

Short Message Report

Conversations: 1	Participants: 2
Total Messages: 23	Date Range: 12/9/2020

Outline of Conversations



D01DJR4C2LA • 23 messages on 12/9/2020 • Employee 184 • Jenni Vargas

Messages in chronological order (times are shown in GMT +00:00)



D01DJR4C2LA

Employee 184 12/9/2020, 10:56 PM

i think we need to start tinkering about how we convert people to primary care when they come for vaccines. it's so much work to get vaccines moving that it could be easy to forget layering in conversion

Jenni Vargas 10:58 PM

Oh the only way people can get a vaccine is if they are a member....so we need to make it easy to sign up...and cheap possibly. Sweeny will lead...

Employee 184 10:58 PM

totally

Employee 184 10:58 PM

but the issue is that how do you get them to then book a revenue appt

Employee 184 10:58 PM

and not just cancel at the end

Jenni Vargas 10:58 PM

Oh...I see what you are saying...yes exactly!

Employee 184 10:58 PM

great opportunity to move employer members to engaged members

Jenni Vargas 10:58 PM

How do we keep them...

Employee 184 10:58 PM

yes, for example,

Employee 184 10:59 PM

covid emails were the most successful emails we've ever had

Employee 184 10:59 PM

we know vaccines will be

Jenni Vargas 10:59 PM

Love your thoughts...we have been doing the same thing on testing...and I'm not really up to speed on how engaged people are after they test

Employee 184 10:59 PM

so why not send something about vaccine info that says "you can't get a vaccine yet, but while you are waiting we strongly recommend booking your first Live Well Appointment"

Jenni Vargas 10:59 PM

Oh nice!!! Love it!!!! Want to share with marketing?

Employee 184 11:00 PM

maybe I'm being too opportunistic, but we should be really focused on how to capitalize on this visibility

Jenni Vargas 11:00 PM

Get ready for your vaccine...get any others...

Jenni Vargas

I agree!

11:00 PM

Employee 184

yep

11:00 PM

Employee 184

i was planning of bring up with doug

11:00 PM

Employee 184

but think it's worth a broader conversation about our strategy

11:00 PM

Jenni Vargas

I'm talking to Doug on something else in a sec...and I will mention but you should too...

11:00 PM

Employee 184

how can we take advantage of the vaccine interest to conver to our other company objectives

11:00 PM

Employee 184

coolio

11:00 PM

Short Message Report

Conversations: 1	Participants: 2
Total Messages: 28	Date Range: 12/23/2020 - 12/24/2020


Outline of Conversations



DRYPEF60J • 28 messages between 12/23/2020 - 12/24/2020 • Andrew Diamond •

Employee 4

Messages in chronological order (times are shown in GMT +00:00)

 **DRYPEF60J**

Employee 4 12/23/2020, 6:52 PM
hey- when you have a chance, can you reply to the vaccine DPH chain about staffing volunteers?

Employee 4 9:43 PM
if you have a chance to look at this slide before the dph meeting - https://docs.google.com/presentation/d/1i3mWSbXB7yrGCruMTp7m7zXWeNVgv8WZyGd0P32Wf9E/edit?ts=5fe3b95d#slide=id.ga9723243d4_5_0

Employee 4 10:25 PM
should we ask about clubhouse? that's included in the 940 number

Employee 4 10:26 PM
not sure if that's ok or not

Employee 4 10:34 PM
this clubhouse issue is giving me heartburn - could imagine bad PR

Andrew Diamond 10:34 PM
get over it. 😊

Employee 4 10:35 PM
some 26 year old engineer is going to post it on instagram and the media may eat that up that they got it before teachers, first responders, etc

Andrew Diamond 10:35 PM
I'll have their back.

Andrew Diamond 10:35 PM
They're literally making it possible for folks over 74 to get vaccinated next.

Andrew Diamond 10:35 PM
But if they want to pass, then fine.

Employee 4 10:36 PM
did she jsut say that you have to work or live in SF? would that exclude marin east bay or pen providers?

Andrew Diamond 10:36 PM
I'm MUCH more worried about THAT.

Andrew Diamond 10:48 PM
Did these folks give us DPH contacts at Alameda, Marin, Santa Clara, etc?

Andrew Diamond 10:49 PM
(other Bay Area counties, I mean)

Employee 4 10:51 PM
are you SURE we dont need to ask about clubhouse?

Employee 4 10:51 PM
i do not want to piss them off

Andrew Diamond 11:46 PM
We can certainly ask them on Tuesday but the guidance is crystal-clear. Every state and county has a similar tiered approach for health care workers in phase 1a. You and everyone in the clubhouse is in the _last, lowest-priority_ tier of phase 1a. But you're supporting front-line staff, so you're in phase 1a. If you want to wait until a later phase, that's fine.

Andrew Diamond 11:47 PM
Hospital executives are all getting vaccinated, and their story is bolstered by the idea that they're "sending a message to the public to encourage them to get vaccinated."

Andrew Diamond 11:47 PM
I don't think we should overthink this. We're a health care company.

Andrew Diamond 11:48 PM
We're talking about 400 vaccines out of 4 BILLION>


Employee 4 11:48 PM
ok! just want to make sure we're totally aligned internally since employees are going to post this on insta

Employee 4 11:49 PM
the optics will be tricky so want to make sure our talking points are super tight

Employee 4 11:56 PM
put some time on for 4:30 for us if that's ok

Andrew Diamond 12/24/2020, 12:15 AM
totally agree

Andrew Diamond 12:17 AM
The gist for those Instagram posts is "Phase 1a, Tier 1 ✓ Tier 2 ✓ Tier 3 = :me:!!! Proud to be helping get vaccines and other COVID care to our communities."

Employee 4 12:17 AM


Andrew Diamond 5:32 AM
Would it make sense to invite [REDACTED] to more meetings so he can stay on top of our internal communications w/ [REDACTED]

Employee 4 6:17 AM
Yes!

From: Employee 16
on behalf of Employee 16
Sent: 12/24/2020 4:42:24 PM
To: Andrew Diamond
CC: Employee 56 Employee 57
Subject: Re: COVID Vaccine Planning - SF DPH + One Medical -- Time-sensitive update & question

Thanks, Andrew.

And to clarify, the two groups we took out of our 940 were:

- Patient facing teams who live and work in the Bay Area but outside of SF
- Administrative non patient facing teams (engineers, billing, etc) who live in non SF Bay Area counties and have been working from home instead of at their normal SF office

What is remaining in our 521 is:

- Patient facing teams who live or work in SF
- Administrative non patient facing teams who live in SF

Please let us know if that aligns with your guidance. We want to be thoughtful and fair at every step here!

Thanks,

On Thu, Dec 24, 2020 at 5:30 AM Andrew Diamond < > wrote:

Hi et al., thank you again for the productive call yesterday, and we're really looking forward to serving our hometown in this historic effort!

Based on your guidance to use our SFDPH allotment strictly for people who live or work in San Francisco, we've decreased our count of eligible employees to **521**. The remainder of our employees in the Bay Area are in other counties, so if you're able to connect us with vaccination planning officials at DPHs in Marin, Alameda, Contra Costa, San Mateo and Santa Clara counties that would be fantastic.

Importantly, out of our 521 San Francisco-based employees, roughly 140 don't directly interact with patients. They're software developers, IT experts, billing personnel, operations specialists, and so on. Our understanding of the guidance from the CDC and CDPH/COVIDReadi is that these individuals fall into the lowest-priority tier within Phase 1a. Therefore we would *first* vaccinate all our personnel who directly interact with patients, and then move on to the remaining support staff. Do we have that right, or are practices being advised to wait to vaccinate their support personnel until a subsequent phase?

Thank you very much,
Andrew



Employee 16

Short Message Report

Conversations: 1	Participants: 2
Total Messages: 48	Date Range: 12/30/2020 - 12/31/2020

Outline of Conversations



DL2UG931S • 48 messages between 12/30/2020 - 12/31/2020 • Andrew Diamond • Christine Morehead

Messages in chronological order (times are shown in GMT +00:00)



DL2UG931S

- CM **Christine Morehead** 12/30/2020, 10:40 PM
Trying to keep this discussion limited to just us until we align on an approach. Does it makes sense to take out team member list and prioritize it to clinical non- patient facing, then go through the clubhouse? We have to determine some sort of prioritization, let's make sure all clinical, admin, then clubhouse volunteers, then clubhouse. Does that make sense? Also how are we prioritizing those who live out of 7x7?
- CM **Christine Morehead** 10:50 PM
Employee 16 just copied us on the list and it is all Clubhouse which makes it simpler.
- AD **Andrew Diamond** 11:15 PM
Do we have anyone in the clubhouse older than 74?
- CM **Christine Morehead** 11:17 PM
I HIGHLY doubt that but let me double check that
- CM **Christine Morehead** 11:24 PM
While [REDACTED] is running the report for us, I was thinking that we should do this in a random way and go alpha, that way each department has an equal chance of being called vs going dept by dept.
- AD **Andrew Diamond** 11:27 PM
I like that.
- AD **Andrew Diamond** 11:27 PM
MUCH MUCH better.
- AD **Andrew Diamond** 11:27 PM
Unless we have someone over 74.
- CM **Christine Morehead** 11:28 PM
I can't think of a reason for one dept to be prioritized can you?
- CM **Christine Morehead** 11:28 PM
Agree on the age paramater
- AD **Andrew Diamond** 11:28 PM
Agree – I can't think of any obvious reason to prioritize a particular department.
- CM **Christine Morehead** 11:29 PM
Perhaps Central Ops??
- AD **Andrew Diamond** 11:30 PM
Actually that's a good point as they're more likely to need to be on-site. Like Employee 1 is a good example.
- CM **Christine Morehead** 11:31 PM
[REDACTED] but not all central ops but if we had to prioritize, that could make sense. Unless we say no dept is prioritize except for those called to volunteer, then alpha
- CM **Christine Morehead** 11:32 PM
Also do we need to distinguish between those living in 7x7?

AD **Andrew Diamond** 11:32 PM
That could work.

AD **Andrew Diamond** 11:33 PM
For anyone volunteering onsite, residence doesn't matter.

AD **Andrew Diamond** 11:33 PM
But beyond that, I think it'd be better to prioritize SF residents.

CM **Christine Morehead** 11:33 PM
How do we think about residence for all of CH?

CM **Christine Morehead** 11:33 PM
Can you take a quick call?

AD **Andrew Diamond** 11:34 PM
Well, if we were getting vaccine from the state or from the CDC, it wouldn't matter

AD **Andrew Diamond** 11:34 PM
But since we're getting it from SF DPH, we have to be more careful./

AD **Andrew Diamond** 11:35 PM
(Unfortunately I don't have phone service -- I'm up near Mendocino for the day.)

AD **Andrew Diamond** 11:35 PM
(I have semi-crap internet and could try to do a Zoom if you want?)

CM **Christine Morehead** 11:40 PM
Okay - let's try this. Can you clarify for me that this dose is from the SF DPH and if so then we should prioritize our list for residence, then alpha after central ops?

CM **Christine Morehead** 11:52 PM
Here is my concern, we added all of Clubhouse in the SF count, if we didn't do the same for other counties, might we not have enough for our CH folks from other counties now?

AD **Andrew Diamond** 12/31/2020, 12:05 AM
All of the doses we have currently are from SF DPH, and they're hoping those go to people who either live or provide patient care in SF 7x7

AD **Andrew Diamond** 12:06 AM
We can always order more in other counties. I don't think we've placed any orders yet, but if we did, we can always order more.

AD **Andrew Diamond** 12:06 AM
We need to very quickly get to the point where we're going through 1,000 vaccines a day.

AD **Andrew Diamond** 12:06 AM
(And then we need to increase that to 10,000 a day.)

CM **Christine Morehead** 12:06 AM
If we are certain that we can get orders in for CH in other Counties easily enough I am fine with prioritizing SF CH first, then moving through the lise

CM **Christine Morehead** 12:07 AM
list

AD **Andrew Diamond** 12:07 AM

cool

- AD **Andrew Diamond** 12:07 AM
The best way to be sure we can get orders in other counties is to administer everything we get as quickly as possible.
- AD **Andrew Diamond** 12:07 AM
The more we give, the more we shall receive.
- AD **Andrew Diamond** 12:07 AM
It's that simple.
- CM **Christine Morehead** 12:09 AM
Employee 8 is going get a list with SF residence so we can do SF, Alpha then move on to either all CH or next in line. Also fine with anyone who is volunteering from CH regardless of residence, make sense?
- CM **Christine Morehead** 12:10 AM
Don't want to complicate this list but as long as we give them the names in order to begin calling, then it helps everyone. I imagine the call will be if you are called you need to get here withing X time... will leave all of that to **Employee 16** and team.
- CM **Christine Morehead** 12:14 AM
Shall I reply to the email chain for us with our POV?
- CM **Christine Morehead** 12:19 AM
Andrew - I am having some concern on the geographic cut off - I can hear Amir saying just give it all of our teams as we are not sure when they will get it otherwise and we should not overthink this.
- AD **Andrew Diamond** 12:20 AM
I'm not saying we should have a geographic cutoff.
- AD **Andrew Diamond** 12:20 AM
I have ONE priority and that is to vaccinate as many people as humanly possible as quickly as possible.
- AD **Andrew Diamond** 12:20 AM
I don't care about ANYTHING else.
- AD **Andrew Diamond** 12:21 AM
I'm just trying to explain that the SF DPH *does* care.
- AD **Andrew Diamond** 12:24 AM
We've been overthinking this for a couple of weeks now. ● The CDPH is going to come to their senses soon. The arrival of the super-contagious strain in California is going to lead to a prompt relaxation of these cockamamie guidelines.
- AD **Andrew Diamond** 12:25 AM
But until then, if we're going to vaccinate clubhouse people who lives outside of SF, we have to be extremely careful about comms as we'd be putting our future supply at risk. We would also be putting my medical license at risk, thanks to Newsome's unhelpful posturing: <https://www.beckershospitalreview.com/legal-regulatory-issues/skip-line-for-covid-19-vaccine-and-lose-your-license-california-governor-warns-healthcare-providers.html> Skip line for COVID-19 vaccine and lose your license, California governor warns healthcare providers: California Gov. Gavin Newsom said Monday that healthcare providers who violate vaccine priority guidelines will be penalized, including the revocation of their professional license. California Gov. Gavin Newsom said Monday that healthcare providers who violate vaccine priority guidelines will be penalized, including the revocation of their professional license.
- Image: message46_att1.jpg (17 KB)*
- CM **Christine Morehead** 12:27 AM

I think what i put in the email then gives us a good plan to execute on. There will be plenty of SF residences to begin with and when we have worked down that list let's add in other CH teams. Make sense?

AD

Andrew Diamond

perfect ●

12:28 AM

Short Message Report

Conversations: 1	Participants: 2
Total Messages: 75	Date Range: 1/6/2021

Outline of Conversations



DKWFJKNTD • 75 messages on 1/6/2021 • Christine Morehead • **Employee 8**

Messages in chronological order (times are shown in GMT +00:00)



DKWFJKNTD

Employee 8

1/6/2021, 3:16 PM

We have this Housecall presentation starting at 8:30 conflicting with our huddle.

Christine Morehead

3:50 PM

I know I told them I was going to be late for the house call meeting so I can make intros why don't you take the Housecall meeting and I will join later

Christine Morehead

3:50 PM

Also you should have been invited to the Bjorn meeting

Employee 8

4:56 PM

there are some impressive folks on this call from their side - early impression

Christine Morehead

4:58 PM

Good to hear their presentation was not really that impressive so good to hear. Did I miss anything important? I am tripple booked now

Christine Morehead

4:59 PM

I think I am going to jump on the other call though just to introduce [REDACTED] to her team

Employee 8

5:00 PM

not really - founder seems like he was a visionary in terms of the opportunity - although he is a man of few words -- [REDACTED] seems very polished and i like the CMO

Christine Morehead

5:35 PM

how do they do that in two weeks?

Employee 8

5:36 PM

was thinking the same thing - i wonder what they mean by credentialing? With whom - insurance companies? health systems etc .. i have lots of questions

Employee 8

5:38 PM

thank u Amir

Christine Morehead

5:39 PM

How is this different from our process

Employee 8

5:42 PM

i think we are talking about way different things abt what they mean by credentialing - since there is not fee for service reimbursement

Employee 8

5:42 PM

lots to dig into here

Employee 8

5:42 PM

might want to bring [REDACTED] into this

Employee 8

5:43 PM

as well as [REDACTED] on the total rewards side

Christine Morehead 5:43 PM
It would be wonderful if we could figure out how to do this more effeciently

Employee 8 5:43 PM
definitely

Christine Morehead 5:44 PM
I thought we were streamlined as compared to the hospital system but you know we did this work stream on our own

Employee 8 5:44 PM
one difference is considering these are all independent contractors i am sure that they don't deal with licensing - the providers are probably responsible for that

Employee 8 5:45 PM
they look for already licensed folks

Employee 8 5:48 PM
Amir is salivating

Christine Morehead 5:49 PM
He said they are licensing now in multiple states

Employee 8 5:51 PM
need to understand more as I would be really surprised if they owned licensing for folks who don't have any obligation of time to them and where the vast majority are spending the majority of their time working for others

Christine Morehead 5:51 PM
Agree - [REDACTED] is impressive

Employee 8 5:58 PM
Do u have any concerns with asking for [REDACTED] to be disclosed on this so she can poke around in the data site?

Christine Morehead 5:59 PM
No I think that makes sense
👍 1 • [REDACTED]

Employee 8 5:59 PM
there seems to be a whole bunch of stuff for only 9M of revenue

Christine Morehead 6:02 PM
agree something does not sound right here - great pitch but not sure it meets the sniff test

Employee 8 6:09 PM
i like the people - seem smart

Employee 8 6:09 PM
especially [REDACTED] and [REDACTED]

Christine Morehead 6:10 PM
How did she go from HR to being so tech savvy?

Employee 8 6:10 PM
i know right?

Christine Morehead 6:10 PM
so impressed!
👍 1 · [REDACTED]

Employee 8 6:11 PM
we need some more ops firepower for virtual

Employee 8 6:12 PM
a big part of the acquisition opportunity is the people

Christine Morehead 6:12 PM
We absolutely need to up level - I would love to know if we can also cut our creds time down in any way ●

Christine Morehead 6:13 PM
We need to discuss the comms for our SF CH on testing - we need to get another comms out. Lots of confusion as a comms went out on Saturday saying they had a quick window to get in and then nothing else.

Christine Morehead 6:13 PM
Do you have a copy of what went out on Saturday?

Employee 8 6:14 PM
no but i can get it from [REDACTED]

Christine Morehead 6:27 PM
Can we so we know how to draft the second comms for the team. The question is "we had a short window to get to the CH" and it came out on the weekend - now the questions is "I missed it when will I be called" the problem is we don't want to put into writing our distribution philosophy in the event it went viral but we need to thread that needle.

Employee 8 6:51 PM
yes I raised this at CLOPs yesterday - -we didn't send any mass email - just targeted to folks whose number came up - - i am getting with Amy to discuss follow-up as we are obviously trying to avoid mass emails

Christine Morehead 7:01 PM
I have been involved with these convos and did not want a mass email going out. As I have been closely involved with the decision making here I think it is best that I stay involved. To take this further though, I do think we need to take an active role in seeing our teams access to a vaccine. So for example, we should be monitoring it to ensure that we have adequate comms and no team member is going up vaccinated. Does that make sense. What do you think about giving this project to [REDACTED]?

Christine Morehead 7:02 PM
Or having her ride shotgun so that she gets involved and can help steer. The HRBP will be involved with performance management, etc.

Employee 8 7:03 PM
I think it's a great initial [REDACTED] project. .

Employee 8 7:04 PM
according to a Andrew, this is a very short term issue of our CH folks getting access to vaccine as we will be pivoting to 1b etc quickly - next week or two

Employee 8 7:05 PM
then we will have much less constraints

Employee 8 7:05 PM
I am more than happy to have [REDACTED] right shotgun on stuff that i am doing on this

Christine Morehead 7:05 PM
It is but there are other issues, such as have we ensured that others (remote) know where to go, etc. I just think this should not be left to Ops to manage as they have so much on their plate

Christine Morehead 7:06 PM
Like currently if I asked [REDACTED] how many we had left to go in CH she does now know. we should know that. I think Ops is understaffed as compared to us and they are not responsible for CH

Employee 8 7:08 PM
We're managing it through local leadership comms - -we've apparently also had hundreds of self-generated letters recently thru Truework after we turned that on - I have access to the list of folks who have been vaccinated

Christine Morehead 7:08 PM
So how many do we still have needed vaccines in the CH

Christine Morehead 7:09 PM
I did not know you had access or I would have asked you

Employee 8 7:09 PM
I will need to do some calcs on that and get back to u

Christine Morehead 7:09 PM
Who is owning this from our end?

Employee 8 7:31 PM
I have been the point of contact

Christine Morehead 7:48 PM
Well then can you provide me with an update please on where we are with the list, how many have been contacted, when do we feel we will get through the clubhouse SF list?
👍 1 • [REDACTED]

Employee 8 7:52 PM
FYI - DC is a disaster right now - shutting down our offices there

Employee 8 7:52 PM
have u been watching the news?

Christine Morehead 7:53 PM
I just got that notice on my phone - have not been watching the news on back to back calls

Employee 8 7:53 PM
Protestor occupying the capitol

Christine Morehead 7:53 PM
Are we closing all of our offices?

Employee 8 7:54 PM
6 downtown offices

Employee 8 7:54 PM
[REDACTED] working with [REDACTED] on it

Christine Morehead 7:54 PM
Great thanks for the update

Christine Morehead 8:07 PM
Please keep me updated on actions that we are taking. I will be on calls all day long here but want to know

Employee 8 8:15 PM

for sure

Employee 8

8:16 PM

we've shut down all the offices and sent everyone home. Local team is making the recommendation to security that we keep everyone home and re-assess midday tomorrow to be safe.

Christine Morehead

8:17 PM

So what is our protocol here does Security make these calls?

