Central Oregon Health Council

Provider Engagement Panel
October 14, 2020 from 7:00am-8:00am
Virtual Dial-In: Zoom
Join by computer: https://zoom.us/j/630619272
Join by phone only: 1-669-900-6833, code: 630619272#
Passcode: 775506

7:00-7:05 **Introductions – Divya Sharma**
- **Approve Consent Agenda**
- **Action Item Review (Kelsey)**

7:05-7:15 **QHOC – Alison Little**
Attachment: QHOC report September

7:15-7:35 **Diabetes Prevention Program – Jessica Jacks/Sarah Worthington**
Attachment: .ppt

7:35-7:55 **Immunization Rates During the Pandemic – Therese McIntyre**
Attachment: .ppt

7:55-8:00 **Wrap Up – Divya Sharma**

Consent Agenda:
- **Approval of the draft minutes dated September 9, 2020 subject to corrections/legal review**

Written Reports:

MINUTES OF A MEETING OF

THE PROVIDER ENGAGEMENT PANEL OF

CENTRAL OREGON HEALTH COUNCIL

HELD VIRTUALLY VIA ZOOM

September 9, 2020

A meeting of the Provider Engagement Panel (the ***"PEP"***) of Central Oregon Health Council, an Oregon public benefit corporation (the ***"Corporation"***), was held at 7:00 a.m. Pacific Standard Time on September 9, 2020, virtually via Zoom. Notice of the meeting had been sent to all members of the Panel in accordance with the Corporation's bylaws.

Members Present:	Divya Sharma, MD, Chair
	Gary Allen, DMD
	Michael Allen, DO
	Muriel DeLaVergne-Brown, RN, MPH
	Keith Ingulli, PsyD
	Alison Little, MD
	Sharity Ludwig
	Jessica Morgan, MD
	Robert Ross, MD
Members Absent:	Logan Clausen, MD
	Matt Clausen, MD
	Laura Pennavaria, MD

Guests Present:	Jess Jacks, Deschutes County Health Services
	Andrea Ketelhut, PacificSource
	Donna Mills, Central Oregon Health Council
	Sarah Worthington, Deschutes County Health Services

Dr. Sharma served as Chair of the meeting and Ms. Mills served as Secretary of the meeting. Dr. Sharma called the meeting to order and announced that a quorum of directors was present and the meeting, having been duly convened in accordance with the Corporation's bylaws, was ready to proceed with business.

WELCOME

Dr. Sharma welcomed all attendees to the meeting. Introductions were made on the phone and around the room.

CONSENT AGENDA

Dr. Sharma asked for a motion to approve the consent agenda. Dr. Gary Allen motioned, Dr. Michael Allen seconded. All were in favor, the motion passed unanimously.

QHOC

Dr. Little shared the QHOC meeting began with a COVID update. She noted the HERC update revealed the low back pain guidelines will be reviewed again, and that pilates and thai massage may become covered benefits. She noted no changes are anticipated for diagnostic treatments or to the opioids guideline. She explained the COVID antibodies test is being covered under narrow and specific circumstances for some diagnostic cases only. She shared the telemedicine guidelines will be made permanent and is no longer a temporary rule.

She noted a presentation was giving on environmental health interventions to increase wildfore smoke resilience. She shared an update was given on workflows for out-of-hospital births, which are covered, though she clarified that midwives are only covered by FFS and not by PacificSource.

CCO Quality Improvement & Population Health Team

Ms. Ketelhut shared that she expects the Metrics and Scoring committee to base benchmarks for 2021 on 2019 peforrmance data.

Ms. Ketelhut shared that the QIM Incentive dollars have 5% allocated to CCO projects. She noted the population health team brainstormed options for use of those funds to set the CCO up for success. She explained children will be the primary audience for postcard reminders, regarding well checks and immunizations, and mental health. Dr. Sharma asked about the viability of postcards to boost scheduling these visits. Ms. Ketelhut explained they saw a 20% increase in appointments from children who were not usually scheduled during that time of year. She noted Flu Card reminders, A1c kit reminders, Fit Kits, public health events, THW training, testing, Warm Springs projects, student practicum credits at OSU Cascades, and physical activity for kids are also suggestions for CCO projects.

Ms. Ketelhut shared a new metric will begin in 2021 regarding language access and proposed a project on that subject. She noted the project funds are approximately $58,000 per month available, and it must be off PacificSource's books by the end of the year.

Dr. Ross suggested cleaning up the roles for children 3 and under and encouraged immunizations. Ms. Mills noted that AFIX and a QIM grant paid for this project the first time.

Dr. Little shared that the funds for ECHO are about to run out, and cannot be paid for with CBI funds.

Dr. Sharma asked how these funds could support teachers and children through virtual schooling.

Diabetes Prevention Program

Dr. Sharma asked to move this agenda item to the October agenda.

ACTION: Ms. Mills will invite Ms. Worthington and Ms. Jacks back to the October meeting and put the DPP first on the agenda.

Adjournment

There being no further business to come before the PEP, the meeting was adjourned at 8:00 am Pacific Standard Time.

