALTHIER TOGETHER CBO RFP

RFP Highlights:
- NC Counts invited organizations to apply for grants to support the equitable COVID-19 vaccine distribution.
- Grant funds vary from $5,000 - $20,000
- Awarded grants will assist organizations in ensuring that organizations from historically marginalized populations have access to vaccines.
- Funded activities include:
  - Community outreach efforts
    - Individualized vaccine support
    - Organization of education and outreach activities around COVID-19 vaccine
    - Partnerships with public agencies, childcare providers, schools, health care centers, local businesses, faith-based groups, and more
    - Logistics and coordination of vaccine events targets historically marginalized populations.

$500,000 will be disbursed for short-term vaccine equity efforts through August 31, 2021.

Priority will be given to applicants working in counties with high proportions of historically marginalized populations who are not yet vaccinated and high social vulnerability. Priority counties based on data as of April 20th, 2021 are:
- Region 1: Cherokee, Graham
- Region 2: Forsyth, Guilford
- Region 3: Anson, Mecklenburg
- Region 4: Durham, Vance, Wilson, Wake
- Region 5: Cumberland, Hoke, Montgomery, Richmond, Robeson, Sampson, Scotland
- Region 6: Duplin, Edgecombe, Greene, Hertford, Lenoir, Onslow, Pitt, Wayne
**Healthier TOGETHER**

**A PUBLIC-PRIVATE PARTNERSHIP**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**NC COUNTS COALITION**

---

**Director – Still hiring**
**Operations Manager – Taylor Norris, taylor@nccounts.org**

**Director – Frankie Denise Powell,**  
frankiedenise@nccounts.org  
**Operations Manager – Anthony Jones, anthony@nccounts.org**

**Director – Shalondra Greenlee,**  
shalondra@nccounts.org  
**Operations Manager – Maru Quintero,**  
maru@nccounts.org

**Director – Mary Jose Espinosa,**  
mary-jose@nccounts.org  
**Operations Manager – Melissa Funderburk,**  
melissa@nccounts.org

**Director – Val Applewhite,**  
val@nccounts.org  
**Operations Manager – Deborah Maxwell,**  
deborah@nccounts.org

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**Healthier Together Team Members by Region**
Cheryl Bryant, she/her  
Region 6 Director  
Rocky Mount

Val Applewhite, she/her  
Region 5 Director  
Fayetteville

Shalondra Greenlee, she/her  
Region 4 Director  
Durham

Chris Suggs, he/him  
Region 6 Operations Manager  
Kinston

Deborah Maxwell, she/her  
Region 5 Operations Manager  
Wilmington

Maru Quintero, she/her  
Region 4 Operations Manager  
Durham
Mary Jose Espinosa, she/her
Region 3 Director
Charlotte

Dr. Frankie Denise Powell, she/her
Region 2 Director
Winston-Salem

Still hiring

Melissa Funderburk, she/her
Region 3 Operations Manager
Charlotte

Dr. Anthony Jones, he/him
Region 2 Operations Manager
Winston-Salem

Taylor Norris, he/him
Region 1 Operations Manager
Candler
NEXT STEPS

1. When introduced, please set up time to meet with the Healthier Together team in your county
   (LHD COVID liaison team will make warm handoffs for LHDs in priority counties for Healthier Together)
   • Provide background on the vaccination efforts your team is leading and what resources you have available, particularly around vaccinating historically marginalized populations (HMP)
   • Hear about the CBOs funded by Healthier Together that will be able to work in your county
   • Connect the Healthier Together team to other providers or key partners in your county
   • Share a point of contact for the Healthier Together team

2. Reach out to the Healthier Together team in your region for help with the following activities:
   1. Getting CBO support for canvassing (door-to-door, phone, text outreach, literature drops) to community members to promote upcoming vaccine clinics or events
   2. Finding a CBO partner who has strong connections to HMP communities to jointly plan vaccine events in community locations
   3. Identifying upcoming events in HMP communities where you can administer vaccinations (e.g., Juneteenth as past event, upcoming Pride events, neighborhood block parties)
   4. Recommending providers who could be recruited to begin or resume vaccinating, particularly in majority HMP communities