Christine Morehead

8:18 PM

We should have a decision tree set up for these types of emergency situations. We have it very well documented at Virgin as this was germane to our business.

Employee 8

8:19 PM

I think it's a joint decision with field leadership with input

Christine Morehead

9:45 PM

Can you share what comms if any has gone out?

Employee 8

10:06 PM

will find out I haven't seen it - offices will be closed tomorrow as well per [REDACTED] and [REDACTED]

Christine Morehead

10:07 PM

Never mind, Amir sent it to me looks like [REDACTED] and [REDACTED] sent out a note

Employee 8

10:22 PM

Here is what I know about Clubhouse vaccination progress -- no mass emails -- Ops is using the email template that we landed on over the weekend and systematically going down the list by alpha as vaccines become available. Emails going out in tranches of 5-7 or so. There are 181 CH folks who list a home address as SF. So far 50 of them have received the vaccination thru this process while 152 of them were contacted. (They are at the "Ps" at this point.) Andrew confirmed that we have enough doses left over from the initial allocation to offer it to all remaining SF residents who are also CH employees. [REDACTED] says that all remaining SF residents will be offered (including the ones who were already contacted) by the end of the week . . . they were not planning to do any mass emailing comms given the sensitivity around emails . . . so the issue of folks who were contacted over the weekend will be resolved over the next couple of days as they will get another direct email. Do u suggest something different?

Employee 8

10:24 PM

so we have about 100 folks who were offered who didn't respond timely - [REDACTED] has been fielding responses as has HR a bit too

From: [REDACTED]@sfdph.org]
on behalf of [REDACTED]@sfdph.org> [REDACTED]@sfdph.org]
Sent: 1/8/2021 6:22:40 PM
To: Employee 183 [REDACTED]@onemedical.com]
CC: Employee 4 [REDACTED]@onemedical.com]; Andrew Diamond [REDACTED]@onemedical.com]; [REDACTED]
[REDACTED]@sfdph.org]; [REDACTED]@sfdph.org]; [REDACTED]
[REDACTED]@sfdph.org]
Subject: Re: Fw: Vaccine for outpatient healthcare workers

Thank you for that [REDACTED]

Is it possible for your team to provide us with an instruction document with screen shots that we can provide when we refer? This might assist in the process. I don't believe this exists already, my apologies if it does.

[REDACTED]
Deputy Director Emergency Preparedness & Response
San Francisco Department of Public Health

From: Employee 183 [REDACTED]@onemedical.com>
Sent: Friday, January 8, 2021 9:55 AM
To: [REDACTED]@sfdph.org>
Cc: Employee 4 [REDACTED]@onemedical.com>; Andrew Diamond <[REDACTED]@onemedical.com> [REDACTED]
[REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>
Subject: Re: Fw: Vaccine for outpatient healthcare workers

Thanks for escalating, [REDACTED] The SF DPH specific link: <https://onemedical.com/SFvax/>, which I see is correctly hyperlinked in your email, should not have CC information as part of the registration flow. I'm checking in on our end to confirm that nothing is awry and will confirm shortly.

Sometimes we do see this happen if folks went about registering from another page. General OM registration does ask for CC info. If anyone says they are being asked for CC info, making sure they are registering with <https://onemedical.com/SFvax/> is a great first step.

Please do let me know if you are hearing more folks having issues with this.
thank you!

Employee 183 [REDACTED]

On Fri, Jan 8, 2021 at 8:42 AM [REDACTED]@sfdph.org> wrote:

Hi all,

We received the message below, stating that the link is asking for credit card info. Did we provide the correct link? We have reached out to other groups that we sent the link to yesterday to see if they had the same problem. Any help greatly appreciated.

[REDACTED]
Deputy Director Emergency Preparedness & Response
San Francisco Department of Public Health

From: [REDACTED]@sfdph.org>
Sent: Friday, January 8, 2021 8:35 AM
To: [REDACTED]@sfdph.org>
Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>
Subject: Fw: Vaccine for outpatient healthcare workers

FYSA...Per [REDACTED] One Medical asking for credit card info

[REDACTED] Paramedic
Health Care Coalition Clinical Advisor
Emergency Preparedness & Response

From: [REDACTED]
Sent: Thursday, January 7, 2021 8:13 PM
To: [REDACTED]@sfdph.org>
Subject: Re: Vaccine for outpatient healthcare workers

Hi [REDACTED],

Our staff consists of myself:

[REDACTED]

I tried signing up with the link above and I was asked to put in a credit card. I would consider this but it will not work for my staff so I am hoping that you will be inputting us another way.

Thank you So much for following up with this !!

Please let me know if there is anything else that you need from us.

With best wishes,

On Thu, Jan 7, 2021 at 2:43 PM [REDACTED]@sfdph.org> wrote:
Hi [REDACTED]

Thank you for your help in sharing the following information with your staff about registering for Covid-19 vaccinations at the One Medical site at Embarcadero 4.

Please send me a list of the names and dates of birth of your staff so that they can be registered with One Medical.

Tell your staff that they cannot forward this link. If this link is forwarded to ineligible people, we will have to cancel and reschedule everyone's appointment. Employers should turn off the forwarding function if possible.

Thank you,

[REDACTED] Paramedic
Outpatient Vaccine Coordinator
Covid Command Center
San Francisco Department of Public Health
[REDACTED]

INFORMATION TO SHARE WITH YOUR STAFF:

Based on CDC guidelines, you're eligible to receive your COVID-19 vaccination. To help people get vaccinated, we've teamed up with One Medical, a national primary care practice with offices in San Francisco that's been providing COVID-19 care, testing, and now vaccinations.

One Medical is a membership-based practice, but they're offering a free trial membership to people who are currently eligible to get the COVID-19 vaccine. You'll need to provide some basic information to sign up for the trial membership, but you won't need to provide a credit card. The trial membership allows you to use their app to book your vaccine appointment, get appointment reminders, and access virtual care if you need it. The length of the trial membership should cover the time required to receive both doses of the vaccine.

1. Sign up for your trial [here](#).
2. After completing registration, on the One Medical homepage, choose "[Get Care](#)"
3. Enter "vaccine" as the reason for visit.
4. Choose "Any provider"
5. Choose "DPH Visit."
6. Choose an appointment time.

If you have insurance, you'll need to provide One Medical with your insurance information so they can bill them for the vaccine.

If you have questions about registration, please call 415-529-4129. We're happy to help you get the vaccination you need to help you stay safe.

[REDACTED] Paramedic

Health Care Coalition Clinical Advisor
Emergency Preparedness & Response
San Francisco Department of Public Health

From: [REDACTED]
Sent: Monday, January 4, 2021 4:32 PM
To: [REDACTED]@sfdph.org>
Subject: Re: Vaccine for outpatient healthcare workers

Thank you!

[REDACTED]
On Mon, Jan 4, 2021 at 4:16 PM [REDACTED]@sfdph.org> wrote:
Hi [REDACTED]

Thank you for that information. I agree with you. Since your staff is small then you will need to be vaccinated by a third-party entity. I have entered what you sent me and a vaccine provider will be in contact with you to get your staff vaccinated.

[REDACTED] Paramedic

Health Care Coalition Clinical Advisor
Emergency Preparedness & Response
San Francisco Department of Public Health

From: [REDACTED]
Sent: Monday, January 4, 2021 10:17 AM
To: [REDACTED]@sfdph.org>
Subject: Re: Vaccine for outpatient healthcare workers

Hi [REDACTED]

I just read this over in more detail and I am concerned that it may not be appropriate for me to ask for vaccine on the basis that I will be picking it up. Basically I and my small staff are not experienced in giving injections so we would like to be on a list to be injected elsewhere.
Should I still fill out this form or is there another path towards getting on a list??

Thank you so much for your help!

[REDACTED]
OM-SSCC-0000827

On Tue, Dec 22, 2020 at 11:21 AM [REDACTED]@sfdph.org> wrote:
Hello [REDACTED]

Thank you for your email. I'm attaching the link for <https://ca.covidreadi.com/>. COVIDReadi is a California site where you as the provider register to receive the covid vaccination for your staff. Once the registration is approved you can order the quantity of vaccine you need. If you do not have the capability to store the Pfizer vaccine due to the ultra-low freezer, you can have it shipped to us, and once it arrives, we can coordinate pick up for your staff. The Moderna vaccine can be stored in a regular freezer but when you start the registration process it will ask you your freezer capabilities. If you need to store the vaccine at our facility, please indicate on the form that we "SFPDH Communicable Disease Prevention Unit" will be receiving the vaccine on your behalf. Our shipping address is [REDACTED], San Francisco, CA [REDACTED]

As you know the CDPH has broken up those to be vaccinated in 3 tiers. We are still currently in Tier 1a. Looking at how the state has separated everyone it looks like you would fall under tier 3 possibly tier 2, but as we get closer to tier 2, things will become clearer. We have outpatient meetings via WebEx every Wednesday at noon that talks about things like COVIDReadi, tiers, allocation, guidance's, and health orders etc... I'll send you the invite if you want to join. I hope this helps, and we don't want you overlooked either! I hope you have a great day.

Covidreadi

Thank you for joining California's fight against COVID-19. Potential vaccination sites must meet all requirements before enrolling. The following resources are also available: COVIDReadi QuickGuide and Provider Enrollment Worksheet.

ca.covidreadi.com

[REDACTED] Paramedic
Health Care Coalition Clinical Advisor
Emergency Preparedness & Response
San Francisco Department of Public Health
[REDACTED]

From: DPH-DOC OutPatient Unit <[REDACTED]@sfdph.org>
Sent: Tuesday, December 22, 2020 10:52 AM
To: [REDACTED]@sfdph.org>
Subject: Fw: Vaccine for outpatient healthcare workers

From: [REDACTED]
Sent: Tuesday, December 22, 2020 3:46 AM

To: DPH-DOC OutPatient Unit <[REDACTED]@sfdph.org>

Subject: Vaccine for outpatient healthcare workers

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi,

I have a small physical therapy clinic in the Mission. My associate, [REDACTED] and myself would like to know what we need to do to get on a list to receive the Covid-19 vaccine. We understand that we will be listed after in-patient workers but we want to make sure that we are not overlooked!

The clinic is close to both SF General and St. Lukes but we are happy to go anywhere at all once we are authorized to receive the vaccine.

Please let me know if there is any other information that you would like. My staff includes myself, a 2nd physical therapist and an office manager who currently assists us with temperature checks, as well as her other duties.

Thank you so much for your help.

All the best,

[REDACTED]

[REDACTED]

This email may contain protected and privileged highly confidential medical, Personal and Health information (PHI) and/or legal information. This information is intended for the use of the individual or entity named above.

If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate or otherwise distribute it. If you are not the intended recipient, or if you have received this email in error please notify the sender immediately and confidentially delete the email.

[REDACTED]

[REDACTED]

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[REDACTED]

--

OM-SSCC-0000829

[Redacted]

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[Redacted]

--
[Redacted]

This email may contain protected and privileged highly confidential medical, Personal and Health information (PHI) and/or legal information. This information is intended for the use of the individual or entity named above. If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate or otherwise distribute it. If you are not the intended recipient, or if you have received this email in error please notify the sender immediately and confidentially delete the email.

[Redacted]



Employee 183

Strategy, One Medical
San Francisco

ADDENDUM A
TO THE
MEMORANDUM OF UNDERSTANDING REGARDING
COVID-19 VACCINE ADMINISTRATION

WHEREAS, the New York State Department of Health (“DOH”) and (“Authorized Vaccine Provider”), collectively (“the Parties”), entered into a Memorandum of Understanding Regarding COVID-19 Vaccine Administration (“COVID-19 Vaccine MOU”);

WHEREAS, the Parties acknowledged the paramount importance of adhering to the State’s vaccine distribution, planning and delivery requirements and the principles set forth by the State including the prioritization and phasing of vaccine distribution;

WHEREAS, the Parties further agreed that the State may be required to alter or adjust priorities for vaccination and, as more is learned about COVID-19 and the several vaccines that have been or are being developed, its allocation may change or prioritization may change;

WHEREAS, the Parties further acknowledge that execution of this memorandum of understanding is a condition of participation in the COVID-19 Vaccine Administration program;

NOW, THEREFORE, the parties agree to the following additional conditions for continued participation in the COVID-19 Vaccination Program:

- (A) Adherence to State Allocation and Eligibility Guidelines. Authorized Vaccine Provider agrees to adhere to all New York State and DOH guidelines concerning the allocation, eligibility criteria and administration of the COVID-19 vaccine. Authorized Vaccine Provider shall only administer COVID-19 vaccine to individuals who meet the eligibility guidelines established by New York State and DOH, which as of January 9, 2021 includes only members delineated as meeting NYS Phase 1A and NYS Phase 1B, but may be further updated by guidance issued by DOH, and shall take all steps necessary to ensure that no COVID-19 vaccine is misallocated or administered to individuals outside of such eligibility guidelines, or wasted or discarded. Every entity who administers such vaccine must have sufficient eligible recipients on standby to receive such vaccine if there are no show or additional doses determined during administration. If you have additional vaccine at risk of discard contact DOH immediately. No entity administering COVID-19 vaccine may reallocate vaccine without express permission of DOH. Your facility may be directed by DOH to prioritize vaccinating one or more particular eligible groups of vaccine recipients. Hospitals, FQHC and urgent care or community physician practices should continue to prioritize health care workers eligible under NYS Phase 1A for vaccine doses at this time. However, any person eligible may receive vaccine at an authorized provider, other than a retail pharmacy. Retail Pharmacies are only permitted to vaccinate those who are over 75 at this time.
- (B) Contact Information. Authorized Vaccine Provider agrees to provide a contact number which will be answered outside of normal business hours. This should be the cell phone number of each contact provided, unless such person is available by phoning an office line that is answered 24/7.

IN WITNESS WHEREOF, the parties hereto have caused this Addendum A to the Memorandum of Understanding Regarding COVID-19 Vaccine Administration to be executed by their duly authorized representatives as of the date set forth below.

Approved by:

*Must be signed by Authorized Vaccine Provider's
Chief Executive Officer (CEO), Chief Operating
Officer (CEO), Executive Director or person
deemed by DOH to have equivalent authority.*

Signed: 

Printed Name: Andrew Diamond, MD, PhD

Title: Chief Medical Officer

Date: 1.11.2021

**NEW YORK STATE
DEPARTMENT OF HEALTH**

Signed: _____

Title: _____

Date: _____

From: [REDACTED] Employee 14 [REDACTED]@onemedical.com]
on behalf of [REDACTED]@onemedical.com > [REDACTED]@onemedical.com]
Sent: 1/12/2021 9:27:00 PM
To: [REDACTED]@ph.lacounty.gov]; [REDACTED]@ph.lacounty.gov]
CC: [REDACTED]@ph.lacounty.gov]; [REDACTED]@onemedical.com]; [REDACTED]
[REDACTED]@onemedical.com]; [REDACTED]@ph.lacounty.gov]
Subject: Re: One Medical to Pick Up Vaccines

Hi All,

Wanting to just close the loop here and make sure everything is good to go for us to continue to do vaccinations!

We were able to remove the hyperlink under "get care." However, if you're on the web (and not the app) you have to click get care to get into the booking flow.

Hopefully, this alleviates and further issues.

Let us know. I want to make sure we are live for people to book appointments as we are about to publish appointments for the next couple of weeks! (I will reach out to [REDACTED] to talk through vaccine numbers.)

Thanks all!

[REDACTED] Employee 14

District Operations Manager | Los Angeles
One Medical

On Tue, Jan 12, 2021 at 9:26 AM [REDACTED]@ph.lacounty.gov> wrote:

It sounds like it's really easy to get dead ended into having to provide CC info. For instance, each and every single link on your website that leads to COVID Vaccine now takes me right back to the CC Info screen. Basically, providing you my CC info the now the only thing I can ever do on your website. This is problematic and only serves as a barrier to what we are collectively trying to achieve.

[REDACTED]

From: [REDACTED] Employee 14 [REDACTED]@onemedical.com>
Sent: Tuesday, January 12, 2021 8:41 AM
To: [REDACTED]@ph.lacounty.gov>
Cc: [REDACTED]@onemedical.com>; [REDACTED]@onemedical.com>; [REDACTED]@ph.lacounty.gov>; [REDACTED]@ph.lacounty.gov>
Subject: Re: One Medical to Pick Up Vaccines

CAUTION: External Email. Proceed Responsibly.

Hi Ali,

Thank you for letting us know and reaching out. So I think what happened is someone went directly to the main One Medical site and attempted the regular registration and not the 60 day trial. When you register as a regular patient with a year long commitment, there is a fee and prompts you for a cc.

The banner/ message that you are referencing is in fact there but only to make it as clear as possible that our focus is currently 1A community members.

Let us know if you want to have a zoom and walk through a mock sign up so everyone feels good about the process!

We definitely want to stay open for DPH community members so can make ourselves available throughout the day.

Thank you!

Employee 14

District Operations Manager | Los Angeles
One Medical

On Mon, Jan 11, 2021 at 11:51 PM [REDACTED]@ph.lacounty.gov> wrote:

Hi [REDACTED]

[REDACTED] and I tried to register today so that we could understand how to explain the system to people who visit our health care worker sign up site.

When [REDACTED] tried to sign up this evening he could not get past a credit card screen. I made an account this morning but didn't sign up for vaccine and when I tried to make an appointment this evening I logged but then had to click on "home" which shows this message The latest on COVID-19 vaccines: Vaccines are not yet available without a referral from your health department. Read about availability in your area on our blog. When I went back to the link on our webpage, I took me back in a circle to the log in page again.

OM-SSCC-0003931

In light of these concerns we have only posted that the clinic is open tomorrow (Tues 1/12). Please can you test the system and if special instructions are needed, please let us know what to advise clients .



CC [redacted] as discussed

one medical

Please finish completing your registration.

Payment Information

1234 1234 1234 1234

MM / YY

CVC

Add discount code

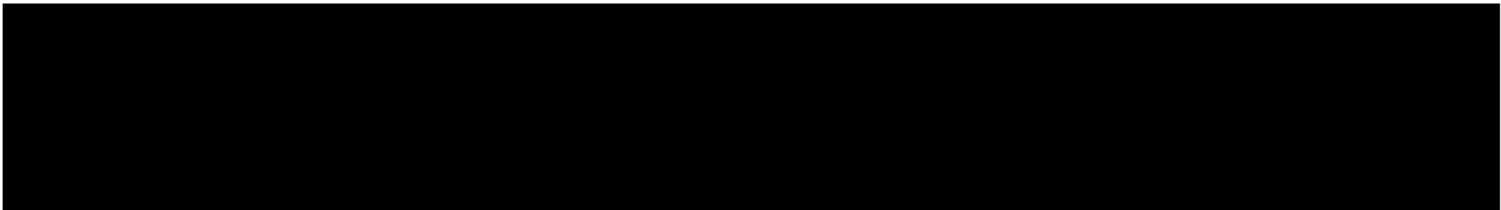
Annual Membership Fee

\$199

Your membership is valid until Jan 11, 2022

When you submit payment you will be charged for your first year. The full annual membership fee renews yearly as a recurring charge to your credit card on file unless you cancel, which you can do on the membership settings page. We will notify you prior to any fee change.

Join One Medical



From: Doug Sweeny [REDACTED]
on behalf of Doug Sweeny [REDACTED]
Sent: 1/12/2021 9:28:32 PM
To: Jenni Vargas [REDACTED]
CC: Andrew Diamond [REDACTED] Employee 184 Employee 4
Subject: Re: Async- Thoughts on vaccine messaging and call volume

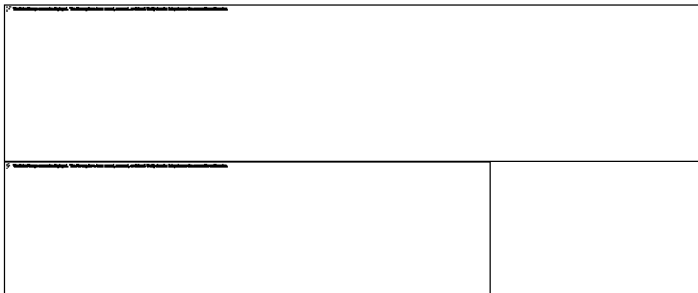
1. Let's make the app simple to book per [REDACTED] team to get the word out to 1b. To my knowledge, we have not messaged any 1b patients in any markets with an 'action item'. They are calling us, emailing us, and posting on social media asking us 'what is up'. Driven by the mass media saying "1b is available"
2. Given we have 3K available doses in NYC can we message that 1b population today?
3. If we have overflow vaccines in a market can we message this 1b population? Members of my team - young, working remotely were vaccinated which confused me.



Doug Sweeny
[REDACTED]

On Tue, Jan 12, 2021 at 1:20 PM Jenni Vargas [REDACTED] wrote:
Agree. How can we help? Thanks!

On Tue, Jan 12, 2021 at 1:18 PM Doug Sweeny [REDACTED] wrote:
Great. I think we as a leadership team need to be more directive here. Everyday we get lot's of social posts like this we are answering....



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

On Tue, Jan 12, 2021 at 1:04 PM Andrew Diamond [Redacted] wrote:
I'm totally fine with [Redacted] version too, and frankly I don't even know how or why it ever got more complicated than that -- but let's make sure our field leaders have an opportunity to illuminate our blind spots.

Looking forward to chatting later...
A

On Tue, Jan 12, 2021 at 11:52 AM Doug Sweeny [Redacted] wrote:
I'm on with [Redacted] and she is supportive of [Redacted] approach.



Doug Sweeny

[Redacted]

On Tue, Jan 12, 2021 at 11:28 AM Doug Sweeny <[REDACTED]> wrote:
For real this time

On Tue, Jan 12, 2021, 11:28 AM Doug Sweeny <[REDACTED]> wrote:
[REDACTED] I think we need to keep pace with city media announcements assuming we have inventory.

On Tue, Jan 12, 2021, 11:27 AM Doug Sweeny <[REDACTED]> wrote:
Agree. Agree. Agree!!! I think we are over complicating things in the survey. The narrative is being driven by the mass media which is saying "1b is available" and "now 65+ 1" is available NYC.

