

Q&A: Straight talk vital for this health system's vaccine mandate

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In issuing an executive order in August mandating that the state's health care workers must get a COVID-19 vaccine by Oct. 18, Washington Gov. Jay Inslee cited a letter signed by the AMA and some 60 other physician and health professional organizations urging all medical staff to "get vaccinated for their own health, and to protect their colleagues, families, residents of long-term care facilities and patients."

The governor's action had little impact on staff at Virginia Mason Franciscan Health, however, because Inslee issued his executive order a week after leaders at the Seattle-based health system had already issued an order of their own.

"By requiring the COVID-19 vaccination as a condition of employment, just as we do with the flu (influenza) vaccine, Virginia Mason Franciscan Health joins health systems and associations across the country in supporting vaccination for health care workers in an effort to continue protecting our patients, staff, and communities from this dangerous disease," says a news release from Virginia Mason Franciscan Health, an AMA Health System Program member.

A long-time leader in health care quality improvement, Virginia Mason Franciscan Health said the vaccine requirement applies to all physicians, advanced practice providers, volunteers and other who care for patients in its facilities.

Leading the effort to get staff vaccinated is AMA member Christopher Baliga, MD, an infectious disease specialist and medical director for infection prevention and employee health at Virginia Mason Franciscan Health. He recently spoke with AMA about how the effort is going.

AMA: Since the Virginia Mason Medical Center has a history of requiring staff to get a flu shot, was the requirement to get a COVID-19 vaccine expected?



Dr. Baliga: Across Virginia Mason Franciscan Health, all of our hospitals now require the influenza vaccination. The guidance to mandate the flu shot came out quite a bit before the COVID vaccine mandate. So for many, it is probably not that big of a leap to do the COVID vaccines—although you'd be surprised. Our team members were already processing the flu requirement ahead of time. That one hasn't been nearly as controversial.

AMA: How did you prepare staff for this announcement?

Dr. Baliga: We had done many, many, many outreaches ahead of time to try to encourage vaccination, educate about the benefits of vaccination, and talk about some of the side effect concerns. Some are real, many are not. Many of these concerns that are out there are not really based in science though you can Google and find some on there.

We had many, many meetings and in various versions. There were town halls and multiple emails. Our main internal website had messaging about it and videos. We had outreaches to individual groups, videos to groups, and one-on-one counseling.

There were lots and lots of efforts ahead of time to sing the praises of vaccination. Then we rolled out the mandate and felt that it was the right thing to do for all our team members to get vaccinated against COVID, just as we have already felt for influenza. There were more meetings and sessions helping people along and we're still on that road right now.

AMA: Has anyone threatened to quit?

Dr. Baliga: There are some. The Biden administration's plans for requiring vaccination nationally for people receiving federal funds will help because people can't just go to another state or a different company that doesn't require it. But that's only true for licensed health care workers. For people working in health care who aren't licensed by the state—such as custodians, food service workers, supply ordering, or maintenance—those team members can change jobs relatively easily without leaving the state or without staying in health care.

Those are positions that we worry about. It's interesting to see these people who feel very strongly that they shouldn't get a vaccine for one reason or another, despite all of the messaging about safety for themselves, safety for their family members, safety for their patients and colleagues. Some people are just very ingrained in this desire not to get vaccinated.

AMA: Can you describe the messaging?

Dr. Baliga: A lot of it has been just sharing that tens of millions of vaccine doses have been given at this point across the world. It's not like this is an unproven thing at this point. We talk a lot about side effects that has made it into the press. I always say that to these people that never has there been so much general press attention to the side effects of vaccines. I review the numbers and try to put it in perspective. I like to mention that the risk of getting hit by lightning is quite a bit higher than the risk of vaccine side effects.

The risk of COVID is much higher than all the risks of the vaccines. Hearing that the vaccine doesn't have such a high risk has been enough to get people to come along. A lot of times, it's just the dialogue and engaging with whatever their specific concerns are. People are concerned about pregnancy, and knowing that the Centers for Disease Control and Prevention (CDC) has updated their guidance to now say that pregnant people should get vaccinated has been helpful. No, it doesn't have any impact on fertility.

AMA: What has been the most effective message?

Dr. Baliga: It varies from person to person. I don't know what the most effective one is. It really comes down to whatever their concern was. If the vaccine was new or rushed, telling them it wasn't. If the vaccine's new technology, telling them no, this type of vaccine has been around for a long time and in clinical trials.

Typically, for the bigger presentations, we'll lay out a whole slew of common concerns and our responses to them. It's very personal is what I'm saying. It's very interesting. The worries vary widely, and it may not be what you expected it to be.

AMA: Have you noticed a higher influx of COVID-19 patients who are younger and who were in better health before their infection?

Dr. Baliga: Oh, yeah. Compared to last year before the vaccines rolled out to the general population, the number of our patients that are older with other multiple at-risk conditions has gone down. What we're seeing now is definitely a younger population, often still working age, ranging from all the way down to their 20s up to 90. We have one 90-year-old right now.

But a definite shift for a younger age group, and a definite shift to a group with fewer conditions that put them at risk.

AMA: Has there been any kind of tracing that's available to link the cases to any specific events?

Dr. Baliga: We try to figure out for all our employees where they would have gotten COVID. The vast majority are getting it outside of work. They may have an exposure in a social event from a family member that's positive. That's the norm.

We do see people that get it through carpooling, or events where they're not at work so they don't have their masks on. They're with other people who are positive, and they end up being positive. Those are typical scenarios. It's not from someone who knows they have COVID, and, as you know, they're contagious for two days prior to their symptom onset.

Occasionally, we do see it—to a much lesser degree—spread from staff at work to each other, and then, even less than that, from a patient to staff. But it's happened.

AMA: Could you describe how you make getting a COVID-19 vaccine easy for staff?

Dr. Baliga: We've had vaccine events where people can get their shots. We've started it up again with the booster being recommended for health care workers. As an organization, we're attempting to have vaccines readily available for people that want it, where they want it, and ideally when they want it.

We have clinics at various sites where they can go and get their shots throughout the day. They don't have to schedule an appointment. We've offered multiple types of COVID vaccines, if people had a preference for one or the other. We have tried to make it as easy as we can for our team members to get vaccinated.

AMA: What's been the reaction to booster shots? Does the guidance regarding boosters lessen confidence in the vaccine's effectiveness?

Dr. Baliga: The third shot is not mandatory. It's optional at this point, reflecting the CDC guidance of people in the occupations at higher risk can consider getting it. It's interesting. So, the people who are going to get it, want it. They want it now. And then, you have another group that's much smaller, but is equally vocal that they don't want it.

AMA: When do you think you'll see the impact of the mandate—either from people leaving, or from having an impact on health as you get closer to a 100% vaccination rate?

Dr. Baliga: Every patient or every staff member who we can get vaccinated helps. We see that when we screen our staff members for COVID. The majority who end up being positive are unvaccinated. If that number shrinks, our total case numbers shrink, which is great.

In terms of the mandate, we continue to see the vaccination rates of our team members go up as we get closer to the deadline.

The mandate has been helpful for a population of our unvaccinated staff who were not necessarily adamantly against it. They were on the fence. The mandate has helped to push them along. The FDA [Food and Drug Administration] approval of the Pfizer vaccine has helped push them along. Hopefully, the outreach activities have also helped push them along.

It's been very rewarding for me to see people protecting themselves, their family, their patients, and their colleagues.