Tracie Collins, MD, discusses vaccine distribution in New Mexico

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Featured topic and speakers

In today’s COVID-19 Update, New Mexico health officials reveal how that state is handling COVID-19 vaccine allocation and distribution, quickly becoming one of the most successful states in the country.

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Speakers

- Tracie Collins, MD, MPH, New Mexico health secretary
- David Scrase, MD, cabinet secretary, New Mexico Human Services Department

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update. Today, we’re addressing how one state is successfully approaching vaccine allocation and distribution. I’m joined today by Dr. Tracy Collins, the New Mexico’s health secretary. Dr. Collins joined the governor’s cabinet from the College of Population Health at the University of New Mexico, where she served as dean. She assumed her new role in mid-December and is responsible for New Mexico’s COVID-19 vaccination program. She’s calling in from Albuquerque. And Dr. David Scrase is the New Mexico Human Services Department cabinet secretary. Dr. Scrase has been the governor’s right-hand person since the pandemic began. And he’s calling in from Santa Fe, New Mexico. I’m Todd Unger, AMA’s chief experience officer in Chicago.

Dr. Collins, let’s start with you. Many states are struggling right now trying to get vaccines into people's arms. New Mexico on the other hand has been doing really well. Can you give us a brief
overview on where New Mexico stands compared to other states? How many people you've been able to vaccinate so far and what's driving that success?

Dr. Collins: Yes. Thank you. We've been fortunate to have Real Time Solution develop an app for us, an online site where people can go to register. So we ranked number two in the nation for vaccine distribution. Of the doses we've received, we have put shots in arms for more than 92% of those doses we've received. And so, we've been very fortunate.

Unger: So how long have you been developing that app?

Dr. Collins: The app has been in development for about, we started two weeks before we were received our first dose of vaccine, and we had it up and running within about a week and a half once we received vaccine doses.

Unger: That's pretty amazing. As a person in digital product development, I'm going to tell you that's a pretty fast turnaround time. Dr. Scrace, can you tell us more about the registration site, what went into setting it up? That's not a lot of lead time to get things going like that for such a critical foundation to your program.

Dr. Scrace: Yeah. Let me back up just a little bit to explain what I think some underlying factors were that enabled us to be able to respond so quickly. Number one is Michelle Lujan Grisham, our governor is an extraordinarily data-oriented and science-oriented governor. And so, from the very first day, she demanded a dashboard for cases, and that ended up being cases and tests by county and by zip code. And we have under her leadership, really pursued maximum transparency in getting things out. And so, our vendor Real Time Solutions has been very busy for the 10 months of the pandemic here, continuously updating it. So I saw the new registration site and the new vaccine dashboard, which I think go hand in hand, natural extensions of the work that had already been done.

One can go to the registration site, we have over 500,000 registrants already, put in your information. There's frequently asked questions, a plan of how we're allocating the vaccine so people can know more and understand what's exactly happening. And then the website and the application allows providers to put in their information about when they have available appointments in the state to match those appointments with people who are now up and in the next group for the vaccine. I would be remiss also in saying that our success, which was over 95% yesterday, the percent of vaccines that we have in our possession going into arms is in large part due to a coordinated delivery system that we've had with all of our hospitals and providers since the beginning of the pandemic. So we've had great opportunities to pull all that together into one piece working with them.

Unger: That's pretty amazing because I've heard there are other states where they're using outside third-party invitation platforms. What do you think really led to that expertise or development that we're not really seeing across the board anywhere else?
Dr. Collins: Well, within the Department of Health we have a vaccine team and that team has been instrumental in getting things organized from the app itself for the registration site, to the guidance on who should be vaccinated at this time and making sure that we're working together. We have huddles daily, we have an incident command structure with organization and so, we have an excellent team that's allowed us to be very efficient.

Unger: Are there any other factors that have led to that very high percentage of the use of your vaccine allocation beyond the registration site itself? Is it this teamwork?

Dr. Collins: It absolutely is the teamwork because the team is responsible for getting doses to New Mexico. And once we get the doses to distribute them within the state. So statewide, rural and urban, we have doses that are out there and so, it's really a team effort and organization and strategy.