We don't even have a huge volume of members even in these tiers.

[REDACTED] could we launch this today in NYC given we are sitting on 3k vaccines?

On Tue, Jan 12, 2021, 11:02 AM Employee 184 <[REDACTED]> wrote:
Hey folks,

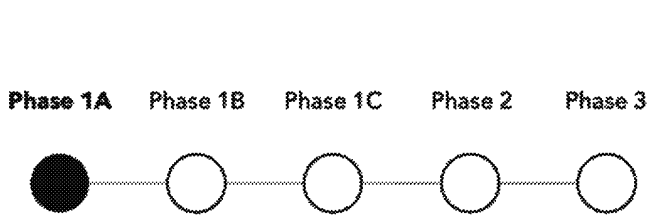
I'd like to recommend that we solve the vaccine call inflow and messaging by going far simpler in our messaging approach vs. adding additional user flows. From the call volume we are getting, it's clear people are not getting the information they need to feel comfortable with us.

As a reminder, here is our current messaging.

Here is Kaiser's messaging:

COVID-19 vaccines

LAST UPDATED: 1/11/21, 3:54 PM



We're in Phase 1A

We're following state guidelines to distribute the vaccine equitably, starting with those at highest risk for COVID-19 exposure.

We are currently in Phase 1A. This means that we are offering vaccines to healthcare workers and long-term care residents and staff.

Learn about when you can get the vaccine:

California Department of Public Health



I know for us the issue is that we MAY have different tiers in different places. However, so far, it's the same tier everywhere and even if one city opens a week before another city, we could potentially just add a callout "New York has moved to Tier 1B, click here to book if you qualify."

My concern is that the survey we are thinking about sending feels far too oversized for what we actually need... and then may be cause for additional confusion, member reach-outs... and even more importantly, may make our members feel like we have some big waitlist of people we are managing. The ramifications could be big.

My recommendation:

- Simplify the FAQ sheet to be uber clear and available to be sent as a Task to review.
- FAQ shows what phase OM is in, who is included in that phase, a link to qualifications for the next phases, and lets folks know that WE WILL REACH OUT as we move to the next phase.

If we do these simple steps, I don't believe we will need a survey that requires attestation, and then makes people feel like we are keeping a waiting list. Further, it prevents us from having to get complicated with asking questions about whether a person has a chronic condition.

Note: Between 1a and 1b, we have over 50,000 members to vaccinate that we already know of.

I'm aware that there are some edge cases, but reaching out to this small team because I feel we should design for the masses.

Thoughts?





Jenni Vargas



Short Message Report

Conversations: 1	Participants: 2
Total Messages: 17	Date Range: 1/12/2021

Outline of Conversations



DM3U2PLVA • 17 messages on 1/12/2021 •



Messages in chronological order (times are shown in GMT +00:00)



DM3U2PLVA

1/12/2021, 9:14 PM

Are we really doing COVID vax in Bellevue? My hubby is phase 1C so we will wait. But if you have an open vaccine bottle that you need to use otherwise it goes to waste, please let me know and I'll ask him to head over. Only if the alternative is that the vaccine bottle will go to waste...

9:15 PM

OMG OMG YES WE ARE!

9:15 PM

Lemme find out how we can get him on our recall list!

9:15 PM

woo wee!

9:15 PM

(we turn nobody away. We aren't gate keeping. So should he so happen to book we will not unbook him no matter the phase but you didn't hear it from me ♥)

9:16 PM

haha...so are you really open today for vaccines? that's what i see in the schedule...he is 1C...

9:16 PM

We are!

9:16 PM

so should i schedule him today?

9:18 PM

I gave our first SEA pt a covid vax this morning, got mine, and now we have one pt on the schedule for later today. I think we need this confirmation thing from the DPH, but also ... that goes by the honor system so if he fills it out saying he works with/near COVID he could get bumped up? Lemme double check how we verify eligibility if we do at all

9:18 PM

It's a weeee bit chaotic lol

9:23 PM

It's first come first serve right now since we need a vial used by 4pm. we have 2 on the schedule now for this afternoon.

9:24 PM

I was checking with [redacted] and i'm not sure if you can get upin his chart, but if you reach out to her [redacted] can schedule him!

9:27 PM

Thank you!

9:29 PM

My pleasure!! Thank you for reaching out!!!

9:30 PM

We're doing our best to prioritize the right people. But thatrecall list... everyone is trying to get their loved ones in it. [redacted] and I have our men on that list too lol

[REDACTED]

9:31 PM

I agree! If it's between letting a vial going to waste or putting it in arm, we should put it in more arms...

[REDACTED]

9:32 PM

100% 1

Short Message Report

Conversations: 1	Participants: 2
Total Messages: 27	Date Range: 1/11/2021 - 1/12/2021

Outline of Conversations



DL7UUDRU3 • 27 messages between 1/11/2021 - 1/12/2021 • Doug Sweeny • Employee 1

Messages in chronological order (times are shown in GMT +00:00)



DL7UUDRU3

Doug Sweeny

1/11/2021, 10:10 PM

Getting ahead of a future Amir Wikipedia email ● any updates?

Employee 1

10:12 PM

nothing new to report since before the holiday. I need to get a call on the cal with the firm that is going to handle this for us to talk thru our fastest path to getting phase 1 of the updates thru. this fell down the priority list once all the vaccine work started ramping up but i'll reprioritize it. you are right, Amir is bound to ask for an update soon so will hustle to get some meaningful updates going

Employee 1

1/12/2021, 12:04 AM

hi- just tagged you in a press release draft with Amir. sorry to suck you in on this, but I'm getting conflicting guidance on how (or if) we mention providing free access to the general public for those who meet vaccine criteria. Can you take a look at the convo in this thread and chime in? Want to get Amir a fresh draft shortly as he wants to get something out before the JP Morgan presentation tomorrow morning https://docs.google.com/document/d/1JwOaYV_8h14hnQQgR15bs8v1dA-eEE2TSPLJwkXJrll/edit

Doug Sweeny

12:07 AM

I think we need to take Amir's lead. Personally I think we should be vaccinating our 1b members now. And that really is not happening from what I can tell. Our member communication can come through the app as an "action item" and we can leave it out of here.

Employee 1

12:20 AM

okay helpful. but i guess i am struggling with his guidance to lean in to touting we are opening up membership for free again

Doug Sweeny

12:20 AM

I'm commenting in the thread....give me a minute...

Employee 1

12:21 AM

i know we need to keep those codes on the down low....and i don't want to unnecessarily create more attention/more people looking for them

Employee 1

12:21 AM

okay thanks

Doug Sweeny

12:38 AM

Apparently the CC version of 60 day was literally just finished....

Employee 1

12:41 AM

oh! well that is good breaking news

Doug Sweeny

12:42 AM

Nope NOT done.

Doug Sweeny

12:43 AM

Gang that can't shoot straight. I asked a simple question and our team spins.....

Doug Sweeny

12:43 AM

Not until 1/15. It is not up nor ready.

Employee 1

12:45 AM

sign okay. i'm gonna see what i can do with this release to strike a balance. def do not want to unnecessarily draw

attention to promo codes that aren't gated by CC....will be better for this press release and Amir's talk track but terrible for true member acquisition....not to mention (not sure if you were on that call) some of the codes where being used by people trying to get narcotics from us. without CC, all kinds of crazy people can register

Doug Sweeny 12:50 AM

you saw my response? I'd like to cancel the DC code. The only reason it is open is because of this stupid no CC auto renew in DC

Doug Sweeny 12:51 AM

One of my main points is we can't even vaccinate our 75+ members but w we are all raring to go vaccinate the public. Then ops loses it when members call asking what is up with the vaccine....

Employee 1 12:53 AM

oh, i know. I think Amir wants to be able to get the same positive feedback as we did when we told investors we were partnering with the cities of SF and NY....but this is a different situation with other considerations. I will see if i can toe the line on language int he release to not get us too far down the "open to the general public" path

Doug Sweeny 1:36 AM

Cool thxs by the way do we have any documents that summarize well our covid effort I can send to external parties ? Oracle MSG

Employee 1 1:37 AM

i don't have anything that has been put into a nice one pager, no

Employee 1 1:37 AM

if you are aiming to send them something tonight, the best i got is the stuff i forwarded to you for that response to the BOD questions

Employee 1 1:38 AM

could put in a request to Chris' team to get something into a nice looking one pager this week though

Doug Sweeny 2:01 AM

All good I can pull together....I just didnt' want to make it if we already have....

Employee 1 2:04 AM

yeah would be good to have for sure but i unfortunately never got a moment to pause to create it 🙄

Employee 1 2:04 AM

LMK if you need anything from me as you're getting it pulled together

Doug Sweeny 2:21 AM

I just did this....visual story telling....

Employee 1 2:26 AM

oh yes, this is great. forgot we had these slides from MMM and BOD updates perfect

Doug Sweeny 2:30 AM

they work....

~~1~~ 1 • **Employee 1**

Short Message Report

Conversations: 1	Participants: 59
Total Messages: 271	Date Range: 1/14/2021

Outline of Conversations



#provider-covid19 271 messages on 1/14/2021 • +1: [REDACTED]

[REDACTED] • adiamond [REDACTED]

[REDACTED] [REDACTED]

Messages in chronological order (times are shown in GMT +00:00)



#provider-covid19

- J [REDACTED] 1/14/2021, 12:29 AM
[REDACTED] i was told this afternoon to go c/ cdc recs.
- ↩ B [REDACTED] 12:32 AM
the vaccines are being allocated by the county (or local level) and tend to lean towards following there advise/criteria (edited)
- ↩ J [REDACTED] 12:55 AM
ah that makes a lot of sense thankyou!
- ↩ M [REDACTED] 2:01 AM
<here> hi all - [REDACTED] had allergic reaction last night - swelling of lips/tongue, itchy throat. She self treated with medrol, pepcid, and benadryl. Feels fine today. She took another dose of medrol 4 mg today. She is supposed to have Moderna vaccine on Friday - other than being monitored for 30 min after, any special precautions, does she need to defer vaccine?
- ↩ P [REDACTED] 2:17 AM
FYI - Email to CA DOs today says "In an effort to distribute COVID-19 vaccines quicker, and in a more cohesive fashion throughout the state, California will reduce the age threshold for COVID-19 vaccinations to 65 years old. *Be advised, this only applies if counties and health providers have exhausted their efforts to inoculate health care workers.**"
- ↩ S [REDACTED] 2:18 AM
makes sense, that's very helpful. this is c/w my current understanding that >65yo pts should be on 1b list
- ↩ M [REDACTED] 6:24 AM
<here> why are young patients without health problems, on a trial membership without any health history allowed to book and receive a covid vaccine while healthcare workers are being waitlisted? I just saw two appointments for such.
- ↩ S [REDACTED] 2:49 PM
If this was from late in day yesterday, we had leftover vaccine at BLS that had to be quickly mobilized to avoid wasting
- ↩ P [REDACTED] DELETED 3:46 PM
Young healthy people getting vaccinated before any of our 1B list seems unfortunate. ●
- ↩ P [REDACTED] 3:46 PM

Young healthy people getting vaccinated before any of our 1B list is a bit of a bummer. ● (edited)

↩ S [REDACTED] 4:00 PM

We are working actively with high priority groups. But if vaccine waste is eminent, we need to find an individual to vaccinate to avoid EOD waste

↩ M [REDACTED] DELETED 4:03 PM

Unfortunately people are saying they are HCW when they are not and booking, I have an upset member his -member family members did this yet I discouraged him from doing the same.

↩ M [REDACTED] 4:03 PM

Unfortunately people are saying they are HCW when they are not and booking, I have an upset member as his family members did this yet I discouraged him from doing the same. (edited)

↩ M [REDACTED] 4:04 PM

(I think the family members are not members so it made it worse)

↩ A [REDACTED] DELETED 4:27 PM

patients are able to self book the vaccine appts on the app

↩ A [REDACTED] DELETED 4:27 PM

patients are able to self book the vaccine appts on the app regardless of what tier they fall into (edited)

↩ S [REDACTED] 4:32 PM

Sure, I mean if you are caring for/teaching lots of kids that's more exposure, but if it's a 'pod' for families with resources otherwise, that's still not the same IMO as someone who is in a public or private school, or daycare, where they are unable to control the exposure as well and many families are relying on you for childcare. It's a very small difference to be sure, and we shouldn't be making these decisions for people. We are going to ask them to use their judgement of what tier they are in and let them sign up without asking for proof per se.

↩ S [REDACTED] 4:33 PM

Yeah we are not policing. We are making it clear what tiers are eligible and letting people attest to their tier by signing up - and they get clear messaging along the way.

↩ V [REDACTED] 4:34 PM

Guidance is not an "absolute" IMO ● So I would vote for YES

↩ S [REDACTED] 4:34 PM

We can't control everyone - I just try to see every vaccination as a good thing and also realize that it isn't zero sum - just bc someone was unethical doesn't mean they literally stole the dose out of

the arm of someone who was higher risk/tier.

- ↩ S [REDACTED] 4:35 PM
Our messaging will be very clear what is the eligible tier(s) and that it's the right thing to vaccinate those in those tiers only
- ↩ S [REDACTED] 4:35 PM
I would offer the second dose and monitor yeah
- ↩ S [REDACTED] 4:36 PM
Doesn't sound related to the first dose since so far past.
- ↩ V [REDACTED] 4:38 PM
we are going by WA state; each state governor is making the guidance for their state
- ↩ P [REDACTED] 4:40 PM
Mesa Training. I thought this test had a sensitivity of 68-84%? Although this result is based on the local prevalence to arrive at the Predictive values of a + and - test, shouldn't the training module teach us about the low Sensitivity if using this to screen patients and assure them that a negative tests indicates it is safe to visit family or travel in public?
- ↩ S [REDACTED] 4:43 PM
<!here> <<https://onlinelibrary.wiley.com/doi/10.1111/joim.13209>>
- ↩ S [REDACTED] 4:43 PM
95% regain sense of smell and taste within 6 mos
: [REDACTED] 1 • + [REDACTED]
- ↩ M [REDACTED] 4:49 PM
sorry, she had an allergic reaction to a tomato, not the vaccine ●
- ↩ M [REDACTED] 4:49 PM
Just wondering if she needs to delay getting her 1st covid vaccine given she had this reaction 2 days before supposed to receive it
- ↩ M [REDACTED] 4:50 PM
That was my basic messaging, I apologized but also said people have a different comfort level with signing up as a HCW when they are not, and that while there is a sense of scarcity we are moving to much more abundant access (and that soon I hope and expect all of these tier restrictions will be in our rearview mirror).
- ↩ J [REDACTED] 4:55 PM

@here follow up question to this- so any pt > 65 can now be added to 1b correct?

↩ B [REDACTED] 4:59 PM
awesome, ty, so I will put them into the 1B category along with older and high risk people ! ty so much guys

↩ S [REDACTED] 5:03 PM
No

↩ S [REDACTED] 5:03 PM
Not IMO

↩ M [REDACTED] 5:09 PM
great! thank you

↩ R [REDACTED] 5:11 PM
Mesa Biotech Accula SARS-CoV-2 Test RT-PCR Throat swab, Nasal swab~30 min Sensitivity/Specificity 100% (30/30)/100% (30/30)<<https://www.mesabiotech.com/coronavirus>>
<<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368663/>> attachments: [{"service_name":"Mesa Biotech","title":"Actionable. Accessible. Affordable. SARS-CoV-2 (COVID-19) Testing","title_link":"<https://www.mesabiotech.com/coronavirus>","text":"Mesa Biotech is a healthcare test and data company that provides actionable information through trusted, PCR-based infectious disease testing.", "fallback":"Mesa Biotech: Actionable. Accessible. Affordable. SARS-CoV-2 (COVID-19) Testing", "fields":{"title":"Est. reading time","value":"13 minutes","short":true},"from_url":"<https://www.mesabiotech.com/coronavirus>","id":1,"original_url":"<https://www.mesabiotech.com/coronavirus>"},"{"service_name":"PubMed Central (PMC)","title":"Diagnostics for SARS-CoV-2 detection: A comprehensive review of the FDA-EUA COVID-19 testing landscape","title_link":"<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368663/>","text":"The rapidly spreading outbreak of COVID-19 disease is caused by the SARS-CoV-2 virus, first reported in December 2019 in Wuhan, China. As of June 17, 2020, this virus has infected over 8.2 million people but ranges in symptom severity, making it difficult ...", "fallback":"PubMed Central (PMC): Diagnostics for SARS-CoV-2 detection: A comprehensive review of the FDA-EUA COVID-19 testing landscape","thumb_url":"<https://www.ncbi.nlm.nih.gov/corehtml/pmc/pmcgifs/pmc-logo-share.png>","from_url":"<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368663/>","thumb_width":1200,"thumb_height":630,"service_icon":"<http://www.ncbi.nlm.nih.gov/favicon.ico>","id":2,"original_url":"<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368663/>"}]

↩ E [REDACTED] DELETED 5:13 PM
I kindly disagree. We have a public health obligation in addition to setting a good example for our members and if something we are doing is not working we need to change it. Why do we have the list of eligible members if we are not using it and instead letting people self book without a better triage system in place. As much as I

↩ V [REDACTED] DELETED 5:23 PM

<!here> pts w/positive sx screen can still get vax correct? body ache, HA..?

↩ V

<!here> pts w/positive sx screen can still get vax correct? body aches Neg pcr 1/6 (edited)

5:23 PM

↩ D

██████████ from a quick search it seems that the MESA has a lower sensitivity for diagnosis of COVID-19 than an EUA LDT. The false negatives obtained from the Mesa test were predominantly observed with low-viral-load specimens, <<https://jcm.asm.org/content/58/8/e01072-20>> . I also know know at our pilot at the UCSF drive through we were having up to 40 invalid results a day and 1 lot number failed quality control despite controlling for variables--Peter you might be able to speak to this more since you were also involved in the pilot. If there are escalating invalids with the mesa is this the best test for us to be using especially when we are using it to determine returning to work? attachments: [{"service_name": "Journal of Clinical Microbiology", "title": "Comparison of the Accula SARS-CoV-2 Test with a Laboratory-Developed Assay for Detection of SARS-CoV-2 RNA in Clinical Nasopharyngeal Specimens", "title_link": "https://jcm.asm.org/content/58/8/e01072-20", "text": "Several point-of-care (POC) molecular tests have received emergency use authorization (EUA) from the Food and Drug Administration (FDA) for the diagnosis of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The test performance characteristics of the Accula (Mesa Biotech) SARS-CoV-2 POC test need to be evaluated to inform its optimal use. The aim of this study was to assess the test performance of the Accula SARS-CoV-2 test. The performance of the Accula test was assessed by comparing results of 100 nasopharyngeal swab samples previously characterized by the Stanford Health Care EUA laboratory-developed test (SHC-LDT), targeting the envelope (E) gene. Assay concordance was assessed by overall percent agreement, positive percent agreement (PPA), negative percent agreement (NPA), and Cohen's kappa coefficient. Overall percent agreement between the assays was 84.0% (95% confidence interval [CI], 75.3 to 90.6%), PPA was 68.0% (95% CI, 53.3 to 80.5%), and the kappa coefficient was 0.68 (95% CI, 0.54 to 0.82). Sixteen specimens detected by the SHC-LDT were not detected by the Accula test and showed low viral load burden, with a median cycle threshold value of 37.7. NPA was 100% (95% CI, 94.2 to 100%). Compared to the SHC-LDT, the Accula SARS-CoV-2 test showed excellent negative agreement. However, positive agreement was low for samples with low viral load. The false-negative rate of the Accula POC test calls for a more thorough evaluation of POC test performance characteristics in clinical settings and for confirmatory testing in individuals with moderate to high pretest probability of SARS-CoV-2 who test negative on Accula.", "fallback": "Journal of Clinical Microbiology: Comparison of the Accula SARS-CoV-2 Test with a Laboratory-Developed Assay for Detection of SARS-CoV-2 RNA in Clinical Nasopharyngeal Specimens", "thumb_url": "https://jcm.asm.org/content/jcm/58/8/e01072-20/embed/vicon-1.jpg", "ts": "1595487600", "from_url": "https://jcm.asm.org/content/58/8/e01072-20", "thumb_width": "100", "thumb_height": "100", "service_icon": "https://jcm.asm.org/sites/default/files/images/favicon.ico", "id": "1", "original_url": "https://jcm.asm.org/content/58/8/e01072-20"}]

5:24 PM

↩ R

the pubmed article is a more recent article

5:25 PM

↩ R

we have to also consider that these are small studies

5:26 PM

↩ L

5:27 PM

██████████ this is what I could find on the CDC However, anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the <<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>>|criteria> to discontinue isolation.

Additionally, current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. Therefore, people with a recent infection may delay vaccination until the end of that 90-day period if desired. attachments: [{"service_name": "Centers for Disease Control and Prevention", "title": "Healthcare Workers", "title_link": "https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html", "text": "COVID-19 guidance, tools, and resources for healthcare workers.", "fallback": "Centers for Disease Control and Prevention: Healthcare Workers", "image_url": "https://www.cdc.gov/coronavirus/2019-ncov/images/social-media/covid-hcp-sm.png", "ts": 1581408000, "from_url": "https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html", "image_width": 444, "image_height": 250, "image_bytes": 553412, "service_icon": "https://www.cdc.gov/TemplatePackageV4.0/assets/imgs/favicon.ico", "id": 1, "original_url": "https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html"}]

↩ L ██████████ 5:28 PM

Are the symptoms new since being tested?

↩ L ██████████ 5:28 PM

can she get a rapid antigen or rapid pcr before getting the vaccine?

↩ V ██████████ 5:30 PM

so i just chatted w/her. sounds more like muscular lbp. thanks for the input!

↩ L ██████████ 5:30 PM

also if she has worsening symptoms it will be hard to differentiate whether it was a natural worsening of her symptoms or if the vaccine made her feel sick (she will blame the vaccine for sure)

↩ A ██████████ 5:30 PM

<here> any contraindications for vaccine in patient with clotting d/o?

