

Accelerating Vaccine Distribution and Administration for Californians

February 2021

Context

California will build a **statewide vaccine network** to ensure the **equitable delivery of current and anticipated supply** to Californians. The state will allocate vaccines directly to providers to **maximize distribution efficiency, have real-time transparency** into where the vaccines are and to whom they've been administered, and ensure they are **distributed to communities disproportionately impacted** by COVID-19.

The state will enter into a **cost-basis contract with Blue Shield of California to serve as the third party administrator (TPA)** for the statewide vaccine network. This network will include providers who meet program requirements, such as data integration, equity, and volume capacity. The provider types will include health systems, hospitals, clinics, pharmacies, mass vaccination sites and mobile clinics.

California's Statewide Vaccine Network is designed to save more lives.

Simple way to pre-register and schedule



More options to vaccinate Californians faster

- ✓ Statewide network of providers
- ✓ Geographically diverse mega sites
- ✓ Home visits
- ✓ Mobile Providers
- ✓ Pharmacies

More resources to reach diverse communities

- ✓ Network designed to reach the most vulnerable and those disproportionately impacted
- ✓ Incentive payments to providers to help ensure equity
- ✓ Vaccine navigators
- ✓ Support services, including extended hours, translation and transportation

More data and reporting for transparency

- ✓ Real-time data sharing
- ✓ Daily allocation reports to ensure equity, efficiency and speed of network
- ✓ Ongoing community and stakeholder engagement

What is a TPA

A Third Party Administrator, or TPA, is an entity that **selects and manages the network responsible for the delivery of health care or other services on behalf of a group of people**

Blue Shield of California was selected to be the TPA for the State, tasked with creating and managing an equitable and efficient statewide vaccine provider network



Why Blue Shield of California

Blue Shield of California is a **California-based nonprofit health plan with a provider network that covers all 58 counties in the state.**






Blue Shield has a history of working as a **health plan administrator for large employers** including large state accounts.

Blue Shield is contracting with the state on an at-cost basis and will not profit from this work.

The **TPA (Blue Shield of California), with support from Kaiser Permanente, will coordinate vaccine delivery**, following the State's guidance to prioritize safety, equity, and the fastest possible administration of the vaccine

Local public health departments will continue to play a key role as vaccine providers and continue to advise and coordinate with the state on the statewide vaccine network

Key functions of the TPA

-  **Contracts** Develop and manage the state vaccine network contracts, including start-up costs and monthly incentive payments (e.g., for serving the underserved)
-  **Communications & Education** Develop and implement a communication plan with the state vaccine network providers
-  **Oversight** Oversee and manage the state vaccine network
-  **Implementation** Support vaccine distribution set by the state, including considerations such as hotspots and equity measures
-  **Reporting** Develop robust reporting and dashboards to manage supply chain and provider performance

ILLUSTRATIVE

Current state

- ⊗ Recorded on **multiple systems** (including paper-based at some sites)
- ⊗ **Lags** in data reporting
- ⊗ **Gaps** in data reported
- ⊗ **Difficulty supporting real-time** decision-making
- ⊗ **Missing or unaccounted** for vaccines



Future state

- ✓ **One system** for data collection – from appointments to vaccine administration
- ✓ **Enhanced availability of data** for data monitoring and tracking as well as reporting
- ✓ **User-friendly tool for the public** to register (via MyTurn) for vaccinations
- ✓ Consistent **tracking for follow-up doses**

How will the state ensure transparency?

The **State will determine and approve distribution and administration criteria.** The state will provide these criteria to the TPA to achieve an **equitable vaccine allocation based on population needs and COVID-19 burden**

The State will **report vaccine administration statistics** including key metrics such as administration volume, geographic distribution and equity metrics through a public online dashboard

The state is adjusting how COVID-19 vaccines are distributed across the state and across providers to best achieve the following objectives:

- **Equitable distribution** of vaccines for all Californians
- **High efficiency and minimal waste** in vaccine delivery
- **Strategic and data-driven approach** to distributing available supplies
- **Highly coordinated and transparent process** that allows for input from many stakeholders

This distribution framework will take into account multiple metrics that are focused on **equity, population needs, and vaccination site performance**

Distribution framework will be developed by the State in consultation with a **multi-stakeholder Steering Committee**, including the **Government Operations Agency, the Department of Public Health, and county public health agencies**. The Steering Committee will also advise on changes to the framework and distribution as vaccines become more available

Source: CA COVID-19 Vaccine Task Force

What does equitable delivery of vaccines look like?

All Californians - especially those **disproportionately impacted by COVID-19** - have **equitable access** to the COVID-19 vaccine

Ensuring that all communities, **urban and rural**, receive equitable **allocations** of the COVID-19 vaccine

Engaging in state and community outreach **education efforts** focused on awareness

Achieving **high vaccination rates** in all communities

How will California track and achieve equitable vaccine delivery?

California has stated a strong commitment to health and equity.

COVID-19 has highlighted the importance of focusing resources to address these goals. Such resources may include:

- **Pay for performance (P4P) payments** for vaccinating individuals living in the lowest HPI quartile census tracts
- Payments to providers for bringing **vaccines to communities disproportionately impacted** by COVID-19
- Payments for **targeted outreach and engagement efforts**
- **Enhanced payments** to facilitate evening accessibility, translation/physical services, etc.

