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# CHCANYS PCMH Office Hours
# August 27, 2020


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# NYS PCMH 12 “core” criteria

| | Code | Criteria |
|---|---|---|
| **Behavioral Health** | CC9 | Works with behavioral healthcare providers to whom the practice frequently refers to set expectations for information sharing and patient care |
| | KM4 | Conducts BH screenings and/or assessments using a standardized tool. (implement two or more) A. Anxiety B. Alcohol Use Disorder C. Substance Use Disorder D. Pediatric Behavioral Health Screening E. PTSD F. ADHD G. Postpartum Depression |
| **Care Mgmt & Coordina-tion** | CM3 | Applies a comprehensive risk - stratification process to entire patient panel in order to identify and direct resources appropriately |
| | CC8 | Works with non-behavioral healthcare specialists to whom the practice frequently refers to set expectations for information sharing and patient care |
| | CM9 | Care plan is integrated and accessible across settings of care |
| | CC19 | Implements process to consistently obtain patient discharge summaries from the hospital and other facilities |
| | KM11 | Identifies and addresses population-level needs based on the diversity of the practice and the community (Demonstrate at least 2) A. Target pop. health mgmt. on disparities in care B. Address health literacy of the practice C. Educate staff in cultural competence |
| **Health IT** | AC8 | Has a secure electronic system for two-way communication to provide timely clinical advice |
| | AC12 | Provides continuity of medical record information for care and advice when the office is closed |
| | CC21 | Demonstrates electronic exchange of information with external entities, agencies and registries (may select 1 or more): RHIO, Immunization Registry, Summary of care record to other providers or care facilities for care transitions |
| | TC5 | The practice uses an EHR system (or modules) that has been certified and issued an ONC Certification ID, conducts a security risk analysis, and implements security updates as necessary correcting identified security deficiencies |
| **VBP** | QI19 | The practice is engaged in Value-Based Contract Agreement[1]. |

1 A value-based program where the clinician/practice receives an incentive for meeting performance expectations but do not share losses if costs exceed targets.

# NYS PCMH Version 6 - Update Highlights

- The New York State PCMH program was integrated into the PCMH Standards and Guidelines and is no longer a separate publication.
- The 'NYS' icon was added to all 12 required criteria for NYS PCMH.
- The new Appendix 7,  NYS PCMH Recognition Program, outlines the specifics of the NYS program.
- The NYS 2021 Annual Reporting requirements are outlined in the new Appendix 7

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# It Looks Like This….



## *Section 2: NYS PCMH Scoring and Shared Criteria*

### Scoring Summary

To earn PCMH Recognition, practices must meet all core criteria in the program *and* earn 25 elective credits in elective criteria across 5 of 6 concepts. The following 12 criteria, designated with a red "NYS" in the table below, *must* be completed to meet NYS PCMH requirements:

1. TC 05
2. KM 04 (B, C)
3. KM 11(A and *either* B or C)
4. AC 08
5. AC 12
6. CM 03
7. CM 09
8. CC 08
9. CC 09
10. CC 19
11. CC 21 (A)
12. QI 19 (A or B)

The table identifies the scoring designation (core or elective) and shows whether criteria require site-specific evidence and/or specialty-specific evidence. An organization may share evidence if it has at least two practice sites that share the same system and processes.

***40 core criteria, 61 elective criteria with 84 elective credits available***

| Team-Based Care and Practice Organization (TC) | | *9 Criteria: 5 Core, 4 Elective* |
|---|---|---|
| **Criteria** | **Core/Elective** | **Shared/Site-Specific** |
| **Competency A: The Practice's Organization** | | |
| TC 01: PCMH Transformation Leads | Core | Shared |
| TC 02 Structure and Staff Responsibilities | Core | Shared |
| TC 03: External PCMH Collaborations | Elective (1 Credit) | Shared |
| TC 04: Patients/Families/Caregivers Involvement in Governance | Elective (2 Credits) | Shared |
| TC 05: Certified EHR System NYS | Elective (2 Credits) | Shared |
| **Competency B: Team Communication** | | |
| TC 06: Individual Patient Care Meetings/Communication | Core | Shared—Documented Process Only |
| TC 07: Staff Involvement in Quality Improvement | Core | Shared |
| TC 08: Behavioral Health Care Manager | Elective (2 Credits) | Shared |
| **Competency C: Medical Home Responsibilities** | | |