↩ Z ██████████ 5:32 PM

No, they just need to use a smaller gauge ideally, and hold pressure for longer after the vaccine. I read that recently. Let me see if I can find it for you as a reference

↩ Z ██████████ 5:33 PM

this isn't what I had read, but it's actually more comprehensive:
<<https://www.hemophilia.org/news/covid-19-vaccines-and-bleeding-disorders-frequently-asked-questions-faqs>> attachments: [{"service_name": "National Hemophilia Foundation", "title": "COVID-19 Vaccines and Bleeding Disorders: Frequently Asked Questions (FAQs) | National Hemophilia Foundation", "title_link": "https://www.hemophilia.org/news/covid-19-vaccines-and-bleeding-disorders-frequently-asked-questions-faqs", "text": "These FAQs were created in anticipation of

questions or concerns individuals with bleeding disorders may have about the new COVID-19 vaccines." ,"fallback": "National Hemophilia Foundation: COVID-19 Vaccines and Bleeding Disorders: Frequently Asked Questions (FAQs) | National Hemophilia Foundation", "image_url": "https://www.hemophilia.org/sites/default/files/styles/crop_1440x570/public/image/NEWS-COVID-19-vaccine-faq-1281663561.jpg?h=183b7a8c&itok=7gmqvRMN", "from_url": "https://www.hemophilia.org/news/covid-19-vaccines-and-bleeding-disorders-frequently-asked-questions-faqs", "image_width": 633, "image_height": 250, "image_bytes": 82743, "service_icon": "https://www.hemophilia.org/themes/custom/vnhf_base/vnhf-favicon-32x32.png", "id": 1, "original_url": "https://www.hemophilia.org/news/covid-19-vaccines-and-bleeding-disorders-frequently-asked-questions-faqs"]}]

← E [REDACTED] 5:33 PM

<!here> any changes in our work flow with the recent change to give vaccine to anyone >65 y/o?

← Z [REDACTED] 5:34 PM

[REDACTED] I guess it also depends on the level/type of clotting disorder the person has to guide where/how they should get the vaccine.

← Z [REDACTED] 5:34 PM

(ie someone with 0 platelets is likely not someone I'd vaccinate in a drive through setting).

← A [REDACTED] 5:35 PM

got it, thank you [REDACTED]

← K [REDACTED] 5:36 PM

joined the channel

← A [REDACTED] 5:38 PM

not that i'm aware of, but guidance on this would be helpful

← J [REDACTED] 5:43 PM

Check out provider announcements slack page [REDACTED]

← E [REDACTED] 5:44 PM

Thanks! I was off yesterday and have been trying to hunt down the information.

← A [REDACTED] 5:44 PM

i read that, but it just seemed like we continue to add 65+ to our lists and have them wait to be called

↩ E

5:46 PM

██████████
We have a public health obligation in addition to an obligation to our members who are essential workers, and currently we are not fulfilling either and setting a poor example. Why do we have a list of essential workers if we are ignoring it and allowing self booking with no triage system in place? And we now have evidence our current system is not working and unfortunately encouraging bad behavior. If your goal is to get vaccines in arms and you don't care how that happens, please just be transparent about that. Because right now our messaging to members and staff is completely opposite our actions, and this is unsettling for everyone.

██████████ ██████████

↩ G

5:47 PM

██████████
that's my question...ie once we have supplies will OM send messaging to all patients >65 ok to schedule? (ie no need for a list), or are we actually giving priority to those that make it to the list?

↩ E

5:49 PM

██████████
<!here> On the topic of COVID vaccines...we have a public health obligation in addition to an obligation to our members who are essential workers, and currently we are not fulfilling either and setting a poor example. Why do we have a list of essential workers if we are ignoring it and allowing self booking with no triage system in place? And we now have evidence our current system is not working and unfortunately encouraging bad behavior. If your goal is to get vaccines in arms and you don't care how that happens, please just be transparent about that. Because right now our messaging to members and staff is completely opposite our actions, and this is unsettling for everyone.

██

↩ A

5:50 PM

██████████
on the spreadsheet it seems like those by age don't need to be added bc OM can obtain that data easily to send messaging to them. still a bit unclear on how 65+ are actually getting the vax

██████████ DELETED 5:51 PM

agreed. my partner and i were shocked when we got ours through One Med last week that at not point were we asked if we met criteria -- let alone asked to prove it.

██████████ 5:51 PM

agreed. my partner and i were shocked when we got ours through One Med last week that at no point were we asked if we met criteria -- let alone asked to prove it. (edited)

↩ P

5:52 PM

██████████
Do we have any public health lab experts at OM who can speak on these reports? I spoke to the head of the Clinton HIV AIDS Initiative who provides lab expertise for WHO and most of the developing countries who are facing COVID. ██████████ said that the Cepheid was a much better test in terms of sensitivity compared to the Mesa Acula Sensa. I am not sure that the above figures of Sensitivity/Specificity 100% (30/30)/100% (30/30) are reflective of the conditions we face at OM in our various sectors. While there is intense market pressure to provide an accurate test to a member who wants to travel tonight or send their child back to school in the morning, do we bear responsibility if they infect others due to a false negative with such a test that may in fact have much lower sensitivity. If we are trying to better serve our members, why not use the Cepheid machine?

5:52 PM

i've had a few patients straight up tell me that once they realized there was no screening that they would be telling their friends....

↩ S

5:56 PM

People with mild-mod symptoms can get vaccinated. Of course testing should be recommended as it would in any situation - if the symptoms warrant it. If test is positive it's recommended to wait until isolation period has ended.

↩ A

5:57 PM

@here i think they are screening now

↩ S

5:58 PM

<here> 69yo Male history of covid early november -- interested in vaccine when eligible. question is should wait 90 days from infection or get now given risk ?

↩ A

5:58 PM

Someone I referred the other day said they were asked for their DPH referral

5:59 PM

oh yeah? that's great. any idea how one GETS that referral? i've had a few pts say they tried to contact DPH for one without success

↩ E

5:59 PM

I've had multiple providers and patients getting vaccines this week who said they were not screened.

↩ D

6:00 PM

<here> based on yesterday's information, several of us told members that they could get their second dose of vaccine with us, even if they got the first dose elsewhere. Now that we've been advised that we won't be doing this, what should we tell these members?

↩ A

6:00 PM

I don't know ●

↩ A

6:01 PM

This person did not have one b/c i referred her, but said when she told the FD she did not have one they asked how she got the appt/knew about the vaccine and she gave them my name.

↩ A

6:02 PM

they are allowed to self-book and once they arrive even if they are not part of the current tier, they are not being turned away. i agree with emily that transparency would be helpful re: this issue.

- ↩ K [redacted] 6:04 PM
[redacted] see the PLAP room - ping - i responded there ●
- ↩ M [redacted] DELETED 6:04 PM
:upvote: to piggyback on [redacted] the "second COVID vaccine" template that suggests that patients can get the 2nd dose with us even if they've gotten their first dose, is still active in 1life
- ↩ M [redacted] DELETED 6:04 PM
:upvote: to piggyback on [redacted] the "second COVID vaccine" template that suggests that patients can get the 2nd dose with us even if they've gotten their first dose, is still active in 1life
- ↩ U [redacted] 6:04 PM
[deleted message]
- ↩ C [redacted] 6:04 PM
they are editing that
- ↩ M [redacted] 6:04 PM
oooooh i see
- ↩ C [redacted] 6:05 PM
[redacted] was working on it last night ●
- ↩ V [redacted] 6:05 PM
Can get it now
- ↩ S [redacted] 6:05 PM
<!here> we could use a national update on that policy:upvote:
- ↩ S [redacted] 6:05 PM
ty!
- ↩ K [redacted] 6:05 PM
Should be done already! ●
- ↩ S [redacted] 6:06 PM
Hey guys, I'll let @adiamond weigh in here as this is super challenging stuff. But I know that it's extremely difficult, if not impossible, for us to ensure no one "games the system". Many other

systems are using a similar approach - letting people attest to their eligibility. It might be a "harm reduction" kind of approach - ie not ideal but the best we can do. If you are seeing other approaches working successfully please share them and we can always review.

- ↩ Z [REDACTED] 6:06 PM
[REDACTED] 90 days is for after the monoclonal antibody treatment.
- ↩ S [REDACTED] 6:06 PM
ty for clarity --- 90 was floating in my brain
- ↩ S [REDACTED] 6:06 PM
could not remember when I saw it
- ↩ A [REDACTED] 6:07 PM
joined the channel
- ↩ L [REDACTED] 6:07 PM
I was just looking at this Dr. Fauci is recommending 90 days after covid infection in contrast with the CDC that does not recommend it
- ↩ M [REDACTED] 6:07 PM
[REDACTED] it was edited in 1life but not in the SW
- ↩ Z [REDACTED] 6:07 PM
oh! Can you share that?
- ↩ M [REDACTED] 6:07 PM
i'm coping and pasting into the SW now DELETED
- ↩ M [REDACTED] 6:07 PM
i'm copying and pasting into the SW now (edited)
- ↩ K [REDACTED] 6:07 PM
TY [REDACTED]
- ↩ L [REDACTED] 6:07 PM
He states that there has been no cases of reinfection 90 days after the initial infection due to natural antibodies (which go away with time)

- ↩ L [REDACTED] 6:07 PM
Definitely
- ↩ S [REDACTED] 6:08 PM
hmmm
- ↩ A [REDACTED] 6:08 PM
It is upsetting to feel like people are taking advantage, but I also feel like ultimately everyone needs the vaccine, and that possibly the goal of just getting it in as many arms as possible outweighs putting up roadblocks to strictly adhere to the tier demarcations. but i totally hear you [REDACTED] I think we should at least be screening so that patients don't tell their friends that no questions are being askd.
- ↩ S [REDACTED] DELETED 6:08 PM
maybe Fauci is where i heard it then ! and i'm not crazy
- ↩ S [REDACTED] 6:08 PM
maybe Fauci is where i heard it then ! (edited)
- ↩ A [REDACTED] 6:08 PM
asked
- ↩ S [REDACTED] 6:08 PM
can we get an update on this probably a lot of other people wondering/thinking ha
- ↩ V [REDACTED] 6:09 PM
That would be news to me!
- ↩ Z [REDACTED] 6:09 PM
so it sounds more like a way to "save" vaccines for people at more risk, and the person who's recently been infected isn't at quite a risk for 3 months post infection
- ↩ Z [REDACTED] 6:09 PM
but not that they can't get the vaccine.
- [REDACTED] 6:10 PM
agreed [REDACTED] if people are at least being asked to "attest" to meeting criteria, that feels reasonable to me. that wasn't happening initially and that made me uneasy.
- ↩ S [REDACTED] 6:30 PM

Right -they are attesting when they book

↩ S

What was the answer

6:32 PM

↩ P

I agree with Further, if we don't "police" we contribute to inequity that rewards those who choose to lie/deceive and I believe OM has a access to existing skilled folks with MPH backgrounds who could review why our system doesn't work, and help fix it. Given all healthcare workers have gone through in the past 10 months we have a responsibility to ensure SF healthcare workers get the vaccine. And, as a medical company with tech skills we CAN do more, and be the example we want to see.

: 1 • upvote:

6:44 PM

↩ M

<here> My patient was referred to One Medical for vaccination as an essential HCW. He is currently out of the country and returns home on Monday. He is having a problem connecting to schedule his vaccine. Any guidance? He is aware that the will need to quarantine when he returns.

6:48 PM

↩ K

there is now a new template that was created last night for VMT to use called COVID-19 Vaccine: Second Dose : This is what the template says: Thank you for reaching out about getting your second vaccine! We are currently only vaccinating members for their first dose according to the appropriate tier for their location. Based on current supplies, we are unable to vaccinate patients for their second dose unless they received their first with us. For now, we suggest returning to the site where you received your first dose or working with your local Department of Public Health to see who may be offering second doses. Take a look at our <<https://www.onemedical.com/blog/live-well/updates-covid-19-vaccinations-efforts-your-area>|vaccine updates page> for the most up to date information on vaccine efforts as determined by each county. We are updating it daily. attachments: [{"title": "Updates on COVID-19 Vaccination Efforts in Your Area", "title_link": "https://www.onemedical.com/blog/live-well/updates-covid-19-vaccinations-efforts-your-area", "text": "Updated January 14, <<http://2021.In>> an effort to provide our members with timely information about COVID-19 vaccines, we are keeping this page up-to-date with the latest details on One Medical's progress with vaccine administration in each of the states and counties where we have offices. Please check back here for the latest details on vaccination efforts in your area. Key details about vaccine appointments at One Medical We ask that you avoid calling or using our video chat feature to check about vaccine availability so we can keep those lines open to members with urgent medical needs. One Medical will contact you via email to let you know if your region has moved to the next eligibility phase. When you're eligible, you can search for an appointment and self-book using the app or web portal. Don't have the app? Download it now for iOS or Android, or login online. Vaccine appointments are self-book only, so if you don't see an available visit, please continue checking the app regularly. We'll add more appointments frequently as our vaccine supply is replenished. More information and resources Below, you will find resources which provide vaccine prioritization frameworks developed by the CDC and state departments of health. One Medical will be following local vaccine prioritization frameworks for each county where we are administering vaccines, which is also in accordance with CDC guidance. Currently, most areas of the US are administering vaccines to Phase 1a populations, which include health care personnel and residents of long-term care facilities. Some parts of the country are moving toward vaccinations of Phase 1b populations, but it is still important to note that even if prioritization frameworks indicate you meet eligibility criteria, not all One Medical locations currently have

6:51 PM

vaccine allocations. In cities where local departments of health have allocated vaccines to our facilities, we are currently administering them to our own patient care team members, other members of the healthcare community referred to our clinics by the local department of health, and to a select number of One Medical members who meet Phase 1a and/or Phase 1b criteria as regionally applicable. As we move into subsequent phases of vaccination county-by-county, we will be informing One Medical members by email as soon as we have vaccines available for you. Eventually, as the supply of vaccines becomes widely available, all One Medical members, and many members of the general public, will be able to receive the vaccine at One Medical's more than 90 offices across the country and at other vaccination locations One Medical may help operate in our communities.

Information on vaccine prioritization:

- Center for Disease Control
- California Department of Public Health
- Washington State Department of Health
- Oregon Health Authority, Public Health Division
- Arizona Department of Health Services
- Texas Department of State Health Services
- Georgia Department of Public Health
- Illinois Department of Public Health
- Massachusetts Department of Public Health
- New York State Department of Health
- District of Columbia Department of Health
- Virginia Department of Health

Current status of vaccine administration at One Medical clinics, by county:

- Arizona**
Maricopa County - Currently, all vaccines are being administered to Phase 1a and Phase 1b populations directly through Department of Health-operated facilities. Outpatient care facilities are not receiving vaccine allocations at this time. If you believe you meet current vaccine prioritization criteria, visit the Maricopa County Department of Public Health Administration site to begin the pre screening process.
- California**
San Francisco County - One Medical has received limited vaccine allocations for administration to Phase 1a populations referred by the San Francisco Department of Public Health. If you meet San Francisco County vaccine prioritization criteria, you can self-book a vaccine appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured, we'll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability.
- San Mateo County - One Medical has received limited vaccine allocations for administration to Phase 1a populations referred by the San Mateo County Health Department. If you meet San Mateo County vaccine prioritization criteria, you can self-book a vaccine appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured, we'll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability.
- Marin County - Ongoing conversations are underway to discuss vaccine allocations for One Medical facilities.
- Santa Clara County - One Medical has ordered limited vaccine allocations for administration to Phase 1a populations. We will provide more information here once vaccine inventory has arrived at our clinics with guidance on how to schedule your vaccine appointment.
- Alameda County - One Medical has contacted the county to offer support in community vaccination efforts.
- Contra Costa County - Ongoing conversations are underway to discuss vaccine allocations for One Medical facilities.
- City of Berkeley - Ongoing conversations are underway to discuss vaccine allocations for One Medical facilities.
- Los Angeles**
County - One Medical has received limited vaccine allocations for administration to Phase 1a populations. At this time, vaccine appointments are referral-only through the Los Angeles County Department of Public Health. Los Angeles County vaccine prioritization criteria and information on how to request a referral can be found on the LA DPH website.
- Orange County - One Medical has received an initial vaccine allocation for administration to Phase 1a populations. If you meet Orange County vaccine prioritization criteria, you can self-book an appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured, we'll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability.
- City of Long Beach - One Medical has contacted the county to offer support in community vaccination efforts.
- San Diego**
County - One Medical has received limited vaccine allocations for administration to Phase 1a and Phase 1b populations. If you meet San Diego County vaccine prioritization criteria, you can self-book an appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured,

we\u2019ll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability. District of Columbia District of Columbia - Ongoing conversations are underway to discuss One Medical support of vaccination efforts. Georgia Fulton County - One Medical has ordered limited vaccine allocations for administration to Phase 1a populations. We will provide more information here once vaccine inventory has arrived at our clinics with guidance on how to schedule your vaccine appointment. Illinois Cook County - One Medical has contacted the county to offer support in community vaccination efforts. DuPage County - One Medical has contacted the county to offer support in community vaccination efforts. New York New York City - One Medical has ordered vaccine allocations for administration to Phase 1a and Phase 1b populations. We will provide more information here once vaccine inventory has arrived at our clinic\u2026", "fallback": "Updates on COVID-19 Vaccination Efforts in Your Area", "image_url": "https://www.onemedical.com/media/images/covid-19-vaccine.2e16d0ba.fill-1200x630.jpg", "from_url": "https://www.onemedical.com/blog/live-well/updates-covid-19-vaccinations-efforts-your-area", "image_width": 476, "image_height": 250, "image_bytes": 75615, "service_icon": "https://www.onemedical.com/static/images/apple-touch-icon-57x57.png", "service_name": "onemedical.com", "id": 1, "original_url": "https://www.onemedical.com/blog/live-well/updates-covid-19-vaccinations-efforts-your-area"]}

↩ C [REDACTED] 6:51 PM
which office/district? he may need to just keep checking the app for vaccine appts to open

↩ C [REDACTED] 6:51 PM
they are filling up so fast

↩ K [REDACTED] 6:52 PM
prior to last night we were putting patients for a second dose on the wait list and hoping our local OMs can help field messages and calls if patients are upset. We will also have to go through our docs for people who were looking for only their second dose with OM and reach out to them.

↩ L [REDACTED] 6:52 PM
thats what I am reading- Mayo Clinic published this

↩ L [REDACTED] 6:52 PM
Should I get the COVID-19 vaccine even if I've already had COVID-19?
Getting COVID-19 might offer some natural protection or immunity from reinfection with the virus that causes COVID-19. But it's not clear how long this protection lasts. Because reinfection is possible and COVID-19 can cause severe medical complications, it's recommended that people who have already had COVID-19 get a COVID-19 vaccine. If you've had COVID-19, wait until 90 days after your diagnosis to get a COVID-19 vaccine.

↩ S [REDACTED] 6:52 PM
Yes keep checking the app or check when he's back and can connect.

↩ L [REDACTED] 6:52 PM

<<https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#:~:text=Getting%20COVID%2D19%20might,COVID%2D19%20vaccine>>. attachments: [{"service_name": "Mayo Clinic", "title": "Get the facts about a COVID-19 (coronavirus) vaccine", "title_link": "https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#:~:text=Getting%20COVID%2D19%20might,COVID%2D19%20vaccine", "text": "Find out about the COVID-19 vaccines, the benefits of a COVID-19 vaccination, the possible side effects and how to prevent infection.", "fallback": "Mayo Clinic: Get the facts about a COVID-19 (coronavirus) vaccine", "thumb_url": "https://www.mayoclinic.org/Vmedia/web/Vgbs/Vshared/Vimages/Vsocialmedia-metadata/Vmc_twittercard_120x120.jpg", "from_url": "https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#:~:text=Getting%20COVID%2D19%20might,COVID%2D19%20vaccine", "thumb_width": 120, "thumb_height": 120, "service_icon": "https://www.mayoclinic.org/Vstyles/Vimg/VGBS/Vapple-touch-icon-57x57.png", "id": 1, "original_url": "https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#:~:text=Getting%20COVID%2D19%20might,COVID%2D19%20vaccine"}]

- ↩ C [REDACTED] 6:52 PM
you could stick his chart link on the waiting list too
- ↩ S [REDACTED] 6:53 PM
Ok got it thanks [REDACTED]
- ↩ M [REDACTED] 6:54 PM
He works in [REDACTED], and listed him on the phase 1A waitlist. Thanks for the guidance!
- ↩ S [REDACTED] 6:58 PM
I'm sorry - I'm unclear on where healthcare workers aren't getting access in the same place where non-eligible people are.
- ↩ S [REDACTED] 6:58 PM
We 100% are doing everything we can to get vaccines to those who most need them, but preventing any instance where someone games the system somehow isn't part of what we can do
- ↩ M [REDACTED] 6:59 PM
<here> another scenario; one of my patients is a court appointed conservator for a friend with dementia. Both my patient and his partner take turns providing care for their friend. Both of them would fall into phase 1C status, but their question is can they get the vaccine sooner due to their providing care. My sense is no, but wanted to inquire.
- ↩ L [REDACTED] 7:00 PM
what state are they in?
- ↩ K [REDACTED] 7:02 PM

I am working on the WC to help get patients who were told they can get their second vaccine at OM on our "stand by" list since we are often having excess vaccines [REDACTED]

- ↩ L [REDACTED] 7:05 PM
My understanding is tier 1 is just one big tier now (no differentiation between A/B/C) but that depends on district and vaccine availability. If NorCal, add them to the spreadsheet
- ↩ S [REDACTED] 7:06 PM
Sounds good!
- ↩ V [REDACTED] 7:07 PM
Why are some offices making waitlists?
- ↩ M [REDACTED] 7:15 PM
They are both in San Francisco. I've added them to the spreadsheet. Thanks
- ↩ R [REDACTED] 7:16 PM
joined the channel
- ↩ A [REDACTED] 7:25 PM
Is there a problem code we can use to flag someone as higher risk d/t medication use? I don't want to put "immunodeficiency" in the problem list of everyone on immune-modulating medications when they are thus far fine, but also want to make sure they get flagged when it's time to pull our 1C patients.
- ↩ A [REDACTED] 7:31 PM
<Ihere> for the >65yo crowd, should we be adding them to the spreadsheet or advising them to book an appointment through the app?
[REDACTED]
- ↩ J [REDACTED] 7:31 PM
<Ihere> can our patient who resides in Marin County, and is elibile, be vaccinated in SF?
- ↩ B [REDACTED] 7:32 PM
no... the allocations are county specific... needs to work or live in SF
- ↩ J [REDACTED] 7:32 PM
so we are not facilitating vaccine in the north bay at this time?
- ↩ J [REDACTED] 7:32 PM
for those who are eligible

← B [REDACTED] 7:32 PM
but add them to the spread sheet... other counties will have allocations soon

← J [REDACTED] 7:33 PM
we just got word not to add to spread sheet. will copy and paste here

← J [REDACTED] DELETED 7:33 PM

<[https://app.slack.com/team/WKZ5CA7\[REDACTED\]](https://app.slack.com/team/WKZ5CA7[REDACTED]) [11:19 AM]
We have a new market specific message about COVID vaccines going out to members today to provide more clarity about the vaccine process and reduce calls/VCs/messages from patients. This was designed cross-functionally with representatives from all teams. Some quick facts:

- The ***COVID-19 Vaccine: Request*** template will be updated shortly and will give guidance on how the patient can check which tier they would be eligible for, a dashboard to check local delivery status, and instructions for booking appointments in markets where One Medical is vaccinating.
- We ***no longer need to add to waitlists*** as patients will be able to directly book and self attest when eligible in their market.
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- Blog and Social Media messaging will directly recommend not using video chats or phone calls for vaccine concerns and direct everyone to the app or website.