Respectfully submitted,

_____

Kelsey Seymour, Secretary

OHA Quality and Health Outcomes Committee (QHOC)

September 14. 2020

Webinar or conference line, 1-888-278-0296, code 310477

Meeting Packet
Agenda
QHOC Website
Slides

Clinical Director Workgroup

10:00 a.m. – 12:00

Topic	Summary of Discussion/Impacted Departments	Materials/ Action Items

Welcome/ Introductions/ Updates	**Presenter; Holly Joe Hodges**
	• See attendee list.
	• Real-D webinar series in September.
	• Zoom platform learning collaboratives beginning in October
	  ○ Lisa Bui needs name, email, and phone number for attendees for October.
	  ○ Prometheus training slated for end of October.
		Pgs. 1-7

Covid-19	**Presenter: Dana Hargunani, Dawn Mautner** • Declines in cases, and monitoring state metrics with schools re-opening. • Wildfires have implications for Covid-19. Air Quality Index has been high in several areas. Impact to hospital capacities with evacuations. • Historic number of evacuations and home loss. • Increase in eligibility for Medicaid due to fires. • Innovator agents are working closely on this situation and would like to invite any questions as needed from CCO's	Pg. 8

Low Value Care Report	**Presenter: Dana Hargunani**
	• Procedures that have "little benefit" in specific clinical scenarios, after an evidence-based review.
	• Consists of 10% of all waste in healthcare.
	• Oregon Health Leadership Council (OHLC) will be releasing a report, including best practices.
	  ○ 47 services measured, 40% of those were considered low value and 3% were considered wasteful (mostly based on Choosing Wisely).
	  ○ $540 million in costs across the state
	  ○ 45% Medicaid, 31% in Medicare, 49% Commercial
	  ○ Example: routine physicals for asymptomatic adults, cough and cold meds for children, antibiotics for URIs
	• OHLC will be hosting a webinar.
	• How CCO's can use report?
	  ○ Review highest cost and prevalence within CCO's.
	  ○ Look at member utilization and prescribing patterns
	  ○ Align medical benefits and policy
	  ○ Requires change in provider practice
	• How is this different from Prometheus/connected?
	  ○ Overlapping to target improvement
		Pgs. 9-22

	○ Supportive of each other. ○ Prometheus is specific to Medicaid, Low-value care is across LOB ○ Different data sources	
P&T Updates	**Presenter: Roger Citron** • Antipsychotic class updates: ○ Abilify and Geodon preferred. • ADHD ○ Vyvance preferred • Cardiovascular outcomes for diabetes drugs ○ Remove step therapy, other than metformin, for ▪ DDP-4 inhibitors ▪ GLP1 receptor agonists & SGLT-2 inhibiters ▪ Onglyza, Trulicity, Farxiga, Jardiance, and Invokana preferred. • Non Statin Drugs for Dyslipidemia preferred ○ Implement Bempedonic PA Criteria ○ Generic omega 3 fatty acid preferred, no clinical PA required ○ Triglide, Antara, Trilipix and their generic counterparts preferred. • Multiple Sclerosis updates: ○ Natalizumab PA criteria expanded to reflect indications for all forms of relapsing MS. • Serotonin Agonists ○ Tosymra non-preferred • Calcitonin Gene-Related Peptide (CGRP) ○ Emgality preferred but still subject to clinical PA criteria. • Topical Analgesics ○ Renamed to Topical Pain Medications to add topical anesthetics to new class ○ Lidocaine-prilocaine, diclofenac gel, viscous lidocaine cream, solution and jelly preferred. ○ Everything else non-preferred • Oncology – 12 new agents; new PA criteria starts 10/1/20, those currently on these drugs will be grandfathered • New orphan drug policy • Next P&T Committee Meeting 10/01/2020	Pgs. 23-37
HERC Updates	**Presenter: Ariel Smits** HERC/VBBS • Telemedicine changes made permanent • COVID testing: new guideline for antibody testing, antigen testing OK • Cologuard not covered due to added costs $600 compared to $12 for Fit Tests. • Added coverage for polydactyly of the toes • Adopted changes to the Out of Hospital Birth guideline • Edits to back guidelines: ○ Medical: added Pilates, clarified massage coverage ○ Surgical: clarified non-coverage for spinal injections ○ Opioid: minor changes in wording from need for active therapy for 6 weeks to 90 day therapy.	Pgs. 38-43