## TC Competency A: Practice Organization.

NYS **TC 05 (2 Credits) Certified EHR System: The practice uses a certified electronic health record technology (CEHRT) system.**

| GUIDANCE | EVIDENCE |
|---|---|
| The practice enters the names of the electronic systems it implements. Only systems the practice is actively using should be entered.<br>Use of an EHR can increase productivity, reduce paperwork and enable the practice to provide patient care more efficiently.<br>https://chpl.healthit.gov/#/search | • CERHT name<br>PCSP TC 05 |

Team-Based Care and Practice Organization (TC)

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Symbol Legend



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# NYS PCMH Required Criteria - Attestations



## *Section 5: NYS PCMH Annual Reporting Table (for NCQA PCMH 2014 Level 3 Practices)*

NCQA-Recognized PCMH 2014 Level 3 practices in New York State approaching the end of their Recognition will transition to the NYS PCMH program. These practices will provide their Annual Report and must also complete the 12 NYS required criteria from the current NYS PCMH program.

Practices will be able to attest to meeting certain PCMH criteria without providing the evidence required of practices seeking Recognition for the first time. Refer to the "Attestation" column in the table below.

### Attesting in Q-PASS

To get started, enroll through the Q-PASS system at qpass.ncqa.org. The practice will be assigned an NCQA representative who will be the practice's single point of contact and help guide the practice through their Annual Report.

***Note:** Once practices meet the 12 NYS required criteria, they will not have to demonstrate them again, with the exception of two criteria: CC 21A and QI 19 during their Annual Report.*

**If criteria require evidence...** Follow the current NYS PCMH Standards & Guidelines and submit evidence in Q-PASS, as indicated.

**If attestation is allowed...** Attest that your practice is performing PCMH activities in these criteria. You do not need to demonstrate documentation or evidence at the time of submission. For each attestable criterion, enter a title into the text box, label it *Annual Report—Attestation* and enter the text below:

> *Our practice achieved PCMH 2014 Level 3 Recognition as a Patient-Centered Medical Home. We attest that our responses reflect our practice's current operations. Documentation to support these responses will be provided upon request.*

The attestation text does not need to be entered manually for each criterion. After entering the attestation for the first criterion, click "Link Evidence" and type the title *Annual Report—Attestation* into the text box for additional attestable criterion.

### Shared and Site-Specific Evidence

Some evidence (such as documented processes, information and demonstration of capability) may be submitted once for all sites or site groups. Other evidence (such as evidence of implementation, examples, reports, Record Review Workbooks and Quality Improvement Workbooks) must be site-specific.

Site-specific data may be combined and submitted once on behalf of all sites or site groups. Some criteria and requirements need a combination of shared and site-specific evidence, which is labeled "Partially Shared" in the tables below.

Refer to the NYS PCMH *Annual Reporting—Required Criteria* document and the Annual Reporting Requirements table for specific criteria and requirement guidance.





| CONCEPT AREA | CRITERIA | DESCRIPTION |
|---|---|---|
| Team-Based Care and Practice Organization (TC) | TC 05 | Certified EHR System—Eligible for Attestation |
| Knowing and Managing Your Patients (KM) | KM 04 | Behavioral Health Screenings—Documented Process and Evidence of Implementation (B and C) |
| | KM 11 | Population Needs—Evidence of Implementation (A and either B or C) |
| Patient-Centered Access (AC) | AC 08 | Two-Way Electronic Communication—Eligible for Attestation |
| | AC 12 | Continuity of Medical Record Information—Eligible for Attestation |
| Care Management and Support (CM) | CM 03 | Comprehensive Risk-Stratification—Evidence of implementation |
| | CM 09 | Care Plan Integration—Documented Process and Evidence of Implementation |
| Care Coordination and Care Transitions (CC) | CC 08 | Specialist Referral Expectations—Eligible for Attestation |
| | CC 09 | Behavioral Health Referral Expectations—Agreement *or* Documented Process and Evidence of Implementation |
| | CC 19 | Patient Discharge Summaries—Eligible for Attestation |
| | CC 21 | External Electronic Exchange of Information—Evidence of Implementation and Indicate Qualified Entity (A) |
| Performance Measurement and Quality Improvement (QI) | QI 19 | Value-Based Payment Arrangements—Agreement *or* Evidence of Implementation (A or B) |