Develop a rigorous, reliable, performance management system with the ability to:

- Track all vaccines from order to injection
- Understand who is getting vaccinated to ensure equity
- Receive comprehensive, accurate, same-day data
- Report performance in a detailed, transparent way

Source: CA COVID-19 Vaccine Task Force

Blue Shield will build a network and operation that can achieve all of the state's goals

And we need people to use the network to achieve those goals, e.g., equity

Strategy will include innovative ways to reach vulnerable communities and those disproportionately affected by COVID-19

- Meeting CDC's requirements as CDC COVID-19 Vaccination Program provider
- Willingness to participate in payment incentives as appropriate and local community efforts to ensure the state meets its equity goals
- Ability to reach vulnerable populations and communities disproportionately impacted by COVID-19
- Ability to work with the technology platform(s) as identified by the TPA for appointment scheduling, vaccine administration and management
- Agreement to submit daily data feed with respect to capacity, throughput and other data as needed to assess equity, effectiveness and efficiency of administration
- Willingness to vaccinate all who are eligible, including the most vulnerable, whether insured or not – and without any preference for specific provider affiliation or residency
- Multi-county coverage preferred, but not required with ability and willingness to provide services to underserved communities
- Must be able to bill Medicare, Medi-Cal, HRSA for uninsured members and large insurance carriers (as appropriate for the type of provider) with ability to bill directly for those services
- Willingness to coordinate with supportive services as provided by the state to meet equity goals



What is it?

An integrated end-to-end system for eligibility and appointment scheduling, vaccine allocation and management.

How does it work with a provider's EHR?

MyTurn can connect to a provider's electronic health record (EHR) system. Data extract would be sent to the provider EHR as outlined below:

- MyTurn Eligibility
- MyTurn Appointments
- MyTurn Vaccination/Clinic Management
- Data Extract to EHR if required
- MyTurn Integration to CAIR2

Information and Support for Providers

Simple, easy-to-understand document on how to enroll/connect to the MyTurn system will be made available to providers.

Training sessions will be made available several times each week.

Optimize current state

- Enhance communication, education and data to ensure equity in distribution of vaccine
- Support current providers and network to fully utilize their vaccine distribution in a fast and equitable manner
- Track vaccine distribution and administration consistently for accuracy and transparency

Accelerate the rate of vaccinations

Ongoing meetings with key stakeholders, e.g., local health jurisdictions, to develop the best approach in each community

Regular cadence of communication for transparency

A phased approach for the new network beginning later this month

Transitioning to the Statewide network

Blue Shield of California will build a **statewide vaccine network** to ensure the **equitable delivery of current supply** to Californians. This network will include providers who meet program requirements, such as equity, volume capacity and data integration. The provider types will include health systems, hospitals, clinics, pharmacies, mass vaccination sites, and mobile clinics. Counties will transition to the network in waves beginning in February. This work is intended to follow the State's four guiding principles:

- Equitable distribution of vaccines for all Californians
- High efficiency and minimal waste in vaccine delivery
- Strategic and data-driven approach to distributing available supplies
- Highly coordinated and transparent process that allows for input from many stakeholders

Methodology

1. Selected five parameters to help inform phasing:

- Population living in the lowest quartile HPI¹
- Population that is 65 and older or in Phase 1A or 1B sectors (i.e., healthcare, education and childcare, emergency services, food and agriculture)
- COVID-19 cases as % of population
- COVID-19 deaths as % of population
- Received COVID-19 vaccine doses that were administered

2. For each parameter, each county was ranked (from 1 to 58 where 1 is highest need)

3. For each county, ranks were summed across the five parameters to achieve a composite ranking

4. Three transition waves were assigned based on composite rankings



Calculation for a given county

Parameter	Rank (1 = highest need)	Composite ranking
% total population living in lowest quartile HPI	■	} (+) ■
% population 16+ that is 65 and older or in Phase 1A or 1B sectors	■	
COVID-19 cases as % of total population	■	
COVID-19 deaths as % of total population	■	
% delivered doses that were administered	■	

¹ HPI (Healthy Places Index) score considers a variety of factors, including employment rate, home ownership, level of education, healthcare access, automobile access, and cleanliness of environment
Source: Third-Party Administrator (Blue Shield of California) analysis

Wave 1

Fresno
Imperial
Kern
Kings
Madera
Merced
Riverside
San Joaquin
Stanislaus
Tulare



Wave 2

Amador¹
Butte
Calaveras
Colusa
El Dorado
Glenn
Inyo
Lake
Lassen
Los Angeles¹
Monterey
Nevada
Orange
Placer



Wave 3

Alameda
Alpine
Contra Costa
Del Norte
Humboldt
Marin
Mariposa
Mendocino
Modoc
Mono
Napa
Plumas
San Francisco
San Mateo

Santa Barbara
Santa Clara
Santa Cruz
Siskiyou
Yolo
Yuba

The three Wave go-live dates are as follows: Feb 21st , Mar 3rd , Mar 14th

¹ Execution of transition for Amador and Los Angeles will occur with Wave 1, though go-live will occur with Wave 2