3. Respond to Healthier Together team requests for help with vaccinating at upcoming events (or let them know they can look to other local providers or state vendors)
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CCNC Staffing

- **Right Size CCNC Surge Staff**
  - Regional Supervisors regularly meet with each LHD to understand current needs
  - Align staffing numbers to match requests -- reducing or maintaining staffing numbers, as needed
  - Shifting towards a blended, regional model to increase coverage, flexibility and efficiency
  - Continue to Support Clinical and Non-Clinical Vaccine efforts across NC
  - Strong efforts continue to support HMP equity events
  - Case Investigation and Contact Tracing reductions are completed approximately every two weeks
  - Vaccine staffing is more flexible as events open and close more frequently
  - Continue to assess and match staffing demand as needed throughout Summer and Fall

- **Open LHD or DPH Positions**
  - Email Wendy to help spread the word to our CCTC Staff ([wsause@communitycarec.org](mailto:wsause@communitycarec.org))
Case Portal Development Updates

Help slow the spread of COVID-19!
You have received a message from the NC COVID Community Team because you recently tested positive for COVID-19. The NC COVID Community Team is here to help you get the resources, information, and support you need to protect yourself and your family.

Our records show you tested positive for COVID-19 on __.

Since you tested positive, you should isolate yourself from others within your home to protect yourself and your loved ones. Isolation means that you should stay home and avoid sharing a household, bathroom, or common space with anyone else in your household. You should isolate until the day after your last symptoms ended AND 24 hours have passed since you have had a fever AND your symptoms have resolved.

Help protect yourself and others. Please enter the date your COVID-19 symptoms began on the isolation end date:

<table>
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<th>Date of symptom onset:</th>
<th>________________</th>
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<tr>
<td>I have had COVID-19</td>
<td>[ ]</td>
</tr>
<tr>
<td>I have not had COVID-19</td>
<td>[x]</td>
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Based on your testing date and the information you have provided, you should isolate until the day after your last symptoms ended AND 24 hours have passed since you have had a fever AND your symptoms have resolved.

If you think this is an error, have questions, or need support in order to isolate, please call the NC COVID Community Team at 1-844-628-7223 from 7am-7pm or your local health department or your local health department may also contact you. Please answer the call.

If you need mental health or substance abuse services, please call Hope 4 NC COVID Community Health Hotline at 1-877-235-4525 at any time, day or night.

Release date:
Expected July 2nd, may be delayed

Functionalities
- Replaces current digital notification
- Same notification info
- Calculates isolation period for those exposed to COVID-19
- After entering DOB
  - Interface allows cases to submit their own contacts in portal
  - Contacts flow into CCTO automatically
- Links provide resources for vaccines, mental health, substance abuse and CCTC call center
**Data Entry Staff (DES) Project**
A project to support LHD staff by entering COVID-19 interview or other data into NC COVID

**Contact:** Nicole Matyas at nmatyas@carolinactc.org

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**Hiring CCTC Staff**
Taking advantage of the expertise and local connection we have grown in the state!

**Goals**

- Retaining the expertise in which we have invested
- Supporting our trained staff with career pathways

**Contact:** Wendy Sause at wsause@communitycarenc.com

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**Goals**

- Supporting LHDs to handle data entry
- Clearing case data backlogs to reflect updated metrics in the public dashboard

**Contact:** Nicole Matyas at nmatyas@carolinactc.org
## Incentives

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Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
$25 SUMMER CARDS: PILOT INSIGHTS

• Summer Cards Distributed in 2-week pilot: >1700 to vaccine recipients; >750 to drivers

• **Summer Card Drivers are helping overcome transportation barriers to vaccination**
  • ~30% of summer cards vaccine recipients had a driver who also received a summer card
  • **Low-income individuals** (62% of those making <$20k) were more likely to have a driver than high-income individuals (29% of those making >$80k)
  • 44% of individuals surveyed said having someone **drive them** to the vaccine event was a very important reason they were vaccinated. More common among Black, LatinX, and Asian vaccine recipients

