

March 18, 2021

Dear Dr. Wong and Tiffany:

Thank you for taking time out of your busy schedules yesterday to listen patiently to our evolving story here at The Wright Center for Community Health (TWCC), specifically related to challenges resulting from the recently expanded CDC guidance regarding COVID-19 vaccine administration expectations. As discussed, we would appreciate advice regarding the appropriate direction we can take within the CDC to explore further potential conversation concerning the spirit and intended meaning of bullet points highlighted on pages 2 and 7 in the vaccine administration fees section of the attached CDC COVID-19 Vaccination Program Provider Requirements and Support.

As a HRSA designated FQHC Look Alike Essential Provider of primary health services, TWCC has for the past year been deeply immersed in a multidimensional COVID-19 response plan in disciplined, absolute alignment with evolving guidance from both the CDC and PA DOH. For the past three months, we have tirelessly strived to be a high integrity, responsible community steward and dedicated provider of COVID-19 vaccinations (both Moderna and Pfizer) within our Patient Centered Medical Home role specific framework. We have administered a total of 22,832 vaccines through March 15th, 2021, strictly within the context of a primary care office visit and with meticulous reporting of administration and higher than state average vaccine proficiency rates. We can safely store over 25,000 Pfizer vaccines and over 25,000 Moderna vaccines on-site. TWCC is also equipped with a mobile medical unit purchased with HRSA ECT testing dollars, which is staffed by a bilingual clinical team that has been deployed to vaccinate Phase 1A-eligible recipients with language, mobility and/or transportation barriers. We have proudly, as a result, been selected to engage in HRSA's direct Federal FQHC Vaccine Program.

Throughout the vaccine administration and reporting process, our team has learned firsthand the complexities of but also the power of educational engagement opportunities afforded during COVID-19 vaccine delivery. Through the context of a primary care visit, we have documented and addressed complex health challenges of vaccine recipients including, but not limited to: 20% rates of undiagnosed and/or uncontrolled hypertension; appropriate or inappropriate use of immunosuppressant or over the counter anti-inflammatory medications that can affect vaccine efficacy and blood pressure; unaddressed injuries from falls or trauma; shockingly continued inappropriate chronic prescriptions of short acting opiates; and the need for coaching to seek overdue primary care attention related to serious health challenges including diabetes, heart disease, and cancer. These are very disturbing, but unfortunately not surprising, discoveries that highlight the significance of including an intentional primary care visit based vaccine component in responsible statewide and national vaccination strategies. Summatively, we believe the primary care office visit engagement opportunity afforded by vaccine administration is a crucial silver lining in the dark pandemic that cannot be sacrificed, especially for higher risk vulnerable patients with undiagnosed or unmanaged chronic conditions that will have lifelong impact.

Despite logistical, resource and staffing challenges related to our visit based vaccination strategy, we have made enormous progress in terms of vaccinating our healthcare colleagues, the population we directly serve, and the larger community, complying with all state and federal

guidance, without ever reducing our engagement to a pharmacy equivalent of a vaccine only encounter. However, despite broad awareness of silent epidemics of chronic illnesses in our country and low utilization rates of primary and specialty health services during the recent pandemic, we have felt escalating external pressures from insurance companies and other stakeholders who did not understand the medical necessity of an office visit to reduce our disciplined Patient Centered Medical Home approach to that of a drive-by vaccine only experience.

As most safety net providers have reported, the unmanaged chaos that emerged in our community several weeks ago leading to 300 phone calls an hour to TWCCCH challenged access for our established and vulnerable patients. As a result of such challenges, we temporarily internalized our vaccination efforts to focus on vaccinating established patients as quickly and safely as possible, while maximizing our staff resources and optimizing our organizational strategy to sustain and re-escalate our role-specific vaccine stewardship efforts for our community. We are proud to have now fully integrated universal access to COVID-19 vaccinations for eligible individuals into our daily primary care medical, dental, behavioral, and Ryan White Patient Centered Medical Home workflows. This progress poised us to immediately respond this week to an urgent order from our PA Secretary of Health instructing all vaccine stewards to open larger public access to COVID-19 vaccines. Reopening to the public makes our concerns about the highlighted bullets of concern even more intense. **Does this expanded CDC guidance of “may not require additional medical services to receive COVID-19 vaccination” include basic primary care office visits being the preferred vaccine access vehicle within Patient Centered Medical Homes? As a country, will we sacrifice the primary care visit based engagement opportunities to detect and potentially address unmet health needs after a year long pandemic? We believe such a mandate will create moral and operational vaccine administration sustainability challenges for many primary care providers like The Wright Center for Community Health. It will undermine available resources and compromise adequate staffing. It will certainly obviate the public health impact of visit based engagement of patients to address serious health concerns and behaviors.**

Please know that our desire is to fully support and comply with all CDC recommendations and to do our role specific part to accelerate achievement of herd immunity to COVID-19 proficiently, while honoring and optimizing our primary care identity and responsible address of significant detected health challenges in vaccine recipients that will continue to cause morbidity, disabilities and mortality through and long after the pandemic. Our primary care north star is a powerful driver of this outreach to seek clarification of the highlighted language of the CDC in the attachment.

Respectfully and gratefully,



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