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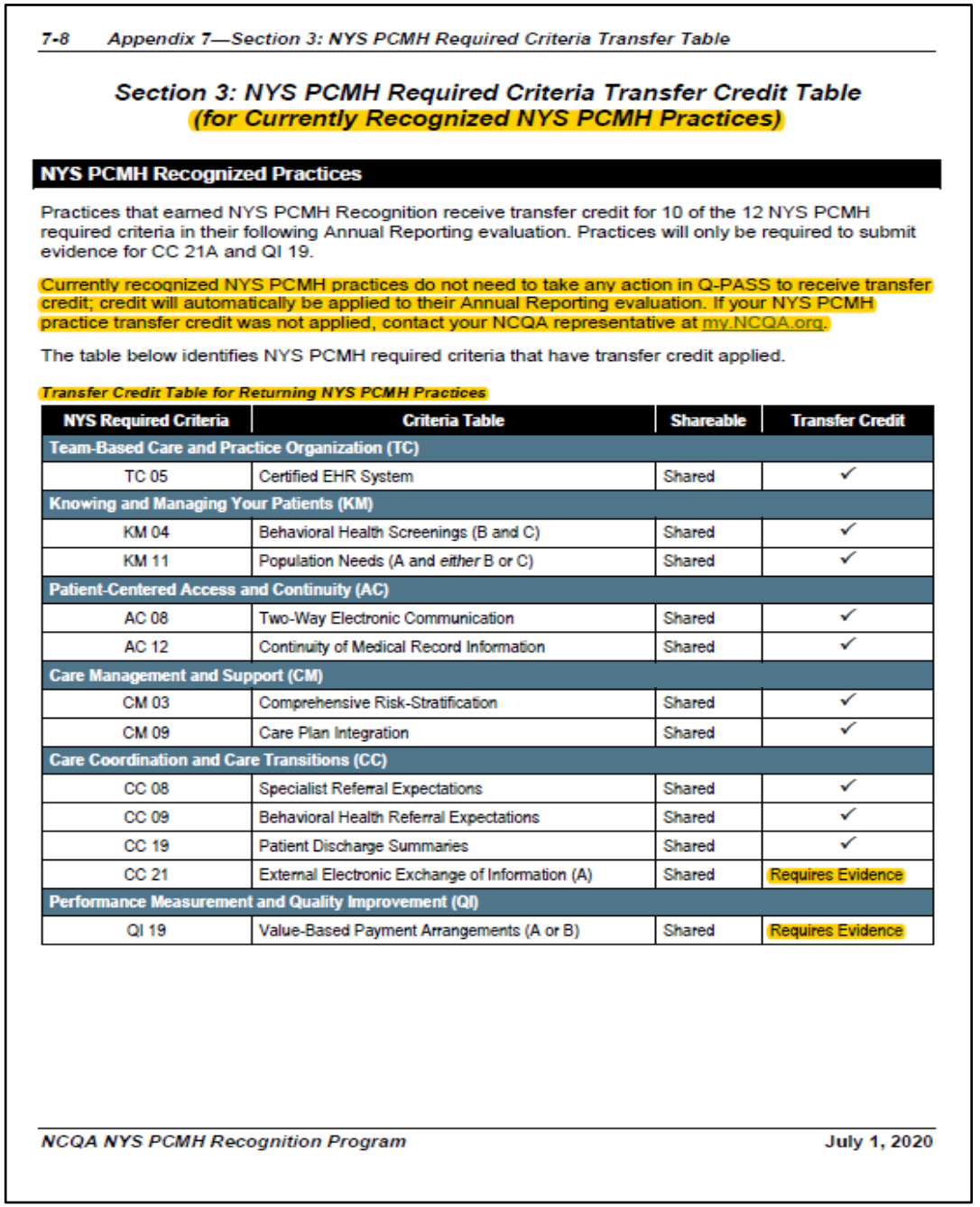
# NYS PCMH Transfer Credits

***Attestations*** are for practices NEW to NYS PCMH

***Transfer Credits*** are for practices who are RENEWING their NYS PCMH





### Section 3: NYS PCMH Required Criteria Transfer Credit Table (for Currently Recognized NYS PCMH Practices)

**NYS PCMH Recognized Practices**

Practices that earned NYS PCMH Recognition receive transfer credit for 10 of the 12 NYS PCMH required criteria in their following Annual Reporting evaluation. Practices will only be required to submit evidence for CC 21A and QI 19.

Currently recognized NYS PCMH practices do not need to take any action in Q-PASS to receive transfer credit; credit will automatically be applied to their Annual Reporting evaluation. If your NYS PCMH practice transfer credit was not applied, contact your NCQA representative at my.NCQA.org.

The table below identifies NYS PCMH required criteria that have transfer credit applied.