Additional tools to answer questions:

•
<<https://docs.google.com/document/d/1Bcv3OdmKTLgyfWGMWBNZqIF5kRHAIJR0CMLeb6uWdHg/edit?ts=5fff6ea5#heading=h.6wec8ec3hwjo|C-I-CARE Language for Patients Asking if We Have Vaccines>>

- OM Blog Post for FAQs: <<https://www.onemedical.com/blog/live-well/what-know-about-covid-19-vaccines|What To Know About COVID-19 Vaccines>>
- <<https://sites.google.com/onemedical.com/coronavirusguidelines/vaccines/local-delivery-status?authuser=0|Local delivery status dashboard>> which will be updated daily 9am PST

attachments: [{"title": "What To Know About COVID-19 Vaccines", "title_link": "https://www.onemedical.com/blog/live-well/what-know-about-covid-19-vaccines", "text": "Updated January 4, <http://2021.At|2021.At> this time, there is an unprecedented logistical effort by federal, state and county agencies to distribute and administer COVID-19 vaccines to essential frontline workers and people most at risk of severe complications from COVID-19. At One Medical, we are committed to keeping our members informed every step of the way until the COVID-19 vaccine is available to everyone. Here are our answers to some of your most commonly asked questions:", "fallback": "What To Know About COVID-19 Vaccines", "image_url": "https://www.onemedical.com/media/images/man-with-bandaids-on-arm.2e16d0ba.fill-1200x630.jpg", "from_url": "https://www.onemedical.com/blog/live-well/what-know-about-covid-19-vaccines", "image_width": 476, "image_height": 250, "image_bytes": 94502, "service_icon": "https://www.onemedical.com/static/images/apple-touch-icon-57x57.png", "service_name": "onemedical.com", "id": 1, "original_url": "https://www.onemedical.com/blog/live-well/what-know-about-covid-19-vaccines"}]

← J [REDACTED] 7:33 PM
shared file(s) F01J6BEGDFB with text: <[https://app.slack.com/team/WKZ5CA7J9|\[REDACTED\]](https://app.slack.com/team/WKZ5CA7J9|[REDACTED]) [11:19 AM]
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- OM Blog Post for FAQs: <https://www.onemedical.com/blog/live-well/what-know-about-covid-19-vaccines|What To Know About COVID-19 Vaccines>
- <https://sites.google.com/onemedical.com/coronavirusguidelines/vaccines/local-delivery-status?authuser=0|Local delivery status dashboard> which will be updated daily 9am PST

↩ B [REDACTED] 7:35 PM
sounds like just waiting until apts are available in their specific county is the right next step

↩ A [REDACTED] 7:44 PM
[REDACTED] is there any clarity on what is happening with the pts already on the waitlist?

↩ G [REDACTED] 7:48 PM
following. is spreadsheet only until the new messaging goes out to members at some point today, and after that they attest and its open season for self scheduled vaccines? feels like we are in the middle space right now.

↩ R [REDACTED] 7:50 PM
that is how i understand it [REDACTED]

↩ A [REDACTED] 7:50 PM
hi! site leads are going to reach out to folks already on a list.

↩ A [REDACTED] 7:51 PM
thank you! [REDACTED]

↩ A [REDACTED] 7:58 PM
[REDACTED] [REDACTED] is actually the lead of our public health domain working group, so she is our public health expert.

↩ V [REDACTED] 8:00 PM

<!here> hx of seizures w/MMR— thats a no to covid vax, is this correct?

- ↩ P [REDACTED] 8:01 PM
thank you
- ↩ B [REDACTED] 8:03 PM
seizure is not anaphylaxis or allergy
- ↩ N [REDACTED] 8:03 PM
joined the channel
- ↩ B [REDACTED] 8:03 PM
would need to know more deets but does not sound like a C.I.
- ↩ V [REDACTED] 8:04 PM
so, if has one would not be related to covid vax.... prob this was febrile sz as child w/MMR
- ↩ V [REDACTED] 8:04 PM
[REDACTED] is adult
- ↩ A [REDACTED] 8:05 PM
Did the person you spoke to at Clinton mentioned which literature they were using to decide why the Cepheid was better than the Mesa or give more details? As you say, there is the factor of what conditions we see at OM and might be using it for; which I totally agree do factor into the decision about which sensitivity numbers are most applicable to us and affect how we might guide patients in interpreting its results
- ↩ B [REDACTED] 8:06 PM
yes in that clinical scenario above not a C.I. for covid vaccine
- ↩ V [REDACTED] 8:06 PM
she said she also had hives/vesicles at injection site
- ↩ A [REDACTED] 8:06 PM
Not trying to stifle the dialogue!
- ↩ V [REDACTED] 8:06 PM
OK. thanks

- ↩ P [REDACTED] 8:11 PM
don't need to add anyone by age
- ↩ P [REDACTED] 8:12 PM
that's easy for tech to search for and make a list
- ↩ S [REDACTED] 8:22 PM
<!here> Anyone have good verbage to educate asymptomatic patients who are getting tested less than 48 hours apart?
- ↩ A [REDACTED] 8:22 PM
<!here> does anyone know a ballpark about how long it takes from being added to the list to getting the vaccine? pt wondering if he should get the second dose of his pneumonia vaccine, since he shouldn't get it within a week of the covid vaccine...
- ↩ M [REDACTED] DELETED 8:22 PM
depends on why, i suppose. sometimes they do that because they figured out they tested too early after an exposure, and have to retest
- ↩ M [REDACTED] 8:22 PM
depends on why, i suppose. sometimes they do that because they figured out they tested the first time too early after an exposure, and have to retest (edited)
- ↩ J [REDACTED] 8:24 PM
<!here> from patient: diagnosed with Covid yesterday, mild symptoms since Monday but already improving. received my first Pfizer vaccine shot on Jan 3rd, exposed on the 5th. I'm scheduled to get my second shot on the 25th. The health department here just called and recommends that I wait 90 days to start the vaccination process over but also recommended that I reach out to my primary to get their feedback. *i can't seem to find the guidance here*
- ↩ M [REDACTED] 8:25 PM
wow. that's not the guidance as i understand it either.....lemme get you a link re: the 90-day post-covid period.....
- ↩ C [REDACTED] 8:25 PM
is [REDACTED] already on a waitlist? we aren't adding to the waitlists anymore
- ↩ C [REDACTED] 8:25 PM
they need to just keep checking their appt for available appts
- ↩ M [REDACTED] 8:26 PM
<<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>> (edited)

- ↩ M [REDACTED] 8:26 PM
"anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the <<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>|criteria> to discontinue isolation.
Additionally, current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. Therefore, people with a recent infection may delay vaccination until the end of that 90-day period if desired." (edited)
- ↩ J [REDACTED] 8:30 PM
so that sounds like they need to wait on second vaccine dose until they are feeling better and out of isolation, but they don't have to wait 90d
- ↩ M [REDACTED] 8:36 PM
that's how i interpreted that, yah. i don't think the illness negates the first dose, i haven't read that anywhere
- ↩ M [REDACTED] 8:37 PM
CDC doesn't even say that you HAVE to wait 90 days post infection to start the series....it's just that they think you're probably immune anyway, so no need to rush....let other people get the vax first
- ↩ M [REDACTED] 8:40 PM
One of them created a trial membership, logged in and booked a Covid vaccine appointment for Friday. No data was collected on whether she is an eligible group or not. So I don't think it's a matter of running out. I think she saw the appointment and booked it. The other one also self booked but messaged in asking if it was real, if she was really eligible.
- ↩ M [REDACTED] 8:41 PM
Can't we do some type of questionnaire that gives you a badge like the STEM system?
- ↩ M [REDACTED] 8:44 PM
[REDACTED] healthcare workers and high risk 77 year olds etc are messaging us asking for the vaccine and they are put on a list. Meanwhile we have ineligible people self booking and using up the appointments before anyone calls the list. I agree with the above. We have an obligation to follow the DPH'a and CDC's guidelines and provide vaccines in the tiers that are recommended. otherwise the people who don't follow the rules and those who are tech savvy get an unfair advantage.
[REDACTED]
- ↩ S [REDACTED] 8:45 PM
Thanks [REDACTED], We are suspending the list process - anyone who can attest to their eligibility will be asked to self-book and we will be publishing new appointments as quickly as we are able
- ↩ S [REDACTED] 8:46 PM

Those on waitlists right now will be contacted to get set up with appointments

↵ M [REDACTED] 8:46 PM

My concern is that gaming the system is too easy and the patients who are following the rules are losing trust in me. I just happened to notice my patient scheduled, not high risk at all and it is starting to seem like my patients who are higher risk and listening to me are getting upset and not trusting me as they are learning others are booking. While I know this is a snapshot in time and in two weeks things will be very different, in this moment my patients who trust me are ending up frustrated and I am discouraged as I have been triaging these messages and trying to handle them appropriately but the inconsistencies reflect poorly on me/us in the way they are playing out. I say this while honoring the hard work that is going into building something as we are doing it, and moving towards a better system.

↵ S [REDACTED] 8:48 PM

[REDACTED] I think you could ask your OM to help those patients of yours you think should be prioritized. I don't know what else you can do to get them vaccinated or how other people are getting in ahead of them.

↵ S [REDACTED] 8:49 PM

I know there are squeaker wheels so some people might just be being more vocal and getting added somehow but I don't know otherwise how our approach is facilitating lower tier people to get vaccinated ahead of higher tier people, unless lower tier people act in bad faith.

↵ S [REDACTED] 8:51 PM

interesting

↵ S [REDACTED] 8:53 PM

^most cases i've seen it be this

↵ S [REDACTED] 8:54 PM

(at least with my testing appts)

↵ M [REDACTED] 8:55 PM

True, unfortunately a lot of people are simply booking even though younger/healthy/non-HCW.

↵ S [REDACTED] 8:57 PM

I was discussing this with a friend whose wife is healthy and is going to get a vaccine and I think if your perception is that the world/community/society isn't ethical or fair, why should you abstain? It's plugging us into a deep part of our society IMO that again I feel like I wish we could fix but really can't.

↵ S [REDACTED] DELETED 8:57 PM

Here were I live I think the community expectation is such that many people would feel

guilty/ashamed to do that, but clearly that's not the case everywhere.

↩ S [REDACTED] 8:57 PM
Here where I live I think the community expectation is such that many people would feel guilty/ashamed to do that, but clearly that's not the case everywhere. (edited)

↩ S [REDACTED] 8:58 PM
It's a social experiment in real-time

↩ S [REDACTED] 9:01 PM
The [REDACTED] said that it's because he's aware of all of the "false negatives"

↩ M [REDACTED] 9:03 PM
I know. I am trying to just use language that indicates that, but the situation is challenging at the moment. I wish people would stop for a moment and reflect. I also suggested signage on site. If people are not going to honor the system they should at least have to think about it. One of my patients who got it despite not being in the tier said "well they are vaccines that are just sitting there because healthcare workers do not want them," and was shocked when I told him I got my vaccine less than a week ago. People are not necessarily educated or thoughtful about the bigger picture and I do feel we have a role consistent with public health directives to educate and be consistent.

↩ S [REDACTED] 9:03 PM
ah i see.... in which case I would probably have an open conversation w them in the office visit about their risk and reason for testing and address concerns about the false negatives best you can

↩ S [REDACTED] 9:03 PM
i have landed specific verbiage sorry [REDACTED]

↩ S [REDACTED] 9:04 PM
Totally agree. We are pointing people looking to book to CDC and our own resources which all reaffirm who is eligible.

↩ M [REDACTED] 9:11 PM
oh ugh. yah you'll have to tailor that to his situation. if he's symptomatic, the false negative rate isn't going to get better the farther out he gets from symptoms

↩ P [REDACTED] 9:11 PM
He was referring to Pub med articles as well as company literature.

↩ M [REDACTED] DELETED 9:11 PM

and if it's for an exposure, the false negative rate isn't going to get better once you get past day 8ish

↩ M

9:11 PM

and if it's for an exposure, the false negative rate isn't going to get better once you get past day 8ish, he just needs to follow the quarantine guidelines (edited)

↩ P

9:11 PM

Comparative Study J Clin Microbiol

-
-
-

. 2020 Jul 23;58(8):e01072-20. doi: 10.1128/JCM.01072-20. Print 2020 Jul 23.

Comparison of the Accula SARS-CoV-2 Test with a Laboratory-Developed Assay for Detection of SARS-CoV-2 RNA in Clinical Nasopharyngeal Specimens

<https://pubmed.ncbi.nlm.nih.gov/?term=Hogan+CA&cauthor_id=32461285|Catherine A Hogan> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-2|2>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Garamani+N&cauthor_id=32461285|Natasha Garamani> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Lee+AS&cauthor_id=32461285|Andrew S Lee> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Tung+JK&cauthor_id=32461285|Jack K Tung> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Sahoo+MK&cauthor_id=32461285|Malaya K Sahoo> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Huang+C&cauthor_id=32461285|ChunHong Huang> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Stevens+B&cauthor_id=32461285|Bryan Stevens> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-2|2>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Zehnder+J&cauthor_id=32461285|James Zehnder> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Pinsky+BA&cauthor_id=32461285|Benjamin A Pinsky> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-3|3>> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-2|2>> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-4|4>>
Affiliations expand

-

PMID: 32461285 PMCID: <<http://www.ncbi.nlm.nih.gov/pmc/articles/pmc7383558/>|PMC7383558>

DOI: <<https://doi.org/10.1128/jcm.01072-20>|10.1128/JCM.01072-20>

Free PMC article

Abstract

Several point-of-care (POC) molecular tests have received emergency use authorization (EUA) from the Food and Drug Administration (FDA) for the diagnosis of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The test performance characteristics of the Accula (Mesa Biotech) SARS-CoV-2 POC test need to be evaluated to inform its optimal use. The aim of this study was to assess the test performance of the Accula SARS-CoV-2 test. The performance of the Accula test was assessed by comparing results of 100 nasopharyngeal swab samples previously characterized by the Stanford Health Care EUA laboratory-developed test (SHC-LDT), targeting the envelope (*E*) gene. Assay concordance was assessed by overall percent agreement, positive percent agreement (PPA), negative percent agreement (NPA), and Cohen's kappa coefficient. Overall percent agreement between the assays was 84.0% (95% confidence interval [CI], 75.3 to 90.6%), PPA was 68.0% (95% CI, 53.3 to 80.5%), and the kappa coefficient was 0.68

(95% CI, 0.54 to 0.82). Sixteen specimens detected by the SHC-LDT were not detected by the Accula test and showed low viral load burden, with a median cycle threshold value of 37.7. NPA was 100% (95% CI, 94.2 to 100%). Compared to the SHC-LDT, the Accula SARS-CoV-2 test showed excellent negative agreement. However, positive agreement was low for samples with low viral load. The false-negative rate of the Accula POC test calls for a more thorough evaluation of POC test performance characteristics in clinical settings and for confirmatory testing in individuals with moderate to high pretest probability of SARS-CoV-2 who test negative on Accula.

Keywords: COVID-19; Mesa Accula; SARS-CoV-2; laboratory-developed test; point-of-care test. Copyright © 2020 American Society for Microbiology.

← M [REDACTED] 9:12 PM

if he's testing just to do it.....then it's a shot in the dark anyway, and unless he's going to test every 48 hours for the rest of the pandemic..... although, say it nicer than that lol

← V [REDACTED] 9:13 PM

i usually also inform patients that we do tests when we think it will change what we advise you to do next, and if they are under isolation and following social distancing anyway, retesting that soon isn't likely to change what I advise them to do, so the point of the test becomes questionable

← V [REDACTED] 9:14 PM

but it'll inevitably take time to get the point across in a way that they receive it well when they probably have a different bias to start with, and a <10 min appointment isn't a great opportunity for that much education really

← P [REDACTED] 9:26 PM

Multicenter Evaluation of the Cepheid Xpert Xpress SARS-CoV-2 Test
<https://pubmed.ncbi.nlm.nih.gov/?term=Loeffelholz+MJ&cauthor_id=32366669|Michael J Loeffelholz> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-1|1>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Alland+D&cauthor_id=32366669|David Alland> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-2|2>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Butler-Wu+SM&cauthor_id=32366669|Susan M Butler-Wu> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-3|3>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Pandey+U&cauthor_id=32366669|Utsav Pandey> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-4|4>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Perno+CF&cauthor_id=32366669|Carlo Frederico Perno> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-5|5>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Nava+A&cauthor_id=32366669|Alice Nava> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-5|5>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Carroll+KC&cauthor_id=32366669|Karen C Carroll> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-6|6>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Mostafa+H&cauthor_id=32366669|Heba Mostafa> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-6|6>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Davies+E&cauthor_id=32366669|Emma Davies> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-7|7>>, <https://pubmed.ncbi.nlm.nih.gov/?term=McEwan+A&cauthor_id=32366669|Ashley McEwan> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-7|7>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Rakeman+JL&cauthor_id=32366669|Jennifer L Rakeman> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-8|8>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Fowler+RC&cauthor_id=32366669|Randal C Fowler> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-8|8>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Pawlotsky+JM&cauthor_id=32366669|Jean-

Michel Pawlotsky> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-9|9>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Fourati+S&cauthor_id=32366669|Slim Fourati> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-9|9>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Banik+S&cauthor_id=32366669|Sukalyani Banik> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-2|2>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Banada+PP&cauthor_id=32366669|Padmapriya P Banada> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-2|2>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Swaminathan+S&cauthor_id=32366669|Shobha Swaminathan> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-2|2>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Chakravorty+S&cauthor_id=32366669|Soumitesh Chakravorty> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10|10>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Kwiatkowski+RW&cauthor_id=32366669|Robert W Kwiatkowski> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10|10>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Chu+VC&cauthor_id=32366669|Victor C Chu> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10|10>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Kop+J&cauthor_id=32366669|JoAnn Kop> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10|10>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Gaur+R&cauthor_id=32366669|Rajiv Gaur> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10|10>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Sin+MLY&cauthor_id=32366669|Mandy L Y Sin> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10|10>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Nguyen+D&cauthor_id=32366669|Duy Nguyen> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10|10>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Singh+S&cauthor_id=32366669|Simranjit Singh> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10|10>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Zhang+N&cauthor_id=32366669|Na Zhang> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10|10>>, <https://pubmed.ncbi.nlm.nih.gov/?term=Persing+DH&cauthor_id=32366669|David H Persing> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10|10>>
Affiliations expand

↶ P



9:26 PM

PMID: 32366669 PMCID: <<http://www.ncbi.nlm.nih.gov/pmc/articles/pmc7383535/>|PMC7383535>
DOI: <<https://doi.org/10.1128/jcm.00926-20|10.1128/JCM.00926-20>>
Free PMC article

Abstract

Nucleic acid amplification tests (NAATs) are the primary means of identifying acute infections caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Accurate and fast test results may permit more efficient use of protective and isolation resources and allow rapid therapeutic interventions. We evaluated the analytical and clinical performance characteristics of the Xpert Xpress SARS-CoV-2 (Xpert) test, a rapid, automated molecular test for SARS-CoV-2. Analytical sensitivity and specificity/interference were assessed with infectious SARS-CoV-2; other infectious coronavirus species, including SARS-CoV; and 85 nasopharyngeal swab specimens positive for other respiratory viruses, including endemic human coronaviruses (hCoVs). Clinical performance was assessed using 483 remnant upper- and lower-respiratory-tract specimens previously analyzed by standard-of-care (SOC) NAATs. The limit of detection of the Xpert test was 0.01 PFU/ml. Other hCoVs, including Middle East respiratory syndrome coronavirus, were not detected by the Xpert test. SARS-CoV, a closely related species in the subgenus *Sarbecovirus*, was detected by a broad-range target (E) but was distinguished from SARS-CoV-2 (SARS-CoV-2-specific N2 target). Compared to SOC NAATs, the positive agreement of the Xpert test was 219/220 (99.5%), and the negative agreement was 250/261 (95.8%). A third tie-breaker NAAT resolved all but three of the discordant results in favor the Xpert test. The Xpert test provided sensitive and accurate detection of SARS-CoV-2 in a variety of upper- and lower-respiratory-tract specimens. The high sensitivity and short time to results of approximately 45 min may impact

patient management.

Keywords: COVID-19; RT-PCR; SARS-CoV-2; Xpert.