	○ Reviewing 13 codes on GN 173 ○ Consider allowing hysterectomy at time of BSO for BRCA 1+ ○ Peanut allergies – developing a guideline ○ Nerve allograft – non-coverage ○ Adding additional indications for liver-kidney transplant ○ Considering magnetoencephalography prior to epilepsy surgery • November meeting: ○ Determining coverage for community health workers.in future ○ New 2021 CPT code placement ○ Zio patch • Evidenced Guidelines Subcommittee ○ Guidance document for increased Colorectal, breast, and cervical cancer screenings • Recommendation for CHW's to help this work. • Behavioral Health Advisory Panel/Genetics Advisory Panel/Oral Health Advisory Panels all meeting in the next 2 months; will consider: ○ Neuropsych testing/ telehealth ○ Non-invasive prenatal screenings coverage – consider expanding to all populations, not just high-risk groups ○ Cone beam tomography other oral indications ○ Dental implant removal guideline	
Immunizations: **-Flu Season** **-Covid-19 vaccine**	**Presenter: Rex Larson** • Important to have a big flu vaccine push and allow a transition to COVID vaccine distribution. • Oregon Cares Influenza Project and grant opportunity ○ 1.6M available funds ○ 70K No cost-flu vaccines ○ Preparing for Covid-19 vaccine distribution ○ Funding for LPHA's and tribes to make vaccination clinics more accessible • How can CCO's partner with LPHA's? ○ Marion Polk PacificSource example called out (Bhavesh spoke) ○ Immunization provider newsletter sent out about drop in vaccinations. Using CAP and newsletter. ○ Drive through vaccine clinics being considered ○ HealthShare: working with LPHA's – alternative flu clinics hours • Covid-19 Engagement and strategies planning ○ 3 phases of Covid vaccine (Healthcare workers, high risk groups, and then rest of population.) ○ Ask for CCO representatives to be involved in Covid vaccine planning. ○ Email Lisa Bui with information ○ Which community organizations to involve? • Community-based organizations may lack infrastructure to carry out work. OHA is working on developing resources.	Pgs. 45-53

Quality and Performance Improvement Session 1:00 p.m. – 3:00 p.m.		
QPI Intro/updates	**Presenter: Lisa Bui**	n/a

CAHPS	**Presenters: Jen Davis, Andy Parker**
	• CAHPS overview and timeline reviewed (see slides)
	• Response rates:
	  o Adults: (24.85%)
	  o Children without chronic conditions (23.8%)
	  o Children with Chronic conditions (24.9%)
	• Real D questions in CAHPS
	  o Process when respondents select multiple races
	  o Changed methodology from "multiple" so respondents fall into one of the selected categories.
	• Banner books are now available for CCO's.
	• Access to Care 2019 Measures (composite care and incentive measure in 2019)
	  o Three smoking cessation measures, and being advised to quit.
	• Only 4 CCO's met child metric for Access to Care.
	• Access to dental care, declined 5% in last few years.
	• Satisfaction to Care- Adults and children constant over 3 years
	• Performance over last 3 years is being reviewed and looking at disparities in race and ethnicity.
	• The Access to Care measure has the greatest disparity among all questions.
	Next Steps:
	• Results shared more broadly and at QHOC.
	• Increase health analytics focus on survey results.
	• Metrics committee rebranded to incorporate surveys.
		Pgs. 56-79

TQS Updates	• 2021 Guidance document and template will be uploaded on 10/1/2020. • Global feedback webinar on October 13th 2020. Register online. • Component specific webinars will begin in Q4.	Pgs. 80-82

Performance Improvement Projects	• Focus areas: Option of being non-clinical (Example: access, interpretation, no-shows.)
	• Pips need to include:
	  o Barriers, problem statement
	  o Interventions to remove barriers
	  o Measurement to track progress
	  ▪ Including outcome measures and intervention measures
	  o Evaluation of effectiveness of intervention
	  o Planning and initiation of activities	

	• PIPs and TQS Alignment
	  ○ PIPs can be a TQS Project (Pips just require more frequent reporting and evaluating the effectiveness of the intervention.)
	• Next steps for Statewide PIP
	  ○ Topic being revisited and may change from Acute Opioids.
	  ○ No reporting until July 2021, and OHA decides is topic changes.
	• Next step for other 3 CCO PIPs
	  ○ Oct 31st next deliverable progress report due
	  ▪ Reporting can include internal CCO activities
	  ○ Lisa will be sending out a report and recommendations about whether to keep or abandon PIPs
	  ▪ Abandon – no movement and PIPs have carrying on for too long
	  ▪ Need to re-evaluate and move to an outcome measure, if you only have process measures.
	  ▪ Need intervention measures to continue a PIP.
	  ○ Submit new PIP notification in PIPs are abandoned per OHA feedback.
	  ○ Reset for other CCO Pips
		Pgs. 83-99

2020/2021 QHOC work plan	• Future topics in 2020/2021
	  ○ Language Access Measure overview
	  ○ Initiation and Engagement measure
		n/a

Adjourn		

Everyone is welcome to the meetings. For questions about accessibility or to request an accommodation, please call 971-304-6236 or write OHA.qualityquestions@dhsoha.state.or.us. Requests should be made at least 48 hours prior to the event. Documents can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request a document in another format or language, please call 971-304-6236 or write OHA.qualityquestions@dhsoha.state.or.us.

