

December 18, 2020

Elizabeth C. Tilson, MD
State Health Director & Chief Medical Officer
NC Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2001

Dear Dr. Tilson:

On behalf of the Board of Directors of the NC Academy of Family Physicians and our 4,300 members across the state, we are writing to express our concerns regarding the state's COVID-19 Vaccination Distribution efforts and the important role that family physicians play in the healthcare of the people of North Carolina. We do appreciate your recent conversation with our Executive Vice President, Greg Griggs, and the steps you are already taking to address a number of these concerns.

While we know the Department has been working tirelessly to protect the health of our state during this unprecedented pandemic, family physicians can plan a crucial role in assisting the state if provided the tools to do so. However, at times family physicians have not been able to acquire the tools they need. For example:

- When Personal Protective Equipment was being distributed during the early days of the pandemic, outpatient primary care was left out. With the state's healthcare preparedness regions managed by major healthcare systems, outpatient settings did not receive needed PPE, particularly our numerous independent practices, but even some system-owned practices.
- As COVID testing began, again, primary care practices were not seen as viable testing spots, even though they have the trusting relationship with their patients. Only recently have some of our smaller practices been able to receive testing equipment and supplies, especially in our rural communities. Some patients of independent practices were even refused testing by larger systems, forcing these patients to health departments or other testing sites, often much further away.
- And now, as the COVID-19 vaccinations are rolled out, family physicians have not been prioritized in terms of both who receives the immunization and who can distribute the vaccines. This is unfortunate considering the important role that family physicians can play in combating vaccine hesitancy due to their long-term relationship with their patients.

This pandemic has truly exposed the under investment in both primary care and our public health infrastructure. Our members have continually expressed concerns about feeling undervalued and underutilized. Yet, these are your frontline healthcare professionals who are critical to meeting the state's needs today and the future, particularly as we transform Medicaid.

Every day, family physicians are treating COVID-19 patients in their office, many times without knowing the person has the illness when the care is delivered. Each week we are receiving calls where a member has treated a patient for diabetes, hypertension, etc., only to learn later that the person was likely COVID-19 positive at the time of that treatment. Physicians in inpatient settings generally know that a patient is COVID-19 positive before providing care, allowing them to take proper precautions. A University of Pennsylvania Perelman School of Medicine Study found that among healthcare workers, those who work in primary care rather than the in-patient setting may have faced the highest risk of dying from COVID-19. While this was an early study examining 1,004 reported cases of COVID-19 deaths among healthcare workers globally as of mid-May, family physicians appeared to be affected much more often than physicians in inpatient settings. We believe it is imperative that primary care be considered a high priority population for COVID-19 immunization as soon as possible. We understand that healthcare workers on COVID-19 hospital units

should receive highest priority. However, family physicians and other primary care providers should soon follow. And this must be done equitably regardless of whether they are affiliated with a health system.

We believe that guidance from the Advisory Committee on Immunization Practices and the Food and Drug Administration further support the argument that primary care should be a priority population. The CDC guidelines, as recommended by ACIP, define healthcare personnel to include “all paid and unpaid people who serve in healthcare settings and have potential for direct or indirect exposure to patients or infectious materials.” We understand that supplies are limited at this time, but based on the risk of exposure in a primary care clinic, these important healthcare professionals should be prioritized. Our own state’s distribution plan notes that healthcare workers “at high risk of exposure based on work duties” should be in Phase 1a. High risk of exposure is defined as those caring for COVID-19 patients. COVID-19 patients are diagnosed and cared for every day in the primary care setting. As noted above, in many times instances, care is provided prior to a patient being symptomatic, further increasing the risk of exposure in primary care. Yet, if family physicians stopped caring for these patients, our emergency rooms and hospitals would be further stretched when we need them to be caring for the sickest patients.

We also remain concerned that non system-based physicians receive the vaccine as soon as those in healthcare systems. In our latest member needs assessment, nearly 60 percent of our members still worked in settings not affiliated with integrated healthcare systems. In addition, a large majority of Medicaid recipients receive their care in a medical home outside of health systems. We know that Medicaid recipients are some of our most vulnerable citizens. We do appreciate your recent messaging to healthcare systems that all physicians (regardless of their affiliation) must be treated in an equitable manner. Unfortunately, this has not always been the case throughout the pandemic.

Finally, many of our members are also ready to vaccinate their own patients and want to do so as quickly as possible. While we understand there may be some difficulties in our ability to store the Pfizer vaccine, that is not the case with other vaccines. In addition, given that primary care practices are well versed in mass vaccination clinics, many could even distribute the Pfizer vaccine given that quantities can be stored at refrigerated temperatures for five days. Most importantly, family physicians and other primary care providers are best equipped to deal with vaccine hesitancy, particularly in historically marginalized populations, due to the long-term trusting relationship they have with their patients. Routinely, NCAFP receives calls from our members wanting to immunize their patients with heart-wrenching stories. One recent member said the following: “my elderly patients are telling me they will not get vaccinated at a pharmacy or in a line up at a hospital, but only if I tell them it’s safe and provide the vaccine in my office. Yet, I can’t even sign up for the COVID Vaccine Management System.” We realize there have been initial issues with the CVMS, which had to be developed in record time, but we hope the Department will help primary care practices sign up in this system as soon as possible. Primary care practices are also well versed at “recalling” patients for needed care. This will be especially crucial to ensure patients return for their booster COVID-19 vaccine.

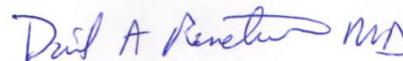
In summary, our members, North Carolina’s family physicians, stand ready to help. Family physicians and other primary care physicians have the experience in dealing with these issues, particularly vaccine hesitancy. We believe our members can truly help the Department of Health and Human Services succeed in this unprecedented immunization effort. But family physicians – both those in health systems and those that remain in independent practices – need the tools to do so: getting vaccinated themselves and the ability to vaccinate others.

If you would like to discuss this further, please do not hesitate to contact either of us or our Executive Vice President Greg Griggs.

With best regards,



Jessica L. Triche, MD, FAAFP
NCAFP President



David A. Rinehart, MD, FAAFP
NCAFP Immediate Past President

cc: The Honorable Mandy Cohen, MD, Secretary, NC Department of Health and Human Services
Gregory K. Griggs, MPA, CAE, Executive Vice President and CEO