Source: Third-Party Administrator (Blue Shield of California) analysis

MyTurn Overview

MyTurn is an integrated end-to-end system on Salesforce for eligibility and appointment scheduling (MyTurn Public), clinic setup and management (MyTurn Clinic), and vaccine allocation and inventory management (myCAvax) with the objective of:

- Enhancing member/patient, and staff experience
- Improving data quality, and enabling insights to drive streamlined decisions



Benefits for residents:

- ✓ **Unified experience for all Californians** to have transparency in the information they need
- ✓ **Captures resident's eligibility** and personal information in order to get vaccinated
- ✓ **Flexible scheduling** to let a resident select a vaccination location and available time slot
- ✓ **Tailored SMS and email notifications** to remind resident's of their appointments
- ✓ **Available to CA residents in 8 languages**

Benefits for providers:

- ✓ **Integrated experience for all clinics** with consistency in data capturing
- ✓ **Captures COVID-19 vaccine details** such as: dose number, lot number, vaccine administrator, and injection site
- ✓ **Integrates with EHR through data extracts and** enables seamless data presentation for each clinic
- ✓ **Communications for public awareness** by the State and TPA
- ✓ **Supported by call center** for Californians who do not wish to use the online platform, that could free up some administrative capacity for providers

Source: TPA workstreams



Key features for providers:

- ✓ **Clinic management:** Update clinic information, capacity, schedule, and appointment availability
- ✓ **Track vaccine supply** by manufacturer
- ✓ **Search for and manage appointments** for patients and clinic
- ✓ **Generate reports and dashboards** for provider sites
- ✓ **Update patient information** including personal details, health insurance information, and answers to CDC questions
- ✓ **Capture vaccination details** including dose number, lot number, administrator, injection site, and adverse reactions
- ✓ **Simplify data management** through integration with EHR, CAIR2, SDIR, RIDE and ability to batch upload
- ✓ **Multi-language:** Available in the 8 languages currently offered to CA residents
- ✓ **Availability to extract data** to EHR systems (e.g., EPIC)

Source: TPA workstreams

TPA & Provider Reporting Dashboards

Out of scope – Part of overall dashboards developed by State team

Measures to inform TPA allocation

Inform TPA management decision making			Inform Provider management and operations		
TPA Network Summary	T1. TPA Operational	T2. TPA Network Equity	P1. Provider Historical	P2. Provider Forecast	P3. Patient Experience
<p>% population vaccinated</p> <p>% of eligible population vaccinated</p> <p>Vaccines allocated</p> <p>Vaccines distributed</p> <ul style="list-style-type: none"> # of vaccines received # of vaccines given for dose 1 # of vaccines given for dose 2 # of vaccines in inventory (provider) <p>Participating provider count</p>	<p>Appointments:</p> <ul style="list-style-type: none"> # of cancellations Top 25 sites with cancellations (real-time new appointments) # of rescheduling's # of walk-ins # of patients on virtual standby (waitlist) <p>Adverse reactions:</p> <ul style="list-style-type: none"> % of Adverse events (dose 1 and/or dose 2) <p>Second dose scheduling:</p> <ul style="list-style-type: none"> # of 2nd dose follow ups scheduled <p>Projected Inventory:</p> <ul style="list-style-type: none"> Days of Supply (DOS) for end of week Days of Supply (DOS) for next two weeks 	<p>Geographic access:</p> <ul style="list-style-type: none"> Geo footprint (zip codes & county) % of population within 20-50-100 miles Race/ethnicity population vs vaccine administration clinics/locations (are we in the right places?) % of HPI population does not have access to sites (e.g., within 5 miles) % of your eligible population has access to sites 	<p>Vaccine status:</p> <ul style="list-style-type: none"> # allocated # shipped # received # administered # in inventory <p>Waste & Shrinkage</p> <ul style="list-style-type: none"> # of vaccines wasted # of vaccines expired # of temperature excursions <p>Throughput metric: (# of vaccines administered / period of time)</p> <ul style="list-style-type: none"> # appointments offered # no shows # walk ins # of vaccines administered <ul style="list-style-type: none"> % of dose 1 % of dose 2 <p>Data compliance metric (% of on-time data compliance requirements)</p> <p>Capacity metric</p> <ul style="list-style-type: none"> current # of apt. optimal # of apt. <p>Equity metric: (% of HPI compliance)</p>	<p>Allocation Data:</p> <ul style="list-style-type: none"> # anticipated allocations [Tiberius] # of confirmed allocations [Tiberius] <p>Vaccine status:</p> <ul style="list-style-type: none"> # provided in recent allocation # in transit <p>Projected Inventory:</p> <ul style="list-style-type: none"> Days of Supply (DOS) for end of week Days of Supply (DOS) for next two weeks # of days in inventory, per dose batch <p>Throughput Data:</p> <ul style="list-style-type: none"> # of apt. opened # of apt. scheduled <p>Daily/Weekly/Monthly Avg of vaccines administered vs capacity (goal/benchmark)</p> <p>Age of vaccines (inventory aging)</p> <p>Redistribution alerts/thresholds</p> <p>Data compliance metric (% of on-time data compliance requirements)</p>	<ul style="list-style-type: none"> Registration to vaccination turn around time cancelled appointments no shows average age of vaccinated dose 1 to 2 turn time appointments scheduled distance travelled to vaccination % of Adverse events (dose 1 and/or dose 2) <ul style="list-style-type: none"> Click down of adverse events by symptom # of patients on virtual standby (waitlist) # of daily appointments available # of days the clinic is open <p>Availability metric: (weekend hours, public transportation available)</p> <ul style="list-style-type: none"> availability, weekday hours availability, weekend hours

Draft measures – to be resolved with the data team

Source: TPA workstreams leadership and member input, BSC team



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T1. TPA Operational: visual mockup

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Appointments:

Provider Summary:

X/X

Avg. registration to vaccination time

X/X

Avg. cancelled Apts.