Current State and Future Directions

Overview

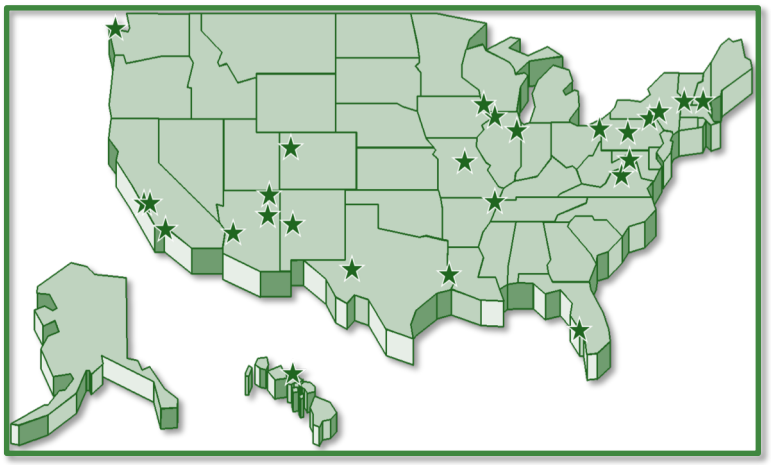
- Why We are Here
- About the Program:

  Evidence base, Structure & Goals
- Central Oregon Program Data
- Funding

Original Research Study

Multicenter National Clinical Trial

- 3,234 participants with Prediabetes
- 27 clinical centers in U.S.



Study Population

- 45% of population from ethnic minority groups (Native American, Latino, African American, Asian American, Pacific Islander)
- Mean Age = 51
- Mean BMI = 34

New England Journal of Medicine 346: 393-403, 2002.

Original Research Study

Study Interventions

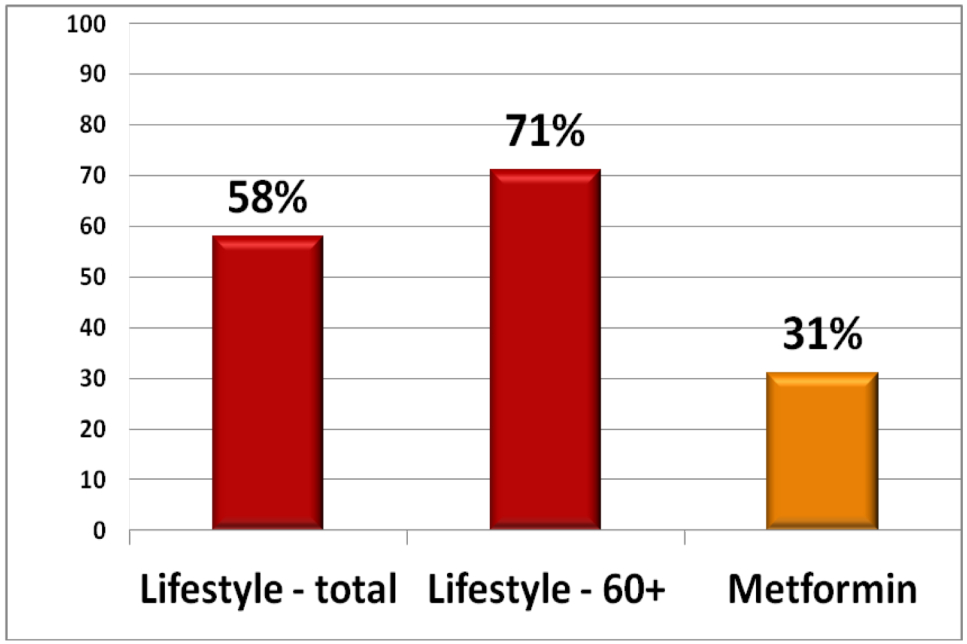
A) Lifestyle

- Reduced calories, low-fat diet
- 150 minutes of physical activity per week (30 minutes of walking 5 days per week)
- Weight loss goal = 7% of body weight

B) Metformin (Diabetes Drug)

C) Placebo (no intervention)

Original Research Study



Program Overview: how it works

One year Lifestyle Change Program for adults at risk

Eligibility: BMI ≥25, Blood test, history of GDM, or risk test
16 weekly sessions then biweekly

Program Goal: 5-7% weight loss

150 minutes moderate intensity physical activity, healthier eating
Emphasis on tracking and weigh-ins

Lifestyle Change rather than "Diet"

Making small changes that add up to a big difference over time
Not prescriptive or restrictive

CDC Recognition

- Preliminary, Pending, and Full Recognition awarded in 6 month intervals
- Recognition requires minimum average weight loss of 5%
- Preliminary or Full Recognition required to bill Medicare or OHP
- DCHS has billed since September 2019

All Sites in Central Oregon have achieved full recognition!