Copyright © 2020 American Society for Microbiology. attachments: [{"service_name": "PubMed Central (PMC)", "title": "Multicenter Evaluation of the Cepheid Xpert Xpress SARS-CoV-2 Test", "title_link": "http://www.ncbi.nlm.nih.gov/pmc/articles/pmc7383535/", "text": "Nucleic acid amplification tests (NAATs) are the primary means of identifying acute infections caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Accurate and fast test results may permit more efficient use of protective and isolation ...", "fallback": "PubMed Central (PMC): Multicenter Evaluation of the Cepheid Xpert Xpress SARS-CoV-2 Test", "thumb_url": "https://www.ncbi.nlm.nih.gov/corehtml/pmc/pmcgifs/pmc-logo-share.png", "from_url": "http://www.ncbi.nlm.nih.gov/pmc/articles/pmc7383535/", "thumb_width": 1200, "thumb_height": 630, "service_icon": "http://www.ncbi.nlm.nih.gov/favicon.ico", "id": 1, "original_url": "http://www.ncbi.nlm.nih.gov/pmc/articles/pmc7383535/"}, {"service_name": "Journal of Clinical Microbiology", "title": "Multicenter Evaluation of the Cepheid Xpert Xpress SARS-CoV-2 Test", "title_link": "https://doi.org/10.1128/jcm.00926-20", "text": "Nucleic acid amplification tests (NAATs) are the primary means of identifying acute infections caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Accurate and fast test results may permit more efficient use of protective and isolation resources and allow rapid therapeutic interventions. We evaluated the analytical and clinical performance characteristics of the Xpert Xpress SARS-CoV-2 (Xpert) test, a rapid, automated molecular test for SARS-CoV-2. Analytical sensitivity and specificity/interference were assessed with infectious SARS-CoV-2; other infectious coronavirus species, including SARS-CoV; and 85 nasopharyngeal swab specimens positive for other respiratory viruses, including endemic human coronaviruses (hCoVs). Clinical performance was assessed using 483 remnant upper- and lower-respiratory-tract specimens previously analyzed by standard-of-care (SOC) NAATs. The limit of detection of the Xpert test was 0.01 PFU/vl. Other hCoVs, including Middle East respiratory syndrome coronavirus, were not detected by the Xpert test. SARS-CoV, a closely related species in the subgenus Sarbecovirus, was detected by a broad-range target (E) but was distinguished from SARS-CoV-2 (SARS-CoV-2-specific N2 target). Compared to SOC NAATs, the positive agreement of the Xpert test was 219/220 (99.5%), and the negative agreement was 250/261 (95.8%). A third tie-breaker NAAT resolved all but three of the discordant results in favor the Xpert test. The Xpert test provided sensitive and accurate detection of SARS-CoV-2 in a variety of upper- and lower-respiratory-tract specimens. The high sensitivity and short time to results of approximately 45 min may impact patient management.", "fallback": "Journal of Clinical Microbiology: Multicenter Evaluation of the Cepheid Xpert Xpress SARS-CoV-2 Test", "thumb_url": "https://jcm.asm.org/content/jcm/58/8/e00926-20/embed/icon-1.jpg", "ts": 1595487600, "from_url": "https://doi.org/10.1128/jcm.00926-20", "thumb_width": 1359, "thumb_height": 852, "service_icon": "https://jcm.asm.org/sites/default/files/images/favicon.ico", "id": 2, "original_url": "https://doi.org/10.1128/jcm.00926-20"}]

↩ G



9:28 PM

<here> hi team. does anyone know if our SF offices are now vaccinating members over 75?
thank you

↩ C



9:32 PM

my understanding only tier 1a still

↩ C



9:33 PM

(health care workers, long term facility residents)

↩ M



9:33 PM

The local hospital has everyone interested fill out a form answering questions. When you're

eligible you get an email with a link to book or the location and times for walk in. Couldn't this work like the STEM questionnaire? You get a badge or a color and when it's your color or tier you can book?

: [REDACTED] 1 • yesparty: [REDACTED]

↩ G [REDACTED] 9:36 PM
thank you

↩ A [REDACTED] 9:37 PM
i thought they expanded it to include >65yo now. SF DPH says "First are frontline healthcare workers, including doctors, nurses, paramedics, service workers, as well as long-term care residents. People over the age of 65 can also get the vaccine."

↩ C [REDACTED] 9:38 PM
good to know [REDACTED]! and hello! the spreadsheets do not reflect that, so im not sure

↩ C [REDACTED] 9:38 PM
i am under the impression >65 is 1B

↩ A [REDACTED] 9:38 PM
i know, its all a bit unclear right now!

↩ K [REDACTED] 9:39 PM
I think you are right, [REDACTED] still just healthcare workers and assisted living now in SF correct?

↩ A [REDACTED] 9:40 PM
i'm confused since people can self book though

↩ C [REDACTED] 9:41 PM
@aromano they have to fill out an attestation form that states they are 1a- whether they are truthful or not is on them

↩ G [REDACTED] 9:41 PM
oh ppl can self book in SF now?

↩ A [REDACTED] 9:41 PM
yep

↩ V [REDACTED] DELETED 9:41 PM
<!here> on the pre covid Questionnaire pt age 72 answered YES to allergic rxn to IV benadryl. ??? she is sure it was that, it made her shake, was given in ER b/c she didnt feel well w/ a medicine given when she had a broken wrist. she is not our pt and no records. ? what are

we to do with this info?

- ↩ K [REDACTED] 9:41 PM
But there are no appointments
- ↩ C [REDACTED] 9:41 PM
yes! we encourage them to keep checking app as visits will be published daily
- ↩ A [REDACTED] 9:41 PM
yeah theyre all booked up!
- ↩ G [REDACTED] 9:42 PM
but you guys are still at 1a?
- ↩ C [REDACTED] 9:42 PM
yes
- ↩ G [REDACTED] 9:42 PM
ok thanks so much
- ↩ C [REDACTED] 9:42 PM
anytime! SO confusing
- ↩ G [REDACTED] 9:42 PM
getting PTSD and flashbacks from March 2020
- ↩ C [REDACTED] 9:43 PM
yes and we all don't have as much energy as we did then, so its tough i know
- ↩ B [REDACTED] 9:59 PM
[REDACTED] you are correct... but probably will move into the next phase today... everyone needs to take things day by day... going to be a lot of variation between counties, allocation size, apt access...
- ↩ B [REDACTED] 9:59 PM
and know we are all trying our best and working tirelessly
- ↩ M [REDACTED] 9:59 PM
<!here> From the perspective of a newer district without a significant patient base and lesser

name recognition, I'm finding it difficult to see how we're the most efficient stewards of this valuable resource (COVID vaccine) for the community. Has there been any discussion on how to address these situations as we roll out vaccine distribution?

I'd hate to see vaccine doses go to waste because we don't have enough patients walking through our doors. I see that our efforts are well-intentioned and I also see this as contributing to further health disparities by bypassing those who need this vaccine in our communities because we simply don't have reach in those areas. Perhaps a better alternative would be to work with current processes through our local health departments rather than trying to re-invent our own, especially in newer districts.

↩ G [REDACTED] 10:01 PM
your phase 1a also includes everyone above 65?

↩ G [REDACTED] 10:01 PM
i am just reading ur rules. interesting

↩ K [REDACTED] 10:02 PM
Agree. Also could mention the risk of pt actually contracting COVID by exposing themselves to this setting repeatedly anyway 🙄

↩ A **adiamond** 10:13 PM
This is basically what we're doing.

↩ A **adiamond** DELETED 10:14 PM
F01JY9XDZ36

↩ A **adiamond** 10:14 PM
shared file(s) F01JY9XDZ36 with text: F01JY9XDZ36

↩ A **adiamond** 10:15 PM
However — [REDACTED] for every tier, the number of people who are eligible exceeds the number of vaccines available per day by a factor of 100 to 10,000.

↩ A **adiamond** 10:15 PM
And...we're not allowed to create waiting lists (which would be targets for foul play anyway).

[REDACTED] 10:16 PM
this is great. thanks for sharing @adiamond. might there be further clarification about which medical conditions qualify once we get to that stage? i assume so. already hearing patients being like "i have a thyroid disorder - that's autoimmune so i get the vaccine earlier right?"

↩ A **adiamond** 10:17 PM

So, the best solution right now is to add as many appointments as we can every day, tell people that they can book if they're eligible, require them to attest to their eligibility (and, when necessary, verify this at the point of care), and encourage them to keep checking daily until they finally find an appointment.

↩ A **adiamond** 10:18 PM
[REDACTED] Yes -- [REDACTED] on the PD team is adding links to more complete explanations of the medical conditions.

[REDACTED] 10:18 PM
wonderful

[REDACTED] 10:18 PM
that will head off a lot of influx of calls/messages/VCS!

↩ A **adiamond** 10:18 PM
But even still, there's huge risk of confusion about which conditions qualify. The lists are not definitive, nor can they possibly be.

↩ A **adiamond** 10:19 PM
In sum, things are gonna be gnarly for awhile.

[REDACTED] 10:19 PM
for sure, but it will help

↩ L [REDACTED] DELETED 10:33 PM
<!here> just some feedback on the new message, since lunch time I've had a surge of people book appts over the next few days for covid vaccines in standard slots. I wonder if the email communication has already gone out to members; I think it would help to clarify the language that the vaccines can only be administered during that specific type of appt. from what I can tell people are now booking standard slots for the vaccine, perhaps in response to the email comms about now being able to schedule

↩ L [REDACTED] 10:33 PM
<!here> just some feedback on the new message, since lunch time I've had a surge of people book appts over the next few days for covid vaccines in standard slots. I wonder if the email communication has already gone out to members; I think it would help to clarify the language that the vaccines can only be administered during that specific type of appt. from what I can tell people are now booking standard slots for the vaccine, perhaps in response to the email comms about now being able to schedule; in a small district like OC we aren't able yet to accommodate vaccines in standard slots because we have a small supply (edited)

↩ A [REDACTED] 10:37 PM

██████████ is the waitlist the same as the excel sheet we've been adding to? we were told not to book directly for pts (for the SF area)

↩ S ██████████ 10:38 PM
██████████

↩ S ██████████ 10:39 PM
We are 100% working with local DPHs as a partner to get vaccines to those are eligible.

↩ S ██████████ 10:39 PM
In SF we have vaccinated 100s of non-members (virtually all of those we have vaccinated have been non-members) sent to us by the SF DPH.

↩ S ██████████ 10:40 PM
I'm a little lost as to how this story is getting propogated that we aren't working to get vaccines to those who are eligible

↩ C ██████████ 10:42 PM
██████████ we are not using the spreadsheets anymore- the pt basically needs to fill out the attestation survey and keep checking their app for appt availability

↩ C ██████████ 10:42 PM
the appts are rolled out daily, so they just need to keep checking

↩ B ██████████ 10:45 PM
Completely echo ██████████ here... my office is full right now of healthcare workers in SF who are non one medical members getting vaccinated! We are bridging the cap for our community

↩ S ██████████ 10:47 PM
Thank you all so much for your input ██████████ ██████████ ██████████ ██████████

↩ S ██████████ 10:49 PM
❤️

██████████ 10:49 PM
that's so wonderful to hear! i thought patients had to be members, which as we move into the next tier is not representative of communities most in need. so thrilled that patients outside of OM can get the vax with us. i'm guessing others didn't realize/understand this either

↩ M ██████████ 10:59 PM

That is so great to hear and thank you for clarifying! With that being said, our presence in Portland is not on the same scale as it is in San Francisco and I'm very hopeful our discussions with our local DPH have been as fruitful. I do know that even with the demand for COVID testing, our numbers did not pick up for several months because people didn't know about us for a while.

↩ R

██████████

11:32 PM

none that I am aware of. would be nice to crowdsource a list of immunosupp meds / biologics we can build into the logic

↩ L

██████████

11:40 PM

New York VMT is getting a tremendous influx of people 65+ who received today's email and think it means they can book an appointment for a vaccine. My understanding is no offices in NY have vaccines for 1B, and likely won't for days/weeks.

↩ M

██████████


11:46 PM

Thank you @adiamond That looks really good! Excited to see that implemented!

Short Message Report

Conversations: 1	Participants: 74
Total Messages: 269	Date Range: 1/14/2021 - 1/15/2021

Outline of Conversations

 **provider-covid19** • 269 messages between 1/14/2021 - 1/15/2021

Employee 5 • Employee 60
Employee 62 Employee 139 • Employee 140 Andrew Diamond • Employee 68 Employee 141 Employee 68
Employee 62 Employee 114 Employee 142 Employee 70 Employee 143
Employee 144 Employee 73 Employee 145 Employee 20 Employee 74 Employee 75
Employee 146 Employee 121 Employee 77 Employee 147 Employee 148 Employee 149
Employee 80 Employee 150 Employee 151 Employee 152 Employee 153 Employee 154
Employee 85 Employee 155 Employee 156 Employee 157 Employee 87 Employee 88
Employee 158 Employee 159 Employee 160 Employee 90 Employee 91 Employee 161
Employee 162 Employee 163 Employee 164 Employee 96 Employee 165 Employee 99
Employee 166 Employee 167 Employee 168 Employee 169 Employee 170 Employee 171
Employee 100 Employee 172 Employee 173 Employee 174
Employee 26 Employee 175 Employee 3 Employee 176 Employee 177 Employee 178
Employee 179 Unknown • Employee 27 Employee 180 Employee 107 Employee 181 Employee 108

Messages in chronological order (times are shown in GMT +00:00)



provider-covid19

Employee 171

1/14/2021, 4:40 PM

Mesa Training. I thought this test had a sensitivity of 68-84%? Although this result is based on the local prevalence to arrive at the Predictive values of a + and - test, shouldn't the training module teach us about the low Sensitivity if using this to screen patients and assure them that a negative tests indicates it is safe to visit family or travel in public?

Employee 100

5:11 PM

Mesa Biotech Accula SARS-CoV-2 Test RT-PCR Throat swab, Nasal swab~30 min Sensitivity/Specificity 100% (30/30)/100% (30/30)https://www.mesabiotech.com/coronavirus https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368663/

Actionable. Accessible. Affordable. SARS-CoV-2 (COVID-19) TestingMesa Biotech is a healthcare test and data company that provides actionable information through trusted, PCR-based infectious disease testing. Diagnostics for SARS-CoV-2 detection: A comprehensive review of the FDA-EUA COVID-19 testing landscapeThe rapidly spreading outbreak of COVID-19 disease is caused by the SARS-CoV-2 virus, first reported in December 2019 in Wuhan, China. As of June 17, 2020, this virus has infected over 8.2 million people but ranges in symptom severity, making it difficult ...

Employee 73

5:24 PM

Employee 100

from a quick search it seems that the MESA has a lower sensitivity for diagnosis of COVID-19 than an EUA LDT. The false negatives obtained from the Mesa test were predominantly observed with low-viral-load specimens, https://jcm.asm.org/content/58/8/e01072-20 . I also know know at our pilot at the UCSF drive through we were having up to 40 invalid results a day and 1 lot number failed quality control despite controlling for variables--Peter you might be able to speak to this more since you were also involved in the pilot. If there are escalating invalids with the mesa is this the best test for us to be using especially when we are using it to determine returning to work?

Comparison of the Accula SARS-CoV-2 Test with a Laboratory-Developed Assay for Detection of SARS-CoV-2 RNA in Clinical Nasopharyngeal SpecimensSeveral point-of-care (POC) molecular tests have received emergency use authorization (EUA) from the Food and Drug Administration (FDA) for the diagnosis of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The test performance characteristics of the Accula (Mesa Biotech) SARS-CoV-2 POC test need to be evaluated to inform its optimal use. The aim of this study was to assess the test performance of the Accula SARS-CoV-2 test. The performance of the Accula test was assessed by comparing results of 100 nasopharyngeal swab samples previously characterized by the Stanford Health Care EUA laboratory-developed test (SHC-LDT), targeting the envelope (E) gene. Assay concordance was assessed by overall percent agreement, positive percent agreement (PPA), negative percent agreement (NPA), and Cohen's kappa coefficient. Overall percent agreement between the assays was 84.0% (95% confidence interval [CI], 75.3 to 90.6%), PPA was 68.0% (95% CI, 53.3 to 80.5%), and the kappa coefficient was 0.68 (95% CI, 0.54 to 0.82). Sixteen specimens detected by the SHC-LDT were not detected by the Accula test and showed low viral load burden, with a median cycle threshold value of 37.7. NPA was 100% (95% CI, 94.2 to 100%). Compared to the SHC-LDT, the Accula SARS-CoV-2 test showed excellent negative agreement. However, positive agreement was low for samples with low viral load. The false-negative rate of the Accula POC test calls for a more thorough evaluation of POC test performance characteristics in clinical settings and for confirmatory testing in individuals with moderate to high pretest probability of SARS-CoV-2 who test negative on Accula.

Employee 100

5:25 PM

the pubmed article is a more recent article

Employee 100

5:26 PM

we have to also consider that these are small studies

Employee 171

5:52 PM

Do we have any public health lab experts at OM who can speak on these reports? I spoke to the head of the Clinton HIV AIDS Initiative who provides lab expertise for WHO and most of the developing countries who are facing COVID. ■■■ said that the Cepheid was a much better test in terms of sensitivity compared to the Mesa Acula Sensa. I am not sure that the above figures of Sensitivity/Specificity 100% (30/30)/100% (30/30) are reflective of the conditions we face at OM in our various sectors. While there is intense market pressure to provide an accurate test to a member who wants to travel tonight or send their child back to school in the morning, do we bear responsibility if they infect others due to a false negative with such a test that may in fact have much lower sensitivity. If we are trying to better

serve our members, why not use the Cepheid machine?

Employee 62

7:58 PM

is actually the lead of our public health domain working group, so she is our public health expert.

Employee 171

8:01 PM

thank you

Employee 62

8:05 PM

Did the person you spoke to at Clinton mentioned which literature they were using to decide why the Cepheid was better than the Mesa or give more details? As you say, there is the factor of what conditions we see at OM and might be using it for; which I totally agree do factor into the decision about which sensitivity numbers are most applicable to us and affect how we might guide patients in interpreting its results

Employee 62

8:06 PM

Not trying to stifle the dialogue!

Employee 171

9:11 PM

He was referring to Pub med articles as well as company literature.

Employee 171

9:11 PM

Comparative Study J Clin Microbiol

- .
- .
- .

. 2020 Jul 23;58(8):e01072-20. doi: 10.1128/JCM.01072-20. Print 2020 Jul 23.

Comparison of the Accula SARS-CoV-2 Test with a Laboratory-Developed Assay for Detection of SARS-CoV-2 RNA in Clinical Nasopharyngeal Specimens

Catherine A Hogan 1 2, Natasha Garamani 1, Andrew S Lee 1, Jack K Tung 1, Malaya K Sahoo 1, ChunHong Huang 1, Bryan Stevens 1 2, James Zehnder 1, Benjamin A Pinsky 3 2 4

Affiliations expand

• PMID: 32461285 PMCID: PMC7383558 DOI: 10.1128/JCM.01072-20

Free PMC article

Abstract

Several point-of-care (POC) molecular tests have received emergency use authorization (EUA) from the Food and Drug Administration (FDA) for the diagnosis of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The test performance characteristics of the Accula (Mesa Biotech) SARS-CoV-2 POC test need to be evaluated to inform its optimal use. The aim of this study was to assess the test performance of the Accula SARS-CoV-2 test. The performance of the Accula test was assessed by comparing results of 100 nasopharyngeal swab samples previously characterized by the Stanford Health Care EUA laboratory-developed test (SHC-LDT), targeting the envelope (E) gene. Assay concordance was assessed by overall percent agreement, positive percent agreement (PPA), negative

percent agreement (NPA), and Cohen's kappa coefficient. Overall percent agreement between the assays was 84.0% (95% confidence interval [CI], 75.3 to 90.6%), PPA was 68.0% (95% CI, 53.3 to 80.5%), and the kappa coefficient was 0.68 (95% CI, 0.54 to 0.82). Sixteen specimens detected by the SHC-LDT were not detected by the Accula test and showed low viral load burden, with a median cycle threshold value of 37.7. NPA was 100% (95% CI, 94.2 to 100%). Compared to the SHC-LDT, the Accula SARS-CoV-2 test showed excellent negative agreement. However, positive agreement was low for samples with low viral load. The false-negative rate of the Accula POC test calls for a more thorough evaluation of POC test performance characteristics in clinical settings and for confirmatory testing in individuals with moderate to high pretest probability of SARS-CoV-2 who test negative on Accula.