X/X

No Shows

X/X

Dose 1 to 2 turn time

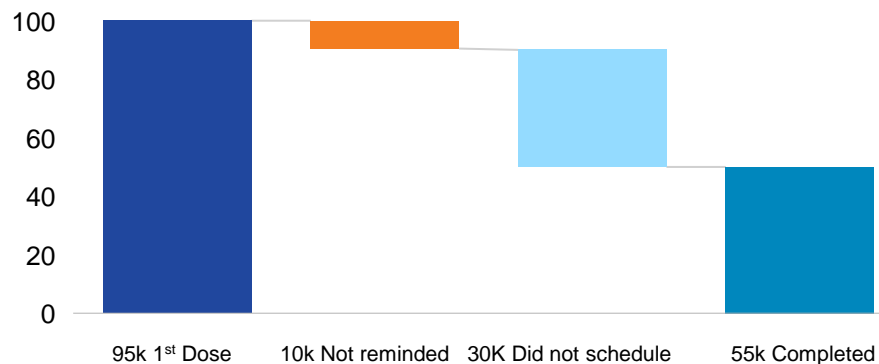
Second dose scheduling:

Second Doses Reminders

Updated as of Feb 10 2020

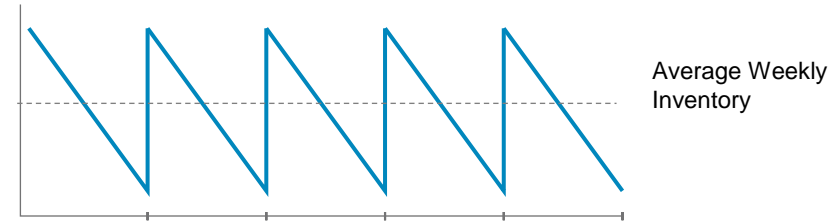
Total Eligible Population

All Vaccine Brands

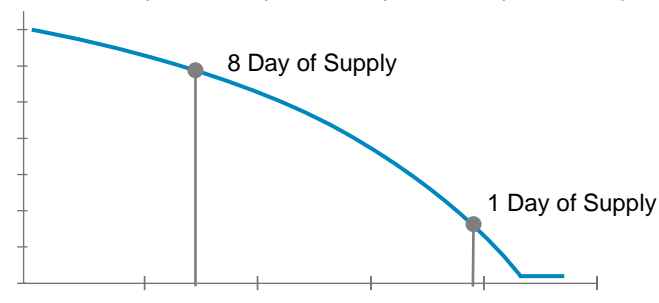


Projected Inventory:

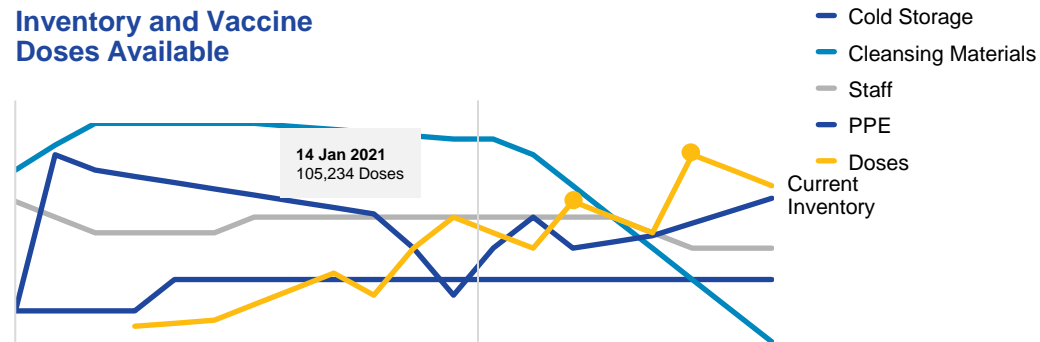
First dose



Second dose



Inventory and Vaccine Doses Available



Inventory DOS:

13.2

Current DOS

6.4

Desired DOS

Adverse Events:

112000

Total Vaccinations

Dose 1:

927 1%

Adverse Events % of vaccinations

Dose 2:

543 2%

Adverse Events % of vaccinations

Note: All data elements are illustrative and are currently placeholders, draft mock up of dashboard for illustration purposes only

Source: TPA workstreams leadership and member input, BSC team

Allocation Data:

Coverage by Population Geography

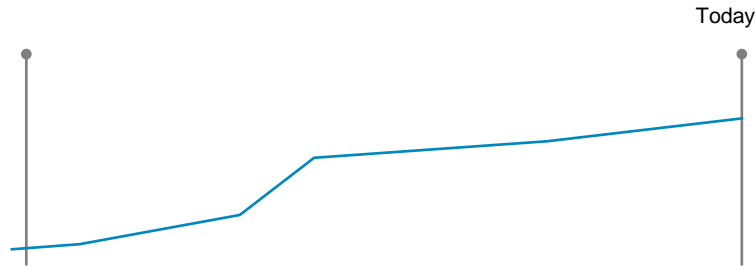
County or LHJ

County 1

Population or Demographic

High Risk Populations

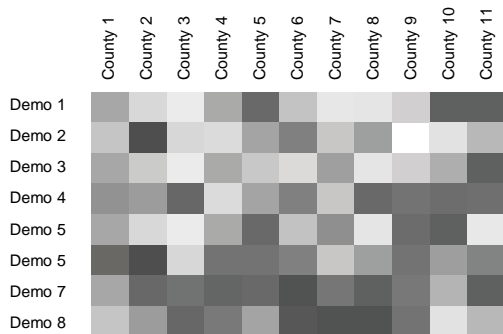
View as: Percentage Total Number



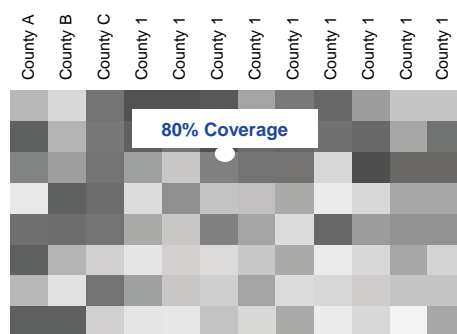
Coverage by Demographic

No Coverage Complete Coverage
 Show Complete Courses Only

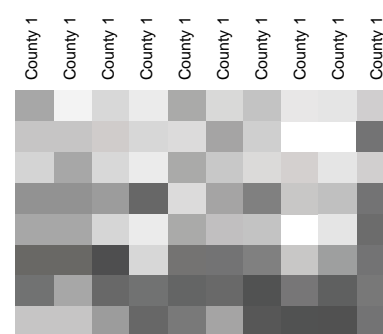
Region 1



Region 2



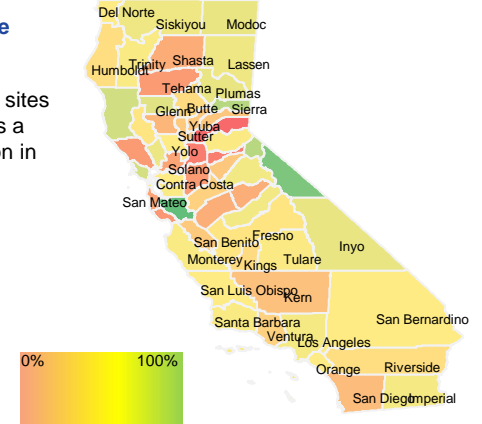
Region 3



Doses Distributed per Eligible Population

Distribution of doses to provide sites on a County basis measured as a percentage of eligible population in that County

Show only Completed Vaccinations



Region	County	Zip Code	Distribution
North	County 1	Zip 1	95%
North	County 1	Zip 2	81%
North	County 1	Zip 4	97%
North	County 1	Zip 6	78%
North	County 1	Zip 12	84%
North	County 1	Zip 5	27%
North	County 2	Zip 32	74%
North	County 3	Zip 22	71%
North	County 4	Zip 75	75%
North	County 4	Zip 74	74%
North	County 2	Zip 32	71%

Note: All data elements are illustrative and are currently placeholders, draft mock up of dashboard for illustration purposes only