Certificate of CDC Full Recognition

National Diabetes Prevention Program

Recognition

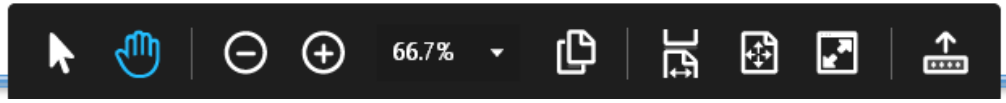
Presented to

Deschutes County Health Services

Bend , OR

Valid through January 31 2021

Ann Albright, PhD, RDN
Director, Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

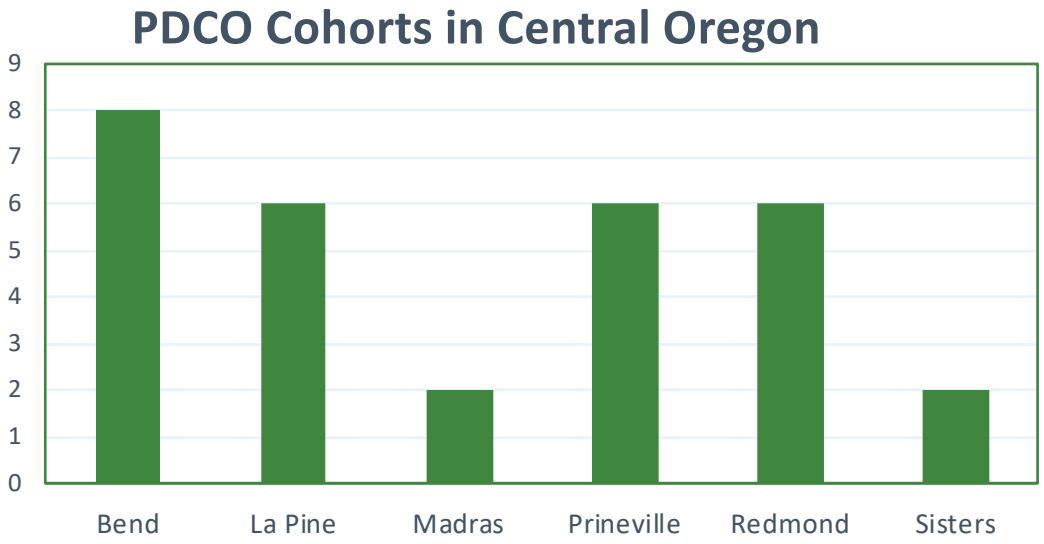


Regional Program Delivery Model

Clinics	Non-profits	Health Agency
La Pine CHC	Council on Aging of Central Oregon	Crook County HD
Mosaic Medical		Deschutes County PH
St. Charles Health Systems		

Regional Program Coordination

Scope and Reach of PDCO



- 193 completers
- ~400 participants
- 30 cohorts
- Average weight loss: 5.3%
- Average pounds lost: 9.8

Summary of Demographics

- 83% of participants are between the ages of 50 and 79
- Over 90% of participants report white or Caucasian race
- 7% of participants report Hispanic, Latino or Spanish origin
- 80% of participants are female
- 65% of participants are eligible based on a blood test

Now, More than Ever…

COVID-19 Mortality rates

- 2.3% of all confirmed cases
- 7.3% of patients with diabetes
- 10.5% of patients with CVD
- 6.0% of patients with hypertension
- “The frequency of diabetes among patients requiring intensive care is two to three times higher than in the overall population”

COVID-19 in People With Diabetes: Urgently Needed Lessons From Early Reports
Diabetes Care Jul 2020, 43 (7) 1378-1381; **DOI:** 10.2337/dci20-0024

Estimated Program Savings

Diabetes costs an estimated $13,700 in added healthcare costs annually

Rough (conservative) estimate on 9 cohorts:

If half of ~135 participants meet program goals, potential cost aversion of $917,900 annually

Prevent Diabetes
CENTRAL OREGON
Get Active | Lose Weight | Feel Great

DESCHUTES COUNTY

Lessons from Billing

- Does not cover program costs
- Very limited coverage (~35% of DCHS cohorts)
- Overly complicated requirements

Funding PDCO in Central Oregon

2015-2016: SRCH grant funds

"Not offering DPP widely in our Community is akin to Public Health Malpractice" – Jane Smiley, former director of Montana State Health Dept.

July 2016-December 2019: COHC (pre-RHIP workgroups)

Regional collaboration with: Mosaic Medical, SCHS, Council on Aging, La Pine Community Health Center

January- December 2020: COHC RHIP funding

DCHS has allocated contingency funds to carry us through June 2021 if needed

Thank you for your Support!