*Summer Cards are also making a difference for vaccine recipients*

• A **quarter** of vaccine recipients said the summer card was a **very important reason** they were vaccinated. More common among Black, LatinX, and Asian vaccine recipients.
• **Social media** (22%) and **word of mouth** (14%) were the most common ways people heard about the summer card.
• Early analyses show an **increase in first doses administered** (red line) after summer cards started compared to the county trend.
The impact of age: Adults 45-60 & 60+ were most likely to say the cash card was very important and have a driver

16% waited to get vaccinated at an event that provided an incentive

When asked about other preferred incentives, 70% preferred cash cards (highest among low-income individuals)

INCENTIVES EVALUATION: ADDITIONAL DETAILS

- Event convenience & recommendations from family/friends continued to be top reasons for vaccination

- The impact of age: Adults 45-60 & 60+ were most likely to say the cash card was very important and have a driver

- 16% waited to get vaccinated at an event that provided an incentive

- When asked about other preferred incentives, 70% preferred cash cards (highest among low-income individuals)
## Leadership Update

**LHD Shoutout**

Beth Lovette, RN, BSN, MPH  
Deputy Director/Section Chief  
Local and Community Support

### Vaccine Update

**Amanda Fuller Moore, PharmD**  
Division of Public Health

### Epi Picture

**Erica Wilson, MD, MPH**  
Medical Director

### Healthier Together

**Madhu Vulimiri, MPP**  
Senior Strategy Advisor

### Contact Tracing

**Erika Samoff MPH PhD**  
HIV/STD/Hepatitis Surveillance Manager

### Incentives

**Hattie Gawande**  
Senior Policy and Intergovernmental Affairs Advisor

### Data Entry Assistance: We Got Your Back

**Vanessa M. Greene, BSN, RN**  
Nurse Supervisor  
Technical Assistance and Training Program

### eCR in NC COVID

**Karla Norsworthy**  
Public Health Informatics  
**Anita Valiani, MPH**  
NC EDSS Epidemiologist and Manager

### CVMS – Marketplace Demo

**Darrell Lee**  
CVMS Training Team

### Vaccination Plan for Farmworkers

**Elizabeth Freeman**  
Farmworker Health Program Manager

### Question & Answer Session

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**QUESTIONS?**

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Case Investigation Data Entry Staff (DES) Project

Vanessa M. Gailor, TATP Nurse Supervisor
Tuesday LHD Call
June 22, 2021
WE'VE GOT YOUR BACK
DES is an additional resource your health department can use to enter lab results and/or Part 2 forms into NC COVID
Who can use this service?
Why should you use this service?

Using the DES will:
• Reduce your data backlog
• Allow time to resume “regular” CD (and other) work
• Improve your counties data within NC COVID
Success Story Using DES

Lincoln County Health Department

1,649 Part 2 forms were unable to be entered into NC COVID

Kudos to Lincoln county staff for being able to complete 1,649 interviews!!

The DES were asked to assist
DES began on March 22, 2021
On April 20, 2021, the last Part 2 was entered
Will participation in this program reflect poorly on your health department?
DON'T FORGET

WE'VE GOT YOUR BACK
If you want to participate, contact Nicole Matyas, DES Supervisor and let her know!

email: nmatyas@carolinactc.org
# eCR in NC COVID

| Leadership Update | Beth Lovette, RN, BSN, MPH  
|                  | Deputy Director/Section Chief  
|                  | Local and Community Support |
| LHD Shoutout     | Amanda Fuller Moore, PharmD  
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|                                     | Farmworker Health Program Manager |
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**QUESTIONS?**

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North Carolina Department of Health and Human Services

Electronic Case Reporting

COVID

Karla Norsworthy

22 June 2021
The Department of North Carolina Health and Human Services (NCHHS), Division of Public Health will begin implementation of the Electronic Case Reporting (eCR) for COVID.