*Transfer Credit Table for Returning NYS PCMH Practices*

| NYS Required Criteria | Criteria Table | Shareable | Transfer Credit |
|---|---|---|---|
| **Team-Based Care and Practice Organization (TC)** | | | |
| TC 05 | Certified EHR System | Shared | ✓ |
| **Knowing and Managing Your Patients (KM)** | | | |
| KM 04 | Behavioral Health Screenings (B and C) | Shared | ✓ |
| KM 11 | Population Needs (A and *either* B or C) | Shared | ✓ |
| **Patient-Centered Access and Continuity (AC)** | | | |
| AC 08 | Two-Way Electronic Communication | Shared | ✓ |
| AC 12 | Continuity of Medical Record Information | Shared | ✓ |
| **Care Management and Support (CM)** | | | |
| CM 03 | Comprehensive Risk-Stratification | Shared | ✓ |
| CM 09 | Care Plan Integration | Shared | ✓ |
| **Care Coordination and Care Transitions (CC)** | | | |
| CC 08 | Specialist Referral Expectations | Shared | ✓ |
| CC 09 | Behavioral Health Referral Expectations | Shared | ✓ |
| CC 19 | Patient Discharge Summaries | Shared | ✓ |
| CC 21 | External Electronic Exchange of Information (A) | Shared | Requires Evidence |
| **Performance Measurement and Quality Improvement (QI)** | | | |
| QI 19 | Value-Based Payment Arrangements (A or B) | Shared | Requires Evidence |



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## Question

### First Annual Renewal Under NYS

If a practice is recognized under transforming NYS PCMH, for their FIRST annual renewal, do they need to submit evidence for the 12 NYS required criteria OR do transfer credits apply?

## Answer

Thank you for your inquiry. Once practices meet the 12 NYS required criteria they will not have to demonstrate them again, with the exception of two criteria: CC 21A and QI 19 during their Annual Report. This information can be found in Appendix 1 of the NYS PCMH Annual Reporting Requirements. Thanks again!

**Status:** Closed
**Case Opened:** 07/23/2020
**Case Reopened:**
**Case Closed:** 07/24/2020
**Case:** 00300986

### Subject Areas

PCS
Recognition Programs
NYS PCMH - New York State Patient Centered Medical Home
Transition to NYS PCMH
Publication Year: 2020

## Question

### Corporate Credits

Hello, I am working with a practice who has 2 locations recognized under NYS PCMH and just successfully completed their annual renewal under the NYS criteria. They have a third site that will be going through transforming this fall, will the unrecognized site be eligible to attest for corporate credits in this scenario? Thank you!

## Answer

Thank you for your question. Yes, the new site may use the corporate credit table. If you have any further questions please do not hesitate to reach out.

**Status:** Closed
**Case Opened:** 08/06/2020
**Case Reopened:**
**Case Closed:** 08/06/2020
**Case:** 00302679

### Subject Areas

PCS
Recognition Programs
PCMH - Patient Centered Medical Home
Other
Publication Year: 2020

# Shared, Partially Shared, Site - Specific



*Annual Reporting Table for PCMH 2014 Level 3 Practices*

| Criteria | Criteria Table | Shareable | Attestation |
|---|---|---|---|
| **Team-Based Care and Practice Organization (TC)/(AR-TC)** | | | |
| **NYS PCMH REQUIRED CRITERIA** | | | |
| TC 05 | Certified EHR System | Shared | ✓ |
| Annual Reporting | | | |
| AR-TC 1 (Required) | Patient Care Team Meetings | Shared | |
| **Knowing and Managing Your Patients (KM)/(AR-KM)** | | | |
| **NYS PCMH REQUIRED CRITERIA** | | | |
| KM 04 | Behavioral Health Screenings | Shared | |
| KM 11 | Population Needs | Shared | |
| **ANNUAL REPORTING** | | | |
| AR-KM 1 (Required) | Proactive Reminders | Shared | |
| AR-KM 2 (Required) | Depression Screening | Partially Shared* | |
| **Patient-Centered Access and Continuity (AC)/(AR–AC)** | | | |
| **NYS PCMH REQUIRED CRITERIA** | | | |
| AC 08 | Two-Way Electronic Communication | Shared | ✓ |
| AC 12 | Continuity of Medical Record Information | Shared | ✓ |
| **ANNUAL REPORTING** | | | |
| AR-AC 1 (Required) | Access Needs and Preferences | Site-Specific | |
| AR-AC 2 (Required) | Access for Patients Outside Business Hours | Shared | |
| **Care Management and Support (CM)/(AR–CM)** | | | |
| **NYS PCMH REQUIRED CRITERIA** | | | |
| CM 03 | Comprehensive Risk-Stratification | Shared | |
| CM 09 | Care Plan Integration | Shared | |
| **ANNUAL REPORTING** | | | |
| AR-CM 1 (Required) | Identifying and Monitoring Patients for Care Management | Partially Shared* | |
| AR-CM 2 (Required) | Care Plans for Care Managed Patients | Shared | |

*Documented processes, survey tools and/or some information may be shared, but all other evidence must be site-specific.