Thank You

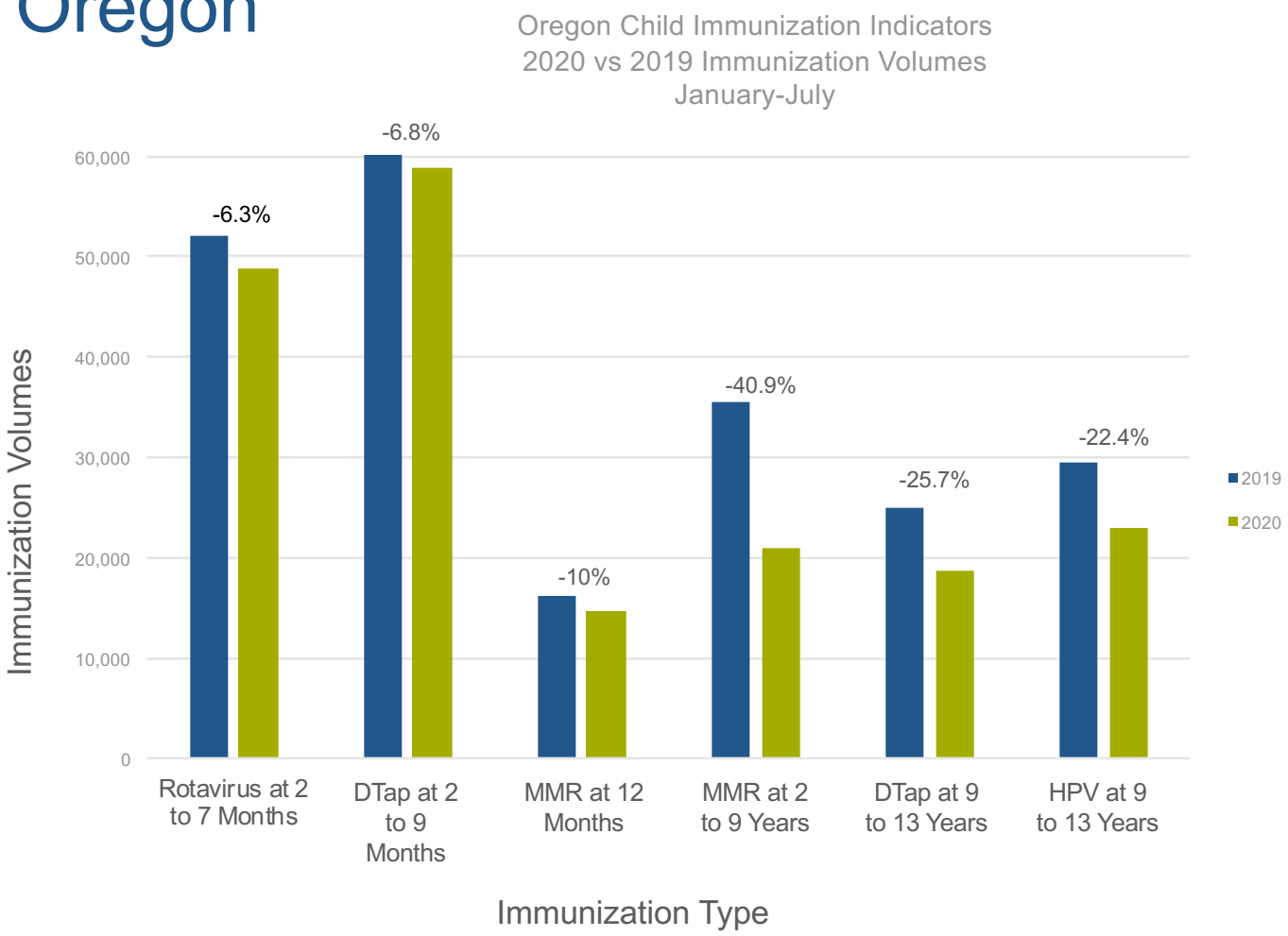
Sarah Worthington MPH, RD
Coordinator, Prevent Diabetes Central Oregon
Deschutes County Health Services
sarahw@deschutes.org
(541) 322 - 7446