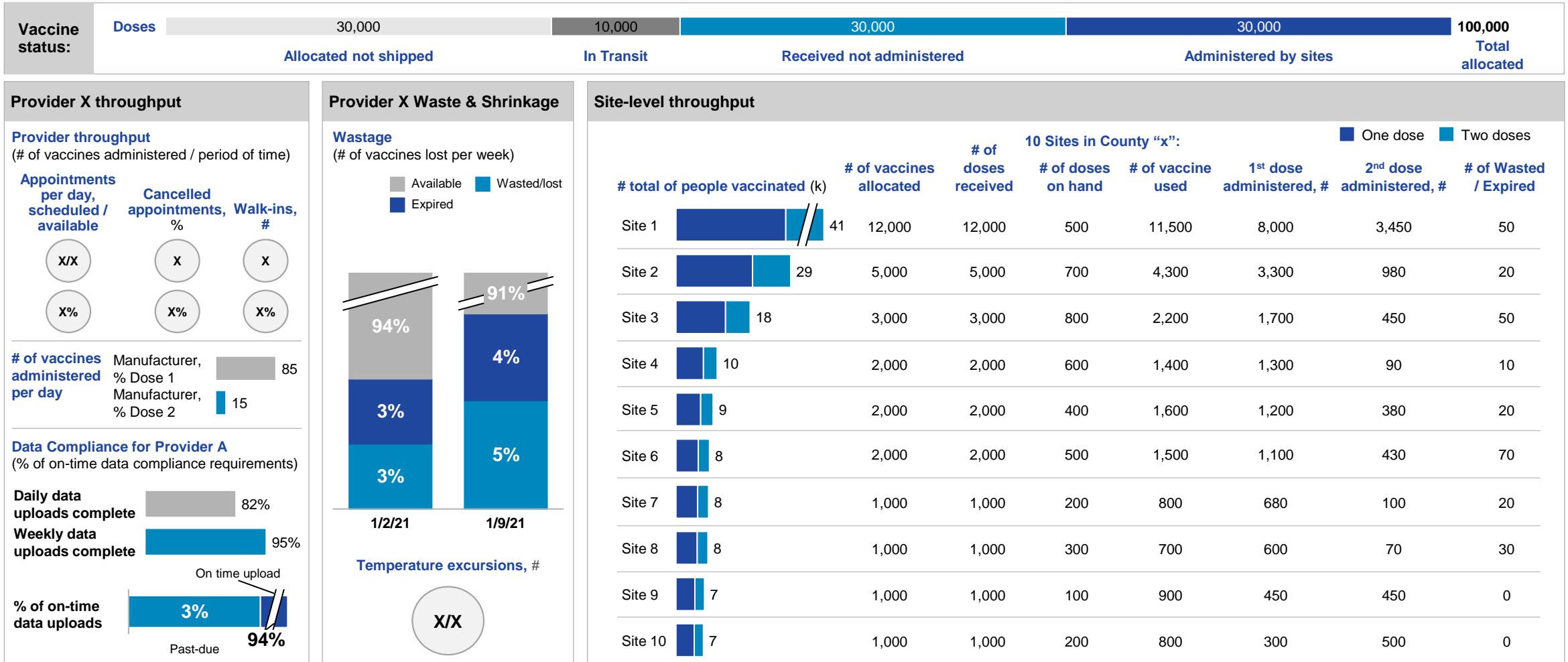
Source: TPA workstreams leadership and member input, BSC team



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P1. Provider Historical: visual mockup of a provider's report

As of FEB 12, 2021
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Source: TPA workstreams leadership and member input, BSC team

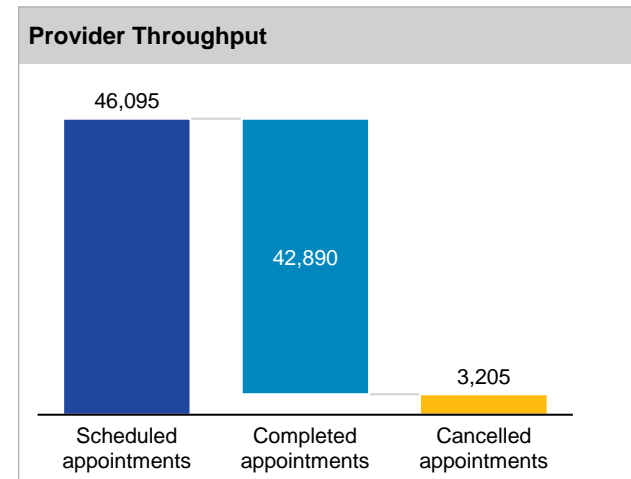
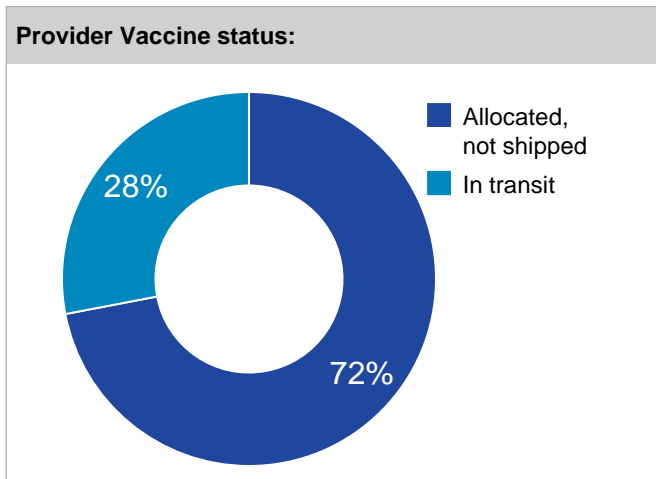
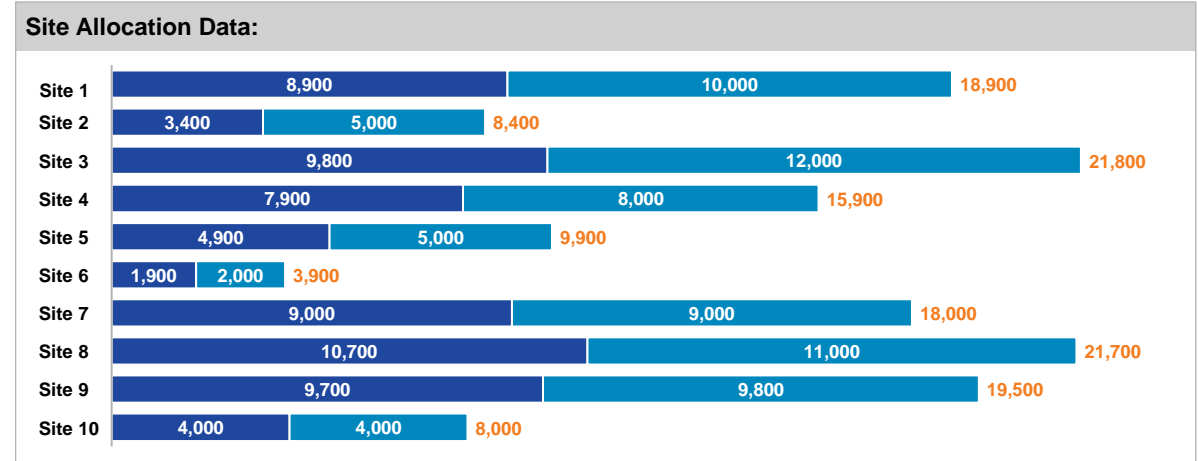
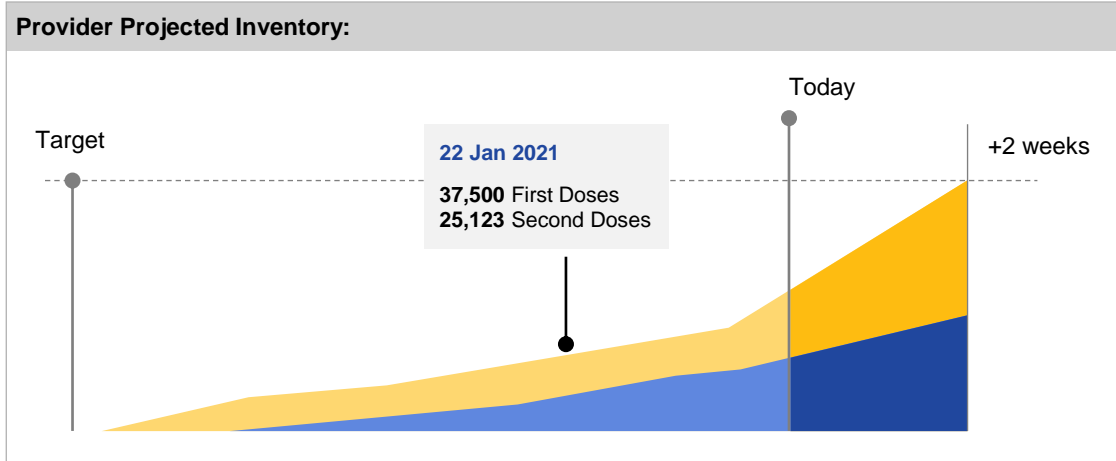