- Public health relies on reports from both physicians (case reports) and laboratories (laboratory reports) to manage communicable disease.
  - Historically, both reports were sent to public health via combinations of methods, including fax, phone, and mail. These reporting methods are time consuming and problematic due to missing or incorrect information.
  - Fifteen years ago, the process for reporting laboratories data electronically was introduced. Now, over 80% of laboratory reports are delivered electronically.
  - The next step is to begin to use Electronic Case reports
Benefits of eCR

• Saves physicians and staff from identifying communicable disease, manually copying information onto Part one forms, and mailing or faxing to local health departments
• Improves timeliness of reporting
  • Some hospitals use a weekly process
  • Paper fax/mail causes delays
• Improves completeness and accuracy of reporting
  • Early implementers discover under reported cases
  • Early reporters indicated much higher percentage of race and ethnicity than on ELR
• Increase percentage of time county health department personnel spend on case follow-up (rather than data entry)
• Improved timeliness results in:
  • Faster follow up with individuals
  • Faster identification of emerging public health trends/concerns
Electronic Case Reporting Process

Provider
- Provider EHR generates eCR
- Electronically delivered to NC EDSS

County Health Department
- Existing NC EDSS workflow includes new/updated case
- Case investigation

State
- Ingest eCR data/Creating or updating NC EDSS case
- Deduplicate
- Analyze data
- Report to CDC

RCKMS
Route to appropriate jurisdictions

Route to appropriate jurisdictions
Electronic Case Reporting Process

Notes:
- Consistent trigger codes cause case reports to be generated
- Case reports electronically generated and populated from EHR
- Reportable Conditions Knowledge Management System (RCKMS) applies rules and routes to appropriate jurisdiction(s). Cross jurisdiction reporting is handled automatically
- Electronic/same day delivery of case reports (processed over night)
- The (eventual) goal is for Part one data ingested automatically into NC EDSS (less data entry for LHD personnel)
First Release

- COVID Only
- Initial Senders– UNC, Vidant, OCHIN, Orange County HD, Pitt County HD
- May be added to demographics
  - Phone Numbers
  - Email Address
  - Race
  - Ethnicity
- eCR will be attached to appropriate NC COVID cases
- Does not replace paper case reports
Scenario: An eCR arrives after an ELR has already been processed for the same patient/disease (Missing Race & Ethnicity from ELR gets populated from ECR)
ELR comes in first into NCCOVID without Race and Ethnicity of Patient. Demographic information is included as available.
ELR comes in first into NCCOVID, however no eCR has been received.
eCR arrives for Patient– Race and Ethnicity added to person record, eCR attached
Race and Ethnicity added to person record
The eCR is attached
The eCR is attached
Questions?

- Karla Norsworthy
  - 919-546-1691
  - karla.Norsworthy@dhhs.nc.gov

- eCR Core Team
  - ECR.Support.Services@dhhs.nc.gov.
Current Case Reporting Process

Provider
- Provider identifies cases to report
- Pen and paper forms filled in for case reporting
- Mail form to LHD

County/Local Health Department
- Receive form
- Manually create or update NC EDSS case
- Existing NC EDSS Workflow includes new/updated case

State
- Deduplicate
- Analyze data
- Report to CDC
Current Case Reporting Process

Problems:
- Reliance on varying methods to identify cases to send
- Paper and pen to fill out reports (Error prone, Time Consuming)
- Mail Introduces delay
  - Delays case investigation and/or
  - Creates duplicate work as LHD personnel call Hospitals for information when ELR is received
- Manual data entry by LHD (Error prone, Time Consuming)
Future Public Health Agency eCR Benefits

Provides critical clinical data from healthcare for better surveillance and response.

- Accelerates response
- Efficiently monitors the spread of reportable diseases
- Improves communication with healthcare
- Reduced manual data entry and provides more complete data
- Enables bidirectional data exchange
Future Healthcare Provider eCR Benefits

Reduces burden without disrupting the clinical workflow.

Saves time by eliminating manual reporting
Streamlines jurisdictional reporting challenges
Receives information back from public health associated with the reportable condition
Fulfills legal reporting requirements
Allows expansion to all reportable conditions
Offers credit through the CMS Promoting Interoperability Program
ECR Scenarios

These 2 scenarios are based on sample eCRs (no real PII is included)

These are based on the early implementation. This is a great time to provide feedback!