Immunization Rates in Central Oregon – COVID-19

Therese McIntyre

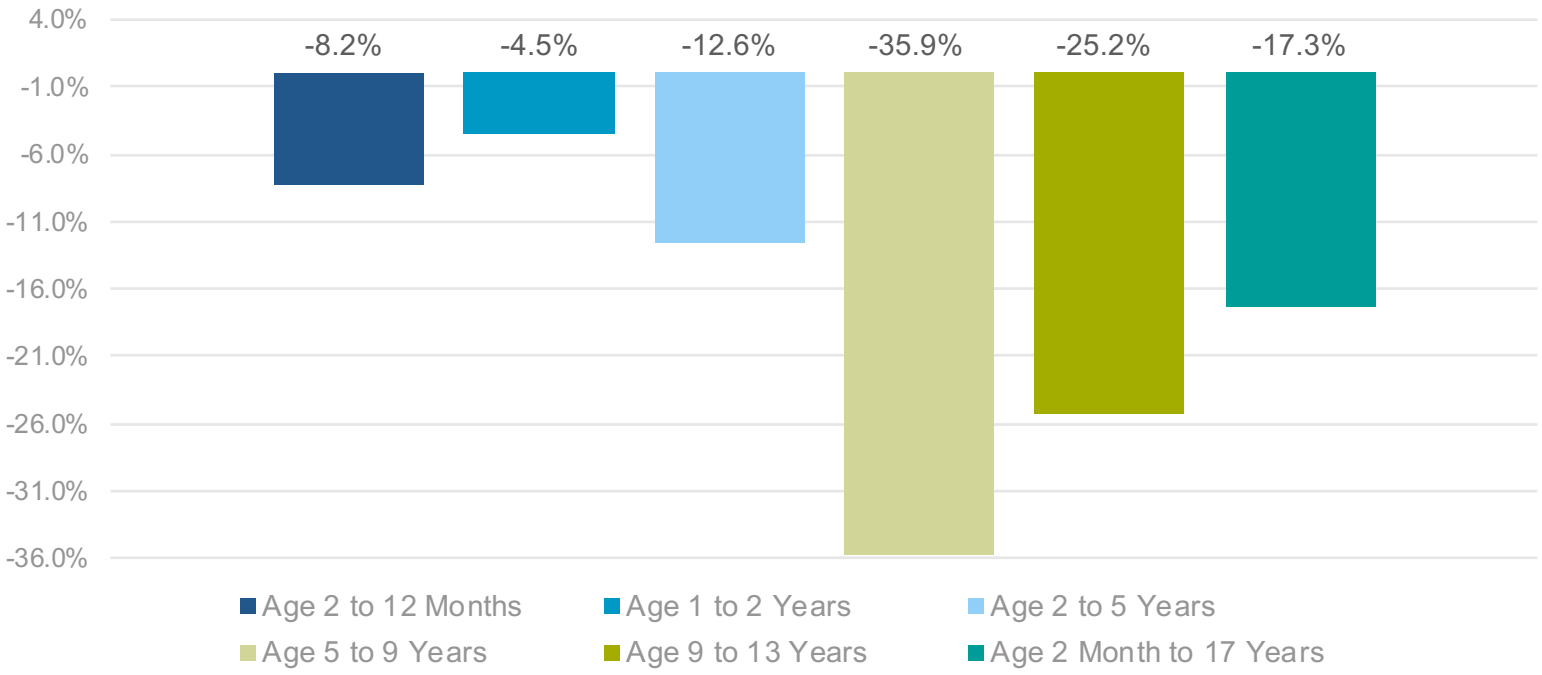
PacificSource

Oregon


Oregon Child Immunization Indicators
2020 vs 2019 Immunization Volumes
January-July
Immunization Volumes
60,000
50,000
40,000
30,000
20,000
10,000
0
-6.3%
-6.8%
-10%
-40.9%
-25.7%
-22.4%
Rotavirus at 2 to 7 Months
DTap at 2 to 9 Months
MMR at 12 Months
MMR at 2 to 9 Years
DTap at 9 to 13 Years
HPV at 9 to 13 Years
Immunization Type
2019
2020

Central Oregon –

Immunization Visits May – June
Percentage Decrease 2019-2020 by Age Group



CDC Vaccination Recommendations During the Pandemic

- Ensuring immunization services are maintained or reinitiated is essential for protecting individuals and communities from vaccine-preventable diseases and outbreaks and reducing the burden of respiratory illness during the upcoming influenza season.
- **CDC Guidelines** - https://www.cdc.gov/vaccines/pandemic-guidance/index.html

CDC Vaccination Recommendations During the Pandemic *(cont.)*

- Routine vaccination is an essential preventive care service for children, adolescents, and adults (including pregnant women) that should not be delayed because of the COVID-19 pandemic
- Assess the vaccination status of all patients at each visit to avoid missed opportunities for vaccination and ensure timely vaccine catch-up.
- All vaccines due or overdue should be administered according to the recommended CDC immunization schedules during that visit, unless a specific contraindication exists

Vaccination Recommendations During the Pandemic

Children and Adolescents

- *Children and adolescents:* Healthcare providers should identify children who have missed well-child visits and/or recommended vaccinations and contact parents to schedule in-person appointments, starting with newborns, infants and children up to 24 months, young children, and extending through adolescence.
- Additional guidance is available for the prevention of mother-to-child transmission of hepatitis B during COVID-19-related disruptions.

Vaccination Recommendations During the **Pandemic**

Pregnant Women and Adults

- *Pregnant women:* If recommended maternal vaccines (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) and influenza) has been delayed because of reduced in-person prenatal care visits, pregnant women should be scheduled for follow-up and receive vaccinations during the next in-person appointment.
- *Adults:* Healthcare providers, whether they administer vaccines or not, should take steps to ensure that their patients continue to receive vaccines according to the Standards for Adult Immunization Practice.
  - Older adults and adults with underlying medical conditions are particularly at increased risk for preventable disease and complications if vaccination is deferred

Vaccination Recommendations During the Pandemic

InFluenza

- Annual influenza vaccination is *recommended for all persons age 6 months and older* to decrease morbidity and mortality caused by influenza.
- Healthcare providers should consult current influenza vaccine recommendations for guidance around the timing of administration and use of specific vaccines.

Providing Influenza Vaccines

- During the COVID-19 pandemic, reducing the overall burden of respiratory illnesses is important to protect vulnerable populations at risk for severe illness, the healthcare system, and other critical infrastructure.
- Healthcare providers should use every opportunity during the influenza vaccination season to administer influenza vaccines to all eligible persons, including:
  - ***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.
  - 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

Providing Vaccines during the Pandemic

- CDC Guidance has been developed for the administration of vaccines at
  - Pharmacies
  - Temporary, off-site, or satellite clinics
  - Mass influenza vaccination clinics.
- Other approaches to vaccination during the COVID-19 pandemic may include:
  - Drive-through immunization services at fixed sites
  - Curbside clinics
  - Mobile outreach units
  - Home visits

Providing Vaccines during the Pandemic
(cont.)