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P2. Provider Forecast: visual mockup of a provider's report

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Confirmed allocations Anticipated allocations



Site Throughput

Data for week of February 8th, 2021. Only showing sites which are ready to distribute.

Filter for Vaccine Brand: **All brands** Site throughput vs. previous week **2%** ↑

Site	Country	Throughput	Throughput/Max	Change per week
Site 1	County 1	900	82%	3% ↑
Site 2	County 2	312	81%	1% ↓
Site 3	County 3	198	78%	No change
Site 4	County 4	693	78%	2% ↑
Site 5	County 5	1011	77%	4% ↑
Site 6	County 6	134	75%	2% ↓
Site 7	County 7	577	74%	12% ↑
Site 8	County 8	810	71%	6% ↑
Site 9	County 7	577	70%	12% ↑
Site 10	County 8	810	64%	6% ↑

Note: All data elements are illustrative and are currently placeholders, draft mock up of dashboard for illustration purposes only

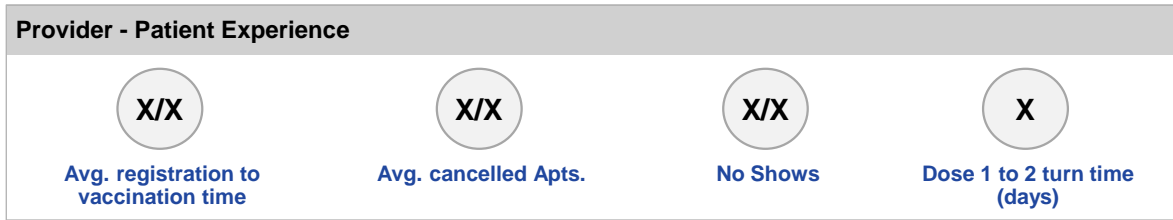
Source: TPA workstreams leadership and member input, BSC team



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P3. Patient experience: visual mockup of a provider's report