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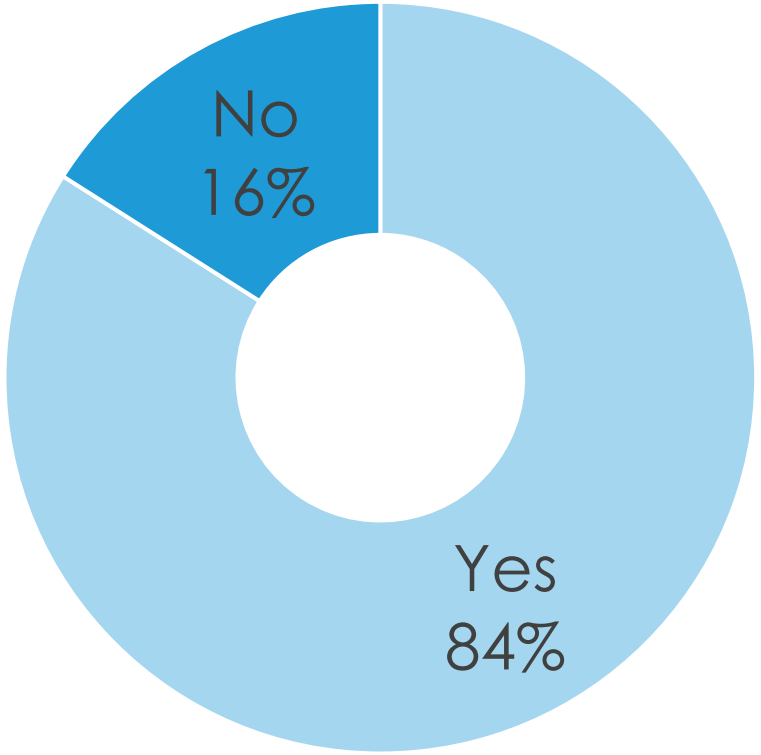
# NYS PCMH Recognition Program Survey



Knowledge of How PCMH Incentive Dollars Are Invested at Health Center
n=19

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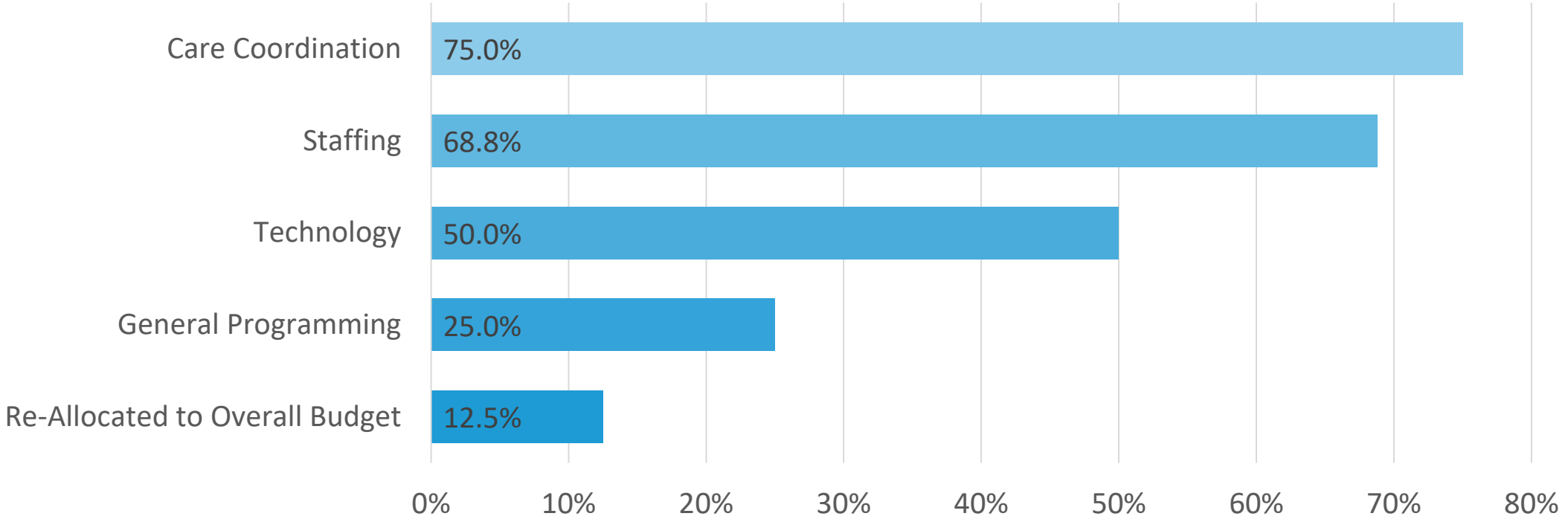
COMMUNITY HEALTH CENTER FQHC QUALITY

