Vaccination Scheduling, Administration, and Documentation in a Digital World

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PANEL HIGHLIGHTS

VACCINES IN A DIGITAL WORLD

In a recent panel, eHealth Initiative's CEO Jennifer Covich Bordenick joined executives from Change Healthcare to discuss the topic of vaccination scheduling, administration and documentation in a digital world. The panelists were: Patrick Leonpacher, Business Development and Operations Executive; Gautam Shah, Vice President, Platform and Marketplace; and Navesh Kandiyil, Vice President, Strategic Accounts.

The hour long discussion was focused on implementing touchless workflows to adopt to consumer preferences. This is more important than ever, given the rise of the delta variant and new requirements for digital vaccine records. These issues were discussed and the panel ended with a robust Q&A segment.

> " To manage an improbable 600 million vaccine appointments that have to be scheduled into our healthcare organizations, implementing touchless and updated workflows will be crucial to ensure business continuity and scaling. "
>
> – Patrick Leonpacher

TOUCHLESS WORKFLOWS

The COVID-19 vaccine distribution introduced new challenges into our healthcare systems in the following ways:

1. **Lack of Consumer/ Patient Trust:** Some patients have vaccine hesitancy because of the rapid pace at which the vaccine was developed and approved, and because of widespread disinformation about the vaccines.
2. **Challenging Distribution Logistics:** Supply chains have had to adapt quickly because of sheer volume of vaccine required across the nation, and due to strict storage and freezer requirements.
3. **Production:** With most vaccine regimens needing two doses in order to be fully effective, it is challenging to manage appointments for the millions of people in the United States while continuing to provide routine health care services.

A Touchless Check-In Experience

During the pandemic, the combination of stretched resources in healthcare and surging viral transmission rates ignited the impetus to implement digital workflows to conduct routine patient care. As individuals became more comfortable with virtual interactions, their desire to interact in digital ways with their healthcare organizations increased. Recent survey data from Change Healthcare found that 74% of patients are now likely to use texting solutions to check in and share information with their providers ahead of those appointments.

Touchless workflows eliminate idle wait-time in clinics, which not only helps to reduce transmission rates, it also allows for more patients to be served simultaneously and improves data capture and reporting.

Examples of a Touchless Workflows Include:

1. **Remote check-in from the provider parking lot:** Once on site, the patient can be directed to a mobile check-in page when they arrive at the parking lot of your facility, in order to reduce in-person traffic.
2. **Inform and prepare patients for intake:** Automate and communicate the check-in process in advance to prepare patients for COVID-19 measures (such as wearing a mask, temperature checks, etc.).
3. **Text patients when it's their turn to be seen:** Minimize crowds by having patients come in one at a time in order to avoid queues in the waiting room.

Such workflows allow patients to check-in, pay, and complete their forms wherever they feel comfortable. This has value not only in a COVID-19 setting, but also long-term as patients increasingly prefer to interact digitally and providers realize the benefits of automation.

CHALLENGES WITH SCHEDULING VACCINE APPOINTMENTS

Lack of interoperability can create challenges. Organizations ended up wasting appointments due to no-shows. Additionally, the inability of systems to talk to one another created challenges in jurisdictions where individuals received their first and second doses at different vaccination sites.

As COVID restrictions are lifted and proof of vaccination becomes required for many daily activities, it is essential that these interoperability challenges are addressed.

DIGITAL VACCINE RECORD

Although the phrase "vaccine passport" has been considerably politicized, in reality this refers simply to a digital vaccine record; a type of digital health credential accepted in many settings today. Digital vaccine records are recognized and required by schools, some employers, and for travel to many destinations.

From a solutions perspective, the key is to put the vaccine record into patients' hands in a way that makes sense to them. Not everyone owns a smartphone, so using a smartphone application should not be the only option to display the credential.

VACCINE VERIFICATION

The considerations that are paramount when considering digital vaccine records are verification, security, and trust. The need to have a common verifiable credential becomes important.

Verification means that when a patient shows his or her credential QR code, anyone who scans it will have the ability to confirm that it is valid. This helps protect patient privacy by ensuring that personal health information (PHI) does not need to be displayed at the point of verification

For a digital vaccination record solution to work and be widely adopted, there has to be a common way of displaying and verifying the credential. Digital credentials are one tool for dealing with interoperability and privacy challenges.

Q&A:

From a health equity standpoint, how do you implement touchless workflows for people who do not have cell phones or internet connection?

It is not a one size fits all approach and is about empowering the patient to engage with you in the way that they feel comfortable. If this technology is absent, then a human touch-point should be the default means of connecting with the patient. These are not mutually exclusive and can help provide a better experience for all patients. Expanding customer service channels in ways that patients want to be connected is the way to differentiate experience and help patients return to some new version of normal.
 – *Patrick Leonpacher*

Is SMS as a communication mechanism a good way of connecting with patients?

Yes; however, SMS is not in and of itself a secure way to communicate with patients. If using SMS is in your digital strategy, you will need to incorporate ways to point patients to URLs with a login or validation of credentials, that will then give them access to tools where they can submit PHI.
– *Patrick Leonpacher*

How can we move towards achieving universal standards and interoperability?

Today there are multiple standards proposed and in-use. The Vaccine Credential Initiative, which is what Change Healthcare is part of, is advocating for an HL7 FHIR-based standard. Additionally, the WHO, ISO and multiple others also have standards. We hope that the Office of the National Coordinator for Health IT (ONC) names one standard for use in the US, but there will likely be others used globally. So, the challenge is also determining how to deal with the fact that there will be multiple standards and how do we put it all together to achieve interoperability at the data level and at the credential level. Given that, how do we achieve interoperability? We will achieve interoperability if economic drivers require it – e.g. if someone in the US decides to go to another country that uses a different standard, it will be necessary for those systems to communicate.
– *Gautam Shah*

How do we reach out to communities to improve vaccination adherence rates?

It is indeed critically important to first ensure that individuals are getting vaccinated, and only after this is addressed can we engage in broader conversations about digitalization and verification with communities that have low vaccine adherence rates. To improve on this, it may require healthcare organizations to talk to the communities that they serve and provide community leaders with the education to overcome vaccine hesitancy and improve vaccine confidence.
– *Navesh Kandiyil*

In terms of patient privacy, who makes the decisions about which certificates to trust or not, and how would this work with local or public health authorities?

Speaking as a private individual, this is where I would expect to see some regulation put in place. Although it is not a mandate that sharing your vaccine record is necessary, there should be a trust framework, just as we have a trust framework under HIPAA, with established credentials and standard of use to provide us as an industry with an agreed-upon framework.
– *Gautam Shah*