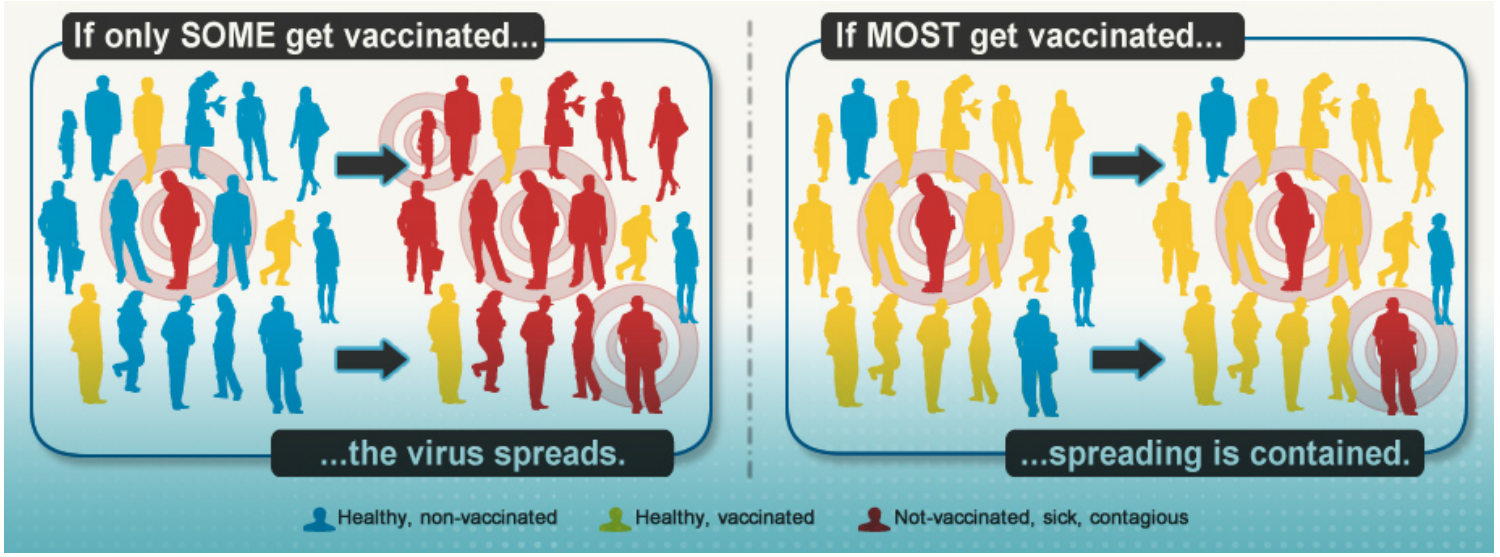
- Limiting the overall number of attendees at any given time, particularly for populations at increased risk for severe illness from COVID-19.
- Setting up a unidirectional site flow with signs, ropes, or other measures to direct site traffic and ensure physical distancing between patients.
- When feasible, arranging a separate vaccination area or separate hours for persons at increased risk for severe illness from COVID-19, such as older adults and persons with underlying medical conditions.
- Selecting a space large enough to ensure a minimum distance of 6 feet between patients in line or in waiting areas for vaccination, between vaccination stations, and in post-vaccination monitoring areas

Resources for Encouraging Vaccinations During the Pandemic

Social Media Posts

Resources for Encouraging Vaccinations During the Pandemic

Social Media Posts *(cont.)*



Resources for Encouraging Vaccinations During the Pandemic

Social Media Posts *(cont.)*

Resources for Encouraging Vaccinations During the Pandemic

Web Feature and Videos

Web Feature

https://www.cdc.gov/vaccines/parents/why-vaccinate/well-child-visits.html

Videos

From a Public Health Physician:

https://www.youtube.com/watch?v=Pu8zooveHtI&feature=youtu.be

From a Pediatrician: Vaccinations: What to Expect During Your Visit

https://www.youtube.com/watch?v=-xHUzPKP0BA&feature=youtu.be

Resources for Encouraging Vaccinations During the Pandemic

Websites

Vaccine Education Center
American Academy of Pediatrics – Resources for parents and providers
Centers for Disease Control – Staying on Track
Boost Oregon – Parent and Provider Workshops
Immunizations Coalition Network

Possible Actions for the Council

- Distribute a toolkit to providers:
  - Social media and website graphics to clinics for placement on their websites
  - CDC guidance checklist and encourage drive through or other vaccine modalities
  - Revise and include existing start-up guide
- Place flags and/or banners in public spaces on the importance of staying up-to-date on vaccines and getting the flu vaccine in Madras, Prineville, Redmond and Bend
- Place advertisements in local newspapers across Central Oregon and our local newscast

Possible Actions for the Council

- Host a webinar on setting up a successful alternative modality vaccine service (La Clinica, La Pine)
- Help coordinate vaccine events at local schools during meal pick-ups
  - Enlist local paramedics/public health departments for the work
- Send a press release to local media and help coordinate local providers for quotes/appearances

Questions