# How PCMH Incentive Dollars are Being Leveraged

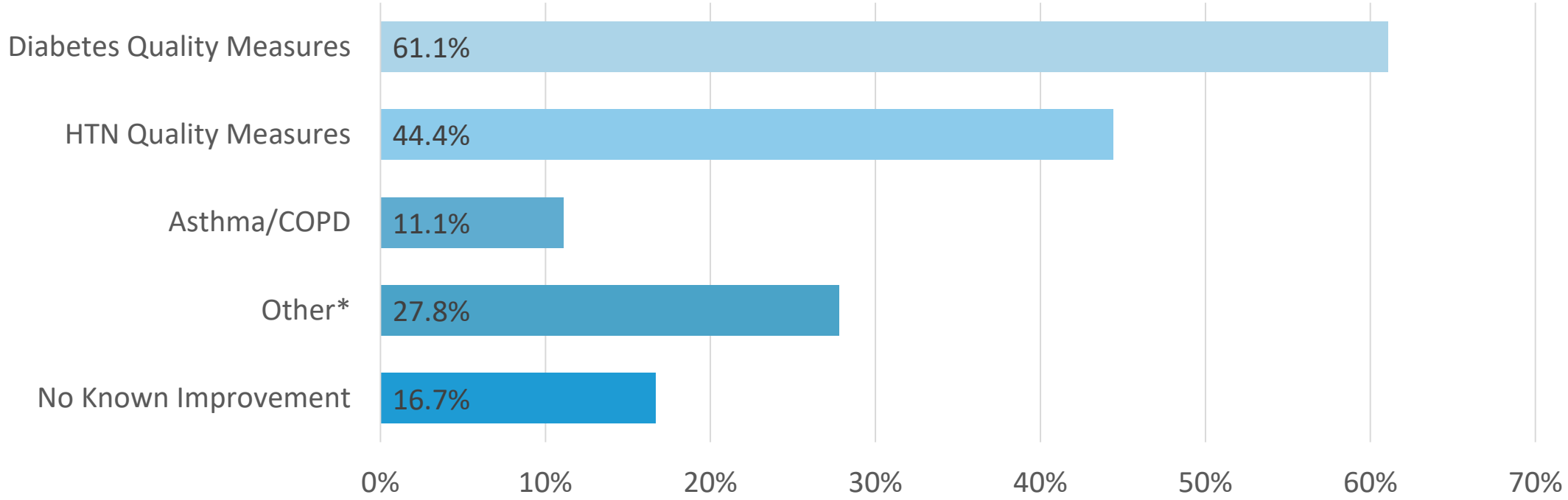
n=16




"PCMH incentive payment dollars go to various aspects of our quality improvement program, including hiring Americorps volunteers to conduct outreach for follow up care, improving technology including purchasing community resource referral platform, and other technology costs to improve our EMR, including Rubicon, a specialty consultant platform."

## Improvement in Quality Measures Due to PCMH Incentive Dollars

n=18




* yes but unspecified, smoking cessation, colorectal cancer rates

"We have seen improvements in our blood pressure control rates over time with each pcmh submission from 58% in 2016 to 64% in 2020. We have also seen improvement in Diabetic LDL control from 37% in 2016 to 47% in 2020, Colorectal cancer rates have greatly improved from 22% in 2016 to 57% in 2020."

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COMMUNITY HEALTH CENTER FQHC QUALITY

NYS NCQA

# Questions

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# Effective Immediately for NYS Practices
# CC 21A and CM 09

- Updated publications for NYS PCMH and NYS PCMH AR 2020 to specify that NYS practices must be connected to a QE (Qualified Entity).
- Q-PASS: Customers will see 3 components for CC 21A:

  EOI

  Question

  Attestation

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# Effective Immediately for NYS Practices
# CC 21A and CM 09

Attestation Eligibility:

- Only available for practices that are new to NYS PCMH or that are connected to a different HIE and need time to connect to an NYS QE.
- Practices connected to a non-SHI-NY QE that did not know NCQA was planning to narrow the evidence.
- New practices that haven’t connected and did not know NCQA was planning to narrow the evidence.

