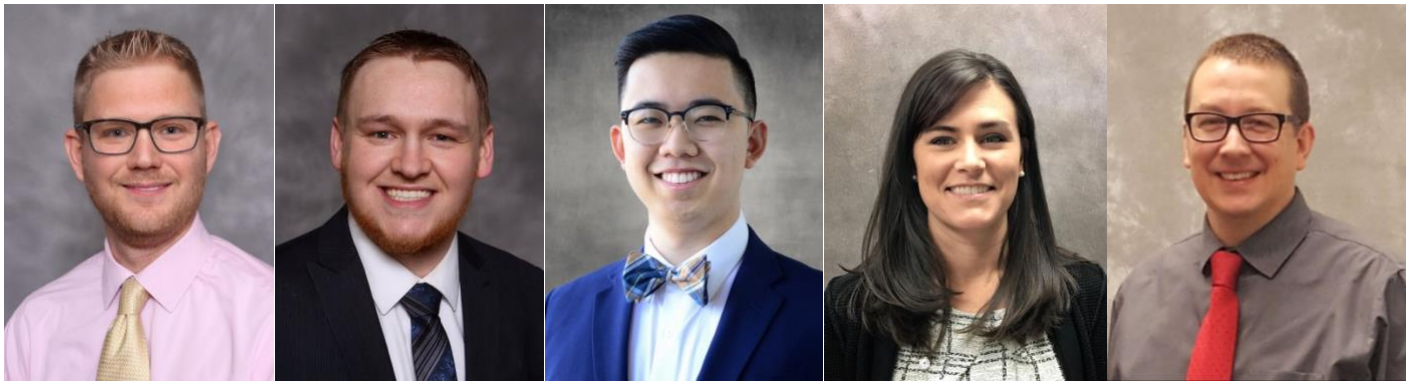
Perspective/Opinion

Outreach to Improve Equitable Access to COVID-19 Vaccine – A Collaborative Service-Learning Project



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The COVID-19 pandemic has disproportionately impacted minority communities, evidenced by higher rates of infection, hospitalization, and mortality[1,2]. These effects, while likely multi-factorial, are derived from the cumulative effects of structural racism[3].

While health departments have deployed strategies to promote equitable COVID-19 vaccine access, many health systems initially relied largely on secure electronic medical record (EMR) communications to inform and schedule eligible patients. However, this strategy has the unintended potential to worsen disparities.

Directly addressing vaccination disparities

Providers in the MCW's Primary Care Section of General Internal Medicine (GIM) immediately raised concerns about inequitable vaccine access. Clinic population

data review revealed 33% of the patients aged 65 and above lack EMR access. Patients without EMR access are more likely to be black (35% vs. 85% for Caucasians), live in high health disparities zip codes (45% vs. 82%), or rely upon Medicaid insurance (52% vs. 82% commercial).

In response, the GIM team developed an outreach system, engaging medical student volunteers and our clinic's community health workers to ensure equitable vaccine access for patients without EMR access and to provide reliable vaccine information with a clear recommendation from their trusted physician to schedule vaccination.

After a workflow and script were created to guide telephone outreach, our team of medical students, community health workers, residents, APPs, and faculty began conversations with empathy: asking what patients knew about the vaccine and whether they were planning on receiving it. While doing so, they addressed any questions and misinformation, reassuring them that their doctor had already received the vaccine and felt it was safe and effective. Scheduling assistance (or recommendations to discuss further with their doctor if still unsure) was provided.

The medical student perspective

As medical students, we learn in the classroom about upstream factors that affect our patients' health outcomes such as poor access to healthcare. In the clinics and on the wards, we witness the downstream manifestations of complex determinants of health. COVID-19 vaccine outreach gave us the opportunity to directly combat inequities in vaccine distribution disproportionately affecting our marginalized communities.

From M1s eager to gain experience interacting with patients to M4s looking to build their patient communication skills, vaccine outreach presented a great learning opportunity. As we emulated conversations that we have seen our mentors lead, the experience was a continuous process of self-reflection and improvement after each patient conversation.

We learned to be okay with being challenged and we improved our ability to respond. We learned to listen and to come from a place of respect and understanding for the lived experiences and responses of each individual patient. What a privilege it is to get a brief glimpse into the lives and stories of our patients and perhaps even help them get vaccinated and stay healthy! Forty-seven students have contributed time and effort to this project; as usual, our medical students continue to step up and have a positive impact on the healthcare team and patients.

The results

This outstanding team has provided outreach to 1007 GIM clinic patients from February 11 to March 9, 2021. During that time, 865 GIM patients completed their first dose of the COVID-19 vaccine at a Froedtert & MCW vaccination clinic; one-third of these had been contacted through the outreach program. The chart shows striking demographic differences in GIM clinic patients vaccinated before and after the intervention that directly targeted people of color, patients without EMR access, and those living high-disparity zip codes.

Demographics of GIM Patients vaccinated at F&MCW COVID Vaccination Clinics			
	Race/Ethnicity	**EMR Status**	**Zip Code**
Pre-Intervention	Hispanic 2% Non-Hispanic White 89% Non-Hispanic Black 7% Other 3%	Inactive 3%	High disparity Zip 14%
Post-Intervention	Hispanic 4% Non-Hispanic White 50% Non-Hispanic Black 43% Other 3%	Inactive 37%	High disparity Zip 44%

Next steps

Eligibility in Wisconsin expanded on March 22, 2021 to include most adult patients; we have been preparing for this. This week, our team has been on the phones, connecting patients without EMR access with the opportunity to schedule this lifesaving vaccine. Data for the “first wave” of vaccines scheduled for our next patients will continue to look different than our pre-intervention data, and this project will serve as an example of how to convene a group of enthusiastic and dedicated people to solve a difficult problem.

We can do more of this by engaging our students and residents to co-create innovative approaches to patient care and learning. Our patients, healthcare teams, and learners deserve it.

Contributors to this essay include Brian Hilgeman, MD; Austin Dopp, M4; James Wu; Mandy Kastner, MPH; and Marty Muntz, MD.