Keywords: COVID-19; Mesa Accula; SARS-CoV-2; laboratory-developed test; point-of-care test.
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Employee 171

9:26 PM

Multicenter Evaluation of the Cepheid Xpert Xpress SARS-CoV-2 Test

[Michael J Loeffelholz](https://pubmed.ncbi.nlm.nih.gov/?term=Loeffelholz+MJ&cauthor_id=32366669) [1](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-1), [David Alland](https://pubmed.ncbi.nlm.nih.gov/?term=Alland+D&cauthor_id=32366669) [2](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-2), [Susan M Butler-Wu](https://pubmed.ncbi.nlm.nih.gov/?term=Butler-Wu+SM&cauthor_id=32366669) [3](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-3), [Utsav Pandey](https://pubmed.ncbi.nlm.nih.gov/?term=Pandey+U&cauthor_id=32366669) [4](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-4), [Carlo Frederico Perno](https://pubmed.ncbi.nlm.nih.gov/?term=Perno+CF&cauthor_id=32366669) [5](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-5), [Alice Nava](https://pubmed.ncbi.nlm.nih.gov/?term=Nava+A&cauthor_id=32366669) [5](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-5), [Karen C Carroll](https://pubmed.ncbi.nlm.nih.gov/?term=Carroll+KC&cauthor_id=32366669) [6](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-6), [Heba Mostafa](https://pubmed.ncbi.nlm.nih.gov/?term=Mostafa+H&cauthor_id=32366669) [6](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-6), [Emma Davies](https://pubmed.ncbi.nlm.nih.gov/?term=Davies+E&cauthor_id=32366669) [7](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-7), [Ashley McEwan](https://pubmed.ncbi.nlm.nih.gov/?term=McEwan+A&cauthor_id=32366669) [7](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-7), [Jennifer L Rakeman](https://pubmed.ncbi.nlm.nih.gov/?term=Rakeman+JL&cauthor_id=32366669) [8](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-8), [Randal C Fowler](https://pubmed.ncbi.nlm.nih.gov/?term=Fowler+RC&cauthor_id=32366669) [8](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-8), [Jean-Michel Pawlotsky](https://pubmed.ncbi.nlm.nih.gov/?term=Pawlotsky+JM&cauthor_id=32366669) [9](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-9), [Slim Fourati](https://pubmed.ncbi.nlm.nih.gov/?term=Fourati+S&cauthor_id=32366669) [9](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-9), [Sukalyani Banik](https://pubmed.ncbi.nlm.nih.gov/?term=Banik+S&cauthor_id=32366669) [2](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-2), [Padmapriya P Banada](https://pubmed.ncbi.nlm.nih.gov/?term=Banada+PP&cauthor_id=32366669) [2](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-2), [Shobha Swaminathan](https://pubmed.ncbi.nlm.nih.gov/?term=Swaminathan+S&cauthor_id=32366669) [2](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-2), [Soumitesh Chakravorty](https://pubmed.ncbi.nlm.nih.gov/?term=Chakravorty+S&cauthor_id=32366669) [10](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10), [Robert W Kwiatkowski](https://pubmed.ncbi.nlm.nih.gov/?term=Kwiatkowski+RW&cauthor_id=32366669) [10](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10), [Victor C Chu](https://pubmed.ncbi.nlm.nih.gov/?term=Chu+VC&cauthor_id=32366669) [10](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10), [JoAnn Kop](https://pubmed.ncbi.nlm.nih.gov/?term=Kop+J&cauthor_id=32366669) [10](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10), [Rajiv Gaur](https://pubmed.ncbi.nlm.nih.gov/?term=Gaur+R&cauthor_id=32366669) [10](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10), [Mandy L Y Sin](https://pubmed.ncbi.nlm.nih.gov/?term=Sin+MLY&cauthor_id=32366669) [10](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10), [Duy Nguyen](https://pubmed.ncbi.nlm.nih.gov/?term=Nguyen+D&cauthor_id=32366669) [10](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10), [Simranjit Singh](https://pubmed.ncbi.nlm.nih.gov/?term=Singh+S&cauthor_id=32366669) [10](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10), [Na Zhang](https://pubmed.ncbi.nlm.nih.gov/?term=Zhang+N&cauthor_id=32366669) [10](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10), [David H Persing](https://pubmed.ncbi.nlm.nih.gov/?term=Persing+DH&cauthor_id=32366669) [10](https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-10)

Employee 171

9:26 PM

• PMID: 32366669 PMCID: PMCID7383535 DOI: 10.1128/JCM.00926-20
Free PMC article

Abstract

Nucleic acid amplification tests (NAATs) are the primary means of identifying acute infections caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Accurate and fast test results may permit more efficient use of protective and isolation resources and allow rapid therapeutic interventions. We evaluated the analytical and clinical performance characteristics of the Xpert Xpress SARS-CoV-2 (Xpert) test, a rapid, automated molecular test for SARS-CoV-2. Analytical sensitivity and specificity/interference were assessed with infectious SARS-CoV-2; other infectious coronavirus species, including SARS-CoV; and 85 nasopharyngeal swab specimens positive for other respiratory viruses, including endemic human coronaviruses (hCoVs). Clinical performance was assessed using 483 remnant upper- and lower-respiratory-tract specimens previously analyzed by standard-of-care (SOC) NAATs. The limit of detection of the Xpert test was 0.01 PFU/ml. Other hCoVs, including Middle East respiratory syndrome coronavirus, were not detected by the Xpert test. SARS-CoV, a closely related species in the subgenus *Sarbecovirus*, was detected by a broad-range target (E) but was distinguished from SARS-CoV-2 (SARS-CoV-2-specific N2 target). Compared to SOC NAATs, the positive agreement of the Xpert test was 219/220 (99.5%), and the negative agreement was 250/261 (95.8%). A third tie-breaker NAAT resolved all but three of the discordant results in favor of the Xpert test. The Xpert test provided sensitive and accurate detection of SARS-CoV-2 in a variety of upper- and lower-respiratory-tract specimens. The high sensitivity and short time to results of approximately 45 min may impact patient management.

Keywords: COVID-19; RT-PCR; SARS-CoV-2; Xpert.

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Multicenter Evaluation of the Cepheid Xpert Xpress SARS-CoV-2 Test
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Employee 3

4:43 PM

<here> https://onlinelibrary.wiley.com/doi/10.1111/joim.13209

Employee 3

4:43 PM

95% regain sense of smell and taste within 6 mos

Employee 27

5:23 PM

<here> pts w/positive sx screen can still get vax correct? body aches Neg pcr 1/6

Employee 91

5:27 PM

Employee 27 this is what I could find on the CDC However, anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the criteria to discontinue isolation.

Additionally, current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. Therefore, people with a recent infection may delay vaccination until the end of that 90-day

period if desired.
Healthcare Workers COVID-19 guidance, tools, and resources for healthcare workers.

Image: message18_att1.png (540 KB)

Employee 91 5:28 PM

Are the symptoms new since being tested?

Employee 91 5:28 PM

can she get a rapid antigen or rapid pcr before getting the vaccine?

Employee 27 5:30 PM

so i just chatted w/her. sounds more like muscular lbp. thanks for the input!

Employee 91 5:30 PM

also if she has worsening symptoms it will be hard to differentiate whether it was a natural worsening of her symptoms or if the vaccine made her feel sick (she will blame the vaccine for sure)

Employee 3 5:56 PM

People with mild-mod symptoms can get vaccinated. Of course testing should be recommended as it would in any situation - if the symptoms warrant it. If test is positive it's recommended to wait until isolation period has ended.

Employee 140 5:30 PM

<here> any contraindications for vaccine in patient with clotting d/o?

Employee 108 5:32 PM

No, they just need to use a smaller gauge ideally, and hold pressure for longer after the vaccine. I read that recently. Let me see if I can find it for you as a reference

Employee 108 5:33 PM

this isn't what I had read, but it's actually more comprehensive: <https://www.hemophilia.org/news/covid-19-vaccines-and-bleeding-disorders-frequently-asked-questions-faqs>

COVID-19 Vaccines and Bleeding Disorders: Frequently Asked Questions (FAQs) | National Hemophilia Foundation
These FAQs were created in anticipation of questions or concerns individuals with bleeding disorders may have about the new COVID-19 vaccines.

Attachment: message26_att2.txt (188 bytes)

Employee 108 5:34 PM

Employee 140 guess it also depends on the level/type of clotting disorder the person has to guide where/how they should get the vaccine.

Employee 108 5:34 PM

(ie someone with 0 platelets is likely not someone I'd vaccinate in a drive through setting).

Employee 140 5:35 PM

got it, thank you Employee 108

Employee 146 5:33 PM

<here> any changes in our work flow with the recent change to give vaccine to anyone >65 y/o?

Employee 68 5:38 PM

not that i'm aware of, but guidance on this would be helpful

Employee 153 5:43 PM

Check out provider announcements slack page

Employee 146

Employee 146

5:44 PM

Thanks! I was off yesterday and have been trying to hunt down the information.

Employee 68

5:44 PM

i read that, but it just seemed like we continue to add 65+ to our lists and have them wait to be called

Employee 121

5:47 PM

that's my question...ie once we have supplies will OM send messaging to all patients >65 ok to schedule? (ie no need for a list), or are we actually giving priority to those that make it to the list?

Employee 68

5:50 PM

on the spreadsheet it seems like those by age don't need to be added bc OM can obtain that data easily to send messaging to them. still a bit unclear on how 65+ are actually getting the vax

Employee 157

5:36 PM

Joined the conversation

Employee 157 has joined the channel

Employee 75

5:49 PM

<!here> On the topic of COVID vaccines...we have a public health obligation in addition to an obligation to our members who are essential workers, and currently we are not fulfilling either and setting a poor example. Why do we have a list of essential workers if we are ignoring it and allowing self booking with no triage system in place? And we now have evidence our current system is not working and unfortunately encouraging bad behavior. If your goal is to get vaccines in arms and you don't care how that happens, please just be transparent about that. Because right now our messaging to members and staff is completely opposite our actions, and this is unsettling for everyone.

Employee 146 5:51 PM

agreed. my partner and i were shocked when we got ours through One Med last week that at no point were we asked if we met criteria -- let alone asked to prove it.

Employee 68 5:52 PM

i've had a few patients straight up tell me that once they realized there was no screening that they would be telling their friends....

Employee 60

5:57 PM

@here i think they are screening now

Employee 60

5:58 PM

Someone I referred the other day said they were asked for their DPH referral

Employee 68 5:59 PM

oh yeah? that's great. any idea how one GETS that referral? i've had a few pts say they tried to contact DPH for one without success

Employee 75

5:59 PM

I've had multiple providers and patients getting vaccines this week who said they were not screened.

Employee 60

6:00 PM

I don't know ●

Employee 60

6:01 PM

This person did not have one b/c i referred her, but said when she told the FD she did not have one they asked how she got the appt/knew about the vaccine and she gave them my name.

Employee 68

6:02 PM

they are allowed to self-book and once they arrive even if they are not part of the current tier, they are not being turned away. i agree with [REDACTED] that transparency would be helpful re: this issue.

Employee 3

6:06 PM

Hey guys, I'll let Andrew Diamond weigh in here as this is super challenging stuff. But I know that it's extremely difficult, if not impossible, for us to ensure no one "games the system". Many other systems are using a similar approach - letting people attest to their eligibility. It might be a "harm reduction" kind of approach - ie not ideal but the best we can do. If you are seeing other approaches working successfully please share them and we can always review.

Employee 60

6:08 PM

It is upsetting to feel like people are taking advantage, but I also feel like ultimately everyone needs the vaccine, and that possibly the goal of just getting it in as many arms as possible outweighs putting up roadblocks to strictly adhere to the tier demarcations. but i totally hear you [REDACTED] I think we should at least be screening so that patients don't tell their friends that no questions are being asked.

Employee 60

6:08 PM

asked

6:10 PM

agreed [REDACTED] if people are at least being asked to "attest" to meeting criteria, that feels reasonable to me. that wasn't happening initially and that made me uneasy.

Employee 3

6:30 PM

Right -they are attesting when they book

Employee 162

9:33 PM

The local hospital has everyone interested fill out a form answering questions. When you're eligible you get an email with a link to book or the location and times for walk in. Couldn't this work like the STEM questionnaire? You get a badge or a color and when it's your color or tier you can book?

Andrew Diamond

10:13 PM

This is basically what we're doing.

Andrew Diamond

10:14 PM

https://onemedical.enterprise.slack.com/files/WKYQUJG0Y/F01JY9XDZ36/image.png

Andrew Diamond

10:15 PM

However — [REDACTED] for every tier, the number of people who are eligible exceeds the number of vaccines available per day by a factor of 100 to 10,000.

Andrew Diamond

10:15 PM

And...we're not allowed to create waiting lists (which would be targets for foul play anyway).

10:16 PM

this is great. thanks for sharing Andrew Diamond. might there be further clarification about which medical conditions qualify once we get to that stage? i assume so. already hearing patients being like "i have a thyroid disorder - that's autoimmune so i get the vaccine earlier right?"

Andrew Diamond

10:17 PM

So, the best solution right now is to add as many appointments as we can every day, tell people that they can book if they're eligible, require them to attest to their eligibility (and, when necessary, verify this at the point of care), and encourage them to keep checking daily until they finally find an appointment.

Andrew Diamond 10:18 PM
 Yes -- [redacted] on the PD team is adding links to more complete explanations of the medical conditions.

[redacted] 10:18 PM
 wonderful

[redacted] 10:18 PM
 that will head off a lot of influx of calls/messages/VCS!

Andrew Diamond 10:18 PM
 But even still, there's huge risk of confusion about which conditions qualify. The lists are not definitive, nor can they possibly be.

Andrew Diamond 10:19 PM
 In sum, things are gonna be gnarly for awhile.

[redacted] 10:19 PM
 for sure, but it will help
 👍 1 • Andrew Diamond

Employee 162 11:46 PM
 Thank you Andrew Diamond That looks really good! Excited to see that implemented!
 ❤️ 1 • Andrew Diamond

Employee 162 1/15/2021, 3:30 PM
 Andrew Diamond is there any timeline on when this questionnaire will be implemented?

Andrew Diamond 5:07 PM
 It's live now.

Employee 26 1/14/2021, 5:58 PM
 <!here> 69yo Male history of covid early november -- interested in vaccine when eligible. question is should wait 90 days from infection or get now given risk ?

Employee 27 6:05 PM
 Can get it now

Employee 26 6:05 PM
 ty!

Employee 108 6:06 PM
 [redacted] 90 days is for after the monoclonal antibody treatment.

Employee 26 6:06 PM
 ty for clarity --- 90 was floating in my brain

Employee 26 6:06 PM
 could not remember when I saw it

Employee 91 6:07 PM
 I was just looking at this Dr. Fauci is recommending 90 days after covid infection in contrast with the CDC that does not recommend it

Employee 108 6:07 PM
 oh! Can you share that?

Employee 91 6:07 PM
He states that there has been no cases of reinfection 90 days after the initial infection due to natural antibodies (which go away with time)

Employee 91 6:07 PM
Definitely

Employee 26 6:08 PM
hmmm

Employee 26 6:08 PM
maybe Fauci is where i heard it then !

Employee 26 6:08 PM
can we get an update on this probably a lot of other people wondering/thinking ha

Employee 27 6:09 PM
That would be news to me!

Employee 108 6:09 PM
so it sounds more like a way to "save" vaccines for people at more risk, and the person who's recently been infected isn't at quite a risk for 3 months post infection

Employee 108 6:09 PM
but not that they _can't_ get the vaccine.

Employee 91 6:52 PM
thats what I am reading- Mayo Clinic published this

Employee 91 6:52 PM
Should I get the COVID-19 vaccine even if I've already had COVID-19?
Getting COVID-19 might offer some natural protection or immunity from reinfection with the virus that causes COVID-19. But it's not clear how long this protection lasts. Because reinfection is possible and COVID-19 can cause severe medical complications, it's recommended that people who have already had COVID-19 get a COVID-19 vaccine. If you've had COVID-19, wait until 90 days after your diagnosis to get a COVID-19 vaccine.

Employee 91 6:52 PM
https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#:~:text=Getting%20COVID%2D19%20might,COVID%2D19%20vaccine.
Get the facts about a COVID-19 (coronavirus) vaccineFind out about the COVID-19 vaccines, the benefits of a COVID-19 vaccination, the possible side effects and how to prevent infection.

Employee 26 8:51 PM
interesting

Employee 145 6:00 PM
<!here> based on yesterday's information, several of us told members that they could get their second dose of vaccine with us, even if they got the first dose elsewhere. Now that we've been advised that we won't be doing this, what should we tell these members?

Employee 85 6:04 PM
see the PLAP room - ping - i responded there ●

Employee 3 6:32 PM
What was the answer

there is now a new template that was created last night for VMT to use called COVID-19 Vaccine: Second Dose : This is what the template says: Thank you for reaching out about getting your second vaccine! We are currently only vaccinating members for their first dose according to the appropriate tier for their location. Based on current supplies, we are unable to vaccinate patients for their second dose unless they received their first with us. For now, we suggest returning to the site where you received your first dose or working with your local Department of Public Health to see who may be offering second doses. Take a look at our vaccine updates page for the most up to date information on vaccine efforts as determined by each county. We are updating it daily.

Updates on COVID-19 Vaccination Efforts in Your Area Updated January 14, an effort to provide our members with timely information about COVID-19 vaccines, we are keeping this page up-to-date with the latest details on One Medical's progress with vaccine administration in each of the states and counties where we have offices. Please check back here for the latest details on vaccination efforts in your area. Key details about vaccine appointments at One Medical We ask that you avoid calling or using our video chat feature to check about vaccine availability so we can keep those lines open to members with urgent medical needs. One Medical will contact you via email to let you know if your region has moved to the next eligibility phase. When you're eligible, you can search for an appointment and self-book using the app or web portal. Don't have the app? Download it now for iOS or Android, or login online. Vaccine appointments are self-book only, so if you don't see an available visit, please continue checking the app regularly. We'll add more appointments frequently as our vaccine supply is replenished. More information and resources Below, you will find resources which provide vaccine prioritization frameworks developed by the CDC and state departments of health. One Medical will be following local vaccine prioritization frameworks for each county where we are administering vaccines, which is also in accordance with CDC guidance. Currently, most areas of the US are administering vaccines to Phase 1a populations, which include health care personnel and residents of long-term care facilities. Some parts of the country are moving toward vaccinations of Phase 1b populations, but it is still important to note that even if prioritization frameworks indicate you meet eligibility criteria, not all One Medical locations currently have vaccine allocations. In cities where local departments of health have allocated vaccines to our facilities, we are currently administering them to our own patient care team members, other members of the healthcare community referred to our clinics by the local department of health, and to a select number of One Medical members who meet Phase 1a and/or Phase 1b criteria as regionally we move into subsequent phases of vaccination county-by-county, we will be informing One Medical members by email as soon as we have vaccines available for you. Eventually, as the supply of vaccines becomes widely available, all One Medical members, and many members of the general public, will be able to receive the vaccine at One Medical's more than 90 offices across the country and at other vaccination locations One Medical may help operate in our communities. Information on vaccine prioritization: Center for Disease Control California Department of Public Health Washington State Department of Health Oregon Health Authority, Public Health Division Arizona Department of Health Services Texas Department of State Health Services Georgia Department of Public Health Illinois Department of Public Health Massachusetts Department of Public Health New York State Department of Health District of Columbia Department of Health Virginia Department of Health Current status of vaccine administration at One Medical clinics, by county: Arizona Maricopa County - Currently, all vaccines are being administered to Phase 1a and Phase 1b populations directly through Department of Health-operated facilities. Outpatient care facilities are not receiving vaccine allocations at this time. If you believe you meet current vaccine prioritization criteria, visit the Maricopa County Department of Public Health Administration site to begin the pre screening process. California San Francisco County - One Medical has received limited vaccine allocations for administration to Phase 1a populations referred by the San Francisco Department of Public Health. If you meet San Francisco County vaccine prioritization criteria, you can self-book a vaccine appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured, we'll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability. San Mateo County - One Medical has received limited vaccine allocations for administration to Phase 1a populations referred by the San Mateo County Health Department. If you meet San Mateo County vaccine prioritization criteria, you can self-book a vaccine appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured, we'll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability. Marin County - Ongoing conversations are underway to discuss vaccine allocations for One Medical facilities. Santa Clara County - One Medical has ordered limited vaccine allocations for administration to Phase 1a populations. We will provide more information here once vaccine inventory has arrived at our clinics with guidance on how to schedule your vaccine appointment. Alameda County - One Medical has contacted the county to offer support in community vaccination efforts. Contra Costa County - Ongoing conversations are underway to discuss vaccine allocations for One Medical facilities. City of Berkeley - Ongoing conversations are underway to discuss vaccine allocations for One Medical facilities. Los Angeles County - One Medical has received limited vaccine allocations for administration to Phase 1a populations. At this time, vaccine appointments are referral-only through the Los Angeles County Department of Public Health. Los Angeles County vaccine prioritization criteria and information on how to request a referral can be found on the LA DPH website. Orange County - One Medical has received an initial vaccine allocation for administration to Phase 1a populations. If you meet Orange County vaccine prioritization criteria, you can self-book an appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured, we'll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability. City of Long Beach - One Medical has contacted the county to offer support in community vaccination efforts. San Diego County - One Medical has received limited vaccine allocations for administration to Phase 1a and Phase 1b populations. If you meet San

Diego County vaccine prioritization criteria, you can self-book an appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured, we'll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability. District of Columbia District of Columbia - Ongoing conversations are underway to discuss One Medical support of vaccination efforts. Georgia Fulton County - One Medical has ordered limited vaccine allocations for administration to Phase 1a populations. We will provide more information here once vaccine inventory has arrived at our clinics with guidance on how to schedule your vaccine appointment. Illinois Cook County - One Medical has contacted the county to offer support in community vaccination efforts. DuPage County - One Medical has contacted the county to offer support in community vaccination efforts. New York New York City - One Medical has ordered vaccine allocations for administration to Phase 1a and Phase 1b populations. We will provide more information here once vaccine inventory has arrived at our clinic...

Image: message92_att3.jpg (73 KB)

Employee 85 6:52 PM

prior to last night we were putting patients for a second dose on the wait list and hoping our local OMs can help field messages and calls if patients are upset. We will also have to go through our docs for people who were looking for only their second dose with OM and reach out to them.

Employee 3 6:53 PM

Ok got it thanks

Employee 85 7:02 PM

I am working on the WC to help get patients who were told they can get their second vaccine at OM on our "stand by" list since we are often having excess vaccines

Employee 3 7:06 PM

Sounds good!

Unknown 6:04 PM

This message was deleted.

Employee 144 6:04 PM

they are editing that

Employee 96 6:04 PM

oooooh i see

Employee 144 6:05 PM

was working on it last night

Employee 85 6:05 PM

Should be done already!

Employee 96 6:07 PM

it was edited in 1life but not in the SW

Employee 96 6:07 PM

i'm copying and pasting into the SW now

Employee 85 6:07 PM

TY

Employee 176 6:05 PM

<!here> we could use a national update on that policy: upvote:

Andrew Diamond 6:07 PM
Joined the conversation

Andrew Diamond has joined the channel

Employee 20

6:48 PM

<!here> My patient was referred to One Medical for vaccination as an essential HCW. He is currently out of the country and returns home on Monday. He is having a problem connecting to schedule his vaccine. Any guidance? He is aware that the will need to quarantine when he returns.

Employee 144

6:51 PM

which office/district? he may need to just keep checking the app for vaccine appts to open

Employee 144

6:51 PM

they are filling up so fast

Employee 3

6:52 PM

Yes keep checking the app or check when he's back and can connect.