2 Scenarios outlined

1. An eCR for COVID arrives for a person who has no current information in NC COVID
2. An eCR arrives after an ELR has already been processed for the same patient/disease (included in the main presentation)
**Scenario 1:** ECR arrives for “Patientrecord Test” – A new person record is automatically created since “Patientrecord” was not in NC COVID. Demographic information is included as available.
Note that while an eCR may contain lab data, NC COVID will populate lab data only from ELR and paper lab reports (not from eCR)
A COVID event is created for this patient
The eCR is attached to the event
The administrative package contains information on the initial source of report to Public Health.
The administrative package also contains information on the project/actual first CDC event date sent.
The demographic package contains patient demographics – in this case ethnicity.

<table>
<thead>
<tr>
<th>Social security number</th>
<th>Ethnicity Information</th>
<th>Race</th>
<th>Hispanic ethnicity</th>
<th>Country of birth</th>
<th>Primary language</th>
<th>Interpreter needed</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Information</th>
<th>Verification of Reporting County is required</th>
<th>NC County of Residence for the Event</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Johnston County</td>
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<thead>
<tr>
<th>Employment Information</th>
<th>What kind of work does this person do?</th>
<th>Employee name</th>
<th>What kind of business or industry does this person work in?</th>
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<tr>
<th>Alternate Contact Information</th>
<th>Alternate Contact (example: parent/guardian)</th>
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<tr>
<th>System Identifier Information</th>
<th>Person ID</th>
<th>POF/RECID</th>
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</tr>
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<td>Section</td>
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CVMS Updates – Vaccine Marketplace

What is the Vaccine Marketplace?
- A decentralized forum for Location Managers to collaborate with nearby providers
- Help to arrange transfers of existing vaccine supply to optimize utilization
- Marketplace is monitored but not moderated

What can be done in the Marketplace?
- Search providers seeking additional providers or offering their surplus
- If no provider matches your need, inform them of your need:
  - Post a “Wanted” transfer,
  - or post an “Extra” transfer

LIVE DEMO
CVMS Updates – Vaccine Marketplace

Attend Live Learning Session – CVMS Provider Portal 204

Wednesday, Jun 23  10 – 10:45 am
Zoom – [link](#)
Webinar ID: 920 0356 0627; Passcode: 139465

Watch recorded live session

CVMS Provider Portal 204 - Vaccine Marketplace
Duration: 45 min

Check the user guide or targeted job aids

[Marketplace, Inventory Deprecation, Transfer and Redistribution Marketplace](#) User Guide
[Offer Vaccine Through Vaccine Marketplace](#) Job Aid
[Request Vaccine Through Vaccine Marketplace](#) Job Aid
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NC Department of Health and Human Services

COVID-19 Vaccination Plan for Farmworkers

Khalil Harbi, MSPH
Outbreak Epidemiologist
CDB, Division of Public Health
Khalil.Harbi@dhhs.nc.gov

Elizabeth Freeman Lambar, MPH, MSW
Manager
NC Farmworker Health Program, Office of Rural Health
Elizabeth.freeman@dhhs.nc.gov

Inquiries about the vaccination plan can be directed to:
Vaccine4farmworkers@dhhs.nc.gov
FARMWORKER VACCINATION EFFORTS INSIGHTS & DATA (THROUGH 6/11/21)

- **88** local teams reporting
- **61** local teams have administered at least 1 dose
- **15** reception hub events
- **94%** accepted vaccine (based on reported data)
- Vaccination efforts target migrant and seasonal workers but are inclusive of year-round farm staff and growers.

<table>
<thead>
<tr>
<th>Vaccination effort</th>
<th>Doses administered</th>
<th>Number fully vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local teams</td>
<td>13,390</td>
<td>6,092</td>
</tr>
<tr>
<td>Reception hub</td>
<td>3,331</td>
<td>2,991</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16,721</strong></td>
<td><strong>9,083</strong></td>
</tr>
</tbody>
</table>

Data limitations: data provide a snapshot of farmworker vaccination plan efforts, not a complete picture of farmworker vaccine access/uptake.
Q and A