Dr. Scrace: I would also add, if I might, that since we have a physician audience today, Secretary Collins and myself, we're both physicians, we're the two leaders working with the governor to roll out and manage all aspects of fighting this pandemic. And I think having a physician perspective at the table and now two physician perspectives every single day allows whatever orders and direction get created to already fit the capabilities of the delivery system. Tracy and I are working daily with hospital leaders and providers. Our team meets several times a day to do the planning. There's a coordination between providers and the state government leadership that's existed since the beginning.

And while I don't want to take credit for any of the success per se, because we both know all of the people who worked for us do all this work. I think having two positions at the table in that small group that is driving our pandemic response is an important factor. Even more importantly, a governor who wants that perspective, calls out that perspective, requires that perspective. She really wants everything we do to be science-based. So if you're a physician out there thinking about a career in state government or something like that, choose your leader wisely.

Unger: Yeah, that physician leadership and representation from the top down, obviously two important ingredients. We're seeing that play out now at the federal level. Dr. Collins what are some of those challenges that states are going to face with these effective vaccine strategies? And especially now, are you seeing any change with the new administration in terms of their promises to be more deeply involved?

Dr. Collins: Well, I'm already seeing with the new administration the engagement, the interest, the sense of getting organized and being supportive of states. The big challenge is the supply demand mismatch. So if we can get more vaccine, we can get more people vaccinated. And so, being able to identify opportunities to get more doses to our state is the challenge, and it's also the opportunity to do a good job for the state. So being able to work closely with the federal government, I see that as an opportunity that we have now with the new administration.
Dr. Scrace: And I don't believe that the delivery of the vaccines we have in possession will ever become a limiting step in New Mexico. Everybody is so well organized and actually begging for more vaccine. So we got a double shipment from tomorrow on every week, we would have be able to handle that and we would get our population vaccinated twice as quickly.

Unger: That's amazing. Dr. Scrace, you have been New Mexico's doctor for much of the pandemic and you describe yourself as a numbers person. Can you tell us how you've used data to help drive decisions throughout the pandemic and what data has proven most helpful and what do you wish you had that you don't have?

Dr. Scrace: Yeah, I think that I could give a very long answer, but I'll just provide bullet points. Number one, I think we have organized our state and our researchers and doctors to analyze the medical literature and feed us data continuously since the beginning, which really helps sort through the myriad of articles. Some good, some bad, some helpful, some not. I think second, we got those dashboards up for just about everything. We had press conferences every week. Reporters asked really hard questions. We would say, "We don't know, but that's a good question." And we would modify our reporting and our data. So I think the interaction with the public and the media has really spurred us on.

But I would say if there's one thing I would want to know that I don't know is what is the deal with asymptomatic people? Do they transmit 70% of the infections or 10%? Two articles from the literature in the past two weeks. How long before they're symptomatic do they transmit? I think that is a big mystery for me. We're assuming that it's on the higher end, that most transmission occurs before symptoms even occur. So I think if I could wave my magic wand and have one piece of information it would be to know the absolute truth about that group of people who I believe are probably driving the pandemic both in New Mexico and across the country and the world.

Unger: Well, Dr. Collins, let's talk about outreach because it's such an important piece in all of this. Can you share some of your efforts in this area and what do you think a successful public information campaign about the vaccine should look like?

Dr. Collins: Yes, so with messaging, you want to make sure you have consistent, frequent, clear messaging. And so, we're having a lot of PSAs in the state to talk about where we are with the vaccine distribution, press conferences. We've had interactions with newspapers and my team is very committed to equity. So our lens for addressing how we get the word out about the vaccine is through an equity lens. And so, we're really now focusing on, are we reaching those hard to reach groups across the state and how do we get that message to them working with Secretary Strier. We are able to do even better with communication using multiple outlets, community health workers, other word of mouth approaches, and also just making sure that we are available with press releases consistently and clearly, so the community knows what's going on in New Mexico around vaccines.
Unger: Are you addressing vaccine hesitancy and misinformation, particularly in marginalized populations where we're seeing the uptake of this as not surprisingly slower?