# Other Topics for Today – Vaccination Guidance During a Pandemic

- Risk stratification
- Care Management
- Telehealth
- Population Health
- Data Analytics – using data to drive change
- Team Based Care
- Bolstering Care Team and Patient Communication
- Solidifying workflows

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# Is Your Practice Prepared and Ready for Flu Season?

- Yes
- No
- Comments_____

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# A Tale of Two Viruses

**SARS-CoV-2**

- Fever/Chills
- Cough/Sore Throat
- HA/Myalgias
- N/V/D
- Anosmia, taste
- Slower onset

**Influenza**

- Fever/Chills
- Cough/Sore Throat
- HA/Myalgias
- N/V/D
- Rapid onset

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# Pandemic Influenza Vaccine Targeting Checklist
## Planning Activities for State and Local Health Departments

To assist state and local health departments in planning for targeting vaccine during an influenza pandemic, the Centers for Disease Control and Prevention (CDC) has developed the following checklist. The items in the checklist are based on the *2018 Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic*, and include specific activities public health emergency planners and immunization programs can do to prepare for targeted pandemic influenza vaccination. In many states these activities will require extensive collaboration between state and local public health departments and with neighboring jurisdictions. This checklist and accompanying guidance are provided for planning purposes and may change as a future influenza pandemic emerges.

For an online version of this document, please visit: *https://www.cdc.gov/flu/pandemic-resources/pdf/2018-Influenza-Checklist.pdf*

### ☑ Review key federal guidance documents

| In Progress | Completed | Date Completed | Activity |
|---|---|---|---|
| ☐ | ☐ | | Review with key emergency management partners:<br>• *2018 Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic* *https://www.cdc.gov/flu/pandemic-resources/pdf/2018-Influenza-Guidance.pdf*<br>• *Critical Infrastructure Sectors* *https://www.dhs.gov/critical-infrastructure-sectors* |

### ☑ Identify pandemic influenza vaccine target groups

❍ Population groups at higher risk of influenza complications, as defined in the *2018 Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic.*

| | | | |
|---|---|---|---|
| ☐ | ☐ | | Estimate the number of persons in the jurisdiction who may be at higher risk for complications during the influenza pandemic. |
| ☐ | ☐ | | Ensure operational plans include use of multiple vaccination settings, such as public health departments, pharmacies, and physicians' offices and clinics, for vaccinating those populations. |

❍ *Tier 1– 3 critical workforce groups*, as defined in the *2018 Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic*

| | | | |
|---|---|---|---|
| ☐ | ☐ | | Develop and maintain a current list of vaccination points of contact for each critical workforce group in the jurisdiction and update annually |
| ☐ | ☐ | | Determine the number of individuals in each Tier 1–3 critical workforce group in the jurisdiction, in collaboration with emergency management partners. Update annually. |
| ☐ | ☐ | | Lead planning discussions with major critical workforce employers and leaders about pandemic vaccine targeting concepts and plans for rapidly vaccinating Tier 1–3 critical workforce personnel. |
| ☐ | ☐ | | • Work with critical workforce employers and leaders to ensure plans are finalized to rapidly identify, contact, and mobilize targeted critical workforce personnel. |
| ☐ | ☐ | | • Discuss scenarios and methods for sub-prioritization with major critical workforce employers (e.g., if there is only enough vaccine to vaccinate 10%, 25%, or 50% of the Tier 1 group). |

https://www.cdc.gov/flu/pandemic-resources/pdf/2018-Influenza-Checklist.pdf

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

### ☑ Establish plans for pandemic vaccination clinics for critical workforce

| In Progress | Completed | Date Completed | Activity |
|---|---|---|---|
| ☐ | ☐ | | Ensure the jurisdiction's pandemic influenza vaccine response plan includes targeted pandemic vaccination plans for critical workforce. |
| ☐ | ☐ | | Determine the approach(es) and settings for vaccination of each critical workforce group during a pandemic, based on existing resources/staff of critical workforce employers and planners (e.g., occupational health clinics, public health managed closed mass vaccination dispensing and vaccination clinics). See also: *https://www.cdc.gov/flu/business/index.htm.* |
| ☐ | ☐ | | Work with employers of critical workforce to ensure plans are in place to identify personnel (either by job category or job duties) who may be eligible for targeted vaccination |