Employee 144

6:52 PM

you could stick his chart link on the waiting list too

Employee 20

6:54 PM

He works in Oakland, and listed him on the phase 1A waitlist. Thanks for the guidance!

Employee 20

6:59 PM

<!here> another scenario; one of my patients is a court appointed conservator for a friend with dementia. Both my patient and his partner take turns providing care for their friend. Both of them would fall into phase 1C status, but their question is can they get the vaccine sooner due to their providing care. My sense is no, but wanted to inquire.

Employee 91

7:00 PM

what state are they in?

Employee 159

7:05 PM

My understanding is tier 1 is just one big tier now (no differentiation between A/B/C) but that depends on district and vaccine availability. If NorCal, add them to the spreadsheet

Employee 20

7:15 PM

They are both in San Francisco. I've added them to the spreadsheet. Thanks

Employee 27

7:07 PM

Why are some offices making waitlists?

Employee 174

7:16 PM

Joined the conversation

has joined the channel

Employee 68

7:31 PM

<!here> for the >65yo crowd, should we be adding them to the spreadsheet or advising them to book an appointment through the app?

Employee 121

7:48 PM

following. is spreadsheet only until the new messaging goes out to members at some point today, and after that they attest and its open season for self scheduled vaccines? feels like we are in the middle space right now.

Employee 173

7:50 PM

that is how i understand it

Employee 170 8:11 PM
 don't need to add anyone by age

Employee 170 8:12 PM
 that's easy for tech to search for and make a list

Employee 150 7:31 PM
 !here> can our patient who resides in Marin County, and is eligible, be vaccinated in SF?

Employee 56 7:32 PM
 no... the allocations are county specific... needs to work or live in SF

Employee 150 7:32 PM
 so we are not facilitating vaccine in the north bay at this time?

Employee 150 7:32 PM
 for those who are eligible

Employee 56 7:32 PM
 but add them to the spread sheet... other counties will have allocations soon

Employee 150 7:33 PM
 we just got word not to add to spread sheet. will copy and paste here

Employee 150 7:33 PM
 [11:19 AM]
 :blob-wave: *PATIENT EMAIL: VACCINE UPDATE* :blob-wave:* @here*
 We have a new market specific message about COVID vaccines going out to members today to provide more clarity about the vaccine process and reduce calls/VCs/messages from patients. This was designed cross-functionally with representatives from all teams. Some quick facts:
 • The *_COVID-19 Vaccine: Request*_ template will be updated shortly and will give guidance on how the patient can check which tier they would be eligible for, a dashboard to check local delivery status, and instructions for booking appointments in markets where One Medical is vaccinating.
 • We *no longer need to add to waitlists* as patients will be able to directly book and self attest when eligible in their market.
 • Check out the blog below for common FAQs in case patients have specific questions. Feel free to copy/paste any of that language and use in messaging.
 • Blog and Social Media messaging will directly recommend not using video chats or phone calls for vaccine concerns and direct everyone to the app or website.

Additional tools to answer questions:
 • C-I-CARE Language for Patients Asking if We Have Vaccines
 • OM Blog Post for FAQs: What To Know About COVID-19 Vaccines
 • Local delivery status dashboard which will be updated daily 9am PST

Employee 56 7:35 PM
 sounds like just waiting until apts are available in their specific county is the right next step

Employee 68 7:44 PM
 is there any clarity on what is happening with the pts already on the waitlist?

Employee 5 7:50 PM
 hi! site leads are going to reach out to folks already on a list.

Employee 68 7:51 PM
 thank you!

Employee 27 8:00 PM
<here> hx of seizures w/MMR---- thats a no to covid vax, is this correct?

Employee 56 8:03 PM
seizure is not anaphylaxis or allergy

Employee 56 8:03 PM
would need to know more deets but does not sound like a C.I.

Employee 27 8:04 PM
so, if has one would not be related to covid vax.... prob this was febrile sz as child w/MMR

Employee 27 8:04 PM
pt is adult

Employee 56 8:06 PM
yes in that clinical scenario above not a C.I. for covid vaccine

Employee 27 8:06 PM
she said she also had hives/vesicles at injection site

Employee 27 8:06 PM
OK. thanks

Employee 169 8:03 PM
Joined the conversation
[redacted] has joined the channel

Employee 175 8:22 PM
<here> Anyone have good verbage to educate asymptomatic patients who are getting tested less than 48 hours apart?

Employee 96 8:22 PM
depends on why, i suppose. sometimes they do that because they figured out they tested the first time too early after an exposure, and have to retest

Employee 26 8:53 PM
^most cases i've seen it be this

Employee 26 8:54 PM
(at least with my testing appts)

Employee 175 9:01 PM
The pt said that it's because he's aware of all of the "false negatives"

Employee 26 9:03 PM
ah i see.... in which case I would probably have an open conversation w them in the office visit about their risk and reason for testing and address concerns about the false negatives best you can
[redacted]

Employee 26 9:03 PM
i have landed specific verbiage sorry [redacted]

Employee 96 9:11 PM
oh ugh. yah you'll have to tailor that to his situation. if he's symptomatic, the false negative rate isn't going to get better the farther out he gets from symptoms

Employee 96 9:11 PM
and if it's for an exposure, the false negative rate isn't going to get better once you get past day 8ish, he just needs to follow the quarantine guidelines

Employee 96 9:12 PM
if he's testing just to do it.....then it's a shot in the dark anyway, and unless he's going to test every 48 hours for the rest of the pandemic..... although, say it nicer than that lol

Employee 180 9:13 PM
i usually also inform patients that we do tests when we think it will change what we advise you to do next, and if they are under isolation and following social distancing anyway, retesting that soon isn't likely to change what I advise them to do, so the point of the test becomes questionable

Employee 180 9:14 PM
but it'll inevitably take time to get the point across in a way that they receive it well when they probably have a different bias to start with, and a <10 min appointment isn't a great opportunity for that much education really

Employee 156 10:02 PM
Agree. Also could mention the risk of pt actually contracting COVID by exposing themselves to this setting repeatedly anyway

Employee 175 10:47 PM
Thank you all so much for your input <@W0158DDB150>

Employee 26 10:49 PM
♥

Employee 139 8:22 PM
<here> does anyone know a ballpark about how long it takes from being added to the list to getting the vaccine? pt wondering if he should get the second dose of his pneumonia vaccine, since he shouldn't get it within a week of the covid vaccine...

Employee 144 8:25 PM
is pt already on a waitlist? we aren't adding to the waitlists anymore

Employee 144 8:25 PM
they need to just keep checking their appt for available appts

Employee 139 10:37 PM
is the waitlist the same as the excel sheet we've been adding to? we were told not to book directly for pts (for the SF area)

Employee 144 10:42 PM
we are not using the spreadsheets anymore- the pt basically needs to fill out the attestation survey and keep checking their app for appt availability

Employee 144 10:42 PM
the appts are rolled out daily, so they just need to keep checking

Employee 139 1/15/2021, 12:46 AM
how do they get the attestation survey? is there a snippet that I can send them?

Employee 144 12:47 AM
"covid vaccine 1/14/21"

Employee 144 12:47 AM
when they go to try and book the appt, the survey should come up

Employee 139 12:51 AM
right, so I assume ppl > 65 can get access automatically, but the essential worker <65 that I've spoken to... they qualify but how does their app know this? the email says "if" you are eligible.. I just assumed ppl on that list were getting a this is how you book an appt email after they've talked to a provider

Employee 144 1:44 AM
you have to attest that you are in the eligible tier- if they lie to get the vaccine earlier, that is on them since we are not asking anyone to "prove" their eligibility- not sure if i am answering your question? let me know

Employee 151 1/14/2021, 8:24 PM
<here> from patient: diagnosed with Covid yesterday, mild symptoms since Monday but already improving. received my first Pfizer vaccine shot on Jan 3rd, exposed on the 5th. I'm scheduled to get my second shot on the 25th. The health department here just called and recommends that I wait 90 days to start the vaccination process over but also recommended that I reach out to my primary to get their feedback. *i can't seem to find the guidance here*

Employee 96 8:25 PM
wow. that's not the guidance as i understand it either.....lemme get you a link re: the 90-day post-covid period.....

Employee 96 8:26 PM
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html

Employee 96 8:26 PM
"anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the criteria to discontinue isolation. Additionally, current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. Therefore, people with a recent infection may delay vaccination until the end of that 90-day period if desired."

Employee 151 8:30 PM
so that sounds like they need to wait on second vaccine dose until they are feeling better and out of isolation, but they don't have to wait 90d

Employee 96 8:36 PM
that's how i interpreted that, yah. i don't think the illness negates the first dose, i haven't read that anywhere

Employee 96 8:37 PM
CDC doesn't even say that you HAVE to wait 90 days post infection to start the series....it's just that they think you're probably immune anyway, so no need to rush....let other people get the vax first

Employee 77 9:28 PM
<here> hi team. does anyone know if our SF offices are now vaccinating members over 75? thank you

Employee 144 9:32 PM
my understanding only tier 1a still

Employee 144 9:33 PM
(health care workers, long term facility residents)

Employee 77 9:36 PM
thank you

Employee 68 9:37 PM
i thought they expanded it to include >65yo now. SF DPH says "First are frontline healthcare workers, including doctors, nurses, paramedics, service workers, as well as long-term care residents. People over the age of 65 can also get the vaccine."

Employee 144 9:38 PM
good to know and hello! the spreadsheets do not reflect that, so im not sure

Employee 144 9:38 PM
i am under the impression >65 is 1B

Employee 68 9:38 PM
i know, its all a bit unclear right now!

Employee 87 9:39 PM
I think you are right, still just healthcare workers and assisted living now in SF correct?

Employee 68 9:40 PM
i'm confused since people can self book though

Employee 144 9:41 PM
they have to fill out an attestation form that states they are 1a- whether they are truthful or not is on them

Employee 77 9:41 PM
oh ppl can self book in SF now?

Employee 68 9:41 PM
yep

Employee 87 9:41 PM
But there are no appointments

Employee 144 9:41 PM
yes! we encourage them to keep checking app as visits will be published daily

Employee 68 9:41 PM
yeah theyre all booked up!

Employee 77 9:42 PM
but you guys are still at 1a?

Employee 144 9:42 PM
yes

Employee 77 9:42 PM
ok thanks so much

Employee 144 9:42 PM
anytime! SO confusing

Employee 77 9:42 PM

getting PTSD and flashbacks from March 2020

- Employee 144** 9:43 PM
yes and we all don't have as much energy as we did then, so its tough i know
- Employee 56** 9:59 PM
you are correct... but probably will move into the next phase today... everyone needs to take things day by day... going to be a lot of variation between counties, allocation size, apt access...
- Employee 56** 9:59 PM
and know we are all trying our best and working tirelessly
- Employee 77** 10:01 PM
your phase 1a also includes everyone above 65?
- Employee 77** 10:01 PM
i am just reading ur rules. interesting
- Employee 70** 1/15/2021, 1:34 AM
thank you! just to clarify - can we let people in 1b/1c now known they can just self book? Or are we trying to keep that to people who figure it out on their own?
- Employee 70** 1:34 AM
*in SF
- Employee 56** 3:30 PM
yes but are still leaving going down the list sequentially for 1a
- Employee 164** 1/14/2021, 9:59 PM
<!here> From the perspective of a newer district without a significant patient base and lesser name recognition, I'm finding it difficult to see how we're the most efficient stewards of this valuable resource (COVID vaccine) for the community. Has there been any discussion on how to address these situations as we roll out vaccine distribution?

I'd hate to see vaccine doses go to waste because we don't have enough patients walking through our doors. I see that our efforts are well-intentioned and I also see this as contributing to further health disparities by bypassing those who need this vaccine in our communities because we simply don't have reach in those areas. Perhaps a better alternative would be to work with current processes through our local health departments rather than trying to re-invent our own, especially in newer districts.

♥ 1
- Employee 3** 10:38 PM
- Employee 3** 10:39 PM
We are 100% working with local DPHs as a partner to get vaccines to those are eligible.
- Employee 3** 10:39 PM
In SF we have vaccinated 100s of non-members (virtually all of those we have vaccinated have been non-members) sent to us by the SF DPH.
- Employee 3** 10:40 PM
I'm a little lost as to how this story is getting propogated that we aren't working to get vaccines to those who are eligible
- Employee 56** 10:45 PM
Completely echo here... my office is full right now of healthcare workers in SF who are non one medical members getting vaccinated! We are bridging the cap for our community
- Employee 101** 10:49 PM

that's so wonderful to hear! i thought patients had to be members, which as we move into the next tier is not representative of communities most in need. so thrilled that patients outside of OM can get the vax with us. i'm guessing others didn't realize/understand this either

Employee 164

10:59 PM

That is so great to hear and thank you for clarifying! With that being said, our presence in Portland is not on the same scale as it is in San Francisco and I'm very hopeful our discussions with our local DPH have been as fruitful. I do know that even with the demand for COVID testing, our numbers did not pick up for several months because people didn't know about us for a while.

Andrew Diamond

1/15/2021, 12:22 AM

We really, really, really need to Multnomah County and/or Oregon DPH engaged. Collaborating with the DPH to serve the community at mass scale is a win for everyone! I know [REDACTED] is working on this; we've learned that it takes a lot of persistence/hustle. In the meantime we should be advertising that we have appointments available for people who meet criteria; I'll remind Marketing of this!

Employee 143

12:40 AM

Today our partnership with the Washington DOH in Seattle has really taken off and we are getting those 1A arms in the door!

♥ 1 • Andrew Diamond

Employee 163

5:21 PM

Thanks Andrew - to clarify, we do not yet have vaccine in stock, so no need to advertise that we have appts available just yet! I am looking forward to working with the DPH to start serving our community as soon as possible. I do agree with [REDACTED] that as a low-volume clinic it's appropriate to be concerned about the possibility of wasting vaccine if we can't get enough people through the door, but I'm hopeful that once Oregon finally moves past tier 1a we'll have plenty of interest!

I also think it's important as an organization that we consider and our inherent barriers to access for communities disproportionately affected by COVID due to structural racism, whether that be barriers related to insurance, location, literacy, tech literacy, English literacy, etc., in order to ensure that scarce resources are appropriately distributed within our community at large 🌍

👍 1 • Andrew Diamond

Andrew Diamond

6:58 PM

That's been the dominant theme of every conversation we're having with every DPH.

:om-virtual-highfive: 1 • [REDACTED]

Employee 90

1/14/2021, 10:33 PM

<Ihere> just some feedback on the new message, since lunch time I've had a surge of people book appts over the next few days for covid vaccines in standard slots. I wonder if the email communication has already gone out to members; I think it would help to clarify the language that the vaccines can only be administered during that specific type of appt. from what I can tell people are now booking standard slots for the vaccine, perhaps in response to the email comms about now being able to schedule; in a small district like OC we aren't able yet to accommodate vaccines in standard slots because we have a small supply

Andrew Diamond

1/15/2021, 12:47 AM

Thanks! Working on ways of discouraging patients from booking regular visits for this purpose. There'll be some leakage.

👍 1 [REDACTED]

Employee 158

1/14/2021, 11:40 PM

New York VMT is getting a tremendous influx of people 65+ who received today's email and think it means they can book an appointment for a vaccine. My understanding is no offices in NY have vaccines for 1B, and likely won't for days/weeks.

Employee 114

1/15/2021, 12:35 AM

<Ihere> any resource for patients who live in sonoma county and get their care with us in SF?

Employee 160 12:37 AM
<!here> how are patients supposed to book visits in SF for appointments for vaccine if they fall into 1a or 1b?

Andrew Diamond 12:46 AM
They book a COVID-19 vaccine appointment if they can find one. These appointments will go VERY fast, so people will have to keep checking back every day.

Employee 160 12:57 AM
thanks Andrew Diamond should everyone hav this option on their app? i don't and neither did the 85yo patient

Andrew Diamond 1:12 AM
It's only in markets where we've started publishing these appointments.

Andrew Diamond 1:12 AM
Where is the 85 yo?

Employee 160 1:12 AM
SF

Employee 160 1:13 AM
and it's not on my app either and i'm reg in SF

Andrew Diamond 1:19 AM
Ah --- it's not on the home page.

Andrew Diamond 1:19 AM
You have to go into the "Book a visit" workflow.

Employee 74 5:48 PM
What about the patients on the lists in SF? are they still getting outreach..

Employee 179 12:46 AM
<!here> is there a link to book vaccine appt in SF for patients eligible for the vaccine?

Andrew Diamond 12:47 AM
Just our regular booking interface. It's one of the appointment options. But the inventory will be extremely scarce.

Employee 179 12:49 AM
thanks.
👍 1 • Andrew Diamond

Employee 178 1:07 AM
<!here> -- Hope it is OK to ask a non-vaccine question? I feel like I should know this, but would really value your opinion about ending isolation. Today, I saw a 49 yo woman (with DM, HTN, obesity) who developed cough and ST on December 16th which progressed to extreme SOB and fevers. She had a positive Covid PCR test on December 27th. Her fevers have now stopped over a week ago. She still has profound fatigue, some tachycardia, and a frequent cough, but definitely improving per her account. She is 4 weeks out since onset of her symptoms, so seems like she can end isolation based on CDC criteria. Since she is still coughing a fair amount, would love a confirmation here. Thank you!

Employee 165 1:09 AM
based on CDC criteria, but wondering if you think she may need a CXR to rule out anything else causing the persistent cough. i have seen some pulmonologists put patients on steroids if have perisistent cough with covid and sometimes the xray shows some abnormalities

Employee 178 1:14 AM
Good thought! Are the pulmonologists using ICS or oral? (This patient has DM, so oral might be tricky.)

Employee 91 2:14 PM

ICS sounds like a good thing to try first and if that fails then proceed to oral- has she tried anything other prescription medications for the cough? Worse at night? With food? I hope its not the long haul for her

Employee 175 1:14 AM

<!here> Do we know if a patient is a Kaiser member but also have One Medical if they are able to get vaccinated when it's their turn?

Employee 152 1:31 AM

<!here> for a yoga instructor who offers wellness and health coaching is that considered a healthcare worker? I'm not sure if this is Phase 1A or not

Employee 70 1:36 AM

<!here> is anyone going to be checking the google spreadsheet for 1b/1c members and reaching out when the vaccine is available for them anymore? if not, should we (the providers who added them to that list) then reach out to clarify that they should just book themselves whenever they can get an appointment?

Employee 144 1:37 AM

i was told in our district huddle today that the people already on the list will be reached out to

Employee 144 1:37 AM

and that moving forward, we don't add anyone else

Andrew Diamond 1:37 AM

EXACTLY. We'll have a few options for taking care of people who already got on the waiting lists.

:highfive2: 1 [REDACTED]

Employee 70 1:38 AM

amazing thank you!

:yaytomato: 1 [REDACTED]

Andrew Diamond 1:38 AM

We'll handle it at the office/local level -- basically we'll publish a few appointments with reservations each day, and get a few people from the list each day until it's done.

:blob_hearts: 1 [REDACTED]

Employee 144 1:39 AM

awesome!

Andrew Diamond 1:39 AM

Similarly, we'll make sure providers have a "back door" to book select patients directly (assuming they meet phase criteria).

[REDACTED] 1 [REDACTED]

Andrew Diamond 1:39 AM

thanks y'all!!!!

Employee 144 1:40 AM

thank you!

Employee 70 1:57 AM

Yes, thank you so much!

Employee 88 1:39 AM

Advil ok to take for post vaccination headache....?

Andrew Diamond 1:39 AM

Def!!

Employee 88 1:42 AM
Thank you... NP with 2nd vax on Monday "heard" you shouldn't take Advil because it will "dull" the immune response....
👍

Andrew Diamond 1:43 AM
ugh

Employee 88 1:43 AM
right?

Employee 88 1:43 AM
double ugh.

Andrew Diamond 1:43 AM
Well, that's what APAP is for, I guess. Or a good night's sleep.

Employee 88 1:44 AM
●

Employee 60 1:53 AM
we used to pre-treat kids with tylenol or advil before vaccines and then some data came out that this could cause a less robust immune response. I wonder if that's where this is coming from

Employee 88 1:54 AM
She is a peds NP, so likely.

Employee 107 1:56 AM
There's a lot of rumor going around about NSAIDs and APAP and vaccination. I haven't seen anything convincing to support any real evidence that taking these medications will have any effect on the immunogenicity of these vaccines. This was also addressed in a recent medicine grand rounds at Stanford, and the opinion of the immunologist was also that there was no reason to be concerned. These vaccines do a pretty good job getting immune systems ramped up. Medicate away!
:upvote: 1 • Andrew Diamond [redacted]

Andrew Diamond 2:17 AM
The hilarious thing about this is that if APAP or NSAIDs actually blunted or slowed the development of an immune response, we would advise people not to take them when they have any sort of infection, such as any viral URI.

Andrew Diamond 2:18 AM
And yet billions of people take these medications in their OTC cold & flu remedies every year. So....

Employee 60 3:46 AM
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5027726/
Effect of antipyretic analgesics on immune responses to vaccination While antipyretic analgesics are widely used to ameliorate vaccine adverse reactions, their use has been associated with blunted vaccine immune responses. Our objective was to review literature evaluating the effect of antipyretic analgesics on vaccine ...

Andrew Diamond 4:10 AM
Nice!! Punch line: "Thus, at this time, there is *no clear answer* as to whether antipyretic analgesic administration blunts the immune response to a degree that could result in vaccine failure."

Employee 60 4:23 AM
yeah. I just think it's interesting and even though I'm sure it's totally fine I have to admit I avoided taking anything after I got my first dose!

Andrew Diamond

5:27 AM

Very interesting, for sure!

Employee 161

5:56 AM

<!here> just FYI I've been going through vaccine messages for Phx So Cal. Tons of people have scheduled for their 2nd dose (1st received elsewhere) I know I've sent the template 30+ times. Also multiple people scheduled for more than one appt slot, some same day some a couple of days apart. That may free up many vaccines if all of those are cleared out