Dr. Collins: Yes, we are working to get to know what the community concerns are and to address those concerns. We have an equity committee as part of our vaccine strategy and deputy secretary, Dr. Paraholm has been instrumental in leading that group and having them weigh in on what we can do better to help people understand that the vaccine, it's warp speed, but it's safe and we need to get shots in arms.

Dr. Scrace: If I could add to that, if I could add to that. There was an article in the Journal of the American Medical Association that came out very recently about the public's predictions about whether they'd be willing to get the vaccine. It started in March in the 70, 80% range and is now down around 60 and a little bit turning up perhaps at the very end of November where the data period ended. We believe we're seeing that that curve's going to go back up. We talked about this yesterday at our morning ops meeting. We think that folks now that the vaccine is here and there's a line of people to get it are going to pay more attention and are more desirous.

We think that 500,000 plus New Mexicans, more than a quarter of our population signing up and that doesn't include health care workers who got vaccinated at their facilities is an indication that interest will go up. On the other end that minority populations and other vaccine hesitant groups really does need our special attention and we find that in low-income individuals, which we deal with a lot in our Medicaid program. So we're looking at incentives there too. We provide rewards for people for doing health behaviors in Medicaid and we think there may be something we can do in vaccines that we're investigating right now.

Unger: Well, there is another high risk population and that is the elderly. And in addition to being a state health official and primary care physician, you're also a geriatrician. Dr. Scrace, what are you doing to make sure that the vaccine message is reaching the elderly, especially when so many of them are not as comfortable with technology apps, you name it?

Dr. Scrace: Yeah, a great question. Well, of course we prioritized people in nursing homes as the first round, and we've already completed the first vaccine session in all nursing homes and almost all assisted living facilities. Second, I think that the older population in New Mexico is actually more in touch with the media, at least based on the emails that I get. And wanting to be there in line, currently 75 and older is the eligible group for vaccination and we're seeing a lot of enrollment there, a lot of interest, a lot of concern about, hey, I put my registration in yesterday and I still haven't been called for the vaccine.

It's like, well, there's 120,000 people in that age group and it's going to take some time. But I feel like we are getting the message across. We had, like everywhere else in the country, lots of disease activity in nursing homes at the beginning of the pandemic, we've controlled that much, much better.
through our aging secretary Katrina Hotrum-Lopez. And I think the word is out, particularly among what I call my people, those that are 75 and older that I still see in my practice.

**Unger:** Well, I'll tell you, all of my friends and anybody my age has been actively working with their parents to get them vaccinated. And I know my mom, who's 86 just received hers as well. So that is a really important thing to make very super simple for people in that age group. Last question for each of you. It's not going as well in other states, it's not as clear as it is in New Mexico. What is the big piece of advice that you can offer other states that are struggling about implementing an effective rollout strategy? Dr. Collins, will you start?

**Dr. Collins:** Yes. What I would say is that states do to be clear on the doses that they're going to get and to distribute those efficiently and to look at their priority groups. Create the denominators, look at the numbers for each of those groups, and then come up with a plan based on your current allocation of how you're going to get those folks vaccinated. And to do that and to meet frequently, at least daily, if not several times a day, to review how things are going so that you can stay on track.

**Dr. Scrace:** Yeah, and I would probably answer the question to add to what secretary Collins said. Clear leadership direction. Where are we going? What are we doing it in? What is that strategic plan that the DOH has developed that's great? Second is, while you can't go back in your time machine to do this, strong relationships with physicians and hospitals, so that your supply chain and your distribution chain is ready, willing, able, and involved in the planning and third, data, fourth, data, fifth data. Having that information, having it up on the web, having that ability for people not only to sign up, but see how we're doing and have that be transparent. So those would be my three additions to secretary Collins' excellent answer.

**Unger:** Well, thank you so much, Dr. Collins, Dr. Scrace, it's incredibly energizing to listen to you and to see how on top of it you and the state of New Mexico are in this important initiative. That's it for today's COVID 19 update. We'll be back with another- ... 

**Dr. Scrace:** One more thing, I just want to say, watch out Alaska. They're currently number one, but not for long.

**Unger:** That's awesome. All right. Well, thanks both of you for being here. If you want more information on tools, including webinars and patient scripts to help physicians address vaccines and vaccine hesitancies, check out the AMA site, ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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