

Respondent



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James Gardner



115:49

Time to complete



1. Please provide your name, position title, and contact information. *

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2. Is this submission an idea for a Promising Practice or existing Promising Practice? *

- ☐ Idea for a Promising Practice
- ☒ Existing Promising Practice

3. What is the name of your Promising Practice? *

Building COVID Vaccine Confidence With Minority Veterans: A Motivational Interviewing Based Approach

4. What type of Veterans does this practice serve? *

- ☐ Rural
- ☐ Urban
- ☒ Both

5. How does this practice promote vaccine acceptance? *

The Madison VA strives for Health Equity in our facility and aimed to design outreach approaches to address inequity among our Veterans per our ICARE mission. Close inspection of our COVID vaccination data in February 2021 showed that 55% to 75% of our Black or African American, Asian, American Indian or Alaskan Indian, Hispanic or Latino, and Multi-Race/Ethnic veterans were unvaccinated. To provide equitable access to and accurate information on vaccine safety and benefits, and to optimize our efforts to national VA vaccination initiatives, Madison VA's African American Special Emphasis Program and Clinical Pharmacy Specialists (CPS) developed an outreach campaign using motivational interviewing to call self-identified, minority Veterans and provide personal, vaccine education. Our CPS updated vaccine documentation in patient charts, provided vaccine information, and addressed veterans' concerns about vaccination to encourage acceptance of the vaccine. Veteran response to this outreach was overwhelmingly positive, and over 50% of veterans reached either received the vaccination or had their non-VA vaccinations documented. Our practice provided veterans with a personal contact directly from a provider well-versed in motivational interviewing and proactively addressed health inequity while simultaneously strengthening trust in our facility and changing how our clinical staff interacts with patients. Veterans received the direct opportunity to discuss any hesitancy caused by cultural, historical, or military medical trauma and received vaccine information directly from clinicians who understand the science behind the vaccine. As part of our facility's commitment to diversity, equity, and inclusion in healthcare, the Madison VA removed the shroud of conspiracy, misinformation, and mistrust surrounding the topic of vaccination for minority veterans. Our facility showed our veterans that we are a transparent and genuine healthcare provider, and that we have respect for and seek to understand any potential cultural, military, or historical medical traumas they may have that could act as a barrier to them receiving the care they deserve. Our Minority Outreach Coordinators presented this practice as a Strong Practice at the National COVID Vaccine Coordinator Call on 03/31/2021. The COVID coordination teams at Reno and San Diego HCS reached out to Madison VA to implement similar practices at their facilities. We are currently awaiting data on their approaches which began in April 2021. Due to the translatable nature of this practice, the Primary Care Service at the Madison VA now uses the proven and personable approach to speak with or update records for our approximately 15,000 unvaccinated veterans. The service has assessed resources, educated staff, and initiated implementation.

6. What are the specific steps you took, or would take, to implement your practice and the timeline/timeframe for each? *

As the VA began vaccinating veterans in January 2021, members of the Madison VA African American Special Emphasis Program (AASEP) began receiving feedback from minority veterans regarding their inhibitions and refusal to get vaccinated. We reviewed the data from our Veteran Outreach tool to see if what our veterans were telling us directly was also represented and mirrored in the data. As described in Question 17, it was. In February 2021 the new administration reinstated the diversity equity and inclusion initiatives which gave the Madison VA a boost to developing the infrastructure needed to provide this outreach. A vaccine hesitancy assessment for minority veterans in our area was completed. The assessment was presented to the AASEP, Anti-Racism Action group and to facility leadership, all of whom approved the practice by February 26th. On March 1st, we began conceptualizing the approach (ruling out robocalls, Facebook messages, mass emails, secure messaging, a fireside chat, mail flyers and veteran to veteran phone outreach). On Friday,

March 5th, we created the process for the Motivational Interview outreach: preparing a calling guide/script, a list of the veterans to call and the Excel Data Collection form. On Monday, March 15th we received the approval from Pharmacy leadership to partner with their staff for this approach. After a soft run on Thursday, March 18th, we provided an onboarding for pharmacists involved to clarify the approach, goals, and process on Friday, March 19th. Our Outreach ran from March 22nd to April 2nd.

7. What departments are involved in implementing your practice? *

Our Office of the Director and Pharmacy were the primary departments involved in the practice. Our facility had 31 total pharmacists who participated in the outreach (this included pharmacy residents). Ellina Seckel and Anita Kashyap provided administrative coordination, material creation, training, and data tracking/analysis. James Gardner provided coordination, initial and subsequent data analysis, and informed stakeholders of the practice's progress. Additionally, the Madison VA's African American Special Emphasis Program (of which James Gardner is a member) and Anti-Racism Action group (of which Ellina Seckel and James Gardner are members) report to our local Equal Employment Opportunity Officer and the Office of Equal Employment Opportunity and were the catalyst for this practice. James Gardner, TCF Data Analyst, African American Special Emphasis Program member Ellina Seckel, PharmD, BCACP, DPLA, Associate Chief of Pharmacy, Antiracism Action Team Member Abe Rabinowitz, Madison VA Assistant Director Andrew Wilcox, Madison VA Chief of Pharmacy Kristie Esch, Madison VA COVID Vaccine Coordinator, Chief of Specialty Nursing Anita Kashyap, Madison VA Clinical Pharmacy

8. What are the costs associated with your practice? *

Due to using human resources for our outreach, we estimated approximately \$25,500.00 in time spent on the outreach. There were no material resources applicable for our facility. Other facilities who implement this approach might need to offer telephone equipment or space to those performing the outreach. We suggested using the current infrastructure to provide the outreach. Motivational Interviewing is used in Psychology. Our facility was able to pull from internal Subject Matter Experts, however, other facilities might wish to bring in external SMEs.

9. What primary metric data is tracked and collected to determine your practice's success? *

The data was numericized (0 = no, 1 = yes) where possible, collected in a Data Collection Form in Excel by each staff member and overseen by an outreach lead. Staff tracked whether the veteran was reached, amenable to receiving the vaccine (if yes, the veteran was warm-transferred to our scheduling line), received or reported having an appointment for a non-VA vaccination, declined (at which time why they declined and if the veteran wished to

follow-up with their Primary Care Physician). This information was recorded in the patient's chart as well for documentation purposes and as background for follow-up care. The Madison VA completed the first phase (summarized below) of this initiative and will reach out to the veterans unavailable for a conversation during the first round. 1,275 Veterans identified in the Veteran Outreach Tool 287 (23%) had documented vaccination or had upcoming VA COVID vaccine appointment scheduled and needed a clinical reminder update 988 (77%) unvaccinated 509 reached with documented phone call 127 records updated with non-VA vaccination 136 amenable to vaccine and scheduled 207 declined vaccination 39 requested PCP follow-up 479 unavailable after two attempts to call, voicemail left.

10. What are the potential risks or barriers of implementing your practice and the proposed mitigations? *

The practice is scalable but is dependent on staffing. Staff must be trained and provided time to make outreach phone calls and record results. Facilities must identify and leverage staffing sufficient to achieve the outreach goals for their initiative.