❍ For employers of critical workforce who will be directly providing immunizations, ensure employers have plans in place to:

| | | | |
|---|---|---|---|
| ☐ | ☐ | | Screen the personnel eligible for vaccination (e.g., checking identification at time of vaccination). |
| ☐ | ☐ | | Order, receive, store, and administer vaccine |
| ☐ | ☐ | | Document vaccine administration in the jurisdiction's immunization information system (IIS), as needed and appropriate or by other means (e.g., some states' IIS only include infant and childhood vaccinations). |
| ☐ | ☐ | | Provide second pandemic vaccine dose reminders, if needed (e.g., through use of IISs or other reminder systems internal to each critical workforce group). |
| ☐ | ☐ | | Follow best practices for vaccination clinics held at satellite, temporary, or off-site locations as outlined in *Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, Or Off-Site Locations.* |

### ☑ Develop communication plans for targeting pandemic influenza vaccine

| | | | |
|---|---|---|---|
| ☐ | ☐ | | Develop a strategy for rapid communication with medical providers who will vaccinate populations at higher risk for complications due to influenza infection. |
| ☐ | ☐ | | Develop a strategy for rapid communication with critical workforce employers with personnel in targeted groups. Provide materials these employers can share with their workforce about the purpose, goals, and logistics of targeted vaccination. |
| ☐ | ☐ | | Develop a communication strategy directed toward strategic partners and the public to explain why certain groups are targeted for early vaccination. |

### ☑ Test pandemic influenza vaccine targeting plan

| | | | |
|---|---|---|---|
| ☐ | ☐ | | Conduct workshops and/or tabletop exercises with critical workforce employers and their immunizers to test command and control procedures/roles and implementation of the pandemic influenza vaccine targeting guidance in collaboration with the jurisdiction's critical workforce organizations, including those outside of public health and health care sectors. |
| ☐ | ☐ | | Use seasonal influenza vaccination clinics, exercises, or real-world events to test procedures for targeting critical workforce personnel for rapid mobilization, vaccination, and documentation of vaccine administration in IISs. Use these settings/events to practice using CDC's *Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations.* |

### Additional Resources

HHS Pandemic Influenza Plan 2017 Update: *https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf*
Pandemic influenza planning and preparedness resources: *https://www.cdc.gov/flu/pandemic-resources/index.htm*
Guidelines and resources for vaccine storage, handling, administration, and safety: *https://www.cdc.gov/vaccines/index.html*

CS294798_C

# Risk Stratification for Flu Vaccine Administration

- *Essential workers*: Healthcare personnel, including nursing home, long-term care facility, and pharmacy staff, and other critical infrastructure workforce
- *Persons at increased risk for severe illness from COVID-19*: Including adults age 65 years and older, residents in a nursing home or long-term care facility, persons of all ages with certain underlying medical conditions. Severe illness from COVID-19 has been observed to disproportionately affect members of certain racial/ethnic minority groups
- *Persons at high risk for influenza complications*: Including infants and young children, children with neurologic conditions, pregnant women, adults age 65 years and older, and other persons with certain underlying medical conditions

https://www.cdc.gov/vaccines/pandemic-guidance/index.html

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# Will You Require Your Staff to be Vaccinated for Flu This Season?

- Yes
- No
- Comments_____

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# What Are Others Doing to Get Ready – a Tale of Two Practices

- Text campaigns to patient populations
- Drive through flu clinic
- Open door policy for anyone wanting a flu vaccines
- All patients are screened when coming to clinic and will be offered the flu vaccine
- Met with provider team to plan strategy
- Pre-ordered supplies and PPE
- Following the CDC recommendations for flu
- Planning now with clinical team
- Raising hyperawareness among staff and patients
- Curbside flu vaccine
- Limited space so will have flu vaccine clinic at rotating site/days
- Developing new workflows now

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# *Flu Considerations During COVID 19

- Staff vaccinations
- Standing orders
- Review previous year's data to predict volume by site, month, etc.
- Pre-order all types of vaccines offered
- Curbside or outside
- After-hours, weekends, school-based
- Communication with staff is critical
- Pre-visit planning – use the flu visit to catch up on missed planned care "Flu-and-fit"
- Prepare to start vaccinating as soon as supplies arrive
- Learn from high-volume visits in preparation for COVID vaccine clinics
- Advanced planning, flexibility, optimism and grit
- Silver-lining?

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*Adapted from the Weitzman ECHO Webinar on COVID-19: Flu Considerations During COVID-19 8/26/2020

Preparation for Flu Vaccine During Corona Virus Pandemic

# Flu Vaccine Planning Discussion

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# Did The Information Provided Spark Any New Ideas Regarding Flu Season Readiness for 2020 – 2021?

- Yes
- No
- Comments_____

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