

Q&A: How this health system gets patients back for 2nd vaccine dose

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While COVID-19 vaccine distribution and administration had a slow and bumpy start, health systems and physician leaders across the country are finding ways to reach as many people as possible. Hattiesburg Clinic in Mississippi—a member of the AMA Health System Program—had a head start on addressing COVID-19 vaccine hesitancy and educating patients by participating in the Moderna clinical trial.

With eligibility for vaccination open to everyone 16 or older, Hattiesburg Clinic—the largest private multispecialty clinic in South Mississippi with more than 300 physicians and clinicians—continues to find ways to reach their patients and ensure access to COVID-19 vaccines. One way was by providing walk-in vaccines at a Hattiesburg community center over two weekends.



Bryan Batson, MD

For Hattiesburg Clinic CEO Bryan Batson, MD, that has meant early and consistent peer-to-peer efforts for educating physicians and other health professionals to inform their patients and their colleagues. It also has meant advocating for more vaccines and taking vaccinations off site to reach

underserved populations. To date, Hattiesburg Clinic has vaccinated a large portion of its patient population—having given over 30,000 COVID-19 vaccine doses.

During a recent interview, Dr. Batson discussed Hattiesburg Clinic's experience with the COVID-19 vaccine rollout so far.

AMA: How has COVID-19 vaccine rollout and distribution been for Hattiesburg Clinic?

Dr. Batson: The process has been a little frustrating and overwhelming at times. Certainly over the last few weeks—with increased vaccine supply—we have had much more positive momentum as far as having a better ability to meet the needs of the demand. There's enthusiasm from our patients to receive the vaccine, which is really encouraging. But at the same time, some of that enthusiasm gets stifled when we can't meet the needs because of the limited supply.

As vaccine supply has improved over the last few weeks, that has made things easier for meeting the demands alongside a great response from our department of health in the vaccination site in Hattiesburg at our convention center. They continue to do great work, so knowing that we are not alone in these efforts is also helping to advance the movement.

AMA: How many COVID-19 vaccines are you able to administer each day?

Dr. Batson: We have administered anywhere from 200 to 300 a day on weekdays and between 1,100 and 1,200 on weekend days when we've been really busy, and a lot of that just depends on staffing. As a privately owned, multispecialty clinic, we've not had the benefit of the National Guard's assistance but have relied heavily upon our own nurses and other staff to volunteer their time.

Additionally, our local nursing schools have been amazing in their willingness to work after hours and on the weekends, and not just the nursing schools but also the local medical school, and pharmacy school. We've had great partnerships with those schools, and they've allowed us to staff the clinic with extra hands on deck. It was really important for us to have an in-clinic medical facility vaccination site so that we could serve all patients, including those with a history of anaphylaxis or allergy in the past—because, at least in our area, those patients are not able to be vaccinated in a drive-through site.

AMA: Why was it so important for Hattiesburg to have an in-person vaccination center rather than a mass vaccination site?

Dr. Batson: We wanted to provide an in-person, on-site vaccination center so that we can vaccinate everyone who wanted to be vaccinated. The other piece that was really important for us in having that in-person workflow was that we wanted to do a lot of anticipatory guidance with patients after their first shot—and to answer their questions and be there as a resource.

We always had either a physician or advanced practice provider in the post-vaccine monitoring area at all times. We believe that plays a significant role in the patients' return rate for their second vaccine because we spend time with them during that 15 minutes where we're observing them. We spend a lot of time talking through what to expect over the next few days, that they will potentially not feel great tomorrow and just being factual and honest to let them know what they can anticipate. One of the things I like to say is, "I'm telling you all these things not to scare you, but to tell you what to not be scared of, and to know what is within the normal range of possible side effects." By doing that, then there's a little less reluctance to return for the second shot after they sometimes don't feel great after the first shot because we have been very upfront about it. We also give them information on what to expect in the upcoming weeks and months based on the most recent information from the CDC and other resources. We've seen our return rate be far better than what we're hearing in some of the other sites around the country.

In fact, when we did our community outreach vaccination site over the weekend of Feb. 13–14, we saw that the return rate for those individuals was over 99% for their second shot. That was just really great and it resonated that time that we're spending in the counseling and anticipatory guidance was really contributing to that willingness for patients to return for their second shot.

AMA: Which COVID-19 vaccine types have been administered throughout Hattiesburg?

Dr. Batson: We started with Pfizer in health care workers. Then we received Moderna. Now we're back to Pfizer and we've received some Johnson & Johnson vaccines in the last week. Each time we receive additional vaccines, we open up the phone lines and patient portal to schedule patients.

In the first few weeks, most of our initial vaccines were self-scheduled by patients via our patient portal, but we recognized that we needed to meet the needs of those who didn't have internet access. So, we provided the opportunity to schedule vaccines via a phone call as well. And then we hosted the first community outreach site, which was an amazing event for us to reach a part of the community that did not have as ready access to the internet or phone.

When we vaccinated there, it was a true walk-in clinic with no appointment needed and no scheduling needed. It was first come, first served and we gave 250 vaccines on Saturday and 250 again on Sunday. And while that's not a large-scale vaccination event, it was really going into a community that had needs that were different from what a large-scale vaccination site might be able to accommodate.

That vaccination event was over Valentine's Day weekend. We had an age range of 16 to 96 years old. The average age of the patient was 61 and 78% of patients vaccinated that weekend were African Americans, compared to less than 40% at our primary vaccination site. It was a really focused effort on vaccinating a part of the community that we wanted to ensure had access. We were so successful in meeting that goal that we're returning to that site soon for another weekend of 500 vaccines.

AMA: What barriers have you encountered throughout the vaccination process?

Dr. Batson: Barriers have been more of a staffing-and-how-many-vaccines-we're-going-to-get issue as well as which populations we're going to be vaccinating based on the rapidly changing guidance from our state authorities. And then being able to update our patient portal with the criteria so that all eligible patients could self-schedule. Those were things that we were able to navigate fairly efficiently by leveraging social media, our website and patient portal.

What's resonated with me a lot throughout this whole process is what a great community we live in and the amount of cooperation we have had with the city and county government officials, along with our hospitals, mayor, community and our schools who were able to really come together in these challenges.

AMA: Do you have any advice for other health systems and physicians who are looking for ways to improve their vaccination process?

Dr. Batson: My advice is to really think about the strengths of your organization and use them all to their fullest extent in ways that might not have been considered previously. For us, it was stepping back and playing to our strengths. It was about—where are we strong as an organization and where do we need help? And where we were strongest was with our IT team and system; our Epic team is phenomenal. It was about leveraging their talents and tools as well as their ability to pivot and make things work quickly.

Second was our great population health team, quality-management nurses and case managers. We

were able to use that group of health care workers in a different way than what they were previously being asked to function. Nurses who were doing wellness visits and assisting in chronic disease management in December were giving thousands of COVID vaccines in January.

We also had a great partnership with Forrest General Hospital in COVID response before vaccination, and we built upon that as they provided frozen storage for the vials and pharmacists to help with drawing up and mixing and inventory management.

We had the benefit of talking about vaccinations early in the process last summer when we participated in the Moderna clinical trial. It allowed us to provide messaging to the community long before we started our COVID-19 vaccination rollout and distribution.

Having that visibility in the community about vaccines being a path out of the pandemic benefited us by leveraging that credibility and expertise with COVID throughout this process. Continuing that conversation with good, consistent communication was another important strength. It was a natural progression to move into the vaccination effort and be a resource for the community and our patients.