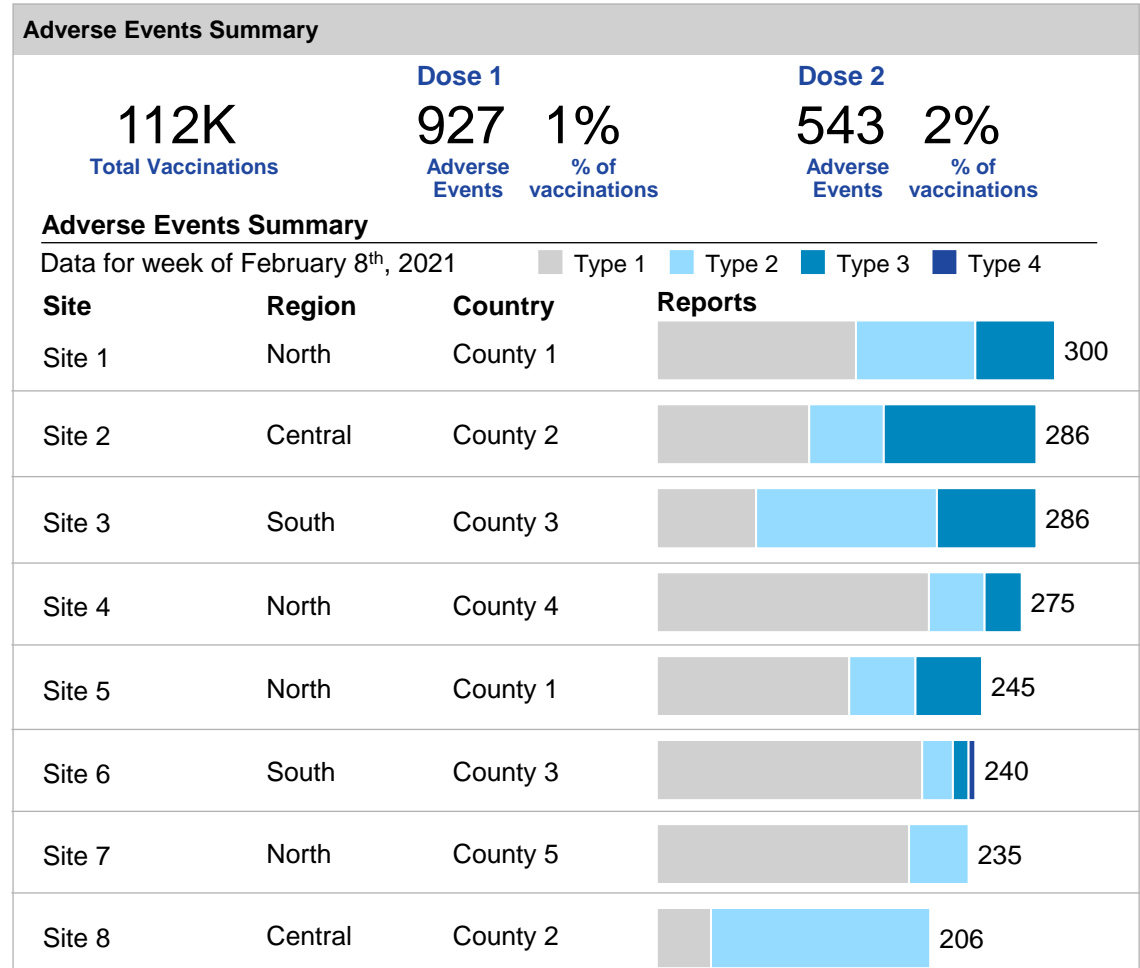
As of FEB 12, 2021
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Site - Patient Experience

Time to first available appointment, days	Change from prior week	# of apts., per day	Cancelled appointments, %
Site 1	▲ xx%	xx%	xx%
Site 2	▲ xx%	xx%	xx%
Site 3	▲ xx%	xx%	xx%
Site 4	▲ xx%	xx%	xx%
Site 5	▲ xx%	xx%	xx%
Site 6	▲ xx%	xx%	xx%
Site 7	▲ xx%	xx%	xx%
Site 8	▲ xx%	xx%	xx%
Average	▲ xx%	xx%	xx%

# of days the clinic is open per week	Open on weekends	Workday hours outside of 9-5
Site 1	✓	✓
Site 2	✓	✓
Site 3	✓	✓
Site 4	✓	✓
Site 5	✓	✓
Site 6	✓	✓
Site 7	✓	✓
Site 8	✓	✓
Average	✓	✓

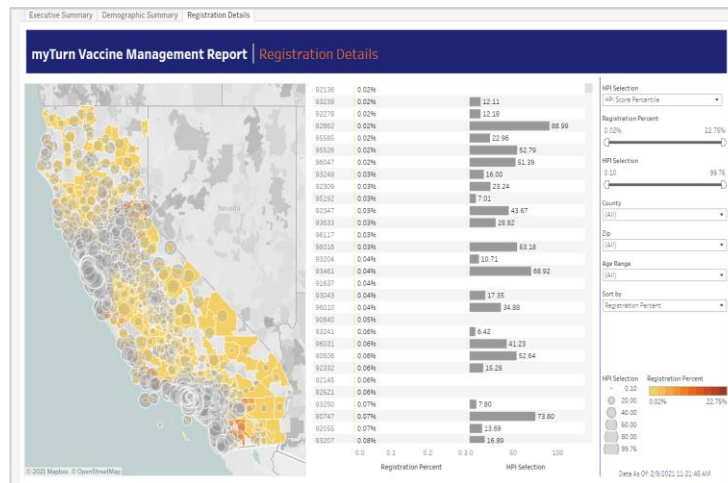


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Source: TPA workstreams leadership and member input, BSC team

Agenda

Appendix



Source: Screenshots were provided by BCS from Accenture's Tableau dashboards displaying MyTurn data



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